

**OPTN Ethics Committee
Meeting Summary
February 17, 2022
Conference Call**

**Keren Ladin, PhD, Chair
Andrew Flescher, PhD, Vice Chair**

Introduction

The Ethics Committee met via Citrix GoToMeeting teleconference on 02/17/2022 to discuss the following agenda items:

1. Committee Updates
2. Public Comment Presentation: OPTN Kidney and Pancreas Transplantation Committees, *Continuous Distribution of Kidneys and Pancreata – Request for Feedback*
3. Public Comment Presentation: OPTN Kidney Transplantation and Minority Affairs Committees, *Establish OPTN Requirement for Race-Neutral eGFR Calculations*

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

1. Committee Updates

The Committee received an update on the projects they are working on: Transparency in Program Selection memo, Transparency in Program Selection white paper, and Ethical Evaluation of Multiple Listings white paper. Future projects for the Committee are Normothermic Regional Perfusion and Automatic Exclusion of Inmates as Living Donors.

The Ethics Committee will be meeting in person on March 17th in Chicago, and there will be a virtual option for members who are unable to attend in person. Members will receive communication directly from UNOS Meeting Partners about booking their travel. Furthermore, there are six remaining regional meetings for this public comment cycle. Members are encouraged to attend their regional meeting and submit public comment.

Next steps:

Please reach out to UNOS staff with any questions about these updates.

2. Public Comment Presentation: OPTN Kidney and Pancreas Transplantation Committees, *Continuous Distribution of Kidneys and Pancreata – Request for Feedback*

Dr. Silke Neiderhaus, the Immediate Past Chair of the OPTN Pancreas Transplantation Committee, presented the *Continuous Distribution of Kidneys and Pancreata – Request for Feedback* on behalf of the OPTN Kidney and Pancreas Transplantation Committees. Members are asked to participate in the Analytic Hierarchy Process (AHP) Exercise to garner community feedback on how attributes should be weighed against each other in continuous distribution.

Summary of discussion:

A member inquired if this is the same exercise used by the OPTN Lung Transplantation Committee ("Lung Committee") when conducting continuous distribution. The presenter responded that the Lung

Committee utilized the AHP exercise to collect community feedback, but noted that the attributes and weighting are different between the organ types.

A member asked if offer filters will be available in continuous distribution similar to the current allocation system. At this moment, the Kidney-Pancreas (KP) workgroup has not gotten to this point in their discussions but the OPTN Operations and Safety Committee is currently working on an offer filters project.

A member asked if the workgroup considered a safety net for kidney after heart and kidney after lung, similar to the Simultaneous Liver-Kidney (SLK) policy. The presenter noted that the Ad Hoc Multi-Organ Transplantation Committee has a policy proposal out for public comment that addresses eligibility criteria and safety net for these multi-organ combinations. However, the workgroup will discuss how to integrate multi-organ transplants into continuous distribution.

A member noted that the ethical foundations do not change and noted that the ability to achieve them is the responsibility of the clinical practice used. A member added that in order to appropriately evaluate the system, the group needs to consider if the metrics they are using are optimal and if there are barriers to entering the system that would impact the inputs. The presenter noted the importance of these questions and determining a method for evaluation and modification to the system once it is created.

The Chair inquired how the KP workgroup anticipates modeling the impact on racial disparities and other externalities that could negatively affect some vulnerable populations. The presenter noted that it is helpful to receive feedback like this to inform the workgroup of areas they may not have thought of that needs consideration.

3. Public Comment Presentation: OPTN Kidney Transplantation and Minority Affairs Committees, Establish OPTN Requirement for Race-Neutral eGFR Calculations

Dr. Martha Pavlakis, the Chair of the OPTN Kidney Transplantation Committee, presented *Establish OPTN Requirement for Race-Neutral eGFR Calculations* on behalf of the OPTN Kidney Transplantation and Minority Affairs Committees. The Committees developed this policy following a request for feedback during the Summer 2021 public comment cycle.

Summary of discussion:

A member inquired if the Committees considered removing race from the Kidney Donor Profile Index (KDPI). The presenter responded that the sponsoring Committees are interested in removing race from medical formulas where appropriate. A member asked if new calculations will require the inclusion of Cystatin C, noting that many labs do not currently run these tests. The presenter responded that the policy does not dictate which formula transplant centers can use; instead, it just requires the centers to use a formula that does not include race.

A member stated that by allowing variability in the formulas used, it introduces possibility for heterogeneity that can unduly impact access to transplant and recommends being more prescriptive in determining which formulas can or cannot be used by transplant programs. The presenter noted that all of the formulas used to calculate glomerular filtration rate (GFR) are all estimates with some percentage of inaccuracy. Without a perfect formula, the Committees do not feel it is appropriate to require a specific formula.

A member inquired if the group considered the history of including race in GFR formulas and the possibility of reparations. The presenter explained the history and concluded that the decision was made because it was historically believed that part of race being a biological construct, black people had

more muscle mass, therefore impacting their creatinine. The member responded that the Committees ought to do more than just stop the issue, but needs to correct what has occurred.

A member inquired how the new eGFR calculation will be implemented to alter waiting time for patients currently on the waiting list. The presenter noted that the Committees are still discussing this. A member also emphasized the need for clinician education to ensure that race based formulas are completely removed from practice. The presenter noted that the Committee has worked closely with the National Kidney Foundation (NKF) and the American Society of Nephrology (ASN) to share educational materials and conduct outreach to community nephrologists.

Upcoming Meetings

- March 17, 2022
- April 21, 2022
- May 19, 2022
- June 16, 2022

Attendance

- **Committee Members**
 - Aaron Wightman
 - Amy Friedman
 - Andrew Flescher
 - Carrie Thiessen
 - Catherine Vascik
 - Colleen Reed
 - David Bearl
 - Earnest Davis
 - Ehab Saad
 - George Bayliss
 - Glenn Cohen
 - Keren Ladin
 - Lynsey Biondi
 - Melissa Anderson
 - Roshan George
 - Sanjay Kulkarni
 - Sena Wilson-Sheehan
 - Tania Lyons
 - Thao Galvan
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Bryn Thompson
- **UNOS Staff**
 - Cole Fox
 - Joann White
 - Kayla Temple
 - Kelley Poff
 - Kristina Hogan
 - Laura Schmitt
 - Lindsay Larkin
 - Ross Walton
 - Susan Tlusty
- **Other Attendees**
 - Martha Pavlakis
 - Silke Niederhaus