

**OPTN Lung Transplantation Committee
Meeting Summary
November 16, 2023
Conference Call**

**Marie Budev, DO, MPH, Chair
Matthew Hartwig, MD, Vice Chair**

Introduction

The Lung Transplantation Committee (Committee) met via Webex teleconference on 11/16/2023 to discuss the following agenda items:

1. Standardize Six-Minute Walk Project
2. VOTE: Six-Minute Walk Project
3. Review CAS calculator help documentation language
4. Promote Efficiency of Lung Allocation Project

The following is a summary of the Committee's discussions.

1. Standardize Six-Minute Walk Project

The Committee finalized updates to the Standardize Six-Minute Walk proposal.

Proposed policy language

For any six-minute walk distances reported during the six months preceding a candidate turning 12 years old, and for any initial six-minute walk distances reported for candidates at least 12 years old, transplant programs must perform an oxygen titration test prior to conducting the initial six-minute walk test for a candidate on the lung waiting list. The final amount of supplemental oxygen from the oxygen titration test must be the amount provided to the candidate at the start of the six-minute walk test and documented in the candidate's medical record.

For six-minute walk distances reported prior to the six months preceding the candidate turning 12 years old, and for any subsequent updates to the six-minute walk distance according to *Policy 10.3.B Lung Clinical Values That Must Be Updated Every Six Months*, transplant programs may conduct an oxygen titration test prior to the six-minute walk test and may modify the amount of supplemental oxygen provided to the candidate at the start of the six-minute walk test.

Proposed data definition

Six minute walk distance: Enter the total exertional distance on a flat surface the candidate is able to walk in six minutes in feet. Refer to *Guidance for Conducting the Six-Minute Walk Test for Lung Allocation* for additional information on conducting the test and converting walk distance from meters to feet. ~~The distance walked is a measure of functional status. The normal expected range of values is between 0 and 3000, although a value outside of greater than this range may be entered.~~ Enter the Test Date when this information was obtained. These fields must be updated every 6 months from the time the candidate was added to the waiting list. If they are incomplete or expired, the least beneficial value will be used to calculate the candidate's lung composite allocation score.

Updates to guidance

- Updated to reflect policy requirement for an initial oxygen titration test
- Added appendix for converting walk distance from meters to feet

Summary of discussion:

The Committee supported advising transplant programs to ensure that candidates approaching 12 years old complete an oxygen titration test ahead of the six-minute walk (6MW) test within six months before the candidate turns 12 years old.

The Committee supported including guidance for converting meters to feet up to 1220 meters/4003 feet.

The Committee supported adopting a transition plan for the 6MW proposal that states all candidates listed at the time of implementation are expected to have an updated 6MW distance reported that uses the oxygen titration protocol within six months of implementation.

The Chair requested feedback from a pediatric representative about whether it is reasonable to require an oxygen titration test ahead of the 6MW test for candidates approaching 12 years old. The pediatric transplant representative commented that 6MW distances are collected for pediatric candidates as young as 6 years old, so it is reasonable to perform both tests with older pediatric candidates. The importance of pediatric transplant programs having adequate time and clear guidance to make logistical preparations for these tests was emphasized throughout the discussion.

The Committee supported advising transplant programs to ensure that candidates approaching 12 years old complete an oxygen titration test ahead of the 6MW test within six months before the candidate turns 12 years old. During their October meeting, the Committee discussed that 6MW distance impacts Composite Allocation Score (CAS) sub-scores upon the candidate turning 12 years old. Therefore, it would be best to report a 6MW distance that uses the oxygen titration protocol before the candidate's 12th birthday.

A member proposed that "at least 12 years old" be changed to "12 years old or greater" in the proposed policy language, for clarity. It was discussed that "at least 12 years old" was chosen to be consistent with existing policy language. The Committee will proceed with "at least 12 years old" for consistency, but can re-evaluate this later, depending on Public Comment feedback.

The Committee supported including guidance for converting meters to feet up to 1220 meters/4003 feet. Referring to the distribution of 6MW distance (feet), members discussed that the majority of candidates will likely have a 6MW distance of 3,000 or less, so a broad range of conversions will meet the transplant community's needs.

The Committee supported adopting a transition plan for the 6MW proposal that states all candidates listed at the time of implementation are expected to have an updated 6MW distance reported that uses the oxygen titration protocol within six months of implementation. Members discussed that within six months of implementation, programs will have had follow-up visits with all candidates on the waitlist because other clinical values will require updates in accordance with OPTN Policy 10.3 Clinical Values and Update Schedule.

