Program	Affiliation	Comment
Individual	**Ron Shapiro (posted comment)**	The transplant program at the Recanati/Miller Transplantation Institute is supportive of this allocation change.
Organization	**IPITA**	The International Pancreas and Islet Cell Transplantation Association (IPITA) supports this policy as written by the OPTN pancreas committee. IPITA supports all efforts to further increase the utilization of pancreata that currently are discarded for various reasons including individual program conservativism, loss of experience, and current allocation policy which, due to the preceeding factors and others, prevents usable organs being directed to patients and programs that would support transplantation if identified earlier in the matchrun (and prior to organ recovery). While modeling data demonstrated a slight decrease in SPK transplants for blood type O and kidney alone recipients, the number of overall pancreas transplants would increase thereby fullfilling Strategic Goal 1. While other UNOS organ committees have or are in the process of developing and implementing complex policies for increasing organ utility and equitibility, no such process has been developed previously for pancreas transplant. This simple, yet relavant and easy implemented, policy change could result in significant improvements in what are currently declining and concerning pancreas trasnplant rates.

Committee	**Kidney**	The Kidney Committee does not support this proposal in its current form. First, data presented demonstrates a significant decrease in access to kidneys for blood type O kidney alone recipients. These candidates are currently subject to long waiting times. Waiting times for pancreas are short and therefore shifting kidneys away from the kidney transplant waiting list is not justified at this time. Second, there is insufficient data on ABO subtype compatible transplants. Extrapolation from the kidney data may not be linear as pancreas transplants are known to be more immunogenic. Finally, the Kidney Committee expressed concern over the potential impact for the highest priority kidney-alone recipients (highly sensitized, zero mismatch, and pediatrics) as multi-organ recipients receive offers before kidney-alone recipients.
Region	**Region 3**	Region 3 Vote – 8 yes, 17 no, 2 abstentions. Region 3 Comments: The region is concerned about the projected 2% decrease in access for blood type O kidney transplants. Additionally, there is no data available on transplanting blood type A, non-A1 and AB, non-A1B kidney-pancreas or pancreas alone organs into blood type B recipients. There may be different immunogenic factors and it may be too soon to change the policy to allow these types of transplants . Members also do not feel that the decline in pancreas transplants is attributable to current policy restrictions on ABO compatibility. The opinion was expressed that generally there are local potential pancreas recipients in each blood type, but the pancreas is turned down for perceived donor quality issues. Allocation of the pancreas across compatible blood types will not address this.

Region	**Region 7**	Region 7 Vote – 21 yes, 0 no, 3 abstentions. Region 7 Comments: There was a question about the proposal's impact on the pediatric population. Since the modeling showed a reduction in kidney-alone transplants, a member would like to know if pediatric patients on the kidney-alone waiting list will be disadvantaged by the proposed allocation changes.
Region	**Region 4**	Region 4 Vote – 2 yes, 18 no, 2 abstentions Region 4 Comments: The region did not support the proposal for the following reasons: • There are pancreas available now that are not being transplanted. • Blood group AB candidates already have the shortest waiting time. This proposal would make their waiting time even shorter • Blood group O candidates already have the longest waiting time. This proposal would make their waiting time even longer. • Programs with a low volume of PA transplants, do not site the current allocation system as the problem. • OPOs have to discard good quality PA now because they are not able to place them. They are willing to work with the PA programs to fix this problem.
Region	**Region 2**	Region 2 Vote – 32 yes, 1 no, 1 abstentions. Region 2 Comments: The region supported the proposal but there was concern from the pediatric programs that pediatric candidates with ABO "O" may be disadvantaged due to KI's going to KP candidates. There was a suggestion that the committee may want to try this as a pilot program before implementing nationally.
Region	**Region 5**	Region 5 Vote – 28 yes, 3 no, 1 abstention (no comments)

Region	**Region 11**	Region 11 Vote – 23 yes, 5 no, 1 abstention. Region 11 Comments: Region 11 is generally supportive of this proposal from the Pancreas Transplantation Committee, but a number of members in attendance expressed concerns about the proposal, its impact on blood type "O" kidney transplants, and the future focus of the Committee. The region agrees that the rate of pancreas transplants is a problem that warrants action, but feels that the primary culprit behind the years-long decline is the rising discard rate, rather than the existing limitations on blood-type compatibility matching. The Committee should focus on addressing the discard rate, which has steadily risen in recent years across the nation. This proposal, while well-intentioned, is not likely to address the underlying problem and will therefore have minimal impact on the transplant rate of pancreata. Members in Region 11 are concerned about the impact that this proposal is projected to have on blood type "O" kidney transplants. Due to the priority currently given to multi-organ candidates (SLK, SPK), the rate of transplants for kidney-alone candidates is decreasing. While a 2% decrease in blood type "O" kidney transplants would seem to be negligible, the impact is magnified given the prevalence of multi-organ policy.

