

**OPTN Pancreas Transplantation Committee
Meeting Minutes
July 10, 2019
Conference Call**

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

Introduction

The Pancreas Transplantation Committee (the Committee) met via teleconference on 07/10/2019 to discuss the following agenda items:

1. Feedback from Recent Kidney Call
2. Recap of 6/25 Pancreas Meeting
3. Circle Distance/Points Discussion
4. Facilitated Placement
5. Local Back Up

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

1. Feedback from Recent Kidney Call

A UNOS staff member gave an overview of the Kidney Committee's discussions regarding their allocation policy on their most recent call.

Data summary:

There was majority support for the 500.500.4.8 option. The Kidney Committee began discussing local back up and will be voting next Monday 7/15/19.

Summary of discussion:

One member asked for clarification regarding the points that the Kidney Committee preferred. A UNOS staff member clarified that the points would be up to 4 inside the 500 NM circle and up to 8 outside the 500 NM circle till 2,500 NM.

Next steps:

The Kidney Committee will officially vote on language during their meeting on 7/15/19.

2. Recap of 6/25 Pancreas Meeting

Data Summary:

The Committee took a straw poll which showed majority support for 500.500.4.8.

The Committee did not feel that the drop in pancreas alone would actually happen due to the fact that most of pancreas alone transplants are done by more aggressive pancreas programs and that particular behavior characteristic isn't accounted for in the KPSAM model.

Additionally, the Committee noted that most pancreata are transplanted as part of simultaneous kidney-pancreas transplants (KPs). Because of these two elements, the Committee decided to focus more on the KP results of the KPSAM.

Overall it was noted that the net change in transplant across the options modeled was minimal, especially when adding up total kidney alone, kidney-pancreas and pancreas alone.

The Committee agreed that ischemic time alone did not seem enough of a reason to not do a bigger circle, especially as some aggressive centers do accept organs from farther away.

The Committee noted that having a broader circle may increase competition between smaller/less aggressive programs and larger/more aggressive programs and thus encourage the smaller programs to accept more organs or do less cherry picking. This could increase utilization overall.

The Committee determined that keeping the proximity points in the allocation system would mean most of the pancreata would go to candidates more local/closer to the donor hospital level, while still allowing those more aggressive programs to accept pancreata from far away because the circle is big.

Additionally, the Committee noted that if programs have issues with their local organ procurement organization (OPOs) a larger circle could help because there would be other OPOs with which to interact.

Final Rule says distribute as broadly as possible and the 500 NM circle is broader than other options.

A few Committee members preferred the 150 NM circle, but a large majority preferred 500 NM because of the reasons stated above.

Summary of discussions:

One newer member asked for clarification as to why the Committee did not prefer the 250 NM circle option. A UNOS staff member explained that as the results between the 250 and 500 NM circle were so similar, the Committee then felt that 500 NM better fulfilled the requirement of the Final Rule to share as broadly as possible. In addition, pancreas programs around the U.S. are spread out more and a larger circle would allow for increased opportunity to work with other OPOs. Lastly, increased utilization and acceptance rates are variable from program to program but impacted by geography.

The Chair also added that they felt that the 500 NM circle fulfilled the requirements of the Final Rule to share organs as broadly as possible except when limited by ischemic time that could harm the organ. The Chair also expressed that upon examination of the data, the Committee found that many organs in the current system traveled quite far and did not suggest a reason to limit ischemic time to a circle smaller than 500 NM. The current lung allocation system uses a 250 NM circle and from a clinical standpoint the Chair felt that the kidney and pancreas could travel as far if not further than lungs. The Vice Chair added that selecting the same circle size as the Kidney Committee would also ensure that kidney-pancreas are able to share out to the same distance.

One member asked about the possibility that pancreatic surgeons can be very particular about the organ and therefore a larger circle size may lead to lower acceptance rates. The Chair responded that it is likely that the modeling over-predicts the amount of KPs that will be done under the new allocation system, in part due to the logistical challenges of sending out a recovery team 500 NM. Therefore programs and surgeons will have the option to limit their acceptance of organs to ones closer should they choose.

