

**OPTN/UNOS Pancreas Transplantation Committee**  
**Meeting Minutes**  
**September 20, 2017**  
**Conference Call**

**Jon Odorico, MD, Chair**  
**Silke Niederhaus, MD, Vice Chair**

**Introduction**

The Pancreas Transplantation Committee (hereafter, the Committee) met via Citrix GoToTraining teleconference on 09/20/2017 to discuss the following agenda items:

1. Enhancing Liver Distribution
2. Broadened Allocation Across Compatible ABO Blood Types

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

**1. Enhancing Liver Distribution**

The Committee discussed the proposal of the Liver & Intestinal Transplantation Committee (Liver Committee) to make liver distribution more equitable by reducing geographic disparity.

Summary of discussion:

The Liver Committee's Chair presented the proposal and how it was developed. The Liver Committee has examined several different options for reducing geographical disparity in liver distribution. The current proposal calls for a proximity circle of 150 nautical miles around the donor hospital. Candidates within the proximity circle get 5 MELD or PELD points for their classification, and candidates with MELD of 29 or higher would receive prioritization. The Liver Chair clarified for the Committee that the proposal used nautical miles because they were used in heart allocation and the liver proposal would be consistent with other policies.

The presenter clarified that the Liver Committee looked at modeling for different proximity points (3 and 5, and a threshold of 29, 32 and 35 for MELD), but noted that it's difficult to balance disparity and still limit traveling for livers. The Liver Committee also modeled different levels of nautical models – 250 and 500 – which showed similar positive results for disparity but more travel, which was why the 150 compromise was chosen.

In response to a question about discards, the presenter noted that the Liver Committee did not model discards directly, but did model transplant rates. The transplant rates are not projected to go down, which indicates that the discard rate wouldn't go up based on the modeling. A Committee member called the proposal a good first step in fixing geographic disparity and very well thought out. Another expressed support for 3 instead of 5 proximity points. A couple Committee members noted the difficulty of evaluating the proposal when the Liver Committee and those opposed to the changes used different studies and papers for support. The presenter offered to provide additional data for the Committee member's review. Another Committee member expressed concern about the impact on waitlist mortality and underrepresented populations.

The Committee also discussed how the Liver proposal would impact the pancreas community, and agreed the impact is likely to be minimal. A Committee member questioned whether more liver sharing could mean more surgeons traveling to procure organs. With the decline in pancreas transplantation, and depending on the procuring surgeons' comfort level procuring pancreata, the increase of liver sharing could potentially impact the number of pancreata

procured. The Liver Committee Chair suggested looking at Share 35 data to see if there was an impact on pancreas discard rates when that increase in organ sharing went into effect.

Similarly, another Committee member expressed concern about how the proposal would impact behavior for procuring shared vessels, since certain vessels need to go with the pancreas in order for the organ to be viable. If the Liver proposal impacted pancreas procurement practices and behavior, sharing of vessels could be an issue. The presenter again suggested looking at Share 35 data to see if such an effect could be seen after that change was implemented.

The Committee didn't take a formal vote on the proposal, but felt the proposal did not negatively impact the pancreas community and thus did not oppose it.

#### Next steps:

The policy liaison will draft a public comment reflecting the Committee's position to be posted in response to the Liver Committee's proposal.

## **2. Broadened Allocation Across Compatible ABO Blood Types**

The policy liaison gave a brief update on the feedback from public comment and showed the Committee a spreadsheet outlining the public comment themes and how regions had voted. The policy liaison asked the Committee to review this document in anticipation of discussing the project during the Pancreas Committee's November 2 in-person meeting in Chicago.

### **Upcoming Meetings**

- October 10, 2017 (teleconference)
- November 2, 2017 (Chicago)