



ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK

**Task 1h, Items 12 and 13
Annual Set of Committee Goals and Progress Report
2017-2018**

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Background

The Organ Procurement and Transplantation Network (OPTN) Board and Committee system represents one of the network's most powerful mechanisms for improving transplantation in the U.S. It has established virtually all of the OPTN policies and bylaws according to which the network operates today. On it, depend many of the future improvements necessary for the field to thrive. It is unique in its history of drawing upon impressive intellect, expertise, energy, and volunteer spirit of hundreds of transplant and procurement professionals, patients, donor families, and members of the public. Through them, the OPTN Committees and Board build and improve the national transplant system.

UNOS operates the OPTN under contract with the Department of Health and Human Services. This contract includes a number of tasks and deliverables that directly address the OPTN Board and Committee system and their crucial role in the development and oversight of OPTN policies and bylaws. These policies and bylaws, together with the National Organ Transplant Act (NOTA) and the OPTN Final Rule, provide the framework for many activities and operations of the OPTN. Therefore, in the current OPTN contract, considerable emphasis is placed on Committee and Board productivity and efficiency. There is also emphasis on the Committees' work being focused, goal-oriented, and consistent with both long- and short-term aims adopted by the organization.

Resources available for OPTN support and operations are limited – both for policy development and implementation. It has also become clear that virtually every feature added to the OPTN data system or internal operations is additive, requiring resources not only for initial implementation but also for maintenance in perpetuity, most often in the form of additional personnel. Additionally, the nature of the work is such that few changes impact only one aspect of operations. For this reason, together with contract requirements, it has become necessary to streamline and clearly articulate going into each annual Board and Committee cycle (begins each year following the June Board meeting) the priority initiatives for the coming year. Most complex initiatives require multiple years to come to fruition. Neither evidence-based nor consensus-based policy development is done well under deadlines. For this reason, the fact that goals are articulated annually does not imply deadlines or timing.

The history of annual Committee goal development began in 2005 and has evolved over time. Committees have been developing annual work plans for several years but this new process includes one additional step—prioritization. The goal of the process is to evaluate and prioritize new projects at an early stage in their development in order to make the best use of finite resources, including the time and effort of the committees. The vision and priorities of the organization were articulated in the 2015 OPTN Strategic Plan.

OPTN Vision Statement

The OPTN promotes long, healthy, and productive lives for persons with organ failure by promoting maximized organ supply, effective and safe care, and equitable organ allocation and access to transplantation; and doing so by balancing competing goals in ways that are transparent, inclusive, and enhance public trust in the national organ donation system.

OPTN Strategic Goals

In the last few years, the OPTN updated the OPTN Strategic Plan and the process used to align Committee projects with the strategic plan. Starting in the fall of 2014, the OPTN solicited feedback on the 2012 OPTN Strategic Plan. Feedback was sought on 1) whether goals needed to be updated, merged, or added to the plan; and 2) how the goals should be prioritized within the plan. The 2012 plan made no mention of the priorities within the plan; structurally, all of the goals and objectives within the plan could receive equal merit and resources. Early on, it was suggested that the 2015 plan contain benchmarks for the level of resources dedicated to each of the strategic goals. Feedback on these topics was sought from members at the in-person, regional meetings; each of the Committees; a meeting of the Chairs of the OPTN/UNOS Committees; and at a meeting of the Board of Directors.

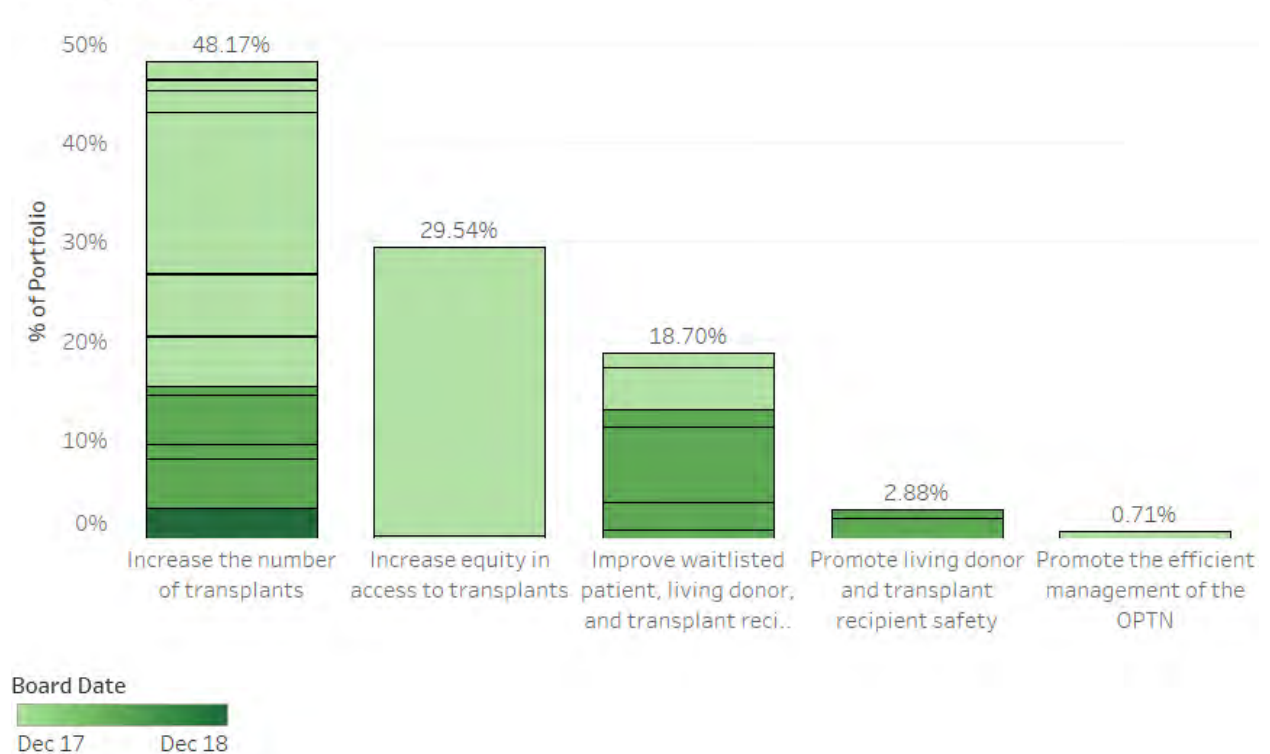
The proposed plan was released for public comment in early 2015 and approved by the Board of Directors in June 2015. The updated plan contains the following five key goals and associated resource benchmarks:

