

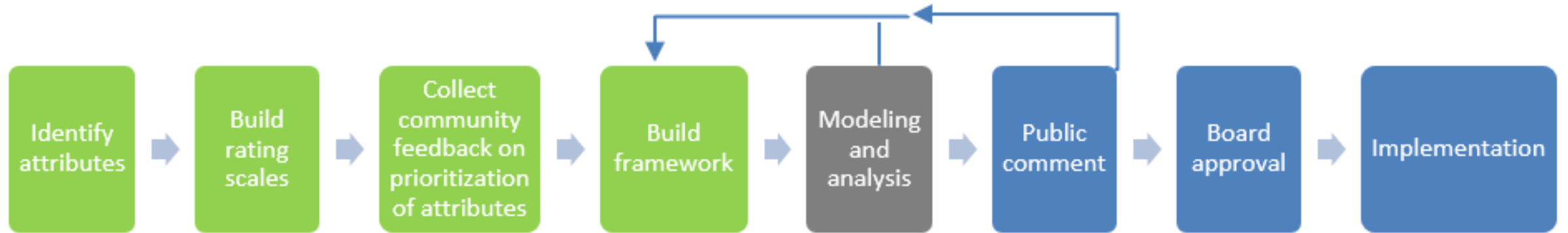
# Continuous Distribution of Kidneys and Pancreata Update

*OPTN Kidney & Pancreas Transplantation Committees*

# Committee Update

- Informs community on the progress to date on continuous distribution projects
- Paper Highlights:
  - Outlines considerations for allocation components outside of the composite allocation score
  - Updates on Organ Allocation Simulator (OASIM) results
  - Details current Committee and Workgroup structure and their focus areas
  - Outlines next steps

# Kidney and Pancreas Progress to Date



# Organ Allocation Simulator (OASIM)

- Results of the first Organ Allocation Simulator (OASIM) request were recently received and are currently being reviewed by the Committees
  - First round: Test effects of what would happen in extreme cases
  - Next round: More detailed/granular
- Decisions are **not** final
- Full report and addendum report can be found on the OPTN website

# SRTR Modeling Key Takeaways - Kidney

- Expanding and increasing weight on longevity matching showed:
  - Lower transplant rates in 35-50 year old candidates
  - Post-transplant graft failure rates lower in 18-34 and 35-49 year olds at 1 and 10 years
  - Increased graft failure rates in older kidney recipients
- Median travel distance increased in all scenarios
  - Increasing proximity efficiency weight does reduce this, but also reduces transplant rate for CPRA >98%
  - Increasing the donor modifier for high KDPI kidneys reduces the median travel distance for those kidneys
  - Pediatric candidates saw largest increase in median distance (likely due to pediatric priority weight)
- \*Additional context of results can be found on the OPTN site
  - [Optn.transplant.hrsa.gov/policies-bylaws/a-closer-look/continuous-distribution/](https://optn.transplant.hrsa.gov/policies-bylaws/a-closer-look/continuous-distribution/)

# SRTR Modeling Key Takeaways - Kidney

- **Transplant rates**
  - Lower for Black candidates and those on dialysis 5+ years in scenarios where less weight placed on qualifying time
  - Varied by OPTN region
  - Decreased for highly sensitized in scenarios where less weight placed on CPRA
  
- **\*Additional context of results can be found on the OPTN site**
  - [Optn.transplant.hrsa.gov/policies-bylaws/a-closer-look/continuous-distribution/](https://optn.transplant.hrsa.gov/policies-bylaws/a-closer-look/continuous-distribution/)

# OASIM Key Takeaways – Pancreas/KP

- Organ travel distance
  - Increasing weight on proximity efficiency reduces median distance
  - **Pancreas:**
    - Median distance under “Combined AHP” (10% proximity weight) was higher than current policy
    - Median distance under “All Donor Efficiency” (30% proximity weight) was lower than current policy
  - **Kidney-pancreas:**
    - Median distance under “Combined AHP” (10% proximity weight) was similar to current policy
    - Median distance under “All Donor Efficiency” (30% proximity weight) was lower than current policy
- \*Additional context of results can be found on the OPTN site
  - [Optn.transplant.hrsa.gov/policies-bylaws/a-closer-look/continuous-distribution/](https://optn.transplant.hrsa.gov/policies-bylaws/a-closer-look/continuous-distribution/)

# OASIM Key Takeaways – Pancreas/KP

- Transplant rates
  - Decreased for AB candidates under all CD scenarios (likely due to the "blood type identical" attribute)
  - Increased for pediatric candidates under all CD scenarios (likely due to new pediatric priority attribute)
  - Slight variation in transplant rates across OPTN regions, with the largest variation for Region 8
  
- \*Additional context of results can be found on the OPTN site
  - [Optn.transplant.hrsa.gov/policies-bylaws/a-closer-look/continuous-distribution/](https://optn.transplant.hrsa.gov/policies-bylaws/a-closer-look/continuous-distribution/)



# Mathematical Optimization

- In complement with the OASIM analysis, this analysis will help fine-tune and hone-in on a range of acceptable policy options
- Helps narrow the options to those with an acceptable equity versus utility balance
- Help inform the Committee's selection of weight for each attribute

# Other Considerations

- Committees developed two Workgroups to consider those allocation components that could fall outside of the composite allocation score.
  - Utilization Considerations Workgroup
  - Review Boards Workgroup

# Utilization Considerations Workgroup

- Goal: Transition the operational aspects of Kidney and Pancreas allocation to a Continuous Distribution framework with minimal changes to current operational requirements
- Topics discussed include:
  - Dual Kidney
  - En Bloc
  - Facilitated Pancreas
  - Mandatory KP Offers
  - National Offers
  - Screening and Filters
  - Minimum Acceptance Criteria (MAC)
  - Released Organs
- This work is in addition to other efficiency efforts such as predictive analytics, offer filters, minimum acceptance criteria, and the use of the proximity efficiency attributes

# Kidney and Pancreas Review Boards Workgroup

- Goal: Focus on development of kidney and pancreas-specific Review Boards
- Discussions include:
  - Identifying candidate-based attributes that could qualify for exception requests within the continuous distribution framework
  - Development of operational and clinical guidance for the new Review Boards

# Next Steps

- Committees and Workgroups will continue work on building the continuous distribution framework for kidney and pancreas allocation
- Committees are currently reviewing the results of the first modeling request
  - Will adjust as needed and re-submit for additional modeling
- Committees will continue to update community on progress of project
  - Public comment received will be reviewed and considered in development of framework and eventual proposal

# Questions?