

**OPTN/UNOS Pancreas Committee
Meeting Minutes
November 07, 2018
Conference Call**

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

Introduction

The Pancreas Committee (the Committee) met via Citrix GoTo teleconference on 11/07/2018 to discuss the following agenda items:

1. Pancreas Program Functional Inactivity

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

1. Pancreas Program Functional Inactivity

The Committee reviewed the most recent data regarding waiting time metrics for functional inactivity, discussed potential changes to the proposal and voted to send it to the Board.

Data summary:

The cohort was made up of PA and KP candidates waiting anytime between January 01, 2016- Dec 31, 2017: a total of 5911 candidates, with 4181 KP candidates and 1730 PA candidates. The "small volume" program size was determined by the amount of programs that performed less than 4 transplants over 2 year period. This identified 32 programs as "small volume" out of 136 programs.

Waiting list time was calculated as the difference between the removal date and listing date. If a candidate was not removed and still waiting at the end of the cohort, waiting time was calculated as the difference between the end of cohort (Dec. 31, 2017) and listing date. Time on dialysis was not included in calculation.

The data analysis cannot use the SRTR time to transplant for waiting list candidates for several reasons, one being that percentile thresholds above the median may not be able to be calculated for the entire U.S. Additionally, SRTR time to transplant reflects a different focus from the Committee's focus on candidates who could be languishing on the list, a metric that may not be captured by time to transplant.

- 26 programs had a median KP or PA waiting time above national median
- 24 programs had a median KP or PA waiting time above threshold of P60 of national wait time
- 21 programs had a median KP or PA waiting time above threshold of P67 of national wait time
- 9 programs had a median KP or PA waiting time above threshold of P75 of national wait time

Summary of discussion:

Data discussion

One committee member asked why the data included patients that were added to the list before 2016 and the study period, expressing concern that including these patients in the waitlist calculation would incentivize programs to list patients right before the program review in order to skew the waiting period metric. A UNOS staff member explained that the amount of patients in

these programs were so small that it was too limiting to the data set. Another UNOS staff member explained that the specific language in the Bylaws would not address this particular problem however, upon initiation of this policy, it would be very clear how the waiting time would be calculated and dictate protocols to avoid “gaming” the system. A committee member brought up the possibility of only comparing small volume programs to each other rather than the national average. UNOS staff explained that the Functional Inactivity Work Group considered this option but opted against a small volume comparison in order to hold all programs to the same national standard.

Discussion turned to the desired percentile for the designated threshold. One committee member commented in favor of using the national median due to the skewed nature of the data. The Committee Vice-Chair commented that the goal of this program is to incentivize small-volume programs to increase their efficiency while not penalizing those who barely miss the national median cut-off. Due to the fact that the small-volume program average is slightly higher than the national median, the Vice-chair suggested using a threshold percentile between 50%-75%. Several members expressed support for using a national percentile of 67. The SRTR member recommended using the small-volume median due to its volatile nature and the idea that would ensure that the review is able to catch those programs that are outliers. UNOS staff brought up the difficulty of defining “small volume” programs in order to use a unique “small volume median”. The SRTR member asked if “small-volume” could be defined by the same criteria used when collecting data. UNOS staff explained that the data definition of “small-volume”, of less than 4 transplants in 2 years, was based off the proposed criteria for functional inactivity in order to mimic the proposal.

The initial vote had two popular options, P67 and “small-volume” median. A final vote had a majority in favor of P67.

Minor Language Changes

The Committee was supportive of changing language from “and” to “and/or” due to limiting factors on organ multi-listing. The Vice-Chair asked what factor prevented multi-listing for organs, whether federal or state laws. OPTN/UNOS staff explained that in certain cases it was actually limited by Medicaid policy and state laws (i.e. New York).

The Committee was supportive of changing language from miles to “nautical miles”. The Chair suggested changing certain language from “any pancreas programs” to “all pancreas programs”. The SRTR member and Vice-Chair spoke up in favor of this change. OPTN/UNOS staff member noted the changes.

Vote

Off the ten members that remained on the call, the vote was unanimous in support of advancing the language to the Board.

Next steps:

The Board will consider the proposal at its December 3-4, 2018 meeting.

Upcoming Meeting

- 19 December, 2018 – Full Committee Meeting