OPTN Ad Hoc Multi-Organ Transplantation Committee
Lung Multi-Organ Workgroup
Meeting Summary
April 8, 2025
Conference Call

Marie Budev, DO, MPH, Chair
Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The OPTN Lung Multi-Organ Workgroup (the Workgroup) met via WebEx teleconference on 04/08/2025 to discuss the following agenda items:

1. Welcome and agenda
2. Review public comment feedback
3. Review heart-lung data

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

1. Welcome and agenda

The Workgroup reviewed the agenda, the potential lung composite allocation score (CAS) thresholds, and the group's workplan for March-May 2025.

Summary of presentation:

The preliminary lung CAS thresholds are:

Blood type O donors:

- High CAS threshold: 35
- Low CAS threshold: 34

Blood type A, B, AB donors:

- High CAS threshold: 31
- Low CAS threshold: 30

At this meeting, the Workgroup will review public comment feedback and finalize recommendations on CAS thresholds for inclusion in the upcoming policy proposal. The MOT Committee plans to vote on the policy proposal in May.

Summary of discussion:

The Workgroup did not make any decisions.

There was no discussion.

Next steps:

None discussed.

2. Review public comment feedback

The Workgroup reviewed public comment feedback on the MOT Committee's request for feedback: Establish Comprehensive Multi-Organ Allocation Policy.

Summary of presentation:

A total of 47 comments were received on the request for feedback, including 36 from stakeholders and 11 regional meeting report outs. Generally, the community supported the concept of standardizing multi-organ policy to promote consistency and fairness. Community members also raised questions and made suggestions for further work and refinements.

Regarding the proposed lung CAS thresholds, the feedback addressed several themes:

- Some participants expressed concern that the lung CAS thresholds may be too high and disadvantage lung candidates compared to candidates waiting for other organs and some offered support for higher lung CAS thresholds
- Some expressed concern about integrating status-based allocation systems driven largely by medical urgency with lung CAS, in which waitlist survival is weighted at 25%, and some suggested using only the medical urgency and access to transplant components of the CAS
- One suggested setting the lung CAS thresholds based on CAS percentiles rather than absolute scores to accommodate changes in waitlist composition in the future
- One requested that the Committee ensure similar access to transplants for lung candidates across all candidate blood types

Staff reviewed key excerpts from stakeholder comments.

Summary of Discussion:

The Workgroup did not make any decisions.

The Chair noted the comments suggesting the use of percentiles rather than numbers and asked if that should be considered further. Staff noted that a numeric threshold may make it easier to identify which candidates will be above and below the thresholds at any point in time.

Members also discussed the comment noting that the proposed policy may not address access to transplant issues for heart-lung candidates. A member noted very different allocation methodologies in lung and heart allocation and suggested moving this policy proposal forward and establishing a separate workstream on heart-lung allocation.

A member recalled the Workgroup's recent discussion of an exception pathway for highly medically urgent lung candidates to be granted Heart Status 2. Heart-lung candidates are waiting a long time and are not typically able to use medical devices. A member expressed concern that such a proposal may take several years before implementation. Another member questioned whether heart-lung candidates are waiting longer than other comparable candidates.

3. Heart-Lung Candidates' Medical Urgency

The Workgroup reviewed the results of a data request: Heart-Lung Candidates' Medical Urgency.

Summary of Presentation:

The data request aims to address the Workgroup's concerns that the implementation of the MOT Committee's Allocation Tables will not improve access to transplant for heart-lung candidates. The Workgroup discussed working with the Heart Committee to develop an exception pathway for medically

urgent heart-lung candidates to attain a higher heart status. The data request aims to inform what medical urgency cutoff would be reasonable for such a pathway.

The data request considered all lung match run appearances for the 7 MOT donor types submitted between 9/28/23 – 8/31/24. It considered all candidates also listed for a heart or heart-lung registration at the time the match was submitted (112 candidates). Staff showed the breakdown of the 112 heart-lung candidates by blood type and region.

For all lung candidates currently waiting, 95% have medical urgency points equal to or fewer than 3.1925, which equates to about 206 days of expected survival out of 1 year on the waiting list without a transplant. If 200 days of estimated waiting list survival was selected as a cut-off point, that would have captured about 25% of the heart-lung candidates in this cohort at some point in the waiting period. Staff showed the breakdown of this data by blood type and region.

Summary of discussion:

Decision #1: The Workgroup requested comparative data on waitlist mortality for heart-lung, heart, and lung candidates.

Decision #2: The Workgroup agreed to consider whether a third, very high lung CAS threshold should be included in the allocation tables.

The Chair noted regional discrepancies in terms of how long very sick heart-lung candidates are waiting for transplant, highlighting long waiting times in Region 10. A member asked which of the candidates shown suffered a waitlist mortality, but that information was not included in the data request. The member noted that the actual waitlist mortality for Heart Status 2 candidates is known, but the Workgroup does not have comparative waitlist mortality data for heart-lung candidates. Members tended to agree that this data will be needed to analyze whether an exception pathway should be developed for highly medically urgent heart-lung candidates.

A member commented that making another change to Heart Status 2 criteria is unreasonable given progress towards continuous distribution of hearts. If heart-lung candidates need improved access to transplant, this should be worked into the first iteration of continuous distribution of hearts. The Chair noted that the continuous distribution system may address this issue but expressed concern for heart-lung candidates prior to transition to heart continuous distribution. Another member suggested considering an exception pathway in the short-term, prior to continuous distribution. Members noted that there is nothing preventing applications for heart exception requests for heart-lung candidates and that exception requests are very often approved by regional review boards. Other members noted that exception requests and approvals seem to be more difficult for heart-lung candidates, as the criteria seems to focus on single organ candidates. The Chair highlighted the opportunity to share the heart-lung waitlist mortality data with the regional review boards to help strengthen the exception request process. A member suggested that it would also be preferable to have exception pathway criteria specific to heart-lung candidates. Members supported development of a guidance document or a white paper, including data, on heart-lung exceptions.

The Workgroup agreed that access to transplant for heart-lung candidates should be pursued as a separate effort. It also agreed to consider whether a third, very high lung CAS threshold should be included in the allocation tables. A member noted that comparative waitlist mortality data would be needed to facilitate this discussion.

Next steps

The Workgroup will consider comparative waitlist mortality data to determine whether a third, very high CAS threshold should be included in the multi-organ allocation tables, or if efforts to promote access to transplant for heart-lung candidates should proceed separately.

Upcoming Meeting

- May 13, 2025

Attendance

- Workgroup Members
    - Marie Budev, Chair
    - Gundeep Dhillon
    - PJ Geraghty
    - Shelley Hall
    - Erica Lease
    - JD Menteer
    - Chris Sonnenday
    - Zoe Stewart Lewis
- UNOS Staff
    - Chelsea Hawkins
    - Houlder Hudgins
    - Kaitlin Swanner
    - Ross Walton