

OPTN/UNOS Pancreas Transplantation Committee
Meeting Summary
March, 08, 2016
Teleconference

Jonathan Fridell MD, Chair
Jon Odorico MD, Vice Chair

Discussions of the full committee on March, 8, 2016 are summarized below. All committee meeting summaries are available at <http://optn.transplant.hrsa.gov/> .

Implemented Committee Projects

1. Post-implementation Evaluation of the new Pancreas Allocation System

The Committee was updated with the timeline regarding the continual evaluation of the new Pancreas Allocation System implemented in December 2014. This work is handled within the Implementation Subcommittee. The Subcommittee met on February 22, 2016 to approve the 1-year post implementation data request. The Subcommittee decided to perform the same analysis as was done at the 6-month analysis along with a few additions. These include analyzing median waiting time before and after implementation locally, regionally, and nationally for candidates, waiting list mortality for Simultaneous Pancreas-Kidney (SPK) candidates before and after implementation, and outcomes for SPK candidates and recipients who did and did not meet the SPK qualifying criteria.

Review of Public Comment Proposals

2. Kidney Allocation System (KAS) Clarifications & Clean Up

The Committee received a presentation on the KAS Clarifications Public Comment Proposal. Specifically, the committee responded to the requirement for written informed consent for multi-organ candidates for kidneys based on KDPI greater than 85%. There were concerns that it would be very unique situations where high KDPI kidneys were used for a Simultaneous Pancreas Kidney (SPK) Transplant. The committee felt that due to the rarity of using a high KDPI kidney for an SPK, that the requirement to obtain informed consent was unnecessary. Finally, there was concern that the requirement would be putting policy in place of medical judgement. The Committee does not approve of the requirement for transplant programs to obtain written, informed consent, from multi-organ candidates for kidneys with a KDPI greater than 85%.

3. Simultaneous Liver Kidney (SLK) Allocation

The Committee received a presentation on the Simultaneous Liver Kidney Allocation Public Comment Proposal. The Committee has been engaged with this proposal since its beginning and applauds the Kidney Committee for its extensive work on this important topic. The Committee does not have issue with the medical eligibility criteria or the safety net. However, the Committee is concerned at the relation of this proposal with the larger multi-organ allocation issue. The Committee feels that the wording of this proposal continues to be interpreted by the community to suggest that SLK allocation would come before other multi-organ allocation, specifically Kidney-Pancreas allocation.

It has been reinforced to the Pancreas Committee that this proposal does not mandate an OPO's discretion of allocation, but several Pancreas Committee members stated that during their regional meetings, members of the community continue to interpret this

proposal as stating that SLK allocation is prioritized above other multi-organ transplants regionally. The Committee encourages the Kidney Committee to provide education at implementation that clearly emphasizes that this proposal does not mandate SLK allocation over other multi-organ allocations. Finally, the Committee emphasized the importance of post-implementation data analysis by the Kidney Committee to assess the effect of this policy change on other multi-organ transplants.

Upcoming Meetings

- March 30th, 2016 - In-Person Meeting in Chicago, IL
- May 2nd, 2016 - Teleconference
- June 23rd 2016 - Teleconference