

**OPTN Lung Transplantation Committee
Promote Efficiency of Lung Allocation Workgroup
Meeting Summary
November 13, 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 11/13/2023 to discuss the following agenda items:

1. Offers from isolated areas
2. Review plan for public comment
3. Review proposed data collection
4. Discuss future priorities for workgroup

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

1. Offers from isolated areas

Lung transplant programs that want to receive organ offers from isolated areas such as Hawaii, Alaska, and Puerto Rico may have to set their acceptance criteria broadly to see those offers, which means they may be receiving a high volume of offers within the continental U.S. that they are unlikely to accept. The Workgroup reviewed a potential system enhancement that would allow for transplant programs to indicate if they want to accept offers from these isolated areas, even if the distance to those areas falls outside the range specified in a candidate's acceptance criteria. This system enhancement could reduce unwanted offers from across the continental U.S. while allowing offers from isolated areas.

The Workgroup discussed:

- Would this system enhancement help reduce unwanted offers?
- Would this system enhancement promote use of donor organs from these areas?

Summary of discussion:

Decision #1: The Workgroup supports a system enhancement that would allow transplant programs to opt-in to offers from isolated areas such as Hawaii, Alaska, and Puerto Rico.

The Workgroup agreed this system enhancement would reduce unwanted inland offers for transplant programs in coastal locations. The OPTN Lung Transplantation Committee (Committee) Chair (the Chair) highlighted that this would benefit a small number of transplant programs. Despite its targeted impact, members reiterated that this would significantly reduce the burden offers for those programs, while also increasing efficiency from the organ procurement organizations' (OPO) perspective. An OPO representative commented that this would reduce time spent notifying programs that would not accept the offer due to distance. Members agreed that this system enhancement aligns with goals to improve efficiency.

The Workgroup agreed that the proposed system enhancement would likely not increase the use of organs from isolated areas. A member from Region 6 commented that it appears any transplant programs willing to accept offers from isolated areas are already doing so. During the discussion, the Workgroup received preliminary data indicating that 9 transplant programs recovered lungs outside of the continental U.S. since the implementation of Continuous Distribution on March 9, 2023. Members discussed that this enhancement would simply allow the interested programs to continue receiving offers from isolated areas while reducing the burden of unwanted offers.

Next steps:

The Workgroup recommends including an overview of the system enhancement in the Promote Efficiency of Lung Allocation proposal.

2. Review plan for public comment

The Promote Efficiency of Lung Allocation proposal will provide an overview of system enhancements, propose new data collection, and request feedback from the transplant community. This proposal will be finalized by the Committee on 11/30/2023 for Winter 2024 Public Comment.

Summary of discussion:

There was no discussion by the Workgroup.

3. Review proposed data collection

The Workgroup reviewed the following proposed data collection to assist in evaluating organ offers:

- History of anaphylaxis to peanut/tree nut
- Previous coronary artery bypass grafting
- Glasgow Coma Scale
- Mechanism of injury/cause of death data collection

Summary of discussion:

Decision #2: For history of anaphylaxis to peanut/tree nut, the Workgroup recommended preserving the response of “unknown” for when OPOs cannot confirm this aspect of the donor’s medical history.

Decision #3: The Workgroup recommends that the Committee does not pursue data collection for Glasgow Coma Scale, as it provides limited utility in decision-making and is difficult to report reliably.

History of anaphylaxis to peanut/tree nut

The Workgroup discussed what each response (i.e. yes/no/unknown) to donor history of anaphylaxis to peanut/tree nut intends to capture. The Workgroup agreed it is important to avoid OPOs defaulting to “unknown”, given the potential for history of anaphylaxis to peanut/tree nut as an offer filter. Members discussed that this data collection is most useful in decision-making for offer acceptance when most responses are a categorical “yes” or “no” response.

This proposed data collection would be informed by the Donor Risk Assessment Interview (DRAI). An OPO representative voiced concerns about the reliability of the social/medical history in the DRAI, reminding the Workgroup that the source and depth of information provided is variable. It was discussed that the DRAI may be informed by next of kin or there may be no historian available to provide donor information. The Workgroup recommended preserving the response of “unknown” for when OPOs cannot confirm this aspect of the donor’s medical history and indicating in the help

documentation that “unknown” may be selected when no historian/social and medical history is available.

