

**Kidney-Pancreas Workgroup
Meeting Minutes
June 26, 2019
Conference Call**

**Nicole Turgeon, MD, FACS, Co-Chair
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Introduction

The Kidney-Pancreas Workgroup (the Workgroup) met via teleconference on 06/26/2019 to discuss the following agenda items:

1. Kidney Committee Briefing
2. Pancreas Committee Briefing
3. Discussion

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

1. Kidney Committee Briefing

The Kidney Committee Chair gave an overview of the discussion from the Kidney in-person meeting regarding the project to eliminate DSAs as units of distribution from kidney allocation policy.

Summary of Discussion:

The Kidney Committee chose to exclude a distribution circle of 150 nautical miles (NM) as an option early on in the discussion due to concerns that 150 NM would be inconsistent with the Final Rule requirement to distribute organs as broadly as feasible given the modeling results showing comparable increases in equity without negative impacts on outcomes for the 250 and 500 NM variations. Additionally, variances in transplant rate by DSA were shown to increase in variations using a 150 NM circle when compared to baseline. The Committee narrowed their preferences to two models, 500.500.4.8 and 250.250.2.4. The Kidney Committee took a straw poll with 11 in favor for the former and 10 in favor from the latter. Committee members supporting a 500 NM circle considered the impact of broader distribution, while Committee members supporting a 250 NM circle expressed concern about unintended consequences and logistical challenges related to a 500 NM, including longer cold ischemic times, increased travel times, and associated risks such as organ loss.

The Kidney Committee evaluated increasing pediatric priority above some highly sensitized candidates and concluded that there was little difference statistically. Specifically, the Committee concluded based on the modeling that pediatric candidates largely received increased access as a result of broader distribution and not necessarily because of increased priority in allocation tables. Nonetheless, the Committee elected to continue to provide increased priority in allocation tables for pediatric candidates.

One Workgroup member who was not present at the in-person meeting added their vote to the straw poll bringing up the counts to 11 for both the 500.4.8 and the 250.2.4 variations.

2. Pancreas Committee Briefing

The incoming Pancreas Committee Chair gave an overview of the discussion from the Pancreas in-person meeting.

Data summary:

The Pancreas Committee felt that there was insignificant difference between the models. Additionally the Committee felt that the estimated numbers for increased kidney-pancreas transplants in the modeling results may be overestimated due to the travel distance; in other words, transplant programs may be less inclined to accept and transplant organs coming from further away than the model is able to predict. The Committee took two straw votes, the first to indicate the Committee's first choice and the second to indicate the Committee's second choice. The Committee largely favored the 500.500.4.8 model with 14 in support and 2 opposed. The Committee also considered which model would be a second choice, should there be opposition from the Kidney Committee or from the community. The Committee largely favored the 250.250.2.4 model as their second option.

3. Discussion

The Pancreas Committee Chair commented that it is unclear whether the community at large is ready for the larger circle size option of 500 NM. A member of the workgroup commented that there may be other logistical issues that stand as justifications for choosing the smaller circle option of 250 NM. The Kidney Committee Chair indicated that the projected median travel distance for a 500 NM circle is only 199 NM and therefore not as drastic a change as it may initially seem.

The Pancreas Committee Vice-Chair emphasized again that the Pancreas Committee currently feels that the increase of KP transplants at 500 NM is not reflective of the actual volume that transplant centers will do. The Kidney Vice-Chair brought up the concern of high KDPI kidneys and considering how far those organs are most likely to travel and whether they should be prioritized more locally. The Kidney Chair clarified that high KDPI kidneys currently receive local prioritization but that modifications for additional prioritization does not fall within the and scope of this project.

One workgroup member asked a question regarding whether the data estimated based on one-year data or longer. A member of the Scientific Registry for Transplantation of Recipients (SRTR) clarified that the data just covered a year's worth of data, and explained that because the data is limited to a year, it is challenging to isolate the effects of a change in allocation such as transplant count, as well as for long-term metrics such as waitlist mortality. In addition, this member of SRTR explained that each year the waitlist grows and that impacts why the data is limited to a year estimate.

The Pancreas Committee Vice-Chair questioned why the Committees are considering such drastic changes when there are few changes on current metrics. A workgroup member advocated for a less drastic change for which the community may be more prepared as opposed to a larger 500 NM circle. The Kidney Chair explained the rationale for a 500 NM circle with proximity points would still prioritize patients that were closer to a 250 NM radius while also moving towards broader distribution and the ultimate goal of continuous distribution.

The Kidney Committee Chair also noted that this project is focused on equity as its main goal and that the objective is to move toward broader sharing and a more rational approach to distribution than DSA.

A UNOS staff member brought up the OPTN Webinars that will be held on these proposals over the next week.

Next Steps:

UNOS staff members will provide a side-by-side comparison of metrics for the two popular models to the Committees. The Workgroup members will continue to meet in their separate Committee meetings to develop their proposals.

Upcoming Meetings

- July 8 – Full Kidney Committee Meeting
- July 10 – Full Pancreas Committee Meeting
- July 15 – Full Kidney Committee Meeting
- July 17 – Full Pancreas Committee Meeting

Attendance

- **Workgroup Members**
 - Sharon Bartosh
 - Vincent Casingal
 - Silke Niederhaus
 - Rachel Forbes
 - Donna Croezen
 - Andrew Weiss
- **HRSA Representatives**
 - Jim Bowman
 - Joyce Hager
 - Bob Walsh
- **SRTR Staff**
 - Bryn Thompson
- **OPTN/UNOS Staff**
 - Sar Moriarty
 - Leah Slife
 - Wes Stein
 - Kerrie Masten
 - Abigail Fox
 - Amber Wilk
 - Ross Walton
 - Tina Rhoades
 - Kelley Poff
 - Scott Castro
 - Peter Goldin
 - Kiana Stewart
 - Beth Coe
 - Betsy Gans