Eliminate the Use of DSA and Region in Pancreas Allocation Policy

OPTN Pancreas Transplantation Committee
Proposal Timeline – June 2018 to Present

- Public Comment Period
- KP Workgroup Meeting
- Pancreas Committee Meeting

[Timeline Diagram]

Project Start
1st KPSAM Request
1st KPSAM Results
Concept Paper Published
PC Feedback Considered
2nd KPSAM Request
2nd KPSAM Results
Public Comment Proposal Published

OPTN
ORGAN PROCUREMENT AND TRANSPANTATION NETWORK
What Problem will this Proposal Address?

DSA and Region not optimized for organ distribution

- Final Rule: geography shall not impact candidate access to transplant, except to the extent necessary (e.g. avoid unnecessary organ loss / promote efficient management of organ placement)
Overview: Proposed Solution

- Hybrid Framework with proximity points
- 500 NM fixed-distance circle around the donor hospital
- Maximum of four proximity points inside the circle
- Maximum of eight proximity points outside of the circle
- Change facilitated placement qualification to two pancreata imported outside 500 NM in previous two years
- Import match run: New match run would be based on a 150 NM circle
## KPSAM Modeling

<table>
<thead>
<tr>
<th>Model Number</th>
<th>Scenario</th>
<th>Circle Size: KI</th>
<th>Circle Size: KP/PA</th>
<th>Inner Circle Maximum Points</th>
<th>Outside of Circle Maximum Points</th>
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<td>BL-ped (Baseline)</td>
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<td>4* (flat from 0-250NM)</td>
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</table>
Waitlist mortality

Kidney-Pancreas

Pancreas-Alone
Travel Distance and Proximity Points

Distribution of Organ Travel Distance, Kidney-Pancreas

Distribution of Organ Travel Distance, Pancreas-Alone
Access for Vulnerable Populations (Round 2 KPSAM Results)

- Increases in equity in access to transplant with broader distribution for KP
  - High cPRA candidates
  - Female
  - African American candidates
  - Candidates with Medicare

- No change by urbanicity
# Transplant Rate for Kidney-Pancreas and Pancreas Transplants from KPSAM Modeling

<table>
<thead>
<tr>
<th>Model Number</th>
<th>Scenario</th>
<th>KP Transplant Rate per Patient-Year</th>
<th>PA Transplant Rate per Patient-Year</th>
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Facilitated Pancreas Allocation

- Facilitated placement allows organ offers to pancreas programs that import a certain number of pancreata
  - Only can be used within 3 hours of procurement AND after organ has already been offered to local (DSA) candidates
  - Current program participation requires having transplanted 5 pancreata imported from outside their DSA (there are 39 qualifying centers)

- Facilitated pancreas allocation needs updating to reflect removal of DSA from pancreas policy
Facilitated Placement Solution

- **Current Policy:** 5 pancreata imported outside DSA in previous 2 years (39 programs qualify)
- **Proposed Solution:** 2 pancreata imported outside 500 NM in previous 2 year (projected to be 26 programs that qualify, using retrospective data)
- **Alternative Solution Considered:** 5 pancreata imported outside 500 NM
- Alternative would mean few programs qualify (only 16), so Committee opted for proposed solution instead
- Requesting community feedback on proposed solution
Import Back Up

- **What is current policy?**
  - The host OPO may continue to allocate according to the original match run OR delegate responsibility to the receiving OPO in the transplant program’s DSA.
  - The receiving OPO must allocate the organ according to the “organ specific policies,” which currently means the OPO allocates to its DSA first.
  - Also...
    - The host OPO gets to decide whether to do import back up on the kidney, pancreas, or kidney-pancreas together.
    - Once the host OPO delegates responsibility to a receiving OPO, the host OPO is no longer involved in allocating the organ.
Import Back Up

- Under the proposed solution, the host OPO may:
  - Allocate according to the original match run
    OR
  - Delegate allocation to the receiving OPO. The receiving OPO runs a new match run around the intended recipient’s transplant program

- New match run based on a 150 NM circle with 8 proximity points outside
  - Smaller circle around transplant program avoids inefficiencies, is consistent with Kidney solution
  - Still provides flexibility for host OPO whether to use original match run or delegate

- KP prioritized above kidney-alone in reallocation
  - Only if host OPO identifies that both the kidney and pancreas be released for import back up

- Requesting feedback on proposed solution
Review: Proposed Solution

- Removes DSA and region from pancreas allocation policy as measures of distribution while striking an appropriate balance with the Final Rule requirements
  - Limits geography as factor in organ allocation
  - Considers efficiency concerns by including steep proximity points
  - Promotes access for vulnerable populations

- Framework represents a step in the direction of continuous distribution
What Else Did The Committee Consider?

- Fixed Distance Circles
  - Community preferred a hybrid approach in the first round of Public Comment

- Alternative Hybrid Variations (Smaller Circles, Less Proximity Points)
  - Smaller maximum proximity points had minimal effect in efficiency