

**OPTN Pancreas Transplantation Committee
Meeting Summary
January 15, 2020
Conference Call**

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

Introduction

The OPTN Pancreas Transplantation Committee (the Committee) met via Citrix GoToTraining teleconference on 01/15/2020 to discuss the following agenda items:

1. Alaska Public Comment Slides
2. Continuous Distribution of Pancreata
3. Next steps

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

1. Alaska Public Comment Slides

The slides for this proposal will be presented at the regional meetings. The Committee's representatives reviewed this proposal since it is co-sponsoring with the Kidney Transplantation Committee.

Summary of discussion:

No discussion.

2. Continuous Distribution of Pancreata

The Committee reviewed what continuous distribution was and how it would translate to pancreas allocation. Continuous distribution is a transition to a points based system where certain attributes would be weighted differently depending on their relative importance.

Summary of discussion:

A member asked how a kidney transplant versus kidney-pancreas transplant would work with continuous distribution.

A member noted that current prioritization of kidney-pancreas (KP) candidates means that the kidney will be offered first to KP candidates at the DSA level before offers are made to kidney-alone candidates. By contrast, continuous distribution could imply that the prioritization of KP candidates above kidney-alone candidates would be relative dependent on the total allocation scores of the different candidates. This brought de-coupling into the discussion and a member mentioned that there shouldn't be widely different prioritized attributes for pancreas, islet, or kidney-pancreas because there may be negative consequences.

A member asked how you quantify patient access. It was explained that there were two categories to quantify access: (1) reducing biological disadvantages, such as CPRA; and, (2) distinguishing pediatric and living donor.

A member asked whether geographic access was included in the patient access attribute. It was explained that the Thoracic Transplantation Committee decided not to add geography as an attribute because they were focused on turning the current system to a points based system and adding geographic access as a metric was beyond the scope of the project. It was also mentioned that continuous distribution is considered smarter distribution because distribution may not necessarily “broaden” but is dependent on the patient and donor characteristics as well as geographic location.

A member mentioned that implementing continuous distribution is an opportunity to re-evaluate priority for medical urgency. A member questioned whether this re-evaluation should be done, first, with just the Committee or done in a workgroup with the Kidney Transplantation Committee.

The Committee discussed starting a subcommittee to assess continuous distribution. A member suggested that the subcommittee could expand the attributes prioritized by the Committee and questioned whether there should be two separate subcommittees: one for attributes and the other for discussing the importance of pancreas, islet, and kidney.

A member asked if it would be beneficial to have a member from the Histocompatibility Committee on the subcommittee. The Committee agreed it would be beneficial since the Committee wants to examine the prioritization of highly sensitized patients.

Next Steps:

The Committee will evaluate possible attributes for pancreas, islet, and kidney-pancreas allocation and consider forming a subcommittee.

3. Other Significant Items

Several Committee members volunteered to work on the Multi-Organ Transplant Workgroup headed by the OPO Committee.

Upcoming Meetings

- February 19, 2020 (teleconference)
- March 18, 2020 (teleconference)

