

**OPTN Kidney Transplantation Committee
Expedited Placement Workgroup
Meeting Summary
January 13, 2025
Conference Call**

Chandrasekar Santhanakrishnan, MD, Chair

Introduction

The OPTN Kidney Transplantation Committee’s Expedited Placement Workgroup (the Workgroup) met via WebEx teleconference on 01/13/2025 to discuss the following agenda items:

1. Welcome & Introduction
2. Project Planning and Discussion
3. Expedited Placement Programming Options
4. Discussion: Expedited Placement Programming and Process
5. Discussion: Initiation Criteria

The following is a summary of the Workgroup’s discussions.

1. Welcome & Introduction

The Chair welcomed the members to the meeting and reiterated the workgroup’s goal of developing an expedited placement policy for consideration by the Kidney Committee and Board of Directors. The focus of this meeting is process workflow.

Summary of discussion:

No decisions were made.

There were no questions or comments.

2. Project Planning and Discussion

The Workgroup reviewed the project timeline. The Workgroup is expected to meet at least once a month to recommend a policy proposal to the Kidney Committee in time for the summer 2025 public comment period. The workflow must consider how to efficiently place the kidneys without sending too many offers. The workgroup will also consider how this framework should be applied to dual kidney allocation in the future.

Summary of discussion:

No decisions were made.

There were no questions or comments.

3. Expedited Placement Programming Options

The Workgroup reviewed the process map developed to date. Key components of the process include:

- A different method for offering and evaluating kidneys to expedite placement

- Candidate selection and submission: Programs may submit up to 3 candidates for whom they would accept the offer
- An approach informed by data like transplant program history of acceptance as well as initial match run order to maintain equity
 - Prioritization of offers using the original match run: The highest ranked candidate submitted for the expedited offer will receive the kidney
- Higher expectations for transplant programs and organ procurement organizations (OPOs) regarding donor information sharing, virtual crossmatch, etc.
 - Simultaneous offer evaluation: Transplant programs receiving expedited placement offers will have the same 60 minutes from final organ information posted to designate and submit candidates

Summary of discussion:

No decisions were made.

The Chair asked if the Workgroup had established a limit on the number of simultaneous offers that should go out when the OPO is switching to expedited placement. Staff noted that the Workgroup will still need to consider that and some of the programming options may inform the approach. The Chair suggested that instead of determining the number of programs who should receive offers, it may be appropriate to continue using the nautical mile (nm) circles in the current kidney allocation policy. A member suggested a two-tier offering system, where the OPO is offering to the highest priority candidates within the 250 nm circle, and then expanding outside of the 250 nm circle if the kidneys have not been placed. For young donors with high creatinine, the member recommended that OPOs provide a historic creatinine value or pathology slides so that transplant programs can better assess the kidneys and OPOs can place those kidneys faster. The Chair said that information would be helpful for any donor needing a kidney biopsy, not just younger donors with high creatinine.

4. Discussion: Expedited Placement Programming and Process

The Workgroup reviewed decisions made at the previous meeting regarding programming options for expanded notification and candidate opt-in.

The Workgroup reviewed and discussed additional programming options:

- Offer Filters modification
- Transplant program qualification
- Waiting time inversion

Summary of discussion:

Decision #1: The Workgroup determined that candidate registrations should default to opt-out for expedited offers so that it is a deliberate decision to opt in a candidate for these offers.

Decision #2: The Workgroup supported using screening in OPTN Waiting List for expedited placement pathways rather than adding more Offer Filter criteria.

Decision #3: The Workgroup supported applying Offer Filters over existing Provisional Yes entries when an OPO switches to expedited placement of kidneys but highlighted the importance of notifying transplant programs if their “provisional yes” entry/entries switch to being bypassed by Offer Filters.

Decision #4: The Workgroup supported implementing transplant program qualification criteria for receiving expedited placement offers via the Offer Filters model. The Workgroup emphasized the importance of ensuring that transplant programs understand how this will work.

Decision #5: The Workgroup recommended omitting waiting time inversion from the expedited placement policy at this time.

