

OPTN Pancreas Transplantation Committee

Meeting Summary

August 9, 2023

Conference Call

Dolamu Olaitan, MD, Chair

Ty Dunn, MD, MS, FACS, Vice Chair

Introduction

The OPTN Pancreas Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 08/09/2023 to discuss the following agenda items:

1. Public Comment Presentation: Modify Organ Offer Acceptance Limit (OPO Committee)
2. Follow up: SRTR OASIM Results
3. Overview: Draft Composite Allocation Score (dCAS)
4. Review of Upcoming Pancreas Committee Meetings

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

1. Public Comment Presentation: Modify Organ Offer Acceptance Limit (OPO Committee)

Decision: The Committee will provide feedback to the sponsoring committee.

The Committee reviewed the OPTN Organ Procurement Organization (OPO) Committee's *Modify Organ Offer Acceptance Limit* proposal.

Summary of discussion:

The Chair expressed support for the proposal. The Chair expressed concerns about the time limit to accept an offer. For example, if an operating room (OR) is scheduled and the program receives another offer less than 2-3 hours before the scheduled OR time, they can turn down the offer and accept another one, which may impact late turndown. The presenter replied that there was no data to show that late turndowns were happening, and hopefully, there are not many late turndowns because of a better offer. He added that the OPO Committee will monitor this and determine the outcomes of multiple acceptances. Another member suggested that the OPO Committee consider donor after cardiac death (DCD) exceptional. Another member asked if offers were from the same or different OPOs. The presenter replied that the offers were from different OPOs. A member asked if this policy is being proposed for only lifesaving organs. The presenter replied that the policy change is proposed for all organs; currently, data shows it's only being utilized mainly for liver organs.

Next steps:

The Committee will submit feedback on the OPO proposal to be posted to the OPTN.

2. Follow up: SRTR OASIM Results

Decision: The Committee will provide feedback to the sponsoring committee

The Committee reviewed key takeaways from the second organ allocation simulation (OASIM) report. The purpose of the overview is to compare each of the scenarios modeled under the OASIM to help determine which scenarios are more aligned with the Committee's goals of continuous distribution (CD).

Data summary:

Proximity Efficiency

- Increasing the weight on proximity efficiency relative to the weight on qualifying time decreased median distance.
 - Median distance lower under all 4 CD scenarios relative to simulated current policy.
 - Median distance highest under 1:1 scenario; lowest under 2:1 scenario.
- Kidney-pancreas (KP) and pancreas (PA) travel distance distributions show less of a hard boundary at 250 NM under all 4 CD scenarios relative to simulated current policy
 - 1.3:1, 1.6:1, and 2:1 scenarios had similar distance distribution.

Qualifying Time

- Transplant rates for candidates with the highest qualifying time (QT) decrease as the weight on qualifying time decreases, while transplant rates for the lowest qualifying time groups increase.
 - Median QT at transplant for 2:1 scenarios was most similar to the simulated current policy.

CPRA

- Transplant rates for CPRA >98-99.5% and >99.5-99% were notably higher under all 4 CD scenarios relative to the simulated current policy.
- No substantial differences in transplant rates for CPRA <98% or 100%.

Pediatrics

- All 4 CD scenarios had higher transplant rates for pediatrics compared with the current policy.

Summary of discussion:

A member expressed concerns about prioritizing organs away from individuals with longer waiting times. She explained that it's presumed that if distance decreases, it will lead to more efficiency, which is not necessarily true. A member replied that previous data showed that local pancreata are more likely to be used. When looking at transplant rates by distance, transplant rates were highest with decreasing distance, especially for KP. Therefore, decreasing distance does not make a difference for the pancreas alone; however, distance was a factor in improving transplant rates when looking at KP. The member further emphasized her concern and stated that prioritizing organs away from individuals waiting longer for an organ does not align with the Committee's goals. She explained that the goal is to lessen the value of geography, and in the modeling scenarios, it seems that geography is valued more. The member replied that even with the highest priority for proximity, the qualifying time retains the same priority under the current match system. If there's an increase in proximity efficiency weightage, the qualifying time weightage will decrease. However, the lowest weight for qualifying time still gives candidates the same transplant rates as the current policy.

