

# Addressing Medically Urgent Candidates in New Kidney Allocation Policy

*OPTN Kidney Transplantation Committee*

# Purpose of the Proposal

- Align policy for medical urgency with Board approved kidney allocation policy
- Define medical urgency for kidney candidates
- Establish appropriate prioritization for kidney allocation for medically urgent kidney candidates

# Proposal

- Standard definition for medical urgency
- New Medically Urgent classification for kidney allocation
- Documentation and oversight

# Proposed Definition for Medical Urgency

First, the candidate has exhausted/contraindicated dialysis access via:

- Vascular access in the upper left **and** right extremity
- Vascular access in the lower left **and** right extremity
- Peritoneal access in the abdomen

**And** the candidate is currently being dialyzed by or has exhausted/contraindicated dialysis access via:

- Transhepatic IVC Catheter
- Translumbar IVC Catheter
- Other (must specify)

# Medically Urgent Classifications

Sequence A KDPI 0 – 20%	Sequence B KDPI 20 – 34%	Sequence C KDPI 35 – 85%	Sequence D KDPI 86 – 100%
<p>100% Highly Sensitized Inside Circle Prior Living Donor Inside Circle Pediatrics <b>Inside Circle Medically Urgent</b> 98% - 99% Highly Sensitized O-ABDRmm Inside Circle Top 20% EPTS O-ABDRmm (All) Inside Circle (All) National Pediatrics National (Top 20%) National (All)</p>	<p>100% Highly Sensitized Inside Circle Prior Living Donor Inside Circle Pediatrics <b>Inside Circle Medically Urgent</b> 98% - 99% Highly Sensitized O-ABDRmm Inside Circle Safety Net Inside Circle (All) National Pediatrics National (All)</p>	<p>100% Highly Sensitized Inside Circle Prior Living Donor <b>Inside Circle Medically Urgent</b> 98% - 99% Highly Sensitized O-ABDRmm Inside Circle Safety Net Inside Circle (All) National (All) Inside Circle (dual) National (dual)</p>	<p>100% Highly Sensitized <b>Inside Circle Medically Urgent</b> 98% - 99% Highly Sensitized O-ABDRmm Inside Circle Safety Net Inside Circle Inside Circle (dual) National National (dual)</p>

# Documentation and Oversight

- Transplant nephrologist and transplant surgeon approval required
- Medically urgent classification applied when data is entered in UNet<sup>SM</sup>
- Documentation must be submitted to OPTN within 7 business days
- Review completed retrospectively by OPTN Kidney Transplantation Committee
- Cases that do not meet definition may be referred to MPSC for review

# Rationale

- Reviewed current available data to estimate the volume of medical urgency cases and review outcomes
  - Estimates likely no higher than 100 cases per year on the highest end of projections
- Reviewed international practices for medically urgent kidney candidates
- Reviewed policies and protocols from various OPOs
- Decisions based on sound medical judgement and clinical experience of committee members

# Feedback from Breakout



# Discussion

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- Standard definition for medical urgency
  - Exhaustion of vascular access in upper and lower left and right extremities, AND
  - Exhaustion of peritoneal access in the abdomen, AND
  - Currently being dialyzed via translumbar or transhepatic IVC catheter
  - Contraindications may apply
- New Medically Urgent classification for kidney allocation
- Documentation and oversight

# Extra slides