

OPTN Lung Transplantation Committee

Meeting Summary

June 13, 2024

Conference Call

Marie Budev, DO, MPH, Chair

Matthew Hartwig, MD, Vice Chair

Introduction

The Lung Transplantation Committee (Committee) met via Webex teleconference on 6/13/2024 to discuss the following agenda items:

1. Feedback requested: Machine Perfusion Data Collection
2. Offer filters update
3. Continuous Distribution (CD) 18-month report planning
4. Open Forum

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

1. Feedback requested: Machine Perfusion Data Collection

The OPTN Organ Procurement Organization (OPO) Committee is sponsoring a project to address the need for expanded data collection of machine perfusion to better understand impacts to allocation, proximity efficiency, and evaluation of offers. The OPO Committee is interested in distinguishing normothermic regional perfusion (NRP) from machine perfusion as they are similar, in that both are modern methods of organ preservation, but the type of perfusion is different. Machine perfusion involves perfusing donor organs after recovery while NRP involves perfusing donor organs prior to recovery.

Summary of discussion:

No decisions were made.

A member with expertise in pulmonology stated that they would share a list of data points their program collects regarding machine perfusion for lungs (i.e. ex-vivo lung perfusion, or EVLP). A member with expertise in this area recommended distinguishing NRP from EVLP in data collection. The member also recommended distinguishing between systemic NRP, abdominal NRP and thoracic NRP. It may be difficult to collect more granular data but knowing which type of perfusion is performed would be helpful.

2. Offer filters update

Lung offer filters were implemented on January 31, 2024.

Data summary:

- 26/74 (35%) active lung programs have enabled at least one filter
- On average, 18.5 % of donors were filtered per program
 - A donor was considered "filtered" if all offers from that donor to candidates at the program were filtered

- 144 filters have been enabled
 - 31 filters include “Age greater than” criteria
 - 5 filters include “Age less than” criteria
 - 56 filters include donation after circulatory death (DCD) criteria
 - 40 filters include distance criteria

Summary of discussion:

No decisions were made.

It was noted that offer filters usage rates were similar following the implementation of kidney filters, which is encouraging. The Committee will review a formal monitoring report one-year post-implementation of offer filters. There was interest in including data showing offer filter usage by lung program size.

It was mentioned that few pediatric lung programs are using offer filters. Since pediatric programs prefer to review each available offer, this may not be concerning.

The Chair noted that community feedback indicates some desire for filter criteria related to the ratio of partial pressure of oxygen in arterial blood (PaO₂) to the fraction of inspiratory oxygen concentration (FiO₂) (i.e. P/F ratio).

Next steps

The Committee will continue to review offer filters utilization data and discuss the development of additional offer filters.

3. Continuous Distribution (CD) 18-month report planning

On May 9, 2024, the Committee reviewed data from the CD one-year monitoring report. The Committee requested an 18-month report to ensure thorough monitoring of Lung CD. Among the metrics of interest were: one-year of modified blood type (ABO) rating scale data, 6-month post-transplant survival data and waitlist mortality and transplant rate by program size and geography.

Summary of discussion:

Members agreed that pediatric data should be included.

One-year of modified ABO rating scale data, including a high-level overview of CD 1-year after the ABO modification, was requested.

The Committee requested 6-month post-transplant patient survival data, stratified by medical urgency, ABO, age, diagnosis group.

The 18-month report will explore waitlist mortality and transplant rates by program size and by OPTN region.

The Committee discussed that the 18-month report will not be as comprehensive as the one-year report but will provide a deeper analysis of specific attributes. Members agreed that pediatric data should be included. One-year of modified ABO rating scale data, including a high-level overview of CD 1-year after the ABO modification, was requested. A member commented that the pre-ABO modification era may not be representative of CD as it was intended.

The Committee requested 6-month post-transplant survival data, stratified by medical urgency, ABO, age, diagnosis group. There was agreement that patient survival is more useful than graft survival.

The 18-month report will explore waitlist mortality and transplant rates by program size and by OPTN region; this will help the Committee understand whether there are disparities between programs with different resources or by geography. A member commented that smaller programs may not have the financial resources to afford the cost of lung CD as easily as large programs.

Next steps:

The Committee will review the 18-month monitoring report, when available.

4. Open Forum

There were no open forum speakers.

Upcoming Meetings

- July 11, 2024, teleconference, 5PM ET

Attendance

- **Workgroup Members**
 - Marie Budev
 - Erika Lease
 - Thomas Kaleekal
 - Jackie Russe
 - Wayne Tsuang
 - Brian Keller
 - Julia Klesney-Tait
 - Stephen Huddleston
 - Sid Kapnadak
 - David Erasmus
 - Dennis Lyu
- **HRSA Representatives**
 - James Bowman
- **SRTR Staff**
 - David Schladt
 - Katie Audette
 - Maryam Valapour
- **UNOS Staff**
 - Kelley Poff
 - Kaitlin Swanner
 - Leah Nunez
 - Chelsea Hawkins
 - Holly Sobczak
 - Sara Rose Wells
 - Samantha Weiss
 - Houlder Hudgins
 - Carlos Martinez
 - Robert Hunter
- **Other attendees**
 - PJ Geraghty (visiting Chair of OPO Committee)
 - Heather Strah (incoming Committee member)
 - Joseph Tusa (incoming Committee member)