

OPTN Pancreas Transplantation Committee

Meeting Summary

May 6, 2024

Conference Call

Oyedolamu Olaitan, MD, Chair

Ty Dunn, MD, MS, FACS, Vice Chair

Introduction

The OPTN Pancreas Transplantation Committee (the Committee) met via Cisco WebEx teleconference on 05/06/2024 to discuss the following agenda items:

1. Summer 2024 Public Comment Overview: Update on Continuous Distribution of Pancreata
2. Follow Up and Discussion: New Project Ideas
3. Request for Feedback: Machine Perfusion Data

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

1. Summer 2024 Public Comment Overview: Update on Continuous Distribution of Pancreata

The Committee were provided an overview of the Summer 2024 Public Comment *Update on Continuous Distribution of Pancreata*.

Summary of discussion:

No decisions made.

The Committee reviewed the outline of the *Update on Continuous Distribution of Pancreata* which would include an overview of the Committees discussions on the following topics: SRTR modeling request, pancreas medical urgency discussion and decision points, and addressing utilization and non-use of pancreata.

Next steps:

The Committee will receive updates throughout the public comment period.

2. Follow Up and Discussion: New Project Ideas

The Committee continued their discussion on the development of a guidance document per previous Committee conversations. The Committee also received a summary of new and active projects including continuous distribution, offer filters (new), and procurement of pancreata (new). For the purpose of this agenda item, the focus of the Committee's discussion is on the procurement of pancreata project idea.

Summary of discussion:

No decisions made.

The Chair expressed support for developing a guidance document, highlighting that it could be a document that might spur further discussion on issues related to pancreas, and could be something the OPTN Executive Committee or OPTN Board of Directors could look at in the future and act upon.

The Chair asked for clarification on whether the OPTN Data Advisory Committee (DAC) is involved in developing the Offer Filters project. OPTN Contractor staff explained that while the DAC is not the primary Committee developing offer filters, they are critical in reviewing the data collection aspects. Currently, however, OPTN Contractor staff within information technology (IT) and research are conducting outreach to the various Committees involved and ensuring the appropriate criteria are available for offer filters.

The Committee received an update on a proposed outline for the pancreas procurement guidance document to include the following topics:

- OPO procurement team – having discussions of these processes and an expertly trained person available
- ASTS fellowship – concerns brought up regarding deprioritization of training for pancreas procurement
- Training – programs should have separate training from liver
- Education – outreach to endocrinologists
- Encouraging programs to have a separate director rather than a kidney-pancreas combined director
- Requirements/training for OPOs – in collaboration with the OPO committee

Additionally, it was suggested that the Committee include an overview of the current state of pancreas procurement.

A member sought clarification on what was meant by programs having separate pancreas training from the liver. The Chair informed the Committee that for the majority of hospitals, there is no longer a specific fellowship for kidney and pancreas. Instead, the focus tends to primarily be on liver, kidney, and pancreas, rather than there being specific training focused solely on the pancreas procurement. Additionally, with regard to the American Society for Transplant Surgeons (ASTS), there used to be specific training members could acquire for pancreas procurement and transplant but is now available as a subcategory.

Another member sought to clarify whether there is a liaison who is in communication between the ASTS and the OPTN in terms of training and guidance documents that are put out. The member voiced concern that a guidance document without actionable items might not create the change the Committee is seeking. The Chair concurred, and suggested involvement or collaboration with ASTS in the development of this project. In addition to including stakeholder organizations in the discussion, the Chair voiced that including other Committees, such as the Organ Procurement Organization (OPO) or the Membership & Professional Standards Committees' (MPSC) would ensure the highest level of rigor in the discussions and resulting guidance document. It was highlighted that for pancreas procurement logistics, understanding the OPO perspective and issues at play will be critical to developing a well-rounded document. The Vice Chair emphasized this, stating that there have been instances where an OPO might not have a procuring surgeon available, or the procuring surgeon might not be as experienced as needed. They voiced that developing a strong partnership with the OPO Committee and getting their input in this process is much needed.

Concerns were expressed regarding the lack of certification requirements for procuring individuals, as there is no standard for certification of procurement alone. It was voiced that from a community and patient perspective, not having procurements done by licensed and certified professionals, such as surgeons, could reduce trust in transplant.