- Increase the number of transplants (40%)
- Provide equity in access to transplants (30%)
- Improve waitlisted patient, living donor, and transplant recipient outcomes (15%)
- Promote living donor and transplant recipient safety (10%)
- Promote the efficient management of the OPTN (5%)

The next chart (**Figure 1**) shows the current alignment of the committee project portfolio with the benchmarks in the strategic plan.¹ Presently, Goals 1 and 3 are over-allocated while Goals 2, 4, and 5 are under-allocated.

Figure 1

Strategic Alignment



After the adoption of the 2015 strategic plan, the Policy Oversight Committee (POC) and Executive Committee worked to rebalance the committee project portfolio. The below charts illustrate the efforts made by the committees to bring the overall portfolio closer into alignment with the benchmarks in the strategic plan. Note that the portfolio is becoming more in alignment over time but that it is not in perfect alignment; nor is perfect alignment the ultimate goal.

¹ Each committee project is sized according to the staff resources estimated to develop and implement the project. The color of each project indicates the project Board date for the project.

Figure 2

Alignment Over Time

This chart shows the portfolio's alignment over time. (Actual - Benchmark). Perfect alignment would have a value of 0%.

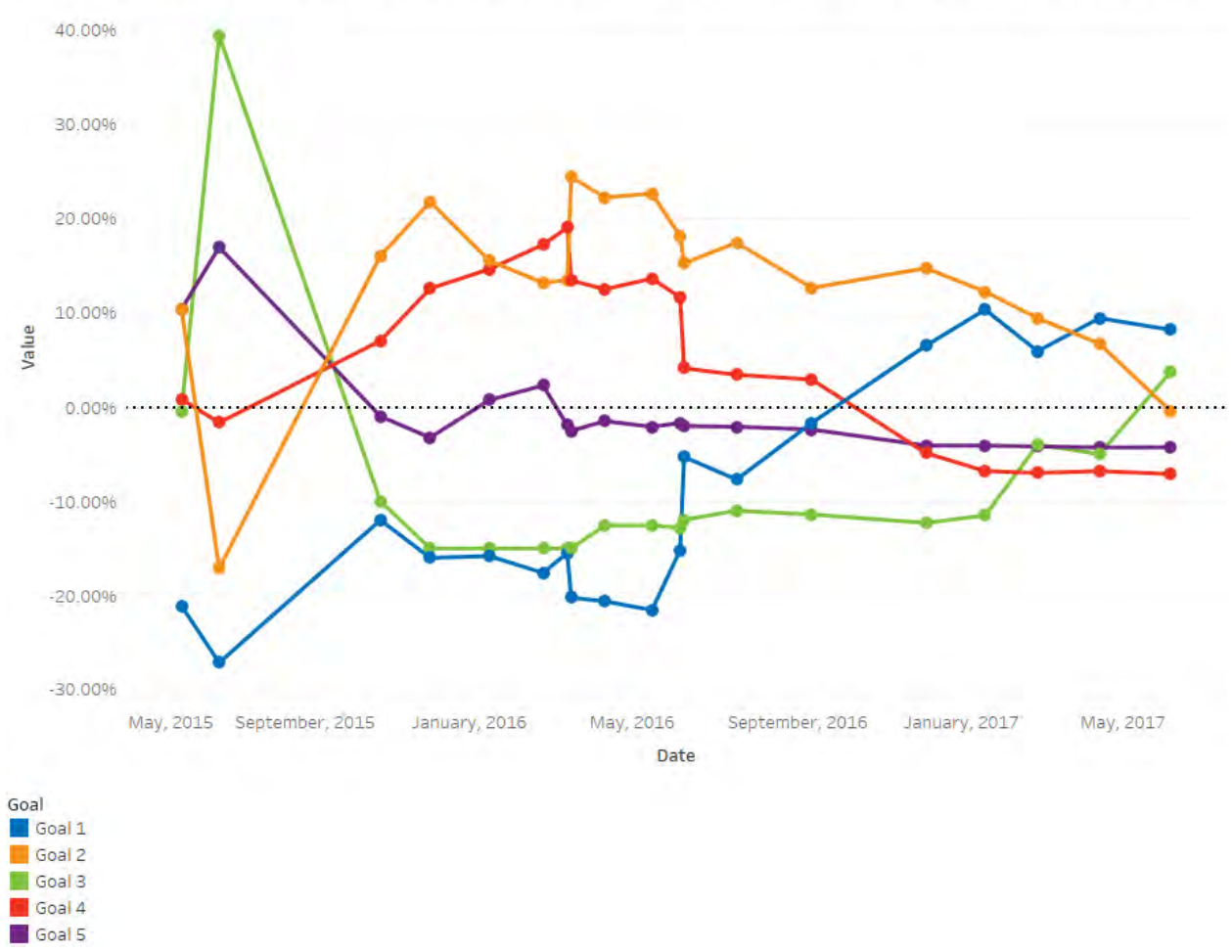


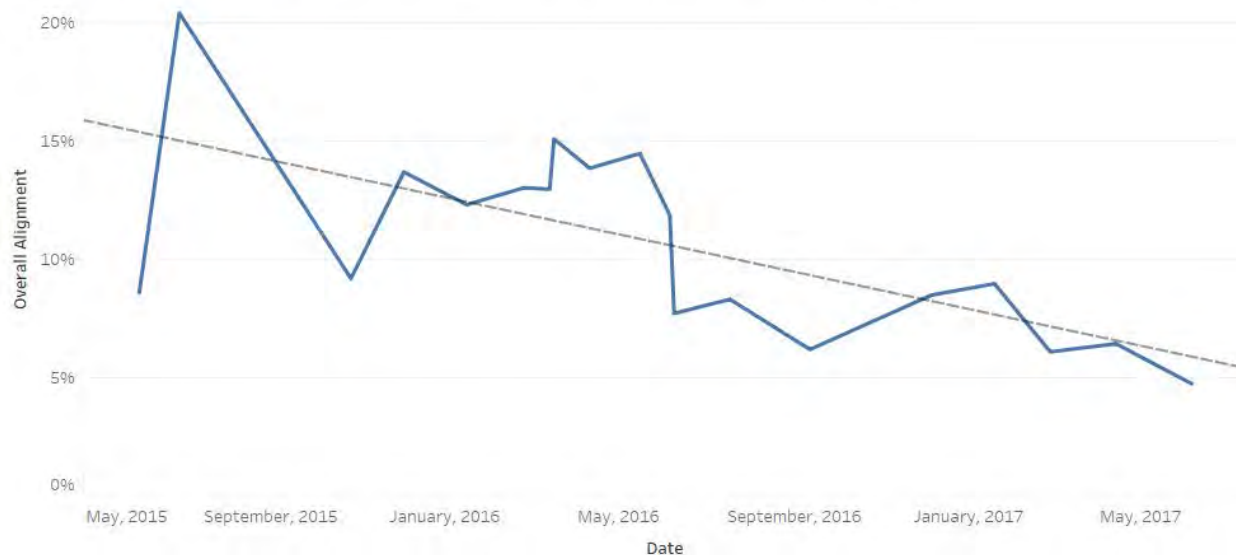
Figure 2, above, shows the changes in each goal over time. In the last year, Goal 1 went from being under-allocated to over-allocated; Goal 2 went from being over-allocated to being closely aligned; Goal 3 went from being under-allocated to a slightly over-allocated; Goal 4 has remained under-allocated; and Goal 5 has remained slightly under-allocated.

The next chart (Figure 3) shows the overall alignment of the committee project portfolio over time.² Similar to Figure 2, perfect alignment would be zero. Notice that the overall trend is for the portfolio to move closer into alignment over time.

Figure 3

Overall Alignment Over Time

This chart shows the portfolio's alignment over time. Perfect alignment would have a value of 0%.



