Lung allocation working group report

Original proposal from CTAG Lung May 2022 to establish a short-term working group to examine lung allocation. The primary objectives were to ensure that lung allocation was responsive to the changing needs of recipients, more transparent and equitable.
The terms of reference incorporated two broad remits.

1. To examine the urgent listing criteria
2. Review the mechanisms of non-urgent lung allocation

There has been significant progress to date with key stake holder engagement.

Urgent Criteria
The urgent listing criteria were established by a group of experts in 2014 based on limited data. It was agreed at the inception that this would be an iterative process, that would be re-examined after a bedding in period. To facilitate any future allocation policies, it was recognised early that better data collection was needed. The group have agreed a new dataset in 2022, which has been added the IT workstream.
The revision of the urgent criteria proposal was discussed with the Association of Lung Transplant physicians (ALTP) on 3 occasions and with UK PH physicians, UK CF physicians and ILD UK network. There was a high level of engagement from all stakeholders who provided suggestions which were discussed with the ALTP in an iterative manner. These agreed proposals were discussed at the lung allocation working group with waiting list patients present, in January 2024 and the proposal was further refined. The below criteria are proposed to replace the current disease specific urgent criteria. There was overall agreement that the criteria 12, 23 and 32 should be removed as these are poorly defined and have been rarely used since the inception of the urgent program (see Appendix). Should this clinical situation arise the patient would be considered either via the appeals panel route or the newly established PH criteria.

Current criteria for urgent listing ILD:

Category 31 - Persisting hypoxia (PO2<8 kPa) despite continuous 0_2 at 10 LPM
Category 32 - Refractory right heart failure despite all pharmacological interventions to support the right ventricle.

Proposed new criteria

Category 31- Increasing oxygen requirements at rest with persisting hypoxia (pO2 < 8kPa) despite continuous oxygen > 5 L/min or unable to maintain SpO2 ≥88% on a walk test despite supplemental oxygen.

Remove category 32

Current criteria for urgent listing PAH.

Category 41 - Worsening refractory right heart failure as defined by increasing fluid retention despite optimal medical management with disease modifying therapy and diuretics
Category 42 - Requirement for continuous IV inotropic support
Category 43 - Recent RHC RAP > 20 mmHg and CI < 2.0 L/min/m2 despite optimisation of therapy. RHC data need to be recent, within 3 months of request to add to urgent list

Proposed new criteria

Category 41-Persistence in ERS High risk category status (> 3 relevant high-risk criteria on the ERS PAH risk calculator) despite optimal pulmonary vasodilator therapy
Category 42- Hospitalisation for decompensated heart failure despite maximum tolerated medical therapy including IV prostaglandin therapy, diuretics +/- inotropes.
Category 43- RHC within 3 months demonstrating an RAP > 20mm Hg (15mm Hg) and CI < 2.0 L/min/m^2 despite optimisation of therapy.
Category 44- 1 life threatening admission after listing as a criteria for higher priority escalation criteria.

Current criteria for urgent listing CF:

Category 21 - Worsening hypoxia (PaO2 6.5 kPa) requiring increasing oxygen demand of > 10L/min despite continuous NIV
Category 22 - pH persistently <7.3 despite optimal continuous NIV
Category 23 - Refractory right heart failure despite all pharmacological interventions to support the right ventricle.
Category 24- Ongoing episodes of massive heamoptysis despite bronchial embolisation

Proposed new criteria for CF

Category 21 - Worsening hypercapnic respiratory failure (eg PaOz <6.5 kPa and PaCO2 >6.5 kPa) despite appropriate oxygen and maximal non-invasive ventilatory support (ie optimal non-invasive ventilation or Optiflow)
Category 22 - pH persistently <7.3 despite optimal continuous NIV
Category 23 - Ongoing episodes of life-threatening massive haemoptysis despite bronchial artery embolization

Remove Category 23

Current criteria for urgent listing COPD:

Category 10 - Worsening hypoxia (PaO26.5 kPa) requiring increasing oxygen demand of >10 L/min despite continuous NIV
Category 11 - pH persistently <7.3 despite optimal continuous NIV
Category 12 - Refractory right heart failure despite all pharmacological interventions to support the right ventricle.

No other changes have been proposed for the COPD category and so no adjustments will be made other than the removal of category 12.

Conclusion

I would like to thank the stakeholders involved in the preparation of the new urgent criteria. There has been excellent engagement from the ALTP, UK PH physicians, UK ILD network and the waiting list patients. CTAG lung is asked to endorse these changes.

Dr JS Parmar
Chair of CTAG Lung and the Lung allocation working group

Appendix

Number of urgent registrations under each urgent category, 2017-2023

Category	Number of urgent lung registrations
10	2
11	1
12	1
21	14
22	4
23	3
24	7
31	111
32	6
41	12
42	5
43	3