

**OPTN Lung Transplantation Committee
Promote Efficiency of Lung Allocation Workgroup
Meeting Summary
December 15, 2023
Conference Call**

**Marie Budev, DO, MPH, Chair
Matthew Hartwig, MD, Vice Chair**

Introduction

The Promote Efficiency of Lung Allocation Workgroup (Workgroup) met via Webex teleconference on 12/15/2023 to discuss the following agenda items:

1. Expeditious Task Force Update
2. Lung-specific offer filters
3. Lung donor testing

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

1. Expeditious Task Force Update

The Workgroup received an update on the [OPTN Expeditious task force](#). The Expeditious task force aims to: increase organ utilization by reducing the non-use of transplantable organs; improve efficiencies within our system to get the organ to the right patient faster; enhance and improve the process to facilitate the expeditious allocation of the medically complex organ.

Summary of discussion:

There was no discussion by the Workgroup.

2. Lung-specific offer filters

On December 3, 2023, the OPTN Executive Committee voted to delay the implementation of the default kidney offer filters implementation to support work related to lung offer filters. The Workgroup reviewed the plan for implementation and monitoring of lung offer filters.

Phased implementation of offer filters:

- Phase 1: Implement lung Offer Filters using a subset of the filtering criteria already available for kidney Offer Filters
- Phase 2: Add lung-specific filtering criteria based on data fields that already exist in OPTN Computer System
 - Ex. Hepatitis B virus (HBV), Hepatitis C virus (HCV), cigarette use >20 pack years
- Phase 3: New data collection to capture additional data field which can be used in Offer Filters

The Offer Filters Model identifies combinations of criteria which the program has declined at least 10 times and accepted 0 times, to recommend filters to transplant programs. The Workgroup considered the following:

- Are there any other potential lung filters based on existing data collection?

- e.g. Epstein-Barr Virus (EBV) and Cytomegalovirus (CMV) for pediatric candidates or time on ventilator/date intubated
- Are there other exclusion criteria that would help lung transplant programs in using offer filters?
- Do you anticipate any other barriers that lung transplant programs may face in adopting offer filters?

Summary of discussion:

Modeling current data collection as offer filters

The Workgroup requested further analysis of the potential use of filters for HBV, HCV and heavy smoking history defined as greater than 20 pack years.

The Workgroup discussed that lung pediatric programs may use age-related and smoking filters, but overall pediatric transplant relies on clinical review of each offer. A pediatric representative indicated that programs would likely not filter offers based on positive EBV and CMV serologies; they use this information to adjust prophylaxis treatments for their candidates, if necessary. The Chair commented that given the very limited number of offers received, pediatric programs prefer to review all offers rather than filter any out.

Lung transplant program representatives discussed that ventilation duration affects very few donors and would need to be combined with other criteria to be a useful filter. The Chair noted that the concern is around donors ventilated for days or weeks rather than hours or minutes. A member confirmed that historically programs declined offers from donors ventilated more than 7 days due solely to the duration of ventilation, but for most, practices have changed. To accommodate programs that consider ventilation duration, a suggestion was made for data collection to include response options for 1 week, 2 weeks, and more than 14 days.

The Workgroup requested further analysis of the potential use of filters for HBV, HCV and heavy smoking history defined as greater than 20 pack years. A member commented that cigarette smoking filters using 20 pack years lacks nuance, since there is little clinical difference between 19 and 21 pack years. The Chair agreed that a limit like 20 pack years is not clinically meaningful. Members emphasized that cigarette smoking measured in pack years is most useful in combination with other filter criteria such as age and donor type.

Potential future offer filters

No decisions were made.

The Chair asked if analysis exists on the rationale transplant programs use for declining offers, stating that data may help inform decisions around useful filters. Staff responded that they have not examined reasons for offer refusal, and records of such rationale may not contain the level of detail required. However, the offer filters model identifies criteria collected in the OPTN Computer System that programs have declined multiple times to develop filter recommendations. Offer filters need to be based on discrete, objective data fields rather than subjective rationale or clinical factors. It was clarified that filter criteria could be combined (e.g. filter for donor age and donor type), and filters could be layered (e.g. applying one filter for age and donor type & one for age and distance). Offer filters do not limit programs' ability to set candidate acceptance criteria.

