

OPTN Vascularized Composite Allograft Transplantation Committee

Meeting Summary

June 21, 2022

Conference Call

Sandra Amaral, MD, MHS, Chair
Vijay Gorantla, MD, PhD, Vice Chair

Introduction

The Vascularized Composite Allograft (VCA) Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 6/21/2022 to discuss the following agenda items:

1. Project Background
2. Review Committee recommendations from April 2022

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

1. Project Background

The Chair provided a brief overview of the *Guidance on Optimizing VCA Recovery from Deceased Donor* project, including the purpose, timeline, and project plan. The guidance document was implemented in 2018 and included references to the current allocation process, which will be outdated once VCA is in UNet. The Committee will review the document for outdated information and appropriately make changes. The project is slated for the winter 2023 public comment cycle.

2. Review Committee recommendations from April 2022

The committee Chair reviewed the previous recommendations for the following sections:

1. Strategic Decision to Participate in VCA Donation
 - Update language: ~~candidate lists~~ match run
2. Planning and Hospital Partnership
 - Support guidance regarding collaboration between Organ Procurement Organizations (OPOs) and hospitals.
 - Add guidance for limiting personnel both in the OPO and donor hospital for privacy and for recovery team focus and education
 - Add guidance on possible movement of donor to procurement facility
 - Donor family awareness
 - Transfers potential impact on privacy concerns
3. Registering a Deceased VCA Donor and Accessing the VCA Candidate List
 - Update language instructing members on registration once VCA is programmed into the OPTN computer system, as the process will change
 - Update language referring to multi-organ transplantation (MOT) and VCA to align with projects the OPTN MOT committee is working on
 - Reconsider use of term "lifesaving" due to subjectivity of phrase
4. Family Support and Authorization Approach
 - Consider prospective cross matching before talking to a donor family
 - Will prospective cross matching slow the process?

- Suggestion to use language: “preliminary immunologic evaluation” or “virtual cross matching”
- Can donors be ruled out with only a virtual cross match
- VCA authorization could be documented 1) on separate form or 2) standard authorization from
 - Develop example form updated guidance document

Summary of discussion:

1. Strategic Decision to Participate in VCA Donation.

Members agreed that that language referring to the “match run” should be replaced by “candidate list”.

2. Planning and Hospital Partnership

A Committee member stated that the recommendation to add guidance on the standards of practice for possible movement of donor to a procurement facility may be unnecessary to include, as this is common practice and already being carried out by OPOs.

3. Registering a Deceased VCA Donor and Accessing the VCA Candidate List

The Committee discussed that they should consider waiting until VCA is in UNet to update guidance on registering a deceased VCA donor and accessing the VCA candidate list.

The Chair asked if the Committee should also wait for the OPTN Multi Organ Transplantation (MOT) Committee to finish their current work before updating language referring to MOT and VCA. The Committee decided to follow up with the MOT committee before updating the language. The Chair also asked if multiple VCA is also referred to as MOT. A member responded current policy states that a MOT candidate is a candidate registered on the waiting list for more than one organ type. It was also suggested that the definition of multi-organ is documented in the appropriate section of the guidance document. Another member asked if a multi-organ transplant is more than two organs. The committee confirmed that a multi-organ transplant is two or more organs.

4. Family Support and Authorization Approach

The Committee discussed if cross matching should be completed before approaching a potential donor family. A member stated that their program waits to do a cross match until they have received consent from the donor family. Another member suggested that because the list for VCA is relatively small, listing a donor’s unacceptable antigens and blood type may rule some donor/candidate matches out. They added that if the candidate is highly sensitized, they would running a virtual cross match, but agreed that cross matching should not be completed until the donor family has given consent. A member representing OPOs added that some hospitals do not allow for blood draws until authorization is received.

Next Steps:

The Committee will continue their discussions on these recommendations during a future meeting.

Upcoming Meeting

- July 27,2022

Attendance

- **Committee Members**
 - Bohdan Pomahac, Chair
 - Sandra Amaral, Vice Chair
 - Amanda Gruendell
 - Brian Berthiaume
 - Darla Granger
 - Debra Priebe
 - Elizabeth Shipman
 - Lori Ewoldt
 - Mark Wakefield
 - Paige Porrett
 - Vijay Gorantla
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Bryn Thompson
- **UNOS Staff**
 - Tamika Watkins
 - Kelley Poff
 - Krissy Laurie
 - Kristina Hogan
 - Lauren Mauk
 - Sarah Booker
 - Susan Tlusty
- **Other Attendees**
 - Charlie Thomas
 - Max Hendrix
 - Rick Redett