OPTN Pancreas Transplantation Committee
Meeting Summary
June 24, 2024
Conference Call

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

Introduction

The OPTN Pancreas Transplantation Committee (henceforth the Committee) met via WebEx teleconference on 6/24/2024 to discuss the following agenda items:

1. Announcements
2. New Project Discussion
3. Farewell to members rolling off

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

1. Announcements

Summary of discussion:

No discussion or action items.

The Chair updated the Committee on the Board of Directors (the Board) meeting June 17th. The Board received an update on the Continuous Distribution (CD) work the Committee has been engaged in. The Committee was informed of the confirmed date of October 10th, 2024 for the Pancreas in-person meeting. Additionally, members were reminded to sign the Code of Conduct document by July 1st.

2. New Project Discussion

Summary of discussion:

The Committee will review and further outline the potential new projects identified and determine the sequence of projects.

The Committee continued their discussion and consideration of developing a guidance document to address logistics of pancreas procurement. They reviewed potential questions to ask during public comment to gain further insight on procurement, listed below:

1. How might mandating OPOs to have procurement teams for all abdominal organs, including pancreas, impact procurement?
2. Certification for procurement requirements:
    a. What are potential implications to allowing non-surgeons to perform procurement procedures?
    b. What factors should be considered when determining who is qualified to perform procurement procedures?
3. How can the OPTN effectively monitor and address surgical damage to the pancreas during procurement, and at what organizational level should this oversight be implemented, OPO or procurement team?
4. In what ways might the establishment of dedicated directors for pancreas programs influence effectiveness, outcomes, and growth of the program?

5. What innovative strategies could be implemented to enhance fellowship training and cultivate greater interest in pancreas transplantation among medical professionals?

A member asked about requirements for certifying pancreas procurement surgeons. They wanted to know if the American Society for Transplant Surgeons (ASTS) had offered any insight. The Vice Chair responded that this might be outside ASTS's scope. They suggested it could be addressed by the Transplant Accreditation and Certification Council (TACC) or the Organ Procurement Organization (OPO) Committee. A point was raised about procurement certification. It's not limited to surgeons; other professionals can be certified too. However, it was voiced that it is important to consider how it looks when non-surgeons conduct procurements. Even if these professionals are certified, it could raise concerns in the community. The Vice Chair recommended reaching out to the OPO Committee for additional input and insight on this process. The Chair affirmed that getting this insight would inform work on the guidance document and could answer questions about pancreas procurement processes. It was also noted that the ASTS might not have sufficient information regarding who is certified to conduct procurements. This information might be attainable through the Association for Organ Procurement Organizations (AOPO) Credentials Information Network (ACIN).

A member asked whether there is any data on outcome differences in scales of injuries between surgical procurement vs. non-surgical procurement. It was clarified that ACIN does not have a formalized process for tracking this information and there could be an associated concern with making it harder to gain the necessary expertise for fear of injury tracking and differences between surgical and non-surgical procurements. It was recognized that such data might be out of scope of this work. The Chair added some context from previous discussions. During initial modeling for Continuous Distribution (CD) work, a question arose about injury occurrence. They wanted to know if injuries happened at the receiving hospital or were caused by the procuring surgeon. There was interest in whether this data could be gathered from OPTN records. However, it was clarified that OPTN does not currently monitor this information. It was asked whether there is data on who conducts the procurement and while there are codes to determine which recovery team procured which organ, it is not granular enough to determine the role of the procuring individual.
A member queried as to who determines the individual to procure the organ, another member supplied that it is up to an OPOs or transplant programs discretion. An additional consideration was added while ACIN is a valuable tool as a database, it is not an accreditation, nor is it mandated that OPOs use it.

Members suggested gathering more data on who conducts procurements. This could help understand the scale and scope of the issue for a potential project. One member shared that their OPO uses technicians for kidney procurements. They collect detailed data on who performs the procurement and any surgical damage. However, since OPTN doesn't collect this data, it would be challenging to request it on a larger scale. An OPTN Contractor staff member queried whether this or similar data might be gathered through literature. The Vice Chair sent information pertaining to a single center study done which approximates the question of procurements and injury tracking but does not provide the granularity the Committee is seeking.

The Chair posed a question to the Committee: If outcomes don't differ based on who procures the organ, should OPOs be required to have a pancreas procurement specialist on staff? Some members agreed it was a valid question. However, they raised concerns about its feasibility for OPOs. They also noted the need to consider potential negative effects of restricting procurements, such as an increase in organs non-use. Committee members voiced concern with asking questions 1-3 until more data or

information is available. The Vice Chair recommended asking the OPO Committee leadership for their insight before moving forward with these questions on the public comment document.

A representative from Health Resources and Services Administration (HRSA) mentioned ASTS's past efforts to educate transplant fellows on procurement. The Vice Chair confirmed this. They explained that ASTS has organized workshops to give people hands-on experience with procurements. These workshops also aim to improve participants' skills in the process. They voiced that the ASTS is also attempting to leverage other avenues for education to increase comfortability with procurement.
A member queried whether transplant fellows are able to procure pancreata on their own, they were informed that similar to other areas, it is a graded training. It was clarified that OPO has different requirements before allowing solo procurements, creating some variation.

Members sought clarity on whether surgical damage data is tracked or monitored. It was affirmed that there are codes used to input different levels of surgical damage, but these are not always used properly. The Vice Chair also highlighted that there is a difference between surgical damage and anatomical variations, and it can be determined when to differentiate. Another member posited that gathering more data and monitoring for surgical damage might be an appropriate first step. They continued that if outcomes are being affected, then OPOs and transplant programs would need to address the issue. Members affirmed that further insight from the OPO Committee would be appreciated in this area.

Members agreed to send out questions 4 and 5 for community feedback. They believed this could yield valuable information. Regarding question 5, a member asked for clarification. They wanted to know if the question was about having a dedicated surgical pancreas director or a medical pancreas director. The Vice Chair affirmed that both would be preferrable. The member pointed out a key issue in acquiring a medical pancreas director: lack of staffing and time. Currently, there is no mandated protected time for this role. They suggested this would need to be addressed in the future. Another member raised a concern about smaller programs. They noted that some programs perform fewer than 5 pancreas procurements annually. As a result, their staff might not meet the criteria to become a medical or surgical director of a pancreas program.
The Chair weighed in, highlighting that the aim of question 5 is to understand the benefits of having a champion for pancreas transplant at ones program.

Next steps:

The Committee will review and further outline the potential new projects identified and determine the sequence of projects.

3. Farewell to members rolling off

Presentation Summary:

Outgoing members were recognized for their service on the Committee.

Summary of Discussion:

No discussion or action items.

There were no comments or questions. The meeting was adjourned.

Upcoming Meetings

- July 1, 2024 (Teleconference)

Resources referenced in summary

- https://www.asts.org/advocacy/surgical-standards-for-surgeons-performing-deceased-donor-organ-procurements-for-transplantation
- https://www.sciencedirect.com/science/article/pii/S1600613522273225?via%3Dihub

Attendance

- **Committee Members**
  - Oyedolamu Olaitan
  - Ty Dunn
  - Asif Sharfuddin
  - Diane Cibrik
  - Dean Kim
  - Neeraj Singh
  - Shehzad Rehman
  - Todd Pesavento
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Jon Miller
  - Bryn Thompson
  - Raja Kandaswamy
- **UNOS Staff**
  - Joann White
  - Stryker-Ann Vosteen
  - Kristina Hogan
  - Lauren Motley
  - Sarah Booker