

## **OPTN Pancreas Transplantation Committee**

### **Meeting Summary**

**September 20, 2021**

### **Conference Call**

**Rachel Forbes, MD, Chair**  
**Oyedolamu Olaitan, MD, Vice Chair**

#### **Introduction**

The Pancreas Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 9/20/2021 to discuss the following agenda items:

1. Public Comment Presentation: Update on OPTN Regional Review Project (Executive Committee)
2. Public Comment Presentation: Ethical Considerations of Continuous Distribution in Organ Allocation (Ethics Committee)
3. Updates: Kidney Pancreas Continuous Distribution

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

#### **1. Public Comment Presentation: Update on OPTN Regional Review Project (Executive Committee)**

The Committee reviewed the Update on Organ Procurement and Transplantation Network (OPTN) Regional Review Project proposal from the OPTN Executive Committee.

The following is the purpose of the proposal:

- OPTN, donation and transplant community, and organ allocation policies have undergone significant change since OPTN Regions were created
- Purpose of the review is to evaluate the structure, processes, performance, and effectiveness of Regions
- Review considers current and future needs of the nation's donation and transplant community

The following are three proposed options for the new structural model:

- Communities of Common Interest
  - Eliminate geographic Regions and organize members into like-interested communities
- Repurposed Regions
  - Resize and re-draw geographic Regions, with members grouped by a combination of factors (population size, number of transplant centers, geographic proximity)
- Hybrid Cohorts
  - Organize membership into cohorts using a hybrid approach
    - Geographic proximity for procurement and transplantation organizations
    - Like-interests for other stakeholders

#### Summary of discussion:

The Chair stated that they believe regions have been de-emphasized in the OPTN regional structure. The Chair emphasized that it is nice to have regional meetings due to all the perspectives that converge at that level. For example, patients from similar geographical areas are having the same issues and it's nice to be able to have discussions about those issues.

The presenter mentioned that they have heard similar feedback during this public comment cycle. Regional meetings allow multi-disciplinary discussions and there are concerns about creating silos if the OPTN moves away from the current regional structure.

A member agreed with the Chair in that changing the regional structure to communities of common interest may lead to silos. The member noted that more outreach would be beneficial for regional meetings, especially for patient attendance, since patients typically live further away from where the regional meetings are held.

Members agreed that regions may need to be resized since transplant volumes at certain centers have changed and there is access to new centers. A member highlighted the importance of Board representation and inquired who is going to select Board members if the regional structure changes.

The presenter stated that the proposed repurposed regions model suggests a separate advisory committee to select regional representatives on the Board, instead of electing them.

In regards to outreach, a member suggested the following: (1) have regional meetings in metropolitan hubs so it's easier for members to attend and (2) move the location of the meetings around so different members may have better opportunities to attend.

There was no further discussion.

## **2. Public Comment Presentation: Ethical Considerations of Continuous Distribution in Organ Allocation (Ethics Committee)**

The Committee reviewed Ethical Considerations of Continuous Distribution in Organ Allocation white paper from the OPTN Executive Committee.

The following is the rationale for the white paper:

- Current allocation system creates edge cases, whereby some candidate may not be treated similarly because they fall into different classifications
  - Examples of classification criteria include: compatible vs. identical blood type

### Summary of discussion:

A member noted that one of the ethical considerations in the continuous distribution transition is weighing attributes against another – where judgements and value judgements come into play. The member suggested that the analytic hierarchy process (AHP) exercise done by the OPTN Lung Transplantation Committee may be an effective exercise for the Committee to consider using.

Staff confirmed that the Kidney Pancreas Continuous Distribution Workgroup will be using the AHP exercise to gather feedback, which is targeted to be used during the January 2022 public comment cycle.

## **3. Updates: Kidney Pancreas Continuous Distribution**

The Committee reviewed the progress of the Kidney Pancreas Continuous Distribution Workgroup's project and the themes of feedback gathered on the concept paper during the Summer 2021 public comment cycle.

The following are the public comment themes:

- Prioritization among pediatrics vs. multi-organ transplants
- Weights of attributes
- Placement efficiency/geography
- Guidance on how to address overwhelming amount of offers anticipated with allocation change

- Consideration for disadvantaged patients
- Waiting time inversion

#### Summary of discussion:

A member noted that another theme being a concern about how transplant surgeons would explain continuous distribution to patients and inquired if this system becoming too complicated for patients to understand.

A member mentioned that there was also discussion surrounding measuring acuity of illness and the best way to have an objective measure of that for pancreas. The member inquired if wait time is the best measurement for acuity of illness and if the Committee should use the Clarks score for hypoglycemic unawareness. The Chair stated this is an important question and something the Committee will need to come back to, but wait times for kidney-pancreas (KP) patients are not as prolonged as the wait times are for kidney patients.

An Scientific Registry for Transplant Recipients (SRTR) representative mentioned that the most recent data report shows that waiting time for KP patients remains around 12 months; however, wait time for pancreas alone has significantly increased to 42 months.

A member inquired if the pancreas transplant alone (PTA) candidates are waiting longer on the combined kidney-pancreas wait list compared to the pancreas alone list. An SRTR representative stated that, historically, before pancreas and kidneys were allocated from a common list, simultaneous pancreas-kidney (SPK) transplant wait times were traditionally longer than wait times for pancreas alone transplants. In 2014, when pancreas and kidneys started being allocated from a common list, this trend shifted due to the shortening of SPK transplant wait time. Currently, data shows that SPK wait time isn't shortening anymore and PTA wait times are increasing. A member inquired if the goal of the 2014 allocation change was to shorten wait time for SPK candidates compared to PTA candidates. An SRTR representative stated that they don't believe the intent was to have PTA wait time go above that of SPK wait time – PTA wait time is currently 3.5 times higher than SPK wait time.

A member inquired if the Pancreas Medical Urgency Workgroup had determined a scoring system for hypoglycemic unawareness. A member explained that the Pancreas Medical Urgency Workgroup had consulted multiple endocrinologists, but they were not able to provide a scoring system for impaired glycemic awareness.

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

#### **Upcoming Meetings**

- October 4<sup>th</sup>, 2021 (teleconference)

## Attendance

- **Committee Members**
  - Rachel Forbes
  - Oyedolamu Olaitan
  - Antonio Di Carlo
  - Dean Kim
  - Maria Friday
  - Megan Adams
  - Nikole Neidlinger
  - Parul Patel
  - Pradeep Vaitla
  - Tarek Alhamad
  - Ty Dunn
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Bryn Thompson
  - Jonathan Miller
  - Raja Kandaswamy
  - Peter Stock
- **UNOS Staff**
  - Joann White
  - Rebecca Brookman
  - Anne McPherson
  - Kaitlin Swanner
  - Kerrie Masten
  - Laura Schmitt
  - Leah Slife
  - Nicole Benjamin
  - Sarah Booker
- **Other Attendees**
  - Keren Ladin