Introduction

The Pancreas Transplantation Committee (Committee) met via teleconference on 08/15/2018 to discuss the following agenda items:

1. Basecamp  
2. KP Work Group Update

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

1. **Basecamp**

The Committee received an update and an introduction to Basecamp, which will be the primary communication tool used for the Committee going forward as it is more user friendly and straightforward than SharePoint. Updates, meeting materials, news, public comment, chatting features, and reminders will be available to committee members. A link to access the Basecamp website was emailed to all Committee members prior to the meeting.

Questions on how to navigate the website were answered. Committee members will continue to provide feedback on the tool and any challenges or areas of improvement that were identified.

2. **KP Work Group Update**

The goal of the KP Work Group is to eliminate DSA and region in kidney and pancreas allocation. An alternative geographic distribution will be one of the three frameworks out for public comment. Any alternative needs to align with the geographic principles and OPTN Final Rule. The Work Group is comprised of kidney and pancreas members and will meet through Fall 2018 to develop a solution for the Spring 2019 public comment cycle.

The principles guiding the decision-making in distribution option models were reviewed. The overarching principle is according to the Final Rule. The Final Rule permits constraining geographic distribution if it is to reduce differences in the ratio of donor supply and demand across the country, reduce the travel time that may have a significant effect on ischemic time and organ quality, increase organ utilization and prevent organ wastage, or increase efficiencies of donation and transplant system resources.

In initial meetings the work group reviewed data and circle sizes based on available data. On the next call, the work group will discuss a hybrid model that incorporates elements of the continuous distribution and fixed distance frameworks. This model would provide more priority based on whether a patient was further or closer within a circle.

**Summary of discussion:**

The Committee discussed why the work group is moving forward with narrowing down modeling options so quickly. The modeling request must be completed by September 4, 2018 in order for the Committee and the Kidney Committee to review results of the modeling and bring changes to geographic allocation to public comment in January 2019. The SRTR is modeling several geographic allocation requests, from liver and also from the Thoracic Committee. This places
some limitation on the number of modeling requests that can be made from the kidney-pancreas (KP) work group.

Due to the expedited timeline, committee members are feeling the challenge of moving quickly to make the needed changes. There was discussion of whether the timeline should be as expedited as it is. UNOS staff reiterated that the OPTN is committed to eliminating DSA and region on this timeline in order to preserve autonomy by the OPTN community in the policy decision making process. This means changes to liver policy by December 2019, and to the other organ-specific policies by June 2019.

Next steps:

The KP work group will continue meeting weekly until modeling is submitted to the SRTR. The Pancreas Committee will review any updates at regularly scheduled full committee meetings, and review the modeling analysis once it is completed.

Upcoming Meetings

- September 19, 2018 (teleconference)
- October 10, 2018 (Chicago, IL)