OPTN Kidney and Pancreas Transplantation Committees: Kidney-Pancreas Continuous Distribution Workgroup Meeting Summary January 20, 2023 Conference Call

Martha Pavlakis, MD, Chair
Jim Kim, MD, Chair
Rachel Forbes, MD, Chair
Oyedolamu Olaitan, MD, Vice Chair

Introduction

The Kidney-Pancreas Continuous Distribution Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 01/20/2023 to discuss the following agenda items:

1. Review: Organ Allocation Simulator (OASIM) Addendum
2. Update: Kidney-Pancreas Continuous Distribution Review Board Workgroup

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

1. Review: Organ Allocation Simulator (OASIM) Addendum

The Workgroup reviewed key takeaways from the OASIM modeling addendum.

Data summary:

Kidney metrics highlighted from the addendum included median travel distance by the Kidney Donor Profile Index (KDPI), travel distance distribution by calculated panel-reactive antibody (CPRA), and transplant rates by CPRA.

- Median travel distance for high KDPI (85-100) donors in the "Combined Analytic Hierarchy Process (AHP)" scenario was 499 nautical miles (NM) whereas in the "High KDPI Efficiency" scenario it was 253 NM showing that the high KDPI donor modifier is working as intended.
- For CPRA 0%-99.5%, kidneys travel farther than in current policy, and for CPRA 99.5% and above, kidneys travel similar distances to current policy. The "All Donor Efficiency" scenario is the exception to that as travel distance is significantly decreased for all kidneys.
- In all scenarios, the kidney transplant rate for CPRA 99.5% and above is decreased from current policy simulations, with the "All Donor efficiency" scenario having the highest decrease in transplant rate.

Metrics for Pancreas and Kidney-Pancreas (KP) from the addendum included median time from listing to transplant by gender and race for the "Combined AHP" and "All Donor Efficiency" scenarios.

- Median time from listing to transplant was similar for males and females under both scenarios compared to current policy. Waiting time was slightly higher under the "Combined AHP" scenario and slightly lower under the "All Donor Efficiency" scenario.

- Median time from listing to transplant was different amongst the racial groups with the Pacific Islander and multi-racial groups having notably higher wait times consistently across all models and current policy.

Summary of discussion:

A member asked if any changes had been considered that would correct the skew in transplant rates for patients with 99.5% CPRA compared with 100% CPRA in current policy. The Kidney Committee Chair replied that it has been considered and investigated but that there have not been any projections that can completely correct the distribution. Another member noted that potentially CPRA 99.95% candidates and higher might always have low transplant rates. He suggested an override be put in place for those candidates to allow additional priority regardless of the continuous distribution calculation. The Chair asked if this level of granularity in CPRA is already integrated in the allocation system, but it was observed that it is not. The Pancreas Committee Vice Chair noted that it does appear that the continuous distribution modeling scenarios seem to correct for this transplant rate disparity among high CPRA candidates in current policy.

The Pancreas Committee Vice Chair noted that the modeling for distance traveled could be a concern for organ discard and will be curious as to what public feedback is on topic. He recommended that information be gathered on this as most scenarios resulted in further distances traveled when compared to current policy. Staff noted that the SRTR explained that the increase in travel distance might be skewed by the fact that the models assume organ acceptance and do not account for organ declines as well. Longevity matching might have also skewed results by not offering higher KDPI organs to good candidates for transplant earlier in the match and shifting the function to be asymmetric might help account for that. A member asked if the modeling accounted for low KDPI kidneys that are placed with multi-organ combinations that are prioritized over kidney alone offers. Another member brought up the concept paper that the Multi-Organ Transplantation (MOT) Committee is working on that discusses whether any kidney alone or KP candidates should be prioritized over other multi-organ combinations. A staff member also noted that this will become even more complicated during the transition period when some organs are using continuous distribution and some are still using a classification system. A member commented that intertwining continuous systems with classification systems between organs adds a layer of complexity that will present challenges. Another member elaborated that the discussion of which patients should receive that kind of priority dovetails into discussions about review boards for kidneys.

Next steps:

- The Kidney and Pancreas Committees will continue to review each attribute and develop a second modeling request.
- The KP CD Workgroup will be updated through this process
- Public Comment is now open and includes a KP CD Update

2. Update: Kidney-Pancreas Continuous Distribution Review Board Workgroup

The Workgroup was provided an update on progress made by the KP CD Review Board Workgroup and requested feedback on the recommendations regarding which specialists should be allowed to review in pediatric or adult kidney and pancreas cases.

Summary of Discussion:

A member with experience on liver review boards commented that having separate adult and pediatric kidney review boards and age specific specialists in them is going to be key to representing the pediatric patient experience. The same member also noted that for pediatric pancreas review boards, the most

common type of case is a teenager with a similar disease to adults and so having adult specialists fill in on that review board seems appropriate. Another member concurred with that sentiment but does not feel that it is necessary for pediatric nephrologists to be included in the adult kidney review board. Staff clarified that it might make more sense for kidney review boards that pediatric and adult transplant specialists are assigned with the age group that align with their expertise given that there is not a lack of reviewers, and Workgroup members agreed. The Pancreas Committee Vice Chair noted that given the rarity of pediatric pancreas candidates and the similarities to adult cases, it may not be necessary to have a pediatric pancreas review board at all. It was added that there is no formal training for pediatric pancreas transplant and so defining qualifications for that review board might be difficult.

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

Upcoming Meeting

- February 17, 2023 (Teleconference)

Attendance

- **Workgroup Members**
  - Abigail Martin
  - Bea Concepcion
  - Caitlin Shearer
  - Alejandro Diez
  - Dolamu Olaitan
  - Jim Kim
  - Martha Palakis
  - PJ Geraghty
  - Peter Lalli
  - Rachel Engen
  - Rachel Forbes
  - Todd Pesavento
- **SRTR Staff**
  - Ajay Israni
  - Bryn Thompson
  - Grace Lyden
  - Jonathan Miller
  - Raja Kandaswamy
  - Josh Pyke
  - Sommer Gentry
- **UNOS Staff**
  - Carol Covington
  - Austin Chapple
  - Ben Wolford
  - James Alcorn
  - Joann White
  - Kayla Temple
  - Keighly Bradbrook
  - Keiran Mcmahon
  - Kim Uccellini
  - Lauren Mauk
  - Lauren Motley
  - Lindsay Larkin
  - Sarah Booker
  - Thomas Dolan