

OPTN/UNOS Pancreas Transplantation Committee
Meeting Minutes
April 10, 2017
Conference Call

Jonathan Fridell, MD, Chair
Jon Odorico, MD, Vice Chair

Introduction

The Pancreas Transplantation Committee (hereafter, the Committee) met via Citrix GoToTraining teleconference on 04/10/2017 to discuss the following agenda items:

1. Guidance on Explaining Risk Related to use of PHS Increased Risk Donor Organs
2. Broadened Allocation of Pancreas Transplants across Compatible ABO Blood Types

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

1. Guidance on Explaining Risk Related to Use of PHS Increased Risk Donor Organs

The Committee reviewed the Ad-Hoc Disease Transmission Advisory Committee (DTAC) proposal on the use of increased risk donor organs.

Summary of discussion:

The DTAC Chair presented the proposal on increased risk donor organs and outlined the need for issuing guidance to the community. In 2013, the Public Health Service (PHS) issued guidelines on "increased risk" organs that could place the potential recipient at a greater risk of disease transmission. The organs may be determined to be "increased risk" due to different donor characteristics; some of the donor characteristics carry a higher risk of transmission than others.

The Committee previously expressed interest in pursuing a project on increasing the use of increased risk pancreata. Members of the Committee expressed support for the guidance document and the educational component to explain the relative risks of increased risk organs to patients. Committee members noted that acceptance practices for increased risk organs may vary depending on the organ program, different organs within a program, the recipient, donor history, and whether NAT testing is available. The way the issue is presented to potential recipients is very important.

The Committee also discussed how the DTAC will measure the impact of the guidance document. The DTAC representative responded that DTAC will monitor the number of increased risk organs recovered and transplanted from deceased organ donors. The Committee asked whether the guidance document should address ethical problems that may arise from disclosing donor history. Finally, the Committee suggested adding transmission rates for increased risk organs to the guidance as helpful information to provide the community. The DTAC representative responded that a soon-to-be-published ATC abstract will provide these transmission rates.

Next steps:

The Committee liaison will draft a response to the public comment proposal based on the Committee's feedback and submit it to be posted on the public comment website.

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

The Committee discussed decisions made at its in-person meeting in Chicago on the broadened allocation across ABO blood types proposal, and affirmed its support for sending this project to public comment.

Summary of discussion

The Committee reviewed a proposal that changes current kidney-pancreas allocation by adding blood type compatibility to the classification stratification. The proposal arose from a mismatch between policy and programming: policy only allowed B kidney-pancreas going to B candidates, but programming allowed B or AB candidates to receive type B kidney-pancreas. The proposal the Committee has been working on changes policy to allow B to AB candidates, removes the restrictions on O kidney-pancreas going to A, AB and B candidates, and allows A2 and A2B kidney-pancreas to go into B candidates if the candidates meet certain eligibility criteria.

The Committee discussed reaching out to the Minority Affairs Committee (MAC) about the proposal. The Committee discussed this issue with the MAC previously, when the project was first starting. The Committee liaison will inform the MAC liaison about the proposal and provide a summary of the proposal. The Committee liaison will also reach out to the Kidney Committee about presenting the proposal to their leadership.

A couple Committee members found the language in table 11-3 “A, non-A₁ and AB, non-A₁B” confusing. The language is copied from language in kidney policy, and the Committee liaison will discuss with the policy editor whether the terms can be changed.

The Committee affirmed its decision at the in-person meeting to replicate Run 4 of the SRTR (Scientific Registry of Transplant Recipients) modeling, which prioritizes high-cPRA ABO-identical candidates above high-cPRA compatible candidates, then all identical candidates, then all compatible candidates for the pancreas and kidney-pancreas allocation table. The Committee also affirmed its decision to allow A2 and A2B to B candidates and to remove O-ABDR mismatch restrictions for blood type O organs going to A, B, or AB kidney-pancreas recipients.

Next Steps

The Committee will vote on the policy language during its next meeting on May 8. The Committee liaison will reach out to the Kidney Committee about discussing the project on a leadership call, and will also reach out the MAC liaison. UNOS staff will review the language prior to the Committee vote on May 8.

Upcoming Meetings

- May 8, 2017
- June 12, 2017
- July 10, 2017

Attendance

- **Committee Members**
 - Pete Abrams
 - Jim Kim
 - Oyedolamu Olaitan
 - Meg Rogers
 - Serban Constantinescu
 - Victoria Hunter
 - Hirohito Ichii
 - Fouad Kandeel
- **HRSA Representatives**
 - Raelene Skerda
- **SRTR Staff**
 - Sally Gustafson
 - Bryn Thompson
 - Raja Kandaswamy
- **OPTN/UNOS Staff**
 - Abigail Fox
 - Liz Friddell
 - Leah Slife
 - Kimberly Taylor
 - Susan Tlusty
 - Christopher Wholley
 - Kerrie Masten