

**OPTN Lung Transplantation Committee
Promote Efficiency of Lung Allocation Workgroup
Meeting Summary
October 17, 2023
Conference Call
Marie Budev, DO, Chair
Matthew Hartwig, MD, Vice Chair**

Introduction

The Promote Efficiency of Lung Allocation Workgroup (the Workgroup) met via Webex teleconference on 10/17/2023 to discuss the following agenda items:

1. Welcome and agenda
2. Lung data collection in OPTN Donor Data and Matching System
3. HLA Typing for Donors and Sensitization in Lung Candidates
4. Next Steps and Closing Comments

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

1. Welcome and agenda

The Vice Chair and Past Chair welcomed Workgroup members. The Workgroup reviewed the plan for lung offer filters rollout in 2024.

Summary of discussion:

There was no further discussion by the Workgroup.

2. Lung data collection in OPTN Donor Data and Matching System

The Workgroup discussed potential data collection for:

- Donor-specific criteria
 - History of peanut and/or tree nut allergy
 - Gross aspiration/food particles in airway
 - Tracheostomy
- Donor hospital criterion
 - Length of agonal phase permitted by donor hospital for potential DCD donor

History of peanut and/or tree nut allergy

This data collection would be added to the Donor Field Add/Edit, Medical and Social History in the OPTN Donor Data and Matching System. This data collection could be used for an offer filter since lung transplant programs may rule out these donors due to the risk of transmitting the allergy.

Gross aspiration/food particles in the airway

This data collection would be added to the Donor Field Add/Edit, Organ Data Tab- Lungs in the OPTN Donor Data and Matching System. This is not currently a discrete data field but could be collected as such and used as an offer filter by transplant programs as aspiration can damage lungs and lung transplant programs may rule out these donors.

Tracheostomy

This data collection would be added to the Donor Field Add/Edit, Organ Data Tab- Lungs in the OPTN Donor Data and Matching System. The Workgroup discussed whether this is a contraindication to lung transplant for some programs, or whether this information is needed to evaluate offers in conjunction with other criteria.

Length of time post-extubation permitted by donor hospital for potential DCD donor

This could be collected at the donor hospital level and facilitate review of donor after circulatory death (DCD) offers. They could enter the length of time permitted for the recovery team to wait for cessation of circulation for a potential DCD donor following the withdrawal of life-sustaining medical support.

Summary of discussion:

Decision #1: The Workgroup agreed history of peanut and/or tree nut allergy will be the only potential data collection discussed in this meeting that would benefit transplant programs as an additional offer filter.

History of peanut and/or tree nut allergy

Members voiced support for focusing data collection on anaphylactic reactions to peanuts and tree nuts. They identified the need to review additional clinical literature to assess if only anaphylaxis should be reported or any history of allergy. A member voiced concern about history of an allergy being too broad and capturing those who have more minor intolerances. OPO members noted this data field will need to be added to the Donor Risk Assessment Interview (DRAI). Members also agreed this could be included on the Deceased Donor Registration (DDR) if it is collected on the DRAI as a simple yes/no/unknown.

Gross aspiration/food particles in the airway

The Workgroup did not recommend new data collection on this as lung transplant program members would not feel comfortable using this as an offer filter. Members emphasized that timing is important as transplant programs would still accept lungs if aspiration was several days prior and other tests (e.g. chest X-ray, arterial blood gas) look good. A member noted this information is currently reported on the bronchoscopy form and uploaded as a PDF but not as a discrete field.

Tracheostomy

The Workgroup did not recommend new data collection on this as this is not necessarily a contraindication and would be better addressed by direct communication between the OPO and transplant program. A member commented this can also be seen on a chest x-ray. Members agreed that whether it would be a contraindication depends on underlying lung disease. OPO members commented they do not have control over the end-of-life care plan for donor after circulatory death (DCD) donors, so how the tracheostomy is managed may change during the course of the donor evaluation.

Length of time post-extubation permitted by donor hospital for potential DCD donor

Workgroup members noted that this is not necessarily determined by the donor hospital; it can vary by OPO and which transplant program is considering the offer. Members commented that lung transplant programs want to avoid flying when they will not be able to recover the organ. The Vice Chair urged members to consider if there are data currently collected as free text that should be collected as discrete fields, and if values used in various calculators could be used to help evaluate offers. OPO

members voiced concern about transplant programs deciding not to pursue an offer based on tools that are not well validated.

3. HLA Typing for Donors and Sensitization in Lung Candidates

The Workgroup reviewed OPTN data on the percent of deceased donors with HLA entered for all loci at time of match run by organ for matches run from March 09, 2023 to August 31, 2023.

The OPTN Histocompatibility Committee showed some interest in requiring HLA typing prior to organ offer for lung and heart. They also agreed the percent of completed HLA typing at time of match run is high and this would be an obstacle for rapid DCD donors and may impact utilization of DCD donors. They voiced concern that this would not be well received by OPO staff.

Data Summary:

The Workgroup reviewed data that showed 97.05% of deceased donors have HLA typing completed for lung match runs. There has been a 10% increase in lung candidates with at least one unacceptable antigen entered since 2018.

Summary of discussion:

Decision #2: Workgroup members supported requiring HLA typing prior to organ offer for lung.

OPO representatives on the Workgroup said they enter HLA typing before making offers. Members agreed this should be required for all lung offers.

4. Next steps and closing comments

The Vice Chair thanked members for joining.

Summary of discussion:

There was no further discussion by the Workgroup.

Upcoming Meetings

- November 13, 2023, teleconference, 5 PM

Attendance

- **Workgroup Members**
 - Erika Lease
 - Edward Cantu
 - Dennis Lyu
 - Erin Haplin
 - Greg Veenendaal
 - Jackie Russe
 - Matthew Hartwig
 - Pablo Sanchez
 - Tina Melicoff
- **HRSA Staff**
 - Jim Bowman
- **SRTR Staff**
 - David Schladt
 - Nick Wood
- **Other Attendees**
 - Julia Klesney-Tait
 - Kurt Shutterly
 - Michael Morrow
 - Nirmal Sharma
 - Sid Kapnadak
 - Thomas Kaleekal
- **UNOS Staff**
 - Kaitlin Swanner
 - Bonnie Felice
 - Chelsea Weibel
 - Holly Sobczak
 - Houlder Hudgins
 - Kevin Daub
 - Krissy Laurie
 - Lloyd Board
 - Holly Sobczak
 - Taylor Livelli
 - Roger Vacovsky
 - Susan Tlusty