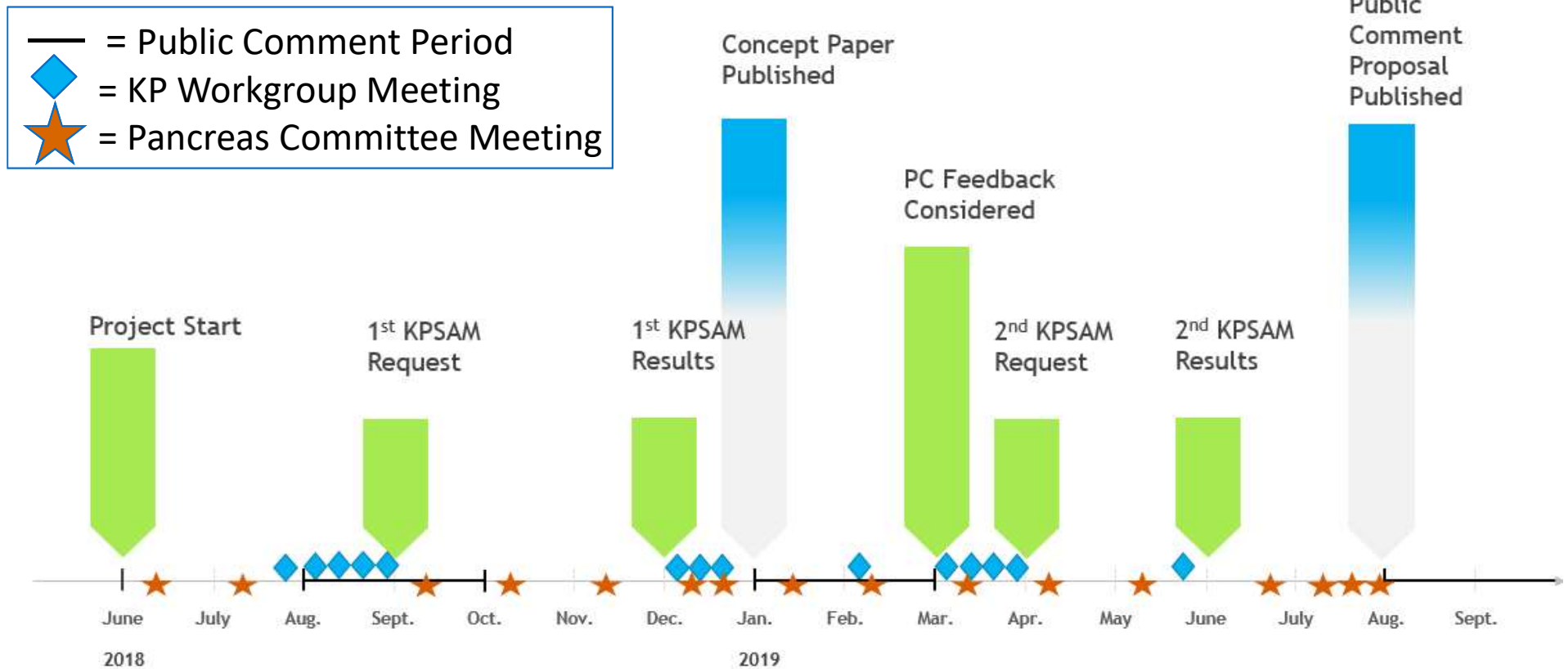


# Eliminate the Use of DSA and Region in Pancreas Allocation Policy

*OPTN Pancreas Transplantation Committee*

# Proposal Timeline – June 2018 to Present



# What Problem will this Proposal Address?

DSA and Region not optimized for organ distribution

- Final Rule: geography shall not impact candidate access to transplant, except to the extent necessary (e.g. avoid unnecessary organ loss / promote efficient management of organ placement)

# Overview: Proposed Solution

- Hybrid Framework with proximity points
- 500 NM fixed-distance circle around the donor hospital
- Maximum of four proximity points inside the circle
- Maximum of eight proximity points outside of the circle
- Change facilitated placement qualification to two pancreata imported outside 500 NM in previous two years
- Import match run: New match run would be based on a 150 NM circle

