

## **OPTN Pancreas Transplantation Committee**

### **Meeting Summary**

**August 19, 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 8/19/2020 to discuss the following agenda items:

1. Public Comment Proposal Presentation: Align OPTN Policy with U.S. Public Health Service Guideline, 2020
2. Public Comment Proposal Presentation: Update on the Continuous Distribution of Organs Project
3. Request for Feedback on Special Public Comment Proposal: Tracking Candidate Listings for COVID-19 Related Organ Failure

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

### **1. Public Comment Proposal Presentation: Align OPTN Policy with U.S. Public Health Service Guideline, 2020**

The OPTN Ad Hoc Disease Transmission Advisory Committee (DTAC) presented their public comment proposal to the Committee. The Committee reviewed DTAC's proposed policy changes in the following areas:

- Risk assessment of living and deceased donors
- Living and deceased solid organ donor testing
- Transplant candidate informed consent
- Recipient testing and vaccination
- Collection and storage of donor and recipient specimens

#### Summary of discussion:

The Committee inquired if there have been instances, within the last several years, of a documented infection within the two weeks of a negative NAT test that would require a center to go through the expense and effort of storing blood just in case. It was explained that the NAT test requirement for living donors is a month before transplant and there have been instances where a recipient contracted Hepatitis B/Hepatitis C and it couldn't be known if it was from the donor.

The Committee expressed concern about who would be responsible for storing the blood sample of the living donor. It was explained that a transplant center isn't going to have a freezer to store this sample, so this responsibility will probably fall to the HLA lab. It was recommended that this proposal be presented to the Histocompatibility Committee.

The Committee inquired whether this proposal was mandating vaccination for Hepatitis B. It was stated that this policy does not mandate vaccinations; however, it does mandate the assessment of the need for a vaccination and the subsequent discussion with the patient.

The Committee inquired about the rationale for the 10 year time requirement for storing living donor samples. It was explained that this was to reflect the storage time requirement for deceased donor samples. The Committee proposed a modification to the 10 year living donor sample storage requirement and suggested that 5 years may be more reasonable than 10 years.

The Committee indicated the following sentiments for the proposal: 6 Strongly Support, 5 Support, 0 Neutral/Abstain, 0 Oppose, 0 Strongly Oppose.

## **2. Public Comment Proposal Presentation: Update on the Continuous Distribution of Organs Project**

The Committee was updated on the progress of the Lung Transplantation Committee's continuous distribution project. Their goals and attributes are the following:

- Goal – Medical Urgency
  - Attribute – 1 year survival without transplant
- Post-transplant survival
  - 1 year survival after transplant
- Candidate biology
  - Blood type, sensitization, candidate height
- Patient access
  - Prior living donor, pediatric age group
- Placement efficiency
  - Travel efficiency, proximity efficiency

### Summary of discussion:

The Committee inquired about the data being used to weigh attributes and if it has been a straight forward process. There is clinical data for some attributes, which should be direct, but there is no data when measuring the importance between attributes.

The Committee expressed concern that other organ groups have put more emphasis on access to transplant or decreasing waitlist mortalities than post-transplant survival. The Committee inquired whether there was any additional feedback on other attributes that should be considered or of importance to the lung organ group.

## **3. Request for Feedback on Special Public Comment Proposal: Tracking Candidate Listings for COVID-19 Related Organ Failure**

The Committee reviewed and provided feedback on the OPTN Lung Committee's special public comment proposal.

### Summary of discussion:

The OPTN Lung Committee's special public comment proposal on Tracking Candidate Listings for COVID-19 Related Organ Failure addresses the 3+ lung transplants performed due to COVID-19 related lung damage and the OPTN's lack of tracking candidates listed due to COVID-19. The suggested solution is to add "pulmonary fibrosis: COVID-19" and "ARDS/pneumonia: COVID-19" to the dropdown menu for listing lung candidates in Waitlist.

The Committee was asked whether this data should be collected for other organs.

Committee members agreed that they aren't aware of any specific pancreas injury that could be attributed to COVID-19. Members didn't see any relevance to collect this data for pancreas at this time.

There were no additional comments or questions. The meeting was adjourned.

**Upcoming Meetings**

- September 16, 2020 (teleconference)
- October 10, 2020 (Virtual In-Person Meeting)

## Attendance

- **Committee Members**
  - Antonio Di Carlo
  - Ken Bodziak
  - Maria Helena Friday
  - Parul Patel
  - Pradeep Vaitla
  - Rachel Forbes
  - Randeep Kashyap
  - Todd Pesavento
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Bryn Thompson
  - Jon Miller
  - Nick Salkowski
  - Raja Kandaswamy
- **UNOS Staff**
  - Courtney Jett
  - Elizabeth Miller
  - James Alcorn
  - Jen Wainright
  - Joann White
  - Kaitlin Swanner
  - Kerrie Masten
  - Leah Slife
  - Rebecca Brookman
  - Sara Rose Wells
  - Nicole Benjamin
- **Other Attendees**
  - Brenda Larsgaard
  - Tracy McRacken
  - Marian Michaels