

OPTN Pancreas Transplantation Committee

Meeting Summary

January 20, 2021

Conference Call

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

Introduction

The Pancreas Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 1/20/2021 to discuss the following agenda items:

1. Final Rule Training
2. Histocompatibility Committee: Calculated Panel Reactive Antibodies (CPRA) Revision Project Update
3. Project Updates: Continuous Distribution Workgroup, Medical Urgency Workgroup

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

1. Final Rule Training

The Committee received a training on Organ Procurement and Transplantation Network (OPTN) Governance that aimed to help members understand the 4 governing structures of the OPTN (National Organ Transplant Act (NOTA), OPTN Final Rule, OPTN Contract, and OPTN Policies & Bylaws) and how these structures impact their role as a committee member.

Summary of discussion:

A member inquired if the definition of medical urgency is part of OPTN policy or if it's part of Health Resources & Services Administration (HRSA) guidelines. Staff explained that medical urgency is outlined in the OPTN Final Rule as the predominant factor to consider when doing allocation work. However, there are other factors, such as sound medical judgement and patient access, that also have to be balanced in allocation and that's when committee work interprets "best use".

A member noted that there are competing priorities for medical urgency. For example, should the organ go to the patient that needs it the most or should the organ go to the patient that is going to benefit the most from transplant? Staff explained that balancing the factors with medical urgency is incredibly difficult. Staff continued by stating that there should also be some consensus among committee members; however, these different factors don't always fall neatly into one bucket or the other. While doing committee work, members must keep all these factors in mind, but that doesn't mean one has to be picked over the other.

A member inquired whether there was a provision in the OPTN Final Rule about value-based judgements, since many of Committees' decisions are based more on value than data. Staff explained that it's not as directly expressed, but in 121.8.b there is a discussion about how to set priority ranking and how, to the extent possible, those should be ranked using objective and measureable medical criteria. However, there are other ways that members would have to set rankings and contemplate how to make these allocation decisions, since it's not always possible to do this with data and medical criteria.

2. Histocompatibility Committee: Calculated Panel Reactive Antibodies (CPRA) Revision Project Update

The Committee received an update on a new project from the Histocompatibility Committee that will effect patients on the kidney and pancreas wait list. This project is focused on how CPRA is calculated for patients on the kidney and pancreas wait list.

Reasons for Update:

- Current CPRA calculation does not factor in sensitization at three major loci, HLA-DQA, DPB, DPA
 - o 8% of K/KP candidates in 2017 had unacceptable antigens entered for DQA and DPB
- Current OPTN frequency data and ethnic proportions are based on a 14 year old cohort
- Current calculation only uses low-level specificities
 - o Allelic antibodies aren't currently factored into CPRA, so patients with these specificities do not receive allocation benefits
- Some candidates can receive lower CPRA scores when certain unacceptable antigens are added

Goal: The new updated calculator addresses all these issues and produces accurate data on sensitization

Proposed changes:

- Addition of HLA-DQA, DPB, and DPA
- Use of National Marrow Donor Program (NMDP) HLA typing data to create a more comprehensive list of HLA frequencies
 - o OPTN data cohort is over 100 times smaller, includes minimal high-resolution typing, and contains almost no data for DPA
- Use of a genotype calculation instead of a haplotype calculation to better approximate rate of incompatible donors

Anticipated impact:

- Calculation will more accurately depict a candidate's likelihood of compatibility with potential deceased donors
- Proposed addition of DQA and DPB most significantly impacted African American candidates in preliminary modeling completed in 2017

Summary of discussion:

A member inquired if centers are already entering some of this information or if centers have the option to enter this data. The presenter explained that, currently, unacceptable antigens for DQA and DPB can be entered and that most centers are likely entering these; however, some centers may not be entering the data since they aren't getting any additional CPRA points.

A member inquired if it would be required to enter the unacceptable antigens. The presenter stated that it would be the center's decision to enter this data or not, but if they do enter the data then their patient will get more CPRA points with the new CPRA calculator. Staff mentioned that about 8% of kidney and pancreas candidates have DQA or DPB unacceptable antigens entered.

Since more centers are starting to use actual measured epitope matching with Next-Gen typing, a member inquired about how the Histocompatibility Committee plans to incorporate that into the allocation algorithm, given that it's going to be more wide-spread alleles. The presenter mentioned that the Histocompatibility Committee understands that epitope matching is on the horizon and is something that centers will most certainly be using at some point for allocation within the OPTN. The presenter

stated that this may take some time, but the Histocompatibility Committee has already started to work on this with some of the changes, regarding EP epitopes, that were made to the equivalency tables.

3. 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 Committee reviewed the goal of continuous distribution, which is to change allocation from a classification-based system to a points-based system, and the current project timeline. The following are the next steps of the continuous distribution project in chronological order:

- Compose concept paper and share during August 2021 public comment cycle
- Prioritize attributes amongst each other and convert attributes into points
- Build framework and Scientific Registry of Transplant Recipients (SRTR) modeling
- Public comment on policy proposal
- Board for approval

The Kidney Pancreas Continuous Distribution Workgroup began Phase 2 of the continuous distribution project, which is to assign values to attributes, during their 1/15/21 meeting and discussed CPRA and blood type. The Workgroup plans to discuss HLA and pediatric access during their next call.

There were no comments or questions.

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 topics have been discussed by the Medical Urgency Workgroup:

- Hypoglycemic Unawareness
- Type I vs. Type II diabetics
- Pancreas Donor Risk Index (PDRI)
- Cardiac Autonomic Neuropathy
- Total duration of diabetes
- Pediatrics
- Accessibility to technology
- Diabetes ketoacidosis (DKA)
- Severe Hypoglycemic events
- Gastroparesis

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

Upcoming Meetings

- February 17, 2021 (teleconference)

Attendance

- **Committee Members**
 - Silke Niederhaus
 - Rachel Forbes
 - Antonio Di Carlo
 - Daniel Keys
 - Jeffery Steers
 - Ken Bodziak
 - Loren Gragert
 - Luke Shen
 - Maria Friday
 - Parul Patel
 - Raja Kandaswamy
 - Randeep Kashyap
 - Tarek Alhamad
 - Todd Pesavento
 - Tracy McRacken
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - Bryn Thompson
 - Jonathan Miller
- **UNOS Staff**
 - Joann White
 - Rebecca Brookman
 - Ross Walton
 - Courtney Jett
 - Leah Slife
 - Matt Prentice
 - Nang Thu Thu Kyaw
 - Rebecca Murdock
- **Other Attendees**
 - Peter Lalli