

**OPTN/UNOS Thoracic Organ Transplantation Committee**  
**Meeting Summary**  
**April 9, 2015**  
**Conference Call**

**Joe Rogers, MD, Chair**  
**Kevin Chan, MD, Chair**

*Discussions of the full committee on April 9, 2015 are summarized below and will be reflected in the committee's next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at <http://optn.transplant.hrsa.gov/>.*

**Committee Projects**

**1. Proposal to Collect ECMO Data Upon Waitlist<sup>SM</sup> Removal for Lung Transplant Candidates**

The Thoracic Committee met to vote whether to present the ECMO Data Collection proposal to the Board of Directors for approval in June 2015. The Lung Subcommittee previously reviewed public comment feedback and recommended that the Thoracic Committee move the proposal forward without making changes, as it is important to balance the desire to collect granular data versus the costs of additional data collection on the programs reporting data and on the OPTN. The Thoracic Committee agreed with the Lung Subcommittee's recommendation. The Committee members also stressed the importance of developing very specific definitions for each of the data fields to be included in UNet Help Documentation when the project is implemented, so that centers report these data consistently.

The Thoracic Committee voted on the following resolution: "Resolved, the Proposal to Collect ECMO Data Upon Waitlist<sup>SM</sup> Removal should be presented to the Board of Directors for approval in June 2015." (13 support, 0 oppose, 0 abstentions).

**2. Proposal to Collect Ex Vivo Lung Perfusion (EVLP) Data for Transplant Recipients.**

The Thoracic Committee next reviewed the public comments received in response to the Proposal to Collect Ex Vivo Lung Perfusion (EVLP) Data for Transplant Recipients. For each suggested data element, the Committee weighed the value of collecting more granular information versus the potential for inaccurate data entry due to the complexity of the information sought. The Committee determined there are not enough data or published literature regarding variability in outcomes to justify collecting even more granular data on details such as the type of perfusate used and whether the surgeon used a closed left atrium technique. Additionally, the Committee is concerned that because the technology is evolving so quickly, it may be difficult to account for each of the different techniques. While the Committee understands why such details may be important in the future, it does not believe the OPTN is currently in a position to capture the incremental information.

The Thoracic Committee determined that no changes are needed despite the OPO Committee and AOPO' suggestion to collect information for lungs that are perfused but not ultimately transplanted. The recent changes to the Deceased Donor Registration form require OPOs to report "Lung Machine Perfusion Intended or Performed" for each

lung. Based on this information, the Committee would be able to analyze whether a lung was recovered and perfused but not ultimately transplanted.

The Thoracic Committee also determined that the MPSC's question regarding how the Committee plans on identifying marginal lungs and their outcomes is out of scope for this proposal. The purpose of collecting these data are to determine whether a transplanted lung was perfused prior to transplant, but not to necessarily evaluate the physiology of the lungs that are perfused. Additionally, the Committee believes it is likely in the future that even non-"marginal" lungs will be perfused prior to transplant, so there is no need to focus only on whether marginal lungs were perfused.

The Committee agreed that some changes to the proposed form are warranted. The Committee proposes modifying the "total organ ischemia time from cross clamp to in situ reperfusion (include warm and cold time)" question to replace the word "ischemia" with "preservation." This is simply a nomenclature change but the intent of the question, to determine the total time between when the organ was removed from the donor to when it was implanted in the recipient, remains the same. Using "preservation" instead of "ischemia" conforms to current use in the transplant community. However, the Committee did not agree with a related suggestion to collect information on cold ischemia time versus warm ischemia time. The Committee believes asking for these elements separately rather than combining them into one total value would make data entry much more complicated and increase the risk of collecting inaccurate data.

The Committee also determined that the option for "other" in the "Perfusion occurred at" and "Perfusion performed by" fields should be replaced with "External Perfusion Center." Aside from non-OPTN member perfusion centers, the Committee was unable to think of any other respondents that would qualify as "other." The original intent of including "other" was to capture such non-member perfusion centers, so including a selection specifically for these organizations matches the original intent of the proposal and will make data collection more precise.

The final suggested modification to the form is remove the selection of "n/a" from the "Lung(s) were received at the transplant center" "On pump" option. The Transplant Coordinators Committee suggested including a definition of n/a in UNet<sup>SM</sup> help documentation to ensure consistent data entry. As the Committee discussed this suggestion, it realized the "n/a" option did not serve a purpose in the form and therefore proposes removing it as an option.

The Thoracic Committee voted on the following resolution: "Resolved, the Proposal to Collect Ex Vivo Lung Perfusion (EVLP) Data for Transplant Recipients should be presented to the Board of Directors for approval in June 2015. (13 support, 0 oppose, 0 abstentions).

### **Upcoming Meeting**

- June 11, 2015 in Chicago, Illinois