

**OPTN Vascularized Composite Allograft Transplantation Committee  
Genitourinary Membership Requirements Workgroup  
Meeting Summary  
May 17, 2021  
Conference Call**

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## **Introduction**

The Vascularized Composite Allograft (VCA) Transplantation Committee's Genitourinary Membership Requirements Workgroup met via Citrix GoTo teleconference on 05/17/2021 to discuss the following agenda items:

1. Review of Uterus Primary Surgeon Experience Requirements

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

### **1. Review of Uterus Primary Surgeon Experience Requirements**

The Workgroup reviewed the proposed requirements for uterus transplant program primary surgeon and the additional medical expertise.

#### Summary of discussion:

##### *Procurement Experience*

The Workgroup discussed procurement observation experience requirement options for uterus primary surgeons. Previous suggestions included credentialing as a procurement surgeon by a local organ procurement organization (OPO) and deceased donor uterus procurement as primary surgeon in the last five years in addition to the current option of observation of at least two multi-organ procurements. It was clarified that a proposed primary surgeon would only need to complete one of the options to meet the requirement. A Co-Chair asked if living donor uterus recovery should also be included and a member stated that in comparison to other VCA the intent seems to be focused on deceased donor procurement. A member noted that the option for accepting a credentialing letter from a local OPO should not meet requirements since that is more of an administrative process for OPOs and the Workgroup agreed that a precedent should not be set for uterus programs to accept this option. A member suggested that both observation and completion of the multi-organ procurements should meet requirements and the Workgroup agreed since that covers experience in procurement. The Workgroup also supported one deceased donor uterus procurement as primary surgeon within the last five years meeting the requirement as an option specific to this program type.

##### *Board Certification*

The Workgroup discussed the relevancy of the American Board of Urology for primary uterus surgeons and members noted that while that board may be more suited for penis or other genitourinary programs many abdominal transplant surgeons may have that certification and it is rare to have dual boards. It was also clarified that both the American Board of Surgery and the American Board of Urology are surgical specialties that have historic precedence in abdominal transplant. The Workgroup supported keeping all board certification options as outlined in the OPTN Bylaws for abdominal primary

surgeons, including the American Board of Urology, to keep the uterus primary surgeon pathways inclusive.<sup>1</sup>

### *Continuing Medical Education*

The Workgroup discussed programs that would be acceptable to supply letters of recommendation to the OPTN if the proposed surgeon is utilizing the foreign equivalency option in the form of continuing medical education due to being ineligible for the listed board certifications. The current requirement requires the letters to be from directors at designated VCA transplant programs and a member mentioned that it may be more appropriate to include abdominal transplant programs since the proposed individuals may have training in those fields. HRSA staff asked if other VCA program types (i.e. head and neck) would have enough deference compared to thoracic transplant program directors to exclude letters from those individuals and a Co-Chair noted that the small number of uterus programs is the reasoning behind the inclusion of abdominal programs. A Co-Chair stated that the letters act as an attestation for the proposed individual's experience and the OPTN should request them from those who could best attest to that experience. The Workgroup supported accepting the letters from both VCA programs and abdominal transplant programs.

### *Fellowship and Clinical Experience*

The Workgroup discussed the proposed primary surgeon experience requirements in the form of both fellowship and clinical experience pathways. A Co-Chair noted the apparent lack of a foreign equivalency clinical experience pathway and asked if that could be included. Members clarified that foreign-trained surgeons can qualify through the clinical experience pathways in the proposed uterus primary surgeon requirements, as well as the clinical experience pathways outlined in the OPTN Bylaws for abdominal organ transplant surgeons.

An attendee suggested revising the allowable procedures for the clinical experience pathways from radical hysterectomies to complex hysterectomies to be inclusive to minimally invasive surgeons.

With the inclusion of all allowable abdominal transplant board certifications, the Workgroup also felt it was appropriate for anyone who qualifies as the primary surgeon of a kidney, liver, intestine, or pancreas transplant program to be eligible to be the primary surgeon.

A Co-Chair asked for clarification on the acceptable timeframes for when fellowships or clinical experience have been completed by the surgeon. It was clarified that the OPTN Membership and Professional Standards Committee's project to revise membership requirements may include a cap on how long ago either the fellowship or clinical experience was completed and each OPTN Transplantation Committee would be consulted prior to the changes. A Co-Chair suggested keeping the currently written format and hold any changes for the membership revisions project. The Workgroup was also asked for the feedback on which roles are acceptable during procedures (primary, co-surgeon, or first assistant). Members noted that primary or co-surgeon should be acceptable for uterus transplant experience, but primary surgeon should be required for the gynecology procedures.

### *Medical Expert Support*

A Co-Chair asked if the Workgroup thought that microsurgery should be included and if there were other specialties that needed to be included. It was clarified that the "other VCA programs" currently require that the program demonstrates microsurgery experience in the form of a procedure log. A member noted that transplant surgery should also be included in the list in the event that the primary

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<sup>1</sup> "OPTN Bylaws," OPTN, accessed June 8, [https://optn.transplant.hrsa.gov/media/1201/optn\\_bylaws.pdf](https://optn.transplant.hrsa.gov/media/1201/optn_bylaws.pdf)

surgeon and physician come from OB/GYN backgrounds. Members stated that if transplant surgery is included in the list, microsurgery can be removed from the list since the necessary experience would be included in transplant. The Workgroup agreed to further clarify the intent of requiring “transplant surgery experience” by specifying that abdominal transplant surgery expertise is needed. An attendee suggested combining reproductive endocrinology and infertility since they are related fields. A member asked if nephrology would be helpful since it appeared that nephrologists were often included on the current applications. A Co-Chair stated that currently there is a pathway for primary physician that nephrologists could utilize.

### **Upcoming Meeting**

- May 24, 2021

## Attendance

- **Workgroup Members**
  - Nicole Johnson, Co-Chair
  - Stefan Tullius, Co-Chair
  - PJ Geraghty
  - Paige Porrett
  - Liza Johannesson
  - Stevan Gonzalez
  - Steve Potter
  - Mark Wakefield
  - Sanjeev Akkina
- **HRSA Representatives**
  - Jim Bowman
- **UNOS Staff**
  - Kristine Althaus
  - Nicole Benjamin
  - Sharon Shepherd
  - Kaitlin Swanner
  - Marta Waris
  - Karen Williams
  - Krissy Laurie
  - Jennifer Wainright
  - Leah Slife
  - Sally Aungier
  - Sarah Booker
- **Other Attendees**
  - Kate O'Neill