

Meeting Summary

OPTN Pancreas Transplantation Committee Meeting Summary July 10, 2023 Conference Call

Dolamu Olaitan, MD, Chair Ty Dunn, MD, MS, FACS, Vice Chair

Introduction

The OPTN Pancreas Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 07/10/2023 to discuss the following agenda items:

- 1. Removal of donation service area (DSA) and Region from Pancreas Allocation: 2-Year Report
- 2. New Member Orientation

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

1. Removal of DSA and Region from Pancreas Allocation: 2-Year Report

The Committee heard an overview on the removal of DSA and Region from Pancreas Allocation 2- year report. In March 2021, donation service areas (DSA) and OPTN regions were removed from pancreas allocation and were replaced with a 250-nautical mile (NM) circle around the donor hospital. This policy change awards proximity points within classifications based on the distance between the donor hospital and their listed transplant hospital. The goal is to improve equity in access to transplants through broader distribution.

Data summary:

- The removal of DSA and OPTN Region from allocation has resulted in a broader distribution of pancreata.
 - While more kidney-pancreas (KP) and pancreas (PA) were allocated outside of the recovering organ procurement organization's (OPO's) DSA, the majority stayed within 250 NM of the donor hospital.
- There's no statistically significant difference in overall KP or PA transplant rates.
 - Statistically significant decrease in the KP transplant rates for White, non-Hispanic candidates.
 - No statistically significant differences in KP or PA transplant rates for racial/ethnic minorities or by candidate age group, sex, CPRA, or blood type.
- There's no statistically significant difference in 1-year post-transplant patient or graft survival for KP or PA.
- There's no statistically significant difference in the PA non-use rate (24.8% vs 26.9%)

Summary of discussion:

The Chair noted that this information will be helpful to keep in mind as the Committee continues its work with transitioning to continuous distribution.

The Chair pointed out that the results of this report is similar to the results of the 1-year monitoring report. The Chair also expressed concerns about the decrease in transplant volume. He noted that the report includes the Coronavirus disease (COVID) era, which may have played a role in a decrease in transplant volume. It was noted that pancreata were more commonly accepted at a shorter distance from the donor hospital. The Chair inquired at what point there was a significant decline in efficiency before it is turned down by the hospital it was offered to. It was also noted that release organs were higher post-policy compared to pre-policy.

Another member expressed concerns that almost all the indicators have moved in the wrong direction, whether they are statistically significant or not. The member further explained that with relatively short cohort time frames and small numbers, it's not unexpected that there would be no statistical differences pre- and post-policy. Additionally, there is evidence that transplant rates have decreased, which should be considered despite there being no significant differences, as there may be substantial differences in a couple of years.

Another member noted that the decrease in transplants is reflected among KP transplants for Whites, non-Hispanic group. The member expressed concerns about the increase in preservation time, an increase in the non-use rate, and a decrease in organ acceptance. The member stated that the Committee should focus on organ non-use rate and acceptance because these are the most significant issues with pancreas transplantation. The member further commented that the non-use rate is the highest for pancreas compared to any other organ.

The Chair inquired about the rationale for a decrease in transplant volumes pre- and post-policy. The presenter explained that the number of transplants pre- and post-policy depends on the particular time period analyzed. The cohort includes the COVID era, which may contribute to the decline along with other factors. A member asked what the pre-policy cohort dates are. The presenter replied March 16, 2019- March 14, 2021. Members agreed that the total decrease in transplant volume is concerning and inquired if they could look at this data one year at a time; this will help get a better sense of the transplant rate trend.

The Chair questioned if it would be helpful for the Committee to look at efficiency within and outside the DSA. A member agreed and added that the Committee could look at the percentage of procurements done by the local procurement team within the DSA vs. outside the DSA. Additionally, the Committee could look at the percentage of local procurements of accepted and non-accepted organs. Another member asked if increasing the distance from the donor hospital to the transplant hospital is only for the pancreas or other organs. The presenter replied that there was a kidney policy change in which kidneys are placed within a 250 NM circle, resulting in a broader kidney distribution.

The Chair suggested looking at one more year of data regarding this policy change and analyzing organ acceptance and utilization by year. The presenter replied that the Committee could review this data and suggested submitting a data request.

Next steps:

- The Committee will consider the report in continued discussions for the continuous distribution project.
- The Committee will reconvene discussions on the data report at a later date to determine and submit a potential data request for further evaluation/analysis of organ acceptance and utilization by year.

2. New Member Orientation

Staff provided the Committee with a new member orientation.

Summary of discussion:

There were no further discussions.

Upcoming Meetings

- July 17, 2023 (Teleconference)
- August 9, 2023 (Teleconference)

Attendance

• Committee Members

- o Asif Sharfuddin
- o Dolamu Olaitan
- o Girish Mour
- o Mallory Boomsma
- o Muhammad S Yaqub
- o Neeraj Singh
- o Nikole Neidlinger
- o William Asch

• HRSA Representatives

- o Jim Bowman
- o Marilyn Levi

• SRTR Staff

- o Jon Miller
- o Raja Kandaswamy

UNOS Staff

- o Joann White
- o Tamika Watkins
- o James Alcorn
- o Lauren Mauk
- o Lauren Motley
- o Lindsay Larkin
- o Sarah Booker