

OPTN Vascularized Composite Allograft Transplantation Committee Meeting Summary February 9, 2022 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 2/9/2022 to discuss the following agenda items:

- 1. Committee Appointment Overview
- 2. Concept Paper: Redesign Map of OPTN Regions
- 3. Public Comment Item: Proposal to Revise the OPTN Charter
- 4. Continuous Distribution Update

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

1. Committee Appointment Overview

It was announced that Vijay Gorantla will be the Committee's new Vice Chair with his term starting in July 2022. At that time, Bohdan Pomahac will transition to a one-year ex officio term and Sandra Amaral will transition to Chair. There are also five current members rolling off of the Committee which means six new members will be joining the Committee. A call for interest was sent out to the VCA community for the upcoming Committee openings and the Committee members were encouraged to share the OPTN Volunteer Interest Form with anyone they felt would be a good fit.

2. Concept Paper: Redesign Map of OPTN Regions

The Committee reviewed and discussed the OPTN Executive Committee's concept paper on redesigning the OPTN Regions. The regions have not been updated since the late-1980's and the Regions' role in allocation has since changed, the current regions may not provide equitable representation on the OPTN Board of Directors (Board), and some community feedback recommended creating more equitable regions overall. The concept paper proposes that any new map of Regions should have contiguous regions and be more balanced than the current Regions. The possible revised maps include but are not limited to redesigning regions based on percent of population, donors, OPTN members, recipients, and transplants.

Summary of discussion:

The Chair voiced support for fewer Regions, as it would make presenting to Regions and sharing of information across Regions easier. The Vice Chair cautioned against making the Regions too large since they are already highly attended and too many people would make the discussions more diffuse. They added that the current structure feels more like a regional community, but assumed that might vary by Region. A member added that the current Regional meetings have very honest dialogue and if there were fewer Regions it would feel more like a national meeting instead of more of a problem solving discussion. The member also noted that one of the consequences of changing the Regions is breaking relationships. While it would take time for new relationships to develop under an updated regional map,

members thought that would be an overall benefit. SRTR Staff shared that they have had the opportunity to attend several different Regional meetings and felt that they could be more consistent in structure. Members also felt consideration should be given to the convenience of travel versus the actual physical distance (e.g. based on access to airports and airline routes). It was also suggested that travel burden for members of the public and patient affairs individuals should be thoughtfully considered since if travel becomes too difficult they are even less likely to attend. With that in mind, the Committee recommends that virtual attendance should remain an option and suggests that the OPTN should consider sponsoring travel for patients in the spirit of equity. Members also supported equal representation on the Board, particularly for voting on high-impact proposals like changes to organ allocation.

3. Public Comment Item: Proposal to Revise the OPTN Charter

The Committee reviewed the Executive Committee's proposal to revise the OPTN Charter. Currently, the OPTN contract requires the OPTN Contractor to work with Board to review the charter. The Executive Committee identified areas to eliminate redundancy and better align it with the National Organ Transplant Act (NOTA) and the Final Rule. There are no substantive changes to the charter and the proposal primarily streamlines and aligns language. This proposal has no impact on OPTN members or the OPTN.

4. Continuous Distribution Update

The Committee reviewed the continuous distribution timelines for the different organ types noting that the proposed continuous distribution allocation system for lung has been Board approved and is pending implementation while kidney and pancreas are currently requesting feedback during the Winter 2022 public comment cycle and have an ongoing analytic hierarchy process (AHP) exercise for community feedback.

The goal of continuous distribution is to change allocation from a classification-based system and move to a points-based system so candidates can be fluidly ranked without rigid boundaries. The Committee reviewed the attributes of the lung composite allocation score for reference on how attributes could contribute to a score and how that would look on a match run.

Summary of discussion:

The Chair noted that there were fewer parallels between the current continuous distribution framework (waitlist mortality, post-transplant survival) and the VCA allocation framework. The Committee was encouraged to consider what factors should be considered for the VCA composite allocation score. The Vice Chair mentioned that there may need to be different modeling and allocation systems for different VCAs, as each have different requirements. It was suggested that wait time may be a stand in for medical acuity, similar to the how kidney allocation uses it.

Upcoming Meetings

- March 9, 2022
- April 6, 2022 (Chicago)

Attendance

- Committee Members
 - o Bohdan Pomahac, Chair
 - o Sandra Amaral, Vice Chair
 - o Mark Wakefield
 - o Brian Berthiaume
 - o Donnie Rickelman
 - o Patrick Smith
 - o Simon Talbot
 - o Debra Priebe
 - o Vijay Gorantla
 - o Elizabeth Shipman
 - o Liza Johannesson
 - o Paige Porrett
 - **HRSA Representatives**
 - o Jim Bowman
- SRTR Staff

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- o Bryn Thompson
- o Ryutaro Hirose
- UNOS Staff
 - o Kaitlin Swanner
 - o Krissy Laurie
 - o Sarah Booker
 - o Isaac Hager
 - o Catherine Parton