OPTN Pancreas Transplantation Committee
Meeting Summary
September 9, 2024
Conference Call

Dolamu Olaitan, MD, Chair
Ty Dunn, MD, MS, FACS, Vice Chair

Introduction

The OPTN Pancreas Transplantation Committee (the Committee) met via Cisco Webex teleconference on 08/05/2024 to discuss the following agenda items:

1. Public Comment Presentation: Continuous Distribution of Kidneys Update, Summer 2024
2. Pancreas Review Board Framework Review and Discussion
3. Closing Remarks

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

1. Public Comment Presentation: Continuous Distribution of Kidneys Update, Summer 2024

Members of the Committee received a presentation on Kidney CD updates as part of the Summer 2024 public comment cycle.

Summary of discussion:

The Committee supports this update and the efforts being made in developing Kidney CD.

The Committee discussed the presentation and submitted the following as official feedback:

The OPTN Pancreas Transplantation Committee thanks the OPTN Kidney Transplantation Committee for their ongoing work on continuous distribution and for the opportunity to comment on this update. The Committee offers the following items for further consideration:

1. The Committee recommends further consideration be given on how to prevent penalization of programs that are adjusting their risk profile in accepting hard-to-place kidneys. There is concern that it could disincentivize utilization of those organs.
2. Regarding the allocation threshold for hard-to-place kidneys, the Committee recommends using sequence numbers rather than total center declines, as this approach would be more sensitive to regional differences across the country.
3. With regard to expedited placement, the Committee suggests that logistical constraints be given appropriate consideration. Some centers face logistical challenges, particularly in terms of transportation options, which limit their ability to be aggressive in the placement and transplantation of a kidney.
4. It is recommended that though ischemic cold time can be used in conjunction with clinical or allocation considerations, there need to be standards of practice across the system to ensure equity and transparency in allocation.
5. Greater sharing of outcomes data is recommended, particularly from programs that are more aggressive in accepting hard-to-place kidneys. This information could help other centers better understand the risks and potential outcomes associated with accepting these organs.

6. The Committee supports including anatomical considerations in the definition of hard-to-place kidneys, especially in cases where surgical damage has been indicated. This information could be crucial for centers making informed decisions about organ acceptance.

Next steps:

The Committee feedback will be posted on the public comment website.

2. Pancreas Review Board Framework Review and Discussion

The Committee received a refresher on the Pancreas Review Board Framework and discussed outstanding items on the topic.

Summary of discussion:

No decisions made.

A member sought clarity on the Review Board member make up. Previous recommendations indicated a membership of 34-36, however it was also stated that each program may send up to 2 representatives. The member sought clarification on how many reviewers that could become if every program sent 2 representatives. For Pancreas, there are currently 117 programs nationally.[1] The member expressed concern that this could be an overwhelming number of reviewers. An OPTN Contractor staff member highlighted that the volume of cases submitted could be a factor for consideration here. They indicated that for the Lung Review Boards, cohorts were developed, to avoid this exact issue. They clarified that the cohorts of programs would be able to nominate, and membership is staggard to ensure variation. This allows for lung programs to participate while also limiting the number of reviewers so that no reviewer gets zero cases during their tenue on the review board. This was contrasted with the Liver Review Boards, which see many more cases and have over 300 reviewers due to the volume of cases submitted.

It was affirmed that Pancreas might not have as great a volume of cases and this should be taken under consideration when determining Review Board size.

The Chair sought clarification on the process of how reviewers are determined, whether it is a "first come, first served" system. It was clarified that if there is a cap on the number of reviewers then it would on a "first come, first served" basis. Staff highlighted that future discussions could address whether a break between membership on the Review Board would be required, to allow others an opportunity at membership, or whether it would remain truly "first come, first served."

The Chair sought feedback on whether adding language related to a membership cap of "up to 36 members" was amenable to the Committee. Members indicated their agreement with this language update.

It was asked whether the Review Board guideline language would be accessible by the public, e.g. would the public know the standards by which the Review Board would be conducting its reviews of cases and what the expectations are for submission. The Chair recommended that in addition to the set list of guidelines, it should be included that any case a program feels is urgent should be submitted as this will enable further data collection on, and better understanding of, pancreas medical urgency. Staff clarified that this will be public knowledge and will also be built into OPTN policy.

[1] https://optn.transplant.hrsa.gov/about/search-membership/?memberType=Transplant+Centers&organType=Pancreas&state=-1&region=0

A member brought up their concern regarding the required number of pediatric pancreas reviewers to be included on the Review Board, and the requirements for that individual to qualify.

The current recommendation indicates the individual must have: 5 years post-fellowship transplant experience; working in transplant at an active pancreas transplant program; and worked with at least 1 pediatric candidate in the past 3 years.

For the review board a minimum number of 7 pediatric reviewers was previously recommended.

The member sought input from others on whether these qualifications are attainable and whether 7 pediatric reviewers on the review board would be achievable. The Chair indicated that it is very difficult to find pediatric pancreas reviewers. They also indicated that it might be better to ease restrictions on the number of post-fellowship transplant experience. They recommended reducing it to 3 years instead of 5 years, other members agreed. The Chair also recommended that number be reduced for adult pancreas reviewers as well, since pancreas volumes are already lower than other organ types. Members agreed with that recommendation, to ensure consistency.

Upcoming Meetings

- October 10, 2024 (In-person)
- November 4, 2024 (conference call)

Attendance

- **Committee Members**
  - Ty Dunn
  - Asif Sharfuddin
  - Jason Morton
  - Dean Kim
  - David Lee
  - Diane Cibrik
  - Jessica Yokubeak
  - Mallory Boomsma
  - Muhammad Yaqub
  - Neeraj Singh
  - Dolamu Olaitan
  - Piotr Witkowski
  - Shehzad Rheman
  - Stephanie Arocho
  - Todd Pesavento
- **HRSA Representatives**
  - Jim Bowman
- **SRTR Representatives**
  - Bryn Thompson
- **UNOS Staff**
  - Stryker-Ann Vosteen
  - Dzhuliyana Handarova
  - Jenn Musick
  - Houlder Hudgins
  - Kayla Temple
  - Lauren Motley
- **Other attendees**
  - Arpita Basu