

**OPTN Kidney and Pancreas Transplantation Committees**  
**OPTN Operational Considerations of Kidney and Pancreas Continuous Distribution Workgroup**  
**Meeting Summary**  
**August 19, 2022**  
**Conference Call**

**Valerie Chipman, RN, BSN, Chair**

## **Introduction**

The OPTN Operational Considerations of Kidney and Pancreas Continuous Distribution Workgroup (The Workgroup) met via Citrix GoTo teleconference on 08/19/2022 to discuss the following agenda items:

1. Welcome and Introductions
2. Workgroup Purpose, Goals, and Scope
3. Introduction to Continuous Distribution
4. Looking Ahead: Workgroup Topics

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

### **1. Welcome and Introductions**

Staff welcomed The Workgroup members to the meeting. The Workgroup members then introduced themselves, their connection to transplant, and their history of service with the OPTN.

### **2. Workgroup Purpose, Goals, and Scope**

Staff provided an overview of the Workgroup's purpose, goals, and scope.

#### Presentation summary:

The Operational Considerations Workgroup will focus on the aspects of kidney and pancreas allocation that fall outside of the composite allocation score while transitioning to a continuous distribution framework.

- Practical focus on utility and efficiency
- Diverse, practical allocation-experienced perspectives
- Operational topics include dual kidney allocation, minimum acceptance criteria screening, facilitated pancreas, etc.

The Operational Considerations Workgroup will discuss each topic and develop recommendations, which will be sent to the Kidney and Pancreas Committees for approval. Approved recommendations will be incorporated into the main Kidney and Pancreas Continuous Distribution proposal.

The Operational Considerations Workgroup will review and provide certain operational factors, and discuss and develop solutions for others.

The Workgroup's main scope will be to transition Kidney and Pancreas allocation to a continuous distribution framework, with few, minimal changes to current operational requirements.

#### Summary of discussion:

The Workgroup had no questions or comments.

### 3. Introduction to Continuous Distribution

Staff provided The Workgroup with a comprehensive review of continuous distribution.

#### Presentation Summary:

In 2018, the OPTN Board of Directors approved a “continuous distribution model” as a framework for future policy development of organ allocation.

- The current system places candidates into rank-ordered classifications reviewed in sequence
- Continuous distribution ranks all candidates using a composite allocation score, without categorizing into classifications and removing hard boundaries
  - The composite score is determined by multiple factors, called “attributes” that are weighted against each other during calculation.

Continuous distribution is flexible, and can be applied to all organs in a way that is unique for each organ, while being more responsive and adaptable for future changes. Continuous distribution is also more equitable, as factors are considered holistically.

Continuous distribution will be based on a composite allocation score given to every patient, composed of attributes related to

to medical urgency, post-transplant survival, candidate biology, patient access, and placement efficiency. Each attribute is assigned a specific weight, with some carrying more weight than others. How points are assigned for each attribute and the relative importance of each attribute are determined by rating scales and weights, respectively.

While weights are based in values, ratings are based in data. Staff shared the attributes that have been developed for kidney and pancreas:

- Medical Urgency
  - Kidney: Medical Urgency Definition
- Transplant Outcomes:
  - Kidney: DR Matching, Longevity
- Candidate Biology
  - Kidney: Blood type, Calculated Panel Reactive Antibody (CPRA)
  - Pancreas, KP, and Islets: Blood type identical, CPRA
- Patient Access:
  - Kidney: Pediatrics, Prior Living Donors, Waiting Time, Kidneys After Liver (KAL) safety net
  - Pancreas, KP, and Islets: Pediatrics, Prior Living Donors, Waiting Time
- Placement Efficiency:
  - Kidney: Proximity Efficiency (distance to transplant hospital)
  - Pancreas, KP, and Islets: Organ registration, proximity efficiency

Currently, there is no definition for medical urgency or transplant outcomes for pancreas.

Current kidney allocation and prioritization differs depending on the donor kidney’s KDPI. To replicate this, the OPTN Kidney Committee is incorporating donor weight modifiers depending on donor factors. These weight modifiers are included in the Kidney-Pancreas Simulated Allocation Model (KPSAM) and serve to replicate priority in existing KDPI sequences of kidney. Similarly, the OPTN Pancreas Committee will also be incorporating weight modifiers for donor factors specific to pancreas, namely donor age and body mass index (BMI). It is of note that these weight modifiers prioritize whole pancreas candidates for donors aged 45 and younger and BMI of 30 and under, and prioritize islet candidates for donors over the age of 45 or a BMI over 30.

The OPTN Kidney Transplantation Committee and the OPTN Pancreas Transplantation Committee have completed identifying the attributes and rating scales to include in the first iteration of continuous distribution. A modeling request has been submitted to the Scientific Registry of Transplant Recipients (SRTR). There are still many factors that are not included in the score that must be considered, many of these operational considerations must be resolved for continuous distribution to be successful.

Summary of discussion:

A Workgroup member pointed out these presentations are happening at OPTN regional meetings, and that often it takes two or three presentations for the information to make sense; the member encouraged The Workgroup to take time to digest all the information they heard.

A Workgroup member asked if there was an update on the modeling request and when that information will be available. Staff responded there is no specific date for the modeling to be returned, but the project is still on track with their overall timeline. The Kidney and Pancreas Continuous Distribution Workgroup will also be working with the Massachusetts Institute of Technology (MIT) for optimization modeling.

The Chair pointed out while there will be differences in opinions on the appropriate weights of the attributes, ultimately continuous distribution is a good thing to implement. Staff encouraged the Workgroup to use the continuous distribution tools that are available online for a better understanding of the changes that will take place.

A Workgroup member stated that they have noticed an increase in the discard rate, perhaps due to increased cold time. The member emphasized the importance of minimizing cold time and maximizing utilization in continuous distribution. Staff explained that placement efficiency will be an attribute in continuous distribution, and that the continuous distribution framework aims to address those issues in a smarter, not necessarily broader, distribution. This also means patients that cannot wait much longer are going to see their geographic access increase, and patients that can wait longer are going to see more localized distribution. Staff shared that one of the modeling requests will give increased weight to proximity efficiency, and so this is a topic that is going to be examined further.

**4. Looking Ahead: Workgroup Topics**

The Workgroup reviewed upcoming topics of discussion:

- Operationalization of dual kidney allocation
- National kidney offers and operationalization of the Kidney Minimum Acceptance Criteria Screening Tool
- Review Pancreas Committee recommendation: facilitated pancreas
- Review Kidney and Pancreas Committee recommendation: released organs

Summary of discussion:

The Workgroup had no questions or comments.

**Upcoming Meeting**

- TBD

## Attendance

- **Workgroup Members**
  - Valerie Chipman
  - Chandraseker Santhanakrishan
  - Colleen Jay
  - Jaime Myers
  - Jason Rolls
  - Nikole Neidlinger
  - PJ Geraghty
  - Raja Kandaswamy
  - Renee Morgan
  - Sharyn Sawczak
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Bryn Thompson
  - Grace Lyden
  - Jonathan Miller
- **UNOS Staff**
  - Alan Nicholas
  - Alex Carmack
  - Carly Engelberger
  - Carol Covington
  - James Alcorn
  - Joel Newman
  - Ben Wolford
  - Kayla Temple
  - Keighly Bradbrook
  - Kim Uccellini
  - Krissy Laurie
  - Lauren Motley
  - Melissa Lane
  - Rebecca Brookman
  - Ross Walton
  - Sara Moriarty
  - Sarah Booker
  - Stryker-Ann Vosteen
  - Tommie Dawson