

OPTN Lung Transplantation Committee

Meeting Summary

April 21, 2022

Conference Call

Erika Lease, MD, Chair

Marie Budev, DO, Vice Chair

Introduction

The Lung Transplantation Committee (the Committee) met via Citrix GoTo teleconference on 04/21/2022 to discuss the following agenda items:

1. Updating Mortality Models
2. 1-Year COVID Monitoring Report

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

1. Updating Mortality Models

The Committee reviewed data definitions of a few of the revised and added fields as part of the *Updating Mortality Models* project in order to provide any feedback or additional clarification.

Summary of discussion:

Supplemental O₂ and Assisted Ventilation

The Committee reviewed the data definition for "Requires Supplemental O₂" as revised earlier in the project and was asked for feedback on the additional proposed revisions as suggested by the Lung Committee's leadership. These revisions included language that entering liters per minute (L/min) is the preferred unit, striking the language prioritizing "at rest" values so that all three fields are entered if available, and adding language that the data will need to be updated every 28 days if the candidate is on extracorporeal membrane oxygenation (ECMO), continuous mechanical ventilation, or a high flow device. The Committee did not have additional feedback and supported these revisions to the data definition.

The Committee was asked for feedback on any possible guidance for how certain assisted ventilation devices should be categorized since this is a consistent question members have when listing their candidates. Leadership previously added that average volume-assured pressure (AVAP) support devices should be included in continuous mechanical ventilation and that should help with some of the members' questions.

Diabetes

The Committee reviewed the proposed selection options for diabetes and the accompanying data definition to ensure that the two are aligned and capture all instances where a patient is being supported with insulin including those on sliding scale treatments. The Committee did not have any additional feedback and supported including language in the data definition that all insulin support should be captured.

Pleurodesis, Pediatric Massive Hemoptysis, and Microbiology

The Committee reviewed the addition of Talc procedures as a selection option for pleurodesis. It was also presented that the OPTN Lung Transplantation Updating Mortality Models Subcommittee previously discussed the definition for massive hemoptysis with the addition of pediatric equivalents. The Committee was asked if there was a standardized pediatric equivalent for recurrent bleeding over several days and a member offered to look into the literature and provide what they find.

The Committee was asked if there was a preference for the name of the “micro history” field and the Chair stated that they did not have a preference between microbiology and multi-drug resistant organisms. Members supported changing to microbiology. The Committee was also asked if there was an appropriate timeframe for this field from the time of listing and the Chair added that the initial thought was to capture these infections in a more recent timeframe (within the last year). A member asked if it would be possible to have selection options to indicate recent infection and past infections since it may impact a patient’s candidacy regardless of how long ago they had the infection. Another member suggested capturing any infection six months prior to listing because while they agreed that it may impact a patient longer term, tracking it in the shorter term is more pertinent and may be better for data integrity. The Committee was asked if indicating if the patient ever had one of these infections would be sufficient and the Chair expressed concern since they have had patients who have had *M. abscessus* years ago and while it did not affect how they considered them as a candidate, they could not speak for other programs. It was asked if having a longer timeframe would make sense at the time of listing and then leave it to the regular six month update schedule and the Chair noted that many of those candidates would likely be transplanted before a six month update. A member asked if it would be best to capture the date of any positive cultures and the Chair added that dates are asked for a lot of fields so the Committee should be thoughtful of any burden for entering the fields. The Committee was asked how much of the candidate population would be effected by this field and the Chair mentioned it is a generally small population and that it will be smaller the fewer cystic fibrosis patients there are being transplanted. A member added that it is still important to capture though since sometimes these infections cannot be eradicated and felt it would be important to capture active infections and prior infection. The Chair mentioned that if members are asked for a date for the last positive culture, they would be concerned that there would be a lot of “unknowns” entered due to the lack of that specific data which would make the data harder to interpret. A member agreed that dates would be difficult since sometimes that information comes from outside the transplant program, so just having within the last year and greater than a year would capture enough information. The Committee agreed with that approach.

Prior Cardiac Surgery and Prior Lung Surgery

The Committee was asked if they had specific guidance on how to assist members if they have questions on what should be entered in the “other, specify” fields and the Chair clarified that the reasoning behind capturing this information is because the Committee wants to understand the impacts of being in the chest cavity prior to lung transplant and how that may impact outcomes. They added that any guidance should be left vague and suggested that if the program feels that it may impact the complexity of the transplant surgery, to include it instead of listing every possible procedure. The Committee agreed with this approach.

API Integration

IT staff presented existing APIs for lung data fields for the OPTN Waiting List and asked for feedback on whether the new fields could be added to existing APIs or if there were new APIs that could be developed. The Committee felt that recurrent pneumothoraces, bronchopleural fistula, pleurodesis,

prior cardiac surgery, and prior lung surgery could all be grouped together. The Chair asked if the intent is to have these new fields pulled into the OPTN Waiting List from an electronic medical record (EMR) and IT staff confirmed that would be the intent. The Chair added that the fields may not be data points that could easily be pulled in and a member agreed adding that these are not going to be discrete data fields spelled out in a patient's EMR. The Committee agreed that since the new data fields are not discrete data fields that can be pulled from EMR, it does not make sense to add them to existing APIs or create new APIs.

2. 1-Year COVID Monitoring Report

Research staff presented the 1-year COVID monitoring report as an update to the 6-month report presented previously. The report included waitlist and recipient data from March 2020 to April 2022 and looked at the primary diagnoses of COVID-19: Acute Respiratory Distress Syndrome (ARDS) and COVID-19: Pulmonary Fibrosis (Group D only). Results showed registrations and recipients were generally older, male patients with high LAS and that there was a wide geographic variation in the number of lung registrations and transplants.

Summary of discussion:

A member asked if survival was looked at and Research staff clarified it was not for this report, but could be something looked at in future reports. The Chair added that most of these recipients would only have their six month transplant recipient follow-up (TRF) form and would not have information on their one year TRF yet. A member asked if the results were broken down by race/ethnicity and staff clarified that it was not done for this report, but they could say that a disproportionate number were Hispanic. A HRSA representative asked if along with the overrepresentation of the Hispanic population, was there an underrepresentation of the Black population and Research staff agreed that there was. A member asked if the COVID listings effected the wait times for non-COVID diagnoses candidates and Research staff added that is something that could be looked into.

Next Steps:

Gathering more information regarding impacts on different ethnicities, looking at post-transplant survival of recipients, and any effect of COVID candidate registrations may have had on the wait time of candidates with other diagnoses.

Upcoming Meetings

- May 13, 2022
- June 16, 2022

Attendance

- **Committee Members**
 - Erika Lease, Chair
 - Marie Budev, Vice Chair
 - John Reynolds
 - Whitney Brown
 - Errol Bush
 - Cynthia Gries
 - Denny Lyu
 - Marc Schechter
 - Dan McCarthy
 - Soma Jyothula
 - Staci Carter
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Maryam Valapour
 - Caitlyn Nystedt
- **UNOS Staff**
 - Elizabeth Miller
 - Krissy Laurie
 - Sara Rose Wells
 - Holly Sobczak
 - Tatenda Mupfudze
 - Susan Tlusty
- **Other Attendees**
 - Matt Hartwig
 - Laurel Avery