

**OPTN Pancreas Transplantation Committee  
Meeting Summary  
November 18, 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 11/18/2020 to discuss the following agenda items:

1. Islet Wait Time Transfer Request
2. Project Update & Discussion: Continuous Distribution, Medical Urgency Workgroup
3. Vice Chair Nomination and Selection Process

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

### **1. Islet Wait Time Transfer Request**

The Committee reviewed an Islet Wait Time Transfer Request.

- Patient was placed on islet waiting list three years ago
  - Evaluated by nephrologist; now seeking pancreas alone transplantation
- Request: Transfer islet wait time (accumulated waiting time from 2017 listing) to pancreas alone listing

#### Summary of discussion:

A member inquired why patients are sometimes listed for islets only and not double listed for islet and pancreas transplant from the beginning. A member explained that there are a couple transplant centers that offer islet transplantation but do not have an associated pancreas transplant program in their location, so enforcing double listing wasn't possible for that reason.

Members noted that islet wait time transfer requests have become more frequent during 2020 and agreed that the Committee should consider a more effective process in reviewing and approving these requests. The Committee agreed that if the requests still continued to be more frequent, there should be a modification of current policy to address transferring wait time from the islet wait list to the pancreas wait list.

All members were in favor of approving this Wait Time Transfer Request.

### **2. Project Update & Discussion: Continuous Distribution Workgroup, Medical Urgency Workgroup**

The Committee reviewed the progress of the Pancreas Continuous Distribution Workgroup and the Pancreas Medical Urgency Workgroup.

#### Summary of discussion:

The following is a summary of the Committee's discussion:

### *Continuous Distribution Workgroup*

The following goals and attributes were presented to the Committee as part of the proposed pancreas continuous distribution model:

- Avoiding Organ Wastage
  - Islets
  - Facilitated Pancreas
- Medical Urgency: Prioritize sickest candidates first to reduce waiting list mortality
  - KP vs. Pancreas vs. Islets
- Post-transplant Survival: Prioritize candidates who are expected to survive for at least one year after receiving a transplant
  - HLA Matching (O-ABDR)
  - Facilitated Pancreas (surrogate of ischemic time)
  - Distance (surrogate of ischemic time)
  - Travel (surrogate of ischemic time)
- Candidate Biology: Increase transplant opportunities for patients who are medically harder to match
  - Blood Type
  - CPRA
  - KP Transplants (biologically need both organs)
  - Pancreas after kidney (PAK)
  - C-peptide
- Patient Access: Increase transplant access for patients under the age of 18 and patients who previously donated an organ or part of an organ
  - Waiting Time
  - Age (Pediatric Prioritization)
  - Prior Living Donor
  - Safety Net
- Placement Efficiency: Consider resource requirements required to match, transport, & transplant an organ
  - Travel Efficiency Metrics
  - Costs
- Donor Characteristics
  - BMI
  - Age of donor

A member noted that it's been challenging for the Workgroup because pancreas doesn't have objective data, such as KDPI for kidney. The member stated that HLA Matching is one of the objective figures for pancreas that should be aligned to what the Kidney Transplantation Committee uses in their continuous distribution model.

Another member explained that the safety net attribute under patient access refers to candidates who present for pancreas transplantation with a reduced GFR and, if the GFR is suboptimal, most centers wait to transplant these patients and then try to get a kidney-pancreas. The safety net would allow centers to offer these patients a pancreas transplant and provide prioritization in case their kidney function declines.

Members discussed the PAK attribute and mentioned that waiting time for a simultaneous pancreas kidney transplantation (SPK) is about a year, but the waiting time for a PAK is about two years. This

disincentivizes SPK candidates to look for a living donor because they would have to have two operations and they may have a longer waiting time. If the Committee wants to increase the number of living donations, the candidates may have a better chance of receiving a pancreas if there's some amount of priority points for the pancreas in PAK transplants.

A member stated that this may be related to the selectiveness in acceptance of solitary pancreas, such as better quality donors, HLA matching, and less ischemia time. The result of this is that solitary pancreas candidates wait longer.

A member mentioned that their center removes the barrier of two operations by offering SPK candidates with a living kidney donor the option of doing the living kidney donor transplant and the deceased donor pancreas transplant simultaneously. The outcomes seem to be pretty similar to an SPK for those patients.

A member noted that the challenges faced by PAKs are (1) the outcome measures that have been reported with greater immunologic risk and decreased half-life compared to SPK patients, and (2) the availability of SPKs.

#### *Medical Urgency Workgroup*

The Committee reviewed the goal of this workgroup, which is to evaluate and discuss criteria that should be considered medically urgent as it pertains to pancreas candidates.

The following criteria, suggested by the Continuous Distribution Workgroup, will be discussed by the Medical Urgency Workgroup:

- Hypoglycemic Unawareness
- Type I vs. Type II diabetics
- Pancreas Donor Risk Index (PDRI)
- Cardiac Autonomic Neuropathy

A member inquired about how many workgroup members are participating in the Medical Urgency Workgroup. United Network for Organ Sharing (UNOS) staff stated that they will follow-up with the composition of the Medical Urgency Workgroup, but it is a diverse group.

The Committee was encouraged to volunteer for any of the current projects they may be of interest in working on.

UNOS staff still have the roster of Committee members that showed interest in the Pancreas Graft Failure Workgroup, but explained it's still too early to start discussions due to the little data the Committee currently has.

### **3. Vice Chair Nomination and Selection Process**

UNOS staff presented the new process used for the nomination and selection of committee vice chairs. The new process will increase transparency in the selection process and promote inclusiveness.

#### Summary of discussion:

A member inquired how long the term is for Vice Chair. UNOS staff explained that the chosen Vice Chair will serve two years in that position and, then, spend two years as Chair of the Committee.

#### Next Steps:

Before Thanksgiving, each committee member is asked to select their top 4 applicants. The top 4 applicants will then be interviewed by Committee leadership in early to mid-December. Committee

leadership will select their primary and secondary recommendations by the end of December and the OPTN Board Vice-President will make a final approval by early January.

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

#### **Upcoming Meetings**

- December 16, 2020 (teleconference)

## Attendance

- **Committee Members**
  - Silke Niederhaus
  - Rachel Forbes
  - Antonio Di Carlo
  - Randeep Kashyap
  - Ken Bodziak
  - Maria Friday
  - Parul Patel
  - Piotr Witkowski
  - Pradeep Vaitla
  - Raja Kandaswamy
  - Todd Pesavento
  - Tracy McRacken
- **HRSA Representatives**
  - Marilyn Levi
- **SRTR Staff**
  - Bryn Thompson
  - Jonathan Miller
  - Nick Salkowski
- **UNOS Staff**
  - Joann White
  - Amber Wilk
  - Leah Slife
  - Nag Thu Thu Kyaw
  - Ross Walton
  - Kerrie Masten