

**OPTN Kidney Committee
Meeting Summary
December 18, 2023
Conference Call**

**Jim Kim, MD Chair
Arpita Basu, MD, Vice Chair**

Introduction

The OPTN Kidney Committee met via Webex teleconference on 12/18/2023 to discuss the following agenda items:

1. Recap: Discussions on Non-Use
2. Investigating Non-Use: Developing Research Questions
3. Open Forum

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

1. Recap: Discussions on Non-Use

Staff provided an overview of the Committee's past discussions on the non-use of kidneys.

Summary of discussion:

Staff summarized previous Committee discussions on non-use, including the OPTN Board of Director's resolution to shift expand efficiency considerations in Kidney Continuous Distribution. The Committee has been discussing how to best define "hard to place" kidneys. Members felt that there needed to be greater emphasis on exploring various factors, including medical history, biopsy, and anatomical issues, as well as considering different perspectives of surgeons and programs.

2. Investigating Non-Use: Developing Research Questions

The Committee discussed areas of research needed to inform their policy development.

Summary of discussion:

A member introduced a concept currently being explored by the OPTN Task Force - aligning patient profiles and their risk tolerance with the organ's risk profile. The Committee acknowledged the importance of understanding patients' preferences and willingness to accept organs with specific risk profiles, specifically willingness to accept higher Kidney Donor Profile Index (KDPI) kidneys with shorter expected graft longevity in order to end reliance on dialysis sooner. Data regarding patient preferences and risk tolerance is not currently captured.

The Committee discussed the need to differentiate between the rates of non-use in kidneys with a KDPI of 35 to 85 percent, and those kidneys with KDPI 86-100 percent. There was general agreement to explore factors contributing to non-use within this KDPI range, emphasizing the importance of considering patients' perspectives and risk tolerance in the decision-making process.

A member highlighted the need for patient education in shared decision-making. Various members highlighted the difficulty in having detailed discussions due to regulatory requirements and varying patient education levels. The member emphasized the importance of educating patients on the nuances

of organ acceptance. Several members acknowledged the need to educate patients proactively rather than during urgent offer calls, addressing the challenges of varying patient education levels. This will enable patients to make informed decisions when confronted with a time-sensitive offer. The Committee also recognized that organ allocation must be focused on finding the most appropriate candidate for the donor organ. One member noted that while Organ Procurement Organizations (OPOs) are working to increase the number of recovered and transplanted organs, it is transplant programs that must transplant these organs and ensure their function.

A member suggested the further research regarding informing patients about offers not accepted on their behalf and the outcomes of those kidneys. The member felt that informing patients of the offers declined would expand the conversation of non-use to patients more easily. This would also allow the exploration of patient perspectives on declined offers and potential changes in communication strategies.

A member also proposed reviewing transportation to understand the impact of overcoming transportation logistics challenges. The member noted that there was potential to identify many areas for improvement, with a suggestion to start at the regional level, as this level is where transportation availability begins to vary.

Another member noted that patients are sometimes not involved in the decision-making process because of center-specific rejection criteria that automatically refuse organ offers. The member suggested reviewing available data regarding centers' filters for kidney offers, to better understand variations in center acceptance practices, including regarding travel distances.

One member emphasized the important of time in allocation, noting that delays in receiving offers and other logistical challenges impact cold ischemic time. The member recommended centralization of transportation to reduce non-use due to transportation unavailability. The member also considered that the structure and order of allocation may influence allocation efficiency and impact utilization.

One member recommend evaluating how many organs would have been transplanted if transportation had been available, to determine the absolute number of organs that are not transplanted due to valid medical and viability concerns. One member suggested trying to group kidneys that are not used into categories to identify specific areas to address within the Committee.

A member asked if there was enough transportation data to evaluate transportation efficiency. Staff replied that there was limited data available, and, while it may not be enough for a full analysis, there were likely some insights that could be gained. One member suggested evaluating refusal reasons for cold time to understand see how many programs are refusing based on anticipated cold time on arrival versus existing cold time on the organ at offer.

A member proposed exploring the possibilities for real-time tracking and comprehensive analysis of organ data to optimize utilization. They felt that discussing refusal reasons with a small set of programs after receiving and refusing an offer may lead to more insights than what the refusal code data would reveal. A second member agreed that a similar process could occur when reviewing the role of biopsies in decision-making, considering challenges related to accuracy and regional differences. The member remarked that there should be greater standardization in biopsy criteria across programs and suggested the possibility of establishing regional "centers of excellence" for reliable pathology readings. The Committee agreed on the need for standardization in transplantation processes, especially in areas such as biopsy reads. Members also noted the need for improved data regarding offer decision making, and that this would support any future analysis exploring alternate pathways for organ utilization. The Committee acknowledged that aspects of longevity, organ mass and recipient matching, and placement

efficiency need to be approached cautiously to ensure that the system does not become demonstrably less equitable.

Next steps:

Staff will summarize the research questions proposed and being a literature review.

Upcoming Meeting

- January 19, 2024

Attendance

- **Committee Members**
 - Jim Kim
 - Arpita Basu
 - George Surratt
 - Jesse Cox
 - Patrick Gee
 - Steve Almond
 - John Lunz
 - Jon Miller
 - Dave Weimer
 - Reza Saidi
 - Jodi Smith
 - Sommer Gentry
 - Curtis Warfield
 - Carrie Jadlowiec
 - Marian Charlton
 - Martha Pavlakis
 - Namrata Jain
 - Eloise Salmon
 - Sanjeev Akkina
 - Jason Rolls
- **HRSA Representatives**
 - Marilyn Levi
 - Jim Bowman
 - Bryn Thompson
- **SRTR Staff**
 - Ajay Israni
 - Grace Lyden
- **UNOS Staff**
 - Kayla Temple
 - Keighly
 - Kaitlin Swanner
 - Houlder Hudgins
 - Rebecca Fitz Marino
 - Thomas Dolan
 - Carlos Martinez
 - Ross Walton
 - Lauren Motley
 - James Alcorn