

OPTN Kidney & Pancreas Transplantation Committee
Continuous Distribution Workgroup
Meeting Summary
September 11, 2020
Conference Call

Silke Niederhaus, MD, Chair
Rachel Forbes, MD, Chair
Vincent Casingal, MD, Chair
Martha Pavlakis, MD, Chair

Introduction

The Continuous Distribution Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 09/11/2020 to discuss the following agenda items:

1. Overview of Project
2. Review and Discussion of Attributes
3. Next Steps

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

1. Overview of Project

The Workgroup reviewed the purpose and goals of the Continuous Distribution project. Continuous Distribution will change allocation from a classification-based system to a points-based system in order to remove hard boundaries such as geography and ABO Typing.

Candidates will receive a Composite Allocation Score, which is made up of multiple patient attributes. These attributes support the following goals:

- Medical Urgency
- Post-transplant survival
- Candidate biology
- Patient access
- Placement efficiency

The length of this project is unspecified and could range from two to four years.

Summary of discussion:

No discussion.

2. Review and Discussion of Attributes

The Workgroup's discussion centered on Medical Urgency. The following is the goal of medical urgency and the proposed attributes for pancreas and kidney continuous distribution:

Medical Urgency

- Goal: prioritize sickest candidates first to reduce waiting list mortality
- Pancreas:

- Kidney-Pancreas vs. Pancreas vs. Islets
- Waiting Time
- Kidney:
 - Waiting Time (dialysis time)
 - Medical Urgency status definition

Summary of discussion:

A Workgroup member noted that the new definition for kidney medical urgency only focuses on prioritizing the sickest candidates, but doesn't have the goal of reducing wait list mortality. United Network for Organ Sharing (UNOS) staff explained that, while the continuous distribution model is trying to have consistent goals across all organ types, the definition can be adjusted for kidney.

A Workgroup member inquired why waiting time for kidney is specifically referring to dialysis time. The member explained that waiting time and dialysis time aren't always the same. UNOS staff explained that, when identifying attributes, the Workgroup needs to question the purpose of the attributes and why they're important.

A Workgroup member suggested that the Pancreas Committee identify the attributes for the pancreas continuous distribution model and the Kidney Committee identify attributes for the kidney model. There is no medical urgency definition for pancreas and the attributes for kidney are more robust. The attributes for pancreas are less clearly defined and vague.

Workgroup members stated that it might hamper the Kidney Committee's progress if they have to focus on the independent pancreas model. Members agreed that identifying and categorizing the pancreas and kidney attributes would be helpful, as long as both Committee's reconvene to weigh the attributes accordingly.

A Workgroup member inquired if it was still the intention for kidney and simultaneous pancreas-kidney (SPK) to show up on different match runs. Member stated that it wasn't the goal of this project to change the different match runs. It was explained that the Pancreas Committee still wants to pancreas list to be exhausted before the kidney lists are run.

A Workgroup member noted an issue with using waiting time for medical urgency. Some may say that mortality is prolonged waiting time, but, for low EPTS patients, the kidney community has gone in the other direction – fewer years on dialysis and increasing access to younger, healthier patients leads to those organs lasting longer. Unlike other organ communities, Kidney hasn't agreed on a definition for short-term mortality.

A Workgroup member posed the question – what is the goal in prioritizing patients? Should those who would benefit the most or those who would live the longest be prioritized? A Workgroup member stated that it could be argued Type 1 diabetics are discriminated against since they were deprioritized when EPTS was put in place.

A Workgroup member inquired how the Multi-Organ Transplant (MOT) Policy Review Workgroup is proceeding with heart-kidney and liver-kidney. It was explained that the Workgroup is using the sickest candidates in the heart and lung groups and using a similar framework for heart-kidney and liver-kidney.

3. Next Steps

UNOS staff, along with Pancreas and Kidney Committee leadership, will discuss how to proceed while working separately and when the Pancreas and Kidney Continuous Distribution Workgroups should reconvene to align their proposed attributes.

Upcoming Meeting

- September 25, 2020

Attendance

- **Workgroup Members**
 - Alejandro Diez
 - Arpita Basu
 - Beatrice Concepcion
 - Jeffrey Steers
 - Martha Pavlakis
 - Pradeep Vaitla
 - Rachel Forbes
 - Silke Niederhaus
 - Vincent Casingal
 - Todd Pesavento
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - Bryn Thompson
 - Katie Audette
 - Nick Salkowski
 - Raja Kandaswamy
- **UNOS Staff**
 - Amanda Robinson
 - Craig Connors
 - Darren Stewart
 - James Alcorn
 - Joann White
 - Kaitlin Swanner
 - Lauren Motley
 - Kerrie Masten
 - Kiana Stewart
 - Matthew Prentice
 - Nang Thu Thu Kyaw
 - Rebecca Brookman
 - Roger Brown
 - Sara Moriarty
 - Tina Rhoades