3. Circle Distance/Points Discussion

A UNOS staff member went over some of the highlights of the SRTR modeling.

Summary of discussion:

One member asked which regions or states would see increased transplant counts. A UNOS staff member responded that it depended on the type of transplants. KP counts typically increased across the board. When it came to just kidney alone transplants regions 3 and 9 show an increase whereas region 8 and 10 showed a decrease. However the staff member noted that these changes are not unique to circle size alone and any changes to geography will show some shifts.

The Committee took a straw poll on the two preferred options of 500.500.4.8 and 250.250.2.4.

78% of the Committee preferred the 500.500.4.8 option and 22% preferred the 250.250.2.4 option.

4. Facilitated Placement

A UNOS staff member gave a presentation on the facilitated allocation policy.

Data Summary:

39 programs currently qualify to receive facilitated offers.

In the 2 years post public comment, 400 distinct donors were allocated using facilitated list.

29 transplants performed via facilitated offers. Of these offers, the organs were transplanted by 15 of the 39 qualifying programs.

75% of past facilitated program transplants captured with a change to 500 NM.

The proportion of qualifying programs transplanting facilitated pancreata increases. Current nonlocal qualification is 38% whereas >500 NM qualification is 63%.

A change to a 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 it may be beneficial to lower the number of imported pancreata necessary to qualify for the facilitated program down to 1 or 2. Several UNOS staff members explained that even by reducing the number of required imported pancreata, the amount of qualifying programs would not greatly increase – typically due to the fact that those programs that imported did so for multiple organs.

Another member commented in support of reducing the number of required imported organs down to one due to their personal experience at their center. The member's center currently does not have enough candidates to import more than about one pancreata a year and feels that their program and others like it would benefit from a reduction in criteria for facilitated placement. The Chair explained that this facilitated allocation only was offered after all "local" programs and candidates had declined the organ offer. Additionally, the Chair indicated that the "local" area would increase substantially should the new circle size be 500 NM and therefore the number of facilitated offers would likely decrease as the amount of local offers would increase substantially and increase the likelihood of the organ being accepted "locally". A UNOS staff member explained that currently the majority of programs that qualified for the facilitated program did not actually perform a facilitated transplant and therefore expanding the program may not truly increase the number of facilitated transplants.

Next Steps:

UNOS staff will follow up with the exact data regarding the amount of qualifying programs should the number of required imported facilitated pancreata decrease. The Committee will look at this data and vote on final language next call.

5. Local Back Up

Data Summary:

Replacing DSA and region with nautical mile (NM) distance from donor hospital heightens issue with released organs (local back up) due to the following reasons:

- Organs traveling farther
 - If allocation is a big circle, an organ could travel entire diameter (up to 1000 NM for 500 NM circle)
 - Limits of ischemic time
 - What OPO decides to do depending on particular OPO and the situation (organ quality, ischemic time, distance, etc.)
 - Want to avoid inefficiencies in transitioning to new distribution system, while preserving flexibility for OPOs to decide and still allocate according to the match run (keep the process equitable)

Proposed Solution:

Operationalize current practice for importing OPOs and add a smaller circle for new match runs to cut down on additional cold ischemic time.

Should a pancreas or KP be imported but not transplanted, the import OPO would check with the host OPO:

- The host OPO could continue running off of original match run OR
- Delegate to import OPO to run a new match run; that match run would be restricted to a 100 NM circle

The benefits of this solution is that it is equitable, efficient, and flexible

This solution has been vetted by committee leadership as well as OPO stakeholders.

For Discussion:

- Confirm 100 NM as import match run distance (then 500, then nationally)
 - Kidney considering 150 NM, but doesn't need to be the same
- Confirm KP prioritized in import match run out to 100 NM

Summary of discussion:

There was no discussion on this item.

Upcoming Meetings

- July 11, 2019 – Kidney Full Committee Meeting
- July 15, 2019 – Kidney Full Committee Meeting
- July 17, 2019 – Pancreas Full Committee Meeting