OPTN Vascularized Composite Allograft Committee
Meeting Summary
February 22, 2023
Conference Call

Sandra Amaral, MD, MHS, Chair
Vijay Gorantla, MD, Ph.D., vice-Chair

Introduction

The Vascularized Composite Allograft Committee ("Committee") met via Citrix GoToMeeting teleconference on 02/22/2023 to discuss the following agenda items:

1. Next Steps for Optimizing VCA Recovery Guidance Document
2. Wrap Up and Next Steps

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

1. Next Steps for Optimizing VCA Recovery Guidance Document

The Committee reviewed the sections of the existing document and provided feedback on how the guidance document should be updated. The Committee also discussed which topics should be included in the new guidance document.

Data summary:

- The Committee is not bound by the topics of the 2018 version of the document
    - As the field has progressed, new information and new topics may be required for the document
- Goal of the document:
    - Provide guidance for organ procurement organizations (OPOs), donor hospitals, and transplant programs on best practices for vascularized composite allograft (VCA) recovery
    - Target audience is any program with an existing VCA program or any program looking to start a VCA program
- 2018 Guidance Topics
    - Strategic Decision to Participate in VCA Donation
    - Planning and Hospital Partnerships
    - Registering a Deceased VCA Donor and Accessing the VCA Candidate List
    - Family Support and Authorization Approach
    - Criteria for the Evaluation of Donors for VCA Transplantation
    - VCA Recovery Considerations
    - Post-recovery Considerations
    - Media and Public Relations Strategy

Summary of discussion:

A member felt that the document should also include information on OPOs looking to start a VCA program or pursue recoveries from VCA donors. It should be comprehensive enough that any program can use it for the same general initial steps, especially if that program has a potential VCA donor in their

service area. They noted that this guidance document is likely to not only be the first document that any program finds if they are looking for VCA guidance documents, but also the first guidance document the public will find when searching for VCA guidance documents. However, they felt that the primary audience should be for transplant programs and OPOs.

A second member felt that a natural split for the document could be living versus deceased VCA donation; each one comes with unique challenges. Staff added that there was no inclusion of living donation in the 2018 version.

Another member inquired whether the document should be comprehensive enough for patients to understand. They felt that the document would be very different depending on the target audience. A member replied that they felt the audience that would benefit the most from the guidance document was those individuals who had no other reference points and were attempting to start a VCA program. That would likely speak to the audience being predominantly clinical. Several members supported this perspective.

It was suggested that there should be an overview of VCA donation early in the document to ground the rest of it, especially considering the rapid expansion of the VCA field over the past five years. The section could also provide clear definitions for terms used throughout the document.

The Chair wondered if the document should include a section specifically on best practices for starting a program, establishing key personnel, and training opportunities. A member supported this idea, but had concerns that an OPTN document may not be the best format for this information. They noted that it would be difficult to maintain the document's section on programs offering training opportunities. A second member asked if the document could provide direction to a location that would have that information, such as a department within the OPTN. They also suggested that another option could be to contain a link to an OPTN report of any active VCA programs.

A member proposed adding a topic on the differences between VCA and solid organ transplant. The Committee felt that this may be background already understood by programs attempting to start a VCA program given the bylaw requirement to have another solid organ program.

Additionally, staff clarified that the section "Registering a Deceased VCA Donor and Accessing the VCA Candidate List" will need to be updated to include guidance on including VCA in the OPTN Computer System. A member suggested that there could be a list of updates, akin to a "changelog", for OPTN members familiar with the former system of accessing the VCA waitlist.

The Chair asked if there should be general guidelines or absolute contraindications for VCA donors, or if the document should not prescribe practice to programs. A member contributed that, because of the wide criteria needed to match donors and recipients, it may not be beneficial to try to prescribe practice. However, they did support having the document detail a set of a screening criteria for programs to consider when receiving VCA offers.

A member asked if programs would be able to put in screening criteria like the minimum kidney acceptance criteria for VCA. A second member replied that programs would not. The Chair stated that they thought there would be some screening criteria; staff clarified that there would be some listing criteria, such as distance or age.

The Chair asked the Committee if they felt like the section on post-recovery considerations and media and PR strategies were necessary. A member responded that they felt like some VCA transplants still generate a large amount of publicity, so it would be beneficial to maintain at least the media and PR section. A second member also noted that, because of the wide variety of donor circumstances, they would support keeping a section on VCA recovery considerations. This section could be combined with

post-recovery considerations, however. Another member supported bundling the media and PR strategies section into a larger section centered around public-facing recovery considerations, such as prosthetics, casket choices, and anonymity.

It was suggested that one section include specific examples of how VCAs are beneficial and why programs should pursue VCA donation. It was also suggested that the section on planning and hospital partnerships detail the requirements of complex VCA recoveries, such as extended operating room timings and donor skin photo matching. These could be very impactful for programs that have not had experience working with VCA programs in their area.

A member inquired if there were cases in which the OPO had local recovery available for VCA recoveries, rather than the transplant program team travelling to the donor. They noted that, when recovering VCAs, they not only send the transplant team but also a member from their OPO to assist at the donor's OPO. A second member responded that they could not see this being feasible, unless possibly for uterus recoveries.

Next steps:

Members will review the existing sections to determine what needs updating based on the Committee's feedback.

2. Wrap Up and Next Steps

Staff summarized the discussion and outlined the proposed five topics for the updated guidance document.

Data summary:

- o   The proposed topics are:
    - o   VCA Background
    - o   Donor Identification
    - o   Recovery & Post-Recovery
    - o   Media/PR
    - o   Family Considerations

Next steps:

Staff will provide a survey for members indicating their interest in collaborating on specific sections.

Upcoming Meeting

- • March 29, 2023

Attendance

- **Committee Members**
    - Sandra Amaral
    - Vijay Gorantla
    - Amanda Gruendell
    - Brian Berthiaume
    - Bruce Gelb
    - Charlie Thomas
    - Christina Kaufman
    - Deb Priebe
    - Debbi McRann
    - Donnie Rickelman
    - Lori Ewoldt
    - Bohdan Pomahac
    - Joseph Hendrix
- **HRSA Representatives**
    - Bryn Thompson
    - Jim Bowman
    - Marilyn Levi
- **UNOS Staff**
    - Catherine Parton
    - Isaac Hager
    - Jesse Howell
    - Kelley Poff
    - Kristina Hogan