

## **OPTN Vascularized Composite Allograft Committee**

### **Meeting Minutes**

**September 11, 2019**

### **Conference Call**

**Linda Cendales, MD, Chair**

**Bo Pomahac, MD, Vice Chair**

#### **Introduction**

The OPTN Vascularized Composite Allograft Committee (VCA) met via GoTo teleconference on 09/11/2019 to discuss the following agenda items:

1. Thoracic Committee Public Comment Proposal: Continuous Distribution of Lungs
2. Update on Transplant Outcomes Subcommittee (TRR & TRF) recipient forms

#### **1. Thoracic Committee Public Comment Proposal: Continuous Distribution of Lungs**

The Vice Chair of the OPTN Thoracic Committee presented their current public comment proposal

##### Summary of discussion:

The VCA Committee Chair commented that the VCA does not have enough data or volume and that it is premature to consider continuous distribution for the VCA field. VCAs are not lifesaving typically, but involve improving a patient's quality of life. VCA follows a wait list time, vs match criteria.

The VCA Vice Chair applauded the Thoracic Committee's work on a complex problem and noted that conceptually continuous distribution makes sense.

The Committee votes as follows: Strongly Support: 5, Support: 6, Strongly Oppose: 1

#### **2. Update on Transplant Outcomes Subcommittee (TRR & TRF) recipient forms**

The VCA Committee discussed their current project, including data elements to be removed/added/modified on the Transplant Recipient Registration form (TRR) and the Transplant Recipient Follow-up form (TRF), along with which psychosocial evaluations to include on both forms.

##### Summary of discussion:

Update on Transplant Outcomes Subcommittee (TRR & TRF) recipient forms

##### a. Feedback on documents

The subcommittee has continues to make revisions on the forms. The Vice Chair commented that the subcommittee's work has led to including more data points to improve outcomes and benefit the end user of the data. He will present the project to the OPTN Data Advisory Committee on Sept.16 for endorsement.

##### b. Psychosocial evaluations:

During discussion it was noted that none of the three choices have been validated or standardized, but may be in the future. The forms seem too broad for one to determine if the transplant risks are worth it. The Patient Generate Index (PGI) is used for spinal patients currently.

- c. The Committee discussed the fact that no tool is used for uterus or solid organ transplants, which tools are used now for VCA, which are less burdensome, etc. It was noted that whichever form is selected, staff training would be necessary prior to implementation.

**Informal vote was taken:** SF 12: Support 3, SF 36: Support 6, PGI: Support 3

Next Steps: The Committee will begin the discussion regarding collecting data on children born from uterus recipients at their next meeting.

#### **Upcoming Meetings**

- October 9, 2019
- November 15, 2019 (in person)