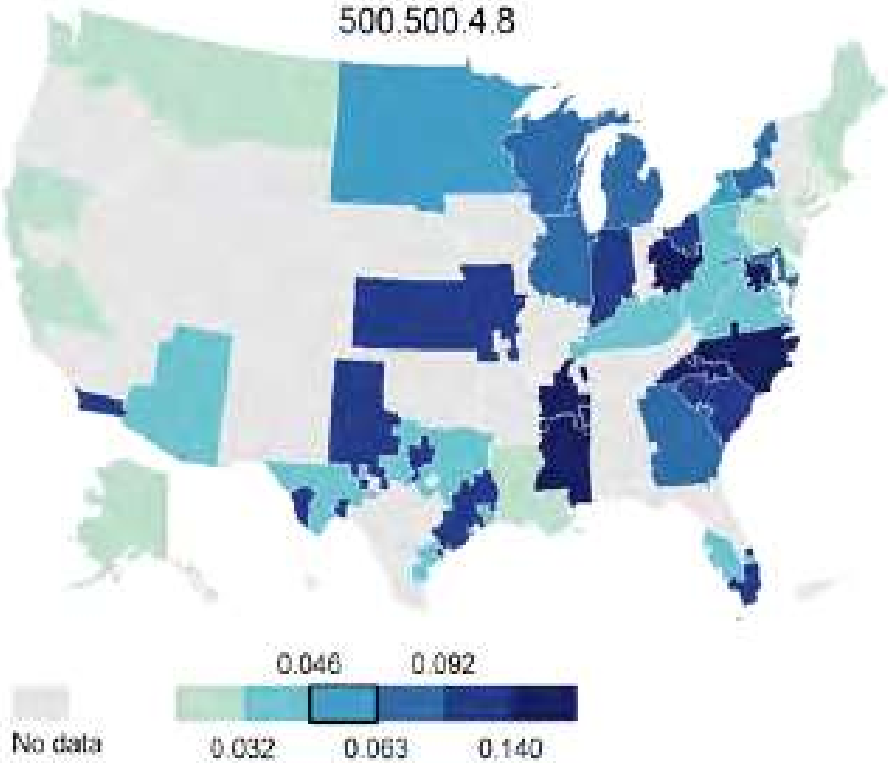
# KPSAM Modeling

Model Number	Scenario	Circle Size: KI	Circle Size: KP/PA	Inner Circle Maximum Points	Outside of Circle Maximum Points
BL-ped	BL-ped (Baseline)	L/R/N	L/R/N	NA	NA
2	500.500.0.8	500	500	0	8
3	500.500.4.8	500	500	4	8
4	500.150.0.8	500	150	0	8
5	250.250.2.4	250	250	2	4
6	250.250.0.8	250	250	0	8
7	250.150.0.8	250	150	0	8
8	150.150.0.8	150	150	0	8
9	150.150.0.20	150	150	0	20
10	500.500.step150	500	500	4* (flat from 0-150NM)	8
11	500.500.step250	500	500	4* (flat from 0-250NM)	8

