

**OPTN Lung Transplantation Committee
Promote Efficiency of Lung Allocation Workgroup
Meeting Summary
March 12, 2024
Conference Call**

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

Introduction

The Promote Efficiency of Lung Allocation Workgroup (Workgroup) met via Webex teleconference on 03/12/2024 to discuss the following agenda items:

1. Lung donor testing recap
2. Lung donor testing discussion

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

Lung donor testing recap

On February 12, 2024, Workgroup members supported the completion of new chest x-rays every 12-24 hours and noted that more frequent x-rays could be requested if the status of the donor changes. There was some support for moving computed tomography (CT) scan from guidance to policy, however, some members expressed concerns about the capability to complete a CT scan at some donor hospitals with fewer resources.

Summary of discussion:

The Workgroup recommended adding CT scan to [OPTN Policy 2.11.D](#) with an "if completed" format, similar to what's listed for bronchoscopy. They also recommended requiring CT scan within 72 hours to the initial offer.

The Workgroup recommended adding CT scan to OPTN Policy 2.11.D with an "if completed" format, similar to what's listed for bronchoscopy. Members from lung transplant programs agreed that CT scans provide information useful to decision-making for offer acceptance. It was noted that the majority of donor offers have a CT scan that was completed between the time of admission and donor death. Members discussed the importance of allowing leeway in policy for cases where a CT scan cannot be completed due to limited resources at the donor hospital.

The Workgroup also recommended requiring CT scan within 72 hours to the initial offer. The importance of having current and relevant information during the offer process was emphasized for efficiency and decision-making. A CT scan from several or more days prior to the offer may no longer be clinically relevant and would elicit additional CT scan requests during allocation. Although 24-48 hours prior to offer would be most helpful to lung transplant programs, members felt the 72 hour timeframe would strike an appropriate balance in terms of usefulness to transplant programs and burden on OPOs.

Lung donor testing discussion

As a continuation of previous discussions, the Workgroup reviewed [current guidance](#) for mycology sputum smear and echocardiogram (echo)/Swan Ganz and considered the inclusion of predicted Total Lung Capacity (pTLC).

Summary of discussion:

The Workgroup recommended that mycology sputum smear be changed to "fungal culture" and remain in guidance.

The Workgroup recommended that echo be moved from guidance to policy.

The Workgroup recommended that Right Heart Catheterization (RHC) be added as an option alongside Swan Ganz in guidance.

The Workgroup recommended the OPTN Computer System include a feature that calculates pTLC.

The Workgroup recommended that mycology sputum smear be changed to "fungal culture" and remain in guidance. Members agreed that the term "fungal culture" is more appropriate as "mycology sputum smear" is rarely used in practice. Though results from this test are not needed for offer acceptance, they are helpful in determining the need for prophylaxis treatment post-transplant. The Workgroup considered whether to require this in policy, but decided guidance would be most appropriate due to geographical differences in fungal testing protocols at OPOs across the country.

The Workgroup recommended that echo be moved from guidance to policy. Members from lung transplant programs agreed that an echo is needed to evaluate potential lung donors for pulmonary hypertension (PH), especially for donors at increased risk for PH. In instances where the heart is not allocated, lung transplant teams typically must request an echo upon offer; adding echo to policy would require this information is available at the time offer, thereby increasing allocation efficiency.

The Workgroup recommended that Right Heart Catheterization (RHC) be added as an option alongside Swan Ganz in guidance. Members indicated that Swan Ganz often cannot be performed upon request due to a lack of qualified staff. There was agreement among members that RHC is typically requested in lieu of Swan Ganz and should be added to guidance.

The Workgroup recommended the OPTN Computer System include a feature that calculates predicted Total Lung Capacity (pTLC) and began to discuss a potential size matching system feature. Some members reported manually calculating donor pTLC upon offer to determine whether the organ is an appropriate size match for a candidate. While there is no standardized pTLC calculation, a member reported using a calculation that requires only donor height. This member will follow-up. Members agreed that a feature to calculate pTLC would reduce potential for human error and increase efficiency. Furthermore, members currently using pTLC stated they would consider filtering offers based on this information. There was some interest in a potential system feature to aid in size matching using only donor and recipient height, which are currently collected in the OPTN Computer System.

Next steps:

The Workgroup will continue to discuss policy requirements and guidance associated with lung donor testing.

Upcoming Meetings

- April 23, 2024, teleconference, 5pm ET

Attendance

- **Workgroup Members**
 - Marie Budev
 - Ed Cantu
 - Erika Lease
 - Dennis Lyu
 - Thomas Kaleekal
 - Jackie Russe
 - Erin Halpin
 - PJ Geraghty
 - Greg Veenendaal
 - Julia Klesney-Tait
 - Dan DiSante
 - Erin Halpin
- **HRSA Representatives**
 - Marilyn Levi
 - James Bowman
- **SRTR Staff**
 - Katie Audette
 - David Schladt
 - Nick Wood
- **UNOS Staff**
 - Kelley Poff
 - Kaitlin Swanner
 - Susan Tlusty
 - Leah Nunez
 - Chelsea Weibel
 - Holly Sobczak
 - Samantha Weiss
 - Houlder Hudgins