

**OPTN Kidney and Pancreas Transplantation Committees: Kidney-Pancreas
Continuous Distribution Workgroup
Meeting Summary
December 16, 2022
Conference Call**

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

Introduction

The Kidney-Pancreas Continuous distribution Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 12/16/2022 to discuss the following agenda items:

1. Debrief: OASIM Results
2. Update on Kidney and Pancreas Committee Discussions
3. Overview: KP Continuous Distribution Update (January 2023 Public Comment)

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

1. Debrief: OASIM Results

UNOS Research Department staff presented key takeaways from the OASIM modeling results.

Data summary:

Highlights from the OASIM results for kidney allocation modeling included longevity matching, median travel distance, and transplant rates.

- Expanding and increasing weight on longevity matching showed lower transplant rates in 35–50 year-old candidates, lower post-transplant graft failure rates for 18-34 and 35-49 year-old recipients, and increased graft failure rates in older kidney recipients
- Median travel distance increased in all scenarios, though increasing proximity efficiency does reduce it. Pediatric candidates saw the largest increase in median distance, likely due to priority weight
- Transplant rates were lower for Black candidates and those on dialysis for five or more years in scenarios where less weight placed on qualifying time. Transplant rates also varied by OPTN region and were decreased for highly sensitized in scenarios where less weight placed on CPRA

The highlights from the OASIM modeling for pancreas and combined kidney-pancreas allocation included organ travel distance and transplant rates.

- Overall, increasing weight on proximity efficiency reduced median distance. For pancreas, median distance under the "Combined AHP" scenario was higher than current policy and under the "All Donor Efficiency" scenario was lower than current policy. For combined kidney-pancreas, median distance under the "Combined AHP" scenario was similar to current policy and under the "all Donor Efficiency" scenario was lower than current policy

- Transplant rates decreased for AB candidates and increased for pediatric candidates under all CD scenarios

2. Update on Kidney Pancreas Committee Discussions

UNOS staff presented updates on current Kidney and Pancreas Committee discussions regarding the OASIM results.

Presentation Summary:

The Kidney Committee has discussed proximity efficiency, longevity matching, and CPRA attribute rating scales but has deferred the discussion of attribute weight until January. The Kidney Committee decided that no more than 50 percent of kidneys should be travelling more than 500 NM as a constraint for the upcoming mathematical optimization with MIT. The Kidney Committee also supports the CPRA rating scale as well as the steeper curve used in the first modeling request. Discussions are still ongoing regarding the longevity matching rating scale and there is not a clear consensus on whether to continue with the expanded longevity matching used in the first request, or to revert to a scale more similar to current policy. Some members of the Kidney Committee support maintaining the top 20/top 20 priority, as well as building a rating scale into the system for continuous distribution to allow for future iterations and changes. Members also support the goal of making longevity matching more equitable and comparing it against waitlist mortality, qualifying time, dialysis time, and graft survival. The Kidney Committee encouraged revisiting EPTS and KDPI calculations in a future project. The Kidney Committee supports maintaining the CPRA rating scale and curve used in the first modeling request though they did note that the OASIM data should be more granular to better distinguish between the highest CPRA candidates. They agree that access should be similar across all groups but that the highest sensitized patients should continue to be prioritized. The Kidney Committee noted that the new CPRA calculator being implemented in 2023 should better reflect sensitization.

The Pancreas Committee has so far discussed proximity efficiency, prior living donor, pediatric, and CPRA attributes, with more discussion needed on CPRA and proximity efficiency. Blood type, qualifying time, organ registration, and medical urgency will all be discussed in January. The Pancreas Committee reached a consensus on pediatric and prior living donor candidates receiving high priority in allocation as well as on the goal of equal transplant rates across CPRA categories. The updates to the second round of modeling will be informed by the Pancreas Committee consensus on attribute goals in the upcoming meeting as well as by the MIT tradeoff curves when they become available.

Summary of Discussion:

The Vice Chair of the Pancreas Committee asked about the Kidney Committee's suggestion that no more than 50 percent of kidneys travel further than 500 NM as a threshold for upcoming mathematical optimization and how similar that is to distances traveled in current kidney allocation. Staff noted that the current median distance is about half of that and the rationale behind choosing 500 NM was that doubling the current median would be inclusive of most cases. The Vice Chair noted that it is encouraging that both the Kidney and Pancreas Committees are taking similar positions on equity and priority for highly sensitized patients. A member asked if some of the challenges in terms of patient access in the first round of modeling was a concern for the Committees. The Chair responded that there was discussion within the Kidney Committee about access regarding EPTS and KDPI scores, but they have not gone attribute by attribute in the patient access category and discussions of access are likely to be brought up in the upcoming meetings when discussing attribute weights. The Kidney Committee Vice Chair noted that one of the questions posed to the Ethics Committee was regarding how a better longevity matched organ should be balanced with an increase in waiting time.

3. Overview: KP Continuous Distribution Update (January 2023 Public Comment)

UNOS staff reviewed the timeline for the Kidney and Pancreas Continuous Distribution project going into 2023.

Next Steps:

- The Kidney and Pancreas Committees will continue to review each attribute and develop a second modeling request.
- The Workgroup will be updated through this process.
- An update will go out for January 2023 public comment.

Upcoming Meeting

- January 20, 2023

Attendance

- **Workgroup Members**
 - Martha Pavlakis
 - Oyedolamu Olaitan
 - Jim Kim
 - Todd Pesavento
 - Bea Concepcion
 - PJ Geraghty
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - Ajay Israni
 - Bryn Thompson
 - Jon Miller
 - Raja Kandaswamy
- **UNOS Staff**
 - Joann White
 - Lindsay Larkin
 - Kayla Temple
 - Keighly Bradbrook
 - Kieran McMahon
 - Kim Uccellini
 - Sara Moriarty
 - Sarah Booker
 - Lauren Motley
 - Carly Layman
 - Houlder Hudgins
 - Lauren Mauk
 - Ross Walton