A member brought up that if the Committee were able to involve other stakeholder organizations, such as the American Society for Transplantation (AST), then changes could be made on the surgical side as well. Another member spoke up in agreement, highlighting that of the 66 kidney and pancreas programs in the US, approximately a third of them do not do enough pancreas transplantation volume for their medical directors to meet OPTN criteria for the position. The member sought to elucidate the lack of emphasis on pancreas training for these programs.

Another member addressed the earlier statement regarding concerns of deprioritization of pancreas fellowship training programs, stating that it often is a result of the programs not having enough volume rather than the ASTS not providing the necessary training. They highlighted that there are fewer and fewer pancreas transplantations happening, which does not encourage more training.

The Vice Chair voiced support for this, stating that it might not be necessarily an issue of deprioritized training, instead an issue of fellows conducting more work in the liver transplant sphere and being pulled away from pancreas work as a result.

Members acknowledged that the volume of pancreas transplants contributes to a decrease in trained fellows, as some programs do not conduct enough pancreas transplantations in the year. It was felt that efforts at increased communication and collaboration could be attempted between the OPTN and various stakeholders such as ASTS, AST, and additional feedback could be obtained from these groups as the project develops further.

A member asked for clarification as to why education and outreach to endocrinologists was included in this outline. They said that if the document's main objective is to improve procurement, then outreach and education are better suited for a different project. Their concerns were acknowledged, and it was supplemented that the initial draft outline included aspects of many different conversations, not just procurement but also generally related to pancreas transplantation.

Next steps:

Staff will revise the draft outline of the guidance document based on this discussion. Members will be asked to review the new outline and provide additional feedback during the next call.

3. Request for Feedback: Machine Perfusion Data

The Chair of the OPO Committee presented, asking for feedback on a potential project which would aim to collect more data on machine perfusion techniques that are being employed at this time. The OPO Chair highlighted one goal which would be to better understand organ outcomes given the various perfusion techniques currently observed. Additionally, it was presented that while OPOs do input a fair amount of this information into the system, they don't always have access to the information if a transplant program input it. They are seeking feedback on the following questions:

What type of data should be collected on machine perfusion and Normothermic Regional Perfusion (NRP)?

- High level vs. Detailed – this could impact the scope and/or cost of the project
- Donor organ evaluation vs. Research (data submitted after the fact)

Who should be responsible for reporting the data from the various systems?

- Policy language to establish these requirements might be required

Summary of discussion:

No decisions made.

The Chair agreed that this is critical data to collect and will aid in better understanding outcomes and graft survival. They stated that during a previous meeting it was expressed Donation after Cardiac Death (DCD) pancreata are being viewed differently when normothermic regional perfusion (NRP) is utilized, and having the raw data for others to review is important for informed decision making.

A suggestion was made for centers that do DCD pancreas transplants to be contacted regarding what parameters they look for with a NRP or machine perfused pancreas to know what data to collect. The Vice Chair voiced that getting more input from colleagues in the United Kingdom (UK) who conduct more NRP and machine perfused pancreas transplants might be helpful in establishing those parameters and baselines.

A member advised that providing clearer documentation for NRP donors could be helpful. They stated that it should be documented at what time blood is replaced with the perfusate, instead of just having cross-clamp time be the surrogate documentation for NRP.

The Chair of the OPO Committee asked whether there are specific clinical labs that members look for during perfusion to better know the status of the pancreas before procurement. The Chair advised that gathering lipase and blood sugar information would be beneficial. The Vice Chair chimed in stating that lactate is another lab they use to understand the pancreas quality.

Next steps:

The Committee will continue considering these questions and provide the OPO Committee with further feedback as needed.

Upcoming Meetings

- June 24, 2024 (teleconference)

Attendance

- **Committee Members**
 - Oyedolamu Olaitan
 - Ty Dunn
 - Asif Sharfuddin
 - Colleen Jay
 - Diane Cibrik
 - Jason Morton
 - Jessica Youbeak
 - Dean Kim
 - Mallory Boomsma
 - Muhammad Yaqub
 - Neeriaj Singh
 - Nikole Neidlinger
 - Todd Pesavento
 - Shehzad Rehman
 - Bill Asch
 - Girish Mour
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - Jon Miller
 - Raja Kandaswamy
- **UNOS Staff**
 - Joann White
 - Houlder Hudgins
 - Lauren Motley
 - Robert Hunter
 - Sarah Booker
- **Other Attendees**
 - PJ Geraghty