

**OPTN/UNOS Thoracic Organ Transplantation Committee**  
**Meeting Summary**  
**December 18, 2014**  
**Conference Call**

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

*Discussions of the full committee on December 18, 2014 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. Ex Vivo Lung Perfusion (EVLP) Data Collection**

The Thoracic Committee met to vote whether to distribute the Proposal to Collect Ex Vivo Lung Perfusion (EVLP) Data for Lung Transplant Recipients for public comment. The Committee reviewed the problem: beginning in the spring of 2015, the OPTN will collect data from OPOs on the Deceased Donor Registration form (DDR) regarding whether a lung was recovered or accepted with the intent of being perfused. However, there will be no corresponding information reported by transplant programs regarding whether a transplanted lung was perfused prior to transplantation. With this proposal, the Committee hopes to close this gap and collect the information to monitor the use of EVLP, identify potential patient safety issues, and analyze whether EVLP use requires policy changes or risk adjustment.

The Committee reviewed the fields on the DDR to determine whether additional fields are required. The Committee discussed whether to add other storage or perfusion solutions to the current list, such as STEEN solution or even donor blood, but the Committee decided that such granular data will not help achieve the goals stated above. Additionally, the Committee reviewed the current list of reasons the OPO can report a recovered organ was not transplanted. The Committee ultimately decided that for lungs that are perfused and not transplanted, the current list of reasons is adequate, particularly "poor organ function" and "recipient determined to be unsuitable for TX in OR." The Committee discussed whether to add a selection for "technical problem" or "pump malfunction," but determined such detailed information would not help inform the analysis of EVLP use and would be redundant with the other information the Committee is proposing to collect.

The Committee then examined the Transplant Recipient Registration form (TRR), which is completed by the transplant program after a transplant recipient is removed from Waitlist. The Committee reviewed fields recommended by a subgroup of Committee members familiar with EVLP. The Committee determined that it is important to know where the lungs were perfused (at the OPO, at the donor recovery hospital, at the transplant hospital that performs the transplant, at a different transplant hospital, or other) and who performed the perfusion (the OPO, the transplant program, or other). It is also critical to know whether the lungs arrived at the transplant center on ice or on a pump, and if on a pump, whether they stayed on the pump. The Committee determined that the sum of this information will tell the story regarding how the lungs were treated between recovery and transplant, including whether and what type of perfusion was

performed. The Committee does not think it is necessary to determine the brand of the perfusion machine used, because technology changes too rapidly to collect all brand names, and the technique, rather than the brand, is more important to the Committee's analysis. The Committee hypothesizes the technique will be critical to their analysis regarding whether any particular technique carries particular risks or benefits.

After discussion, the Committee voted in favor of distributing the Proposal to Collect Ex Vivo Lung Perfusion (EVLP) Data for Lung Transplant Recipients for public comment beginning January 27, 2015. (11 support, 0 oppose, 0 abstentions)

### **Upcoming Meeting**

- June 11, 2015