Over the next year, the POC and Executive Committee will continue to review new project proposals with an eye toward improving alignment with the benchmarks in the strategic plan. This will occur in monthly conference calls of the POC and Executive Committee. The POC will also continue to review the entire portfolio in the spring. In addition to their annual review of projects, the POC will also start reviewing projects whenever their resource estimates significantly change. Finally, they will begin the process to update the strategic plan in anticipation of the 2018 OPTN Strategic Plan.

Committee Project Process

Generally speaking, Committees report to and act through the Board. Activities of a Committee and correspondence from a Committee or its leadership must be coordinated through the UNOS staff Committee liaison. The liaisons work with the chair and the Committee to get any necessary approvals for Committee correspondence and for activities not budgeted, planned, or routine for the work of the Committee. Each Committee plays a role in the larger OPTN policy development process. As such, the Committee is an agent of the Board of Directors, which oversees all of its actions and activities. In certain circumstances, the President of the Board, the Executive Director, or the Executive Committee may be able to approve documents or activities of the Committee between Board meetings.

Committee projects go through several phases of development and not all projects will result in a final proposal recommending a change to the system. A successful project could be one where the Committee evaluates an issue and recommends maintaining the status-quo. We track projects according to several statuses:³

² Figure 3 aggregates the difference between the actual alignment and the benchmark for each strategic goal over time. Overall alignment is expressed as the aggregate percentage points of variation.

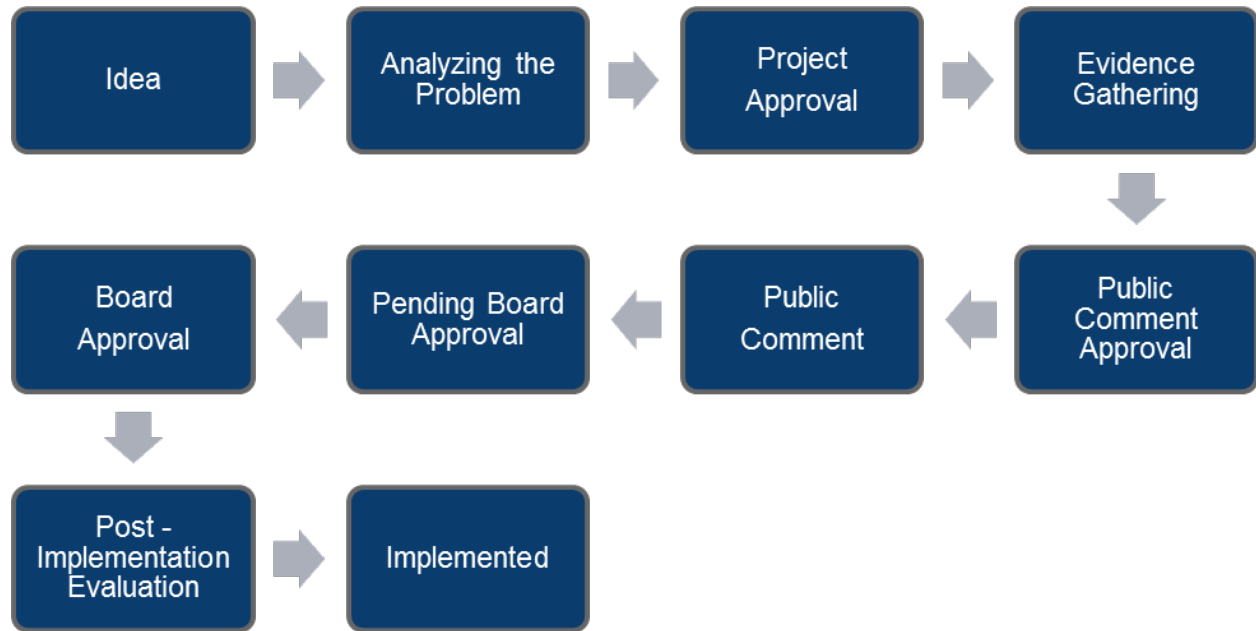
³ Projects move between statuses throughout their life cycle. A project will move from idea to post implementation evaluation. However, a project could regress and return to an earlier status. Ex. The en-bloc allocation of kidneys moved from public comment to pending board approval then moved back to evidence gathering and public comment again.

