

OPTN Vascular Composite Allograft Transplantation Committee

Meeting Summary

August 12, 2020

Conference Call

Bohdan Pomahac, MD, Chair
Sandra Amaral, MD, Vice Chair

Introduction

The OPTN Vascular Composite Allograft Transplantation Committee (the Committee) met via Citrix GoToMeeting on 08/12/2020 to discuss the following agenda items:

1. Public Comment Update
2. Eliminating Regions in VCA Distribution
3. Programing VCA into UNetSM
4. Project Idea Discussion

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

1. Public Comment Update

The OPTN Summer 2020 Public Comment cycle began on August 4, 2020. The two proposals sponsored by the Committee have not received any public comments yet.

Summary of discussion:

UNOS staff encouraged Committee members to ask their colleagues to comment on the VCA proposals.

Next steps:

The OPTN Summer 2020 Public Comment period closes on October 1, 2020.

2. Eliminating Regions in VCA Distribution

This policy change was effective June 18, 2020. UNOS staff asked members for any feedback or observations since *Eliminating Regions in VCA Distribution* has been effective.

Summary of discussion:

A member commented that COVID- 19 has taken a toll on the volume of transplants and the ability to assess this policy.

3. Programming VCA in UNetSM

The Committee reviewed the decisions that were made during the July 2020 meeting regarding programming anatomic components in UNet for four of the eight categories of body parts pertaining to VCA. The Committee then made anatomic component decisions for the four remaining VCA types.

Summary of discussion:

Spleen-

- The Committee recommended no additional anatomic components for spleen.

Glands-

- The Committee recommended adrenal, thymus, and other/specify text field as anatomic components for this VCA type.
- Members recommended, in order to avoid confusion, that UNet users should be notified that the thyroid and parathyroid glands will be listed under the head and neck VCA type instead of under the glands VCA type
- Another member suggested programming UNet with head and neck before other glands so users will see that the thyroid and parathyroid glands belong to a different VCA type within the system.

Musculoskeletal Composite Graft Segment-

- A Committee member suggested the removal of the word segment, as this language is redundant to graft. UNOS staff noted that “segment” is listed in the language approved by the OPTN Board to be implemented in policy.
- The Chair suggested considering a match run for “osteomyocutaneous composite graft” because this term is inclusive of grafts containing bones, muscle, and skin, whereas this VCA type as written only covers grafts containing bones and muscle. The term “osteomyocutaneous” covers a wide range of anatomic components, except for those that include nerves.
- A member suggested an additional data field to report where on the body the tissues are being recovered from and what the intended use of the recovered tissues are.
- A member reminded the Committee that the original intent of this part of the policy was to cover components not included in other categories of donation. For example, grafts recovered from upper limbs, lower limbs, head and neck, etc. would fall into the respective categories, but grafts recovered from areas of the body not covered by a VCA type were intended to be accounted for within the musculoskeletal composite graft segment VCA type.
- The Committee considered two approaches for programming osteomyocutaneous composite grafts:
 1. Add “osteomyocutaneous composite graft” as an anatomic component under the upper limb and lower limb VCA types, and any other body part categories as appropriate, with a field to specify the type of composite graft needed
 2. Add “osteomyocutaneous composite graft” as a match run in place of the musculoskeletal composite graft segment match run with a field to specify the type of composite graft needed
- UNOS staff will present these options to the internal VCA team and return to the Committee with more information to help them make this decision. Based on this decision, the Committee will discuss further how to program anatomic components related to musculoskeletal composite graft segments and/or osteomyocutaneous composite grafts.

Genitourinary Organs-

- The Committee recommended labium/labia, penis, urethra, urinary bladder, uterus, and other/specify text field as anatomic components for this VCA type.
- The Committee confirmed with UNOS staff that a user will be allowed to select more than one of these anatomic components.

Next steps:

UNOS staff will use this feedback to plan for programming VCA in UNet. UNOS staff will provide more information to the Committee during a future meeting on options for programming osteomyocutaneous composite grafts so the Committee can make a final decision.

4. Project Idea Discussion

The Committee considered ideas for their next project. UNOS staff presented an overview of ideas that have previously been suggested to the OPTN, noting that the Committee is not restricted to this list, and that members are encouraged to submit additional project ideas.

Summary of discussion:

Members reviewed the following project ideas:

- Membership requirements for uterus or genitourinary transplant programs
- Policies or guidance related to uterus or genitourinary transplantation
- VCA graft failure definition
- Increase awareness of VCA donation and transplantation
- Membership requirements for living VCA donor programs
- Data collection on children born to uterus recipients
- Modify Deceased Donor Registration (DDR) for VCA
- Updates to VCA allocation (VCA is slated to shift to continuous distribution in 2023)

Members discussed the impact of continuous distribution on VCA allocation. Continuous Distribution will eliminate hard boundaries when allocating VCAs and will instead consider multiple patient attributes at once. The OPTN Lung Transplantation Committee is currently leading the charge on this project and has a request for feedback out for the current public comment cycle that explains their progress to date in developing a continuous distribution framework. Examples of attributes included in the continuous distribution of lungs project are medical urgency, post-transplant survival, and candidate biology. A member asked how this framework will work for VCA, since some of these attributes do not apply to VCA. UNOS staff explained that the continuous distribution framework will look different for VCA, and the Committee will have the opportunity to decide what attributes are appropriate to include for VCA, like waiting time and blood type compatibility.

Next steps:

The Committee will continue discussing ideas for their next project. UNOS staff will send committee members a survey prior to the next committee meeting to gather more feedback on these project ideas.
Upcoming Meetings

- September 9, 2020 (Teleconference)
- October 14, 2020 (Teleconference)
- October 26, 2020 (Virtual In- Person)

Attendance

- **Committee Members**
 - Sandra Amaral
 - Linda Cendales (Ex- Officio)
 - Lori Ewoldt
 - Bruce Gelb
 - Vijay Gorantla
 - Darla Granger
 - Liza Johannesson
 - Nicole Johnson
 - Deborah McRann
 - Gary Morgan
 - Bohdan Pomahac
 - Paige Porrett
 - Deb Priebe
 - Patrick Smith
 - Simon Talbot
 - Mark Wakefield
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Bryn Thompson
- **UNOS Staff**
 - Kristine Althaus
 - Elizabeth Miller
 - Kelley Poff
 - Tina Rhoades
 - Leah Slife
 - Kaitlin Swanner
 - Jen Wainright
 - Karen Williams
- **Other Attendees**
 - Robert Goodman (visiting board member)