

**OPTN Pancreas Committee
Meeting Minutes
March 20, 2019
Conference Call**

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

Introduction

The Pancreas Committee (the Committee) met via teleconference on 03/20/2019 to discuss the following agenda items:

1. Ethics Multi-Organ Transplant (MOT) White Paper Presentation
2. Update on Kidney-Pancreas (KP) Workgroup

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

1. Ethics Multi-Organ Transplant (MOT) White Paper Presentation

A presenter from the Ethics Committee gave an overview of the White Paper, followed by discussion by the Committee.

Data summary:

The allocation policies for multi-organ transplant (MOT) have the potential to create inequity in the organ distribution process, either in the rate of transplantation or in the time to transplantation. Such potential inconsistencies may affect the patients who are awaiting MOT as well as those who are awaiting single organ transplantation (SOT) because both groups depend upon available organs from the same limited donor pool. Prioritization of MOT candidates and the allocation rules for each combination have not been standardized across the different organs. As a result, the current allocation system has generated confusion in the transplant community about the rationale for differences in MOT allocation plans between different organ combinations.

Summary of discussion:

The Pancreas Chair was supportive of excluding simultaneous kidney-pancreas transplants (KP) from the general multi-organ analysis. This is primarily because KP have an established procedure and are often the most statistically life-saving. The Vice-Chair thanks the Ethics Committee for addressing this topic as it is a relevant concern in the community. The Pancreas Chair inquired as to the rationale for groups asking for KP to be added to the analysis. The pediatric community often feels that KP transplants are pulling healthy kidney organs out of the standard kidney process and potentially disadvantaging children. The Pancreas Chair responded that based on his experience some pediatric clinicians and programs can perpetuate a lack of organs due to their conservative nature.

A Scientific Registry of Transplant Recipients (SRTR) representative shared that 80-85% of transplanted pancreas are used in KP transplants. Many pancreas would otherwise be discarded as opposed to other multi-organ combinations where the organ is much scarcer of a resource and would certainly be used in a single organ transplant if not first allocated to MOT. In addition, a leading cause of kidney failure is diabetes, which is often treated with combined KP transplant. Therefore in many cases, the kidney is the primary needed organ and the pancreas is the supplementary one which counters the assumption that KP is unnecessarily pulling kidneys. Additionally, by including the pancreas in a KP transplant, the transplant is treating a

major source of kidney failure. The SRTR member felt that it would be misrepresentative to include KP alongside the more rare types of MOT that do not uniquely address one disease. Another member also noted that many MOT patients are listed pre-emptively whereas KP patients have to meet specific criteria.

The Pancreas Chair felt that unlike other MOT combinations, KP already has specific listing criteria, established monitoring and reporting practices and data collection on outcomes, all factors that increase transparency. Therefore the Chair felt that KP should be excluded from those same recommendations that apply to other multi-organ combinations.

One committee member inquired as to which multi-organ combinations are tracked by Program Specific Reports (PSR) by SRTR, specifically regarding liver-kidney. A member of SRTR explained that only heart-lung and kidney-pancreas are being tracked as multi-organ transplants.

Next steps:

The Pancreas Committee will submit official public comment on the Ethics Committee White Paper through the OPTN website.

2. Update on Kidney-Pancreas (KP) Workgroup

A member of UNOS staff presented a brief overview of the work and progress of the KP Workgroup.

Data analysis:

The five variations that the Workgroup chose to model are:

1. A fixed concentric circle framework with a 150 nautical mile (NM) small circle and a 300 NM large circle
2. A fixed concentric circle framework with a 250 NM small circle and a 500 NM large circle
3. A fixed concentric circle framework with a single 500 NM circle
4. A hybrid framework with a single 500 NM circle that utilizes a small number of proximity points inside and outside of the circle, and
5. A hybrid framework with a single 500 NM circle that utilizes a large number of proximity points inside and outside of the circle.

Based on public comment feedback, the below trends were observed:

- Support for hybrid model over fixed distance circles
- No clear preference on which proximity point combination is preferred
- 300NM circle is less preferred
- Support for pancreas/KP having different allocation from kidney than having the same allocation
- Concerns about increased travel from broader sharing patterns
- Attention to socio-economically disadvantaged candidates
- Proximity points and circle sizes should take differences in population density into account
- Movement towards continuous distribution

Summary of Discussion:

Multiple members of the Committee discussed some of the negative reactions to the concept paper at the regional meetings. Some of the common concerns included the quick timeline to create policy and dissatisfaction with the decrease in transplant counts. One committee member shared that in their region there was support for allocating KP with a large circle size.

One member suggested modeling continuous distribution as that is the end goal and there is not currently any type of modeling. The Vice Chair explained some of the difficulties of modeling continuous distribution, including determining how to weigh points while considering CPRA, distance and waiting time. The Vice Chair noted that with the short timeframe it would be extremely challenging to determine all of these factors in time to submit a modeling request.

The Chair discussed a short presentation from the last KP workgroup meeting that demonstrated the impact of proximity points on the order of the match list.

Next Steps:

The Committee will discuss the KP concept paper in more detail at the in-person meeting of the Pancreas Committee in Chicago on March 27th, 2019.

Upcoming Meetings

- March 27 (Chicago)
- April 17 (teleconference)