- *Ideas*: All projects start with an idea. Ideas can come from anywhere: committee members, staff, members of the public, HRSA staff, Board members, etc. Staff collect and document these ideas and discuss them with Committee leadership. There is no expectation that all project ideas will be approved as committee projects.
- *Analyzing the Problem*: The next step is for the Committee to analyze the problem. They want to make sure that there is evidence of the problem and not just the perception of a problem. Often times this requires reviewing OPTN data. This also sets the stage for how potential solutions are evaluated. Not all of these project ideas will turn into approved committee projects.
- *Evidence Gathering*: These projects have received *Project Approval* by the POC and Executive Committee but have not yet been released for public comment. The Committee is reviewing evidence regarding the stated problem and possible solutions. The Committee might be discussing possible solutions with other Committees or stakeholders.
- *Public Comment*: These projects have received *Public Comment Approval* by the POC and Executive Committee. Projects that require public comment are policy and bylaw modifications, new data collection, and guidance documents; however, other projects may be submitted for public comment if it is felt that gathering broad input would be beneficial to developing a final solution to a problem.
- *Pending Board Approval*: The Committee is either reviewing feedback collected during public comment or, if the proposal did not require public comment, the Committee has settled on their preferred solution and is preparing their proposal for Board consideration.
- *BOD Approved and Pending Implementation*: These are projects that received *Board Approval* and are pending implementation. Some projects are implemented immediately after a Board meeting. (Ex. guidance documents and white papers.) Most projects will require time for UNOS staff or the members to prepare for a successful implementation. Projects that do not require programming typically go into effect on two standard dates (September 1 and March 1) following each Board meeting.
- *Post Implementation Evaluation*: These are projects that have been implemented and are being evaluated for policy effectiveness. Staff and the Committees are still utilizing resources on these projects. The length of this evaluation usually corresponds with the complexity of the proposal though small populations (ex. pediatrics) can also impact it.
- *Implemented*: These projects have been implemented and are no longer bring evaluated for policy effectiveness. Staff and the Committees are no longer utilizing resources on these projects.
- *On Hold*: The Committee does not currently have the resources or this project is not currently a top priority for the Committee, but the project was previously approved and may be revisited later.
- *Cancelled*: This is a project idea that was evaluated and found not to have merit. It therefore will not be pursued as a project.

Additionally, some statuses are empty depending upon the time of year. Ex. Projects only appear in the public comment status during the public comment period.

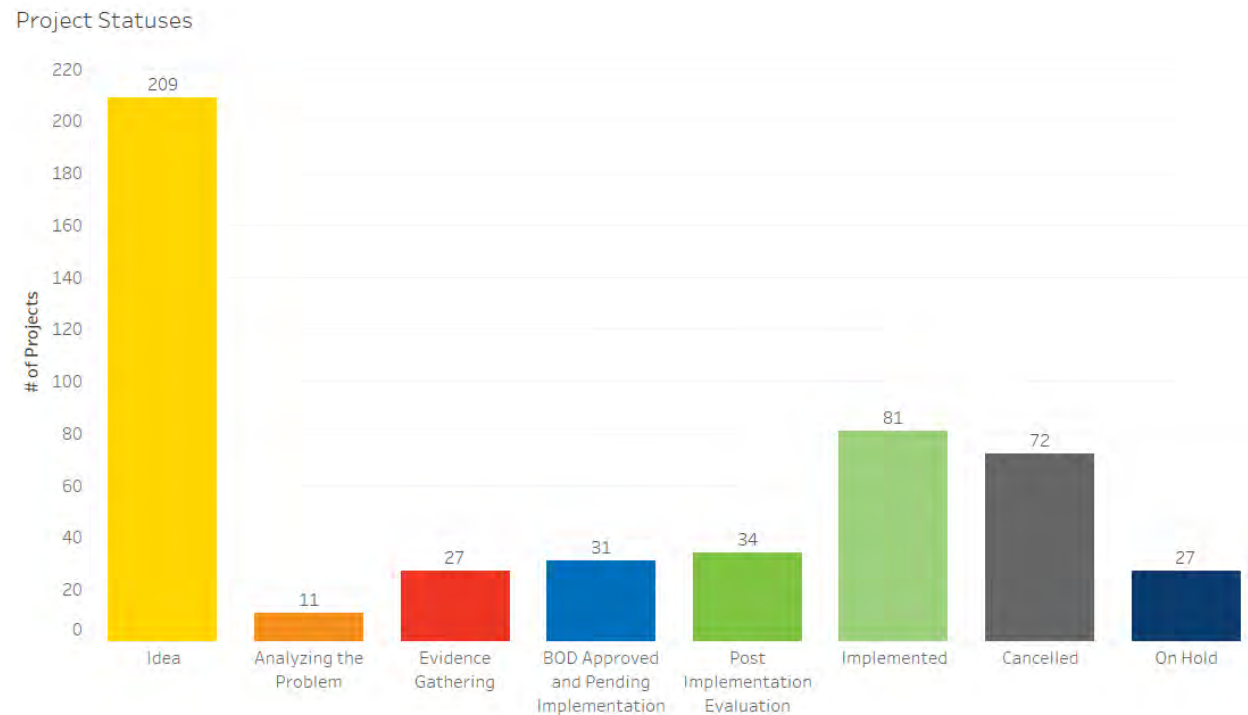
The below diagram (Figure 4) shows the project statuses in a sequential order.

Figure 4



The following chart (Figure 5) indicates the number of project ideas and committee projects that have been approved by POC and the Executive Committee in each status.