2. VOTE: Six-Minute Walk Project

The Committee reviewed each of the voting items associated with the 6MW proposal.

Summary of discussion:

The Committee approved the Standardize Six-minute Walk proposal; votes were as follows: 13 yes; 0 no; 0 abstained.

There was no further discussion.

Next steps:

The OPTN Policy Oversight Committee will vote on the Six-minute Walk proposal for public comment approval at their January meeting.

3. Review CAS calculator help documentation language

The Committee reviewed updated language for arterial blood gas reporting in the CAS calculator and associated help documentation:

“If using an arterial or capillary blood source, enter the test result. If using a venous blood source, subtract six (6) mmHg from the test result and enter that number.”

Summary of discussion

The Committee supported the updates to standardize language associated with the CAS calculator and help documentation.

The Chair asked if the statement, “If using a venous blood source, subtract six (6) mmHg from the test result and enter that number” could be visually highlighted on the OPTN website.

Next steps:

The proposed help documentation changes will be submitted to the OPTN Data Advisory Committee for approval. OPTN IT support will explore options for visually highlighting this language on the OPTN website.

4. Promote Efficiency of Lung Allocation Project

The Committee reviewed recommendations from the Promote Efficiency of Lung Allocation Workgroup (Workgroup) from their November meeting.

Summary of discussion

The Committee decided to revise the proposed data field of previous coronary artery bypass grafting (CABG) to allow for the selection of different types of previous cardiac surgery that required a sternotomy.

The Committee decided not to move forward with Glasgow Coma Scale (GCS) as a proposed data field at this time but is interested in exploring alternate approaches to providing information on neurological status for DCD donors.

The Committee decided to revise the proposed data field of previous CABG to allow for the selection of different types of previous cardiac surgery that required a sternotomy. A lung transplant program representative agreed with an organ procurement organization (OPO) representative’s observation in the Workgroup meeting, stating that not every program is interested in sending an organ recovery team for donors with a history of sternotomy, regardless of procedure type. He commented that CABG may be too specific; this may be a more helpful screening tool for transplant programs if additional types of

previous cardiac surgeries could be selected. Members agreed that although CABG is the most predominant type, other procedures such as heart valve replacement may be a concern for some programs. The Chair noted that this would allow ease of reporting for OPOs as they would avoid having to investigate whether donors had previous CABG, specifically. The Committee agreed broader selection of previous cardiac surgery types would provide greater utility in decision-making for offer acceptance.

The Committee decided not to move forward with GCS as a proposed data field at this time but is interested in exploring alternate approaches to providing information on neurological status for DCD donors. The Chair reiterated feedback from the OPO representatives that GCS is regarded as unreliable, noting inconsistencies in which care team member performs the assessment and in the documentation. It was also mentioned that OPOs may only receive GCS data once from donor hospitals, not serially. There was consensus among several members that GCS is not useful to them in evaluating DCD donors.

The Vice Chair voiced concerns about the lack of data available at the time of organ offer to evaluate offers from DCD donors, particularly related to likelihood of expiration. Members discussed that there may be more support for exploring the utility of brainstem reflexes as OPO feedback from the Workgroup indicates these are typically reported in the OPTN Computer System twice per day. An OPO representative noted that collection of brainstem reflexes may be variable and unreliable as well. It was emphasized that OPOs are heavily reliant on donor hospital resources for data collection, making it difficult to collect any data points consistently. The Committee concluded that alternate pathways to obtaining neurological status for DCD donors should be explored.

Next steps

The Committee will finalize the proposed data fields and vote on sending out the Promote Efficiency of Lung Allocation proposal for Public Comment in January 2024.

Upcoming Meeting

- November 30, 2023

Attendance

- **Workgroup Members**
 - Marie Budev
 - Matthew Hartwig
 - Soma Jyothula
 - Erika Lease
 - Ernestina Melicoff
 - Wayne Tsuang
 - Thomas Kaleekal
 - Ed Cantu
 - Brian Armstrong
 - Julia Klesney-Tait
 - Errol Bush
 - Jaclyn Russe
- **HRSA Representatives**
 - Marilyn Levi
 - James Bowman
- **SRTR Staff**
 - David Schladt
 - Katie Audette
- **UNOS Staff**
 - Kaitlin Swanner
 - Leah Nunez
 - Kelley Poff
 - Sara Rose Wells
 - Susan Tlusty
 - Chelsea Weibel
 - Samantha Weiss
 - Houlder Hudgins
 - Holly Sobczak
- **Other Attendees**
 - n/a