OPTN/UNOS Kidney Transplantation Committee
Meeting Summary
January 26, 2015
Conference Call

Richard Formica, MD (Chair)
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Discussions of the full committee on January 26, 2015 are summarized below and will be reflected in the committee's next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at http://optn.transplant.hrsa.gov.

Committee Projects

1. Simultaneous Liver Kidney (SLK Project)

The Committee reviewed recommendations from the SLK working group for new SLK allocation policies. The Committee weighed in on the following recommended medical eligibility criteria for SLK transplantation:

The candidate's transplant nephrologist must confirm a diagnosis of:	**And the transplant program must documents in the candidate's medical record:**
Chronic kidney disease (CKD)	*One* of the following: 1. That the candidate has begun regularly administered dialysis as an end-stage renal disease (ESRD) patient in a hospital based, independent non-hospital based, or home setting. 2. That the candidate has a measured or calculated creatinine clearance (CrCl) or glomerular filtration rate (GFR) less than or equal to 35 mL/min.

The candidate's transplant nephrologist must confirm a diagnosis of:	**And the transplant program must documents in the candidate's medical record:**
Sustained acute kidney failure	*One* of the following: 1. That the candidate has been on dialysis for at least 6 consecutive weeks. 2. That the candidate has a measured or calculated CrCl or GFR less than or equal to 25 mL/min for at least 6 consecutive weeks and this is documented in the candidate's medical record every 7 days beginning with the date of the first test with this value. 3. That the candidate has any combination of #1 and #2 above for six consecutive weeks.
Metabolic disease	An additional diagnosis of *one* of the following: 1. Hyperoxaluria 2. Atypical HUS from mutations in factor H and possibly factor I 3. Familial non-neuropathic systemic amyloid 4. Methylmalonic aciduria

In general, the Committee agreed with these medical criteria. They did, however, request that the working group make it clear that there was no specified method for calculating GFR (only an 'estimated' GFR).

The Committee also reviewed the working group's recommended changes that would provide some additional priority on the kidney waiting list for liver recipients with post-operative dialysis dependency and significant kidney dysfunction. Under the recommendations, the additional priority would be reserved for liver recipients who are on the kidney waiting list in the period between 2-12 months after their liver transplant and meet one of the following criteria:

1. the candidate has begun dialysis for ESRD
2. the candidate has a GFR at or below 20 mL/min)

Priority would be limited to certain categories of kidneys and only apply after the match run determined there were no highly sensitized or local pediatric candidates that match with the donor.

The Committee agreed with this approach and will be presenting these recommendations to the regions for pre-public comment feedback.

Implemented Committee Projects

2. Revised Kidney Allocation System (KAS)

The Committee briefly discussed the plan for monitoring data elements around the new kidney allocation system, which was implemented through IT programming on December 4, 2014. The Committee has formed a post-implementation subcommittee to monitor the data on a regular basis and discuss feedback from the transplant community.

Upcoming Meetings

- February 23, 2015
- March 9, 2015
- April 13, 2015