

OPTN/UNOS Pancreas Transplantation Committee
Meeting Minutes
January 16, 2018
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 01/16/2018 to discuss the following agenda items:

1. Broadened allocation across compatible ABO blood types
2. Changes to KP Waiting Time Criteria

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

1. Broadened allocation across compatible ABO blood types

The Committee reviewed feedback from the December Board of Directors meeting and discussed next steps to gather additional evidence regarding possible changes to kidney-pancreas blood type allocation.

Summary of discussion:

The proposal brought to the OPTN Board of Directors in December failed to gain passage with 17 yes votes, 19 no votes, and one abstention. Feedback from the Board included concern about the potential impact on kidney-alone blood type O candidates, a concern raised during public comment as well. A Board member noted that waiting time for blood type Os was longer than other kidney-alone candidates, and KP waiting time is generally shorter. There was also some confusion about pancreas alone blood type allocation compared to KP blood type allocation: currently, pancreas alone blood type compatibility is identical to the proposed changes for KP blood type allocation, except for A2/A2B to B compatibility. A Board member suggested amending the proposal to only apply to pancreas alone candidates, but that would be a minimal change since pancreas alone allocation already comports with the proposed KP blood type allocation changes (excluding A2/A2B to B).

Although the Board failed to pass the proposal by a narrow margin, the Board did express support for the Committee's efforts to broaden KP allocation and to continue working on the project. The Committee discussed possible requests to the SRTR regarding data analysis of various blood type compatibility combinations or allocation changes. These options included:

- Using a more modern cohort than the 2010 cohort
 - Although the Committee considered using a more modern cohort, because of updates to the KPSAM, this would push back the analysis until 2019. There was very little public comment concern regarding the 2010 cohort and the Committee supported continuing to use the 2010 cohort because it would allow a faster timeline and a more comparative analysis to the previous data request
- Creating a compatibility grid of all the different possible combinations (just O to A; O to A and B; O to A, B and AB, etc.)
 - The previous KPSAM Run 4, which the Committee previously used to draft the broadened allocation proposal in the Fall 2017, will be a baseline for the allocation sequence and testing the different compatibility options to see how the number of KP transplants changed. A Committee member suggested that

modeling just O to B would be useful in particular, because if you allow Os to As then you could transplant your blood type A KP candidates with O organs so when an A comes it would not be allocated at the local level. *Note: after this call, the SRTR explained that each combination would take a couple months, so trying to do all of the different options would not be possible. Instead, the Committee chose O to B and O to B and A as compatible blood types to model.*

- Assume some percentage of A2/A2B to B compatibility would not be utilized
 - The Committee discussed whether it was even worth reviewing A2/A2B utilization since it is likely so small – utilization for kidney may be around 5%. The Committee agreed to confirm what the current kidney utilization is and incorporate that utilization in the modeling. Alternatively, the modeling will also include 0% utilization (which is to say, no A2/A2B compatibility).

In addition to these elements of the data request, the Committee agreed to ask how pancreas discard rates would be changed by broadening allocation, since this discard rate is a useful indicator of pancreas utilization. A Committee member suggested the request could stratify KP and kidney allocation by waiting time at the local level, so those with a certain waiting time get offers first. Other Committee members noted that the programming would be difficult and complicated to model and the Committee decided to not include this in the data request. Another Committee member suggested changing the allocation schema to only apply to the local geographic level, and not regional and national. Other Committee members agreed that may be useful, and noted that most KP allocation occurs at the local level.

2. Changes to KP Waiting Time Criteria

The Committee reviewed the Changes to KP Waiting Time Criteria proposal public comment slides, providing feedback to the committee liaison that she will incorporate before the regional presentations.

Next steps:

The committee liaison will draft a data request and send it to the Committee members for feedback and approval, after confirming the rate of A2/A2B to B utilization in kidney transplantation. The policy liaison will also update the public comment slides based on Committee feedback and follow up with regional representatives to ensure they are prepared for their regional meetings.

Upcoming Meetings

- February 12, 2018 (teleconference)
- March 12, 2018 (teleconference)
- March 22, 2018 (Richmond, VA)