Offer Filters modification

OPTN contractor staff asked if the Workgroup supported applying Offer Filters over existing “provisional yes” responses submitted by transplant programs on the match run. The Chair asked how that change would be initiated. OPTN contractor staff explained that Offer Filters are applied again every time an OPO sends a round of electronic notifications, but they do not currently change “provisional yes” entries. With this approach, the OPO would switch to expedited placement based on the criteria established by the Workgroup. Once the OPO sends additional electronic notifications, Offer Filters would be applied again on the match both to candidates with no response entered, and to candidates with a “provisional yes” entered. Workgroup members emphasized the importance of notifying transplant programs when an OPO is switching to expedited placement for a donor, particularly if a transplant program who previously entered a “provisional yes” is subsequently bypassed as the Offer Filters are applied again.

Transplant program qualification

The Workgroup considered whether to add transplant program qualification criteria for receiving expedited placement offers via the Offer Filters model. The plan would be to train the Offer Filters model using the hard-to-place definition to identify qualifying transplant programs based on acceptance behavior. A member asked if there would be a mechanism for transplant programs to expand their acceptance criteria. OPTN contractor staff explained that the Workgroup could define some margins for transplant program qualification so that transplant programs could consider taking some kidneys that they have not accepted previously. The member said it would need to be clear to transplant programs how this is determined so they understand when they will be bypassed, and when they will have an opportunity to accept kidneys they have not historically accepted. A member noted this seems like an appropriate case for mandating Offer Filters. OPO representatives on the workgroup supported this approach.

Waiting time inversion

The Workgroup considered whether candidates with less waiting time should receive more priority for expedited offers, since these candidates with less time on dialysis may have better transplant outcomes with more medically complex kidneys. The Chair suggested that transplant surgeons practice this to some extent already when they consider who would be a good fit for kidneys at risk of non-use. The Chair suggested that the challenge will be gaining community buy-in on a standardized approach for handling this. A member agreed, and suggested tying waiting time inversion to an estimated post-transplant survival (EPTS) score to emphasize that the goal is to transplant candidates who need to receive a kidney before they are expected to make it to the top of the list. The members agreed this should be considered but expect that it would require more consensus building than is feasible within the proposed timeline for this project.

5. Discussion: Initiation Criteria

The Workgroup reviewed the Kidney Committee’s proposed definition of “hard to place” kidneys and discussed how to apply the “hard to place” definition as initiation criteria for expedited placement of kidneys.

Data summary:

- “Hard to place” kidneys meet at least three of the following criteria:
 - Donor history of hypertension >5 years
 - Donor history of diabetes >5 years
 - Donor age > 60 years
 - Donation after circulatory death (DCD)
 - Biopsy with glomerulosclerosis >10%
 - Donor use of chronic renal replacement therapy (CRRT)
- The Kidney Committee requested feedback on whether the definition should only require two criteria to be met instead of three
 - In 2023, approximately 10.9% of donors met 3 or more criteria, with a non-use rate greater than 70.9%
 - In 2023, approximately 26.8% of donors met 2 or more criteria, with a non-use rate greater than 53.3%

Summary of discussion:

Decision #1: The Workgroup recommended modifying the definition to require the donor to meet two rather than three of the clinical criteria for use as initiation criteria for expedited placement. The Workgroup also recommended using a cold ischemic time threshold of six hours as initiation criteria for expedited placement.

A member supported requiring a donor to meet only two criteria rather than three out of concern that three criteria would exclude too many kidneys that are hard to place. The Chair agreed that three criteria may be too fine of a filter and supported requiring a donor to meet only two criteria. The members agreed that only meeting one criterion would be too broad and would allow too many donor kidneys to be eligible for expedited placement. The Chair said that using this definition will help to ensure that kidneys meeting these criteria will be placed with the transplant programs who will transplant them. A member noted that the six-hour cold ischemic time threshold would apply as well, so some kidneys from donors that do not meet at least two criteria, but are proving to be harder to place based on the time the OPO spends attempting to place the kidneys, would still be eligible for expedited placement.

Next steps:

OPTN contractor staff will schedule additional meetings for the Workgroup to continue developing the expedited placement policy as outlined in the project timeline.

Upcoming Meetings

- To be determined

Attendance

- **Workgroup Members**
 - Chandrasekar Santhanakrishnan, Chair
 - Leigh Ann Burgess
 - Micah Davis
 - Anja DiCesaro
 - Jason Rolls
- **SRTR Staff**
 - Bryn Thompson
- **UNOS Staff**
 - Asma Ali
 - Keighly Bradbrook
 - Sarah Booker
 - Thomas Dolan
 - Rebecca Fitz Marino
 - Houlder Hudgins
 - Lauren Motley
 - Kaitlin Swanner
 - Kayla Temple
 - Ben Wolford