OPTN/UNOS Pancreas Transplantation Committee Meeting Minutes May 8, 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 05/08/2017 to discuss the following agenda items:

1. Broadened Allocation of Pancreas Transplants across Compatible ABO Blood Types The following is a summary of the Committee's discussions.

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

The Committee reviewed the policy language and the history of this project before voting for it to go to public comment on July 31.

Summary of discussion:

The Committee liaison presented the background on the project. A Committee member wanted to know how broadened allocation could create a net gain in kidneys, which was a projection of the Scientific Registry for Transplant Recipients (SRTR) modeling. An SRTR representative explained that by allowing blood type O compatibility across other blood types, it increased the likelihood that the kidney and pancreas are allocated locally. The longer the cold ischemic time, the less likely the kidney is to be used. Kidneys used locally typically have shorter cold ischemic times, supporting a small increase in kidneys transplanted. This is a slight change (a net increase in 43 kidneys), but a potential indicator of a more efficient allocation system.

The Committee reviewed feedback from the Kidney Committee leadership, which was presented with the proposal. The Kidney Committee expressed concerns over the impact on kidney-alone type O candidates, but were fine with the proposal as written going out for public comment. The Committee will continue to keep the Kidney Committee informed.

A Committee member asked how the reduced cohort used in the analysis by the SRTR was created. An SRTR representative explained that the analysis used input files from 2010. However, 2010 had more candidates listed than in 2015, so the SRTR randomly selected individuals from the 2010 file to represent 2015 numbers. This was done to provide a more accurate picture of the impact of the changes on the current population. The SRTR matched the distribution of patients according to transplant type, but didn't match demographics. In a separate analysis the SRTR found that demographics were roughly similar to the 2015 population.

The proposed changes to blood type compatibility allow A_1 , non A_1 and AB, non A_1B organs into B recipients. The Committee discussed whether the community would utilize this compatibility, since the same change occurred in kidney policy and the compatibility is currently underutilized. The Committee liaison proposed asking the community for feedback on this change in the public comment proposal. The Committee discussed adding data on the use of A_1 , non A_1 and AB, non A_1B to the public comment proposal, but because the change previously wasn't permitted, there isn't data to include in the public comment proposal. The Committee supported asking for feedback on this change to the community, to hear any concerns and to encourage its use

proactively. A Committee member noted that the Committee could look at literature from outside the U.S. for evidence on A_1 , $nonA_1$ and AB, $nonA_1B$ to B transplants.

The Committee supported adding pancreases to the kidney-pancreas blood type allocation table. This clarifies pancreas blood type allocation by making it the same as kidney-pancreas allocation, and makes it easier for members to input patient data to indicate they would accept A₁, nonA₁ and AB, nonA₁B kidney-pancreases or pancreases alone. The Committee also affirmed requiring programs to create a titer threshold for pancreas and kidney, and keeping the requirement nonspecific as to what the titer threshold should be to allow flexibility for the program.

The Committee reviewed formatting changes and voted unanimously (12-0) to send the proposal to public comment.

Next steps:

The Committee liaison will write the public comment proposal with the proposed policy language and send to Committee leadership for review. The proposal will go out for public comment July 31.

Upcoming Meetings

- June 12, 2017 (teleconference)
- July 10, 2017 (teleconference)
- August 14, 2017 (teleconference)

Attendance

• Committee Members

- o Pete Abrams
- o Humberto Bohorquez
- Jonathan Fridell
- o Jim Kim
- o Oyedolamu Olaitan
- Meg Rogers
- o Serban Constantinescu
- Victoria Hunter
- o Hirohito Ichii
- o Fouad Kandeel
- o Jon Odorico
- o Amer Rajab
- o Richard Ruiz
- o Jean Francis

HRSA Representatives

- o Marilyn Levi
- o Raelene Skerda

SRTR Staff

- o Sally Gustafson
- o Bryn Thompson

OPTN/UNOS Staff

- Abigail Fox
- Leigh Kades
- o Liz Robbins Callahan
- o Kimberly Taylor
- Karen Williams
- Kerrie Masten