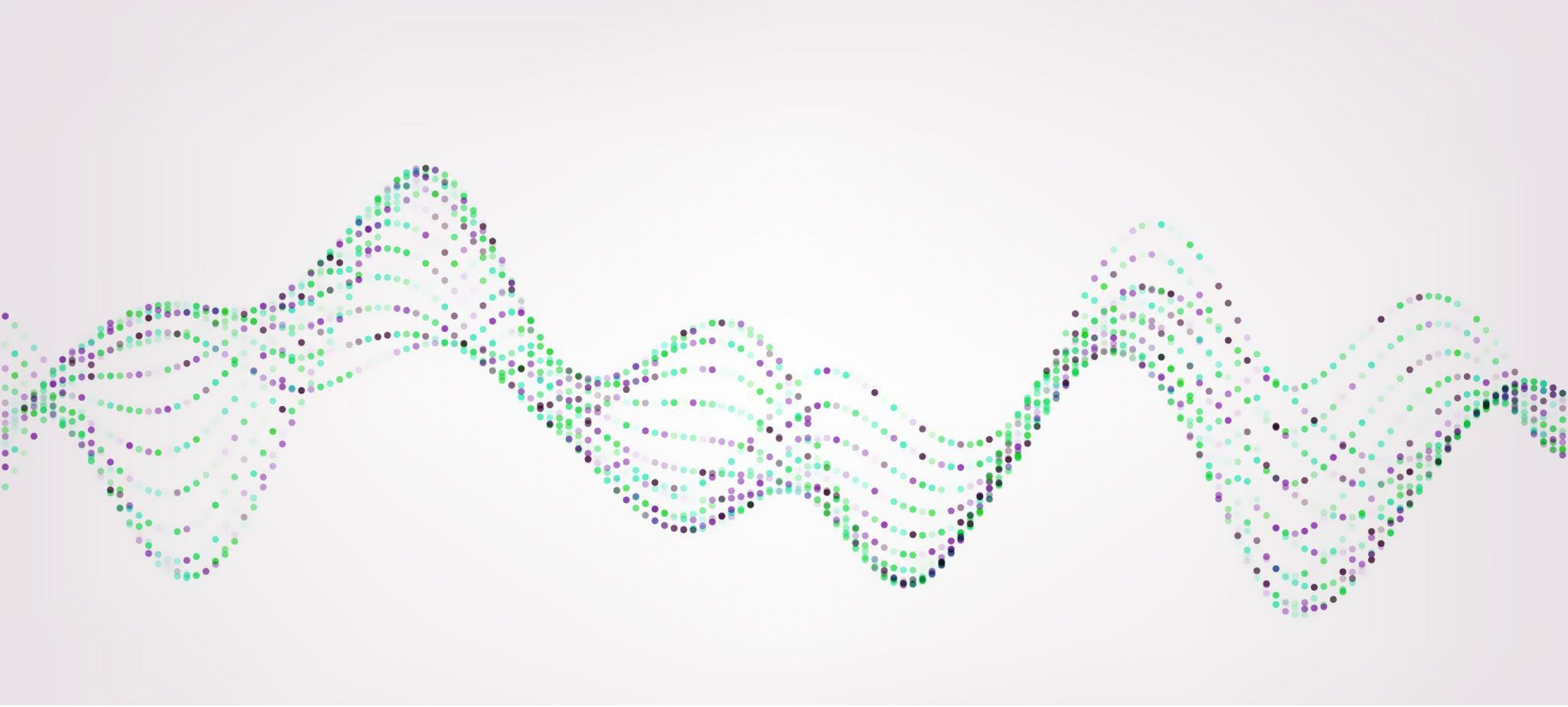
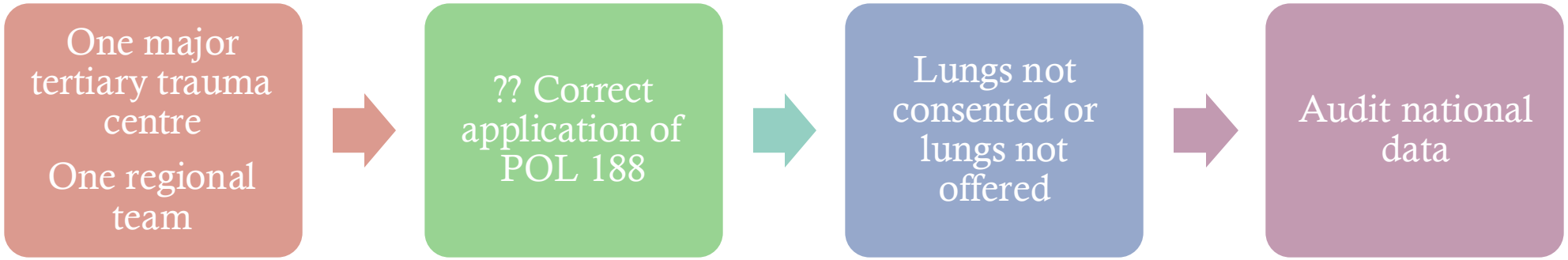


