

OPTN Pancreas Transplantation Committee

Meeting Summary

April 3, 2023

Conference Call

Rachel Forbes, MD, Chair
Dolamu Olaitan, MD, Vice Chair

Introduction

The OPTN Pancreas Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 4/3/2023 to discuss the following agenda items:

1. Continuous Distribution of Kidneys and Pancreata: Facilitated Pancreas
2. Upcoming Meeting Discussions

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

1. Continuous Distribution of Kidneys and Pancreata: Facilitated Pancreas

The Committee reviewed their potential recommendations for OPTN policy 11.6: *Facilitated Pancreas* and discussed whether these recommendations should be incorporated into the new continuous distribution (CD) framework.

Summary of discussion:

A member shared that their program receives pancreata offers from more than 100 nautical miles (NM) and is not aggressive at accepting them. She expressed concerns that if many programs are approved for facilitated pancreas (FP), they may not be aggressive about reporting.

In current OPTN policy, organ procurement organizations (OPOs) and the OPTN are permitted to make FP offers if no pancreas offer has been accepted three hours prior to the scheduled donor organ recovery. A member inquired about the recommended time change from three to five hours prior to the scheduled donor organ recovery. A member replied that with a three-hour timeframe, it's challenging to mobilize a team and get a patient ready to accept an organ, resulting in the organ not being accepted. In contrast, five hours would allow additional time for the organ to be placed.

Another member agreed that three hours is insufficient time to accept an organ before the scheduled donor organ recovery. The member continued by explaining that OPOs have begun to mobilize the other recovering team within five hours. It was also noted that if local centers within 100 NM have declined the organ, OPOs are tasked with finding a surgeon to perform the recovery for another program. Therefore, having additional time would allow for this.

Another member asked if there was a list of FP-approved programs. The Chair replied that there should be. A member suggested that three hours should be allotted to local centers within 100 NM and centers more than 250 NM should be allotted five hours. This change could be incorporated into the continuous distribution framework but also gives extra time to centers that are farther away.

Another member suggested making the qualifying criteria more significant by requiring programs to have transplanted 3-4 pancreata, instead of 2 pancreata, within the last two years. This requirement change may help determine which programs are serious about accepting the pancreas, and if they have

five hours to plan for this, then this may be beneficial. The Chair asked if there is data on the amount qualifying FP centers in the past two years and how many centers have taken two pancreata outside of the 250 NM. Staff replied that from July 2020- June 2022, 118 programs transplanted at least one pancreas during these two years—a total of 60 programs transplanted at least one pancreas outside of 250 NM.

Another member shared that their program routinely has transplanted pancreata from donor hospitals more than 250 NM. Therefore, the ability for programs to qualify if they have transplanted at least two pancreata from donor hospitals less than 250 nm is not enough, and the qualifying criteria should be more meaningful. A member suggested increasing the number of transplanted pancreata but keeping the distance at 250 NM because it's outside of drive time. Members discussed changing the number of pancreases transplanted from 2 to 4 from donor hospitals within a 250 NM radius over the course of 4 years, and with the requirement that OPOs make FP offers if no pancreas offer has been accepted in 5 hours prior to the scheduled donor organ recovery, instead of 3 hours. Staff noted that if these criteria requirements took place, there would be 29 out of 118 (25%) qualifying FP programs. The Chair agreed that this seemed more reasonable.

A member inquired if there is a way to review declined codes from centers that received FP offers and have refused them. The member noted that not many transplants are being done after receiving an FP offer and is interested in why centers are declining the offers. Another member commented that late offer turndowns are not a specific issue for FP alone; it's also an issue for the local programs procurement. He explained that this issue is a more complex analysis because there are many variables, but there are some outliers in the country that can probably be identified.

Members agreed to keep the bypass distance at 250 NM, reasoning that keeping the distance at 250 NM allows for consistency, and it is reasonable that most centers within 250 NM should have seen the offer and determined if they would decline it. If it's close to the operating room (OR)time, it's unlikely that the centers would use the pancreas. Members also agreed on increasing the demonstrated transplanted criteria from 2 to 4.

Staff summarized the FP recommendations as follows:

- The Committee recommends increasing the FP offer timeframe to 5 hours prior.
- The Committee recommends applying FP bypass to greater than 250 nm.
- The Committee recommends that bypass applies to KP and pancreas candidates.
- The Committee recommends that the bypass applies to all candidates at non-facilitated programs regardless of CPRA or O ABDR mismatch levels.
- The Committee recommends that qualifying criteria remain at 250 nm, which will now align with applying FP bypass to greater than 250 nm.
- The Committee recommends increasing the number of pancreata that must be transplanted from 1 to 4 within two years.

A member asked how acceptance is defined. A member explained that the host OPO can typically call the top provisional yes and inform them that the program can firmly accept the offer to move into FP allocation. Then, if there has not been any program that's accepted the offer within the 5-hour timeframe, OPOs are permitted to make a FP offer. Staff added that the host OPOs could click a button to go facilitated, which is not driven by an acceptance or provisional yes.

Next steps:

The Committee's recommendations will be included in the request for feedback for the 2023 public comment cycle.

2. Upcoming Meeting Discussions

Staff gave a brief overview of the upcoming meeting discussions for future meetings. The Committee will discuss the following at upcoming meetings:

- Mandatory KP
- Medical Urgency
- Pancreas Review Board
- Review of July 2023 Public Comment update/request for feedback

Summary of discussion:

There were no further discussions from the Committee.

Upcoming Meeting

- May 1, 2023

Attendance

- **Committee Members**
 - Rachel Forbes
 - Colleen Jay
 - Diane Cibrik
 - Jessica Yokubeak
 - Mallory Boomsma
 - Maria Helena Friday
 - Muhammad Yaqub
 - Nikole Neidlinger
 - Parul Patel
 - Rupi Sodhi
 - Ty Dunn
 - William Asch
 - Todd Pesavento
- **HRSA Representatives**
 - Arjun Naik
- **SRTR Staff**
 - Jonathan Miller
 - Raja Kandaswamy
 - Caitlyn Nystedt
- **UNOS Staff**
 - Joann White
 - Carol Covington
 - Kaitlin Swanner
 - Kayla Temple
 - Kieran McMahon
 - Lauren Mauk
 - Lauren Motley
 - Sarah Booker
- **Other Attendees**
 - Rachel Allen
 - Girish Mour
 - Neeraj Singh