Lung transplant program representatives emphasized that they rely on imaging and the synthesis of other information that cannot easily be collected via discrete data fields to inform their offer acceptance decisions. Lung programs evaluate clinical factors that interact in complex ways, including imaging,

laboratory results, and hemodynamic trends, which cannot be simplified into offer filters. Even with additional data fields for key metrics like mean pulmonary artery (PA) pressure, clinical correlation would still be needed to interpret the values. Additionally, such data collection would need to be entered manually by organ procurement organizations (OPO). A member suggested seeking feedback from the OPTN OPO Committee about whether it is reasonable for OPOs to manually enter several objective data points, such as mean PA pressure.

The Workgroup discussed the Offer Filters Explorer, a dashboard that will let users simulate filters retrospectively to assess which offers would have been filtered. A lung transplant program member stressed the need for programs to verify they are not declining offers they would have accepted when applying filters. Access to data showing which offers were filtered will help programs optimize filters over time and use them judiciously. Interests may shift over time with advances in organ preservation and acceptance practices. Kidney and lung offer data will be updated monthly to assist programs in assessing filter configurations. The Workgroup discussed plans for education and outreach efforts to increase the adoption of offer filters.

Next steps:

The OPTN will begin a phased implementation of lung offer filters in January 2024. The OPTN Lung Committee will review analysis of offer filters utilization in the months following implementation.

3. Lung donor testing

On October 27, 2023, the OPTN Lung Transplantation Committee recommended requiring human leukocyte antigen (HLA) typing prior to organ offer in policy for Donation after Brain Death (DBD) donors and adding a system notification to indicate when the match run is executed without HLA typing information. The Workgroup reviewed the lung organ offer information required by [OPTN Policy 2.11.D](#), related requirements within the OPTN Computer System and a breakdown of offers that were missing HLA typing.

Data summary:

~3% of lung donors did not have complete HLA reported at time of match

- 55% DBD donors
 - More than half managed by 1 OPO – staff reaching out to ask about barriers to reporting testing
- 43% Donation after Circulatory Death (DCD) donors
- 2% not reported

Summary of discussion:

No decisions were made.

The Workgroup discussed updating policy and system requirements related to HLA typing, as recommended by the OPTN Lung Committee. A member stated that although the issue of missing HLA typing appears to be isolated, it is still a safety concern.

The Workgroup noted concerns about missing or outdated arterial blood gas results. The Chair solicited feedback regarding the cadence of arterial blood gas results required by [Policy 2.11.D](#), stating that every two hours may not be reasonable. There was a suggestion to require these results every 4 hours, as transplant programs may be concerned with their ability to manage an organ beyond that timeframe.

A member asked whether pre-transplant screening for SARS-CoV-2 (COVID-19) would remain a requirement of [OPTN Policy 2.9](#).

Next steps:

OPTN staff will seek feedback from the OPTN Histocompatibility Committee about adding a notification in the OPTN Computer System that would indicate HLA typing is missing. The Workgroup will consider if updates to Policy 2.11.D are needed and continue this discussion at future meetings. The Workgroup will discuss policy requirements related to pre-transplant COVID-19 screening at future meetings.

Upcoming Meeting

- January 30, 2024 at 5pm ET

Attendance

- **Workgroup Members**
 - Marie Budev
 - Ed Cantu
 - Ernestina Melicoff
 - Erika Lease
 - Greg Veenendaal
 - Dennis Lyu
 - Daniel DiSante
- **HRSA Representatives**
 - James Bowman
- **SRTR Staff**
 - Katie Audette
 - Nick Wood
 - David Schladt
- **UNOS Staff**
 - Kelley Poff
 - Susan Tlusty
 - Leah Nunez
 - Kaitlin Swanner
 - Houlder Hudgins
 - James Alcorn
 - Chelsea Weibel
 - Carlos Martinez
 - Rob McTier
 - Sara Rose Wells
 - Holly Sobczak
 - Samantha Weiss
 - Kate Breitbeil
- **Other Attendees**
 - Thomas Kaleekal
 - Julia Klesney-Tait
 - PJ Geraghty
 - Nirmal Sharma