

Kidney Allocation System (KAS) Clarifications & Clean Up

Sponsoring Committee:	Kidney Transplantation Committee
Policy/Bylaws Affected:	Policies 5.3.C (Informed Consent for Kidneys Based on KDPI Greater than 85%), 8.2.B (Deceased Donor Kidneys with Discrepant Human Leukocyte Antigen (HLA) Typings), 8.3 (Kidney Allocation Points), 8.5.C (Informed Consent for Kidneys Based on KDPI Greater than 85%), 8.5.D (Sorting Within Each Classification), 8.5.E (Allocation of Kidneys by Blood Type), 8.5.F (Prior Living Organ Donors), 8.5.G (Highly Sensitized Candidates), 8.5.H (Allocation of Kidneys from Deceased Donors with KDPI Scores less than or equal to 20%), 8.6 (Double Kidney Allocation), 8.7.A (Mandatory Sharing), 8.7.B (Choice of Right versus Left Donor Kidney), 8.7.C (National Kidney Offers), and 8.7.D (Kidney-Non-renal Organs Allocated and Not Transplanted)
Public Comment:	January 25, 2016 – March 25, 2016
Effective Date:	September 1, 2016, except for Policy 8.5.H (Allocation of Kidneys from Deceased Donors with KDPI Scores less than or equal to 20%) and Policy 8.7.A (Mandatory Sharing), which will be effective on a date that is to be determined. UNOS will notify members at least 30 days in advance of implementation

Problem Statement

The OPTN/UNOS Board of Directors approved the revised kidney allocation system (KAS) in June 2013 and the policy was implemented on December 4, 2014. Since then, the Kidney Transplantation Committee and UNOS staff identified areas in which changes and clarifications are needed in the policy language. There are five areas for changes to KAS policy:

1. *Revising policy on mandatory sharing:* OPOs were permitted to use a bypass code to skip 99-100% CPRA and zero-mismatch candidates that appear in the first 10 match classifications on the kidney-alone match run as long as they have made a minimum number of required offers within a certain number of hours of procurement. For kidneys with a KDPI less than or equal to 85%, OPOs had to make 10 offers within 8 hours of procurement and for kidneys with a KDPI greater than 85%, OPOs had to make 5 offers within 3 hours of procurement.

2. *Clarifying informed consent requirements for multi-organ candidates for kidneys based on KDPI greater than 85%:* Kidney policy on informed consent requires that transplant programs obtain written, informed consent from each kidney candidate prior to receiving offers for kidneys with a KDPI score greater than 85%. Because the policy does not specifically exclude multi-organ candidates, UNOS staff have interpreted that this requirement also extends to candidates that are listed for both a kidney and another organ. Clarification was needed as to whether explicit consent for receiving these kidney offers is required for multi-organ candidates.
3. *Maintaining consistency throughout kidney allocation policy with regard to Policy 5.9: Released Organs:* If deceased donor organs cannot be transplanted into the originally intended recipient, *Policy 5.9: Released Organs* requires the transplant program to release the organs back to the host OPO and notify the host OPO or UNOS for further allocation. The host OPO must allocate the organ to other candidates according to the organ-specific policies (according to a match run), or can opt to let UNOS or the OPO serving the candidate transplant program's DSA (the "importing OPO") allocate the organ instead. This policy applies to all organ allocation; however, UNOS staff identified three instances in *Policy 8: Allocation of Kidneys* that conflict with Policy 5.9.
4. *Correcting duplicative match classification language in Table 8-5: Allocation of Kidneys from Deceased Donors with KDPI Less Than or Equal to 20%.*
5. *Other clarifications:* UNOS staff identified references to the allocation sequences throughout *Policy 8: Allocation of Kidneys* that needed updating.

Summary of Changes

Policy 8.7.A Mandatory Sharing: Changes include removing the time requirements for making offers to match classifications 1-10 of *Tables 8-5* through *Table 8-8*. OPOs will have to follow the kidney-alone match run and will not be permitted to use "Refusal Reason 881 – Mandatory Sharing Offer Requirements Met." This bypass code will be deactivated in UNet. OPOs may still use other available bypass codes to assist with organ placement.

Policy 5.3.C Informed Consent for Kidneys Based on KDPI Greater than 85%: Changes to this policy will now require that transplant programs obtain written, informed consent from each multi-organ candidate prior to transplant for kidneys with a KDPI score greater than 85%. This change will not prohibit a transplant program from obtaining consent earlier (e.g. at the time of listing). Kidney-alone candidates will still need to provide this informed consent prior to receiving offers for kidneys with a KDPI greater than 85%.