LUNGS NOT CONSENTED AND/OR NOT OFFERED

PROPOSAL


One major tertiary trauma centre
One regional team
?? Correct application of POL 188
Lungs not consented or lungs not offered
Audit national data

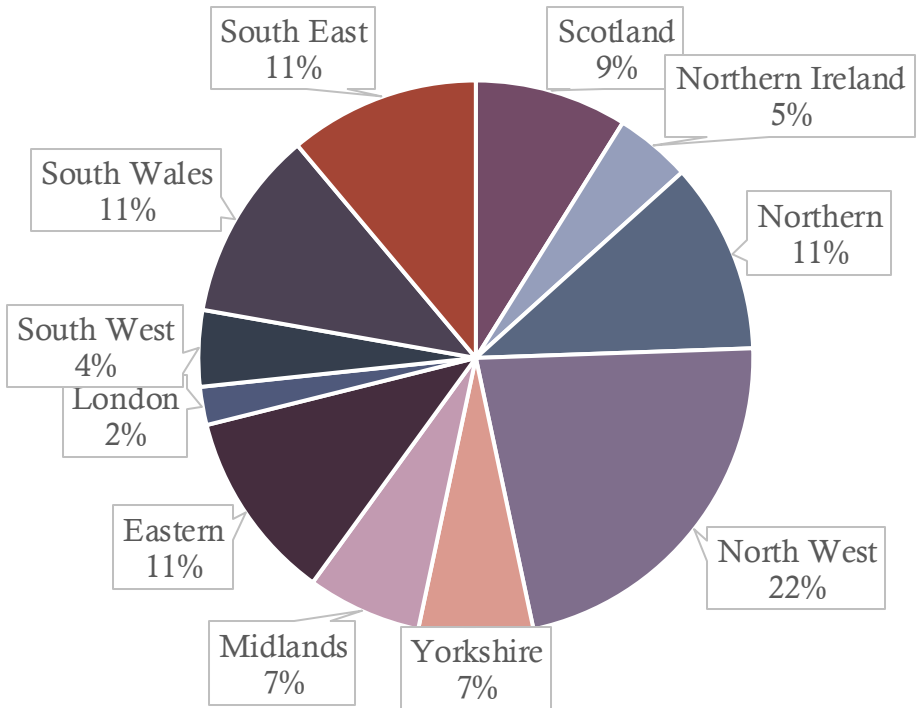
Organ Specific Contraindication – POL 188

Lungs

- DCD donor age ≥65 years (on or after their 65th birthday)
- DBD donor age ≥70 years (on or after their 70th birthday)
- Previous intra-thoracic malignancy
- Significant, chronic destructive or suppurative lung disease (those with controlled asthma are suitable donors)
- Chest X-ray evidence of major pulmonary consolidation
- Influenza with demonstrable lower respiratory tract infection
- Anti-phospholipid Syndrome

46 cases
(one which was consented and offered)

DCD | DBD
36 | 9



Aspiration – 17
(one not on IVABx)

Infection – 11

Aspiration/Infection – 7

No – 7
(x5 on IVABx)

Unknown – 3
(3 on IVABx)

Smoking History
Yes – 21
No – 16
Ex - 8

Average age – 54.35

Consents
7

Offered
0

One ACD in theatres
Two liver only
Ten Kidney only

Review of 25/46 donors by Tx clinician – due for completion by CTAG Lung 04/06/2026

