

# **Meeting Summary**

# OPTN Pediatric Transplantation Committee Meeting Summary March 13, 2024 Conference Call

# Emily Perito, MD, Chair Rachel Engen, MD, Vice Chair

#### Introduction

The OPTN Pediatric Transplantation Committee (The Committee) met via WebEx teleconference on 1/16/2024 to discuss the following agenda items:

- 1. Welcome and Announcements
- 2. Public Comment: Refit KDPI Without Race and HCV

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

#### 1. Welcome and Announcements

The Vice Chair of the Committee welcomed the members to the meeting.

**Summary of discussion:** 

The Committee did not make any decisions.

# 2. Public Comment: Refit Kidney Donor Profile Index Without Race and HCV

The Vice Chair of the OPTN Minority Affairs Committee presented the proposal to remove race and hepatitis C virus (HCV) status from the Kidney Donor Profile Index (KDPI) calculations.

#### Presentation summary:

The purpose of this proposal is to better reflect the likelihood of kidney graft failure, as the current model considers kidneys from African American/Black donors and HCV-positive donors as higher risk and less desirable for transplant. The proposal also seeks to increase utilization of these kidneys, which currently have a higher discard rate due to appearing less suitable based on race and HCV status in the KDPI. The presenter explained that race is a poor proxy for genetic factors that truly impact graft outcomes. And with effective HCV treatments now available, having positive HCV status should not impact projected graft survival.

Contractor staff then presented data comparing the current KDPI model to two updated models - one with just the updated 2018-2021 donor cohort, and one with the updated cohort plus removal of race and HCV. The data showed that updating just the donor cohort shifts more HCV-positive donors into the lower KDPI categories compared to the old model. Removing race/HCV further mediates this shift slightly. By removing race and HCV status, and using a contemporary donor cohort, the proposed new KDPI model aims to remove biases and increase utilization of kidneys from donors who previously appeared higher risk solely due to race or HCV status.

## Summary of discussion:

# The Committee chose to submit a public comment on this item.

The Committee discussed the proposal and provided the following commentary which was entered into the official public comment.

The OPTN Pediatric Committee understands the intentions of this proposal and supports the removal of race from KDPI calculations.

The Committee does have serious concerns regarding the removal of HCV and the impact that action will have on potential kidney donors for pediatric candidates. Pediatric candidates only have priority for kidneys with a KDPI of 0-35%. Under this proposal, the total number of KDPI 0-35% kidneys will not change. The percentage of KDPI 0-35% donor kidneys with HCV will increase from 2.3% to 11.4%, with 7.7% of KDPI 0-35% donor kidneys being HCV NAT positive. The majority of pediatric kidney candidates are not consented for HCV+ kidneys, there is a lack of data on management and outcomes for pediatric candidates who accept HCV positive kidneys, and the medications used to treat HCV are not FDA approved for patients under the age of three years.

This proposal could lead to longer waiting times for pediatric candidates. More work must be done to understand outcomes for pediatric transplant recipients of HCV positive organs, establish pediatric protocols for transplant with HCV positive kidneys, educate providers on use of these organs, and educate parents and families on the risks and benefits of accepting HCV positive kidneys. The creation of education materials for these parents and families is critical. The Committee would ask that safeguards be put in place to ensure the potential donor pool for pediatric candidates will not be negatively impacted by this proposal. This should include monitoring of pediatric kidney transplant rates after any change in KDPI calculation.

#### **Upcoming Meeting**

April 17, 2024; virtual

### **Attendance**

# Committee Members

- Emily Perito
- o Rachel Engen
- o Ryan Fischer
- Danny Ranch
- Gonzalo Wallis
- o Neha Bansal
- o Simon Horslen
- o Carol Wittlieb-Weber
- o Melissa McQueen
- o Katrina Fields
- o Reem Raafat
- o Sonya Kirmani
- o Aaron Wightman
- o Namrata Jain
- o Geoff Kurland

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# HRSA Representatives

- o Marilyn Levi
- o Jim Bowman

# SRTR Staff

- o Avery Cook
- o Jodi Smith

### UNOS Staff

- o Alex Carmack
- o Kaitlin Swanner
- o Betsy Gans
- o Dzhuliyana Handarova
- o Leah Nunez
- Susan Tlusty
- o Jesse Howell
- o Laura Schmitt
- o Kelley Poff
- o Kieran McMahon

### • Other Attendees

- o Oscar Serrano
- o Chloe Douglas