

**OPTN/UNOS Pediatric Transplantation Committee**  
**Meeting Summary**  
**March 18, 2015**  
**Conference Call**

**Eileen Brewer, MD, Chair**  
**William Mahle, MD, Vice Chair**

*Discussions of the full committee on March 18, 2015 are summarized below and will be reflected in the committee's next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at <http://optn.transplant.hrsa.gov/>.*

**Committee Projects**

**1. Pediatric Classification for Liver Allocation**

The Committee reviewed public comment for this proposal, which was favorable. All of the OPTN/UNOS Regions approved of this proposal as part of the non-discussion agenda. The Committee received one individual comment asking it to reconsider instituting a cap. This would require the Committee to specify an age after which a candidate would no longer qualify for pediatric classification. The Committee still believes it lacks sufficient evidence to specify a cap and maintains that a cap is inconsistent with other organ policies. The Committee voted to approve the proposed language without modification (9-Support, 0-Oppose, 0-Abstentions).

**Review of Public Comment Proposals**

**2. Proposed Membership and Personnel Requirements for Intestine Transplant Programs**

After a presentation of the proposal, the Pediatric Committee Chair asked if patients currently registered at centers that will not meet requirements will have to travel distantly to transfer care to a qualifying center. The Liver Committee Representative said that he did not believe many centers currently performing intestine transplants will close. Most centers on the West Coast will qualify, and those that may close on the East Coast are in proximity to others that will likely qualify. The Pediatric Committee Chair affirmed the importance of a dietitian being part of the intestine transplant team but acknowledged that the transplant volumes do not justify a dedicated intestine program dietitian.

**3. Proposed ABO Blood Type Determination, Reporting, and Verification Policy Modifications**

After a presentation of the proposal, one Pediatric Committee member verified that the recovering surgeon does not have responsibility for verifying the recipient information in the proposed policy. The Operations and Safety Committee Liaison confirmed that this reflects a modification to the proposal that was presented to the Board in November 2014. Another Pediatric Committee member, who is the parent of a pediatric recipient, said that the proposal was not costly and not likely burdensome in terms of time and effort to complete the required safety measures. She said that if it saves even one life it is worth it.

#### **4. Membership Requirements for Vascularized Composite Allograft Transplant Programs**

After a presentation of the proposal, the Pediatric Committee Chair commented that the VCA Committee likely experienced similar challenges while developing case volume requirements as the Pediatric Committee did for its Bylaws proposal. She asked how the VCA Committee Chair would answer the question of how the case volume requirements were developed and defend against the claim that the case volumes are arbitrary. The VCA Committee Chair acknowledged similar challenges but said that case volume requirements were developed through the clinical consensus of experienced reconstructive surgeons on the Committee. If the intestine program requirements (currently out for public comment) are passed by the Board in June, one Committee member expressed interest in allowing the primary intestine surgeon to serve as the primary abdominal wall surgeon.

#### **Upcoming Meeting(s)**

- April 14, 2015
- May 20, 2015
- June 17, 2015