

OPTN/UNOS Kidney Transplantation Committee
Meeting Summary
September 21, 2015
Conference Call

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

Discussions of the full committee on September 21, 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/>.

Implemented Committee Projects

1. Kidney Allocation System (KAS)

Darren Stewart, MS, Senior Research Scientist, presented data from a six-month comprehensive analysis that was performed for the Kidney Transplantation Committee (the Committee). This data compares an 18-month pre-KAS period (June 2013 – December 4, 2014) to a post-KAS period from implementation through May 2015. The Committee reviewed data on:

- longevity matching
- distribution of transplants by recipient age, race/ethnicity, gender, and CPRA
- transplants to blood type B patients coming from subtype A₂ or A₂B donors
- proportion of transplants for patients with 5, 10, or 10+ years on dialysis
- number of pre-emptive transplants
- transplants for 0-ABDR mismatches
- regional and national sharing
- donation and discard rates
- cold ischemia times
- delayed graft function rates
- acceptance rates

Based on this data, KAS is meeting several key goals including increasing transplants for highly sensitized patients and increasing access for African-Americans and those that had delayed referral for transplantation and long dialysis time. Longevity mismatches have decreased. Although there has been an increase in transplants to blood type B patients coming from subtype A₂ or A₂B donors, there is room for growth. Transplant volume has increased, but discard rates have also increased. However, cold ischemia time and delayed graft function rates have increased.

Committee members had the following comments and questions based on this presentation:

A committee member noted that it would be interesting to compare the SRTR modeling to the results.

A committee member asked about the percentage of 99-100% CPRA candidates that are re-transplant recipients. The data shows that transplants to re-transplant patients are up, but further analysis is needed to answer that question.

The data presentation noted that acceptance rates for 0-ABDR mismatches have decreased. Committee members discussed whether differences in patient education and acceptance practices could be causing this decrease.

The data presentation noted an increase in the KPDI kidneys over 85% going to patients under age 50 (8.4% pre-KAS, 10% post-KAS). Committee members asked for additional analysis on the types of patients who are receiving the high KDPI kidneys in the under 50 age group.

A committee member asked for more analysis on the discard rate for kidneys accepted locally vs. regionally.

A committee member asked if there was any way to quantify the benefit of fewer longevity mismatches. One goal of longevity matching is to reduce the need for re-transplants because those patients expected to need a kidney long or are getting kidneys that are lasting longer. Another data point is to analyze cases of death with graft function. This analysis would have to be performed once sufficient data is available as it may be years before a patient that received a kidney post-KAS would need a re-transplant.

Review of Public Comment Proposals

2. Requirements for Therapeutic Organ Donation

Dr. Krista Lentine, Living Donor Committee Vice Chair, presented the proposal to the Kidney Transplantation Committee (the Committee). The Committee supports this proposal. During the presentation, committee members asked the following question:

- In reference to therapeutic donors, does this proposal primarily pertain to kidneys? The Living Donor Committee Vice Chair responded that the proposal pertains to all organs. The proposal began with domino donors, which are predominately liver and some heart donors as well. However, for non-domino therapeutic donors, there are some renal-specific examples as well. Patients with renal cell carcinomas where a back table incision could be performed or patients with ureteral trauma. The Living Donor Committee did not design this proposal to create new types of organ donors. This proposal was designed in response to member feedback to what is happening in practice.
- A committee member also voiced a concern about the possibility of coercion citing an example of a patient's desire to have her kidney removed because of significant loin pain and hematuria. The Living Donor Vice Chair agreed with the committee member's example, but did not foresee this policy being applicable in many cases. The standard of care for a patient with loin pain hematuria would be autotransplantation. There some cases reported in literature where a pelvic kidney where autotransplantation would not be appropriate for that patient because transplanting back into the pelvis was the area causing pain.

3. Revise Data Release Policies

Dr. Stuart Sweet presented this proposal to the Committee. The Committee expressed support for this proposal. During the presentation, a committee member asked the following question: What defines a reasonable request for data?

Upcoming Meetings

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