Introduction
The OPTN Kidney-Pancreas Transplantation Workgroup met by teleconference on October 18, 2019 to discuss the following agenda items:

1. Public Comment Themes (Kidney)
2. Public Comment Themes (Pancreas)
3. Kidney 10/7 Meeting Recap
4. Pancreas 10/16 Meeting Recap
5. Stakeholder Discussion

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

1. **Public Comment Themes (Kidney)**

The Workgroup reviewed public comment and regional meeting feedback on the *Eliminate the Use of DSA and Region in Kidney Allocation Policy* proposal.

**Summary of discussion:**
A member summarized the key takeaways from public comment on the kidney proposal. There are concerns about Organ Procurement Organization (OPO) accountability, cost of logistical challenges, increased dependence on commercial flights, center level impact, and the potential for increased discarded organs. Various transplant societies also weighed in with concerns surrounding this proposal.

**Next Steps:**
This feedback will be taken into consideration as the Pancreas and Kidney Committees review potential modifications to the proposed solutions at their in-person meetings.

2. **Public Comment Themes (Pancreas)**

The Workgroup reviewed public comment and regional meeting feedback on the *Eliminate the Use of DSA and Region in Pancreas Allocation Policy* proposal.

**Summary of discussion:**
There were public comment concerns surrounding pediatric prioritization for kidney-pancreas that were reviewed. The Pancreas Committee is already working on this as a new project. A member noted that the comments received for the pancreas proposal were similar to those received for kidney, but that the community was more accepting of the pancreas proposal. There are not as many pancreas programs when compared to kidney programs, so any change will not be as large as what the kidney community could experience.
Next steps:
This feedback will be taken into consideration as the Pancreas and Kidney Committees review potential modifications to the proposed solutions at their in-person meetings.

3. Kidney 10/7 Meeting Recap
The Workgroup reviewed takeaways from the Kidney Transplantation Committee’s meeting on October 7, 2019.

Summary of discussion:
A member of the Kidney Committee reported that during this meeting, the Committee considered circle size and proximity point options. The Committee had a discussion about going to the Board of Directors (BOD) with a 250 NM circle. The Workgroup also discussed taking compliance with the executive order on advancing kidney health into consideration. From HRSA’s perspective the order is not in conflict with this proposal as it is a complimentary, but separate issue.

Next steps: This feedback will be taken into consideration as the Pancreas and Kidney Committees review potential modifications to the proposed solutions at their in-person meetings.

4. Pancreas 10/16 Meeting Recap
The Workgroup reviewed takeaways from the Pancreas Transplantation Committee’s meeting from October 16, 2019.

Summary of discussion:
A member of the Pancreas Committee explained that members generally favored a 250 NM circle. This member reported that it has been informative to have the kidney and pancreas allocation systems go out as separate proposals because each organ has its own challenges. This member mentioned that Facilitated Placement and Import Backup will look very different in a 250 NM circle than in a 500 NM circle. For this reason, the committee wants to take time to examine data and make a decision on how these elements should function within pancreas allocation.

Next steps:
This feedback will be taken into consideration as the Pancreas and Kidney Committees review potential modifications to the proposed solutions at their in-person meetings.

5. Stakeholder Discussion
Workgroup stakeholders were asked if the current proposal should be taken to the Board of Directors or if a solution with a 250 NM circle should be considered.

Summary of discussion:
A member brought up over reliance on commercial flights when transporting kidneys. A potential challenge with a 500 NM circle is that the commercial airline carrier system may be challenged with such sudden broader sharing. This member reported that organs could be lost and asked for input from representatives from the Pancreas Committee. A member of the pancreas committee responded that this situation is center dependent for pancreas. Some surgeons will only take pancreata that have been recovered by their own team while other centers may have more connections with programs that are further away and will be more comfortable with shipping the organ. The proximity points will also help to limit the distance an organ can travel, helping to minimize some logistical challenges associated with transporting the organs.
A member of the Kidney Committee reported that 500 NM is too large of a change and that 250 NM would be a better choice because it is more of an incremental change to help programs acclimate to distributing organs more broadly that will minimize logistical challenges associated with transporting the organs, including the risk of organs not being transplanted due to transportation complications, while still achieving more equity in access to transplant.

Next steps:
The Kidney and Pancreas committees will have their respective in-person meetings in October to review possible modifications to the proposed solution sent to the Board.

Upcoming Meetings

- There are no additional KP Workgroup meeting scheduled.

Attendance

- Workgroup Members
  - Sharon Bartosh
  - Vincent Casingal
  - Donna Croezen
  - Joe Ferreira
  - Valinda Jones
  - Liise Kayler
  - Lisa Matthias
  - Ernesto Molmenti
  - Silke Niederhaus
  - David Scott
  - Erica Simonich
  - Andrew Weiss
- HRSA Representatives
  - Robert Walsh
- SRTR Staff
  - Bryn Thompson
- UNOS Staff
  - Craig Connors
  - Abigail Fox
  - Lindsay Larkin
  - Jason Livingston
  - Kelley Poff
  - Liz Robbins Callahan
  - Ross Walton