Policy 8.2.B Deceased Donor Kidneys with Discrepant Human Leukocyte Antigen (HLA) Typings: If a recipient HLA laboratory identifies a different HLA type from the donor histocompatibility laboratory's HLA typing, *Policy 5.9: Released Organs* will be the prevailing policy if the discrepancy cannot be resolved and the originally intended recipient cannot be transplanted. The policy does not direct which HLA typing must be used because there may be unknown consequences for patient safety by requiring that the donor lab HLA typing always be used instead of the recipient lab HLA typing, or vice versa. The OPO has the discretion to allocate the kidney based on the original donor lab HLA typing or the recipient lab HLA typing.

Policy 8.7.C National Kidney Offers: Policy that allowed an importing OPO to select alternate candidates if a national kidney offer could not be transplanted into the originally intended candidate have been removed and an importing OPO must now follow *Policy 5.9: Released Organs*. The importing OPO can reallocate the kidney *only* if the host OPO has delegated responsibility for reallocation to the importing OPO. Reallocation of the kidney to other candidates would still be according to the kidney allocation policies whether it was allocated by the host OPO, the importing OPO, or the Organ Center.

Policy 8.7.D Multi-Organ Combinations Allocated but Not Transplanted: If a kidney is allocated as part of an accepted multi-organ combination offer that does not result in a transplant, OPOs must reallocate kidneys that are not transplanted in multi-organ combinations according to *Policy 5.9: Released Organs*,

which requires that the organ be allocated to other candidates according to the organ-specific policies such as the KAS allocation sequences.

This policy also includes updates to the match classification labels in *Table 8-5* and other references.

What Members Need to Do

OPOs: OPOs will need to update their internal policies and procedures to address policy and programming changes and educate their staff. The mandatory sharing bypass code will be deactivated and OPOs will have to follow the kidney-alone match run.

Transplant hospitals: Transplant hospitals will need to become familiar with changes to policy. Transplant hospitals will need to obtain written, informed consent from multi-organ candidates prior to transplant for kidneys with a KDPI >85%. These changes will not prohibit a transplant program from obtaining consent earlier.

Affected Policy/Bylaw Language:

New language is underlined and language that will be deleted is ~~struck through~~.

5.3.C Informed Consent for Kidneys Based on KDPI Greater than 85%

Prior to receiving an offer for a kidney with a Kidney Donor Profile Index (KDPI) score greater than 85%, transplant programs must obtain written, informed consent from each kidney candidate willing to receive offers for kidneys in this category. This requirement also applies to multi-organ offers that include a kidney; however, this informed consent may be obtained any time prior to transplant.

8.2.B Deceased Donor Kidneys with Discrepant Human Leukocyte Antigen (HLA) Typings

Allocation of deceased donor kidneys is based on the HLA typing identified by the donor histocompatibility laboratory. If the recipient HLA laboratory identifies a different HLA type for the deceased donor and the intended recipient cannot be transplanted, the kidney may be allocated according to the original HLA typing, or the receiving transplant program may reallocate the kidney locally, according to ~~Policy 8: Allocation of Kidneys~~ ~~Policy 5.9: Released Organs~~, the kidney must be allocated according to *Policy 5.9: Released Organs*. When reallocating the kidney, the OPO has the discretion to use either the HLA typing identified by the donor histocompatibility laboratory or the recipient HLA laboratory.

8.3 Kidney Allocation Points

Candidates receive points according to *Tables 8-1* and *8-2* below.

Table 8-1: Kidney Points

If the candidate is:	And the following allocation sequence is used:	Then the candidate receives this many points:
Registered for transplant and meets the qualifying criteria described in <i>Policy 8.4: Waiting Time</i>	8.5. H <u>G</u> , 8.5. I <u>H</u> , 8.5. J <u>I</u> , or 8.5. K <u>J</u>	1/365 points for each day since the qualifying criteria in <i>Policy 8.4: Waiting Time</i>
Aged 0-10 at time of match and a 0-ABDR mismatch with the donor	8.5. H <u>G</u> , 8.5. I <u>H</u> , or 8.5. J <u>I</u>	4 points

