

OPTN/UNOS Kidney Transplantation Committee
Meeting Summary
March 21, 2016
Conference Call

Dr. Mark Aeder, Chair
Dr. Nicole Turgeon, Vice Chair

Discussions of the full committee on March 21, 2016 are summarized below. All committee meeting summaries are available at <http://optn.transplant.hrsa.gov/>.

Committee Projects

1. Simultaneous Liver-Kidney Allocation

The intent of the SLK project is to provide medical eligibility criteria to allocate a kidney with a liver from the same donor, provide clear SLK allocation rules for OPOs, and create a “safety net” for liver recipients who are dialysis dependent or have significant kidney dysfunction within a year of their liver transplant. In December 2016, the Committee voted to recommend distributing a revised SLK proposal for a second round of public comment beginning in January 2016. During the March call, the Committee reviewed public comment feedback received to date.

With the exception of Region 7, all OPTN regions voted to support the proposal. Members in Region 7 expressed the view that OPOs should be required to allocate liver-kidneys to all regional candidates regardless of their MELD score.

Early, informal feedback from the American Society of Transplantation (AST) and the American Society of Transplant Surgeons (ASTS) suggests support. However, official comments have not been submitted to the OPTN public comment website. The American Urological Association supports the proposal. The proposal has also been presented to several OPTN/UNOS committees, almost all of which have expressed support. The Pancreas Committee continues to express concern about the impact of the new rules on kidney-pancreas allocation.

To date, there are two comment themes for the SLK proposal. Region 9 and informal feedback from ASTS suggested reducing the eligibility timeline for sustained acute kidney injury from six weeks to four weeks of dialysis or GFR ≤ 25 . They also suggested including a safety net match classification in sequence A of KAS which is for kidneys with a KDPI less than or equal to 20%.

Several members of the Committee commented that the majority of public comment was favorable and major post-public comment changes are likely unwarranted. Public comment ends March 25, 2016 and the SLK Working Group will meet March 29, 2016 to discuss the comments. Members of the SLK working group will then perform outreach to ASTS and members of the OPTN/UNOS Board of Directors. The Kidney Committee will review and vote on final recommendations on April 18, 2016.

2. Kidney Allocation System (KAS) Clarifications & Clean Up

KAS was implemented on December 4, 2014. Since that time, the Committee and UNOS staff have identified several clarifications that are needed in the policy language. During the March call, the Committee reviewed public comment feedback received to date.

Regions 1, 4, 6, and 8, the Membership and Professional Standards Committee, the Transplant Administrators Committee (TAC), and the Transplant Coordinators Committee (TCC) all support obtaining informed consent for multi-organ candidates prior to receiving organ offers for kidneys with a KDPI greater than 85%. Regions 3 and 7 support obtaining this consent, but would like to change the timeframe for obtaining this consent. Region 3 would like it changed to prior to transplant. Region 7 believes transplant programs should have the ability to decide on time of consent. Regions 2, 5, 9, 10, and 11 do not think this requirement should apply to multi-organ candidates.

The removal of the mandatory sharing policy has been approved by 7 of the regions, TAC, and TCC. However, Regions 6 and 10 do not support this change (although, a committee member noted that the primary reason region 10 voted against the proposal was due to the informed consent requirement, not the removal of the mandatory share policy). Region 2 was split 12-12-9. Most of the concerns about the changes to this policy have been the potential to increase the discard rate and cold ischemic time. Region 7 did not approve this change, but suggest retaining the mandatory sharing policy only for the kidneys with a KDPI greater than 85% which requires the OPO to make at least 5 offers within 3 hours of procurement before using a local bypass code. Region 7 supported eliminating the mandatory sharing policy for kidneys with a KDPI less than or equal to 85%.

All other proposed changes have been generally supported by the regions.

Public comment ends on March 25, 2016. The KAS Subcommittee will review the public comment feedback on March 31, 2016. The Kidney Committee will review and vote on final recommendations on April 18, 2016.

Review of Public Comment Proposals

3. Improving Post-Transplant Communication of New Donor Information

The Kidney Committee generally supports this proposal. A committee member asked how the OPO will document that the transplant center received and reviewed the information on donor-derived diseases. This committee member believes that there needs to be standardization among the OPOs and transplant centers for compliance purposes.

4. Modifications to the Open Variance for the Recovery and Transplantation of Organs from HIV Positive Donors

The Kidney Committee generally supports this proposal.

Upcoming Meetings

- April 18, 2016
- May 16, 2016
- June 20, 2016