

**OPTN Lung Transplantation Committee
Promote Efficiency of Lung Allocation Workgroup
Meeting Summary
August 13, 2024
Conference Call**

**Matthew Hartwig, MD, Chair
Dennis Lyu, MD, Vice Chair**

Introduction

The Promote Efficiency of Lung Allocation Workgroup (Workgroup) met via Webex teleconference on 08/13/2024 to discuss the following agenda items:

1. Feedback from the OPTN Data Advisory Committee (DAC)
2. Modify Lung Donor Testing discussion

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

1. Feedback from the OPTN Data Advisory Committee (DAC)

On August 12, 2024, the Modify Lung Donor Testing project was reviewed and endorsed by the DAC. During discussion, members of the DAC were informed that no data collection would be removed but some would be replaced so that data would be updated. DAC members noted that auto-calculation of predicted Total Lung Capacity (pTLC) would increase efficiency and decrease error. Regarding potential smoking history data collection, the DAC noted that collecting "other inhalants" in a free text field format would be discouraged.

Summary of discussion:

There was no discussion by members.

2. Modify Lung Donor Testing discussion

On May 21, 2024, the Workgroup recommended the Promote Efficiency of Lung Donor Testing [proposal](#) to the Lung Transplantation Committee. This included updates to [OPTN Policy 2.11.D: Required Information for Deceased Lung Donors](#) and [Guidance](#) on Requested Deceased Donor Information.

The Modify Lung Donor Testing project includes data collection and other system changes. The Workgroup has considered changes related to lung donor bronchoscopies, chest computed tomography (CT) scans, smoking history, pTLC, lung measurements, and Peak Inspiratory Pressure (PIP).

On July 9, 2024, the Workgroup recommended collection of marijuana smoking status (ie. Never, former, current or unknown) and frequency/duration of use. There was some interest in collecting marijuana smoking method (ie. bong, joint, pipe, or blunt).

Summary of discussion:

The Workgroup recommended collecting peak inspiratory pressure.

The Workgroup recommended collecting donor history of vaping with the option to select current, former, never or unknown. If current or former vaping is indicated, the Workgroup recommended collecting the duration of use. When former vaping is indicated, the Workgroup recommended collecting how long since the donor quit.

The Workgroup did not recommend collecting marijuana smoking method at this time.

Peak Inspiratory Pressure (PIP)

The Workgroup recommended collecting PIP, an indirect measure of donor lung compliance. PIP is a fundamental metric captured on ventilators, therefore, is easily obtained for reporting purposes. It was noted that collecting plateau pressure may be more desirable as PIP is the surrogate value for plateau pressure; however, data for plateau pressure may be less reliable due to the variability in how it is measured by clinical staff. A member from an Organ Procurement Organization (OPO) noted no concerns, as many OPOs currently enter the data desired for offer evaluation.

For technical implementation, the Workgroup discussed the units of measurement and acceptable range of values for PIP. PIP is reported in centimeters per water pressure (cmH₂O). Members reported that the ideal range of values would be 20-25 cmH₂O but may depend on donor weight; a member commented that they would consider filtering offers with a PIP over 30 cmH₂O but the highest value they have seen was between 50-60 cm H₂O. It was also discussed that there is no intrinsic relationship between PIP and arterial blood gases (ABGs) but PIP aids in the interpretation of other clinical values.

Smoking History

The Workgroup recommended collecting donor history of vaping with the option to select current, former, never or unknown and indicate duration of use, when current or former vaping is indicated. When former vaping is indicated, the Workgroup recommended collecting how long since the donor quit. This represents the core information needed for offer evaluation. A lung transplant surgeon commented that the extent of the impact of vaping is not currently known, but this information would prompt programs to examine donor chest imaging more closely.

The Workgroup considered adding vape type, such as with marijuana and with or without nicotine. Though such granularity in data collection would be useful to future research, members agreed that knowing vape type would not impact efficiency of offer evaluation.

Upon further discussion, the Workgroup did not recommend collecting marijuana smoking method (ie. bong, joint, pipe, or blunt) at this time. Members agreed that currently there is no clinical significance to marijuana smoking method, and it would not impact efficiency of offer evaluation.

Next steps:

The Workgroup will continue to discuss the Modify Lung Donor Testing project at upcoming meetings.

Upcoming Meetings

- August 20, 2024, teleconference, 5PM ET
- September 10, 2024, teleconference, 5PM ET

Attendance

- **Workgroup Members**
 - Matthew Hartwig
 - Dennis Lyu
 - Erika Lease
 - Jackie Russe
 - Ernestina Melicoff
 - Ed Cantu
- **HRSA Representatives**
 - James Bowman
- **SRTR Staff**
 - David Schladt
 - Katie Audette
- **UNOS Staff**
 - Kelley Poff
 - Kaitlin Swanner
 - Leah Nunez
 - Chelsea Hawkins
 - Holly Sobczak