

**OPTN Lung Transplantation Committee  
Meeting Summary  
May 9, 2024  
Conference Call**

**Marie Budev, DO, MPH, Chair  
Matthew Hartwig, MD, Vice Chair**

## **Introduction**

The Lung Transplantation Committee (the Committee) met via Webex teleconference on 05/09/2024 to discuss the following agenda items:

1. Lung Continuous Distribution 1-year monitoring report
2. Open Forum

The following is a summary of the Workgroup's discussions.

### **1. Lung Continuous Distribution 1-year monitoring report**

[Continuous Distribution \(CD\) of Lungs](#) was implemented on March 9, 2023. The most recent monitoring report includes analysis of the first year of data post-implementation. In addition to formal data reports, the [OPTN Lung Monitoring dashboard](#) aids with post-implementation monitoring.

#### Data summary:

Data analyses compared the pre policy era (March 09, 2022 - March 08, 2023) to the post policy era (March 09, 2023 - March 08, 2024).

#### *Overall*

- Transplant rate increased by 16%; increase in total number of donors observed as well
- Waiting list mortality rate decreased by 29%

#### *CD Attributes*

- Compared to their counterparts, the most medically urgent candidates had:
  - Highest rates of transplant and waitlist removals for death/too sick
  - Shortest median time to transplant
  - Greatest median travel distance from donor hospital to transplant program
- For pediatric candidates:
  - Transplant rates were similar for candidates <12 years old but increased slightly for ages 12-17; small sample sizes were noted.
  - Increase in pediatric donor lungs transplanted to adults and increase in adult donor lungs transplanted to pediatric candidates
  - Percentage of offers where pediatric candidates were first on the match run increased from 4% to 11%

Additional data reviewed are available in the monitoring report.

### Summary of discussion:

The Committee decided to request an 18-month monitoring report for Lung CD.

The Committee discussed pediatric access to the donor pool and pediatric priority on the match run. Although fewer pediatric donors are going to pediatric transplant recipients, data shows pediatric candidates have greater access to transplant and are better prioritized on match runs. There was agreement that data indicate pediatric donor lungs are likely offered to and declined by pediatric candidates before being accepted by an adult candidate. Members hypothesized that fewer pediatric donors went to pediatric recipients because better prioritization under CD allows pediatric transplant programs to be more selective in terms of their offer acceptance criteria.

Upon implementation of [Modify Lung Allocation by Blood Type](#), transplant rates for blood type O candidates returned to pre-CD levels. However, blood type O candidates are still disadvantaged compared to other blood type groups. A member commented that the number of blood type O lungs being transplanted to candidates with other blood types did not seem alarming. This may suggest that there is not an issue with allocation for blood type O but that there are simply fewer blood type O organs available for transplant.

Upon reviewing efficiency data, the Committee discussed concerns about transplant rates by center size. Data shows that transplant rates decreased slightly in the post-CD era for small transplant programs (i.e. programs performing two or fewer transplants per month). Larger transplant programs may have more resources to pursue lungs for their candidates. There was a suggestion to include geographical information and waitlist mortality by center size; this would help the Committee to better understand whether certain areas of the country are disadvantaged under CD.

The Committee reviewed the ratio of lung exceptions submitted per number of candidates by center size to understand whether certain transplant programs were submitting more exception requests than others. The Chair commented that these data should be interpreted cautiously as larger programs may not feel the need to submit exception requests.

The Committee decided to request an 18-month monitoring report for Lung CD. Per the post-implementation [monitoring plan](#), reports would be provided annually after the first year. Members were uncomfortable with waiting until 2-years post-implementation and expressed the importance of closely monitoring CD.

### Next steps:

The Committee will discuss the data request for an 18-month Lung CD monitoring report at an upcoming meeting.

## **2. Open Forum**

There were no open forum speakers.

### **Upcoming Meetings**

- June 13, 2024, teleconference, 5PM ET

## Attendance

- **Committee Members**
  - Marie Budev
  - Matthew Hartwig
  - Erika Lease
  - Dennis Lyu
  - Thomas Kaleekal
  - Jackie Russe
  - Julia Klesney-Tait
  - Pablo Sanchez
  - Tina Melicoff
  - Wayne Tsuang
  - Lara Schaheen
  - Errol Bush
  - Ed Cantu
  - Brian Keller
  - Stephen Huddleston
  - Brian Armstrong
  - David Erasmus
  - Soma Jyothula
- **HRSA Representatives**
  - James Bowman
- **SRTR Staff**
  - David Schladt
  - Nick Wood
  - Maryam Valapour
  - Katie Audette
- **UNOS Staff**
  - Kaitlin Swanner
  - Susan Tlusty
  - Leah Nunez
  - Chelsea Weibel
  - Holly Sobczak
  - Samantha Weiss
  - Houlder Hudgins
- **Other attendees**
  - Paul Gunsalus
  - Joesph Tusa (incoming member)