

OPTN Lung Transplantation Committee

Meeting Summary

October 10, 2024

Conference Call

Matthew Hartwig, MD, Chair

Dennis Lyu, MD, Vice Chair

Introduction

The Lung Transplantation Committee (Committee) met via Webex teleconference on 10/10/2024 to discuss the following agenda items:

1. Review recommendation from Promote Efficiency of Lung Allocation Workgroup
2. Post- Public Comment Vote

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

1. Review public comment analysis and Lung Committee feedback

The Promote Efficiency of Lung Donor Testing [proposal](#) was available for community feedback during the Summer 2024 public comment (PC) cycle. This included updates to [OPTN Policy 2.11.D: Required Information for Deceased Lung Donors](#) and [Guidance](#) on Requested Deceased Donor Information.

The Committee reviewed the PC analysis for this proposal on September 27, 2024, and discussed potential post-PC changes. On October 8, 2024, the Promote Efficiency of Lung Allocation Workgroup (Workgroup) reviewed the PC analysis and the Committee’s discussion regarding potential post-PC changes. The Workgroup recommended the proposal to the Committee with several post-PC changes. Following that meeting, there was one outstanding item related to ABG testing requirements.

Summary of discussion:

The Committee adopted the Workgroup’s post-PC recommendations related to echo/RHC, chest x-ray, ABG testing,

The Committee was supportive of the proposed language, which is less lenient than the “if performed”.

The Committee agreed with the Workgroup recommendations regarding chest CT scans, chest x-rays and arterial blood gases (ABG) requirements.

To address the limitations related to the NHLBI formula, Committee decided to:

- Specify in policy that tidal volume should be 6-8 mL/kg ideal body weight for all donors, and
- Require IBW for tidal volume be calculated using the NHLBI calculation for donors >18 or older and 5 feet or taller to promote consistency
- Require IBW calculated using any race-neutral IBW equation for donors under 18 years and older or shorter than 5 feet

During public comment, the Committee proposed preventing offers from being sent if an echocardiogram (echo) or right heart catheterization (RHC) were not completed on the donor.

Community feedback indicated that an echo/RHC would be difficult or impossible to obtain in certain scenarios; it could depend on donor hospital resources, timing, or donor type. Based on community feedback, the Workgroup recommended allowing offers to be sent by OPOs when an echo/RHC cannot be reported. The Committee agreed to adopt this recommendation; no concerns were raised.

On September 27, 2024, the Committee requested stronger language than “if performed” for tests that cannot be performed due to donor hospital resources or limitations that would result allocation inefficiency. The following language was added and recommended by the Workgroup:

The host OPO must make reasonable efforts to obtain the following information for all deceased lung donors. If the host OPO obtains any of the following information, it must be provided with the lung donor offer. If the host OPO cannot obtain this information, the host OPO must document the reason and make this documentation available to the OPTN on request.

The Committee was supportive of the proposed language. The language offers flexibility for situations in which diagnostic testing, such as echo/RHC or chest computed tomography (CT) scan, bronchoscopy cannot be performed, or results cannot be obtained prior offering the lungs. The ability to document the reason in the OPTN Computer System is being discussed in a project in development, *Modify Lung Donor Testing*.

The Committee agreed with the Workgroup recommendations regarding chest CT scans, chest x-rays and arterial blood gases (ABG) requirements. There were no post-public comment changes to proposed chest CT scan requirements beyond the decision to capture the prior “if performed” sentiment using the language above. Related to chest x-ray requirements before initial offer and between initial offer and recovery, the word “either” was added to policy language to clarify that either chest x-ray images or an interpretation of the chest x-ray would meet requirements. The decisions to 1) increase the timeline for ABG testing before initial offers, and 2) to reduce frequency of ABG testing between initial offer and acceptance, and acceptance and recovery, were briefly discussed. The Committee acknowledged proposed system requirements for sending lung offers related to diagnostic testing.

Proposed policy would require ABG testing with a tidal volume of 6-8 mL/kg ideal body weight (IBW). During PC, the Committee requested community feedback on whether to use the National Heart, Lung, and Blood Institute (NHLBI) formula to calculate donor IBW. Community feedback was supportive of using the NHLBI formula, but noted the formula is only validated in a cohort 18 years or older, and 5 feet and taller. On October 8, 2024, the Workgroup opted to seek additional feedback from experts in the community on the calculation of ideal body weight for donors <18 years of age and <5 feet tall.

To address the limitations related to the NHLBI formula, Committee decided to:

- Specify in policy that tidal volume should be 6-8 mL/kg ideal body weight for all donors, and
- Require IBW for tidal volume be calculated using the NHLBI calculation for donors >18 or older and 5 feet or taller to promote consistency
- Require IBW calculated using any race-neutral IBW equation for donors under 18 years and older or shorter than 5 feet

These requirements address both the limitations of the NHLBI formula and ensure that race-inclusive formulas cannot be used and would result in noncompliance with OPTN requirements. The idea to implement system validation that a value was entered for tidal volume for donors less than 18 years old or shorter than 5 feet was discussed.

2. Post- Public Comment Vote

Policy and guidance language was reviewed, reflecting suggested changes to the *Promote Efficiency of Lung Donor Testing* proposal.

Summary of discussion:

The Committee voted to submit the Promote Efficiency of Lung Donor Testing proposal to the OPTN Board of Directors for consideration during the December 2024 Board meeting; votes were as follows: 14 support; 0 abstain; 0 oppose.

There was a motion to vote. The motion was seconded. The Committee voted to submit the *Promote Efficiency of Lung Donor Testing* proposal to the OPTN Board of Directors for consideration during the December 2024 Board meeting; votes were as follows: 14 support; 0 abstain; 0 oppose.

Next steps:

During the December 2024 Board of Directors meeting, OPTN Board members will consider this proposal for implementation.

Upcoming Meetings

- November 14, 2024, teleconference, 5PM ET

Attendance

- **Committee Members**
 - Matthew Hartwig
 - Dennis Lyu
 - Marie Budev
 - Brian Keller
 - David Erasmus
 - Ernestina Melicoff
 - Ed Cantu
 - Thomas Kaleekal
 - Gary Schwartz
 - Heather Strah
 - Stephen Huddleston
 - Jackie Russe
 - Katja Fort Rhoden
 - Sid Kapnadak
 - Wayne Tsuang
- **HRSA Representatives**
 - James Bowman
- **SRTR Staff**
 - David Schladt
 - Katie Audette
 - Maryam Valapour
- **UNOS Staff**
 - Kelley Poff
 - Kaitlin Swanner
 - Sara Rose Wells
 - Leah Nunez
 - Susan Tlusty
 - Chelsea Hawkins
 - Holly Sobczak
 - Samantha Weiss
 - Houlder Hudgins