Previous coronary artery bypass grafting

Members discussed the rationale for isolating data collection to previous coronary artery bypass grafting (CABG), instead of more broadly collecting data for previous sternotomy or thoracotomy. The Workgroup discussed that the primary concerns for DCD donors with a previous CABG were the amount and location of scar tissue and maintaining the integrity of the bypass grafts. A member explained that previous CABG may increase the risk of lung adhesions, thus, complicating organ procurement. An OPO representative commented that transplant programs may rule out DCD donors based on the presence of sternal wiring, which is associated with previous sternotomy. It was mentioned that current literature indicates factors like smoking history may influence offer acceptance from DCD donors with a history of cardiac surgery. Members discussed the importance of identifying specific factors associated with previous CABG that may lead to transplant programs to decline lung offers.

The Workgroup discussed that if not in the DRAI, previous CABG would be identified via donor physical (i.e. presence of chest scarring) and direct communication with the donor hospital or family. The Chair suggested that this data collection include a response option of “unknown”, in case no social/medical historian is available to verify surgical history.

Glasgow Coma Scale for DCD donors

Several members expressed opposition to pursuing data collection for Glasgow Comas Scale (GCS) for DCD donors. Members were concerned about the unreliability of GCS as an indicator of neurological status and variability in how assessments are performed and documented. An OPO representative commented that not every donor hospital is using GCS, but brain stem reflexes are measured twice per day for all donors. Members indicated that if available, GCS assessments are often documented inconsistently in the physician’s notes or donor highlights section in the OPTN Computer System. Another member recommended direct communication between transplant coordinators and OPOs to determine a potential donor’s status. The Chair agreed that currently direct communication is how transplant teams can best understand a potential donor’s neurological function, to make a decision for offer acceptance. The Workgroup recommends that the Committee does not pursue data collection for Glasgow Coma Scale, as it provides limited utility in decision-making and is difficult to implement reliably. The Chair stated that this topic will be discussed with the Committee at upcoming meetings.

Mechanism of injury/cause of death data collection

The Workgroup discussed recommendations from the OPTN Data Advisory Committee (DAC) to hold on data collection for “airway burns” and “anaphylaxis”. The DAC plans to propose more comprehensive data collection for mechanism of injury/cause of death.

Next steps:

OPTN Lung Transplantation Committee will discuss and finalize the Promote Efficiency of Lung Allocation proposal during their November meetings.

4. Discuss future priorities for workgroup

The Workgroup discussed priorities for future projects related to lung allocation efficiency.

Summary of discussion:

The Chair commented that there is not enough data available in the Six-month monitoring report for Continuous Distribution (CD) of Lungs ¹to support changes to placement efficiency rating scales but that the Committee may be interested in pursuing changes when more data are available. The Workgroup discussed that managing offer volume will remain a priority as the Committee seeks to improve allocation efficiency.

Upcoming Meeting(s)

- TBD

¹ Samantha Weiss and Chelsea Weibel, "Lung Continuous Distribution Six Month Monitoring Report," OPTN, October 27, 2023, accessed November 11, 2023, https://optn.transplant.hrsa.gov/media/4feooi1h/data_report_lung_cd_6month_20231027.pdf.

Attendance

- **Workgroup Members**
 - Marie Budev
 - Donna Ferchill
 - Erin Halpin
 - Greg Veenendaal
 - Dennis Lyu
 - Daniel DiSante
 - Erika Lease
 - Jaclyn Russe
- **HRSA Representatives**
 - James Bowman
- **SRTR Staff**
 - Katie Audette
 - Nick Wood
 - David Schladt
- **UNOS Staff**
 - Susan Tlusty
 - Leah Nunez
 - Kelley Poff
 - Kaitlin Swanner
 - Chelsea Weibel
 - Sara Rose Wells
 - Holly Sobczak
 - Bonnie Felice
 - Houlder Hudgins
 - Roger Vacovsky
 - Samantha Weiss
- **Other Attendees**
 - Thomas Kaleekal
 - Julia Klesney-Tait
 - PJ Geraghty
 - Nirmal Sharma
 - J. Morrow