

**OPTN Lung Transplantation Committee  
Promote Efficiency of Lung Allocation Workgroup  
Meeting Summary  
October 8, 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 10/08/2024 to discuss the following agenda items:

1. Review public comment analysis and Lung Committee feedback
2. Recommendation to OPTN Lung Transplantation Committee

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 OPTN Lung Transplantation Committee (Committee) reviewed the PC analysis for this proposal on September 27, 2024, and discussed potential post-PC changes.

#### Summary of discussion:

The Workgroup recommended aligning policy requirements for both DCD and DBD donors.

To address community concerns with the frequency of ABG testing, the Workgroup made these recommendations:

- A challenge gas must be obtained within 4 hours prior to the initial offer made by the host OPO on a lung match run
- Challenge gases at least every 6-8 hours between the time of the initial offer made by the host OPO on a lung match run and the organ recover

The Workgroup recommended maintaining the proposed positive end-expiratory pressure (PEEP) range of 5-8 cmH<sub>2</sub>O for ABG testing.

The Workgroup agreed with the Committee's recommendations to:

- Maintain changes to chest x-ray requirements and fungal/bacterial recommendations as proposed during PC
- Replace "if performed" in policy language to better align with nature of policy requirements
- Clarify intent behind proposed requirement related to recruitment maneuvers without defining recruitment maneuver.

The Workgroup recommended the Promote Efficiency of Lung Donor Testing project to the Committee, with several post-PC changes.

The Workgroup discussed the PC analysis and the Committee's recommendations for post-PC changes to the proposal, as well as monitoring and compliance considerations for this proposal. In addition to the below discussion, the Workgroup agreed with the Committee's recommendations to:

- Maintain changes to chest x-ray requirements and fungal/bacterial recommendations as proposed during PC.
- Replace "if performed" in policy language to better align with nature of policy requirements.
  - Require documentation of when/why certain testing could not be performed or results were not available.
- Clarify intent behind proposed requirement related to recruitment maneuvers without defining recruitment maneuver.

### *Donor type considerations*

The Workgroup recommended aligning policy requirements for both DCD and DBD donors. Members from organ procurement organizations (OPOs) reported that the proposed requirements are attainable for most lung donors. There was agreement that separating policy language by donor type may create confusion and lead to inefficiency in lung donor testing and compliance issues.

### *Arterial blood gas (ABG) testing*

#### *Frequency:*

To address community concerns with the frequency of ABG testing, the Workgroup made these recommendations:

- A challenge gas must be obtained within 4 hours prior to the initial offer made by the host OPO on a lung match run
- Challenge gases at least every 6-8 hours between the time of the initial offer made by the host OPO on a lung match run and the organ recover

Members agreed extended timelines in policy that are the same across donor types would allow OPOs enough time to complete required testing for any donor type and streamline policy. Additionally, there were no concerns with preventing offers from being sent if the challenge gas within 4 hours prior to the initial offer made by the host OPO on a lung match run. Members from OPOs reported that this could be obtained for all donors.

The Workgroup also discussed compliance considerations for ABGs between the time of the initial offer made by the host OPO on a lung match run and the organ recovery. OPOs would be held accountable for the minimum requirements identified in policy. Therefore, an OPO would be considered in compliance with policy requirements for subsequent ABG testing if it is completed every 8 hours between the time of the initial offer made by the host OPO on a lung match run and the organ recover.

#### *Defining challenge gases:*

The Workgroup recommended maintaining the proposed positive end-expiratory pressure (PEEP) range of 5-8 cmH<sub>2</sub>O for ABG testing. The recommendation to expand the required positive end-expiratory pressure (PEEP) range for ABG testing to 5-10 cmH<sub>2</sub>O was considered. Though this would allow flexibility to adjust PEEP for donors with a higher body mass index (BMI), members were concerned that this could allow OPOs to use a higher PEEP to falsely improve donor testing results.

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.

There was discussion about whether to exclude donors under 18 years or older, or shorter than 5 feet from the requirement, but members reiterated the intent behind the requirement is to promote lung protective strategies. A Workgroup member from a pediatric lung transplant program reviewed relevant literature; there is no standardized way to calculate pediatric IBW. The member summarized findings, reporting that there are multiple methods, which are validated in different age groups. They sought feedback from a colleague with related expertise at their member institution. The Workgroup opted to resolve this post-PC modification following this meeting, upon receiving additional feedback from pediatric lung experts in the community.

Next steps:

The Committee will decide how to handle the IBW calculation for donors under 18 years or older, or shorter than 5 feet, as they finalize the proposal on October 10, 2024.

**2. Recommendation to OPTN Lung Transplantation Committee**

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

Summary of discussion:

The Workgroup recommended the Promote Efficiency of Lung Donor Testing project to the Committee, with several post-PC changes.
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The Workgroup recommended the Promote Efficiency of Lung Donor Testing project to the Committee, with several post-PC changes; upon voting, no members abstained or opposed the recommendation.

Next steps:

On October 10, 2024, the Lung Transplantation Committee will review the recommended post-PC changes to the Promote Efficiency of Lung Donor Testing proposal. The Committee will vote to submit the proposal for consideration by the OPTN Board of Directors in December 2024.

**Upcoming Meetings**

- November 12, 2024, teleconference, 5PM ET

## Attendance

- **Workgroup Members**
  - Marie Budev
  - Dennis Lyu
  - Dan DiSante
  - Erin Halpin
  - Erika Lease
  - Greg Veenendaal
  - Ernestina Melicoff
  - Ed Cantu
  - Thomas Kaleekal
- **HRSA Representatives**
  - James Bowman
- **SRTR Staff**
  - David Schladt
- **UNOS Staff**
  - Kelley Poff
  - Kaitlin Swanner
  - Sara Rose Wells
  - Leah Nunez
  - Chelsea Hawkins
  - Holly Sobczak
  - Samantha Weiss
  - Houlder Hudgins