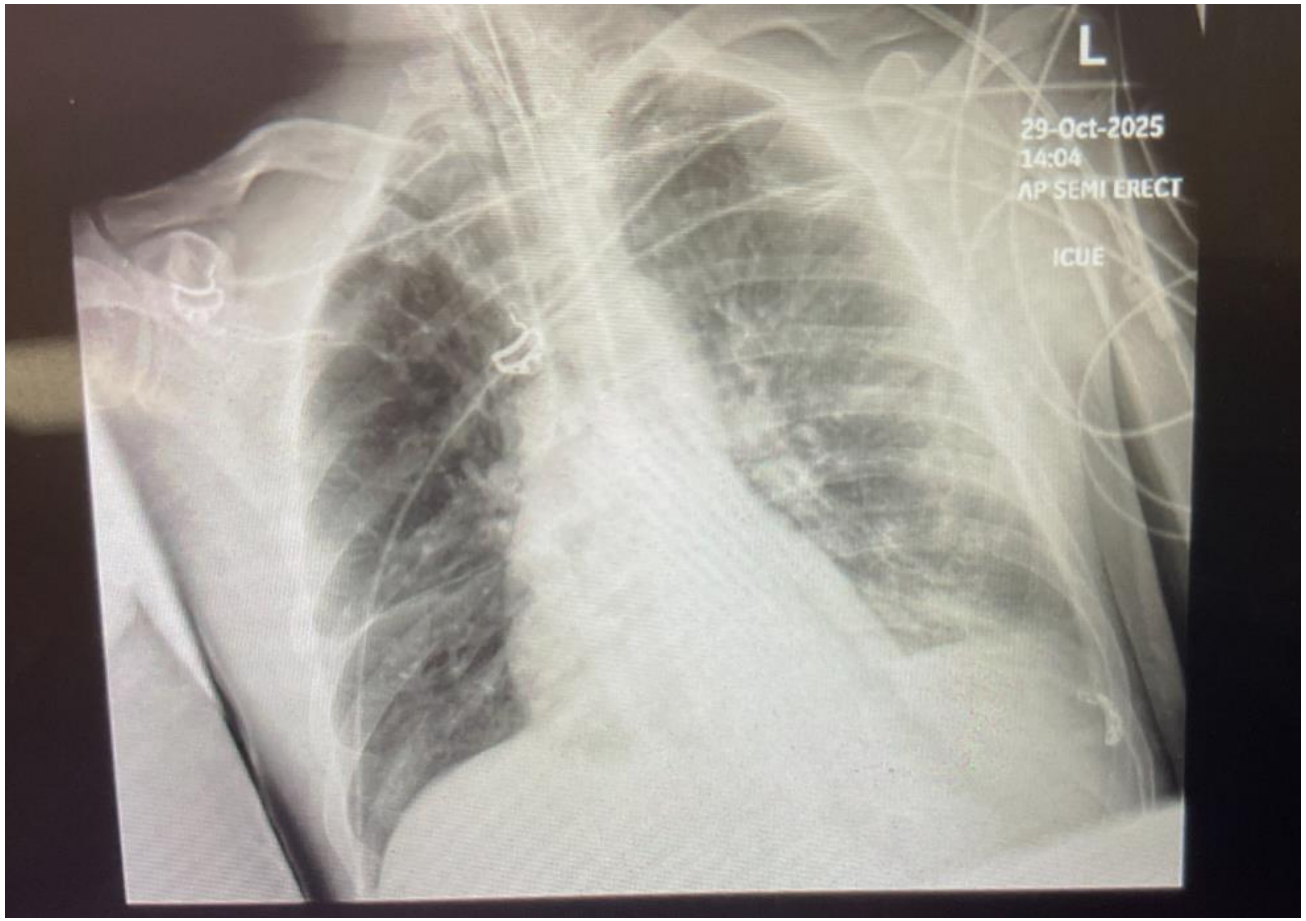
Key message:

systematic over-calling of "major consolidation" and missed opportunities for lung utilisation

- CXR reports not supporting major consolidation
- Consolidation limited to one lung (potential single-lung offer)
- Reversible causes (atelectasis, oedema, aspiration)
- Good PF ratios
- Young age or minimal smoking history

