



National OCS Lung Transplant Initiative

Meeting Consensus Recommendations & Action Plan

December 8, 2022 | Boston, MA

1. Establishing an OCS Lung Consortium:

Transplant programs who are willing and open to accepting OCS perfused donor lungs from any OPO region in the US will be invited to join an OCS Lung Consortium. This consortium will seek the following collaborative elements to assist both the OPO and the transplant programs' objective of expanding utilization of donor lungs for transplants:

- a. OPOs will be asked to provide pump waivers for donor lungs that were deemed suitable for OCS Lung perfusion may fall in any of the following categories (unable to allocate due timing and logistics (OR time or excessive travel distance), low or marginal PF ratio, DCD donors, older age >60 years, questionable non-specific findings on CXR or CT, or other conditions that might make the donor difficult to allocate for transplant)
- b. The transplant program will have the final say on the clinical suitability of the donor lungs for transplantation
- c. TMDX will not charge for the cost of the OCS technology if the donor lungs were not accepted for transplant by the program
- d. A list of the consortium programs will be shared with OPOs across the US as the reference centers for potential lung allocation
- e. OPOs will be responsible for allocation and match run order to ensure equitable distribution that is not limited by historical regional boundaries
- f. with all consortium programs, TMDX will provide training and educational webinars to maximize visibility to the NOP program and the potential clinical value of accepting these donor lungs on OCS. These webinars will be disseminated to transplant program's internal coordinators as well as any third-party contract service providers who are screening for the transplant programs.

2. Streamline NOP Communication Process Throughout:

- a. TMDX will provide an NOP process flow-map (including screening criteria for OCS lung clinical indications/contraindications), to consortium programs and all partner OPOs.
- b. TMDX will ensure that appropriate NOP contact (TMDX procurement surgeon or TMDX lung clinical leader), will be clearly identified at the start of potential cases and will communicate with the accepting transplant program clinical staff at a pre-defined frequency that meets the program's expectations.
- c. In early 2023, TMDX will release a HIPAA compliant communication application that will manage all clinical communications for NOP cases between transplant programs, OPO staff and the NOP team.
- d. Consortium programs should identify the point person to be contacted by OPO staff for potential OCS lung donor offers
- e. TMDX will provide a list of TMDX NOP thoracic surgeons credentials and contact information to all consortium programs

3. Financial Administration Working Group:

The physicians in the consortium realize that cost has been brought up as a barrier to the wide dissemination of this technology and service. This barrier could prevent acceptance of donor organs from the OPO. The consortium also realizes that there are several important reimbursement opportunities and hospital financial benefits. The OCS Lung consortium will identify a group of expert transplant administrators to form this working group to help define strategies for reimbursement and financial sustainability from both CMS and managed care payors. TMDX will provide third-party transplant CMS and managed care consultants to support this working group's efforts.

- a. TMDX will work with consortium centers and financial working group to organize several webinars and live meetings at national transplant conferences to facilitate broad awareness of the financial implications of increased transplant volumes and improved outcomes.

4. Broader Awareness of OCS Lung Clinical & Economic Evidence:

TMDX will develop several digital educational media segments (eg. short animation videos) tailored to different audience/stakeholders which will be available on the TMDX website. The focus of these presentations will be as follows:

- a. Patient education around the value of expanding the number of lungs for transplant
- b. Dissemination of all published OCS clinical and scientific evidence and ongoing initiatives such as the Thoracic Organ Perfusion (TOP) Registry
- c. Explanation of economic benefits summarizing the presentation that was given by Kim at the meeting
- d. Awareness to policy makers around the potential benefits of NOP to remove historical barriers to organ utilization in the US

5. Potential Partnering with Patient Organizations & UNOS Thoracic Organ Committee:

- a. TMDX will reach out to the Cystic Fibrosis Foundation, Lung Transplant Foundation, Pulmonary Fibrosis Foundation, and other lung transplant patient organizations to increase awareness of this initiative to increase lung transplants in the US
- b. TMDX will coordinate with Steering Committee members for best contacts to initiate the dialog
- c. The consortium and TMDX will potentially approach the UNOS Lung Transplantation