

Refit Kidney Donor Profile Index without Race and Hepatitis C Virus

OPTN Minority Affairs Committee

Purpose of Proposal

- The purpose of this proposal is to remove race and Hepatitis C (HCV) from the Kidney Donor Profile Index (KDPI)
- Better reflect the likelihood of graft failure for kidneys from African American/Black and HCV positive deceased donors

Proposal

- Refit the Kidney Donor Risk Index (KDRI) model without race and HCV and re-mapping it to the KDPI
- The KDPI is a measure that combines deceased donor factors to summarize the quality of deceased donor kidneys into a single number
 - Transplant professionals use the KDPI to help them make informed decisions about donor organ suitability for their candidates
 - The KDRI is an estimate of the relative risk of post-transplant kidney graft failure and is translated into a KDPI percentile from 0-100% for the purposes of OPTN allocation
 - Lower KDPI scores are associated with longer estimated function, while higher KDPI scores are associated with shorter estimated function

Rationale

- Race and HCV variables equivocally increases the KDPI of kidneys from African American/Black and HCV positive deceased donors
- Race
 - Race is a poor proxy for human genetic variation because it is a social construct that lacks biological meaning
 - Excluding race from the KDPI has no impact on the calculation's predictive ability
 - It is postulated that is not race, but the presence of APOL1 gene 1 and gene 2 that confers a worst kidney allograft outcome
- HCV
 - In 2014, direct-acting antivirals (DAAs) revolutionized HCV management as they can be taken orally, usually have few side effects, and are extremely effective
 - HCV positive donor kidneys transplanted into HCV negative recipients show excellent function at 12 months post-transplant

Member Actions

- Kidney transplant programs and OPOs will need to be familiar with changes to the OPTN KDPI calculator

What do you think?

- Do community members support the removal of race and HCV variables from the KDPI calculation?
- Do transplant professionals believe this policy change will impact acceptance behavior when using KDPI to assess deceased donor kidneys for transplant?
- Do patients and donor families support the proposed solution?

FAQs

- Would the changes proposed by this policy alter the scale of KDPI?
- How would the proposed changes impact deceased donor kidney offers?
- How would the proposed policy changes impact equity?

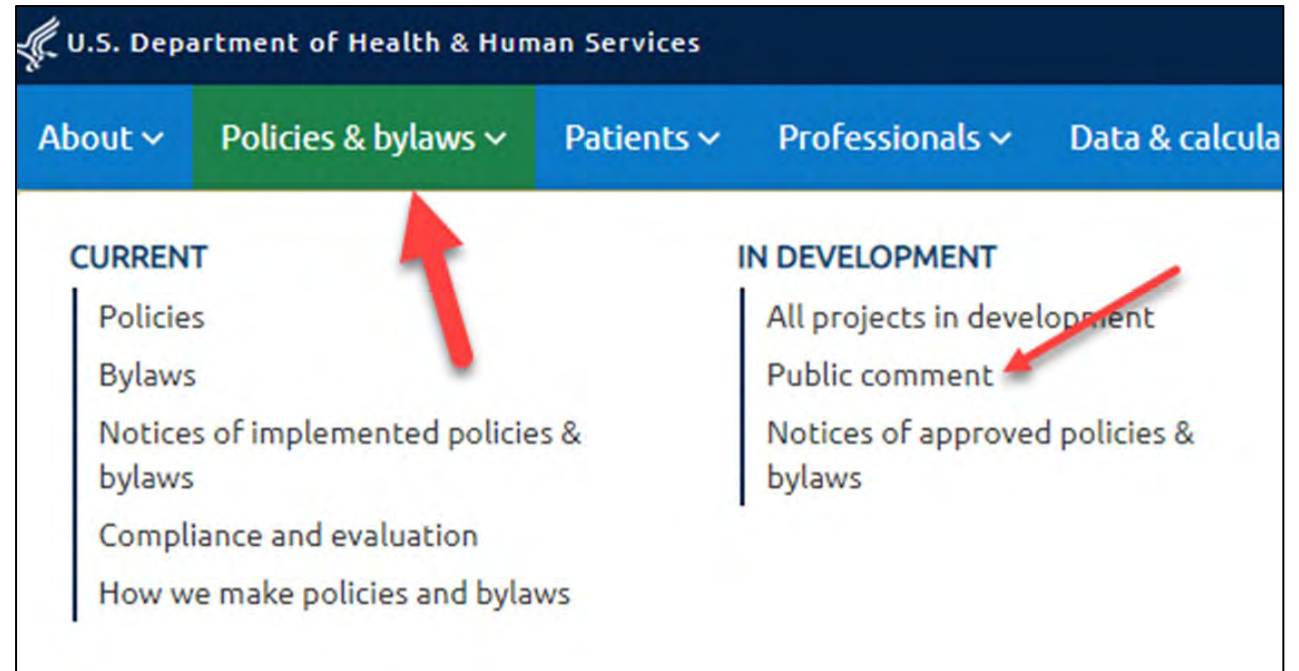
Additional Questions?

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Provide Feedback

Submit public comments on the OPTN website:

- January 23, 2024- March 19, 2024
- **optn.transplant.hrsa.gov**



Regional Meeting Information

- Visit <https://optn.transplant.hrsa.gov/about/regions/regional-meetings/> for the latest regional meeting information and meeting materials

The screenshot shows the top navigation bar of the OPTN website with links for About, Policies & bylaws, Patients, Professionals, Data & calculators, and News & events. Below the navigation bar is the header 'Organ Procurement and Transplantation Network'. The main content area features a large blue banner with the title 'Regional meetings'. Below the banner is a breadcrumb trail: Home » About » Regions » Regional meetings. On the left side, there is a vertical menu with three items: 'WHAT IS THE OPTN', 'OPTN MEMBERSHIP', and 'GOVERNANCE', each with a downward arrow. The main text area contains the heading 'Regional Meetings' in green, followed by a paragraph: 'Regional meetings are held twice each year during the winter and summer public comment periods. Regional meetings are an opportunity to influence policy proposals, prepare for upcoming changes, and hear perspectives from the transplant community about improvements to organ allocation.' Below this paragraph is a link: 'Here's [what you can expect](#) at regional meetings. New to the public comment process? [Learn more here.](#)'

Thank You For Listening!