OPTN Pancreas Transplant Committee
Meeting Summary
January 9, 2023
Conference Call

Rachel Forbes, MD, Chair
Oyedolamu K Olaitan, MD, Vice Chair

Introduction

OPTN Pancreas Transplant Committee (the Committee) met via Citrix GoToMeeting teleconference on 01/09/2023 to discuss the following agenda items:

1. Focused Discussion: Qualifying Time
2. National Academies of Science, Engineering, and Medicine (NASEM) Report Recommendations
3. Closing Remarks

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

1. Focused Discussion: Qualifying Time

Presentation Summary:

Feedback from previous Committee meetings revealed that the two-piece linear approach is the most equitable option for the qualifying time (also referenced as waiting time) attribute for pancreas and kidney-pancreas (KP). The Committee discussed the various factors that could contribute to the impact of qualifying time such as high turndown rates and sensitization. The Committee recommended an inflection point of 90 percent for candidates at a wait time of five years and a shallower line beyond five years to max.

Public comment feedback indicated support for the linear rating scale, however, some commenters supported waiting time inversions, but requested data to assess the impact. Another commenter wanted to combine waiting time and biological difficulty to match patients into a single attribute with a steep, nonlinear curve rating scale. It was noted that these were more specific to kidney, but important to include for the Committee's discussions.

Data Summary:

The Committee previously selected a two-piece linear rating scale with an inflection point at 90% at 5 years and a shallower line beyond 5 years to max. The Organ Allocation Simulation (OASIM) modeling results demonstrated when looking at current policy, the median time from listing to transplant was 0.69 years for female recipients and 0.63 years for males. When observing the two continuous distribution (CD) scenarios modeled (Combined AHP and All Donor Efficiency), the median time from listing to transplant was very similar under both CD scenarios relative to current policy.

Summary of discussion:

The Committee discussed whether the steepness of the rating scale should be lowered. A member suggested restructuring the scale so that 0-5 years is at a steep slope, 5-10 years is a gentle slope, and then it is an even gentler slope beyond 10 years. It would be a three-part curve rather than a two-part curve. The Committee agreed with this idea.

The Committee also discussed what this may mean for pancreas alone transplants. KP, unlike pancreas alone, receives some qualifying time contributions from dialysis. Solitary pancreata receive less priority compared to KP because KP earns more qualifying time because of dialysis treatment.

The Committee voiced concern about the disproportionate rates of KP transplant waiting time compared to pancreas alone waiting time. A member suggested building an exception for Type I diabetes. The member acknowledged this would take a big project to complete this as well as a think tank with the capabilities to analyze unaware hypoglycemic patients. Another member suggested assigning more weight to qualifying time as an attribute and bringing the weights for both pediatrics and prior living donor down. Some members voiced opposition to this and concern that this solution would give the illusion that pediatrics and prior living donors are not being prioritized. The Committee agreed that the better solution may be to lower the weight for the blood type attribute and distribute those points into quality time.

The Committee was called to a vote from a snap poll asking members the following: Is one of the Organ Allocation Simulator (OASIM) scenarios closer to the intended goal? The Committee unanimously voted that the results of the All Donor Efficiency model was closest to the Committee's intended goal. The Committee was also asked, in considering proximity efficiency, how much emphasis should be placed on qualifying time in Continuous Distribution. Some Committee members voiced there being too much emphasis placed on all donor efficiency compared to quality time. There is a clear goal not to lose certain attributes at the expense of all donor efficiency.

2. National Academies of Science, Engineering, and Medicine (NASEM) Report Recommendations

The Committee reviewed the recommendations outlined by the NASEM report and discussed potential project ideas that could further address these recommendations.

A brief introduction to the NASEM report is conducted. The NASEM report was released February 2022 and then was responded to by the executive committee in April of 2022. They highlighted the ongoing work that is being done by the OPTN that is in alignment with the NASEM recommendations. The recommendations fell into the following categories: improve quality, use more donated organs, and improve the system and its performance. These recommendations overlap with OPTN focus and strategic priorities. Some of the projects that align with these recommendations are ongoing. Kidney implemented policy requiring the use of race neutral eGFR calculations in August of 2022. Liver approved changes to model for End Stage Liver Disease to address sex-based disparities in June of 2022. Lung implemented updates to prediction models in 2021. Heart is updating adult status qualifications. All organs have ongoing projects for social determinants of health special study projects. Finally, multi-organ projects approved changes to balance access between kidney alone and MOT candidates in June of 2022. Continuous Distribution also falls in alignment with the recommendation as well. The next step would be to recommend policy to the policy oversight committee.

Summary of discussion:

Committee members then mention some ideas that could create desired outcomes for the project. Some members want qualifying time to be weighted more and that proximity efficiency is important and that taking away points from other attributes to supplement proximity efficiency and qualifying time could be beneficial. Subtracting points from rare occurrences, like pediatrics and prior living donor, and adding them to qualifying time and proximity efficiency could produce the committee's desired outcome. The Committee agreed with the All Donor Efficiency model being closest to the Committee's intended goal.

The Committee members were asked to advocate for a project that aligns with the NASEM report. The Committee put forth an idea that relates to the pursuit of multi organ transplants. The main question was who gets priority over multi organ transplants? For example, if a lung-kidney transplant is required for a patient and a kidney-pancreas organ is required for another patient, which patient has more priority over that shared organ? Some Committee members would want this situation to be enshrined in the guidelines. Another project idea that is brought up by the Committee revolves around the idea of pancreas procurement. The Organ Procurement Organization (OPO) usually has methods for procuring organs if there is no one available to do so, however, this does not exist for pancreas. The Committee also entertains the idea of the pancreas having its own team for procurement. It would be more productive if a pancreas team was in charge of recovering pancreases rather than kidney team doing it.

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

Upcoming Meetings

- January 20, 2022 (Teleconference)
- January 27, 2022 (in person – Houston, TX)

Attendance

- **Committee Members**
  - Colleen Jay
  - Dean Kim
  - Diane Cibrik
  - Dolamu Olaitan
  - Jessica Yokubeak
  - Luke Shen
  - Maria Friday
  - Megan Adams
  - Muhammad Yaqub
  - Parul Patel
  - Rachel Forbes
  - Rupi Sodhi
  - William Asch
  - Todd Pesavento
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Raja Kandaswamy
  - Bryn Thompson
  - Jonathan Miller
- **UNOS Staff**
  - Joann White
  - Carol Covington
  - Lindsay Larkin
  - Lauren Mauk
  - Austin Chapple
  - Kieran Mcmahon
  - Lauren Motley
  - Sarah Booker
  - Krissy Laurie