

OPTN Vascular Composite Allograft Transplantation Committee Meeting Summary July 8, 2020 Conference Call

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Introduction

The OPTN Vascular Allograft Transplantation Committee (the Committee) via Citrix GoToMeeting teleconference 07/08/2020 to discuss the following agenda items:

- 1. Public Comment Projects
- 2. LDR/LDF Proposal- Policy Language Update
- 3. Discuss Public Comment Outreach
- 4. VCA in UNetSM Questions

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

1. Public Comment Projects

The Committee reviewed the proposals going out for public comment in August 2020.

Summary of discussion:

- Programming VCA in UNet
- Modify Data Collection on Living VCA Donors

Next steps:

These proposals are planned to be released during the OPTN's Summer public comment period.

2. LDR/LDF Proposal – Policy Language Update

The Committee voted on the update to the LDR/LDF proposal policy language in 14.5.C: Reporting of Living Donor Blood Type and Subtype.

Summary of Discussion:

VOTE: 100% - Yes, 0%- No

Next Steps:

This public comment proposal's updated language was approved by the Committee for the OPTN Summer 2020 Public Comment Period.

3. Discuss Public Comment Outreach

The Committee discussed their outreach plan.

Summary of discussion:

The Committee will use their connections to seek input on public comment proposals. Members suggested adding The American College of Obstetricians and Gynecologists (ACOG), The Society for Maternal-Fetal Medicine (SMFM), and the International Transplant Nurse Society (ITNS) to the list of stakeholder organizations for outreach.

4. VCA in UNetSM Questions

The Committee discussed some remaining questions on the UNet proposal.

Summary of discussion:

The Committee discussed if programs should be required to register already listed VCA candidates to the Waitlist application in UNet or if it was preferable for UNOS Organ Center to do so. The Committee agreed that the UNOS Organ Center should add these candidates and ask the programs to verify the listing information.

The Committee also reviewed VCA subtypes in order to determine how a UNet user will select specific body part(s) the candidate needs transplanted. The Committee preferred to use the term anatomic component when referring to specific body parts of a VCA type.

- Abdominal wall- The Committee recommended to keep this VCA generic with no specified anatomic components.
- Head and neck- The Committee recommended the addition of the following anatomic components: Face including underlying skeleton and muscle, larynx, parathyroid gland, scalp, trachea, thyroid, and other/specify text field.
 - The Committee noted that recovery of all these elements from the same donor may not be possible, but decided that all components should be listed with an option for the user to pick one or more of these components.
 - For example, it may not be possible to procure both a face and a scalp from one donor, but a candidate should be able to receive offers for multiple components from the same donor.
- Upper limb- The Committee recommended the addition of the following anatomic components: Upper limb- left, upper limb- right, and other/specify text field.
 - The Committee noted that there should be an option for the user to pick more than one component.
 - The Chair noted that at this stage, once an upper limb has been allocated for one VCA transplant, the rest of the limb probably could not be used for a subsequent transplant, which is why it is not necessary to specify smaller anatomic components like a hand or forearm.
- Lower limb- The Committee recommended the addition of the following anatomic components: Right, left. Pelvic structures attached to lower limb and transplant intact, gluteal region, and other/specify text field.
 - The Committee noted that that there should be an option for a user to select more than one component.

Next steps:

The Committee will review the four remaining VCA types during their next committee meeting on August 12, 2020.

Upcoming Meetings

• August 12, 2020