

**OPTN/UNOS Kidney Transplantation Committee
Interim Report to the Board of Directors**

**August 27, 2012
Chicago, Illinois**

**John J. Friedewald, MD, Chair
Richard N. Formica, Jr., Vice Chair**

This report summarizes the discussions had and decisions made by the Kidney Transplantation Committee during its in person meeting on August 27, 2012.

1. Progress to Develop a Revised National Kidney Allocation System

John Friedewald, MD, Committee Chair reviewed recent progress with the Committee regarding its work to propose a revised national kidney allocation system. The Committee voted in May 2012 to circulate for public comment those allocation rules from the Kidney Pancreas Simulated Allocation Model (KPSAM) run N4. UNOS staff had prepared a written proposal based on the allocation rules simulated by the Scientific Registry of Transplant Recipients (SRTR) (Exhibit A). The Committee also reviewed a draft of the presentation to be given at upcoming regional meetings (Exhibit B) and provided feedback.

Mark Aeder, MD, chair of the variance subcommittee, reviewed the transition plans received from LifeGift in Texas and from Region 1. The plans met the transition plan requirements that the Committee developed in February 2012 by proposing a single step that would end with the implementation of a new kidney allocation system. The Committee voted to circulate the transition plans as part of the public comment proposal for the kidney allocation system (25 in favor, 0 opposed, 0 abstentions).

The Committee then reviewed a presentation delivered by Lainie Freedman Ross, MD, and colleagues. Dr. Ross presented a paper detailing a theoretical method for allocating kidneys entitled equal opportunity for fair innings (EOFI). In this approach, kidneys would be allocated based on candidate age. A pre-set number of donated kidneys would be allocated to each age group of candidates. The goal of the system would be to provide an equal chance of getting a kidney for all candidates. Members of the Committee expressed reservations about the approach which did not take into account other factors affecting equality such as access challenges due to geography, blood type, or degree of sensitization.

2. Kidney Paired Donation Pilot Program Update

Richard N. Formica, Jr., MD, Chair of the KPD Working Group updated the Committee on the Group's progress to advance two proposals. The first proposal was to increase matching opportunities in the OPTN KPD Program by allowing bridge donors (a donor who does not have a match identified during the same match run as his paired candidate) in the OPTN KPD Program. Currently, the OPTN KPD Pilot Program requires that donor chains end with a donation to a candidate on the deceased donor waiting list. As a result, donor chains could end when there may be the potential to extend the chain and transplant more candidates. Additionally, many transplant hospitals have expressed a desire for the OPTN KPD Program to include bridge donors. A secondary goal of this proposal is to increase participation in the OPTN KPD Program by providing more options for participating transplant hospitals. These policies are being proposed as new policies in the Proposal to Establish KPD Policy, which is also out for public comment in Spring 2012. The proposed changes would allow potential donors who are

not matched in the same match run as their paired candidates to enter a later match run to find a KPD match rather than donating to the deceased donor waiting list. Public comment support for this proposal was reported to be strong. The Committee voted to send the proposal to the Board of Directors for consideration during its November 2012 meeting (24 in favor, 0 opposed, 0 abstentions). Additionally, the Committee voted to charge the Working Group with finalizing the proposal (23 in favor, 0 opposed, 0 abstentions).

3. Living Donor Policy Proposal

The Committee reviewed comments received on its proposal to clarify the allocation priority assigned to prior living organ donors who later require a kidney transplant. Current policy is unclear as to whether the priority is to be assigned in the event that a prior living donor requires a second or third transplant. This proposal would clarify that the priority is to be assigned with each kidney transplant registration for prior living organ donors. The proposal was supported by all regions and strongly supported from those who submitted public comment feedback. The Committee voted to send the proposal to the Board of Directors for consideration during its November 2012 meeting (23 in favor, 0 opposed, 0 abstentions).

4. Update on the Kidney Donor Profile Index

UNOS Biostatistician, Darren Stewart, MS, provided the Committee with an update on the Kidney Donor Profile Index (KDPI). This metric was made available with every organ offer in Donor Net on March 26, 2012. It is a mathematical formula calculated from the following ten donor characteristics: age, height, weight, ethnicity, history of hypertension, history of diabetes, cause of death, serum creatinine, HCV status, and DCD status. Mr. Stewart reviewed the resources made available to members to assist with the interpretation of KDPI. These included a KDPI calculator, available on line, a guide to calculating and interpreting KDPI, a KDRI to KDPI mapping table, and interactive documentation in DonorNet. Mr. Stewart reported that feedback so far on KDPI has been mixed, with some transplant professionals reporting that additional education is needed to learn how to incorporate this value into clinical decision making. Later this year, the Committee will review an analysis of kidney utilization during the first six months of KDPI versus the six months prior to KDPI implementation.