OPTN/UNOS Pancreas Transplantation Committee Meeting Minutes December 19, 2018 Conference Call

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

Introduction

The Pancreas Committee (the Committee) met via teleconference on 12/19/2018 to discuss the following agenda items:

1. Concept Paper for Spring Public Comment

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

1. Concept Paper for Spring Public Comment

The Committee reviewed the plan to put forward a Kidney-Pancreas concept paper that outlines the potential policy changes the Workgroup is considering.

Data summary:

The Pancreas Chair began with a review of the discussion of the last KP workgroup call with the following points:

- There was no clear consensus
- Some support for hybrid model for kidney but 2-circle for pancreas
- Support for pancreas having different distribution units because of different ischemic time from kidney
- Some concern about putting forward an option that hasn't been modeled
- No recommendation from Workgroup to pancreas or kidney committees

Summary of discussion:

Multiple committee members spoke in support of writing a concept paper for spring public comment rather than a public comment proposal. One committee member suggested it would be difficult to create an allocation system that worked for both kidney and pancreas, especially given the difference in ischemic time. The member commented that kidneys can travel 24 hours, while pancreata could not travel that distance and still be transplanted. The Pancreas Chair noted that there are currently only 17 ASTS accredited programs, and a large number of low volume programs, which incurs broader distribution due to the scarcity of programs. Unlike other organs, there isn't a shortage of pancreata. The Chair felt that the uneven transplant rates were not due to unavailability of organs but rather variability of listing practice and program aggressiveness. Due to these variables, the Chair felt it was important to analyze additional metrics beyond transplant rates and evaluate the significance of broader distribution specifically for pancreas limitations of ischemic time.

One Committee member expressed concern for the financial and efficiency issues created by broader sharing particularly in regards to impact of travel, case time and coordinating/logistical complications. The Pancreas Chair spoke in favor of considerations of these complications. A member of HRSA asked about the tolerance for pancreas ischemic time.

The Committee discussed a potential questionnaire to identify current concerns or support among committee members regarding the solutions discussed in the concept paper. One

Committee member spoke about the challenge of responding to a questionnaire without specific models already selected, for example "Do you support different sharing systems for kidney and pancreas?" A UNOS staff explained that the survey was to get just a general idea of the sentiment of the committee rather than a concrete decision on specific models. The Pancreas Chair seconded this. The concept paper will focus on the discussions of the Committee, evidence gathered from SRTR modeling and UNOS research, to present options to the community and gather feedback. An OPTN/UNOS staff member presented details of a concept paper:

- Doesn't require a committee vote
- Lays out options the Committee is seriously considering
- Provides an opportunity to get community feedback before policy proposal
- Gains clinical consensus before policy public comment proposal
- Gathers more evidence

Reasons for a concept paper:

- Lack of consensus
- Concern about SRTR modeling impact on kidney and pancreas transplant counts
- Opportunity to build support and inform community

An OPTN/UNOS staff asked if there were any members opposed to the concept paper – there were none opposed.

Next steps:

The concept paper will be drafted and reviewed over the holidays. Public comment will start on Jan. 22nd.

Upcoming Meetings

• January 16, 2019 (teleconference)