ASTS
American Society of Transplant Surgeons

Update on Lung Continuous Distribution Policy

The American Society of Transplant Surgeons (ASTS) appreciates the opportunity to provide public comment on the Organ Procurement and Transplantation Network (OPTN) Updates to Lung Continuous Distribution Policy.

We echo the concerns from the International Society of Heart and Lung Transplantation (ISHLT) that the proposed policy is based on insufficient evidence to support this change, that it has been implemented using emergency action pathways, and that the proposed policy change has not undergone sufficient modeling or assessment to evaluate for unintended consequences which may negatively impact equity for waitlisted patients. We note that it is particularly important that modeling be used to identify the potential impact of new policies on cost and discard rate. Iterative emergency changes have been used to try to fix problems in existing allocation systems without truly understanding the causes of those problems. Making this type of change without modeling is not a step in the right direction.

Although we agree that allocation out of sequence should be addressed, it is not clear from the evidence presented that increased regionalization of organ offers though increased weighting of placement efficiency will have any causal effect on this practice. Furthermore, increased emphasis on placement efficiency and regionalization of organ offers could negatively impact patients already facing barriers to allocation such as blood type O recipients or highly sensitized candidates by effectively reducing access to the national organ pool. The utilization of the emergency access pathway for implementation of this policy exacerbates these issues as it results in implementation of a significant policy change without completion of requested additional modeling by the OPTN Lung Transplantation Committee—modeling which may provide clarity on the positive or negative impacts on waitlisted patients. We strongly urge the OPTN and HRSA to not use emergency processes to change allocation for other organs in this manner.

We oppose this policy and recommend its reversal while the additional analysis requested by the OPTN Lung Transplantation Committee is completed and further recommend that an evaluation of the impact of policy on equity and access to transplantation be conducted for patients with biological barriers to transplantation. As always, we support open public engagement and transparency in this process to support public trust and engagement in organ allocation.

ASTS Position: Oppose

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