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
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
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

NOTE: There were 49 patients who were ever actively waiting between June 10, 2013, and June 13, 2014, while 0-11 years old.
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

NOTE: There were 49 patients who were ever actively waiting between June 10, 2013, and June 13, 2014, while 0-11 years old.
## Public Comment Feedback

### Public Comment Response Tally

<table>
<thead>
<tr>
<th>Type of Response</th>
<th>Response Total</th>
<th>In Favor</th>
<th>In Favor as Amended</th>
<th>Opposed</th>
<th>No Vote/No Comment/Did Not Consider</th>
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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
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.