

OPTN Pediatric Transplantation Committee

Meeting Summary

February 15, 2023

Conference Call

Emily Perito, MD, Chair

Rachel Engen, MD, Vice Chair

Introduction

The OPTN Pediatric Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference, on 02/14/23 to discuss the following agenda items:

1. Welcome and Announcements
2. Update: Monitoring Report Project and Next Steps
3. Pediatric Lung Priority Data Request Report
4. Recap and Public Comment Review: Kidney Pancreas Continuous Distribution

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

1. Welcome and Announcements

Committee leadership welcomed the Committee and gave a few announcements.

2. Update: Monitoring Report Project and Next Steps

An update was given on the Committee's monitoring report project and next steps were outlined.

Presentation Summary:

In the recent in-person Committee meeting, members split out into organ-specific groups to review metrics included in recent OPTN monitoring reports. Next steps for this project include meeting with UNOS research staff to determine recommended format, touching base with the OPTN Policy Oversight Committee (POC) about their policy evaluation pivot, and to then begin drafting the reference document.

The Chair explained some of the compiled feedback from the breakout discussions and talked about aligning some of the suggestions.

Summary of Discussion:

A member asked for clarification on the project goals, and the Chair explained. This member suggested looking at the metrics that programs are evaluated by and looking at the data fields to see if they are appropriate for pediatrics. The Chair explained that this would be out of the scope of the current project, but worthwhile to consider for future discussion.

A member suggested having more time in breakout sessions with a draft in hand to consider. The Vice Chair explained that submitting public comments on proposed key metrics for policy evaluation is important moving forward. Members also discussed seeking input from organ-specific societies on what would be helpful to include.

3. Pediatric Lung Priority Data Request Report

The Committee received the results of pediatric lung priority data request ahead of lung continuous distribution implementation on March 3, 2023.

Presentation Summary:

Lung allocation is based on the Lung Allocation Score (LAS) which classifies candidates as adults if they are at least 12 years old. The Pediatric Committee is concerned that this classification method disadvantages lung candidates who are 12-17 years old by grouping them with adults. The concern is that pediatric patients 12-17 years old may experience higher waitlist mortality due to this classification. Although the switch to continuous distribution for lung allocation is expected to improve this situation, more analysis is needed to establish a baseline to further understand how Continuous Distribution (CD) will affect this patient population. This analysis is intended to provide a baseline for understanding waitlist mortality for lung candidates aged 12-17 compared to candidates aged 0-11 and 18-24 and how that is impacted by the switch to continuous distribution. The committee's intention is to provide recommendations to the monitoring plan for lung continuous distributions based on potential impacts seen through this data request.

Data Summary:

The data request showed the following:

- No significant changes for 12–17-year-old candidates in height or weight
- No significant differences in survival for 12–17-year-old candidates
- Significant increase in the transplant rate for 12–17-year-old candidates

Summary of Discussion:

A member asked where to submit questions about lung continuous distribution, and staff explained that questions can be submitted to the Member Questions inbox.

4. Recap and Public Comment Review: Kidney Pancreas Continuous Distribution

The Committee reviewed a public comment draft for the Continuous Distribution of Kidneys and Pancreata Committee Update paper out for public comment.

Presentation Summary:

The Vice Chair explained the contents of the update paper and explained that because the Committee had already heard the results of the modeling request, a formal public comment presentation was not needed. Some of the considerations that the OPTN Kidney and Pancreas Transplantation Committees are weighing for the second modeling request were explained, including high priority for pediatric candidates and the use of the Massachusetts Institute of Technology (MIT) modeling tool.

The draft of the public comment based on prior Committee feedback was shown and explained:

The OPTN Pediatric Transplantation Committee thanks the Kidney and Pancreas Committees for the opportunity to provide feedback. The Committee agrees with high prioritization of pediatric candidates within the continuous distribution framework and recommends that pediatric priority be a top consideration throughout the process. The Committee reviewed the modeling results and noted concern regarding the increased travel distance seen in three of the modeled scenarios. Some unintended consequences including increased cost, cold ischemic time (CIT), delayed graft function, transportation errors, and complications in surgery may follow from this increased distance. The

Committee recommends following these metrics (where applicable) in evaluating proposed continuous distribution policies and any additional modeling and consider impact on the pediatric population.

In general, the Committee supports a high weight on the pediatric attribute and recommends against any policy that drastically increases median distance for pediatric offers.

Summary of Discussion:

A member shared their recent experience sitting in on the recent Kidney calls and explained that they were pleased to hear that the Kidney Committee was thoughtfully considering pediatric candidates.

A representative from the Scientific Registry of Transplant Recipients (SRTR) suggested sharing the comment with societies as a template to base their public comments on. A member suggested re-ordering the unintended consequences and leading with the clinically relevant factors. A member suggested removing complications in surgery. Members discussed offer acceptance rates and potential pediatric impacts with increased offers, as well as center acceptance practices. Offer rates and acceptance rates should be closely monitored as continuous distribution is implemented. A member underscored that while the increased priority will mean more offers to pediatric candidates, however, it is unclear that these offers will be suited for pediatric transplantation.

A member suggested re-emphasizing that pediatric donor kidneys should be allocated to primarily pediatric recipients. An SRTR representative stated that graft survival needs more emphasis in the public comment. Another member suggested adding concern for minority groups into the public comment.

Next Steps:

The updated public comment will be posted on the OPTN website on behalf of the Committee.

Upcoming Meeting

- March 15, 2023

Attendance

- **Committee Members**
 - Abigail Martin
 - Brian Feingold
 - Caitlin Peterson
 - Caitlin Shearer
 - Neha Bansal
 - Emily Perito
 - Gonzalo Wallis
 - Jennifer Lau
 - Johanna Mishra
 - Meelie Debroy
 - Kara Ventura
 - Namrata Jain
 - Geoffrey Kurland
 - Neha Bansal
 - Rachel Engen
 - Reem Raafat
 - Shantavia Edmonds
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - Jodi Smith
 - Katherine Audette
- **UNOS Staff**
 - Betsy Gans
 - Matt Cafarella
 - Kieran McMahon
 - Dzhuliyana Handarova
 - Samantha Weiss
 - Susan Tlusty
- **Other Attendees**
 - Melissa McQueen