

## **OPTN Vascularized Composite Allograft Transplantation Committee**

### **Meeting Summary**

**October 11, 2022**

**Conference Call**

**Sandra Amaral, MD, MHS, Chair**

**Vijay Gorantla, MD, Ph.D., Vice Chair**

### **Introduction**

The OPTN Vascularized Composite Allograft Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 10/11/2022 to discuss the following agenda items:

1. Public Comment Analysis & Vote: *Apply Transplantation Notification Requirements for VCA Program Inactivation*
2. Eliminate Use of Regions from VCA Allocation: 2-Year Post-Implementation Report
3. Update Guidance on Optimizing VCA Recovery from Deceased Donors Project

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

### **1. Public Comment Analysis & Vote: *Apply Transplantation Notification Requirements for VCA Program Inactivation***

The Committee reviewed the public comment analysis *Apply Transplantation Notification Requirements for VCA Program Inactivation* and voted on the final language to send to the Board.

#### Summary of discussion:

A member asked about the difference between short-term and long-term inactivation. The presenter replied that short-term inactivation occurs when a transplant program is inactive for 14 consecutive days. Long-term inactivation occurs when a transplant program is inactive for 15 or more consecutive days. The Chair clarified that some VCA programs have low volumes, so if the program does not have a patient that is actively listed or undergoing evaluation, they are not required to go inactive. Inactivation would be required if the program had a patient who was listed or needed to undergo an evaluation and the VCA program could not perform the responsibilities; the program would then be required to go through the process of formally inactivating.

A member expressed that some VCA programs face challenges in receiving insurance for their patients and therefore, it may not be appropriate to apply these requirements to VCA programs that are already struggling. The Chair noted that if a VCA program cannot perform a transplant, it is in the best interest of the patient to be notified so they can pursue another program. An initial vote was held with the result of Support- 15, Abstain- 1, Oppose- 0. Members further explained the importance of notifying patients of VCA program inactivity and the abstaining member determined they could support this proposal.

*Does the OPTN Vascularized Composite Allograft Transplantation Committee support sending Apply Transplant Notification for VCA Program Inactivation as presented today to the OPTN Board of Directors for consideration?*

Vote: Support- 15, Abstain- 0, Oppose- 0

Next steps:

The OPTN Board of Directors will vote on the proposal at the December Board meeting.

## **2. Eliminate Use Regions from VCA Allocation: 2-Year Post-Implementation Report**

The Committee heard a presentation on Eliminate Use Regions from VCA Allocation: 2 – Year Post-Implementation Report from the UNOS Research department.

### Summary of discussion:

A member asked if the research department looked at if the donor was moved to a donor facility or another hospital. The member added that typically, in uterus transplantation, some donors have been moved to a facility closer to the transplant center. The presenter replied that they would look into this question, as the report does not account for that information. Another member asked if the impacts of covid has contributed to an increase or decrease in patient travel distances. The presenter replied that covid impacted VCA, but the report does not account for how it compares to other organs. For livers, air transportation procurements have increased substantially from 54% to 70%; this resulted from a policy change and not covid.

The Chair asked if it was helpful to look at the median ischemic time when comparing a uterus versus a face or limbs. Members of the Committee agreed these VCA types should be considered separately and recommended that this data be included in the 2- year post-implementation report.

## **3. Update Guidance on Optimizing VCA Recovery from Deceased Donors Project**

The Committee heard a project update on *Guidance on Optimizing VCA Recovery from Deceased Donors*.

### Summary of discussion:

#### VCA Recovery Considerations

A member suggested including information about uterus, such as a procurement order. Members also suggested that the document should also include coordination efforts with the abdominal team. A member noted that it might be helpful to have information on pre-procurement meetings. The purpose of a pre-procurement meeting or phone call with all involved parties is to set the expectation of timing and procedures before any personal go to the donor site.

A previous recommendation stated, “add guidance that if medical examiners or coroners are involved in the case, the deceased is likely not a suitable donor.” A member noted that if a medical examiner is involved in the case, sometimes they will limit what can be done in the donor operation room, such as not opening the chest. If this is the case, medical examiner should be consulted ahead of time to determine the limitations. Ultimately, the medical examiners will decide whether the program is allowed to proceed. A member asked if limitations established by a medical examiner would impact approaching the donor family. A member replied that it does not affect the family approach process because the medical examiner is contacted by the OPO. For example, in a brain-dead case, a medical examiner is called by the OPO as soon as the patient has been legally pronounced brain-dead. At this time the OPO requests specific permissions for organs, in this case, VCA.

#### Post Recovery Considerations

No additional information was provided at this time.

#### Media and Public Relations Strategy

A member noted that there is a lot of collateral communication in donor and recipient transplant hospitals that don't include the care team or OPO transplant. The member inquired if it would be helpful to include guidance on communication efforts to other staff within hospital setting, as VCA transplant

has unique characteristics that could make these staff uncomfortable. They continued that it is essential to educate internal and external medical center staff, so they can promote VCA and help discourage rumors that occasionally occur with these complex cases. The presenter asked the Committee about best practices regarding education of internal staff. A member replied that grand rounds and internal communication sources, like intranet are useful tools. Additionally, programs should be prepared for patients within the VCA population that want to share their journey early on.

**Upcoming Meeting(s)**

- October 26, 2022
- November 16, 2022

## Attendance

- **Committee Members**
  - Sandra Amaral
  - Vijay Gorantla
  - Christina Kaufman
  - Amir Dorafshar
  - Anji Wall
  - Brian Berthiaume
  - Bruce Gelb
  - Catherine Parton
  - Charlie Thomas
  - Elizabeth Shipman
  - Lori Ewoldt
  - Thomas Dolan
  - Max Hendrix
  - Liza Johannesson
  - Amanda Gruendell
- **HRSA Representatives**
  - Shannon Dunne
- **SRTR Staff**
  - Bryn Thompson
- **UNOS Staff**
  - Tamika Watkins
  - Kelley Poff
  - Krissy Laurie
  - Kristina Hogan
  - Sarah Booker
  - Rachel Hippchen
  - Alina Martinez