Aged 11-17 at time of match and a 0-ABDR mismatch with the donor	8.5.HG, 8.5.HI, or 8.5.II	3 points
Aged 0-10 at time of match and donor has a KDPI score <35%	8.5.HG, 8.5.HI	1 point
A prior living donor	8.5.HG, 8.5.HI, or 8.5.II	4 points
Sensitized (CPRA at least 20%)	8.5.HG, 8.5.HI, or 8.5.II	See Table 8-2: Points for CPRA
A single HLA-DR mismatch with the donor*	8.5.HG, 8.5.HI, or 8.5.II	1 point
A zero HLA-DR mismatch with the donor*	8.5.HG, 8.5.HI, or 8.5.II	2 points

*Donors with only one antigen identified at an HLA locus (A, B, and DR) are presumed “homozygous” at that locus.

Table 8-2: Points for CPRA

If the candidate’s CPRA score is:	Then the candidate receives this many points:
0	0.00
1-9	0.00
10-19	0.00
20-29	0.08
30-39	0.21
40-49	0.34
50-59	0.48
60-69	0.81
70-74	1.09
75-79	1.58
80-84	2.46
85-89	4.05
90-94	6.71
95	10.82
96	12.17
97	17.30
98	24.40
99	50.09
100	202.10

8.5.C — Informed Consent for Kidneys Based on KDPI Greater than 85%

Prior to receiving an offer for a kidney with a KDPI score greater than 85%, transplant programs must obtain written, informed consent from each kidney candidate willing to receive offers for kidneys in this category.

8.5.DC — Sorting Within Each Classification

Within each classification, candidates are sorted in the following order:

1. Total points (highest to lowest)
2. Date and time of the candidate's registration (oldest to most recent)

8.5.ED Allocation of Kidneys by Blood Type

Transplants are restricted by blood type in certain circumstances. Kidneys will be allocated to candidates according to the blood type matching requirements in *Table 8-4* below:

Table 8-4: Allocation of Kidneys by Blood Type

Kidneys from Donors with:	Are Allocated to Candidates with:
Blood Type O	Blood type O. For offers made to candidates in zero <u>O-ABDR</u> mismatch categories, blood type O kidneys may be transplanted into candidates who have blood types other than O.
Blood Type A	Blood type A or blood type AB.
Blood Type B	Blood type B. For offers made to candidates in zero <u>O-ABDR</u> mismatch categories, blood type B kidneys may be transplanted into candidates who have blood types other than B.
Blood Type AB	Blood type AB.
Blood Types A, non-A₁ and AB, non-A₁B	Kidneys may be transplanted into candidates with blood type B who meet <u>all</u> of the following criteria: <ol style="list-style-type: none"> 1. The transplant program obtains written informed consent from each blood type B candidate regarding their willingness to accept a blood type A, non-A₁ or blood type AB, non-A₁B blood type kidney. 2. The transplant program establishes a written policy regarding its program's titer threshold for transplanting blood type A, non-A₁ and blood type AB, non-A₁B kidneys into candidates with blood type B. The transplant program must confirm the candidate's eligibility every 90 days (+/- 20 days).

8.5.FE Prior Living Organ Donors

A kidney candidate will be classified as a prior living donor if *all* of the following conditions are met:

1. The candidate donated for transplantation, within the United States or its territories, at least *one* of the following:
 - Kidney
 - Liver segment

- Lung segment
- Partial pancreas
- Small bowel segment.

- The candidate's physician reports *all* of the following information to the OPTN Contractor:
 - The name of the recipient or intended recipient of the donated organ or organ segment
 - The recipient's or intended recipient's transplant hospital
 - The date the donated organ was procured

8.5.GF Highly Sensitized Candidates

Before a candidate with a CPRA score of 99% or 100% can receive offers in allocation classifications 1 through 10 in allocation sequences in ~~Table 8-6~~ according to *Policy 8.5: Kidney Allocation Classifications and Rankings*, the transplant program's HLA laboratory director and the candidate's transplant physician or surgeon must review and sign a written approval of the unacceptable antigens listed for the candidate. The transplant hospital must document this approval in the candidate's medical record.

8.5.HG Allocation of Kidneys from Deceased Donors with KDPI Scores less than or equal to 20%

Kidneys from deceased donors with a kidney donor profile index (KDPI) score of less than or equal to 20% are allocated to candidates according to *Table 8-5* below.

