



ASTS Responses to OPTN Proposals Open for Public Comment

September 28, 2022

[Revise Lung Review Board Guidelines, Guidance, and Policy for Continuous Distribution](#)

The American Society of Transplant Surgeons appreciates the opportunity to provide feedback to the OPTN Lung Transplantation Committee.

Should the Committee add information in the guidance on how to request a priority 1 equivalent score for pediatric candidates in the new allocation system?

Yes, ASTS supports adding additional guidance on prioritizing high acuity pediatric candidate populations.

Should the Chair be a voting member of the Lung Review Board?

Not necessarily.

Are there other specific candidate diagnoses, symptoms, or characteristics for which the Committee should consider providing more specific guidance?

No.

Should a quorum of review board members be required to deny an exception request?

Yes.

Is it clear how the appeals process works?

Yes, the process appears clear. However, we are concerned about the voting guidelines in the proposal. As described, nine review board members from different programs would be assigned a case and would have five days to review; this seems reasonable. The difficulty arises in the further details: reviewers who don't respond in three days would be replaced and the review would be decided in five days even if there is only one response in that time frame. Perhaps all nine programs should receive the five days to respond and a minimum of five responses necessary for a decision. After three days, the program's alternate reviewer might be approached or perhaps the chair would be able to cast a vote for reviews in which the minimum number of responses is not received in five days. ASTS is also concerned when the "countdown" starts for these five days, and we propose that all reviews are sent out in the morning of the first day so that a full three out of five days are available to respond.

Do lung transplant programs anticipate any barriers to participating in the new Lung Review Board or using the updated exceptions process?

There would not be additional major barriers to transplant centers.

What resources should the OPTN provide to assist lung transplant programs in submitting exception requests in the continuous distribution lung allocation system?

The OPTN should further refine the online portal.

ASTS Position: Neutral/Abstain