

OPTN/UNOS Pancreas Transplantation Committee
Meeting Minutes
May 14, 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 5/14/2018 to discuss the following agenda items:

1. Pancreas Program Functional Inactivity
2. Changes to Islet Bylaws

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

1. Pancreas Program Functional Inactivity

The Committee reviewed proposed Bylaws changes related to pancreas program functional inactivity.

Summary of discussion:

The Committee reviewed changes made during a May 4 Functional Inactivity Work Group teleconference call. These changes related to the letter that goes to patients, specifications to the waitlist metric, and how repeatedly flagged programs are reviewed.

The Work Group discussed whether the letter to patients should apply to all programs or just pancreas programs. Work Group members expressed concern about changing the Bylaws for other transplant program types, and considered it more appropriate to only change the Bylaws as it relates to pancreas programs. Therefore, the letter was specified to go to patients and prospective candidates of pancreas programs flagged for functional inactivity.

The Work Group also gave clarity to how the waiting time metric of the functional inactivity definition would work: it would apply to adult and pediatric, active and inactive KP candidates. A Committee member suggested using the median instead of the mean for the average.

Next Steps:

The Work Group will consider the Committee's comments when the Work Group makes its final recommendation during a teleconference call on May 23.

2. Changes to Islet Bylaws

The Committee reviewed Bylaws language related to this proposal.

Summary of discussion:

The policy liaison provided a summary of changes to the Bylaws related to changing the requirements for islet programs. The Committee discussed what should be included in the program coverage plan, which is designed to ensure the islet program has adequate coverage to attend to and care for patients.

A Committee member suggested that one element of the program coverage plan could be omitted: the requirement that the clinical leader not be on call at another program over 30 miles away. The Committee member noted that islet procedures can be scheduled in a way that other transplants, such as a deceased donor liver transplant, cannot. Because islet programs are

different in being able to schedule the procedure, the Committee felt that it would be permissible if clinical leaders were on call at different programs beyond 30 miles. The Committee suggested the Subcommittee consider removing this element of the program coverage plan.

In general, the Committee expressed support for the changes to the Bylaws, finding that the changes relevant and fitting for the unique structure of islet programs.

Next steps:

The Subcommittee will consider the Committee's comments when the Subcommittee makes its final recommendation during a teleconference call on May 22.

Upcoming Meetings

- May 31, 2018 (teleconference)