

OPTN/UNOS Pancreas Transplantation Committee
Meeting Summary
October, 20, 2015
Teleconference

Jonathan Fridell MD, Chair
Jon Odorico MD, Vice Chair

Discussions of the full committee on October, 20, 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. Pancreas Underutilization – Revisions to Facilitated Pancreas Allocation

The Proposal to Revise Facilitated Pancreas Allocation was out for public comment (until October 14) and the committee reviewed the proposal and public comment. In particular, the Committee focused on public comment concerns over the proposed qualifying criteria for programs to have access to facilitated pancreas allocation. During the development of the proposal, the committee conjectured that if the facilitated pancreas allocation list is comprised of programs with established records of importing and transplanting deceased donor pancreata, then the facilitated pancreas allocation system should increase pancreas utilization and transplantation. The criteria proposed in the public comment proposal would have required programs to perform at least 5 pancreas transplants using imported pancreata in one of the two previous years. Public comment from both the regions and professional societies stated that this criteria was too restrictive. There was consensus in public comment that the criteria should be 5 pancreas transplants using imported pancreata within the two previous years. The Committee concluded that changing the criteria in response to public comment to five import pancreas transplants within the two previous years would provide a composition of programs that meets the intentions of the proposal.

The other predominant theme in public comment was the concern expressed that the changes to facilitated pancreas allocation would affect normal pancreas allocation. The idea being that allowing access to facilitated pancreas allocation at 3 hours before donor recovery would infringe upon normal allocation practices. The committee addressed this concern in the public comment proposal by reviewing data on the length of time the OPO or Organ Center spent trying to place a pancreas. This data reaffirmed to the committee that allowing the OPO or Organ Center to use facilitated pancreas allocation at 3 hours before donor recovery would still give adequate time for the standard allocation system to be the primary method of organ placement.

Another concern raised in public comment, but not previously considered by the Committee, was the idea that OPOs could potentially wait until 3 hours to utilize facilitated pancreas allocation, thus bypassing local offers. The Committee never intended to allow a potential loophole that would disadvantage local allocation. To address this concern, UNOS IT will program DonorNet so that the facilitated allocation bypass button will not appear until all local pancreas and kidney-pancreas offers have been declined. This will require minimal additional resources for UNOS IT to program.

The committee met briefly the next week to vote on the final policy language. The Committee voted unanimously on October 29th to change the qualifying criteria and approve additional policy language reflecting that OPOs will only have access to facilitated allocation after all local pancreas and kidney-pancreas offers have been declined.

Upcoming Meeting(s)

- December 9th, 2015 (Teleconference)
- January 20^h, 2016 (Teleconference)