# Waitlist mortality

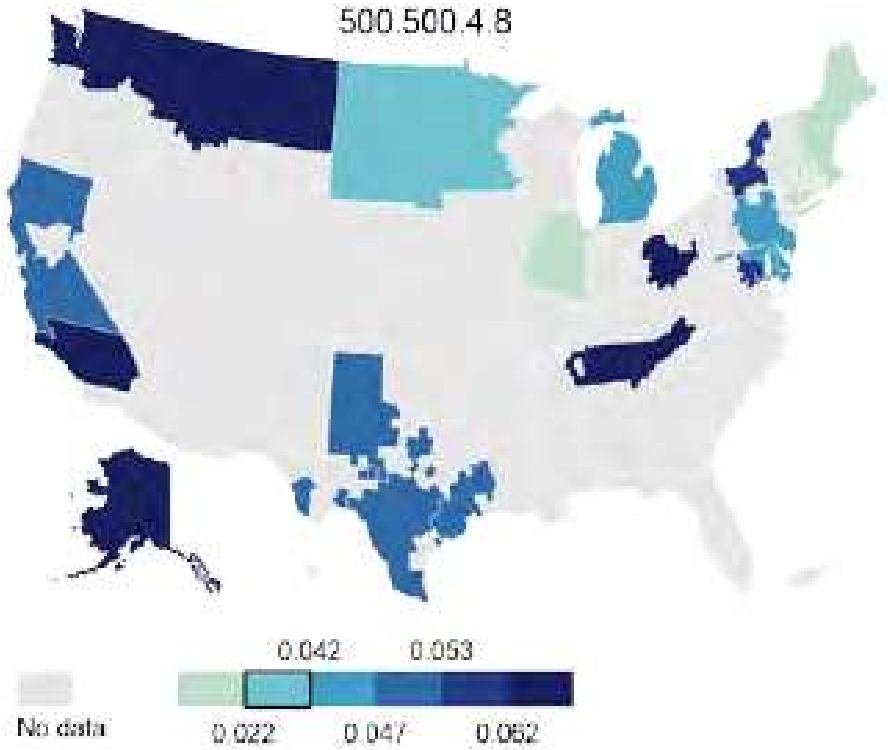
Kidney-Pancreas

500.500.4.8

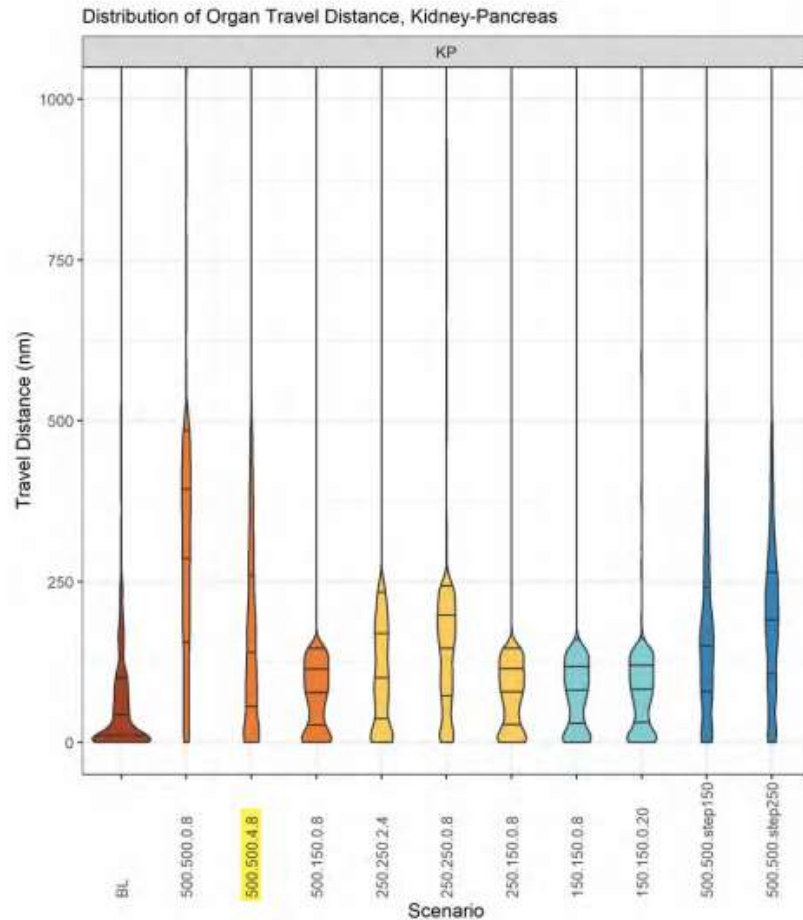


Pancreas-Alone

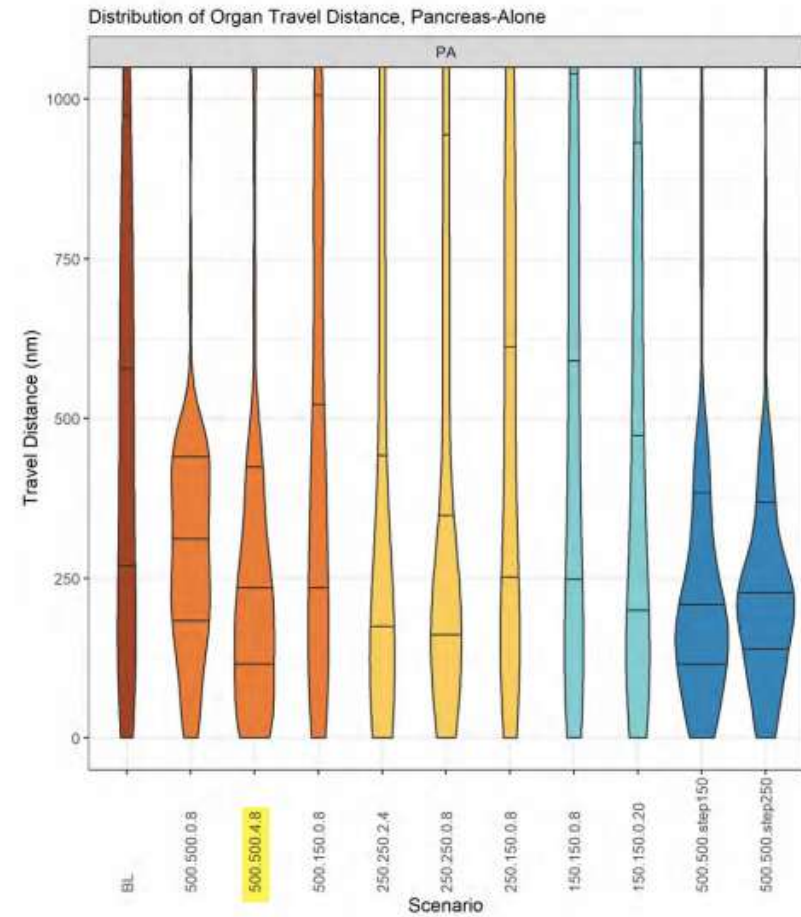
500.500.4.8



# Travel Distance and Proximity Points



Distribution of Organ Travel Distance, Kidney-Pancreas



Distribution of Organ Travel Distance, Pancreas-Alone

# Access for Vulnerable Populations (Round 2 KPSAM Results)

- Increases in equity in access to transplant with broader distribution for KP
  - High cPRA candidates
  - Female
  - African American candidates
  - Candidates with Medicare
- No change by urbanicity



## Transplant Rate for Kidney-Pancreas and Pancreas Transplants from KPSAM Modeling

Model Number	Scenario	KP Transplant Rate per Patient-Year	PA Transplant Rate per Patient-Year
BL-ped	BL – Peds Priority	<b>0.422</b>	<b>0.221</b>
2	500.500.0.8	<b>0.623</b>	<b>0.118</b>
3	500.500.4.8	<b>0.631</b>	<b>0.107</b>
4	500.150.0.8	<b>0.501</b>	<b>0.177</b>
5	250.250.2.4	<b>0.583</b>	<b>0.124</b>
6	250.250.0.8	<b>0.581</b>	<b>0.124</b>
7	250.150.0.8	<b>0.507</b>	<b>0.171</b>
8	150.150.0.8	<b>0.523</b>	<b>0.158</b>
9	150.150.0.20	<b>0.521</b>	<b>0.165</b>
10	500.500.step150	<b>0.626</b>	<b>0.109</b>
11	500.500.step250	<b>0.63</b>	<b>0.108</b>

# Facilitated Pancreas Allocation

- Facilitated placement allows organ offers to pancreas programs that import a certain number of pancreata
  - Only can be used within 3 hours of procurement AND after organ has already been offered to local (DSA) candidates
  - Current program participation requires having transplanted 5 pancreata imported from outside their DSA (there are 39 qualifying centers)
- Facilitated pancreas allocation needs updating to reflect removal of DSA from pancreas policy

# Facilitated Placement Solution

- Current Policy: 5 pancreata imported outside DSA in previous 2 years (39 programs qualify)
- Proposed Solution: 2 pancreata imported outside 500 NM in previous 2 year (projected to be 26 programs that qualify, using retrospective data)
- Alternative Solution Considered: 5 pancreata imported outside 500 NM
