

OPTN Pancreas Transplantation Committee

Meeting Summary

February 5, 2024

Conference Call

Oyedolamu Olaitan, MD, Chair

Ty Dunn, MD, MS, FACS, Vice Chair

Introduction

The OPTN Pancreas Transplantation Committee (the Committee) met via Cisco WebEx teleconference on 02/05/2024 to discuss the following agenda items:

1. Public Comment Proposal: Refit Kidney Donor Profile Index (KDPI) without Race and Hepatitis C Virus
2. Public Comment Proposal: Concepts for Modifying Multi-Organ Policy Request for Feedback

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

1. Public Comment Proposal: Refit Kidney Donor Profile Index (KDPI) without Race and Hepatitis C Virus

The Committee received a presentation on the OPTN Minority Affairs Committee's *Refit Kidney Donor Profile Index (KDPI) without Race and Hepatitis C Virus* proposal.

The Committee was asked to review the following considerations and provide feedback:

- Do community members support the removal of race and HCV variables from the KDPI calculation?
- Do transplant professionals believe this policy change will impact acceptance behavior when using KDPI to assess deceased donor kidneys for transplant?
- Do patients and donor families support the proposed solution?

Summary of discussion:

The Committee's feedback will be synthesized into a formal statement that will be submitted for public comment.

The members commended the effort to remove race and hepatitis C from the Kidney Donor Risk Index (KDRI) formula, noting the positive impacts it could have on increasing organ acceptance and aligning with patient and donor family support. However, some raised concerns about the potential need for increased biopsy rates, the validity of the modified model without these variables, and whether removing the KDRI entirely may be preferable to adjusting individual components.

The Committee acknowledged that while this change may not be a perfect solution, it represents meaningful progress toward the broader goal of eliminating race from OPTN policies and calculations when unnecessary. There were suggestions to potentially include additional factors like duration of Hepatitis C Virus infection in future refinements.

There was extensive discussion around monitoring center behavior after the change, as some speculated that removing the risk adjustments could paradoxically lead to decreased acceptance without that protection. It was attested that modeling center patterns proves challenging, but in the models done so far, it is anticipated there will be a decrease in kidney non-use rate.

Next steps:

The Committee's feedback will be synthesized into a formal statement that will be submitted for public comment.

2. Public Comment Proposal: Concepts for Modifying Multi-Organ Policy Request for Feedback

The Committee received a presentation on the OPTN Ad hoc Multi-Organ Transplantation Committee's *Concepts for Modifying Multi-Organ Policy* request for feedback.

The Committee was asked to consider the following during their discussion:

Multi-Organ Transplantation (MOT) vs. Single Kidney Offers

- Do patients and donor family members support efforts to improve access to transplant for kidney alone candidates, even if it means that candidates registered for multiple organs may need to wait longer for a suitable donor?
- Should kidney-pancreas candidates be considered multi-organ candidates?
- When both kidneys are available from a donor with a kidney donor profile index (KDPI) between 0-34%:
 - Should one kidney be allocated to MOT including kidney-pancreas (KP) and the second kidney to kidney alone?
 - Should one kidney be allocated to MOT and the second kidney to KP or kidney alone?
 - What are the potential impacts to KP and pediatric candidates?
- How should MOT candidates be prioritized when there is only one kidney available?

Policy Guidance for Organ Procurement Organizations (OPOs)

- Should policy direct the order in which OPOs allocate organs? If so, how should expected waitlist mortality or graft survival be incorporated into the prioritization of candidates across different match runs?
- What additional policy or system considerations would OPOs need to follow a match run order directed by policy?
- Do patients and donor family members support efforts to promote more consistency in how organ allocation is managed by OPOs across the country?

Summary of discussion:

The Committee's feedback will be synthesized into a formal statement that will be submitted for public comment.

The Committee suggested consideration for pediatric candidates maintaining access to the easier to place kidneys such as those with a low Kidney Donor Profile Index (KDPI). While some raised concerns

about potential disadvantages to pediatrics if Kidney-Pancreas (KP) candidates receive priority, others contended that pediatric programs are highly selective, and a substantial portion of low KDPI kidneys would remain available for kidney-alone candidates.

A concern was brought up by a member regarding the particular needs of pancreas transplant, as donor quality factors highly into whether a pancreas is transplanted. It was acknowledged that the MOT Committee does understand the concern, and noted that there is potential for an increase in pancreas use and utilization when KP transplant is prioritized.

The Committee consensus leaned toward maintaining KP candidates under the kidney candidate pool rather than categorizing them with MOT, aligning with previous Committee discussions.

It was suggested that utilization of safety net policies for MOT may help reduce some of the demand and increase pancreas and KP availability across pools. The Committee highlighted logistical challenges at organ procurement organizations (OPOs), where prolonged holds on kidneys pending placement of other organs can compromise kidney quality. The Committee Chair noted that the MOT Committee's *Modify Effect of Acceptance Policy* proposal (also out for public comment) aims to address this concern. The Committee would have the opportunity to hear more about the proposal and provide feedback during an upcoming meeting.

Next steps:

The Committee's feedback will be synthesized into a formal statement that will be submitted for public comment.

Upcoming Meetings

- February 26, 2024 (teleconference)
- March 8, 2024 (in-person)

Attendance

- **Committee Members**
 - Oyedolamu Olaitan
 - Asif Sharfuddin
 - Colleen Jay
 - Diane Cibrik
 - Jessica Yokubeak
 - Dean Kim
 - Mallory Boomsma
 - Muhammad Yaqub
 - Nikole Neidlinger
 - Neeraj Singh
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - Bryn Thompson
 - Jon Miller
 - Raja Kandaswamy
- **UNOS Staff**
 - Joann White
 - Carlos Martinez
 - Cole Fox
 - Kelley Poff
 - Lauren Motley
- **Other Attendees**
 - Alejandro Diez