OPTN Lung Transplantation Committee
Promote Efficiency of Lung Allocation Workgroup
Meeting Summary
February 13, 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 02/13/2024 to discuss the following agenda items:

1. Lung offer filters update
2. 1/30 Lung donor testing recap
3. Lung donor testing

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

Lung offer filters update

The OPTN hosted a webinar on February 12, 2024 to answer questions from transplant professionals about Offer Filters for lung allocation, which were released on January 31, 2024. Attendees asked questions about:

- Adding/editing filters
- Interaction between acceptance criteria and offer filters
- Optimizing filters for specific candidates, such as how to leverage filters for candidates with high sensitization, known as Calculated Panel Reactive Antibodies (CPRA)
    - Recommendations for future filters, including sequence number, PaO2/FiO2 (P/F) ratio, quality filters, donor lung size/Total Lung Capacity (TLC)

Summary of discussion:

There was no discussion by the Workgroup.

1/30 Lung donor testing recap

At their meeting on January 30, 2024, the Workgroup discussed recommendations for measurements, bronchoscopies, arterial blood gas (ABGs) results, lung protective strategy, and additional information requested during offers.

Summary of discussion:

The Workgroup added a recommendation that a challenge gas should be taken 30 minutes after any recruitment methods are used.

Following a request for clarification, the Workgroup confirmed their recommendation for ABGs to be completed within 2 hours prior to the initial offer(s) on the match run, then 4 hours thereafter. Members reiterated that this recommendation strikes a balance between feasibility for organ

procurement organizations (OPO) and transplant programs' need for updated ABGs, which are indicative of current lung donor status.

The Workgroup added a recommendation that a challenge gas should be taken 30 minutes after any recruitment methods are used. Members discussed that OPOs employ lung recruitment maneuvers involving ventilation adjustments that deviate from the lung protective strategy recommended by the Workgroup. Therefore, it is important to clarify that the recommended lung protective strategy represents the donor's stable state. Allowing 30 minutes after recruitment will ensure challenge gases are reflective of the donor's true lung function.

Lung donor testing continued

As a continuation of their previous discussion, the Workgroup reviewed the requirement for a chest x-ray in OPTN Policy 2.11.D and current guidance for lung donor computed tomography (CT) scan.

Current chest x-ray requirements:

- Chest x-ray interpreted by a radiologist or qualified physician within 3 hours prior to the offer

Current CT scan guidance:

- Non-contrast computed tomography (CT) scan of the chest in the following situations:
    - Significant smoking history
    - Chest trauma with suspected pulmonary contusions
    - Documentation of suspected aspiration or evidence of it upon bronchoscopy

Summary of discussion:

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.

The Workgroup expressed that a chest x-ray image is essential when making decisions about lung offers. Clinicians on the call noted that they interpret their own x-rays, so the 3-hour interpretation requirement is not critical. If a requirement for interpretation is retained in policy, a member suggested that interpretation might be required 12 hours after the x-ray is taken, so that x-rays occurring overnight could be interpreted the following day. Members supported the completion of new x-rays every 12-24 hours and noted that more frequent x-rays could be requested if the status of the donor changes.

The Workgroup agreed that most lung offers include a CT scan. However, they are not obtained for some pediatric donors and repeat scans can be challenging to obtain. Members agreed that having both chest x-ray and CT scan imaging is useful for assessing lung donor suitability. Members explained that a CT scan often provides a more detailed view of the lungs for volume management and that the ability to cross reference the chest x-ray and CT scan can provide further insight on donor lung quality. Members discussed the possibility of moving CT scan from guidance to policy. Some members supported this idea, while others expressed concerns that donor hospitals in rural areas with limited access to CT scans may be unable to offer lungs, if required. The Workgroup discussed adding CT scan to policy with the condition "if performed", similar to current policy for bronchoscopies. Structuring the policy in this way would not prevent OPOs from sending offers when no CT scan is available.

Next steps:

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

Upcoming Meetings

- March 12, 2024, teleconference, 5pm ET

Attendance

- **Workgroup Members**
  - Marie Budev
  - Matthew Hartwig
  - Ed Cantu
  - Ernestina Melicoff
  - Erika Lease
  - Dennis Lyu
  - Thomas Kaleekal
  - Jackie Russe
  - Erin Halpin
  - PJ Geraghty
  - Michael Morrow
  - Greg Veenendaal
  - Nirmal Sharma
- **HRSA Representatives**
  - James Bowman
- **SRTR Staff**
  - Katie Audette
  - David Schladt
- **UNOS Staff**
  - Kelley Poff
  - Kaitlin Swanner
  - Susan Tlusty
  - Leah Nunez
  - Chelsea Weibel
  - Holly Sobczak
  - Samantha Weiss
  - Houlder Hudgins