

OPTN Kidney & Pancreas Transplantation Committee Continuous Distribution Workgroup

Meeting Summary

February 18, 2022

Conference Call

Rachel Forbes, MD, Chair
Oyedolamu Olaitan, MD, Vice Chair
Martha Pavlakis, MD, Chair
Jim Kim, MD, Vice Chair

Introduction

The Kidney & Pancreas Transplantation Committee Continuous Distribution Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 2/18/2022 to discuss the following agenda items:

1. Project Outlines and Goals
2. Introduction to Simulation of Organ Allocation
3. Public Comment Update & Next Steps

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

1. Project Outlines and Goals

The Workgroup reviewed the goal of the continuous distribution project, which is to change allocation from a classification-based system to a points-based system, and the identified attributes. The Workgroup is currently in the "build framework" phase of the project and gathering feedback from the community on the *Continuous Distribution of Kidneys and Pancreata Request for Feedback*.

Summary of discussion:

There was no discussion.

2. Introduction to Simulation of Organ Allocation

A Scientific Registry of Transplant Recipients (SRTR) representative provided an introduction to simulation of organ allocation in preparation for the upcoming data request from the Workgroup.

The SRTR representative explained that a simulation is a computer program that uses step by step methods to explore the approximate behavior of the organ allocation system and the simulation process starts after candidates and donors have been identified.

Summary of discussion:

An SRTR representative pointed out that the simulations will not predict how specific centers will be affected by the modeled changes because the simulations are not optimized on the center-level but more on the national level. The SRTR representative cautioned Workgroup members on making inferences from the simulation in regards to how their centers may be affected.

An SRTR representative explained that this concern is valid based on prior experiences with simulations and is a good assumption to make when reviewing simulations in the future. However, there is a verification, validation and credibility process in progress, so SRTR will have more to share about (1) the

improvements that have been made with the simulations and (2) inferences that can be made with a higher degree of confidence from the simulation results once that process is complete.

A member stated that, if the simulation model begins at the time of listing, then it doesn't account for the efforts the transplant community is making to address inequities in access to getting listed. The member inquired if that's a constraint in the modeling.

An SRTR representative stated that the simulation models begin at time of listing, so efforts to increase access are outside of the scope of simulations.

A member also inquired if the simulations are able to model for longer term outcomes, such as five or ten year outcomes. The member stated that it's never made much sense to focus on such short term outcomes for the kidney patient population.

An SRTR representative explained that, in the past, they had predicted long term survival based on the one or two years of outcomes data. Another SRTR representative mentioned that there are more assumptions built into that modeling process. SRTR has a good understanding of all the variables that go into who receives an organ offer, but there's additional layers of assumptions in regards to who accepts the offer and post-transplant outcomes. The SRTR representative noted that it's worthwhile to model those long term outcomes, they just need to be treated with caution; as more assumptions are added into the model, the further away the modeling gets from the actual match run process.

Staff mentioned that the modeling of long term outcomes associated with different sets of recipients that policy might affect was very useful in the kidney allocation system (KAS) development. Being able to look at average or mean survival times among recipients was helpful to adjudicate the utility versus equity tradeoff. Staff mentioned that looking at these long term outcomes may be useful in the development of the kidney and pancreas continuous distribution policy.

A member inquired if similar models were used to look at the potential outcomes for acuity circles, and if so, is there data about how well the model worked for that policy change.

An SRTR representative explained that these models can predict the direction of changes, but they can't predict an exact magnitude of the change. For example, the simulation didn't predict the U.S. to be in the middle of an opioid pandemic and the number of donors to be increasing each year.

An SRTR representative mentioned that SRTR is always trying to improve the simulators. So, the continuous distribution simulators will probably be different since they are in two different allocation domains and because of the verification, validation, and credibility process that is in progress right now.

An SRTR representative agreed and mentioned that all the models are being completely rebuilt and the makeup of the models will be different.

There was no further discussion.

3. Public Comment Update & Next Steps

The Workgroup received an update on the *Continuous Distribution of Kidneys and Pancreata Request for Feedback* and analytical hierarchy process (AHP)/community exercises that are currently out for public comment.

The following themes have arisen throughout public comment feedback:

- AHP exercise
 - How will the attributes be weighed against each other?

- How will the information be used in the future phases of the kidney and pancreas continuous distribution project?
- Travel and placement efficiency
- Prioritization
 - Living donor
 - Pediatrics
- Consideration of virtual crossmatching for kidney offers

The Workgroup will receive a more detailed review of public comment feedback once public comment closes on March 23, 2022 and was encouraged to continue sharing and participating in the AHP exercise.

Summary of discussion:

There was no discussion.

The meeting was adjourned.

Upcoming Meetings

- March 18, 2022 (Teleconference)

Attendance

- **Workgroup Members**
 - Martha Pavlakis
 - Rachel Forbes
 - Jim Kim
 - Oyedolamu Olaitan
 - Aaron Wightman
 - Abigail Martin
 - Arpita Basu
 - Bea Concepcion
 - Caitlin Shearer
 - Cathi Murphy
 - John Barcia
 - Lynsey Biondi
 - Parul Patel
 - Peter Kennealey
 - Peter Lalli
 - Pradeep Vaitla
 - Rachel Engen
 - Todd Pesavento
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
 - Raelene Skerda
 - Vanessa Arriola
- **SRTR Representatives**
 - Ajay Israni
 - Bryn Thompson
 - Dave Weimer
 - Grace Lyden
 - Josh Pyke
 - Nick Wood
 - Raja Kandaswamy
 - Tim Weaver
- **UNOS Staff**
 - Joann White
 - Lindsay Larkin
 - Rebecca Brookman
 - Kayla Temple
 - Anne McPherson
 - Ross Walton
 - Alison Wilhelm
 - Amanda Robinson
 - Benjamin Wolford
 - Darby Harris
 - Darren Stewart
 - Joel Newman

- Kaitlin Swanner
- Kelley Poff
- Laura Schmidt
- Lauren Motley
- Leah Slife
- Matt Cafarella
- Rebecca Marino
- Samantha Weiss
- Sarah Booker
- Susan Tlusty