OPTN Pancreas Transplantation Committee
Meeting Summary
May 1, 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 05/1/2023 to discuss the following agenda items:

1. Update: KP CD Timeline
2. Discussion: KP Sharing threshold
3. Review: Kidney Committee OASIM modeling # 2

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

1. Update: KP CD Timeline

The Committee reviewed the Kidney-Pancreas continuous distribution timeline and project next steps.

Summer 2023 Public Comment:

- Update on 2nd OASIM request
- Request for feedback on efficiency topics (i.e., Facilitated pancreas recommendations)

Winter 2024 Public Comment:

- Kidney and Pancreas CD proposal

Summary of discussion:

There were no further discussions.

2. Discussion: KP Sharing Threshold

The Committee reviewed *OPTN Policy 11.4.* In the current Kidney-Pancreas (KP) allocation system, KP are allocated based on two classifications, age and body mass index (BMI). The host Organ Procurement Organization (OPO) must offer the KP through classifications 1 through 4 first, according to *Table 11-5: Allocation of Kidneys and Pancreas from Deceased Donors 50 years old and less with a BMI less than or equal to 30 kg/m^2* and *Table 11-6: Allocation of Kidney and Pancreas from Deceased Donors more than 50 years old or with a BMI greater than 30 kg/m^2*. After this has been exhausted, then the OPO host can offer the KP or separate the kidney and pancreas alone offers.

In previous KP Continuous Distribution (CD) Workgroup and Multi-Organ Transplantation (MOT) Committee discussions, a recommendation was suggested to mirror current policy requirements and to use the Organ Allocation Simulator (OASIM) modeling results and data to help estimate minimum composite allocations score (CAS) for candidates. The Committee was asked to determine the following:

- Should the goal be for the candidate profile for KP Sharing to mirror current policy?
    - Candidates within 250 NM

- Are there other candidate characteristics that should be considered within this threshold?
    - Must be tied to an existing attribute
    - Ex: high CPRA, pediatrics, long wait time

Summary of discussion:

The Chair stated that efficiency and proximity have been the focal point of this project, and it's important to maintain the 250 nautical miles (NM) distance as outlined in current policy. The Vice-Chair agreed and commented that current policy should be mirrored as the allocation system transfers to a CD framework. He added that there might be opportunities to improve efficiency and suggested reviewing data on the typical percentile range for which KPs are accepted so that KPs maintain the percentile range in the CD framework. A member questioned how many KPs have been accepted greater than 250 NM. Staff replied that roughly 80% of KPs have been accepted within 250 NM, and about 15-20% are outside 250 NM.

A member of the Pediatrics Transplantation Committee provided feedback that KP candidates with long waiting times, high sensitization, or who are pediatric should be prioritized. Given KP candidates' very short wait times, consideration of waiting time is essential to ensure equity with kidney-alone candidates. The member questioned if the continued use of a 250 NM cutoff is appropriate. She further commented that there are many issues with pancreas acquisition and wondered if patients 150 NM closer to the donor hospital should be prioritized to decrease late turndowns. The Chair responded that the wait time, high sensitization, and pediatrics are getting significant priority within these attributes to contribute to the total CAS score. She also replied that 250 NM is a reasonable approach, considering that 80% of KPs are accepted within this distance.

Another member questioned why there is a 250 NM cut-off and explained that all centers deserve an opportunity to evaluate donors. A member replied that if some OPOs offer KP within 250 NM, they should be able to continue. However, some OPOs don't offer KP sharing past 250 NM.

Staff summarized that the Committee agrees that KP sharing in the CD framework should mirror what is currently in policy, and during the monitoring phase, adjustments can be made if needed. The Vice-Chair added that once the Committee establishes the medical urgency attribute criteria, the attribute should be considered a candidate characteristic within the KP sharing threshold.

The Chair asked if OPOs should be required to offer KP sharing to centers past 250 NM before they are offered separately. A member replied that it should be kept in the 90% percentile within the 250 NM. Another member asked what the average percentage of candidates on the list matched better within the mandatory share policy requirements. Staff replied that they would look into how often OPOs are exhausting their entire match run before offering kidneys alone.

Next steps:

The Committee will continue to discuss other candidate characteristics that should be considered within the KP sharing threshold.

3. Review: Kidney Committee OASIM modeling # 2

The Committee received an update from the Kidney Committee on their discussions related to the second organ allocation simulator (OASIM) modeling request.

Data summary:

- The policy scenarios meet several of the Committee's stated goals:
    - Maintain high priority for pediatric, prior living donor, and medically urgent candidates

        - Maintain/slightly increase access for CPRA 99.9+ percent candidates while balancing the access between other CPRA groups
        - On average, increase access for patients with longer waiting times
        - Decrease disparities in transplant rates by blood type, CPRA group, DSA, racial group, sex, and ethnicity
        - Emphasis on maintaining access for Blood Type B and O patients

- Allowing for slight decreases or variation in EPTS 0-20 access and increases in travel distance allow for some gains:
    - Increasing distance, as shown in Policy B, D, and E allows for decreased disparity (including geographic disparity)
    - Decreasing EPTS 0-20 access will increase access for candidates with long waiting times, as shown in Policy D and E

Summary of discussion:

A member asked if distance is increased how will it impact graft function. The presenter replied that the Committee will need to review the modeling results to help determine the effect of these attributes. Another member asked if the increase in median transplant times is a bolus effect or if this should be consistent. Staff commented that the simulation is only run for a year, so this could be a bolus effect. It also serves those who have or may have accumulated long wait times. There have been discussions about looking at this data for a longer period to determine how that effect changes over time within the simulation period. Another member asked if there was any data on the non-utilizations of organs for the new policy models. The presenter replied that there is currently no data available to assess this.

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

Upcoming Meeting

- June 12, 2023 (Teleconference)

Attendance

- **Committee Members**
  - Rachel Forbes
  - Dolamu Olaitan
  - Jessica Yokubeak
  - Colleen Jay
  - Diane Cibrik
  - Mallory Boomsma
  - Muhammad S Yaqub
  - Nikole Neidlinger
  - Raja Kandaswamy
  - Randeep kashysp
  - Ty Dunn
  - William Asch
- **HRSA Representatives**
  - Arjun Naik
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Bryn Thompson
  - Jonathan Miller
- **UNOS Staff**
  - Joann White
  - Tamika Watkins
  - Carol Covington
  - James Alcorn
  - Keighly Bradbrook
  - Kieran McMahon
  - Krissy Laurie
  - Lauren Mauk
  - Lauren Motley
  - Lindsay Larkin
  - Ross Walton
  - Sarah Booker
- **Other Attendees**
  - Rachel Allen
  - Jim Kim
  - Neeraj Singh