- Alternative would mean few programs qualify (only 16), so Committee opted for proposed solution instead
- Requesting community feedback on proposed solution

# Import Back Up

- What is current policy?
  - The host OPO may continue to allocate according to the original match run OR delegate responsibility to the receiving OPO in the transplant program's DSA
  - The receiving OPO must allocate the organ according to the "organ specific policies," which currently means the OPO allocates to its DSA first.
  - Also...
    - The host OPO gets to decide whether to do import back up on the kidney, pancreas, or kidney-pancreas together
    - Once the host OPO delegates responsibility to a receiving OPO, the host OPO is no longer involved in allocating the organ

# Import Back Up

- Under the proposed solution, the host OPO may:
  - Allocate according to the original match run  
OR
  - Delegate allocation to the receiving OPO. The receiving OPO runs a new match run around the intended recipient's transplant program
- New match run based on a **150** NM circle with 8 proximity points outside
  - Smaller circle around transplant program avoids inefficiencies, is consistent with Kidney solution
  - Still provides flexibility for host OPO whether to use original match run or delegate
- KP prioritized above kidney-alone in reallocation
  - Only if host OPO identifies that both the kidney and pancreas be released for import back up
- Requesting feedback on proposed solution

# Review: Proposed Solution

- Removes DSA and region from pancreas allocation policy as measures of distribution while striking an appropriate balance with the Final Rule requirements
  - Limits geography as factor in organ allocation
  - Considers efficiency concerns by including steep proximity points
  - Promotes access for vulnerable populations
- Framework represents a step in the direction of continuous distribution

# What Else Did The Committee Consider?

- Fixed Distance Circles
  - Community preferred a hybrid approach in the first round of Public Comment
- Alternative Hybrid Variations (Smaller Circles, Less Proximity Points)
  - Smaller maximum proximity points had minimal effect in efficiency