

**OPTN Pancreas Transplantation Committee
Meeting Minutes
July 17, 2019
Conference Call**

**Silke Niederhaus, MD, Chair
Rachel Forbes, MD, Vice Chair**

Introduction

The OPTN Pancreas Transplantation Committee (the Committee) met via teleconference on 07/17/2019 to discuss the following agenda items:

1. Feedback from 7/15/19 Kidney Committee
2. Facilitated Placement Data
3. Import Back Up
4. Discussion & Vote

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

1. Feedback from 7/15/19 Kidney Committee

A UNOS staff member presented an overview of the discussions from the Kidney Committee's most recent call.

Data summary:

The Kidney Committee voted for 500.4.8 option, adopted language for medical urgency and established import back up with a 150 NM circle and then national circle.

Summary of discussion:

There was no discussion.

Next steps:

The Kidney Committee will present their policy proposal during the fall 2019 public comment cycle.

2. Facilitated Placement Data

A UNOS staff member gave a data presentation regarding the facilitated pancreas program.

Data summary:

Current transplant program qualifications are five pancreas transplants from outside of the DSA within the last two previous years.

In the 2 years post policy implementation, 39 programs currently qualify to receive facilitated offers. 400 distinct donors were allocated using facilitated list and 29 transplants were performed via facilitated offers. 15 of the 39 qualifying programs performed transplants from these facilitated offers.

Current policy language needs to be updated to remove the mention of DSA. The Committee also wants to consider reducing the number of required pancreas transplants in order to qualify for the program.

16 programs qualified with a threshold of 5 PA transplants outside of 500 NM.

26 programs qualified with a threshold of 2 PA transplants outside of 500 NM.

Reducing the number of PA transplants from 5 to 2 would increase the proportion of qualifying programs that never accepted or transplanted facilitated pancreas offers in a 500 NM circle.

The allocation change from DSA to 500 NM circle may reduce the need for facilitated pancreas allocation in the future. Increased broader sharing will allow pancreas offers to potentially more qualifying programs within 500 NM before the need to go to facilitated allocation.

Summary of discussion:

One member commented that only 52% of pancreas programs actually accomplished one import transplant as part of this program. Another member spoke in favor of reducing the threshold to participate in the facilitated pancreas program in order to allow more pancreas transplant programs to participate. A UNOS member noted that the number of facilitated pancreas offers may decrease due to the larger initial distribution unit (using 500 nautical miles instead of DSA in policy). While reducing the threshold would allow for more programs, data seems to indicate that some programs do not take advantage and use the facilitated pancreas offers they receive. Several members spoke both in favor of lowering the threshold to 2 import pancreata transplants and others to keep the threshold as is at 5. The UNOS staff member launched a straw poll to determine committee sentiment. 45% of the committee voted to keep the current threshold at 5 and 55% of the committee voted to lower the threshold to 2. The Chair noted that the amount of transplants done by facilitated pancreas policy is small and there was substance to both arguments.

Next steps:

The language will be modified to reflect the simple majority vote of lowering the threshold to a requirement of 2 import pancreas transplants over 2 years to qualify for the facilitated pancreas program. The Committee will ask the community for feedback during public comment whether the community agrees with the change to 2 import pancreata over 2 years, or if it should be a higher number to restrict the number of facilitated programs.

3. Import Back Up

Data summary:

Options:

1. 100 NM, 500 NM, National
2. 150 NM then up to 8 proximity points out to 2500 NM (kidney solution)

Reasons the Committee is considering 1:

- Pancreas able to handle less preservation time, less likely to be reallocated
- 500 to allow net for organs that aren't allocated at the local level

Reasons the Committee should also consider 2:

- Easier to remember/more consistent for members – OPOs and transplant programs
- More consistent for patients
- IT cost (less important than first two considerations)
- Is the 150 NM vs. 100 NM important enough of a difference?

Summary of discussion:

Several members spoke up in support of making the import back up policy for pancreas consistent with kidney. Two members spoke up in concern of the amount of time that a 150 NM circle could add in cold

ischemic time due to the courier and cross-match time. The Chair noted that many programs would probably sort through these offers while keeping in mind the amount of cold time that could be added. A UNOS staff member explained that the current options are 100 NM or 150 NM and smaller circle sizes are not currently under consideration. The Committee took a straw poll with 55% in favor of 150 NM circle consistent with kidney and 45% in favor of 100 NM. The Chair recommended that the Committee ask for feedback during public comment on import back up policy since some members of the Committee supported an alternative solution.

Next steps:

The UNOS staff will modify language to reflect these changes. The Committee will ask the community for feedback on the proposed import back up solution during public comment.

4. Discussion & Vote

Summary of discussion:

The Committee voted unanimously in support of the policy language change to remove DSA and region from pancreas allocation and include instead a 500 nautical mile circle with up to 4 proximity points inside the circle and up to 8 proximity points outside the circle. Facilitated placement qualification will be changed from importing 5 pancreata from outside the DSA in the previous 2 years to importing 2 pancreata from outside 500 nautical miles in the previous 2 years. Import back up policy will match kidneys, with a 150 nautical mile reallocation circle to limit additional ischemic time, and up to 8 points outside the circle for efficiency.

Next steps:

The proposal will go to public comment on August 2nd.

Upcoming Meetings

- August 21, 2019 (teleconference)
- September 18, 2019 (teleconference)