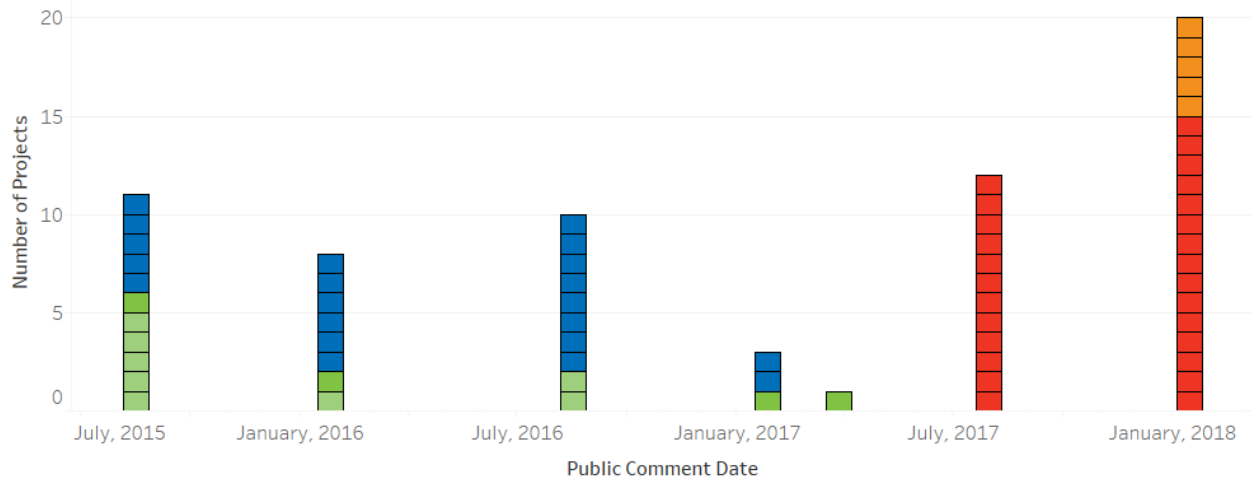
Figure 5



The next charts (Figures 6 & 7) illustrate our projections for public comment and Board proposals. Most projects will flow from one public comment cycle to the next Board meeting but complicated projects may require multiple rounds of public comment (ex. National Liver Review Board) or additional time after public comment to prepare for the Board meeting. The public comment and Board proposal projections will change, as we get closer to the deadlines for those cycles. (Ex. some projects may encounter unforeseen complications and be delayed or new projects will be started and added to these projections.) The further out the cycle is from today, the less complete the projection is right now.

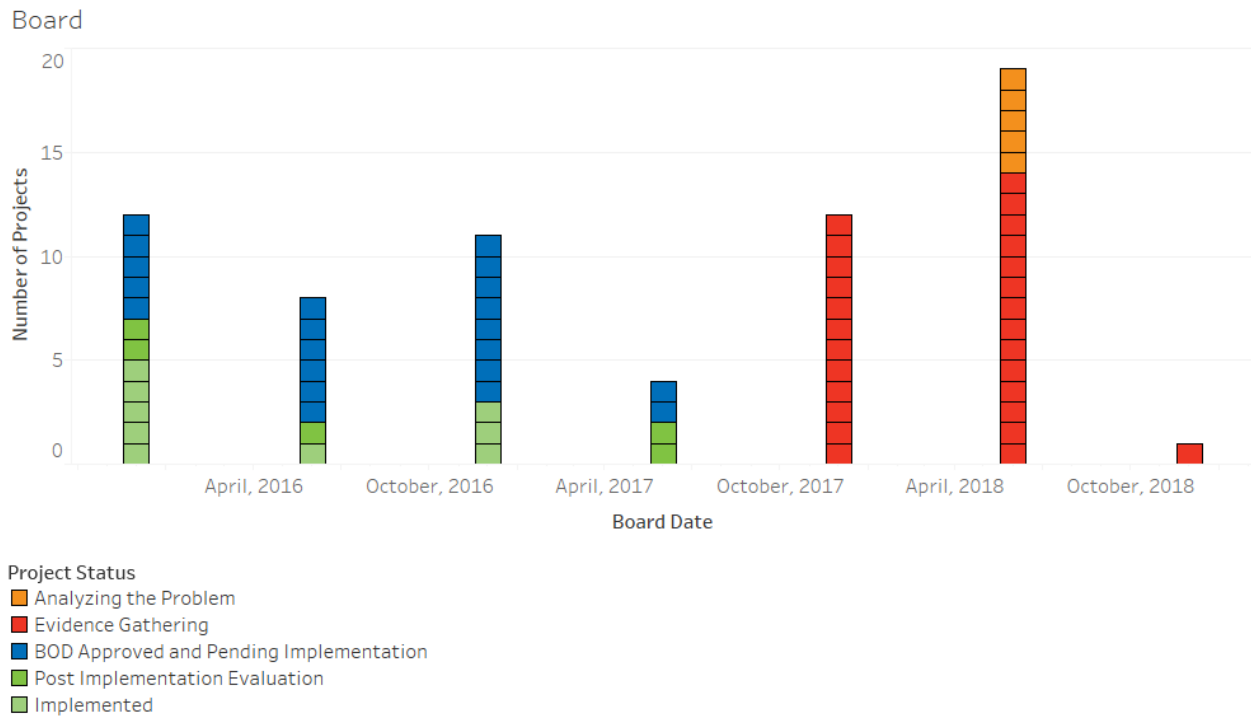
Figure 6

Public Comment



- Project Status
- Analyzing the Problem
 - Evidence Gathering
 - BOD Approved and Pending Implementation
 - Post Implementation Evaluation
 - Implemented

