

**OPTN Lung Transplantation Committee  
Meeting Summary  
April 25, 2024  
Conference Call**

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

## **Introduction**

The Lung Transplantation Committee (the Committee) met via Webex teleconference on 04/25/2024 to discuss the following agenda items:

1. Discuss and Vote: *Promote Efficiency of Lung Allocation* proposal
2. Discuss and Vote: *Standardize Six-Minute Walk for Lung Allocation* proposal
3. Open Forum

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

### **1. Discuss and Vote: *Promote Efficiency of Lung Allocation* proposal**

On March 21, 2024, the Committee began to discuss community feedback on the *Promote Efficiency of Lung Allocation* proposal from the Winter 2024 public comment period. This proposal involves new data collection for history of anaphylaxis to peanut and/or tree nut and previous sternotomies in the donor, as well as a request for feedback on two system enhancements: Opt In to Offers from Geographically Isolated Areas and “Bypass Bilateral and Other Lung” Button.

#### Summary of discussion:

The Committee removed the term “allergic” from the proposed data definition for “History of anaphylaxis to peanut/tree nut” to further clarify the intent of this data collection.

The Committee voted to submit the *Promote Efficiency of Lung Allocation* proposal for board approval in June 2024. Votes were as follows: 12 support; 0 oppose; 0 abstain.

The Committee removed the term “allergic” from the proposed data definition for “History of anaphylaxis to peanut and/or tree nut” to further clarify the intent of this data collection. Committee members agreed that updating this language would further clarify that this data field intends to capture specifically anaphylactic reactions to peanut and/or tree nut, not whether the donor had a peanut and/or tree nut allergy.

The Committee voted to submit the *Promote Efficiency of Lung Allocation* proposal for board approval in June 2024. Votes were as follows: 12 support; 0 oppose; 0 abstain.

#### Next steps:

This proposal will be considered by the OPTN Board of Directors in June 2024.

### **2. Discuss and Vote: *Standardize Six-Minute Walk for Lung Allocation* proposal**

On March 21, 2024, the Committee began to discuss community feedback from the Winter 2024 public comment period and potential post-public comment changes to the *Standardize Six-Minute Walk for*

*Lung Allocation* proposal. The Committee considered changes to address community feedback on the timing of the oxygen titration test ahead of the six-minute walk test, altitude considerations and safety considerations.

Summary of discussion:

The Committee added a recommendation to guidance advising transplant hospitals that the oxygen titration test should be done as close as possible, but no more than 12 weeks ahead of the six-minute walk test.

To be less prescriptive, the Committee decided to remove examples from guidance describing when it may be unfeasible/unsafe for a candidate to complete the six-minute walk test.

The Committee added a recommendation to guidance that the oxygen titration test and the six-minute walk test be performed at the transplant program to ensure consistency and fairness in allocation.

The Committee supported adjusting the proposed implementation date to better align with current OPTN implementation processes.

The Committee voted to submit the *Standardize Six-Minute Walk for Lung Allocation* proposal for board approval in June 2024. Votes were as follows: 14 support; 0 oppose; 0 abstain.

The Committee added a recommendation to guidance advising transplant hospitals that the oxygen titration test should be done as close as possible, but no more than 12 weeks ahead of the six-minute walk test. There was extensive discussion about whether to specify a timeframe within which the oxygen titration test should be performed ahead of the six-minute walk test. Community feedback indicated that there is wide variation in when transplant hospitals determine candidates' oxygenation needs ahead of the six-minute walk test. This variation is related to multiple factors, including the physical burden on the candidate and logistical and financial burden on the candidate and transplant hospital. Members agreed, the closer in time that the oxygen titration test is performed ahead of the six-minute walk test, the more precisely candidate oxygenation needs are met during the six-minute walk test. However, the Committee recognized the need for flexibility to mitigate burdens, therefore, opted for a recommendation via guidance.

Community feedback suggested adding guidance for candidates on high flow oxygen that are inpatient on intermediate or intensive care units (ICU), undergoing urgent waitlist evaluation. The Committee agreed that it may not be safe or feasible for such candidates to attempt the six-minute walk test as they often cannot be transported to a pulmonary function test laboratory and ICUs are not set up appropriately. The Committee discussed that the scenario described is captured by the recommendation to enter "0 feet" if completing the test is not safe or feasible. The Committee decided to remove examples associated with this language in guidance to avoid confusion about when "0 feet" should be entered. Transplant program discretion should be used to determine a candidate's ability to safely perform the six-minute walk test.

The Committee discussed that there are likely few programs and candidates affected by altitude. It was noted that it would be difficult to ensure the oxygen titration protocol was performed consistently if done at a location other than the transplant program. Therefore, the Committee added a recommendation to guidance that the oxygen titration test and the six-minute walk test be performed at the transplant program to ensure consistency and fairness in allocation.

Lastly, the Committee supported adjusting the proposed implementation date to better align with current OPTN implementation processes. Language describing the transition plan for implementation was removed from the policy language; the transition plan will be addressed by an enactment clause in the briefing paper to the board, so that policy will not become outdated once dates have passed.

The Committee voted to submit the *Standardize Six-Minute Walk for Lung Allocation* proposal for board approval in June 2024. Votes were as follows: 14 support; 0 oppose; 0 abstain.

Next steps:

This proposal will be considered by the OPTN Board of Directors in June 2024.

**3. Open Forum**

There were no open forum speakers.

**Upcoming Meetings**

- May 9, 2024, teleconference, 5PM ET
- May 23, 2024, teleconference, 5PM ET

## Attendance

- **Committee Members**
  - Marie Budev
  - Matthew Hartwig
  - Erika Lease
  - Dennis Lyu
  - Thomas Kaleekal
  - Jackie Russe
  - Julia Klesney-Tait
  - Pablo Sanchez
  - Tina Melicoff
  - Wayne Tsuang
  - Lara Schaheen
  - Errol Bush
  - Ed Cantu
  - Brian Keller
  - Stephen Huddleston
  - Brian Armstrong
  - David Erasmus
- **HRSA Representatives**
  - James Bowman
- **SRTR Staff**
  - David Schladt
  - Nick Wood
  - Maryam Valapour
  - Katie Audette
- **UNOS Staff**
  - Kelley Poff
  - Kaitlin Swanner
  - Susan Tlusty
  - Leah Nunez
  - Sara Rose Wells
  - Chelsea Weibel
  - Holly Sobczak
  - Samantha Weiss
  - Houlder Hudgins
- **Other attendees**
  - Paul Gunsalus