

**OPTN/UNOS Pancreas Transplantation Committee**  
**Meeting Minutes**  
**February 20, 2019**  
**Conference Call**

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

**Introduction**

The OPTN/UNOS Pancreas Transplantation Committee (the Committee) met via GoTo teleconference on 2/20/2019 to discuss the following agenda items:

1. SRTR Presentation
2. Public Comment Review: Eliminate the use of DSAs in Thoracic Distribution

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

**1. SRTR Presentation**

SRTR staff gave an overview of the work they have been doing on Pancreas Acceptance Models, followed by discussion by the Committee.

Data summary:

Three commonly suggested metrics for evaluating pre-transplant organ utilization:

- Transplant Rate
  - Candidate-level evaluation
  - Currently included in SRTR program-specific reports (PSRs)
- Organ Acceptance
  - Donor-level evaluation
  - Probability of eventually accepting an offered organ
- Offer Acceptance
  - Probability of accepting an offer for a given candidate

Transplant rates depend on the local organ supply and cannot account for donor characteristics. Organ acceptance is confounded by the likelihood to receive an offer.

- Waitlist size
- Number of local programs

Summary of discussion:

One member asked SRTR about the amount of DCD donors as the number seemed low, however SRTR confirmed that DCD donors typically make up about 20% of all pancreas donors. One member clarified if the CUSUM reports by SRTR would only be related to offer acceptance rates although eventually additional metrics like graft support will be added.

Next steps:

SRTR will integrate pancreas alone and kidney-pancreas offer acceptance models into the PSRs for the July 2019 release. Then they will provide an overview of the methodology underlying the offer acceptance models and discuss the reporting of offer acceptance.

## **2. Public Comment Review: Eliminate the use of DSAs in Thoracic Distribution**

An OPTN/UNOS staff member gave an overview of the current thoracic public proposal, followed by discussion by the Committee.

### Data summary:

The OPTN/UNOS Thoracic Organ Transplantation Committee proposes replacing DSA with a 250 nautical mile (NM) circle from the donor hospital. The goal of this change is to make heart allocation policy more consistent with the Final Rule and provide more equity in access to transplantation regardless of a candidate's place of listing. In addition, this proposal realigns the first units of distribution for heart and lung allocation, addresses the limited utility of the exception for sensitized heart candidates, and finally, resolves several clerical issues that arise as a consequence of removing DSA as a unit of distribution from heart allocation policy.

### Summary of discussion:

One member asked if any of the models showed a decrease in transplant counts compared to a baseline and what the main differences were between models. The presenter responded that he did not believe there were models that showed a decrease in transplant count and that the main difference between models was the predictive waitlist mortality count. The Thoracic Committee's experience with new lung allocation was that the modeling was very similar to the actual post-implementation results and while the waitlist mortality counts decreased, it's possible the post-graft mortality counts increased although that is a difficult metric to measure. The presenter also shared that post-implementation showed that some programs became more aggressive with the quality of organs accepted as the competition for donated organs increased with broader sharing.

One member asked if the Thoracic Committee modeled any proximity points inside or outside of circles. The presenter shared that the Thoracic Committee did not model any proximity points, in part to keep modeling simpler but also due to very recent previous allocation changes. One member commented on the logistical challenges of increased travel time, given that the potential changes may require more surgeons traveling to recover organs and fewer clinicians would be available to perform the actual transplants. The presenter expressed hope that in the future the task of recovery can be shared by various clinician organ teams. A couple members of the Committee expressed a desire for additional data and graphs for the presentation in order to make the proposal clearer. Some members of the Committee felt there was insufficient information to vote on the proposal.

### Next steps:

The takeaways from the Pancreas Committee's comments on the thoracic public comment proposal will be summarized and posted on the OPTN public comment site.

## **Upcoming Meetings**

- March 20 (teleconference)
- March 27 (Chicago)