

OPTN/UNOS Pancreas Transplantation Committee
Meeting Summary
March 10, 2015
Teleconference

Jonathan Fridell MD, Chair
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Discussions of the full committee on March 10, 2015 are summarized below and will be reflected in the committee's next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at <http://optn.transplant.hrsa.gov>.

Committee Projects

1. Definition of Pancreas Graft Failure

The Pancreas Transplantation Committee (the "Committee") reviewed public comment feedback on the Definition of Pancreas Graft Failure Proposal.

In particular, the Committee focused on public comment concerns over the proposed insulin/kg criteria for graft failure. The Committee reiterated its prior acknowledgement that some patients require less than 0.5 units/kg/day pre transplant and thus may never achieve failure; however, the Committee decided to sacrifice sensitivity for specificity by compromising on a threshold of 0.5 units/kg/day.

The Committee also reiterated its prior acknowledgement that while it may be difficult to use c-peptide to declare failure, it can demonstrate function. The Committee believes this is why there needs to be data obtained moving forward. The data collection component is incorporated into this proposal. Once the Committee has the c-peptide data collected, they will revisit the definition and determine whether it should be modified.

The Committee agreed to include a statement of clarification that states the insulin use is calculated by combining total long-acting and short-acting insulin amounts used in one day. There was agreement to use the word "total" insulin use to capture both short and long acting amounts used in one day.

The Committee voted unanimously to send this proposal to the Board of Directors for consideration.

2. Pancreas Primary Physician and Surgeon Bylaws

The Committee determined that the Pancreas Bylaw requirements for primary pancreas physicians and surgeons needed to be reviewed for currency and improvements. In addition, the Committee determined that the islet program requirements should be reviewed for potential updates. The Committee planned to have a final draft to release for fall 2014 public comment. However, the Joint Societies Working Group identified this project for review. This project is currently on hold awaiting recommendations from the Joint Societies. The Joint Societies Working Group are scheduled to review this proposal on March 18, 2015.

3. Pancreas Underutilization

The Pancreas Underutilization Subcommittee is working on a project to identify reasons for high pancreatic discards as well as re-draft the facilitated pancreas allocation policy. Specifically, the Pancreas Underutilization Subcommittee's goal is to identify why there is a decline in pancreas graft utilization as well as explain recent trends in pancreas transplantation and discarded pancreata. After the Subcommittee analyzes the reasons behind recent utilization trends, the Subcommittee hopes to identify a way to mitigate, and even reverse, the increasing trend in pancreatic discards.

In order to identify the reasons for the decline in pancreas transplantation and rise in pancreas discards, the Committee made nine previous data requests. These requests were reviewed by UNOS staff during the meeting.

The second part of the Pancreas Underutilization project is the facilitated pancreas allocation policy. After reviewing a data request on this issue, the Committee determined there was sufficient evidence to move forward with modifications to this section of policy.

4. Pancreas as Part of a Multivisceral

The Pancreas as Part of a Multivisceral project aims to solve a discrepancy in data and lack of policy surrounding multivisceral transplants. Specifically, the inconsistency between transplant centers and OPOs when reporting how a pancreas is transplanted during multivisceral transplantations. This inconsistency creates data discrepancies and inconsistent practices for post-transplant follow-up.

Over the past few years progress has stagnated. When the Committee prioritized projects in 2014, this proposal received the lowest priority out of all pancreas projects. The Policy Oversight Committee reviewed ongoing projects in late February 2015. The Pancreas as a Part of a Multivisceral project received low reviews for project progress and support for continual effort. As a result, the Pancreas Committee held a vote and unanimously decided to cancel this project and reallocate resources to other projects.

Implemented Committee Projects

5. Pancreas Allocation System

The Board of Directors approved the new pancreas allocation system in November of 2010. The changes to the pancreas allocation system were implemented on October 30, 2014. In anticipation of reviewing post implementation data, UNOS staff reviewed with Committee members the plan for evaluating the proposal. This plan is summarized below:

- Establish a uniform, national system to govern the allocation of pancreas allografts
- Reduce geographic inequities and waiting time
- Increase utilization of the pancreas allografts
- Maximize capacity of pancreas transplantation by eliminating the disincentive for living donor kidney transplantation followed by pancreas-after-kidney transplantation
- Standardize the pancreas allocation process to increase access to organs and reduce waiting times for both SPK and PA candidates without significantly adversely affecting access and waiting times for pediatric and adult KI recipients
- Develop appropriate qualifying criteria for candidates waiting for an SPK transplant

- Promote appropriate utilization of SPK transplantation if/when a new kidney allocation system is developed
- Enhance operational efficiency, reduce computer programming requirements, and decrease OPO and OPTN administrative costs for pancreas allocation by disentangling it from the kidney allocation system

Other Significant Items

6. Simultaneous Liver Kidney Allocation

The Kidney and Liver Committees are leading a project on simultaneous liver-kidney (SLK) allocation. Currently, there are minimal rules for SLK allocation. When a liver-kidney candidate and the donor are in the same DSA, OPTN policy specifies that the kidney must be allocated with the liver. However, there are no standardized medical criteria that allocation is based on. When a liver-kidney candidate and the donor are in different DSA's, there are no policies defining rules for how the organs will be allocated. The OPO can opt to allocate the kidney with the liver or to allocate both organs separately. The policy does not provide for a consistent set of allocation rules that is based on patient need. The lack of consistent local and non-local allocation rules for SLK is counter to Final Rule principles.

7. Data Advisory Committee

The Data Advisory Committee (DAC) gave a presentation on the goals of the Committee and explanation of their projects. The goal of the Committee's work is to develop specifications for and advise the OPTN Board of Directors on collecting data pertinent to the operation of the OPTN and SRTR, including continuous quality and patient safety improvements. Ongoing work of the Committee may include maintenance of principles of data collection and development of policy requirements for OPTN data collection. Currently the DAC's portfolio consists of four projects: Modify OPTN/UNOS Data Release Policy; Evaluate Current and New Data Elements for OPTN Database; Improve OPO and Tx Ctr Metrics and Measures; and Secure Enterprise Solutions for OPTN Database.

8. UNOS Strategic Plan

UNOS staff presented to the Committee the organizations new strategic plan. This new plan will be in effect from 2015-2018. The 2015 strategic plan includes the following goals: increase the number of transplants; improve equity in access to transplants; improve waitlisted patient, living donor, and transplant recipient outcomes; promote living donor and transplant recipient safety; and promote the efficient management of the OPTN.

Upcoming Meeting

- May 19, 2015 3:00pm-4:00pm ET (Conference Call)