At a previous meeting, another member noted that KP projections showed increased mortality for certain racial groups. He inquired if there was an allocation scenario that minimized this effect. A member replied that African Americans had slightly higher mortality, and the hypothesized rationale was due to more years spent on dialysis. In previous meetings, there was a suggestion to increase priority for qualifying time because that may be why African Americans are disadvantaged and are often

referred later and spend more time on dialysis. Another member asked about the rating scale for proximity efficiency and how the Committee landed on the piece-wise linear approach. The Chair explained that in previous discussions, 250 nautical miles (NM) was the presumed driving distance based on the data the Committee reviewed. From here, the distance decreased to 5,081 NM. The inner plateau, 50 NM, was included to consider prioritizing candidates listed at a hospital very close to a donor hospital. He added that the piece-wise linear approach could assign more points to efficiency depending on organ quality or donor type.

3. Overview: Draft Composite Allocation Score (dCAS)

Decision: There were no decisions made by the Committee.

The Committee were provided an overview on the draft composite allocation scores (dCAS). The intent of dCAS is to compare score distributions for the 4 CD scenarios modeled by the Scientific Registry of Transplant Recipients (SRTR). The purpose of the comparison is to better understand if a given policy option provides the desired prioritization for different candidate/donor factors according to the Committee's objectives for the allocation system.

Attributes included in the dCAS calculation are as follows:

- Qualifying time
- CPRA
- Pediatrics
- Organ registration (whole pancreas vs. islets)

Data summary:

- Overall dCAS distributions were fairly similar across all 4 CD scenarios.
 - The main difference between scenarios was relative weight on proximity efficiency vs. qualifying time, and proximity efficiency was not included in the dCAS as distance is not known prior to the match run.
- Scores generally increased with longer qualifying times in all 4 scenarios.
- Scores were generally higher for highly sensitized candidates and pediatric candidates in all 4 scenarios.
- Difference in score distributions by donor age/BMI illustrates the increased priority islet candidates would receive for donors with age>45 or BMI>30 as a result of the donor weight modifier on organ registration.

Summary of discussion:

The Chair commented that the dCAS results reflect the Committee's established goals. A member inquired if prioritizing whole pancreas candidates for the younger BMI donors will affect patients listed for simultaneous pancreas kidney (SPK) versus pancreas alone. The presenter replied that the pancreas alone and KP scores would be calculated in the same way, using the same rating scale and weight. Therefore, any differences between KP and the pancreas scores would be due to differences in demographics in this population, such as the pancreas alone. Pancreas alone candidates are waiting longer, so they will receive more points for waiting time. Similarly, another member expressed concerns about having a negative CAS score for KP candidates with a donor age greater than 45 and a BMI greater than 30. He suggested adding 10 points for KP candidates for both donor age ≤ 45 and BMI ≤ 30 and donor age > 45 with a BMI > 30 instead of having a negative CAS score. The Vice-Chair asked how to interpret the meaning of the overlaps in the graphs that are going to happen. A member replied that

when looking at dCAS distribution by candidate age, the overlaps may be due to qualifying time because qualifying time weight is decreased as the scores move right. Patients with high CPRA receive priority close to what the pediatrics receive, which was the Committee's intention.

Next steps:

The Committee will vote on the preferred top two scenarios that best align with the Committee's goals during an upcoming meeting.

4. Review of Upcoming Pancreas Committee Meetings

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| Decision: There were no decisions made by the Committee. |
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Staff reviewed upcoming pancreas meeting dates.

Summary of discussion:

There were no further discussions. The meeting was adjourned.

Upcoming Meeting

- August 21, 2023 (Teleconference)
- September 11, 2023 (Teleconference)

Attendance

- **Committee Members**
 - Colleen Jay
 - Dean Kim
 - Diane Cibrik
 - Dolamu Olaitan
 - Jessica Yokubeak
 - Muhammad Yaqub
 - Neeraj Singh
 - Nicholas Marka
 - Nikole Neidlinger
 - Rachel Allen
 - Raja Kandaswamy
 - Rupi Sodhi
 - Shehzad Rehman
 - Ty Dunn
 - Todd Pesavento
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - Bryn Thompson
 - Jon Miller
- **UNOS Staff**
 - Carlos Martinez
 - Joann White
 - Joel Newman
 - Krissy Laurie
 - Kristina Hogan
 - Sarah Booker
 - Tamika Watkins
- **Other Attendees**
 - Kurt Shutterly