

**OPTN/UNOS Vascularized Composite Allograft (VCA) Transplantation Committee
Meeting Minutes
September 12, 2018
Conference Call**

**Linda C. Cendales, M.D. – Chair
Bohdan Pomahac, M.D. – Vice Chair**

Introduction

The VCA Transplantation Committee met via teleconference on September 12, 2018 to discuss the following agenda items:

1. Project Discussion – Eliminate the use of Regions in VCA Allocation
2. Future VCA Committee projects

The following is a summary of the Committee's discussions.

1. Project Discussion – Eliminate the use of Regions in VCA Allocation

The Committee received a project update from the VCA Geography Subcommittee.

Summary of discussion:

UNOS staff shared an update from the VCA Geography Subcommittee's weekly conference calls. The goal of these calls was to develop amendments to OPTN Policy 12.2 *VCA Allocation* that would be more consistent with the OPTN Final Rule. Currently, Policy 12.2 allocates VCAs to candidates within the same OPTN region as a deceased organ donor. Thereafter, VCAs are allocated to candidates outside the region of the donor. The Secretary of HHS directed the OPTN to amend OPTN policies for organ distribution that use "Donation Service Areas" (DSAs) or OPTN regions due to the arbitrary and inconsistent sizes of these geographic areas.

UNOS staff reminded the Committee that the policy changes put forth need to be in compliance with the OPTN Final Rule. Further, it was good policy making to consider language that could include new technology or clinical practices, and last for a period of time to allow for accumulation of more data. UNOS staff cautioned the Committee that the current timeline allows for diligence and analysis to not require frequent future changes. However, complex allocation changes requiring lengthy deliberation or data to be accumulated were out of the question.

The VCA Geography Subcommittee considered the three frameworks for organ distribution as potential solutions. The Subcommittee recommended the fixed distance model due to the least number of disadvantages as compared to the other two models, the time limitation to effect the policy change, and the absence of available data to inform discussions on more advanced models.

Subcommittee members discussed potential distances for the fixed distance model. This included 250 nautical mile (nm) and 500 nm radii from a donor hospital. Such a distance would replace the use of a region as the first level of VCA allocation. Thereafter, VCA allocation would go outside this radius [the two-step framework for this proposed algorithm is very similar to the current two-step allocation algorithm currently in place]. UNOS staff then profiled examples of the current and proposed policy changes on a US map to allow members to visualize the differences.

The Chair thanked UNOS staff for the update and opened the floor for discussion. Members discussed several elements. Included in this discussion was the desire for a more advanced

allocation system that considered adjustments for coastal and board areas of the US, and some degree of biological matching between a donor and potential recipient. UNOS staff acknowledged these sentiments and responded the current timeline did not allow this level of complexity. These ideas were important and could be considered in future project to revise VCA allocation.

One suggestion was made to expand the first level of VCA allocation to a 750 nm radius from the donor hospital. Some members commented the difference in flight times between 500 and 750 nm was small, and that such change would help coastal and US border areas that may see a reduction in potential deceased donors with a change from a region to a 500 nm radius. Other members noted that whichever distance was chosen needed to consider the efficient organ allocation and not create a policy and dis-incentivized OPOs to screen for deceased VCA donors. Members verbalized understanding of this concept and asked that UNOS staff explore ways to enhance the current VCA allocation process to improve efficiency and availability of deceased donor information.

The Chair thanked everyone for their thoughtful comments. She summarized the distance chosen would need to connect back to the OPTN Final Rule, and be supported by available data and literature.

Next steps:

The VCA Geography Subcommittee will discuss the feedback during their next conference call. A subsequent update will be provided to the Committee during their October in-person meeting in Chicago, IL.

The target for public comment continues to be January 2019.

The target for Board consideration continues to be June 2019.

With no further time remaining on the call, remaining agenda items were deferred to a future call/meeting.

Upcoming Meetings

- Full Committee Conference Calls -- Second Wednesday of each month from 4-5PM (Eastern)
- VCA Geography Committee Conference Calls – Weekly on Fridays from 11 AM-12 PM (Eastern)
- In-person meetings (O'Hare Hilton--Chicago, IL)
 - October 12, 2018, 9 AM - 3 PM (Central)
 - March 29, 2019, 9 AM - 3 PM (Central)