OPTN/UNOS Pancreas Organ Transplantation Committee Meeting Minutes February 22, 2017 Conference Call

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Introduction

The Pancreas Organ Transplantation Committee (hereafter, the Committee) met via Citrix GoToTraining teleconference on 02/22/2017 to discuss the following agenda items:

1. Facilitated Pancreas Allocation

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

1. Facilitated Pancreas Allocation

The Committee reviewed data presented by the UNOS research liaison on changes to facilitated bypass allocation in *Policy 11.6*.

Background

In 2015 the Pancreas Committee sponsored a proposal that made changes to Policy 11.6, Facilitated Pancreas Allocation. The proposal clarified that centers importing 5 pancreas transplants within the previous 2 years would be added to facilitated placement unless the center chose to opt out. The policy also changed the timeframe for an OPO to wait before making facilitated pancreas offers from 5 hours of the first offer to 3 hours prior to donor organ recovery. OPOs may use facilitated bypass allocation under the policy change, whereas before only the organ center could initiate facilitated placement. The OPOs must reach out to local centers first before placing the pancreas through facilitated allocation.

The policy change went into effect in August 2016. The Committee reviewed 6 months of data post-implementation to see whether changes to facilitated allocation of pancreata increased the total number of pancreas transplants or created other shifts in allocation.

Data summary

According to the post-policy change data, 23 OPOs used facilitated bypass allocation 36 times in the past 6 months. Organ centers used this form of allocation 97 times in the same time period. Compared to 141 uses in the pre-change era, facilitated bypass allocation has been used 133 times since the new policy was implemented. Overall, 258 distinct donors went to facilitated placement: 135 pre-August 2016 and 123 post-August 2016.

After considering the data presented, the Committee discussed whether the changes to policy made an impact on the number of facilitated bypass allocations.

Summary of discussion:

The Committee examined whether the changes to facilitated allocation impacted the total number of pancreas transplants that were performed. Judging from the 6 month data, not much change occurred. The research liaison noted that six months represented a small amount of data to review of post-policy change over a short amount of time.

The Committee addressed a concern that the data did not show how overall transplant rates changed pre- and post- implementation, only how the number of facilitated placements changed. While the facilitated placements appear similar, they may differ as a percentage of the

overall number of pancreas transplants. The policy change may have caused the percentage to go up or down, but the 6 month data doesn't reflect that shift.

The Committee discussed looking at the proportion of facilitated allocation compared to normal allocation, and also whether the total number of offers has gone up due to the policy change. The Vice-Chair suggested examining the time from initial donor declaration to time of placement to see if the changes to facilitated allocation helped lower time to placement. However, another representative noted that facilitated placement is already used in cases where allocation time is taking longer, so measuring time from declaration to placement may self-select longer times because they went to facilitated placement. The UNOS research liaison will check with an allocation expert in the UNOs research department to find out what metrics are possible with timestamps, to see if time stamps during the allocation process and at time of acceptance may help illustrate the efficiency of the facilitated placement process.

The Committee also discussed comparing pre- and post- policy change cold ischemic times. The data does not currently show this comparison.

A representative expressed concern whether the new implemented language was comparing "apples to apples" with the previously implemented policy language on facilitated allocation. The Committee clarified the differences between the previous language and the new language on facilitated allocation policy: the new policy changed the system by allowing OPOs to have access to the facilitated list. Also, the placement program is opt-out instead of an opt-in: programs need to let the OPTN know if they qualify and do NOT want to participate in facilitated placement. In the new implemented language all local offers have to be declined prior to facilitated allocation. This arose from concerns that facilitated placement would bypass local centers. The policy liaison suggested the Committee could discuss whether to allow expedited placement when local offers are not declined. The Committee may have this discussion at its inperson meeting.

The Committee briefly discussed its tentative agenda for the in-person meeting in Chicago, including the following agenda items:

- Broadened allocation
- Maximum BMI
- PAK guidance
- Functional inactivity

Next steps:

The research liaison will look into metrics for timestamps. The policy liaison will look into efforts by other committees to perform expedited placement, and the Committee will discuss this issue at the in-person meeting in Chicago on March 29. The policy liaison will provide a slide on the pre- and post- implementation policy language for the Committee to review at the in-person meeting.

Upcoming Meetings

- March 29, 2017 (Chicago)
- April 10, 2017 (teleconference)
- May 8, 2017 (teleconference)