

**OPTN Lung Transplantation Committee
Promote Efficiency of Lung Allocation Workgroup
Meeting Summary
August 20, 2024
Conference Call**

**Matthew Hartwig, MD, Chair
Dennis Lyu, MD, Vice Chair**

Introduction

The Promote Efficiency of Lung Allocation Workgroup (Workgroup) met via Webex teleconference on 08/20/2024 to discuss the following agenda items:

1. Modify Lung Donor Testing discussion

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

1. Modify Lung Donor Testing discussion

On May 21, 2024, the Workgroup recommended the Promote Efficiency of Lung Donor Testing [proposal](#) to the Lung Transplantation Committee. This included updates to [OPTN Policy 2.11.D: Required Information for Deceased Lung Donors](#) and [Guidance](#) on Requested Deceased Donor Information.

The Modify Lung Donor Testing project includes data collection and other system changes. The Workgroup has considered changes related to lung donor bronchoscopies, chest computed tomography (CT) scans, cigarette smoking history, marijuana smoking history, vaping history, predicted total lung capacity (pTLC), lung measurements, and Peak Inspiratory Pressure (PIP).

Summary of discussion:

Members of the Workgroup supported adding test status options to all diagnostic tests in the OPTN Donor Data and Matching System.

The Workgroup agreed upon the test status options: complete, pending (awaiting test result), unable to complete.

For tests marked "unable to complete", the Workgroup recommended collecting the reason for incomplete testing, including options to report the following: issues with time, expertise, equipment, capacity/workflow, or "other" with a free text field to specify.

The Workgroup supported allowing users to screen on height and/or pTLC to create flexibility for transplant programs.

The Workgroup recommended allowing transplant programs to optionally enter a maximum number of pack years in lung donor acceptance criteria.

Diagnostic Test Status Options

Previously, the Workgroup discussed adding test status to bronchoscopy and chest CT scans. This may increase efficiency by reducing communication between OPOs and transplant centers regarding test

status and barriers to testing completion. To ensure consistency in reporting requirements for diagnostic test, members of the Workgroup supported adding test status options to all diagnostic tests in the OPTN Donor Data and Matching System; diagnostic test options include angiography, bronchoscopy, cardiac catheterization, chest x-ray, CT/magnetic resonance imaging (MRI) scan, echocardiograms, electrocardiogram (EKG), ultrasounds and “other, specify”.

The Workgroup agreed upon the test status options: complete, pending (awaiting test result), unable to complete. In previous discussions, Workgroup members noted the importance of collecting the reason a bronchoscopy or CT scan could not be completed. Required reporting of the reason(s) for incomplete donor testing ensures Organ Procurement Organizations (OPOs) are accountable for meeting policy requirements, while allowing flexibility for cases in which completing a test is not possible. The Workgroup considered the potential response options listed below; there was support for items in bold lettering. All other items were deemed inapplicable.

- Cancelled (the test was ordered but not completed)
- Discontinued (the test was in progress but stopped before it was completed)
- **Time issue**
- **Equipment issue**
- **Expertise issue**
- Patient unstable for testing
- Insurance and billing issue
- **Capacity/workflow issue**
- **Proxy refusal**
- **Other, specify**

The options to report equipment, expertise and capacity/workflow issues would capture information on extent of OPO/donor hospital resource limitations. “Proxy refusal” would apply to cases in which the donor’s proxy declines testing. The preference to refrain from data fields in the “other, specify” format was acknowledged; however, members reported a need to capture less common scenarios that could not be categorized otherwise.

Predicted Total Lung Capacity (pTLC)

The Workgroup requested feedback from the Lung Transplantation Committee (the Committee) regarding pTLC versus actual TLC (aTLC) for screening and pTLC functionality in the OPTN Computer System. The Committee preferred pTLC as it is more commonly available than aTLC. The OPTN Donor Data and Matching System should calculate pTLC using already collected data. The OPTN Waiting List should allow user to enter absolute minimum and maximum range. The Workgroup reviewed and expressed their support for a mock-up of the Committee’s recommendations.

The Workgroup considered whether the user should only be able to screen by height or pTLC. Members considered this scenario:

- A center enters the following donor acceptance criteria for a candidate: Heights of 160-170 cm AND a pTLC of 7.302 to 8.5005
 - Those pTLC's correspond to males with height 180 cm and males with height 195 cm respectively.
- Criteria could exclude that candidate from match runs because it is impossible for a person to be between 160-170 cm tall AND have a pTLC of 7.302-8.005

The Workgroup supported allowing users to screen on height and/or pTLC to create flexibility for transplant programs. Members discussed extensively the possibility for errors, thus, missed offer opportunities. A potential solution to not allow values for both height and pTLC acceptance criteria was considered. Ultimately, there was agreement that it is the transplant programs' responsibility to ensure that data are properly entered, and acceptable ranges are appropriate.

It was noted that the European Respiratory Society (ERS) formula for pTLC only applies to patients 18-70 with a height of 1.55-1.95m (males) or 1.45-1.80m (females). The Workgroup was asked to consider: What should happen for donors <18 years old, donors >70 years old, males shorter than 1.55m, etc.? A member suggested seeking feedback from former members of the Six-Minute Walk for Lung Allocation Workgroup.

Cigarette Smoking History

Some members agreed data collection on how long since a donor quit smoking cigarettes is not relevant to their offer evaluation.

The Workgroup recommended allowing transplant programs to optionally enter a maximum number of pack years in lung donor acceptance criteria. This would improve efficiency for smaller programs and programs that have a maximum acceptable number of pack years. Members expressed their support for adding cigarette pack years to lung offer filters.

Next steps:

The Workgroup will continue to discuss the Modify Lung Donor Testing project at upcoming meetings.

Upcoming Meetings

- September 10, 2024, teleconference, 5PM ET

Attendance

- **Workgroup Members**
 - Marie Budev
 - Dennis Lyu
 - Jackie Russe
 - Ernestina Melicoff
 - Ed Cantu
 - Erin Halpin
 - Pablo Sanchez
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - David Schladt
 - Nicholas Wood
- **UNOS Staff**
 - Kelley Poff
 - Kaitlin Swanner
 - Leah Nunez
 - Chelsea Hawkins
 - Holly Sobczak
 - Houlder Hudgins
 - Samantha Weiss