

**OPTN Policy Oversight Committee
Meeting Summary
May 8, 2025
Teleconference
Jennifer Prinz, BSN, MPH, Chair
Erika Lease, MD, Vice Chair**

Introduction

The OPTN Policy Oversight Committee (“POC” or “the Committee”) met via teleconference on 05/08/2025 to discuss the following agenda item:

1. Welcome and updates
2. Update: HRSA Directive to DTAC Regarding Donor-Derived Rabies
3. New Project Review: *Modify Lung Allocation by Candidate Biology*

The following is a summary of the Committee’s discussions.

1. Welcome and updates

The Committee was requested to review and provide feedback on the benefit score of the OPTN Transplant Coordinators Committee project reviewed during the April 10, 2025 meeting, *Require Patient Notifications for Inactive Status*. The survey resulted in a combined benefit score of 87 for the project. The project will be reviewed by the OPTN Executive Committee at their June meeting for final approval.

Members were also advised of an upcoming survey for scheduling meetings for the 2025/26 cycle.

Summary of discussion:

There were no questions or comments.

2. Update: HRSA Directive to DTAC Regarding Donor-Derived Rabies

OPTN Contractor staff and the Vice Chair of the OPTN Disease Transmission Advisory Committee (DTAC) shared updates on the HRSA directive regarding donor-derived rabies.

Summary of presentation:

The Vice Chair of DTAC shared that their committee had been directed by HRSA to gather data and proposed improvements on OPTN policy to reduce the risk of donor-derived rabies. Data collected from organ procurement organizations (OPOs) will be analyzed by DTAC (in collaboration with HRSA and the CDC). The committee will then develop an official policy proposal along with necessary resource estimates once the project plan is finalized.

Summary of discussion:

There were no questions or comments.

3. New Project Review: Modify Lung Allocation by Candidate Biology

The Committee reviewed the following project: *Modify Lung Allocation by Candidate Biology*.

Summary of presentation:

The OPTN Lung Transplantation Committee has identified during post-implementation review of the Lung Continuous Distribution (CD) policy some disparities for certain patient groups that they aim to address with this policy proposal. The Lung Committee found candidates with blood type O group, shorter stature, and candidates with multiple biological disadvantages were identified as being transplanted at lower rates. The current composite allocation score weights biological disadvantages at 15 percent of the overall score, split equally between blood type, height, and Calculated Panel Reactive Antibody (CPRA). The Lung Committee aims to address the identified disparities by conducting a deeper analysis through match run analysis and possible modeling to assess potential policy adjustments, including (but not limited to):

- Rating scale changes for blood type and height, including potentially combining the two rating scales
- Changes to attribute weights for all parts of the score
- Introduction of donor modifiers
- Or some combination of the above

The Chair of the Lung Committee shared the resource estimates with the Committee, highlighting that the IT costs are pending final assessment as the Lung Committee does not have a final solution proposed for this project yet, therefore IT implementation and ongoing support costs are unknown at this time. The OPTN Contractor staff shared possible cost ranges based on previous Lung Committee project implementations.

Summary of discussion:

Does the Committee recommend approval of the new project to the Executive Committee?

Votes: 15 yes, 0 no, 0 abstain

A member expressed concern that the long timeline between identifying inequities and implementing fixes seems to undermine the goal of CD to be agile. The Vice Chair and the Lung Committee Vice Chair offered that while CD does not speed up the policy development process, it allows more flexibility by enabling targeted changes to individual components without requiring a system overhaul. Additionally, it was noted that the issue in this project requires broader analysis.

Contractor staff shared the initial benefit score assessment was just over 61 points, and sought Committee input on any additional feedback or concerns regarding this benefit score.

The Vice Chair highlighted that because the project would impact candidates of a shorter stature, and therefore typically women or children, the benefit score should be adjusted to include the vulnerable population points, bringing the total benefit score up to 91. Committee members agreed with this adjustment. The Vice Chair of the Lung Committee offered that the costs of the project would be better defined once the Lung Committee has been able to conduct further analysis and research and been able to refine the scope and develop a specific solution.

A member noted that while the project's cost is large, it is relatively minor compared to the broader expenses of implementing continuous distribution nationwide. With similar efforts underway in liver transplantation, investing in this work now is seen as a prudent step. The member also questioned whether changes to lung allocation truly benefit vulnerable populations, given that access seems to be largely limited to a few major transplant centers. Without broader access, policy changes alone may have limited impact.

The Vice Chair of the Lung Committee clarified that while some lung transplant programs are high-volume and regionally concentrated, national policies affect all 70 programs, including smaller ones, which also serve vulnerable populations. The POC Vice Chair added that the focus is on patients who are already listed but face transplant barriers due to factors like short stature, blood type, or sensitization. Broader access issues—such as access to the waitlist—are outside the scope of this specific discussion.

The Committee then voted on advancing the project to the OPTN Executive Committee for approval. The outcome was 15 in favor, 0 opposed, 0 abstained.

Next steps:

The project will be recommended to the Executive Committee for approval.

Upcoming Meeting(s)

- June 12, 2025 - Teleconference

Attendance

- **Committee Members**
 - Dennis Lyu
 - Erika Lease
 - Jennifer Prinz
 - Jason Huff
 - Neha Bansal
 - Lori Markham
 - Oscar Serrano
 - Paige Porrett
 - Ty Dunn
 - Steven Potter
 - Rachel Miller
 - Kelley Hitchman
 - Scott Lindberg
 - Shimul Shah
- **HRSA Representatives**
 - Ray Lynch
 - Sarah Laskey
 - Stephanie Grosser
- **UNOS Staff**
 - Lindsay Larkin
 - Stryker-Ann Vosteen
 - Kelley Poff
 - Kaitlin Swanner
 - Samantha Noreen
 - Sara Langham
 - Susan Tlusty