

OPTN Pancreas Transplantation Committee

Meeting Minutes

August 21, 2019

Conference Call

Silke Niederhaus, MD, Chair

Rachel Forbes, MD, Vice Chair

Introduction

The OPTN Pancreas Transplantation Committee (the Committee) met via teleconference on 08/21/2019 to discuss the following agenda items:

1. Review of Pancreas Committee Charge
2. Kidney Proposal: Remove DSA and Region
3. Update on cPRA/Pediatric Project
4. Operations and Safety Proposal: Data Collection on Broader Distribution

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

1. Review of Pancreas Committee Charge

A UNOS staff member gave a brief introduction to the current Committee's charge and members discussed potential revisions.

Data summary:

Below is the current language of the Committee's charge:

"The Pancreas Transplantation Committee is charged with considering medical, scientific, and ethical aspects related to pancreas and pancreas islet organ procurement, distribution, and allocation. The committee will consider both the broad implications and the specific member situations relating to pancreas and pancreas islet issues and policies. The goal of the committee's work is to develop evidence-based policies aimed at reducing the burden of disease in pancreas candidates and recipients, increasing pancreas utilization, improving access to pancreas transplantation as appropriate, and improving the health outcomes of pancreas transplant recipients."

Summary of discussion:

One member had a question regarding islets as the member was under the impression that the FDA had awarded a contract to another organization to distribute islets. The member wondered if the differences between pancreatic organ transplants and islets would become so different that islets would be out of scope. Another member suggested keeping the language referring to islets in the committee charge as the situation was unclear regarding the role of the FDA. The Chair agreed with this assessment. A UNOS staff member brought up the possibility of removing the word "pancreas" before the term "islet" to make the Committee charge consistent with language in OPTN policy. Committee members agreed to this change.

Next steps:

The OPTN Executive Committee will evaluate and provide feedback on the committee charge.

2. Kidney Proposal: Remove DSA and Region

The Vice Chair of the Kidney Committee presented their current public comment proposal and then took questions and feedback from committee members.

Summary of discussion:

One member asked if there would still be proximity points awarded to a 100% highly sensitized candidate. A UNOS staff member responded that yes all patients would receive proximity points. The member expressed concern that there may be a disparity caused by proximity points for these 100% highly sensitized patients. The member inquired how many patients now are listed as “medically urgent”. The presenter responded that this classification is fairly rare but do vary in standards from region to region. The member asked where the medically urgent classification falls in the sequence. The presenter responded that the classification is still separate and allocated out of sequence. The Chair expressed support in having a national medical urgency standard for all programs.

Another member asked about offer limits particularly for candidates with significant wait time. The presenter explained that this particular issue of notification limits hadn’t been analyzed or incorporated into the proposal, however it would likely be something that would be monitored post-implementation. The Chair commented that due to the dependency of offers on HLA matching that multiple offers may be less of an issue than anticipated because of how the points impact the order of the match run.

Next steps:

UNOS staff will synthesize feedback on behalf of the Committee to post on the public comment site.

3. Update on cPRA/Pediatric Project

UNOS staff presented an overview on the next steps for pursuing a project regarding adding prioritization in allocation to highly sensitized and pediatric patients.

Summary of discussion:

The Chair noted that the request came out of acknowledging that kidney highly stratifies its allocation by cPRA but that pancreatic allocation does not. In addition, the Chair noted anecdotal evidence that pediatric candidates in need of both a kidney and a pancreas only received a kidney because pediatric priority exists for kidney allocation but not pancreas allocation.

Next steps:

The Committee will discuss the details of a modeling request at their in-person meeting in October.

4. Operations and Safety Proposal: Data Collection on Broader Distribution

A presenter from the Operations and Safety Committee presented their current public comment project and received feedback and questions from the committee.

Summary of discussion:

The Chair expressed general support for the project and also suggested collecting both travel distance and travel time when recovering organs. Another member commented that it may be challenging for centers to collect accurate travel data because of variation in travel mode and difficulties in centers or OPOs capturing the data in real time. The Committee discussed the idea of a GPS tracker to collect the data and know where the organ is. The presenter acknowledged this type of tracker may be a viable option to collect the data most effectively. The Committee was also informed of a jointly sponsored ASTS and AOPO summit on safety and transportation – the Operations and Safety Committee should not duplicate efforts but make sure to be informed of the concurrent work which is progressing. A

Committee member asked whether accurate data on recovery teams is currently available; the presenter clarified that only limited data is available and more reliable data is needed.

Next steps:

UNOS staff will synthesize feedback on behalf of the Committee to post on the public comment site.

Upcoming Meetings

- September 18 (teleconference)
- October 16 (teleconference)
- October 23 (Chicago)

