

**OPTN Ad Hoc Disease Transmission Advisory Committee**  
**Requirements for Communicating Transplant Disease Transmission Workgroup**  
**Meeting Summary**  
**June 13, 2024**  
**Conference Call**

**Lara Danziger-Isakov, MD, Chair**  
**Stephanie Pouch, Vice Chair**

## **Introduction**

The Requirements for Communicating Transplant Disease Transmission Workgroup met via Webex teleconference on 06/13/2024 to discuss the following agenda items:

1. Project Recap: 5/7 Meeting
2. Discussion: Sick vs. Non-sick lung recipient

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

### **1. Project Recap: 5/7 Meeting**

On May 7, 2024, the Workgroup made the following recommendations to determine a timeframe for which organisms are discovered for the purposes of reporting requirements:

- Use cross clamp as the defining event to differentiate between expected and unexpected disease transmission events
- Use anastomosis as the defining event to distinguish donor testing and recipient testing of the organ being donated
- Use the timeframe between cross-clamp and anastomosis to define unexpected disease transmission

#### Summary of discussion:

#### *Defining reporting timeframes*

Regarding the recommendations on May 7, 2024, a member questioned whether defining a terminating event for reporting unexpected disease transmissions post-cross clamp would be helpful. This may further clarify reporting requirements.

### **2. Discussion: Sick vs. Non-sick lung recipient**

The Workgroup reviewed the transplant program reporting requirements algorithm and discussed the need to distinguish a non-sick lung recipient from a sick lung recipient to further clarify reporting requirements.

The Workgroup was asked what distinguishes a sick lung recipient from a non-sick lung recipient.

Sick lung recipient proposed definition: "Organisms isolated from the respiratory tract are felt to be directly contributing to lung recipient illness based upon clinical judgment of the treating physician or team".

### Summary of discussion:

The Workgroup supported the proposed reporting requirements for lung recipients and the definition of distinguishing sick from non-sick lung recipients.

### *Lung recipient reporting requirements*

The Workgroup reviewed a visual aid outlining the requirements for reporting post-transplant disease, which outlines a proposed separate pathway for lung reporting requirements. If transplant program testing of recipient lungs is positive and the recipient is sick, the program would report it to the OPTN and Organ Procurement Organization (OPO), if it were unexpected. If transplant program testing of the recipient's lungs is positive, the recipient is not sick, but the organism is a pathogen of special interest (POSI) or malignancy, the transplant program would be required to report results to the OPO and OPTN. If the same were true but the organism was not a POSI or malignancy, the transplant program would not be required to report to the OPO. A member commented that the Ad Hoc Disease Transmission Advisory Committee may wish to review the POSI list; there are few bacteria listed, and new data may alter what is appropriate to include.

To distinguish a sick lung recipient from a non-sick lung recipient, the Workgroup considered the following definition: *Organisms isolated from the respiratory tract are felt to be directly contributing to lung recipient illness based upon clinical judgment of the treating physician or team.* There were concerns that leaving room for clinical judgment would not reduce the burden of unnecessary reporting, which was a primary driver behind the Membership and Professional Standards Committee's project referral. A member from a lung transplant program reported that it may be clinically challenging to distinguish ventilator-associated pneumonia, a frequent occurrence post-intubation, from donor-derived illness.

Ultimately, members supported the proposed reporting requirements for lung recipients and the definition of a sick lung recipient. There was agreement that the proposed definition allows enough flexibility for a transplant team to determine sick vs. non-sick for their recipient while ensuring that other accepting programs receive the information necessary to promote the safety of their recipients as well. Given that the current policy does not specify reporting requirements for lung recipients in any capacity, members felt that although concerns may not be eliminated, moving forward with the proposed would be an improvement.

The Workgroup also discussed that transport media is not currently included in the reporting requirements outlined in policy, as reporting results from transport media is often at the discretion of the transplant program.

### Next steps:

The Workgroup will review the draft policy language for this project at their next meeting.

### **Upcoming Meeting**

- July 23, 2024

## Attendance

- **Workgroup Members**
  - Lara Danziger-Isakov
  - Stephanie Pouch
  - Rachel Miller
  - Michael Ison
  - Emily Blumberg
  - Erika Lease
  - Anna Hughart-Smith
  - Stephen Gray
  - Brian Keller
  - Anja DiCesaro
  - Dong Lee
- **HRSA Representatives**
  - Marilyn Levi
  - Jim Bowman
- **UNOS Staff**
  - Tamika Watkins
  - Leah Nunez
  - Alex Carmack
  - Sandy Bartal
  - Logan Saxer
  - Susan Tlusty
  - Cole Fox
  - Houlder Hudgins