Table 8-5: Allocation of Kidneys from Deceased Donors with KDPI Less Than or Equal To 20%

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
1	OPO's DSA	0-ABDR mismatch, CPRA equal to 100%, blood type identical or permissible	Any
2	OPO's DSA	CPRA equal to 100%, blood type identical or permissible	Any
3	OPO's region	0-ABDR mismatch, CPRA equal to 100%, blood type identical or permissible	Any
4	OPO's region	CPRA equal to 100%, blood type identical or permissible	Any
5	Nation	0-ABDR mismatch, CPRA equal 100%, blood type identical or permissible	Any
6	Nation	CPRA equal to 100%, blood type identical or permissible	Any
7	OPO's DSA	0-ABDR mismatch, CPRA equal to 99%, blood type identical or permissible	Any
8	OPO's DSA	CPRA equal to 99%, blood type identical or permissible	Any
9	OPO's region	0-ABDR mismatch, CPRA equal to 99%, blood type identical or permissible	Any
10	OPO's region	CPRA equal to 99%, blood type identical or permissible	Any

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
11	OPO's DSA	0-ABDR mismatch, CPRA equal to 98%, blood type identical or permissible	Any
12	OPO's DSA	CPRA equal to 98%, blood type identical or permissible	Any
13	OPO's DSA	0-ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, and blood type identical	Any
14	OPO's region	0-ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, CPRA greater than or equal to 80%, and blood type identical	Any
15	Nation	0-ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, CPRA greater than or equal to 80%, and blood type identical	Any
16	OPO's region	0-ABDR mismatch, less than 18 years old at time of match, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
17	Nation	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 years old at time of match, <u>CPRA greater than or equal to 21% but no greater than 79%,</u> and blood type identical	Any
18	OPO's region	0-ABDR mismatch, less than 18 years old at time of match, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type identical	Any
19	Nation	0-ABDR mismatch, less than 18 years old at time of match, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type identical	Any
20	OPO's region	0-ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
21	Nation	0-ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
22	OPO's DSA	0-ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, and blood type B	O

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
23	OPO's region	0-ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, CPRA greater than or equal to 80%, and blood type B	O
24	Nation	0-ABDR mismatch, top 20% EPTS or less than 18 years at time of match run, CPRA greater than or equal to 80%, and blood type B	O
25	OPO's region	0-ABDR mismatch, less than 18 at time of match, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	O
26	Nation	0-ABDR mismatch, less than 18 at time of match, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	O
27	OPO's region	0-ABDR mismatch, less than 18 at time of match, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type B	O
28	Nation	0-ABDR mismatch, less than 18 at time of match, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type B	O
29	OPO's region	0-ABDR mismatch, top 20% EPTS or less than 18 years old at the time of the match, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	O
30	Nation	0-ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	O
31	OPO's DSA	0-ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, and blood type permissible	Any
32	OPO's region	0-ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, CPRA greater than or equal to 80%, and blood type permissible	Any
33	Nation	0-ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, CPRA greater than or equal to 80%, and blood type permissible	Any
34	OPO's region	0-ABDR mismatch, less than 18 years old at time of match run, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
35	Nation	0-ABDR mismatch, less than 18 years old at time of match run, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
36	OPO's region	0-ABDR mismatch, less than 18 years old at time of match run, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type permissible	Any
37	Nation	0-ABDR mismatch, less than 18 years old at time of match run, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type permissible	Any
38	OPO's region	0-ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
39	Nation	0-ABDR mismatch, top 20% EPTS or less than 18 years old at the time of match run, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
40	OPO's DSA	Prior living donor, blood type permissible or identical	Any
41	OPO's DSA	Registered prior to 18 years old, blood type permissible or identical	Any
42	OPO's DSA	Top 20% EPTS, blood type B	A2 or A2B
43	OPO's DSA	Top 20% EPTS, blood type permissible or identical	Any
44	OPO's DSA	0-ABDR mismatch, EPTS greater than 20%, blood type identical	Any
45	OPO's region	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type identical	Any
46	Nation	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type identical	Any
47	OPO's region	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
48	Nation	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
49	OPO's DSA	0-ABDR mismatch, EPTS greater than 20%, and blood type B	O
50	OPO's region	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type B	O
51	Nation	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type B	O
52	OPO's region	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	O
53	Nation	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	O
54	OPO's DSA	0-ABDR mismatch, EPTS greater than 20%, and blood type permissible	Any
55	OPO's region	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type permissible	Any
56	Nation	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type permissible	Any
57	OPO's region	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
58	Nation	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
59	OPO's DSA	EPTS greater than 20%, blood type B	A2 or A2B
60	OPO's DSA	All remaining candidates, blood type permissible or identical	Any
61	OPO's region	Registered prior to 18 years old, blood type permissible or identical	Any
62	OPO's region	Top 20% EPTS, blood type B	A2 or A2B
63	OPO's region	Top 20% EPTS, blood type permissible or identical	Any
64	OPO's region	EPTS greater than 20%, blood type B	A2 or A2B

