

OPTN Vascularized Composite Allograft Transplantation Committee

Meeting Summary

March 10, 2021

Conference Call

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

Introduction

The Vascularized Composite Allograft (VCA) Transplantation Committee met via Citrix GoTo teleconference on 03/10/2021 to discuss the following agenda items:

1. Update - Transplant Program Key Personnel Training and Experience Requirements
2. Request for Input - Refusal Codes
3. Public Comment Presentation - 2021-2024 OPTN Strategic Plan

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

1. Update – Transplant Program Key Personnel Training and Experience Requirements

The Chair presented an overview of the Membership and Professional Standards Committee's (MPSC) revision project for transplant key personnel training and experience requirements. It was noted that the current primary focus is on other organ transplant programs, but in the future these revisions would include VCA programs which is why feedback from the VCA Committee is valuable. One of the key personnel requirements being discussed is foreign equivalency which is of interest to the Committee.

Summary of discussion:

A member expressed concern that the current implementation of the VCA transplant program membership requirements may be a barrier to many surgeons and physicians trying to fill the key personnel roles. Another member noted that the new VCA membership bylaw requirements provide three pathways for individuals to fill the role, which is inclusive. The Chair suggested to share sentiment via the request for feedback, especially if members feel the new requirements will be too strict. A member explained that the nature of VCA transplant is reliant on a multidisciplinary team where each person fills a specific role and that should be considered since this can differ from other transplant program types that traditionally have one primary surgeon and physician meeting all of the necessary requirements. Another member noted that the application does reflect that VCA is multidisciplinary and also looks at overall institutional resources and support. Committee members also discussed the need for multi-organ procurement observations and it was noted that these observations are a requirement to help surgeons demonstrate a deeper understanding for the nature of organ procurement.

Next steps:

The Committee was encouraged to provide comments on the MPSC's request for feedback via the OPTN public comment website by March 23, 2021.

2. Request for Input - Refusal Codes

UNOS staff provided an overview of the refusal code update project and requested feedback from the Committee. This project aims at updating refusal codes to improve areas such as data quality, real-time

offer decision making, and to gain better understanding of organ refusals. This project intends to incorporate community feedback on the current refusal codes which includes that the current codes are too vague, confusing, and that they are outdated with a majority of the last updates being in 2004. The project includes eight proposed refusal code categories: Candidate Specific Reasons, Crossmatch Related Reasons, Disease Transmission Risk, Donor and Candidate Matching, Donor Specific Reasons, Logistics, Organ Specific Reasons, and Other. Committee feedback is important because the proposed categories and codes can be tailored to show only what is relevant to each organ type.

Summary of discussion:

Candidate Specific Reasons

The Chair suggested that organ laterality should not be used for VCA since they will always be looking for specific laterality offers (i.e. right or left arm), and a member clarified that laterality makes sense for some organ types, but not all. The Committee discussed the need for the “Candidate’s condition improved, not needed” code, and decided it may be used in cases of re-transplant or abdominal wall programs so it should remain an option.

Crossmatch Related Reasons

A member asked for clarification on the “No donor serum for crossmatching” code since their impression was that organ procurement organizations (OPOs) could not make offers without that information. HRSA staff explained that this can happen with suboptimal kidney offers that deplete all of the donor serum with the number of crossmatches that are run. A member stated that the relevance of a refusal code related to lack of donor serum may not apply to VCA since these organs will have a much lower ischemic time than kidneys. The Committee supported removing this code for VCA.

Disease Transmission Risk

The Vice Chair discussed adding granularity to the “PHS (Public Health Service) risk criteria or social history” code by splitting PHS and social history into two separate codes since they are separate categories in most cases. The Committee supported this change for VCA. A member asked for clarification on what the future use for the current COVID-19 codes would be and UNOS staff stated the suggestion would be to remove them and this project would introduce new codes that include pandemics which would be discussed later in the presentation.

Donor and Candidate Matching

The Committee expressed a need for adding more granular options for organ appearance such as donor skin tone, sex, and markings since that information can lead to refusal. The Committee requested a code for organ appearance and that any code referencing organ appearance includes a free text box even though they are not ideal for data collection since there can be many variables that drive a refusal for VCA. The Chair asked for feedback on whether or not the “Number of HLA mismatches unacceptable” code is necessary for VCA and the Committee decided to leave it since it would provide information on what is driving refusals.

Donor Specific Reasons

The Chair suggested that organ appearance or quality codes may fit in this category and UNOS staff noted that there is concern with including a new “quality” code since that could be another catch-all code like the current 830 code. UNOS staff explained that it will be likely that any organ appearance codes would be specific to VCA only. The Chair asked if there are any codes that capture mechanism of death since some mechanisms would affect VCA offer acceptance. It was also mentioned that for offers where the cause of death was suicide, it is possible that organ would be refused. A member asked how

the Committee wants to utilize information gained from the codes. If the goal is an exercise in scientific evaluation, the member suggested that the information gathered needs to be very specific to VCA.

Organ Specific Reasons

The Committee discussed the redundancy of codes referencing biopsy and supported combining the codes.

Logistics

The Committee supported the listed codes and thought they would be relevant to VCA.

Next steps:

The Committee requested an update on this project as it moves forward in the future.

3. Public Comment Presentation - 2021-2024 OPTN Strategic Plan

UNOS staff presented an overview of the 2021-2024 OPTN Strategic Plan that outlined the new OPTN strategic goals and requested the Committee's feedback for this public comment item.

Next steps:

The Committee was encouraged to provide feedback on the OPTN public comment website for the strategic plan by March 23, 2021.

Upcoming Meetings

- April 12, 2021
- May 12, 2021

Attendance

- **Committee Members**
 - Bohdan Pomahac, Chair
 - Sandra Amaral, Vice Chair
 - Linda Cendales
 - Lori Ewoldt
 - Vijay Gorantla
 - Lawrence Gottlieb
 - Darla Granger
 - Liza Johannesson
 - Nicole Johnson
 - Debbi McRann
 - Paige Porrett
 - Debra Priebe
 - Stefan Tullius
 - Mark Wakefield
 - Simon Talbot
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
 - Raelene Skerda
- **SRTR Staff**
 - Bryn Thompson
- **UNOS Staff**
 - Kristine Althaus
 - Krissy Laurie
 - Leah Slife
 - Kaitlin Swanner
 - Susan Tlusty
 - Jennifer Wainwright
 - Marta Waris
 - Karen Williams
 - Adel Husayni
 - Sarah Konigsburg