Committee Projects

1. Broadened Allocation of Pancreas Transplants Across Compatible ABO Blood Types

Scientific Registry of Transplant Recipients (SRTR) staff presented the results of the final Kidney-Pancreas Simulated Allocation Model (KPSAM) request for this project. The SRTR had performed an earlier request that resulted in the Committee making an additional KPSAM request. The simulations include different variations on Simultaneous Kidney Pancreas (SPK) allocation by ABO compatibility. The results showed that SPK transplants increased in the majority of the simulations, with variation among the simulations by their effect on specific blood types. Also, the effect on Kidney-alone transplants varied among the different simulations.

The Committee discussed the results and the next steps forward for this project. The KP Blood Type Subcommittee will revisit the results and identify the allocation change that best incorporates the goals of the project.

2. Guidance on Increasing Pancreas After Kidney (PAK) Transplants

UNOS staff presented the data results of the Committee’s previous request in June 2016 for this project. The intention of this project is to provide guidance to the community on the outcomes of PAK transplants and potential benefits. The significant result of the data was that candidates who receive a PAK have longer survival compared to candidates who do not receive either a kidney or a pancreas. Additional for PAK candidates, receiving a living donor kidney increases kidney graft survival, receiving a pancreas donor increases kidney graft survival, and receiving a living donor kidney increases pancreas graft survival.

The Committee will revisit this data and potentially perform another data request during their continual development of this guidance document.

3. Maximum Allowable BMI for KP Waiting Time

The Committee discussed the current status of this recently approved project. The goal of this project is to modify the current policy regarding maximum allowable BMI for KP waiting time. Current policy states that a candidate who is on insulin with a C-peptide greater than 2 ng/mL, must have a BMI less than or equal to the maximum allowable BMI. The max BMI is updated every 6 months; currently it is 30 but policy will not allow it to be raised above 30. The Committee discussed possible changes to the policy including raising the maximum BMI threshold, or removing the BMI policy completely from the criteria to accrue KP waiting time. The Committee has created a subcommittee that will begin working on this project.
Implemented Committee Projects

4. Pancreas Allocation System

The Committee reviewed the 18 month post implementation analysis of the new Pancreas Allocation System. In summary, there has been very little change seen with the implementation of the new system.

Other Significant Items

5. Functional Inactivity of Pancreas Programs

UNOS staff presented the Committee with the current state of the review of pancreas programs for functional inactivity. Every transplant program must remain functionally active by performing a minimum number of transplants. Functional activity is reviewed periodically by the Membership and Professional Standards Committee (MPSC). UNOS staff stated that pancreas programs are the vast majority of programs reviewed for functional inactivity and many pancreas programs have been reviewed for multiple periods of inactivity. The Committee discussed this situation and commented on the potential next steps regarding collaborating with the MPSC on a future project. The project could potentially modify the existing Bylaw language regarding functional inactivity. The Committee will revisit this situation during an upcoming teleconference.

Upcoming Meetings

- November 28, 2016 - Teleconference
- January 9, 2017 - Teleconference