

**OPTN/UNOS Kidney-Pancreas Workgroup
Meeting Minutes
December 17, 2018
Conference Call**

**Nicole Turgeon, MD, FACS, Chair, Kidney Transplantation Committee
Jon Odorico, MD, Chair, Pancreas Transplantation Committee**

Introduction

The Kidney-Pancreas Workgroup (the Workgroup) met via teleconference on 12/17/2018 to discuss the following agenda items:

1. Geographic Model Frameworks

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

1. Geographic Model Frameworks

UNOS staff gave the Workgroup a brief overview of the Final Rule requirements for OPTN policy. UNOS staff stressed the importance of tying each aspect of the frameworks decision to evidence grounded in the clauses of the Final Rule. Furthermore, staff emphasized, based on conversations regarding minimizing disruption that took place on the 10/14 Workgroup call, that members would need to justify a framework that didn't share as "broadly as feasible" based on one of the five exceptions outlined in the Final Rule Section 121.8a.

Summary of discussion:

The Kidney Committee Chair asked the Workgroup to discuss which proposed allocation model they would prefer and why. The Pancreas Committee Chair expressed preference for no larger than a 250nm circle with the possibility of a larger 500nm outer circle. UNOS staff explained that based on the Final Rule, the Workgroup would need to present an argument within the exceptions provided by the Final Rule for limiting broad sharing on a national level.

Several Workgroup members recommended that the pancreas allocation model be determined separately than kidney. UNOS staff explained that the Workgroup would also need to demonstrate how the two organs were different enough to warrant different allocation systems. The Pancreas Chair explained that the cold ischemic time is a large factor that differentiates pancreata from kidneys.

Several Workgroup members spoke up in support of the Hybrid model with one 250nm circle then national distribution. The Pancreas Chair expressed concern about selecting an allocation system that had not been modeled by the Scientific Registry of Transplant Recipients (SRTR). The Kidney Chair felt that the new proposed 250nm hybrid model was validated by building off of the similar modeling and presenting it to the community for public comment would allow for time to model and discuss the latest proposal. The Pancreas chair agreed that there was sufficient evidence of the greater limitations of pancreas ischemic time and subsequently a justification for less travel. UNOS staff explained that pancreas can have a separate allocation system however based on the Final Rule 121.8 there was a burden on the Workgroup to show data as to why pancreas was justified in having a separate system. UNOS staff stated separate frameworks could also cause operational issues. Discussion continued on the possibilities and merits of creating a separate allocation for pancreas and kidney.

The Kidney Committee Chair summarized that there was most consensus for a 250nm circle hybrid model and some lesser consensus for steep priority points. The Pancreas Committee Chair asked how using the steep priority points benefited the metrics compared to the shallow points. A Workgroup member recommended limiting the priority points to outside the 250nm circle which was seconded by a member of OPTN/UNOS staff. One member raised concern for the pediatric community and the possibility of putting forward an allocation system without any statistical data, which was seconded by the Pancreas Chair. One member asked why there was such a preference for the Hybrid model when the statistical metrics are not substantially improved. Some Workgroup members recommended the “2CR_150” model outlined in the SRTR report.

UNOS staff asked whether there was a consensus recommendation from the KP Workgroup to be presented at the separate Kidney and Pancreas Committee calls on Wednesday, December 17th, 2018. The Workgroup did not take a vote. UNOS staff member summarized that the Pancreas committee favored the two concentric circles due to the cold ischemic time but the Kidney committee favored the hybrid model.

To conclude, UNOS staff stated that they would be sending an online poll to members of the KP work group in order to record their preferences for models and variations. The Pancreas Chair expressed that a poll via email would be preferred as to be inclusive to every member, and not just those that could attend the call. UNOS staff agreed with this conclusion.

Next steps:

The Kidney and Pancreas Committees will meet separately on December 19, 2018.