POLICY NOTICE

Eliminate the Use of Regions in VCA Distribution

Sponsoring Committee: Vascularized Composite Allograft Transplantation Committee (VCA)
Policy Affected: Policy 12.2: VCA Allocation
Public Comment: January 22, 2019 to March 22, 2019
Board Approved: June 10, 2019
Effective: Pending programming and notice to OPTN members

Problem Statement
In December 2018, the OPTN Board of Directors directed the organ-specific committees to replace the use of Donation Service Areas (DSA) and regions in allocation policies with a rationally determined substitute that could be consistently applied and aligns with the Final Rule.

Summary of Changes
The Board approved a single, fixed geographic distance model for VCA distribution. Regions are replaced with one 500 nautical mile (NM) fixed distance circle around a donor hospital.

What Members Need to Do

Transplant Programs
VCA transplant programs will continue to receive offers from current, as well as new Organ Procurement Organizations (OPOs). Transplant programs may need to develop working relationships with OPOs outside their regions for organ travel in order to obtain needed donor information and coordinate organ recovery. Programs may also need to adjust current operations to account for the new partnerships and communication requirements. Transplant programs may also want to review their operations regarding travel mode.

VCA transplant programs will be required to submit additional data to the OPTN when registering a VCA candidate.

OPOs
OPOs will continue to make offers with current, as well as new transplant programs according to match runs. OPOs may need to develop relationships with transplant programs outside their regions.

OPOs must continue to document VCA allocation on VCA candidate lists and submit completed lists to the OPTN. This must include Potential Transplant Recipient (PTR) refusal or bypass codes, and text fields to include rationale for bypassing any VCA candidates.
12.2 VCA Allocation

The host OPO will offer VCAs to candidates with compatible blood type willing to accept a VCA with similar physical characteristics to the donor. The OPO will offer VCAs to candidates in the following order:

1. Candidates that are within the OPO’s region
2. Candidates that are beyond the OPO’s region

VCAs from deceased donors are allocated to candidates in need of that VCA according to Table 12-1 below.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Candidates that are registered at a transplant hospital that is within this distance from a donor hospital:</th>
<th>And are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>500 NM</td>
<td>Blood type compatible with the donor</td>
</tr>
<tr>
<td>2</td>
<td>Nation</td>
<td>Blood type compatible with the donor</td>
</tr>
</tbody>
</table>

Within each classification, candidates are sorted by waiting time (longest to shortest).

When a VCA is allocated, the host OPO must document both of the following:

1. How the organ is allocated and the rationale for allocation
2. Any reason for organ offer refusals

#