

OPTN VCA Living Donor Data Collection Workgroup

Meeting Summary

March 30, 2020

Conference Call

Linda Cendales, MD, Chair

Introduction

The OPTN Vascular Composite Allograft (VCA) Living Donor Data Collection Workgroup (the Workgroup) met via Citrix GoToTraining teleconference on 03/30/2020 to discuss the following agenda items:

1. Welcome/Review Last Week's Call
2. Discuss Uterus-Specific Elements to Add to Living Donor Registration (LDR) and Living Donor Follow-up (LDF) forms

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

1. Welcome/Review Last Week's Call

Members discussed project progress to date.

Summary of discussion:

During the last call, members reviewed the purpose of the project, LDR and LDF forms, and relevant literature.

Next steps:

These preparations were made so the Workgroup could begin discussion on uterus-specific elements during their meeting today (3/30).

2. Discuss Uterus-Specific Elements to Add to LDR/LDF

The Workgroup began a discussion that aims to establish uterus-specific elements the following sections of the LDR and LDF:

- Pre-donation (LDR)
- Surgical (LDR)
- Post-operative clinical information (LDR)
- Post-operative complications (LDR)
- Follow-up (LDF)

Summary of discussion:

General Pre-Donation (LDR)

The Workgroup discussed the general (part of the form that applies to all donors) pre-donation data collected on the LDR. Members did not have any additions to the data that is currently collected in this portion of the form.

Uterus-Specific Pre-Donation (LDR)

Initially, the Workgroup decided that requiring infectious disease Sexually Transmitted Disease (STD) testing by name would be too specific. After further discussion, the Workgroup determined that infectious disease testing for Human Papillomavirus (HPV), Chlamydia, Gonorrhea, and Candidiasis should be added to the LDR. They reported that programs would not have to wait for results of these tests before proceeding with the procedure because these STDs are treatable. These tests can also be completed after the procurement of the uterus before it is transplanted into the recipient.

The Workgroup discussed what uterine imaging tests should be added to the LDR. A member reported that their particular program does Computed Tomography (CT) scans and Angiograms of the donor's abdomen and pelvis. They also conduct Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Magnetic Resonance Venography (MRV), and hysteroscopies on donors. The Chair asked the Workgroup to consider what would be the minimal imaging that would provide adequate information for living donation, and would be feasible across the country. The Workgroup noted that collecting data on specific imaging types would not be prescriptive as it would not require centers to conduct that imaging. A member said that MRA would be the best test to add because this imaging gives information on the organ itself in addition to its vascular structures, and that hysteroscopy is also necessary. The member said that some centers do angiography but that it was not necessary. Another member suggested simply adding "cross-sectional imaging" to the LDR so that programs could write in what kind of imaging testing they are conducting.

The Workgroup directed their focus towards what fields should be added to the LDR in terms of information on a donor's prior full term live births. The Workgroup determined that the LDR should collect if the donor had any prior full term live pregnancies, the number of these pregnancies, and which of these deliveries were vaginal or by C- section.

Next steps:

During the next call, the Workgroup plans to continue their discussion on establishing uterus- specific elements the remaining sections of the LDR and LDF:

- Post-operative clinical information (LDR)
- Post-operative complications (LDR)
- Follow-up (LDF)

Upcoming Meetings

- April 13, 2020
- May 4, 2020