Figure 7



Committee Projects for 2017-2018

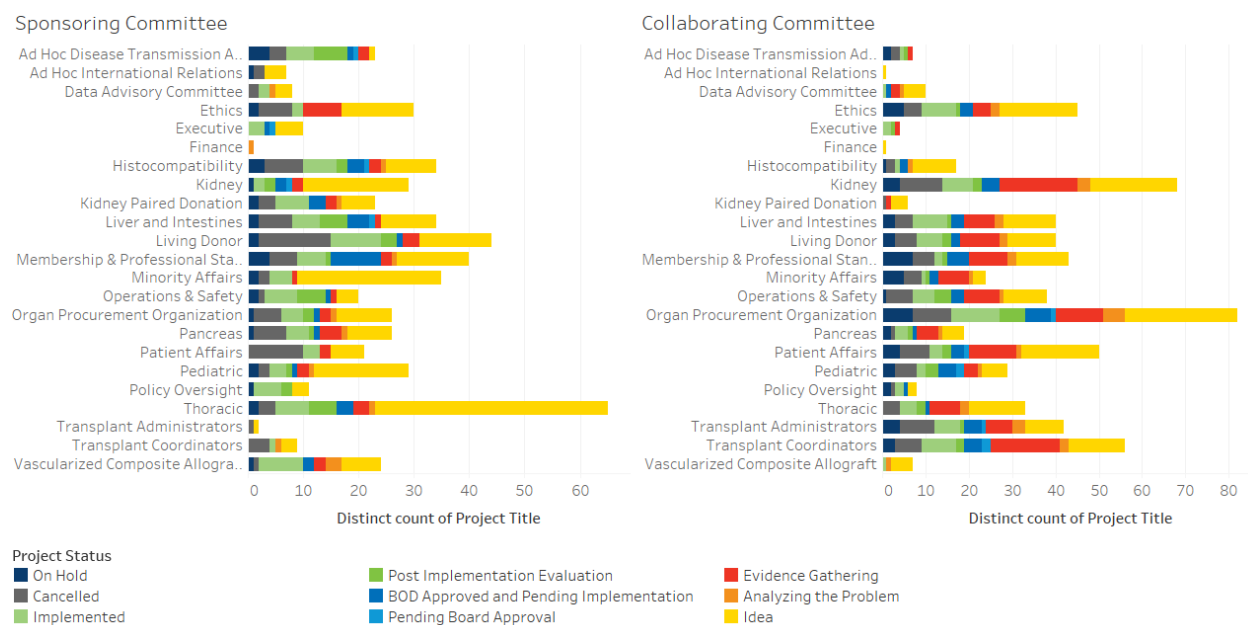
The Committee projects for 2017-2018 were approved by the Executive Committee to further the OPTN’s work in at least one of the five strategic goals and to guide the Committees in the prioritization of the work they undertake during the coming year. The project count for each Committee is provided below.⁴

⁴ While rare, projects may be co-sponsored by multiple committees. In these situations, the project will appear in both committees’ counts. Projects typically have multiple collaborating committees. Similarly, these projects will appear in all collaborating committees’ counts.

Figure 8

Committee

This dashboard shows the volume of projects by committee (both sponsoring and collaborating committees).



In the last year, we have begun identifying top priority projects. These priorities are based upon the level of interest in and importance to the community, which is why they are also known as the high profile projects. We try to identify a few priority committee projects. This helps direct resources across the departments and organizations to the priority topics facing the OPTN. At this time, these are the high profile or top priority projects. Future work may enhance the process by which projects are identified as priority projects.⁵

| Project Title | Sponsoring Committee | Status | Board Date | Public Comment |
|---|--------------------------------|---|---------------|----------------|
| Liver Distribution Redesign Modeling (Redistricting of Regions) | Liver and Intestines | Evidence Gathering | 2017-December | 2017-July |
| Modification of the Heart Allocation System | Thoracic | Board approved and pending implementation | 2016-December | 2016-August |
| System Optimizations to Expedite Organ Allocation and Increase Utilization | Organ Procurement Organization | Evidence Gathering | 2017-December | 2017-July |

⁵ Updates for these projects are available at <https://tableauprod.unos.org/#/views/CommitteeProjectPortfolio/CommitteeDashboard>.

Below is a list of all of the approved projects that the OPTN Committees are pursuing at this time.

| Sponsoring Committee | Project Title | Board Date | Public Comment | Status |
|---|---|---------------|----------------|---|
| Ad Hoc Disease Transmission Advisory | 2013 PHS Guideline Review | 2014-November | 2014-March | Post Implementation Evaluation |
| Ad Hoc Disease Transmission Advisory | Education To Reduce Unnecessary Discard of Kidneys with Small RCC Found Pre-Transplant | 2018-June | 2018-January | Evidence Gathering |
| Ad Hoc Disease Transmission Advisory | Guidance on Explaining Risk Related to Use of PHS Increased Risk Donor Organs When Considering Organ Offers | 2017-June | 2017-March | Post Implementation Evaluation |
| Ad Hoc Disease Transmission Advisory | Modifications to HOPE Act Open Variance Policy | 2016-June | 2016-January | Post Implementation Evaluation |
| Ad Hoc Disease Transmission Advisory | Modifications to How New Donor Information Received Post-Transplant is Reported to Recipient Centers (FMEA) | 2016-June | 2016-January | BOD Approved and Pending Implementation |
| Ad Hoc Disease Transmission Advisory | Re-Executing the Match Run- What to do when serologies affecting match run appearance are updated | 2015-June | 2015-January | Post Implementation Evaluation |
| Ad Hoc Disease Transmission Advisory | Require Reporting Whether Donor Screening Tests are Completed Using Qualified Specimens | 2010-November | 2010-March | Post Implementation Evaluation |
| Ad Hoc Disease Transmission Advisory | Review of Minimum Screening Requirements for Deceased Donor Evaluation | 2014-June | 2013-September | Post Implementation Evaluation |
| Ethics | Ethical Considerations for First-Person Authorization in the Context of Donation after Circulatory Determination of Death | 2018-June | 2018-January | Evidence Gathering |
| Ethics | Living organ donation by persons with certain fatal diseases who meet the criteria to be living organ donors | 2017-December | 2017-July | Evidence Gathering |
| Ethics | Revise White Paper Addressing Financial Incentives for Organ Donation | 2017-December | 2017-July | Evidence Gathering |

