

OPTN Pancreas Transplantation Committee

Meeting Summary

March 18th, 2020

Conference Call

Silke Niederhaus, MD, Chair
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Introduction

The OPTN Pancreas Transplantation Committee met via Citrix GoToTraining teleconference on 03/18/2020 to discuss the following agenda items:

1. Modifications to Released Kidney and Pancreas Allocation Post-Public Comment Update
2. COVID-19 Discussion
3. Next Steps

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

1. Modifications to Released Kidney and Pancreas Allocation Post-Public Comment Update

The Committee reviewed and provided feedback on solution options regarding the Organ Procurement Organizations (OPO) Committee's Modifications to Released Kidney and Pancreas Allocation proposal.

Summary of discussion:

During public comment, one of the themes that came up in the responses was a solution for pancreas reallocation. It was suggested that the OPO Committee consider an alternative process for pancreas reallocation to prevent discard of the organ. The Committee was asked to review, discuss, and select the best solution to address pancreas reallocation:

- Keep policy as written – no change from PC proposal
- Small circle for pancreas reallocation (e.g. 50 NM instead of 250)
- Center backup for pancreas reallocation
- Booster points for pancreas reallocation – increase number of proximity points more than they are in current proposal

A member inquired whether this policy was meant to be post-procurement. UNOS staff clarified that this was after the organ had been procured and shipped to the center where it needed to be placed.

Another member recalled discussion surrounding decoupling kidney and pancreas and creating different policy for each process. A member also explained that the odds of the pancreas not being utilized in the next recipient are higher if it's decoupled from the kidney.

The Committee members agreed that center backup is the best solution in the case where the kidney and pancreas are uncoupled and the pancreas needs to be reallocated.

A member suggested that it would be beneficial to track what centers frequently use center backup and decouple the kidney and pancreas. Other members explained that these numbers are probably smaller, in regards to pancreas, than with kidney or liver, but it would still be interesting to review this data every few years.

A member mentioned that the issues that may stem from center backup and decoupling kidneys and pancreas, such as increased wait time and prioritization of candidates, could potentially be dealt with when transitioning to continuous distribution.

2. COVID-19 Discussion

The Committee had a discussion surrounding their experiences with COVID-19 and how the OPTN is responding to this crisis.

Summary of discussion:

A member mentioned that it's helpful to have guidance for inactivation although there are still issues with having the equipment to do these operations. For example, members provided issues such as: Intensive Care Units (ICU) being full, risk of offering an organ with an inaccurate COVID-19 test, and the risk of offering an organ without knowing the environment that it will be transplanted in.

Another member inquired whether donors in Seattle were being tested. Another member explained that, while the number of donors has drastically decreased, all donors are being tested. However, there is a hesitancy to use those organs. A member explained that the number of donors in Tennessee has also decreased and that this could be simply because more people are staying home due to COVID-19.

A member inquired how long ICUs are willing to keep people they've declared dead on ventilators once that becomes a critical resource. It was emphasized that this limits deceased donors.

Another member inquired whether centers want to deactivate their programs and if the 14-day limit should be extended. Committee members agreed and commented that the inactivation period should last as long as the center thinks it should.

A member emphasized the growing concern with false negatives, which is about 5%, since all donors and recipients are being tested. Another member inquired what the concern is with false positives. It was explained that, while the rate of false positives is about 10%, it is of less concern because there are fewer negative consequences than with false negatives. A member also mentioned that the variation among testing processes between centers could contribute to the rates of false negatives and false positives.

Upcoming Meetings

- April 16, 2020 (Virtual In-person meeting)
- May 20, 2020 (teleconference)