OPTN Pancreas Transplantation Committee
Meeting Summary
August 21, 2023
Conference Call

Dolamu Olaitan, MD, Chair
Ty Dunn, MD, MS, FACS, Vice Chair

Introduction

The OPTN Pancreas Transplantation Committee (the Committee) met via WebEx teleconference on 08/21/2023 to discuss the following agenda items:

1. Review of Scenarios
2. Review & Discussion: Organ registration attribute

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

1. Review of Scenarios

The Committee reviewed the four scenarios modeled in the organ allocation simulation (OASIM) report. The modeling aims to compare each of the scenarios modeled under the OASIM to help determine which scenarios align more with the Committees' goals of continuous distribution. The Committee will vote on their top two preferred scenarios of the four.

Summary of discussion:

> Decision: The Committee came to a consensus that the top 2 preferred scenarios are scenario 3 (1:6:1) and scenario 2 (1:3:1)

A member inquired if the medical urgency attribute will be modeled once a weight is assigned. Staff replied that the scenarios will be readjusted to account for medical urgency once weights have been decided for organ registration and medical urgency. Another member asked if the prior living donor attribute was modeled. Staff replied that the prior living donor attribute could not be modeled in the OASIM but coincides with the pediatric attribute. The Committee was surveyed to rank the four scenarios modeled in order of preference. The survey results indicated that the preferred scenarios were scenario 3 (1:6:1) and scenario 2 (1:3:1).

Next steps:

The Committee will move forward with the top preferred scenarios but will continue to have further discussions once a weight for organ registration and medical urgency has been determined.

2. Review & Discussion: Organ registration attribute

The Committee reviewed and discussed what weight assignment and donor modifier should be given to the organ registration attribute. In current policy, whole organs are prioritized for pancreas candidates 50 years old or less with a body mass index (BMI) of 30 or less. Similarly, islet pancreas candidates are prioritized if the candidate is greater than 50 years old or has a BMI of 30 or greater.

The Committee's current modeling goals include priority for pancreas candidates, priority for whole pancreas candidates for donor age ≤ 45 and BMI ≤30 and prioritize islets candidates for donors > 45 or BMI >30. The Committee's rationale for reducing the age from 50 to 45 is because data shows that around age 45 there is a decrease in pancreas utilization, and it was determined that there should be prioritization for islets at a lower age instead of waiting until the age is 50 or greater. Additionally, data showed that around the 45-year age range, it is more challenging to allocate pancreata, and therefore, pancreas utilization rates by donor age should be considered.

Summary of discussion:

> Decision: The Committee came to a consensus that there should not be a negative donor modifier, which would result in avoiding a negative CAS score.

A member asked if the pancreas utilization rate is for whole organs only. A member replied yes, the utilization rates do not include pancreas islets. The member further inquired if there is data showing utilization rates for pancreas islet recipients. The presenter replied that islet utilization has been close to zero in the United States in 2017-2021. Therefore, given the small population of pancreas islet recipients, there is not robust data available. Another member asked if there was data on acceptance rates for pancreas islets. Staff replied that they could follow up with this data. Another member inquired about the BMI less than 30 cut-off. A member replied that in previous data, the older age group was looked at, and the reason for the BMI less than 30 cut-off was because the islet community felt that those obese donors yielded a better islet yield from the pancreas than the in the older population. The Vice-Chair noted that it would be ideal not to have a negative donor modifier. The Committee was surveyed on their preferred approach for the donor modifier for the organ registration attribute. The survey results indicated that the Committee preferred that there should not be a negative donor modifier, which would result in a positive CAS score.

Next steps:

The Committee will discuss the weight assignment for the organ registration attribute.

Upcoming Meeting

- September 11, 2023 (Teleconference)

Attendance

- **Committee Members**
  - Rachel Allen
  - Mallory Boomsma
  - Jessica Yokubeak
  - Diane Cibrik
  - Neeraj Singh
  - Ty Dunn
  - Colleen Jay
  - Dean Kim
  - Muhammad Yaqub
  - Asif Sharfuddin
  - Dolamu Olaitan
- **HRSA Representatives**
  - Shelley Grant
- **SRTR Staff**
  - Jon Miller
  - Bryn Thompson
  - Raja Kandaswamy
- **UNOS Staff**
  - Sarah Booker
  - Lauren Mauk
  - Joann White
  - Tamika Watkins
  - Joel Newman
  - Kristina Hogan
  - Lauren Motely
  - James Alcorn