Annual Set of Committee Goals, 2017-2018

July 2017

| Sponsoring Committee | Project Title | Board Date | Public Comment | Status |
|-------------------------------|---|---------------|----------------|---|
| Ethics | Standardizing Treatment According to OPTN Allocation Criteria | 2018-June | 2018-January | Evidence Gathering |
| Executive | Rewrite of Bylaws Article II (Board of Directors) | 2017-June | 2017-January | BOD Approved and Pending Implementation |
| Histocompatibility | Adding DQA1 Unacceptable Antigen Equivalences Table | 2016-June | 2016-January | BOD Approved and Pending Implementation |
| Histocompatibility | Annual Update to Equivalency Tables (2015) | 2015-December | 2015-August | BOD Approved and Pending Implementation |
| Histocompatibility | Expanding HLA Typing Requirements | 2014-November | 2014-March | Post Implementation Evaluation |
| Histocompatibility | Histocompatibility Bylaws Rewrite: Phase 2 | 2015-June | 2014-September | BOD Approved and Pending Implementation |
| Histocompatibility | Histocompatibility Testing Guidance Document | 2017-June | 2017-January | Post Implementation Evaluation |
| Histocompatibility | Review of HLA Tables (2016) | 2017-December | 2017-July | Evidence Gathering |
| Kidney | Develop national standard for marking organ laterality | 2015-June | N/A | Post Implementation Evaluation |
| Kidney | Improving Allocation of Dual Kidneys | 2017-December | 2017-July | Evidence Gathering |
| Kidney | Improving Allocation of En Bloc Kidneys | 2017-December | 2017-July | Evidence Gathering |
| Kidney | Kidney Allocation System (KAS) Clarifications and Clean Up | 2016-June | 2016-January | BOD Approved and Pending Implementation |
| Kidney | Revised Kidney Allocation System | 2013-June | 2012-September | Post Implementation Evaluation |
| Kidney | Simultaneous Liver Kidney (SLK) Allocation | 2016-June | 2016-January | BOD Approved and Pending Implementation |
| Kidney Paired Donation | Allowing Deceased Donor Chains in the OPTN KPD Pilot Program | 2018-December | 2018-January | Evidence Gathering |
| Kidney Paired Donation | KPD - All Other Guidelines to Policy | 2015-June | 2014-September | BOD Approved and Pending Implementation |

| Sponsoring Committee | Project Title | Board Date | Public Comment | Status |
|--|---|---------------|----------------|---|
| Kidney Paired Donation | OPTN KPD Pilot Program | 2014-June | N/A | BOD Approved and Pending Implementation |
| Kidney Paired Donation | Repairing OPTN KPD Exchanges | 2018-June | 2018-January | Evidence Gathering |
| Kidney Paired Donation | Revising KPD Priority Points | 2015-December | 2015-August | BOD Approved and Pending Implementation |
| Liver and Intestines | Cap HCC Exception Score @ 34 | 2014-November | 2014-March | Post Implementation Evaluation |
| Liver and Intestines | Changes to HCC Criteria for Auto Approval | 2016-December | 2016-August | BOD Approved and Pending Implementation |
| Liver and Intestines | Committee-Sponsored Alternative Allocation System (CAS) for Split Liver Allocation | | 2011-March | Post Implementation Evaluation |
| Liver and Intestines | Delay HCC Exception Score Assignment | 2014-November | 2014-March | Post Implementation Evaluation |
| Liver and Intestines | Improve Imaging Criteria for HCC Exceptions | 2011-November | 2011-March | Post Implementation Evaluation |
| Liver and Intestines | Liver Distribution Redesign Modeling | 2017-December | 2017-July | Evidence Gathering |
| Liver and Intestines | National Liver Review Board | 2017-June | 2017-January | BOD Approved and Pending Implementation |
| Liver and Intestines | Offering Livers to all Candidates w/ MELD Scores of 35+ | 2012-June | 2011-September | Post Implementation Evaluation |
| Liver and Intestines; Membership & Professional Standards | Criteria for Intestine Surgeons and Physicians | 2015-June | 2015-January | BOD Approved and Pending Implementation |
| Liver and Intestines; Thoracic | Standardizing the Heart, Liver, and Lung Review Board Processes | 2012-November | N/A | BOD Approved and Pending Implementation |
| Living Donor | Modification of Existing and Potential New Requirements for the Informed Consent of Potential Living Donors | 2016-December | 2016-August | BOD Approved and Pending Implementation |
| Living Donor | Modify the Patient Safety System for Living Donor Events | 2010-November | 2010-March | Post Implementation Evaluation |

| Sponsoring Committee | Project Title | Board Date | Public Comment | Status |
|-------------------------------------|---|---------------|----------------|---|
| Living Donor | Require all Living Donor Organ Candidates to be Registered in UNet Prior to Transplant | 2014-June | 2013-September | Post Implementation Evaluation |
| Living Donor | Require Reporting of Aborted Living Donor Organ Recovery Procedures | 2014-November | 2014-March | Post Implementation Evaluation |
| Membership & Professional Standards | Approved Transplant Fellowship Training Programs | 2017-December | 2017-July | Evidence Gathering |
| Membership & Professional Standards | Changes to Transplant Program Key Personnel Procurement Requirements | 2015-December | 2015-August | BOD Approved and Pending Implementation |
| Membership & Professional Standards | Clarification to Remove Donor Location from Required Procurement Log Information | 2016-December | N/A | BOD Approved and Pending Implementation |
| Membership & Professional Standards | Consider primary surgeon qualification - primary or first assistant on transplant cases | 2016-December | 2016-August | BOD Approved and Pending Implementation |
| Membership & Professional Standards | Define Transplant Hospital | 2016-December | 2016-August | BOD Approved and Pending Implementation |
| Membership & Professional Standards | Evaluate Foreign Board Certification Bylaws for Primary Surgeons & Physicians | 2015-December | 2015-August | BOD Approved and Pending Implementation |
| Membership & Professional Standards | Modified Flagging Criteria | 2014-June | 2013-September | Post Implementation Evaluation |
| Membership & Professional Standards | OPTN Bylaw Revisions, Appendix L | 2018-June | 2018-January | Evidence Gathering |
| Membership & Professional Standards | Subspecialty Board Certification for Primary Liver and Heart Transplant Physicians | 2016-December | 2016-August | BOD Approved and Pending Implementation |
| Membership & Professional Standards | Transplant Program Performance Measures Review | N/A | 2016-August | BOD Approved and Pending Implementation |
| Membership & Professional Standards | Updating the Bylaws' Primary Kidney Transplant Physician Requirements | 2016-December | 2016-August | BOD Approved and Pending Implementation |

