

**OPTN/UNOS Minority Affairs Committee
Meeting Minutes
December 12, 2018
Conference Call**

**Sylvia Rosas, MD, MSCE, Chair
Irene Kim, MD, Vice Chair**

Introduction

The Minority Affairs Committee (the Committee) met via teleconference on 12/12/2018 to discuss the following agenda items:

1. Ethics multi-organ transplant (MOT) Analysis
2. Thoracic Public Comment Proposal Review
3. SRTR KPSAM Modeling Review

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

1. Ethics MOT Analysis

The Ethics MOT analysis found a connection between socioeconomic status (SES), minority status and MOT vs. single organ transplant (SOT).

Summary of discussion:

A committee member expressed interest in the issue of multi-organ transplant and the potential inequity that may exist with the low percent of minority multi-organ transplants. OPTN/UNOS staff explained that the Ethics MOT paper is providing a framework for reviewing MOT policies for consistency and equity.

Next steps:

Members of the Committee can provide feedback for the Ethics Committee's draft paper before public comment and during public comment the Committee can review the MOT public comment proposal.

2. Thoracic Public Comment Proposal Review

An OPTN/UNOS staff member presented the current public comment proposal by the Thoracic Committee to change the allocation structure. The staff member explained that the modeling shows neutral consequences for minority populations and the proposal is not considered controversial.

3. SRTR KPSAM Modeling Review

The Committee received a presentation on the SRTR KPSAM modeling that the Kidney-Pancreas (KP) Work Group is using to determine next steps in terms of removing DSA and region from kidney and pancreas allocation systems.

Data Analysis:

The presenter identified several SAM limitations and implications for policy development:

- SAMS rely on aggregate historical data
 - Can't predict changes in organ acceptance behavior or identify trends over time
- SAMs work best for modelling small allocation changes applied to large patient groups

- Unlikely to give reliable predictions for small population subgroups, can't predict outcomes below an OPO level
- SAMS assume standardized behavior
 - Center and OPO level variation in policy or practice is not modeled
 - Directed/expressed allocations are not modeled
- Organ discard projections are unreliable
 - SAMs are not designed to predict an overall number of transplants
 - Organs are discarded after a fixed number of declined offers, regardless of organ and donor characteristics

Overall, SAMs are good tools to estimate relative magnitude/direction of possible effects of policy change. However some policy changes may be justified even in the absence of clear simulation results

KPSAM Updates

All predictive models used by KPSAM have been updated to incorporate newer data and methodology:

- Offer acceptance models
- Posttransplant outcome models
- Waitlist mortality matching models

Study Population

KPSAM input files were updated to include transplant candidates listed on the kidney, kidney-pancreas (KP), or pancreas transplant waiting lists between Jan 1, 2017-Dec 31, 2017 and donors whose kidneys or pancreata were recovered for transplant in the same time period.

KPSAM modeled

Simulation models:

- Simulation BL: baseline using current allocation systems
- Simulation 2CR_150: uses distances of 150nm and 300 replacing local and regional designations
- Simulation 2CR_250: uses distances of 250nm and 500 nm replacing local and regional designations
- Simulations 1CR_nopts, 1CR_shallow & 1CR_steep: uses distance of 500 nm in place of the local designation and regional sharing is eliminated. Instead organs are shared nationally when beyond the 500nm border

Kidney-Pancreas

- Waitlist mortality is essentially unchanged against models
- Graft failure rate is modeled at earliest graft failure and does not use the updated definition from 2018

All the simulations proposed have broader sharing than current allocation systems. It is possible that could cause a shift from driving to more flying. 1CR, 1CR steep and 1CR shallow all have very similar transplant rates when evaluating the maps.

Subgroups of note

Although overall transplant rates declined, several subgroups of interest experienced increased access to transplant with broader sharing.

- Pediatric kidney transplant rates increased

- High CPRA transplant rates increased (KP and PA candidates)
- Relatively more transplants occurred in
 - African Americans
 - Candidates with dialysis 10+ years
 - 0-DR mismatch

Summary of discussion:

An OPTN/UNOS member began discussion with graphs of transplant rates and waitlist mortality rates divided by criteria such as race, ethnicity, sex, income, age and urbanicity. There was discussion regarding the statement by SRTR that African Americans would experience increased access to transplant. SRTR explained that the percent of transplants improved slightly for African Americans even though the transplant rate decreased.

There were more significant decreased transplant rates among men, in rural areas, and for B blood type. One member asked how these models would affect veteran transplant centers and VA hospitals. An SRTR member replied that it is beyond their abilities to model for VA programs due to how few there are.

Next Steps:

Members of the Committee that have additional feedback can email the liaison prior to Wednesday December 19, 2018.

Upcoming Meeting

- Jan 21, 2019 (teleconference)