OPTN Pancreas Transplantation Committee
Meeting Summary
July 15, 2020
Conference Call

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

Introduction

The Pancreas Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 7/15/2020 to discuss the following agenda items:

1. Review & Discussion: Continuous Distribution
2. Next Steps

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

1. Review & Discussion: Continuous Distribution

The Committee reviewed the purpose and technicalities of Continuous Distribution (CD) and discussed potential attributes to include in the Pancreas CD model.

Summary of discussion:

Potential attributes:

- Simultaneous Pancreas-Kidney (SPK) transplants
  - SPK candidates are generally more unstable and, in regards to medical urgency, may have experienced life-threatening diabetic complications that should be considered
- Type 1 diabetics on dialysis
- Time from diabetes diagnosis and outcomes
  - A candidate that has had diabetes for 40 years has increased risk
  - Should Type 1 diabetes be prioritized with pancreas transplant as opposed to Type 2 diabetes?
    - 25% of pancreas candidates are Type 2
    - If the Committee does prioritize Type 1, c-peptides may need to be introduced as a distinguishing marker
  - Would be good to have definite listing criteria so we can standardize definitions across all centers
    - I.e., in the African American population you see type 1/type 2 onset at age 40 with higher BMIs and c-peptides of approximately 1 or 2, so it's a weird definition to fit in there
- Age
- Waiting time
- Sensitization
- Donor matching
- Superior Mesenteric Vein (SMV) matching
- Hypoglycemic unawareness

    - How should this be quantified since it can be subjective?
        - Percent of time below a certain blood sugar if the candidate is on a blood glucose monitor
        - Scoring (Clark, Gold, and Hypo scores)
            - Have to be administered in a structural fashion and include self-reporting
        - Binary scale – candidate has hypoglycemic unawareness or they do not
- CPRA
    - Pancreas CPRA scales don't match kidney CPRA scales
    - This is a hard boundary – turn the scale into a curve and smooth it out
        - Not much difference between 79.9 CPRA and 80.1 CPRA
    - It's reasonable to look at a sliding scale, but the Committee doesn't know what the data is for pancreas, which would be different from kidney data
        - Many more opportunities for patients with 97% CPRA to get a kidney than there would be a 97% local pancreas to be available
        - Pancreas candidates with higher CPRA should receive priority but it may pull from beyond their local area
- Pediatrics
    - Children who have Type 1 diabetes and also develop renal failure rarely get listed for kidney-pancreas transplants – receive priority for kidney, but little to no priority for pancreas
    - These pediatrics candidates receive kidney offers and have a hard time getting kidney-pancreas offers because pancreas won't follow that kidney
    - Is there a good way for the Committee to give children listed for kidney-pancreas (or just pancreas) priority over adults?
- Blood group allocation
    - Should pancreas from donor blood group O only be given to blood group O candidates?
    - If it's a pancreas alone transplant, even as a kidney-pancreas, the organ is either going to be discarded or get transplanted into a different blood group recipient – believe the organ should get used
- HLA matching
    - There is uncertainty on how much HLA matching affects what is done in pancreas transplant
    - There is some data regarding HLA matching – currently there is no prioritization, even for a zero miss match
        - Prioritization recognition of a zero miss match could be a starting point
        - This may be of benefit in kidney/pancreas population to matching the DR locus
    - One study, a database analysis of the entire pancreas alone transplant population in the U.S., found no benefit to donor matching but found a benefit to b locus matching
    - Good to look at transplant outcomes – if a patient gets a pancreas and then needs a kidney, how sensitized are they?

A member inquired whether UNOS has looked at predictors of survival post-transplant or if it would be hard to look at that type of data. A member suggested looking at life years gained in pancreas transplant to help choose what benefits to prioritize. A member mentioned that, by pursuing this now, it could delay the project and recommended it would be easier to put attributes that the Committee already has in policy into the new continuous distribution model.

A member mentioned that it was interesting that waiting time is an important driver in pancreas allocation; however, patients with the least amount of waiting time and the least amount of dialysis end up with better outcomes, so waiting time may work better as a spectrum or scale when put into the pancreas continuous distribution model.

2. Next Steps

The Committee discussed next steps on upcoming projects.

Summary of Discussion:

The Committee reviewed the following updates:

- Committee members can still volunteer for the below workgroups :
    - Rework Graft Failure Definition Workgroup
    - Medical Priority Workgroup

Upcoming Meetings

- August 19, 2020 (teleconference)