

OPTN/UNOS Kidney Transplantation Committee
Meeting Summary
August 17, 2015
Conference Call

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

Discussions of the full committee on August 17, 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/> .

Review of Public Comment Proposals

1. Proposal to Update HLA Equivalency Tables

Dr. Dolly Tyan, Histocompatibility Committee Chair, presented the proposal to the Kidney Transplantation Committee (the Committee). The Committee supports this proposal. Members believe that using as much specificity of HLA as possible promotes equitable use of all organs. The Committee believes that the proposal is an important step to try to decrease the kidney discard rate. During the presentation, committee members asked the following questions:

- Is there an issue with lab expertise for those labs listing broad antigens? The Histocompatibility Committee Chair believed that either the labs are not using molecular typing or the labs do not want to define the antigen subtype.
- Does this proposal move the community closer to virtual crossmatch in terms of reducing cold ischemia times? The Histocompatibility Committee Chair believed that this was the path to get to virtual crossmatch. The updated equivalency tables create an increased potential for reliable virtual crossmatches and reduced cold ischemia times.

2. Proposal to Establish Pediatric Training and Experience Requirements in the Bylaws

Dr. Eileen Brewer, Pediatric Transplantation Committee Chair (Pediatric Committee), presented the proposal to the Kidney Transplantation Committee (the Committee). The Committee supports this proposal. Committee members supported the changes from the previous proposal, specifically noting that this proposal seemed to address the previous objections from transplant surgeons. During the presentation, committee members asked the following questions:

- Are there any volumes associated with currency? The Pediatric Committee Chair said that the proposal does not include any volumes with currency, but key personnel are required to be involved in a pediatric transplant within the last two years. Current bylaws says "involvement" but does not specify how many cases in the last two years. The Pediatric Committee felt it should use the currency as stated in the bylaws rather than to have two competing currency proposals.
- Are there any criteria for individual programs? The Pediatric Committee Chair confirmed that as long as the transplant program keeps its staff current the number of transplants within the program does not count.
- Is there any mechanism for transplant programs that want to perform transplants on older teenagers (i.e. 16 or 17 year olds) but don't want to have a pediatric

program? The Pediatric Committee Chair explained that patients under the age of 18 are by law pediatrics. Additionally, a teenager still needs access to pediatric services outside the surgery itself including pre-transplant evaluation and post-transplant course. If a program has a high volume of teenagers, then it could partner with a pediatric physician to include a pediatric component in the program. A pediatric surgeon (or first assist) must perform three transplants in patients less than six years old.

Other Significant Items

3. Scientific Registry of Transplant Recipients (SRTR) Presentation

Representatives from the SRTR gave a presentation on SRTR operations and how SRTR works in conjunction with the Committee. During the presentation, committee members asked the following questions:

- What is the lag time between the end of a year and when the data becomes available through an annual report? SRTR responded that there is about a year of lag time. As of this presentation, the 2013 annual report is the most current. For program specific reports (PSRs) and OSRs, the lag time is about six months. The lag time is dependent on which outcomes are being analyzed.
- Can the raw data be released sooner? SRTR noted that this is typically not possible because all the figures and data must be approved by HRSA before making it available on the public website. However, if there is a specific data point or a simple data request, then SRTR may be able to assist on a more current basis.
- Specific to the PSR, are there any ongoing efforts to address the relatively low C statistics in predicting outcomes for patient and graft survival? The SRTR has just gone through a long process of rolling out new models by reviewing every data element that was thought appropriate to use. The SRTR asked the Committee to provide guidance of the elements that are important for building better kidney models which has created better kidney models. The best, most likely, path in order to make the models work any better is to improve and possibly expand the data collection on the OPTN side. The SRTR would favor working with the Committee to identify better ways to collect data elements, writing better guidance, or talking with the Data Advisory Committee in order to improve data collection to better support the data models and data analysis to support policymaking by the OPTN.
- What is the status on PSRs for multi-organ? The Committee had previously discussed with SRTR when liver and kidney would be added to the PSRs. The SRTR is looking into providing basic summaries of program activity of outcomes, but has not built risk-adjustment models for multi-organ outcomes yet. SRTR is working on this effort but does not have an expected date for completion.

Upcoming Meetings

- September 21, 2015
- October 26, 2015
- November 16, 2015
- December 21, 2015