

**OPTN Lung Transplantation Committee
Promote Efficiency of Lung Allocation Workgroup
Meeting Summary
July 9, 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 07/09/2024 to discuss the following agenda items:

1. Lung Donor Testing Part 2

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

1. Lung Donor Testing Part 2

On May 21, 2024, the Workgroup recommended part one of the Lung Donor Testing project to the Lung Transplantation Committee. Part one included updates to [OPTN Policy 2.11.D: Required Information for Deceased Lung Donors](#) and [Guidance](#) on Requested Deceased Donor Information.

Lung Donor Testing Part 2 will include data collection and other system changes. The Workgroup will consider changes related to lung donor bronchoscopies, chest computed tomography (CT) scans, smoking history, predicted Total Lung Capacity (pTLC), lung measurements, and Peak Inspiratory Pressure (PIP).

Summary of discussion:

The Workgroup discussed options for pTLC functionality in the OPTN Computer System and decided to seek additional feedback from the OPTN Lung Transplantation Committee (Lung Committee).

The Workgroup recommended collecting raw data to calculate pack years, rather than categorical collection, as previously discussed.

The Workgroup recommended collection of marijuana smoking status (ie. Never, former, current or unknown) and frequency/duration of use. There was interest in collecting marijuana smoking method.

PTLC

The Workgroup considered several options, shown in the table below, for pTLC functionality in the OPTN Computer System.

	DonorNet	Waitlist
Option 1	1. Calculate and display pTLC for all donors once inputs are entered by OPO	No Changes
Option 2	1. Calculate and display pTLC for all donors once inputs are entered by OPO 2. Match screens based on Donor Acceptance Criteria acceptable range for pTLC	1. Update Lung candidate Donor Acceptance Criteria to allow for acceptable range for pTLC (not required field)
Option 3	1. Calculate and display pTLC for all donors once inputs are entered by OPO 2. Match screens based on Donor Acceptance Criteria acceptable range or ratio for pTLC	1. Calculate and display pTLC for candidate 2. Update Lung Candidate Donor Acceptance Criteria to allow for acceptable range (raw values) or ratio based on candidate pTLC (not required field)
Option 4	1. Calculate and display pTLC for all donors once inputs are entered by OPO 2. Match screens based on Donor Acceptance Criteria acceptable range or ratio for pTLC	1. Collect actual TLC for candidate 2. Update Lung candidate Donor Acceptance Criteria to allow for acceptable range (raw values) or ratio based on candidate actual TLC (not required field)

Some members from lung transplant programs expressed support for options 3 and 4 but agreed that additional feedback is needed to make a recommendation. Members reported that most programs considering TLC in size-matching use pTLC on the donor and candidate side, so option 3 would meet those needs. Option 4, which includes collecting actual TLC, may benefit some lung transplant programs; concerns about the availability of candidate actual TLC were noted. There was some debate on the benefits of updating Lung candidate Donor Acceptance Criteria to allow for an acceptable range of pTLC values versus ratio based on candidate pTLC. Additional community feedback is required.

Smoking History

The Workgroup recommended collecting raw data to calculate pack years, rather than categorical collection, as previously discussed. There was agreement that the ideal state for cigarette smoking data collection would be a flexible option that allows OPOs to report it in cigarettes per day or packs per day. The Workgroup discussed the development of a feature in the OPTN Computer System that would calculate the number of pack years. Data collection for smoking may vary slightly by OPO; a flexible option in the OPTN Computer system would accommodate OPOs and reduce potential errors resulting from miscalculation during unit conversion. Additionally, this option creates the opportunity to change donor acceptance criteria to allow for max pack years threshold.

The Workgroup recommended collection of marijuana smoking status (ie. Never, former, current or unknown) and frequency/duration of use. There was interest in collecting marijuana smoking method. Literature review findings indicated current research methods for quantifying marijuana use involve joint-years, gram-years, and other estimates of usage, which are either not applicable to all forms of marijuana smoking or too granular to collect accurately from donor families. Members from OPOs reported that it would be feasible to incorporate potential new data collection into the donor risk assessment interview (DRAI). Some concerns were noted about current data collection design on paper/electronic forms that OPOs use during the DRAI.

Next steps:

The Workgroup will seek feedback from the Lung Committee on the functionality of pTLC data collection and continue to discuss other lung donor testing topics at upcoming meetings.

Upcoming Meetings

- August 13, 2024, teleconference, 5PM ET

Attendance

- **Workgroup Members**
 - Matthew Hartwig
 - Erika Lease
 - Dennis Lyu
 - Jackie Russe
 - Thomas Kaleekal
 - PJ Geraghty
 - Ernestina Melicoff
 - Julia Klesney-Tait
 - Greg Veenendaal
 - Ed Cantu
 - Daniel Disante
 - Erin Halpin
- **HRSA Representatives**
 - James Bowman
 - Marilyn Levi
- **SRTR Staff**
 - David Schladt
- **UNOS Staff**
 - Kelley Poff
 - Kaitlin Swanner
 - Leah Nunez
 - Chelsea Hawkins
 - Holly Sobczak
 - Samantha Weiss
 - Houlder Hudgins