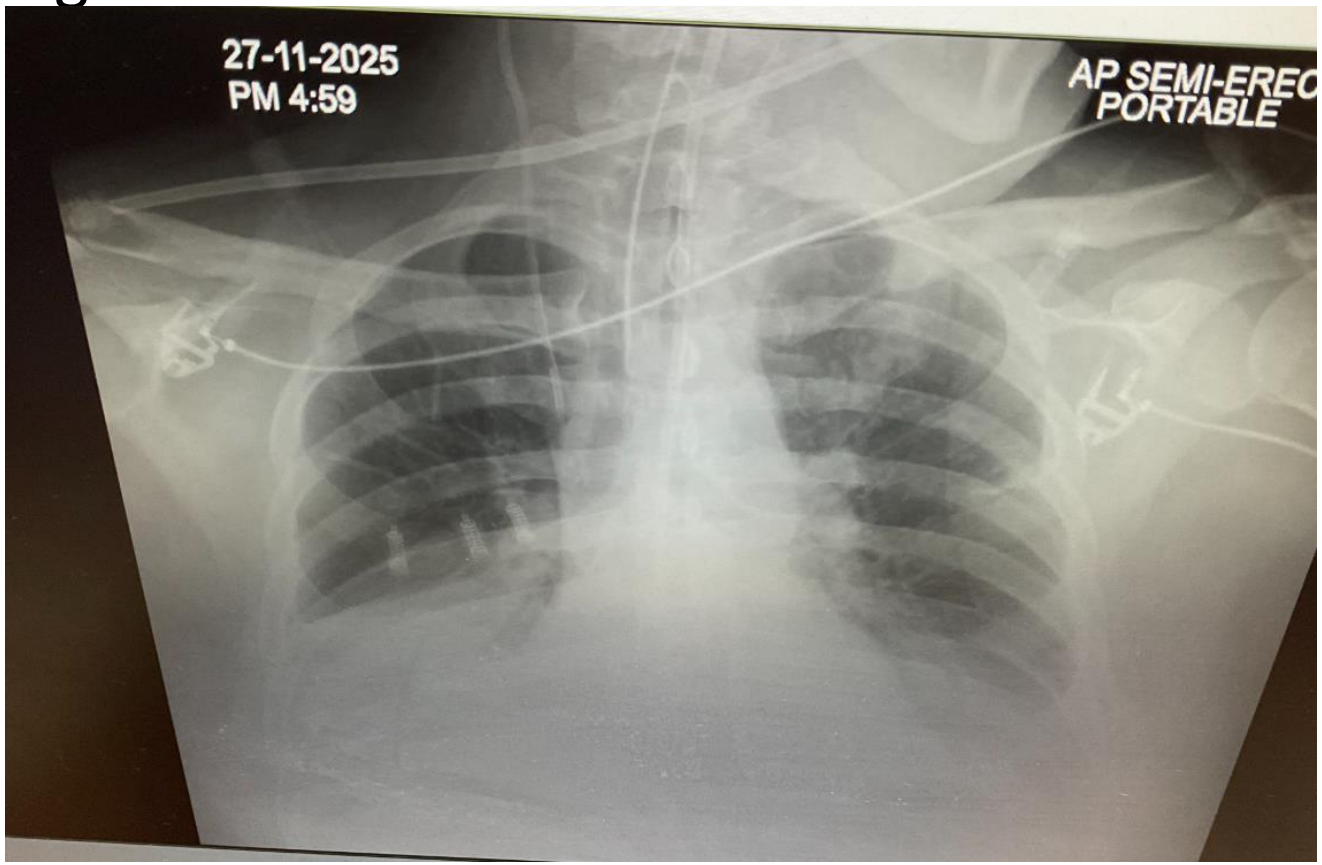
Many CXRs reports:

- Atelectasis
- Oedema
- Pleural effusions
- Mild patchy changes
- Trauma-related contusion
- Aspiration that improved
- Unilateral consolidation



DCD donors disproportionately affected

- More conservative decision-making in DCD?
- DCD lung optimisation?
- Missed EVLP opportunities?



- Examples of PF ratios:
- 30.8
- 34.75
- 43.33
- 42.86
- 52.57

Estimated Impact
Approximately 25–35% of these donors could potentially have been offered lungs - (either directly or via EVLP).

Given the typical UK lung utilisation rate (~20–25%), this represents a **meaningful opportunity to increase transplant activity**.

Suggestion to RAG:
Support:

1. Removal of major consolidation from Policy 188 – to be discussed at CTAG Lung
2. If concerns utilise screening calls to support SNODs in decision making

THANK YOU

- Vicky Gerovasili – Transplant Physician & National Cardiothoracic Utilisation Lead
- Sarah Mason - National Professional Development Specialist Nurse OTDT

- Supported by Daniel Clark - Lead Nurse South East Organ Donation Services Team