OPTN Organ Procurement and Transplantation Network

Meeting Summary

OPTN Lung Transplantation Committee
Promote Efficiency of Lung Allocation Workgroup
Meeting Summary
April 23, 2024
Conference Call

Marie Budev, DO, MPH, Chair
Matthew Hartwig, MD, Vice Chair

Introduction

The Promote Efficiency of Lung Allocation Workgroup (Workgroup) met via Webex teleconference on 04/23/2024 to discuss the following agenda items:

1. Lung donor testing project plan
2. 3/21 Lung Transplantation Committee feedback
3. System requirements

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

1. Lung donor testing project plan

In previous meetings, the Workgroup made recommendations for updates to OPTN Policy 2.11.D and guidance on requested deceased donor information that would improve efficiency of decision-making for organ offers. One of these recommendations was to require that a computed tomography (CT) scan be performed within 72 hours of the initial offer. The Workgroup recommended that policy language include "if performed" to allow Organ Procurement Organizations (OPO) flexibility when donor hospitals lack the resources to complete a CT scan.

Updates to policy language and guidance will be proposed and submitted for community feedback during the Summer 2024 public comment period. There will be a second part of this project that will involve new data collection related to Lung donor testing.

Summary of discussion:

> No decisions were made.

Members were supportive of the lung donor testing project plan. A member from an OPO recommended requiring OPOs to document why a CT scan could not be performed. Requiring documentation of this rationale would encourage policy compliance.

2. 3/21 Lung Transplantation Committee Feedback

On March 21, 2024, the OPTN Lung Transplantation Committee (the Committee) reviewed the Workgroup's progress on the lung donor testing project. The following summarizes the Committee's discussion and recommendations:

- Chest CT
  - Recommended language to ensure lung windows are available for chest CT
- Arterial blood gas (ABG)

- o Supported requiring an ABG within 2 hours prior to the initial offer & every 4 hours during allocation
  - o Recommended requiring ABGs at least every 8 hours after acceptance
  - o Recommended requiring FiO$_2$ set at 100% for ABG within 2 hours prior to the initial offer, ventilator settings for other ABGs will vary
- Echocardiogram (echo) and Right Heart Catheterization
  - o OPO feedback to add both to policy and allow OPO to select one

Summary of discussion:

> The Workgroup agreed with the Committee's recommendation to require ABGs at least every 8 hours after acceptance.
>
> The Workgroup decided to proceed with their recommendation to move echo from guidance to policy and add RHC to guidance. Members recommended removing Swan Ganz from guidance as it is a type of heart catheterization.
>
> The Workgroup recommended allowing flexibility in policy to accommodate for instances when RHC data is already available, as an echo would no longer needed.

It was discussed that lung windows for CT imaging are usually available when the imaging is uploaded to the OPTN Computer System; this is typically only an issue when CT images are transmitted via other methods (e.g. cellular services). The preference for a standardized method for transmitting images was reiterated.

The Workgroup agreed with the Committee's recommendation to require ABGs at least every 8 hours after acceptance. Members reported wide variation in current practice for collecting ABGs. There was agreement that this recommendation would help accepting transplant programs manage lungs effectively to prevent non-utilization without overburdening OPOs.

The Workgroup decided to proceed with their recommendation to move echo from guidance to policy and add RHC to guidance. Members discussed that an echo is typically used to determine whether an RHC is needed; RHC is more invasive but sometimes needed to identify pulmonary hypertension in a donor. Members reported that there may be instances when RHC has already been completed. In these instances, it would be inefficient to still require an echo since RHC provides more information than echo. Members recommended allowing flexibility in policy to accommodate this situation, so that an echo is not needed when RHC data is already available. Additionally, members agreed with a recommendation to remove Swan Ganz from the guidance language as it is a type of heart catheterization.

3. System requirements

Currently, the OPTN Computer System does not allow OPOs to send the first offer without an ABG drawn at FiO2 100%, but there is no system enforcement for ABGs after that point. The Workgroup was asked to make recommendations and clarifications to assist with the compliance and monitoring plan for this project.

Summary of discussion:

> The Workgroup recommended that the OPTN Computer System provide an alert when an ABG is needed every 4 hours during allocation, rather than stopping an OPO from sending offers.

The Workgroup recommended that the OPTN Computer System provide an alert when an ABG is needed every 4 hours during allocation, rather than stopping an OPO from sending offers. There was agreement that stopping OPOs from allocation if an ABG is more than 4 hours old would decrease allocation efficiency.

To further inform system programming, the Workgroup defined "initial offer" as when the OPO sends electronic notification to the first program on the match run. The Workgroup defined "during allocation" as the time between the initial offer being sent until the time of organ offer acceptance.

Upcoming Meetings

- May 14, 2024, teleconference, 5PM ET
- May 21, 2024, teleconference, 5PM ET

Attendance

- **Workgroup Members**
  - Marie Budev
  - Dennis Lyu
  - Thomas Kaleekal
  - Jackie Russe
  - Erin Halpin
  - PJ Geraghty
  - Julia Klesney-Tait
  - Mike Morrow
  - Pablo Sanchez
  - Tina Melicoff
- **HRSA Representatives**
  - James Bowman
- **SRTR Staff**
  - David Schladt
- **UNOS Staff**
  - Kelley Poff
  - Kaitlin Swanner
  - Susan Tlusty
  - Leah Nunez
  - Sara Rose Wells
  - Chelsea Weibel
  - Holly Sobczak
  - Samantha Weiss
  - Houlder Hudgins