Region	**Region 6**	The region did not support the proposal: 7 yes, 37 no, 10 abstentions**.** There was an overall sentiment that this proposal does not address the real problem for the decrease in PA transplants. There should be a focus on increasing the number of candidates listed and utilizing the PA that are being procured. Some commented that the medical treatment for PA failure has improved resulting in fewer candidates needing a PA transplant. In addition, the waiting time for KP candidates is already much shorter than the waiting time for isolated KI candidates. This proposed change would increase the waiting time for KI candidates. There was also concern about the lack of outcomes data for non-A1 and non-A1B KP transplants into B KP candidates. Given this lack of data, it is hard to determine if this change will benefit the KP candidates or not. Finally, members were concerned about the effect of the proposal on blood type O candidates.
Region	**Region 9**	Region 9 Vote – 0 yes, 15 no, 1 abstention Region 9 Comments: Members are concerned about the effect of the proposal on blood type O candidates. However, they recognize that this is the most significant change in the proposal that will increase SPK transplants. But, the proposal shifts kidneys from candidates with long waiting times to candidates with short waiting times. This is counter to the principles of equity. The region thinks that the committee needs to refocus and develop proposals that will have a big impact, and not focus its work on proposals that have a minimal effect. The region did propose an amendment to the policy, and voted in support of blood type A, non-A1, and AB, non-A1B kidney-pancreas and pancreas offers to B candidates. 13 yes, 1 no, 0 abstentions

Region	**Region 10**	Region 10 Vote – 3 yes, 16 no, 5 abstentions Region 10 Comments: The region does not support the proposal for the following reasons: • SPK candidates already have shorter waiting times than kidney candidates • Concern that the proposal will divert kidneys to SPK candidates that pediatric candidates are prioritized to receive (KDPI less than 35). Pediatric candidates already compete with all multi-organ combinations that include kidneys, including SPK. The data slide showing the impact by age is difficult to interpret (it is not to scale) how much of an impact this proposal is projected to have on the pediatric population. It was noted that 90% of kidneys allocated to SPK candidates are from donors with a KDPI less than 35. Members also expressed a concern about kidneys being diverted from blood group B kidney candidates. African Americans make-up a majority of blood group B candidates waiting for kidney transplants. • It was noted that SPK transplants increased last year and is on track to have a similar number of transplants this year.

Region	**Region 1**	Region 1 Vote – 9 yes, 4 no, 2 abstentions Region 1 Comments: Region 1 generally supports this proposal from the Pancreas Transplantation Committee. However, the region feels that the proposal does not ultimately address the true causes for the decline in pancreas transplantation. The consensus among members is that pancreas transplantation is decreasing because of the quality of offers and program behavior relating to acceptance and discards. The Committee is advised to focus on these issues going forward. Additionally, there is some concern in Region 1 about the impact of this proposal on blood type 'O' kidney transplants. While pancreas and kidney-pancreas transplantation in the region does not account for a large proportion of transplants, any decrease in kidney-alone transplants must be monitored. Ideally, any proposal that aims to increase transplantation of one organ type should not adversely impact the rate of transplant of another organ. The region would also like to note that the impact of this proposal on pediatric kidney transplants should be monitored closely upon implementation to assure no negative consequences.
Region	**Region 8**	18-1-3 no comments

Individual	**William Freema**	(Northwest Indian College, Program Director, Center for Health: I support this Proposal, contingent on either of two significant changes. I do so as a member of the Board who is a non-directed living kidney donor, and quite concerned about maintaining evidence-based safe transplantation. There is little evidence about the safety of this Proposal, because there are no data about the safety of pancreas allocation across compatible ABO blood types, in turn because such transplantations have not been allowed. My recommendation is that EITHER: • this Proposal be adopted with two requirements, 1] that all programs doing such transplantations must contribute all relevant data to a registry of all such transplantations, and 2] that there be a defined "Sunset Clause" at which time all the data in the registry by examined to determine the overall safety of the procedure and parameters within which the procedure is safe (e.g., titer levels); OR • this Proposal be changed to being a pilot trial transplantation procedure with the same requirements. In either case, the procedure should be considered experimental until its safety can be determined, and both the informed consent process and documents so state.
Organization	**ASTS**	ASTS supports this proposal to increase the number of pancreatic transplants and reduce organ discard rates by incorporating new blood type compatibility standards.

Organization	**AST**	The American Society of Transplantation is not supportive of the current proposal, and offers the following comments. We are not convinced that this resolution will increase the number of pancreas transplants, and may further disadvantage vulnerable populations. Kidney candidates, especially minorities, face long waits to transplantation- in many cases five years or more. The wait for pancreas transplant is much shorter and data regarding this appears to be limited. We believe that allowing this proposal to pass as currently written to include SPK will further disadvantage kidney alone candidates. The Society is, however, supportive of loosening restrictions for pancreas alone allocation. Presently, SPKs are prioritized, in the allocation sequence, prior to pediatric candidates. This may disadvantage pediatric candidates in some areas, extending their waiting time for transplant. The AST requests modeling data on the impact of these changes on pediatric recipients at a more granular level such as regional or by DSA.
Committee	**Ops & Safety**	The Operations and Safety Committee did not identify any concerns with this proposal and comments that it is reasonable and consistent with other allocation schemes. They support the proposal as written.
Organization	**NATCO**	NATCO supports the change as is being proposed by the UNOS Pancreas Committee as written. However given the concern that is being expressed by many in the pediatric community and other transplant centers for allocation for kidney alone, specifically the ABO-O blood group we would also support a trial period for further evaluation and data. Once the data is available we would suggest re-examining by the pancreas committee and further input from the transplant community before enacting the policy as a whole.