

Response from the Lung Transplant Advisory Committee in response to the released *Issues Paper* as part of the Australian Law Reform Commission (ALRC) Review of Human Tissue Laws.

The limitation to increased rates of lung transplantation continues to be the shortage of suitable donors. Internationally, the majority of lung allografts are from donors following neurological determination of death (DBD), rather than donors after circulatory determination of death (DCD). In the USA for example only 10% of lung donors follow a DCD pathway. In contrast, Australia has a well-developed DCD program with DCD lung allografts making up close to 50% of lung transplants.

We welcome any reforms that support increased opportunities for organ donation and that clarify the use of ante-mortem investigations to preserve opportunities for deceased donation and increase chances of successful transplantation. However, we have reservations about the potential negative impact of the use of abdominal normothermic regional perfusion (A-NRP) in DCD organ retrieval on what is a well-developed and successful Australian DCD lung transplant program.

Key concerns:

1. Uncertain benefits for lung donation: Whilst the evidence is clear that A-NRP benefits abdominal organs (liver, kidney), its role in lung donation is not yet clear. International experience suggests that without careful implementation, A-NRP has the potential to reduce the number of viable lung allografts available for donation and increase potential post-transplant complications in those organs that go on to transplantation including increased rates or primary graft dysfunction.
2. Workforce and logistical challenges: The implementation of A-NRP will likely have a significant workforce impact in the organ retrieval space. We believe that additional surgical and perfusion personnel will be required to safely implement and ensure lung organ management is successful. This remains a challenging aspect of organ transplantation with a lack of dedicated funding and workforce planning.
3. We are also concerned that any changes to the human tissue legislation may create public uncertainty and could unintentionally affect trust in the donation system, potentially impacting referral rates across all transplant programs.

As a group we welcome and support all reforms that increase access and opportunities for organ donation but advocate strongly for careful planning and consultation to ensure there are no unintended consequences that could jeopardise existing successful programs.

Yours Sincerely,



Dr Miranda Paraskeva, on behalf of the Lung Transplant Advisory Committee

LTAC Chair