

OPTN Pancreas Transplantation Committee

Meeting Summary

February 19, 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 02/19/2020 to discuss the following agenda items:

1. Kidney Medical Urgency
2. CPRA Data Analysis
3. Next Steps

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

1. Kidney Medical Urgency

The Chair of the OPTN Kidney Transplantation Committee presented an update of this project to the Committee.

Summary of discussion:

A member asked how many medically urgent patients are highly sensitized and whether the 250 nautical mile (NM) circle would be sufficient to find donors for these candidates. Because medical urgency has been previously determined at a DSA level, there can be variation in what different DSAs determine to be medically urgent. This limits the data related to medically urgent candidates with high sensitization. The proposed policy change will help collect data on medically urgent candidates and recipients. The presenter also stated that the Kidney Committee discussed whether 250 NM was an appropriate distance for prioritization and agreed that it was sufficient.

A member expressed concern about transplant centers incorrectly using the medically urgent criteria to gain higher prioritization for their patients. The Kidney Committee will review data post-implementation in order to assess the impact of the policy change, including whether any centers have transplanted candidates at the medically urgent status inappropriately.

A member inquired if the Kidney Committee knows how many potential medically urgent listings there were that didn't get transplanted. The presenter noted that there is a rough estimate of up to 100 medically urgent candidates per year. Staff mentioned that they could follow up with the data and how it was estimated.

A member questioned if the Kidney Committee has any outcomes information on the candidates that were transplanted. Outcomes data are currently not collected for medically urgent candidates, because medical urgency status is conferred at the DSA level and OPTN data collection is limited. The proposed policy change should help collect better data on medically urgent kidney candidates and recipients.

A member questioned if there was a way to consider risk of complication when calculating the scores for allocation without penalizing the transplant centers. The presenter responded that there needs to be

data collected and analyzed to identify whether risk of complication is predictive of kidney offer turnaround rate. Staff reminded the Committee of the work being done for continuous distribution and that high risk of complication could be an attribute that has higher weight.

13% of the Committee strongly supports this project, 63% of the Committee supports this project, 13% of the Committee are neutral towards this project, and 13% of the Committee oppose this project.

Next Steps:

The Committee's feedback will be summarized and posted on the OPTN website.

2. CPRA Data Analysis

Staff presented the data request regarding access to pancreas and kidney-pancreas transplant for highly sensitized candidates.

Summary of discussion:

A member inquired whether the patients who were listed for pancreas alone had also had a kidney transplant. Staff explained that the patients listed for pancreas alone hadn't had a kidney transplant within the year.

A member questioned if patients that were registered as kidney-pancreas had received a living donor kidney that year. Staff mentioned that they would need to look into it more and follow up.

Staff explained that the data shows disadvantages to the highly sensitized candidates and that these candidates are usually listed for kidney and pancreas. It was also emphasized that changes to CPRA could be added to the Committee's continuous distribution work and wouldn't need to be done as a separate process.

3. Next Steps

The Committee may follow up on the data request at their April 16th in-person meeting. Staff asked for volunteers to review the following proposals by the next Committee meeting: (1) Changes to HLA tables, (2) Released Organs (Import Back Up), and (3) Socioeconomic Data.

Upcoming Meetings

- March 18, 2020
- April 16, 2020 (Chicago, IL)

Attendance

- **Committee Members**
 - Daniel Keys
 - Jeffery Steers
 - Muhammad Yaqub
 - Rachel Forbes
 - Liise Kayler
 - Mathew Mulloy
 - David Scott
 - Tarek Alhamad
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - Nick Salkowski
 - Bryn Thompson
 - Ajay Israni
- **UNOS Staff**
 - Rebecca Brookman
 - Abby Fox
 - Kerrie Masten
 - Lauren Motley
 - Joel Newman
 - Leah Slife
 - Read Urban
 - Jen Wainright
 - Joann White
- **Other Attendees**
 - Vincent Casingal
 - Tracy McRacken