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
65	OPO's region	All remaining candidates, blood type permissible or identical	Any
66	Nation	Registered prior to 18 years old, blood type permissible or identical	Any
67	Nation	Top 20% EPTS, blood type B	A2 or A2B
68	Nation	Top 20% EPTS, blood type permissible or identical	Any
69	Nation	All remaining candidates, blood type permissible or identical	Any

[Subsequent headings affected by the re-numbering of this policy will also be changed as necessary.]

8.6. Double Kidney Allocation

An OPO must offer kidneys individually through one of the allocation sequences in ~~Policies 8.5.K: Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than 85%~~ and ~~8.5.H: Allocation of Kidneys from Deceased Donors with KDPI Scores less than or equal to 20%~~ Policy 8.5: Kidney Allocation Classifications and Rankings before offering both kidneys to a single candidate, unless the OPO reports to the OPTN Contractor prior to allocation that the deceased donor meets *at least two* of the following criteria:

- Age is greater than 60 years
- Estimated creatinine clearance is less than 65 mL/min based upon serum creatinine at admission
- Rising serum creatinine (greater than 2.5 mg/dL) at time of organ recovery
- History of longstanding hypertension or diabetes mellitus
- Glomerulosclerosis greater than 15% and less than 50%

The kidneys will be allocated according to sequence of the deceased donor's KDPI.

8.7 Administrative Rules

8.7.A — ~~Mandatory Sharing~~

~~Kidneys shared as zero mismatches or for candidates with CPRA greater than or equal to 99% in classifications 1 through 10 in allocation sequences in Table 8-5 through 8-8 above must be offered within the following time limits according to Table 8-9 below.~~

~~Table 8-9: Organ Offer Limit~~

If the donor is:	The OPO must make at least this many offers :	Then the OPO must offer the kidneys within this many hours of procurement:
KDPI ≤ 85%	40	8 hours
KDPI > 85%	5	3 hours

8.7.BA Choice of Right versus Left Donor Kidney

If both kidneys from a deceased donor are able to be transplanted, the transplant hospital that received the offer for the candidate with higher priority on the waiting list will get to choose first which of the two kidneys it will receive.

However, when a kidney is offered to a ~~zero~~ 0-ABDR mismatched candidate, a candidate with a CPRA greater than or equal to 99% in classifications 1 through 10 in allocation sequences according to *Tables 8-5 through 8-8* above, or to a combined kidney and non-renal organ candidate, the host OPO determines whether to offer the left or the right kidney.

8.7.CB National Kidney Offers

~~With the exception of zero mismatched kidneys and kidneys shared nationally for 100% CPRA candidates, if a kidney is not placed in the donor hospital's DSA, then the host OPO must contact the Organ Center to assist with national placement.~~

The host OPO must allocate deceased donor kidneys according to *Table 8-9* below.

Table 8-9: National Kidney Offers

If the organ offer is for:	Then the host OPO must:
<u>A national 0-ABDR mismatch candidate</u>	<u>Allocate the kidney or contact the Organ Center for assistance allocating the kidney</u>
<u>A national 100% CPRA candidate in match classifications 1 through 10 in allocation sequences according to <i>Tables 8-5 through 8-8</i></u>	<u>Allocate the kidney or contact the Organ Center for assistance allocating the kidney</u>
<u>Any other national candidates</u>	<u>Contact the Organ Center for assistance allocating the kidney</u>

~~The importing OPO must select any alternate candidates according to *Policy 8.5 Kidney Allocation Classifications and Rankings* if the kidney cannot be transplanted into the original intended candidate.~~

8.7.DC Kidney-Non-renal Multi-Organ Combinations Allocated and but Not Transplanted

~~If a multi-organ combination kidney-non-renal organ that includes a kidney is allocated but the kidney transplant is not performed, the kidney allocated for that transplant must be immediately offered for zero antigen mismatched candidates~~ the kidney must be reallocated according to *Policy 5.9: Released Organs*.