

Proposal for Adolescent Classification Exception for Pediatric Lung Candidates

Thoracic Organ Transplantation Committee

Steven Webber, Chair

June 23-24, 2014

The Problem



Adolescent classification
exception policy expires July 1,
2014

Some young pediatric lung
candidates are large enough to
accept lungs from donors 12
and older

OPTN Strategic Plan



Goal: Increase Access to Transplants



Goal: Improve Survival for Patients Post-Transplant

- *Objective:* Promote best use of donated organs
- *Strategy:* Better match donated organs to recipients

Proposal Overview

Clarifications to
policy language

Adolescent
classification
exceptions for
young pediatric
lung candidates
continues

Report all LAS
data for
candidates less
than 12 with
adolescent
classification
exceptions

LRB requests for adolescent classification

Between June 10, 2013, and June 13, 2014, there have been requests to the LRB approved for 12 patients at 5 programs.

Waiting list outcome

- All patients have been removed from the waiting list
- 7 transplanted
- 1 received adult (18+ years) donor lungs
- 1 received adolescent (12-17 years) donor lungs
- 5 received young pediatric (0-11 years) donor lungs
- 3 patients died
- 1 patient was removed as too ill to transplant
- 1 patient was removed for other reasons

Age at time of exception request

- 7 patients were 10-11 years old
- 5 patients were 4-9 years old

LRB requests for adolescent classification

Between June 10, 2013, and June 13, 2014, there have been requests to the LRB approved for 12 patients at 5 programs.

Blood type

- 7 patients were blood type O
- 2 patients were blood type A
- 2 patients were blood type B
- 1 patient was blood type AB

Diagnosis

- 6 patients had cystic fibrosis
- 1 patient had ARDS/pneumonia
- 2 patients had pulmonary arterial hypertension
- 1 patient had pulmonary veno-occlusive disease
- 1 patient had pulmonary fibrosis
- 1 patient had obliterative bronchiolitis

LAS exception

- 6 patients had an approved LAS score exception

Public Comment Feedback

Public Comment Response Tally

Type of Response	Response Total	In Favor	In Favor as Amended	Opposed	No Vote/ No Comment/ Did Not Consider
Individual	6,417	6,363	0	18	36
Regional	11	9	1	1	0
Committee	19	2	0	0	17

Public Comment Themes



Support

- Children should always be prioritized
 - As long as lobar transplant is medically safe
- Age shouldn't be considered at all
- Will help future policy development
- Support as long as it's temporary
- Provides flexibility



Oppose

- Outcomes of lobar transplants poor/unknown
- Discriminatory against adults
 - Candidates with exceptions get 2x opportunity for offers
 - Adolescents/adults cannot request to be prioritized for young pediatric donor lungs
- Retain expiration date

Post-Public Comment Consideration

Adopt policy permanently

Adopt policy with a different expiration date

Do not adopt policy

Resolution 20

RESOLVED, that Policies 10.1.D (Candidates at Least 12 Years Old – LAS) 10.1.E (LAS Values and Clinical Update Schedule for Candidates at Least 12 Years Old); 10.2.B (Lung Candidates with Exceptional Cases); and 10.2.B.i (LRB Review Process) are modified as set forth in Resolution 20, effective July 1, 2014.