

**OPTN Lung Transplantation Committee
Promote Efficiency of Lung Allocation Workgroup
Meeting Summary
August 18, 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 8/18/2023 to discuss the following agenda items:

1. Welcome and agenda
2. OPTN Task Force on Efficiency
3. Kidney offer filter data
4. Offer filters for lung
5. Next Steps and Closing Comments

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

1. Welcome and agenda

The Chair welcomed Workgroup members.

Summary of discussion:

There was no further discussion by the Workgroup.

2. OPTN Task Force on Efficiency

Staff provided an overview of a new OPTN Task Force that aims to decrease non-use, ensure scalability and replication of member processes, and create consistency in allocation practices. The Task Force will standardize processes to increase the number of transplants by reducing costs, improving productivity, reducing the risk of errors, clarifying expectations, and promoting accountability.

Potential actions of the OPTN Task Force on Efficiency may include:

- Updating or clarifying existing processes in OPTN policies
- Addressing new processes where no policies exist
- Modifying programming to systems, tools, and reports

Summary of discussion:

Decision: This was not an action item; there were no decisions made by the Workgroup.

The Chair asked if someone from the OPTN Task Force on Efficiency can join the Workgroup to ensure effective communication. Staff responded details are continuing to be worked out. The Chair asked if other organs are facing offer volume that the lung community is facing. Staff responded these concerns have been heard from the kidney community along with kidney nonuse. Out-of-sequence allocation is also increasing for some organs, which is driving the work of the OPTN Task Force on Efficiency.

3. Kidney offer filter data

Data Summary:

Staff explained kidney offer filters launched January 27, 2022, and 20 programs enrolled immediately, but a gradual increase over a year resulted in 50 percent of kidney transplant programs using offer filters. Currently, 143 kidney transplant programs use offer filters.

Metrics assessing kidney allocation efficiency improved following the implementation of kidney offer filters. Averages over rolling 90-day and 365-day windows showed a downward trend in center number at acceptance; number of transplant programs notified; and excess programs notified.

Summary of discussion:

Decision: This was not an action item; there were no decisions made by the Workgroup.

The Chair asked about the size of programs that experienced these downward trends. Staff responded that data can be examined in the future.

4. Offer filters for lung

The Workgroup discussed OPTN Donor Data and Matching System data fields that would be beneficial for offer filters for lung.

Summary of discussion:

Decision #1: Workgroup members decided donation after brain death (DBD) vs. donation after circulatory death (DCD) by distance, bilateral vs. single, DCD and agonal period, peanut allergy, food particles in airway, time of intubation, time on ventilator, combination of infectious disease results, and exclusions based on medical urgency score may be useful for lung offer filters.

Decision #2: The Workgroup members agreed data fields that are currently answered with narrative text should be examined for data collection refinements so they could be incorporated into a future iteration of lung offer filters.

The Chair asked if offer filters for narrative text fields in the OPTN Donor Data and Matching System could be applied (i.e., food particles in the airway). Staff responded transplant programs would not have that ability and additional data collection could be created to capture those fields and integrate them into offer filters. The Chair and members noted cause of death will be difficult to use as an offer filter because asthma attack and drowning are not well captured. A member stated additional data fields may need to be created to make filters effective. Staff explained it is helpful to gather this feedback from the Workgroup to assess data collection that can be used to create these needed filters.

A member commented individual and candidate-specific filters will be much more beneficial. He commented distance traveled for DCD and bilateral vs. single lung transplant would be easier filters to implement quickly and improve efficiency. The Chair noted that for DCD donors, a lot of programs will want to know the period of time that is allotted from extubation to asystole as it is not standardized and can range from 60 – 120 minutes and that can impact whether the transplant program finds it feasible to travel a longer distance for that donor. A member commented there is a lot of follow-up information needed for DCD offers that is not currently collected in the OPTN Computer System, and adding this data collection would be more efficient than filters on their own. Staff noted filters could be created based on medical urgency score and distance. Staff also explained kidney transplant programs will have the ability to exclude certain candidates from offer filters they have set.

A member asked if offer filters could be more specific for calculated panel reactive antibody (cPRA) so that unacceptable and moderate antigens are better identified. The Chair suggested these may be more sophisticated filters, but the Workgroup should start with basic filters.

The Review Board Chair commented offer filters for distance traveled for DCD donors will be very helpful, but the complex offer filters discussed by the Workgroup will likely take a lot of time. She emphasized her transplant coordinators need something in place now to avoid burnout. A member agreed looking at offer filters that can be implemented quickly should be targeted first. Another member emphasized the urgency of implementing certain filters very quickly. The Chair added that filters such as whether the donor has a peanut allergy, has been ventilated for an extended period of time, has food particles in the airway, or is Hepatitis B/Hepatitis C core positive would be helpful filters.

A member stated offer filters will be helpful but ensuring the information organ procurement organizations (OPOs) provide is consistent would be more beneficial. He noted this would reduce the time needed for transplant programs to review offers. Members agreed.

Members commented lung measurements are not helpful but distance traveled for DCD donors and time of intubation will be helpful to lung transplant programs. The Chair noted cause of death will only be helpful if the field is answered consistently and accurately by OPOs. Members commented warm ischemic time is not going to be helpful in lung transplantation.

The Review Board Chair asked if limiting the number of offers sent out to transplant programs is still an option. Staff responded these changes will need feedback and support from the OPTN OPO Committee. A member responded the changes in lung allocation have lengthened donor cases exponentially. OPOs often exhaust the U.S. list to offer to Canada to get organs accepted. Shortening the number of transplant programs OPOs can give offers to will lengthen donor case times and cause donor families to pull out of donation. The Review Board Chair stated transplant programs need to reduce the number of offers they are reviewing that they will never truly receive.

5. Next steps and closing comments

Members stated this initiative is important and implementing a solution quickly will help transplant programs handle offer volume. The Chair commented collaboration between transplant programs and OPOs continues to be important. The Workgroup will receive an update on the timeline of lung offer filters and the OPTN OPO Committee will receive an update on the Workgroup's progress at their in-person meeting.

Summary of discussion:

There was no further discussion by the Workgroup.

Upcoming Meetings

- September 22, 2023, teleconference, 1 PM ET

Attendance

- **Workgroup Members**
 - Marie Budev
 - Erika Lease
 - Dennis Lyu
 - Erin Haplin
 - Greg Veenendaal
 - Ed Cantu
 - Pablo Sanchez
 - Tina Melicoff
- **SRTR Staff**
 - Katherine Audette
 - David Schladt
- **UNOS Staff**
 - Kaitlin Swanner
 - Bonnie Felice
 - Kate Breitbeil
 - James Alcorn
 - Kerrie Masten
 - Holly Sobczak
 - Taylor Livelli
 - Rob McTier
 - Samantha Weiss
 - Sara Rose Wells
 - Krissy Laurie
- **Other Attendees**
 - Carli Lehr