

**OPTN/UNOS Kidney-Pancreas Workgroup
Meeting Minutes
March 28, 2019
Conference Call**

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Introduction

The KP Workgroup met via teleconference on 03/28/2019 to discuss the following agenda items:

1. Public Comment Review
2. Kidney Committee Feedback
3. Pancreas Committee Feedback
4. KPSAM Request and Poll

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

1. Public Comment Review

A UNOS staff member gave an overview of some committee and stakeholder feedback.

Data summary:

Committee Feedback:

- MAC: impact on cost, variance in waiting time
- TAC: impact on low SES, impact on cost
- OPO: impact on cost; recommend improving efficiencies in current system
- Cross matching may increase local import offer cases
- Look at how often kidney transplants go into original intended candidate
- Ethics: concern about the balance of equity and utility, impact on rural communities
- TCC: support for hybrid, impact on highly sensitized, HLA matching, make sure robust monitoring plan
- Pediatrics: give pediatrics more priority, such as KDPI 35.5> going to peds at the local level above multi-organ
- PAC: make more plain language, consider impact on wait time for donor families

Stakeholder Feedback:

- AOPO: support doing continuous distribution now
- NKF: make sure to consider impact on minorities/low SES
- AST: concern about cross matching, pediatrics, impact on access and utilization
- ASTS: oppose 500 nm options, concern about impact on transplant rate/mortality, impact on safety, KDPI
- ASHI: oppose b/c impact on medical judgment and organ wastage in Final Rule
- NKR: room for increased efficiencies in current process; take into account

2. Kidney Committee Feedback

The Kidney Chair gave a brief overview of the discussion and feedback at the in-person Kidney Committee meeting.

Data summary:

The Kidney committee discussed the issue of increasing pediatric priority. The decision to move local pediatrics below the 100% CPRA (separate highly sensitized) for all KPSAM models was voted on by the Kidney Committee 14 in favor, 2 no, 2 abstention.

Summary of discussion:

The Pancreas Chair wondered why there was an increase in pediatric exceptions during KAS and whether SRTR has modeled a baseline model with only the proposed pediatric change. An SRTR member explained that pediatric patients currently have priority above all local adults and that a baseline model with this pediatric priority change hasn't been done yet. Another SRTR member also explained that it is a consistent effect across models to see an increase in pediatric transplants as sharing becomes broader. A member of the pediatric committee spoke about the difficulties of certain pediatric patients in getting transplants and whether the committee would consider making sequence C identical to sequence B. The pediatric member felt that certain pediatric recipients are receiving higher KDPI organs. The Pancreas Chair felt that some of the high KDPI organs are mislabeled and expressed a desire to see modeling first before making such a change. Another member noted that pediatric patients are already seeing an increase from broader sharing and would also be additionally advantaged through the proposed higher prioritization. However, the member and a UNOS staff member both noted that such an idea may fall under a different project. A UNOS staff member also spoke to the limited number of modeling options and that by incorporating additional changes, other modeling choices would need to be dropped. The Pancreas Chair spoke in favor of modeling the current options and evaluating the changes to pediatrics in order to identify the resulting changes. In addition, the Chair spoke in concern about adult groups that may be concerned about over-prioritization of pediatrics. The pediatric member spoke in favor of the ethical arguments of prioritizing pediatric patients.

3. Pancreas Committee Feedback

A UNOS staff member gave a brief overview of the discussion and feedback at the in-person Pancreas Committee meeting.

Data summary:

There were three main themes that emerged from the Pancreas in-person Committee meeting.

- Support for a stepwise function inside the local circle, with a linear taper after a 150 NM or 250 NM
- Preference for larger 500 NM circle, with at least one model including 150 NM circle
- Modeling of KP/PA circle larger than KI circle

Summary of discussion:

The Pancreas Chair explained that the Pancreas Committee favored a plateau model due to the concept that 500 NM is the best local circle size but that the driving distance within 150 NM is negligible and should not have increasing proximity points in that zone.

4. KPSAM Request and Poll

A UNOS staff member presented an overview of the current details of the modeling request, followed by discussion by the workgroup.

Data summary:

Circle sizes (NM)

- 500, 250, 150

Proximity points - linear

- Inside circle: 0, 4, 10
- Outside circle: 8, 20

Updated acceptance model for KPSAM

- Remove local indicator and include only offer number and donor characteristics (no candidate characteristics)

Streamlined request based on metrics generating most interest and discussion

Move PLD and local pediatrics up the match priority (for modeling)

- To fall between cPRA 100% and cPRA 98-99%

The UNOS presenter noted that one proposed model of a larger PA circle than KI would prioritize more KP candidates over all (and fewer) kidney candidates.

			Proximity Points			
	Circle Size (NM)		Inside the Circle		Outside the Circle	
Model #	KI	PA/KP	KI	PA/KP	KI	PA/KP
1	500	500	0	0	8	8
2	500	500	4	4	8	8
3	500	250	4	0	8	8
4	500	150	0	0	8	8
5	250	250	2	2	4	4
6	250	250	0	0	8	8
7	250	150	0	0	8	8
8	150	150	0	0	8	8
9	150	150	0	0	20	20
10	250	500	0	4	8	8

Summary of discussion:

The Pancreas Chair expressed a desire to still see a model of larger PA circle than KI, even more than some of the other models. The Pancreas Vice-Chair expressed a preference for the models involving a 500 NM and 150 NM PA circle but that some of the 250 NM were less appealing. The Vice-Chair also expressed a desire to see two stepwise models perhaps by eliminating some of the models with 250 NM circles. The Kidney Chair expressed concern at a larger PA circle and instead a preference for prioritizing two stepwise models over a larger pancreas circle. A UNOS staff member noted that if pancreas limits itself to a 500 NM circle that it will be very difficult to justify any other smaller circle size for kidney. The staff member recommended that the Pancreas Committee model other circle sizes besides 500 NM so as to have options after modeling results return. A workgroup member spoke in concern about pancreas circle size being larger than kidney especially when pancreas transplants are fewer than kidney. One workgroup member asked how one could justify a larger pancreas circle. The Pancreas Chair explained that the committee liked 500 NM due to the fact that 250 NM is approximately a five hour drive, the Pancreas Committee felt it was feasible to have a circle that included some driving time and flying time. A UNOS staff member summarized that there was workgroup support for removing two of the current modeling options, particularly the one where pancreas is larger than kidney in place of adopting two step-wise models and a baseline model where only pediatric priority is changed. Multiple workgroup members spoke in support of that plan. The workgroup took a vote.

Vote: The workgroup approves of the proposed models with the following changes;

- removing an option of PA circle at 500 while KI circle is 250
- removing a 500 NM KI circle and 250 NM PA circle with four proximity points in the KI circle – no points in the PA circle and eight points outside the circle for both
- adopting 2 stepwise models
- adopting a baseline model with pediatric priority change

The vote was 100% unanimous.