

Promote Efficiency of Lung Donor Testing

OPTN Lung Transplantation Committee

Purpose of Proposal

- Promote efficiency of lung allocation by considering changes to
 - Lung donor testing in OPTN Policy 2.11.D: Required Information for Deceased Lung Donors
 - Guidance on requested deceased lung donor information

Proposal- Policy

OPTN Policy 2.11.D: Required Information for Deceased Lung Donors

Arterial Blood Gases (ABGs)

- Ventilator settings for challenges gases: (PEEP) of 5-8 cmH₂O, (FiO₂) 100%, Tidal volume of 6-8 mL/kg ideal body weight
- Obtained 2 hours prior to the initial offer, every 4 hours between the time of the initial offer and organ offer acceptance; and at least every 8 hours between organ offer acceptance and the organ recovery
- Challenges gases must not be drawn within 30 minutes of any recruitment maneuver

Chest computed tomography (CT) scan, if performed

Chest X- Ray

- Images or interpretation by a radiologist or qualified physician within 3 hours prior to the initial offer
- Updated chest x-ray interpretation or images at least every 24 hours between the time of the initial offer and organ recovery

Sputum gram stain

- Removal of description of sputum requirement

Either echocardiogram or right heart catheterization to screen for pulmonary hypertension

Proposal- Guidance

Guidance on Requested Deceased Lung Donor Information

Change test name: ~~Mycology sputum smear~~ Fungal and bacterial culture results

Additional guidance for providing information required by *OPTN Policy 2.11.D Required Information for Deceased Lung Donors*:

- When providing chest- x ray results, images are preferred.
- When providing a chest computed tomography (CT) scan for lung donors, the host OPO should provide the CT within 72 hours prior to the initial offer, and the host OPO should provide images with lung windows.
- If an echocardiogram is provided, the transplant program may also request a right heart catheterization if pulmonary hypertension is suspected in the donor.

Rationale

- Lung transplant program members have expressed concern about the "quality" of the organ offers they are receiving
 - Donor data available at the time they are expected to review and respond to offers is outdated or incomplete
- This proposal aims to improve the efficiency of lung allocation for OPOs and lung transplant programs by making it easier for lung transplant programs to say “yes” to organ offers

Member Actions

- OPOs would be responsible for providing required lung donor testing information
 - OPOs may need to modify their internal policies or processes to comply with changes to policy 2.11.D
- Transplant programs will need to be aware of changes to required testing for lung organ offers

What do you think?

- Do the proposed lung testing requirements strike the proper balance between requiring information transplant programs need to decide on an offer and what OPOs are able to reasonably able to provide?
- Are the ABG ventilator settings and timing requirements attainable for each lung donor offer?
- Are the chest x- ray timing requirements attainable for each lung donor offer?
- Should any of the proposed requirements for OPTN Policy 2.11.D be moved to Guidance on Requested Deceased Lung Donor Information?

FAQs

- Can you tell me more about why the committee opted to pursue this project at this time?
- What was the development process for this proposal?
- How did the committee decide whether to put information in policy vs guidance?

Additional Questions?

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Provide Feedback

Submit public comments on the OPTN website:

- July 31, 2024- September 24 2024
- **optn.transplant.hrsa.gov**



Thank you for listening!