

**OPTN Lung Transplantation Committee
Promote Efficiency of Lung Allocation Workgroup
Meeting Summary
July 21, 2023
Conference Call
Marie Budev, DO, Chair
Matthew Hartwig, MD, Vice Chair**

Introduction

The Promote Efficiency of Lung Allocation Workgroup (the Workgroup) met via Citrix GoTo teleconference on 7/21/2023 to discuss the following agenda items:

1. Welcome and agenda
2. OPO notification limits update
3. Review and discuss potential focus areas
 - OPO notification limits
 - Offer filters
4. Next Steps and Closing Comments

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

1. Welcome and agenda

The Chair welcomed Workgroup members.

Summary of discussion:

There was no further discussion by the Workgroup.

2. OPO notification limits update

Staff clarified notification limits stop further offers from going out until responses are received from transplant programs. A 'provisional yes' counts as a response and allows organ procurement organizations (OPOs) to send out additional offers. OPO notification limits are divided into local and non-local organ offers. OPOs can set local notification limits and send multiple notifications per match. Non-local notification limits are set by the system. The system enforces a maximum of three transplant program notifications pre-recovery and five post-recovery. These notification limits are rolling.

Data Summary:

The majority of OPOs limit notifications locally to 3 to twenty transplant programs pre-recovery. Three outliers set limits at 500 or 999 transplant programs. The median number of minutes between batches of offers is about five, and has stayed consistent pre- and post-implementation of [Establish continuous distribution of lungs](#). Median batch minutes per candidate pre-implementation varied geographically but was generally closer to five minutes. Post-implementation this stayed generally consistent.

Summary of discussion:

Decision #1: The Workgroup requested data that reflects the number of offers lung transplant programs are evaluating at one time.

The Chair asked about the median batch size. Staff responded it is below five, but there is large variation between OPOs. A member stated the number of offers transplant programs receive at one time is important to evaluate. Another member noted the system has already extended allocation time drastically for OPOs. The Chair stated multi-organ allocation should be examined separately.

3. Review and discuss potential focus areas

- OPO notification limits
- Offer filters

Staff explained offer filters are relatively new. They describe a donor that will not be accepted and can be done at a program or candidate level. Offer filters are currently in place for kidney, and OPTN policy was recently passed to require specific filters for kidney programs. The five most commonly used offer filters for kidney are donor type (donation after brain death, or DBD, vs. donation after circulatory death, or DCD), distance from the donor hospital to the transplant hospital, cold ischemic time at time of offer, donor age exceeds, and kidney donor profile index (KDPI). Offer filters are multifactorial. Exclusion criteria could be introduced for the composite allocation score (CAS).

Data Summary:

SRTR staff explained excess programs notified is variable across OPOs. He attributed this to geographic differences. The median number of programs notified has jumped to around 30.

Summary of discussion:

Decision #2: The Workgroup requested data that justifies standardizing notification limits for OPOs now that lung uses a national allocation system.

Decision #3: The Workgroup supported creation of lung offer filters. The Workgroup requested to review data on the success of kidney offer filters.

A member questioned why limiting offers would be a policy change. She explained she is concerned solutions will take too long when transplant programs are experiencing staff burnout. The Chair stated offer filters does not require policy changes and this could be a faster solution. She also suggested enhancing the system to require donor testing may also slow offers down. Staff responded [Establish continuous distribution of lungs](#) has changed allocation to a national system. The 1000 nautical mile (NM) local limit that is currently in place was set for the previous allocation system. Staff explained OPO variability on how limits are set could be removed to make this consistent across a national allocation system. The Chair agreed change is necessary because 1000 NM is not useful in the current system.

Members commented transplant coordinators are fielding offers when they are sequence number 200 or greater. Members noted offers have doubled by week. The Chair commented the burden on the coordinators causes transplant programs to turndown viable offers. A member responded multi-organ allocation causes OPOs to offer out to transplant programs at large sequence numbers before they can send out other organ offers. The Chair questioned if a filter could solve this. Members agreed. Another member noted practices for multi-organ allocation varies across OPOs.

The Chair stated lung offer filters will need to differ from kidney. She noted variability in transplant program behavior will factor into this decision. She asked to provide lung programs reports of their behaviors to facilitate the use of lung offer filters. Staff responded the OPTN makes recommendations on offer filters based on program behavior for kidney programs. This is something that could be provided for lung programs as well.

A member stated lung programs make decisions on things that are not data points (i.e. CT imaging, bronchoscopies, etc.) She voiced support for offer filters, but stated this would need to be in parallel with efforts that reduce the number of offers OPOs can put out at one time. The Chair agreed.

4. Next steps and closing comments

The Chair asked if Workgroup members could submit a list of offer filters that would be helpful for lung.

Summary of discussion:

There was no further discussion by the Workgroup.

Upcoming Meetings

- August 18, 2023, 1pm ET, teleconference

Attendance

- **Workgroup Members**
 - Erika Lease
 - Marie Budev
 - Dennis Lyu
 - Greg Veenendaal
 - Dan DiSante
 - Lee Nolen
 - Jackie Russe
 - Tina Melicoff
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - Katherine Audette
 - David Schladt
 - Nicholas Wood
- **UNOS Staff**
 - Amy Putnam
 - Bonnie Felice
 - Carlos Martinez
 - Kate Breitbeil
 - Cass McCharen
 - Holly Sobczak
 - Taylor Livelli
 - Robert Hunter
 - Samantha Weiss
 - Susan Tlusty
 - Krissy Laurie
 - Chelsea Weibel