

**OPTN Lung Transplantation Committee
Promote Efficiency of Lung Allocation Workgroup
Meeting Summary
September 22, 2023
Conference Call
Marie Budev, DO, Chair
Matthew Hartwig, MD, Vice Chair**

Introduction

The Promote Efficiency of Lung Allocation Workgroup (the Workgroup) met via Webex teleconference on 9/22/2023 to discuss the following agenda items:

1. Welcome and agenda
2. Lung offer filters
3. OPO Committee feedback
4. Priority items for Winter 2024 public comment
5. Next Steps and Closing Comments

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

1. Welcome and agenda

The Chair welcomed Workgroup members.

Summary of discussion:

There was no further discussion by the Workgroup.

2. Lung offer filters

The Workgroup received a presentation on the phase one scope for lung offer filters. This includes:

- Offer Filter Manager
 - Manage filters that the OPTN Donor Data and Matching System uses
- Apply Offer Filters in the OPTN Donor Data and Matching System
 - Change lung match to apply filters
- Offer Filters Model
 - Identify potentially effective filters as a starting point
- Offer Filters Explorer
 - Assess impact of potential filters
 - Report of Donors and Candidates actually being filtered

The Workgroup also received an overview of candidate exclusion criteria for lung. This could include:

- Candidate age less than
- Calculated panel reactive antibody (cPRA) exceeds
- Candidate blood type
- Candidate match score is less than
- Candidate match score exceeds

Lung offer filters are expected to be implemented in January 2024.

Summary of discussion:

Decision #1: The Workgroup agreed this will be a good start to addressing efficiency issues experienced during lung allocation.

The Chair noted offer filters will not be as helpful until they are candidate-specific. Staff responded candidate exclusion criteria will be a part of this effort as well. A member asked if transplant program acceptance metrics will be affected if candidates are filtered out through lung offer filters. Staff responded that offer filters can help improve a transplant program's offer acceptance metric because offers that are bypassed because of offer filters are excluded from the metric, whereas an offer that is declined is included in the metric. The Chair asked if transplant programs will be able to see whether they are over-filtering using modeling at the time of implementation. Staff responded yes, that is part of the Offer Filters Explorer.

3. OPO Committee feedback

The Chair presented the progress of the Workgroup to the OPTN Organ Procurement Organization (OPO) Committee on September 19, 2023. The feedback included that mandatory offer filters should be explored for lung programs. There was general support for transplant programs using acceptance criteria to screen off offers as well as offer filters once they are available for lung transplant programs.

The OPO Committee voiced concern over the use of offer notification limits to improve efficiency. Members commented slowing down the rate of offers may not address concerns. They recommended solutions focused on reducing the volume of offers (e.g. filters) and suggested transplant programs hire more staff to handle the current offer volume. The OPO Committee members agreed OPOs who have not set any notification limits within the "local" range could be making more offers than necessary and the Workgroup could consider limiting further offers once an acceptance has been entered. The Workgroup could also consider allowing OPOs to set different limits by organ type.

The OPO Committee expressed concern over the current weight on placement efficiency under continuous distribution of lungs. Members stated there is not enough weight currently placed on this attribute and organs are traveling to the coasts. Members emphasized that organs must be placed quickly due to travel times for recovery teams. The OPO Committee also highlighted challenges faced with multi-organ allocation. The OPTN Ad Hoc Multi Organ Committee is currently addressing this.

The Chair presented possible policy changes to lung donor testing. The OPO Committee members voiced concern about adding tests like bronchoscopies. They said they may not be able to get bronchoscopies or chest X-rays from remote donor hospitals or even metropolitan hospitals that have reduced staff and/or have outsourced laboratory testing. They urged the Workgroup to consider additional challenges for the donation after circulatory death (DCD) population, e.g. additional consent needed for bronchoscopies. They emphasized it would be important to include a "not available" option for any additional lung donor testing to keep allocation moving.

The OPO Committee members expressed concern about timelines suggested by the Workgroup. They stated it is challenging to provide arterial blood gases (ABGs) within 2 hours of offers. They added this would even be a challenge if required every 4 hours. They urged the Workgroup to consider requiring a frequency for ABG testing rather than a time period before the organ offer.

Summary of discussion:

Decision: This was not an action item; there were no decisions made by the Workgroup.

The Chair commented changes to lung donor testing should include an exception for rural hospitals. She agreed with the “not available” option suggested by the OPO Committee but expressed concern that it may be misused.

4. Priority items for Winter 2024 public comment

The Workgroup discussed items they should focus on over the next two months to send to Winter 2024 public comment. Options include:

- Lung offer filters – *under development*
 - Proposal could include new data collection to support future lung-specific offers
- Required lung donor testing and/or changes to donor data collection
- Require HLA typing to be entered prior to making organ offers
- OPO notifications
 - Opportunity to get more feedback from the community on potential options

Summary of discussion:

Decision #2: The Workgroup decided to prioritize requiring HLA typing to be entered prior to making organ offers, new data collection to support future lung-specific offers, and changes to required lung donor testing and/or changes to donor data collection.

The Chair commented it would be an easy solution to require HLA typing to be entered prior to making organ offers. A member commented they would be in support of changes to required lung donor testing as long as it does not prohibit OPOs from making an offer. A member commented that lung allocation is now in a national allocation system and standardizing the way lung offers are made and the information included in lung offers will make the process more efficient.

5. Next steps and closing comments

The Chair thanked members for joining and encouraged the OPO representatives to invite more of their colleagues to the Workgroup.

Summary of discussion:

There was no further discussion by the Workgroup.

Upcoming Meetings

- October 17, 2023, teleconference, 5 PM ET

Attendance

- **Workgroup Members**
 - Marie Budev
 - Erika Lease
 - Dennis Lyu
 - Erin Haplin
 - Jackie Russe
 - Pablo Sanchez
 - Dan Disante
 - Tina Melicoff
- **HRSA Staff**
 - Marilyn Levi
- **SRTR Staff**
 - David Schladt
 - Nick Wood
- **UNOS Staff**
 - Kaitlin Swanner
 - Amelia Devereaux
 - Amy Putnam
 - Bonnie Felice
 - Carlos Martinez
 - Chelsea Weibel
 - Holly Sobczak
 - Kerrie Masten
 - Holly Sobczak
 - Taylor Livelli
 - Rob McTier
 - Samantha Weiss