

**OPTN Lung Transplantation Committee
Promote Efficiency of Lung Allocation Workgroup
Meeting Summary
January 30, 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 01/30/2024 to discuss the following agenda items:

1. Expeditious Task Force Update
2. Lung offer filters update
3. Lung donor testing

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

1. Expeditious Task Force Update

The [OPTN Expeditious task force](#) is transitioning their work from setting bold aims to initiatives in three areas: regulatory/policy; quality and process improvement; research and data analysis.

Summary of discussion:

There was no discussion by the Workgroup.

2. Lung offer filters update

- On track for lung offer filters implementation on January 31, 2024
- OPTN will host lung offer filters [webinar](#) on February 12, 2024 at 5pm ET
- Workgroup can request additional offer filter analysis during future meetings

Summary of discussion:

There was no discussion by the Workgroup.

3. Lung donor testing

In previous meetings, the Workgroup expressed concerns with the frequency of arterial blood gas (ABG) results required by [OPTN Policy 2.11.D](#). As a continuation of that discussion, the Workgroup reviewed other policy requirements and [current guidance](#) associated with lung donor testing.

Summary of discussion:

Regarding missing bronchoscopies at the time of organ offer, members suggested changing terminology in the OPTN Computer System from "not available" to "unable to be done" and requiring organ procurement organizations (OPO) to document an explanation.

The Workgroup recommended updating policy to require ABG results within 2 hours of initial organ offer, then every 4 hours thereafter.

The Workgroup recommended standardizing lung protective strategy used by OPOs during allocation. Specifically, members recommended a standard tidal volume of 6-8 milliliters (ml) per kilogram (kg) based on ideal body weight for the donor.

Feedback on current policy

To help transplant programs understand why a bronchoscopy was not done prior to organ offer, members suggested changing terminology in the OPTN Computer System from “not available” to “unable to be done” and requiring OPOs to document an explanation. Some members from OPOs reported that their organizations have no difficulty obtaining a bronchoscopy, while others find it challenging. Those who found it challenging reported difficulties obtaining a bronchoscopy at an OPO without a medical director, advanced practice coordinator, or other certified staff. Other members from OPOs reported that opportunities to certify staff are limited near teaching hospitals, as some teaching hospitals have residents perform bronchoscopies. These members also stated that results from a bronchoscopy can take up to 16-18 hours to obtain. Should the recommendation for “unable to be done” be implemented, the Workgroup discussed the importance of monitoring for an increase in this response.

The Workgroup suggested requiring ABG results within 2 hours of the initial organ offer and every 4 hours thereafter. Members reported various degrees of difficulty with obtaining ABG results every 2 hours and stated that the frequency is dependent on donor hospital infrastructure. These members expressed that updating policy as suggested would accommodate most circumstances.

Feedback on current guidance

The Workgroup expressed concerns about the variability in how lung measurements are determined from chest imaging. Some members use measurements from the apex of the chest to the apex of the diaphragm and transverse at diaphragm-level. Members from OPOs stated they typically do not provide measurements of the chest circumference at the nipple level; some members from transplant programs stated that these measurements are often not used, if received. Given the variety of methods used, members from lung transplant programs agreed that they prefer completing their own lung measurements using digital imaging, when available. One member reported using actual and predicted Total Lung Capacity (TLC) as an alternative to measurements.

Feedback on other aspects of allocation

The Workgroup recommended standardizing lung protective strategy used by OPOs during allocation. Members agreed that ventilator settings on 5 cm/H₂O/positive end-expiratory pressure, as stated in policy, should be used but adjustments may be needed based on weight and tidal volume. Members from lung transplant programs and OPOs expressed support for updating policy or guidance to include a standard tidal volume of 6-8 ml per kg based on ideal body weight for the donor. Members from OPOs reported that this reflects current practice for some OPOs.

Members reported that transplant programs often request the following additional information upon organ offer: peak inspiratory pressure, volume status, history of asthma and related oral or inhaled steroid use, imaging, ABG results, bronchoscopy, and measurements. One member commented that smoking history may require clarification due to differences in how it is reported in the OPTN Donor Data and Matching System (i.e. greater than 20 pack years) versus other health records.

Next steps:

The Workgroup will continue to discuss policy requirements and guidance associated with lung donor testing.

Upcoming Meetings

- February 13, 2024, teleconference, 5pm ET
- March 12, 2024, teleconference, 5pm ET

Attendance

- **Workgroup Members**
 - Marie Budev
 - Ed Cantu
 - Ernestina Melicoff
 - Erika Lease
 - Dennis Lyu
 - Daniel DiSante
 - Lara Schaheen
 - Thomas Kaleekal
 - Julia Klesney-Tait
 - Jackie Russe
 - Donna Ferchill
 - Erin Halpin
 - PJ Geraghty
 - Michael Morrow
 - Kurt Shutterly
- **HRSA Representatives**
 - James Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Katie Audette
 - David Schladt
- **UNOS Staff**
 - Kelley Poff
 - Kaitlin Swanner
 - Susan Tlusty
 - Leah Nunez
 - Kaitlin Swanner
 - Chelsea Weibel
 - Holly Sobczak
 - Samantha Weiss