

OPTN Kidney & Pancreas Transplantation Committee Continuous Distribution Workgroup

Meeting Summary

December 18, 2020

Conference Call

Silke Niederhaus, MD, Chair
Rachel Forbes, MD, Vice Chair
Vince Casingal, MD, Chair
Martha Pavlakis, MD, Vice Chair

Introduction

The Kidney & Pancreas Transplantation Committee Continuous Distribution Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 12/18/2020 to discuss the following agenda items:

1. Welcome & Review of Project Goals
2. Discussion: Attributes Related to Kidney-Pancreas
3. Next Steps

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

1. Welcome & Review of Project Goals

The Workgroup reviewed the scope of the Continuous Distribution project as well as the objectives of the first phase of the project (identifying and categorization of attributes).

Summary of discussion:

There was no discussion.

2. Discussion: Kidney-Pancreas Attributes

Both the Kidney Continuous Distribution Workgroup and the Pancreas Continuous Distribution Workgroup reviewed identified Kidney-Pancreas (KP) attributes.

Summary of discussion:

The Chair of the Pancreas Committee noted that the work of the Multi-Organ Workgroup will be very beneficial in helping to determine allocation priority with multiple organ combinations.

Medical Urgency

There was no discussion from the Workgroup on this goal.

Candidate Biology

The Vice Chair of the Kidney Committee asked if there are any physiologic criteria that the Pancreas Committee had considered adding to the candidate biology goal such as vascular access. The Chair of the Pancreas committee responded that the committee had not added any such attributes. Another member mentioned that the question of vascular access is uncommon and most often occurs in a situation of unique biology. Another member commented that there are also rare cases when candidates are allergic to insulin and therefore are unable to take it like typical pancreatic patients. The Chair wondered if that situation would fall more into a category of medical urgency as the candidate

does not have the typical medical treatment option as other candidates. The original member agreed. Staff mentioned that this may be an attribute to consider for the next phase of Continuous Distribution since the current focus of the workgroup is to translate current attributes in policy into a new framework.

Another member wondered what are the benefits of categorizing the individual attributes into goals as opposed to just focusing on the attributes separately. It was clarified that categorizing goals would allow for attributes to be compared to each other.

A member of the committee noted that currently pancreas candidates do not receive additional priority for ABDR mismatch which is different than kidney allocation. Staff reminded the Workgroup that the pancreas committee has included HLA matching as an attribute under the post-transplant survival goal due to its association with improved outcomes. Several members of the committee agreed that HLA matching had been re-categorized as an attribute to that goal and they agreed with its placement.

The Chair of the Pancreas Committee mentioned that something the Committee could consider in a secondary phase of Continuous Distribution is an attribute to address hypotensive patients who can face unique challenges in allocation and donor matching.

A few members agreed that they felt confident the Workgroup had noted all the necessary attributes in this goal.

Patient Access

The Chair of the Pancreas Committee wondered if the workgroup should consider a new type of safety net for patients who opt to find a living kidney donor and get additional priority for a pancreas transplant rather than having a simultaneous kidney and pancreas transplant (SPK). The Chair of the Pancreas Committee continued that the idea here is that patients who have accepted a living donor kidney would have expedited pancreas access, since they have contributed a kidney to the kidney list by use of a living kidney donor. This would ideally incentivize use of living donor kidneys instead of being an SPK candidate.

The Vice Chair of the Kidney Committee wondered if this was a common concern and desire among the community or if there was any precedent. The members of Pancreas leadership noted that it was a new idea. A member noted that historically, wait time was considerably shorter for pancreas alone candidates than SPK candidates, and finding a living kidney donor would allow patients faster access to necessary kidney and pancreas organ transplants. Currently, wait times for pancreas alone candidates are longer in some areas than for SPK candidates. The member continued that this proposed expedited access to pancreas transplant for living kidney recipients would be considered a preference card more than a safety net.

Another member wondered if other patients who receive a living kidney donor would later request additional priority for a secondary kidney transplant by using the same reasoning that they did not utilize deceased donor organ resources earlier and thus deserve priority now. Some members spoke out that they did not agree with that reasoning, and that it wasn't quite analogous, but understood the concern it could pose. Staff recommended the idea be reviewed by the OPTN legal department before being pursued.

Another member noted that Pancreas After Kidney (PAK) could be reframed, such that any kidney recipient seeking a pancreas within a certain post-transplant time frame could receive some priority regardless of living or deceased kidney donor. The member continued this would also reflect pancreas access for patients who may have not received counseling on pancreas or kidney pancreas transplant because their original center may not perform pancreas transplants.

One member asked if the Pancreas Committee is still considering an attribute focused on C-peptide that would give some priority to patients with type 1 diabetes over type 2. The Vice Chair of the Pancreas Committee commented that is still up for consideration by the committee. The Chair of the Pancreas Committee also commented that C-Peptide isn't necessarily candidate biology as much as medical urgency, and doesn't make donor and organ matching more difficult. The Chair of the Pancreas Committee continued that degree and frequency of hypoglycemic events were more relevant to medical urgency than type 1 and type 2 diabetes or C-Peptide alone. The Vice Chair agreed.

The Vice Chair of the Kidney committee pointed out that there can be unintended racial consequences due to the demographic makeup of type 1 and type 2 patients, namely that there tend to be more Caucasians in the former and African Americans in the latter. The Chair of the Pancreas Committee agreed that this is an important consideration and may be a factor for evaluating the C-peptide of patients rather than solely the type of diagnosis. The Chair also noted that focusing on hypoglycemic unawareness as a surrogate for severity of diabetes may also be more fair.

One member asked about the travel efficiency metrics and how they relate to cold ischemic time. Staff explained that the Lung Committee did extensive research to try and understand how to calculate a connection between the two but due to the great variability in geography and travel methods that they had not found any solid statistical formula that could be used in allocation. Staff continued that travel efficiency was reconciled in placement efficiency in terms of other factors, such as cost.

The member asked if it mattered where travel efficiency was categorized in terms of weighting attributes. Staff explained that re-categorizing travel efficiency reframed travel and distance away from post-transplant outcomes analysis and justification.

One member wondered if total duration of diabetes should be considered in prioritizing candidates. The Chair of the Pancreas Committee commented that this was discussed, but that lack of documentation and medical records would complicate verification of diabetes history. Other members agreed.

3. Next Steps

Now that attributes have been identified, the Workgroup will begin the next phase of the project on their next call, working with staff to scale attributes.

Upcoming Meetings

- January 15, 2021 (Teleconference)

Attendance

- **Committee Members**
 - Vince Casingal
 - Silke Niederhaus
 - Martha Pavlakis
 - Rachel Forbes
 - Abigail Martin
 - Alejandro Diez
 - Amy Evenson
 - Arpita Basu
 - Caitlin Shearer
 - Jeffery Steers
 - John Barcia
 - Parul Patel
 - Peter Kennealey
 - Pradeep Vaitla
 - Tarek Alhamad
 - Todd Pesavento
 - Raja Kandaswamy
- **SRTR Staff**
 - Bryn Thompson
 - Jonathan Miller
- **UNOS Staff**
 - Joann White
 - Rebecca Brookman
 - Kiana Stewart
 - Ross Walton
 - Amanda Robinson
 - Amber Wilk
 - James Alcorn
 - Joel Newman
 - Kerrie Masten
 - Lauren Motley
 - Melissa Lane
 - Olga Kosachevksy