

**OPTN Lung Committee
Six Minute Walk Subcommittee
Meeting Summary
November 18, 2024
Webex Meeting
Matthew Hartwig, MD, Chair
Dennis Lyu, MD, Vice Chair**

Introduction

The Six Minute Walk Workgroup (“the Workgroup”) met via WebEx teleconference on 11/18/2024 to discuss the following agenda items:

1. Project Background
2. Implementation Questions

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

1. Project Background

No decisions were made.

Summary of Presentation:

Staff presented background of the project and the charge of the Workgroup. They stated that the *Standardize Six-Minute Walk for Lung Allocation* policy was implemented on September 3, 2024, and that the Lung Committee heard implementation challenges from the community. The Workgroup planned to address common questions to find solutions for these concerns.

An OPTN Professional Education (PE) staff member presented a implementation questions from the community. They mentioned that PE can collaborate with the Workgroup to create informational materials for release as early as December.

Staff provided a background on policy and guidance changes for the Six-Minute Walk. The policy included addition of a required oxygen titration test ahead of the initial six-minute walk test conducted for lung candidates at least 12 years old and those just about to turn 12 years old. Guidance changes included a complimentary recommendation for lung transplant programs on provision of supplemental oxygen and safety considerations.

The rationale for the oxygen titration test requirement was that the provision of supplemental oxygen was identified as a source of variability in how the six-minute walk test was administered. Further, the oxygen titration test ahead of six-minute walk test intended to avoid titrating up oxygen during the six-minute walk test.

Guidance for the provision of supplemental oxygen includes performing the oxygen titration test for each candidate at least once every six months, providing extra supplemental oxygen if needed rather than halting six-minute walk test, and performing the oxygen titration test as close to the six-minute walk test as possible, but no more than 12 weeks prior.

Guidance on safety consideration includes a recommendation to maintain oxygen saturation >88% appropriate for most candidates but lower thresholds may be acceptable for some. “0 feet” should be

entered if completing the test is not safe, and exception requests can be considered if the candidate is unable to walk due to reasons other than lung disease. Guidance on altitude considerations includes a recommendation to perform the oxygen titration test and six-minute walk test at transplant hospital.

Summary of Discussion:

2. Implementation Questions

No decisions were made.

Summary of Presentation:

Implementation questions most frequently centered around what is required by policy and what is considered guidance, timing and frequency of test considerations, and maintaining patient safety while remaining compliant. The Workgroup reviewed the following questions:

1. *What should a program do if a candidate does not have a policy-compliant six-minute walk test? (such as, the titration test was not performed in advance)*
 - a. Proposed effective practice: List candidate without six-minute walk test and update the six-minute walk distance within six-months of registration date, which is consistent with policy.

The ex-officio agreed with the proposed effective practice and said it was reasonable. Another member agreed and added that their institution does not usually perform tests on the same day. This member continued that during initial implementation, their institution used information from the candidate's last completed six-minute walk test until they completed another six-minute walk test. The ex-officio expressed that programs are experiencing some candidate testing lag and this should be acceptable during these initial implementation periods. She added that billing can be an issue when performing oxygen titration and six-minute walk tests on the same day.

A member noted that at their program, tests are performed on different days according to candidate symptoms, so programs with single-day testing are more affected by this policy implementation. This member continued, stating that if not by March, programs could be caught up with their testing by mid-2025. The Vice Chair stated that candidates who needed new six-minute walk tests were brought back into their program for new testing if needed for policy compliance. Another member added that they have been able to space out their new testing and that they have seen a need for education on the importance of the six-minute walk.

A member expressed that they have been able to work out delayed billing for these tests in their program and mid-2025 would be a reasonable time for programs to fully implement this policy. A member said that frequent oxygen titration during testing is causing confusion regarding when and how often to restart the six-minute walk test. The ex-officio said that large gaps between the initial oxygen titration test and the six-minute walk test can lead to possible increased needs for titration during the six-minute walk test if the candidate's health has declined.

2. *[What should happen] If the candidate cannot maintain an oxygen saturation level of 88% at rest with supplemental oxygen but may still be able to safely complete the six-minute walk test?*
 - a. Proposed effective practice: Reiterate current guidance that for candidates who are unable to maintain an oxygen saturation of 88% or greater at rest but can safely complete the six-minute walk test, the transplant program may use a lower oxygen saturation threshold to guide supplemental oxygen needs.
3. *[What should happen] If the candidate cannot start the titration test on room air?*

- a. Proposed effective practice: Programs can use a baseline that utilizes higher amounts of oxygen support.

The ex-officio noted that these questions are frequently regarding candidates who are on extracorporeal life support (ECMO) or in the intensive care unit. They continued that these patients should be put down as “0 feet” for the six-minute walk and have their current oxygen levels recorded. A member stated that their program records distance for candidates on ECMO, if they can walk. The ex-officio expressed that candidates shouldn’t be pushed to walk as far as they can, and their safety should be prioritized. They continued that data from this policy can be used for future changes if needed. Another member said that some ECMO patients should be recorded if they are able to walk a significant distance.

Staff said that the ECMO example was initially included in the guidance as a situation in which a program would enter “0 feet”, but this was taken out as to not be too prescriptive. The ex-officio noted that some questions might be coming from newer transplant coordinators/data coordinators in programs, and that explicit guidance needs to be outlined for “0 feet” being entered as an acceptable data entry. They continued that ECMO patients carry significant medical devices during their walks, such as cannulas, ECMOs, and mobility aids, which would impact their six-minute walk test. A patient representative said that they agree that ECMOs and possible stressors of walking can impact six-minute walk tests. A member expressed that tests should be with standardized cannula equipment, but this was not outlined in policy or guidance. The patient representative said that the proposed best practice would be a good solution.

The Workgroup continued into a general question and answer discussion. A member brought up their initial question of whether six-minute walks should be restarted or not if patients need more oxygen (desaturate) during their initial test. Staff pointed out that policy states that the initial six-minute walk test should use the titration amount of the last oxygen titration test, but subsequent six-minute walk tests can use modified amounts of supplemental oxygen. The Workgroup agreed that this detail should be emphasized, especially since candidates might not be able to receive repeated oxygen titration tests.

Next Steps:

PE informed the Workgroup that they can have a quick turnaround for educational materials. Staff added that the implementation timeline needs to be further discussed if programs cannot be compliant by March 2025.

Attendance

- **Workgroup Members**
 - Brian Armstrong
 - Cynthia Gries
 - Dennis Lyu
 - Erika Lease
 - Katja Fort Rhoden
 - Soma Jyothula
 - Julia Klesney-Tait
- **SRTR Staff**
 - David Schladt
 - Katie Audette
 - Maria Masotti
- **UNOS Staff**
 - Heather Carlson-Jaquez
 - Houlder Hudgins
 - Kaitlin Swanner
 - Kelley Poff
 - Leah Nunez
 - Samantha Weiss
 - Sara Rose Wells