| Sponsoring Committee | Project Title | Board Date | Public Comment | Status |
|---------------------------------------|---|---------------|----------------|---|
| Minority Affairs | Guidance for Transplant Program Participation in the Transplantation of Non-A1/Non-A1B (A2/A2B) Donor Kidneys into Blood Group B Candidates | 2017-December | 2017-July | Evidence Gathering |
| Operations & Safety | Clarify requirements for blood type verification and align with CMS regulation where possible | 2015-June | 2015-January | Post Implementation Evaluation |
| Operations & Safety | Develop Policy to Address Safety Concerns Related to Large Volume Waitlist Transfers | 2015-June | 2014-September | Post Implementation Evaluation |
| Operations & Safety | Improvements to Vessel Disposition Reporting | 2012-November | 2012-March | Post Implementation Evaluation |
| Operations & Safety | Modify or eliminate internal vessel label | 2015-June | 2015-January | Post Implementation Evaluation |
| Operations & Safety | Standardize an organ coding system for tracking of organs (TransNet) | 2016-June | 2016-January | BOD Approved and Pending Implementation |
| Operations & Safety | Vessel Storage Policy | 2012-November | 2012-March | Post Implementation Evaluation |
| Organ Procurement Organization | Changes to the Imminent and Eligible Death Data Definitions | | 2012-September | BOD Approved and Pending Implementation |
| Organ Procurement Organization | Expedited Organ Placement | 2018-June | 2018-January | Evidence Gathering |
| Organ Procurement Organization | HIV Organ Policy Equity Act Planning | 2015-June | 2015-January | Post Implementation Evaluation |
| Organ Procurement Organization | Imminent and Eligible Death Data Definitions | 2015-December | 2012-September | Post Implementation Evaluation |
| Organ Procurement Organization | System Optimizations to Expedite Organ Allocation and Increase Utilization | 2017-December | 2017-July | Evidence Gathering |
| Pancreas | Broadened Allocation of Pancreas Transplants Across Compatible ABO Blood Types | 2017-December | 2017-July | Evidence Gathering |
| Pancreas | Define Pancreas Graft Failure | 2015-June | 2014-September | BOD Approved and Pending Implementation |

| Sponsoring Committee | Project Title | Board Date | Public Comment | Status |
|----------------------------|--|---------------|----------------|---|
| Pancreas | Guidance on Increasing PAK Transplants | 2017-December | 2017-July | Evidence Gathering |
| Pancreas | Implement Pancreas Allocation System | 2010-November | N/A | Post Implementation Evaluation |
| Pancreas | Maximum Allowable BMI for KP Waiting Time | 2018-June | 2018-January | Evidence Gathering |
| Pancreas | Pancreas Program Functional Inactivity | 2018-June | 2018-January | Evidence Gathering |
| Pediatric | Pediatric Transplantation Training and Experience Considerations in the Bylaws | 2015-December | 2015-August | BOD Approved and Pending Implementation |
| Pediatric | Revisions to Pediatric Emergency Membership Exception | 2017-December | 2017-July | Evidence Gathering |
| Pediatric | Tracking Pediatric Transplant Outcomes Following Transition to Adult Transplant Programs | 2018-June | 2018-January | Evidence Gathering |
| Pediatric; Thoracic | Modify Pediatric Heart Allocation | 2014-June | 2013-March | Post Implementation Evaluation |
| Policy Oversight | Clerical changes to policy | 2014-November | 2014-March | Post Implementation Evaluation |
| Policy Oversight | Policy Rewrite Project | 2013-November | 2013-September | Post Implementation Evaluation |
| Thoracic | Collect ECMO Data at Removal for Lung Candidates | 2015-June | 2014-September | Post Implementation Evaluation |
| Thoracic | Congenital Heart Disease Exception Request Guidance for Review Boards | 2017-December | 2017-July | Evidence Gathering |
| Thoracic | EVLP Data Collection | 2015-June | 2015-January | BOD Approved and Pending Implementation |
| Thoracic | LAS - Revise LAS including Bilirubin and Display Components Used to Calculate LAS | 2012-November | 2012-March | Post Implementation Evaluation |
| Thoracic | Lung Adolescent Classification Exception Policy Review | 2014-June | 2014-March | Post Implementation Evaluation |
| Thoracic | Lung Allocation Score (LAS) Refinements and Clean-up | 2018-June | 2018-January | Evidence Gathering |

| Sponsoring Committee | Project Title | Board Date | Public Comment | Status |
|---|---|-------------------|-----------------------|---|
| Thoracic | Modification of the Heart Allocation System | 2016-December | 2016-August | BOD Approved and Pending Implementation |
| Thoracic | Modification of the Lung Transplant Follow-up Form (TRF) to Include CLAD Data | 2018-June | 2018-January | Evidence Gathering |
| Thoracic | Pediatric Lung Allocation Policy Review | 2015-December | 2015-August | Post Implementation Evaluation |
| Vascularized Composite Allograft | Align VCA Transplant Program Membership Requirements with Requirements of Other Solid Organ Transplant Programs | 2018-June | 2018-January | Evidence Gathering |
| Vascularized Composite Allograft | Guidance on Optimizing VCA Recovery from Deceased Donors | 2018-June | 2018-January | Evidence Gathering |
| Vascularized Composite Allograft | List Covered Body Parts Pertaining to VCA | 2016-June | 2016-January | BOD Approved and Pending Implementation |
| Vascularized Composite Allograft | VCA Membership Requirements | 2015-June | 2015-January | BOD Approved and Pending Implementation |