

**OPTN/UNOS Kidney-Pancreas Workgroup
Meeting Minutes
March 5, 2019
Conference Call**

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Introduction

The Kidney-Pancreas Workgroup (the Workgroup) met via teleconference on 3/5/2019 to discuss the following agenda items:

1. Public Comment Feedback
2. Strategic Inclusion of Metrics
3. Accept/Decline Module Changes
4. Modeling Options and Limitations
5. Next Steps

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

1. Public Comment Feedback

UNOS staff presented public comment feedback received so far as well as regional feedback from regions 1, 5, 8 and 10. Feedback from Regions 2 and 7, previously reviewed during the 2/6 Workgroup meeting, were included as well.

Quantitative feedback:

- Broad support for hybrid model over fixed distance circles (region 1, 2, 5, 7, and 10)
- Mixed feedback on which proximity point combination is preferred
- More support for pancreas/KP having different allocation from kidney than having the same allocation:
 - Region 2, 5, 10 all clear majority for separating allocation systems
 - Region 1 narrowly supported different allocation systems (8 to 7)
 - Region 7 supported not having different allocation systems (7 to 4 against)

Qualitative feedback:

- Better visualization of modeling effects across regions
- Need to illustrate strategic goal alignment
- Effects on socioeconomically-disadvantaged candidates
- Concern about drop in transplant count/rate

Summary of Discussion

A Workgroup member expressed the need to address the repetitive feedback about the drop in transplant rates and counts. The limitations of the modeling and behavior changes need to be communicated more clearly.

A Workgroup member asked for the detail of median travel distances for different models, if there's a way to estimate cost differences. UNOS staff informed the Workgroup according to data available to review it's difficult to determine. Also, any policy that comes out of the Workgroup goes before the Fiscal Impact Workgroup who estimates the cost effects and presents those to the board alongside the policy.

2. Strategic Inclusion of Metrics

UNOS and SRTR staff gave an overview of ideas for prioritized metrics to include for future modeling.

To add:

- Heat maps: median years of dialysis at transplant by listing DSA
- Heat maps: median cPRA at transplant by candidate's listing DSA

To remove:

- Waitlist mortality counts by subgroup
- Benefit metrics such as LYFT remove

To move to an appendix:

- Waitlist mortality rates by subgroup

Summary of Discussion

A Workgroup member suggested adding a metric for wait time by blood type. The Workgroup also asked SRTR staff if there were other valuable metrics they would suggest including. SRTR staff said they don't have suggestions beyond what has already been recommended.

3. Accept/Decline Module Changes

UNOS staff informed the Workgroup one major concern in public comment has been the transplant rate/count for the different options modeled. However, that outcome is contingent on an accept/decline module that is limited in its prediction because:

- Previous SRTR modeling used DSA in predicting acceptance
- SRTR working on updating accept/decline module to better reflect what would actually result from policy changes

SRTR has two module tracks it's working on and will present on the next call (March 19):

- Accept/decline module 1: Uses candidate and donor factors to predict acceptance. This includes the distance the organ would have to travel (geography) and offer number.
- Accept/decline module 2: Uses only donor factors to predict acceptance. This does not include distance the organ would have to travel, but still includes offer number.

4. Modeling Options and Limitations

UNOS staff informed the Workgroup of some modeling options and limitations of the new modeling request:

- KP/pancreas and kidney can have different distribution runs modeled
- KP/pancreas and kidney would have the same metrics for these distribution variations
- Number of variations limited depending on the number of metrics
- March calls to decide:
 - Number and what distribution modeling options for kidney and KP/pancreas
 - Number and what metrics for kidney and KP/pancreas
- SRTR bandwidth dependent on number variations and metrics included

5. Next Steps

The new modeling request will be submitted to SRTR by April 1. SRTR will then have two weeks to review the request with modeling to follow April 15-June 15. From June 15-July 9 the Workgroup will review the modeling results, discuss potential policy solutions and vote on the

new framework. Fall public comment will run from August 2-October 4, 2019. The next KP Workgroup meetings will be held on March 19, March 22, and finally on March 29.