

**OPTN/UNOS Kidney Transplantation Committee  
Meeting Summary  
December 19, 2016  
Conference Call**

**Mark Aeder, MD, FACS Chair  
Nicole Turgeon, MD, FACS, Vice Chair**

*Discussions of the full committee on Dec. 19, 2016 are summarized below. All committee meeting summaries are available at <https://optn.transplant.hrsa.gov>.*

## **Introduction**

The OPTN Kidney Transplantation Committee met via teleconference on 12/19/2016 to discuss the following agenda items:

1. Double Kidney Workgroup Concept Paper
2. December Board of Directors meeting update

The following is a summary of the Committee's discussions.

## **Committee Projects**

### **1. Double Kidney Workgroup Concept Paper Update**

UNOS staff provided an update on the Double Kidney project. The Workgroup has opted to post a Concept Paper to solicit public feedback on three potential policy solutions. The Concept Paper will be posted in tandem with the formal spring public comment period (January-March 2017). After public comment has closed, the Workgroup will review feedback and draft a final proposal for the fall public comment period with the goal of Board review and approval in December 2017.

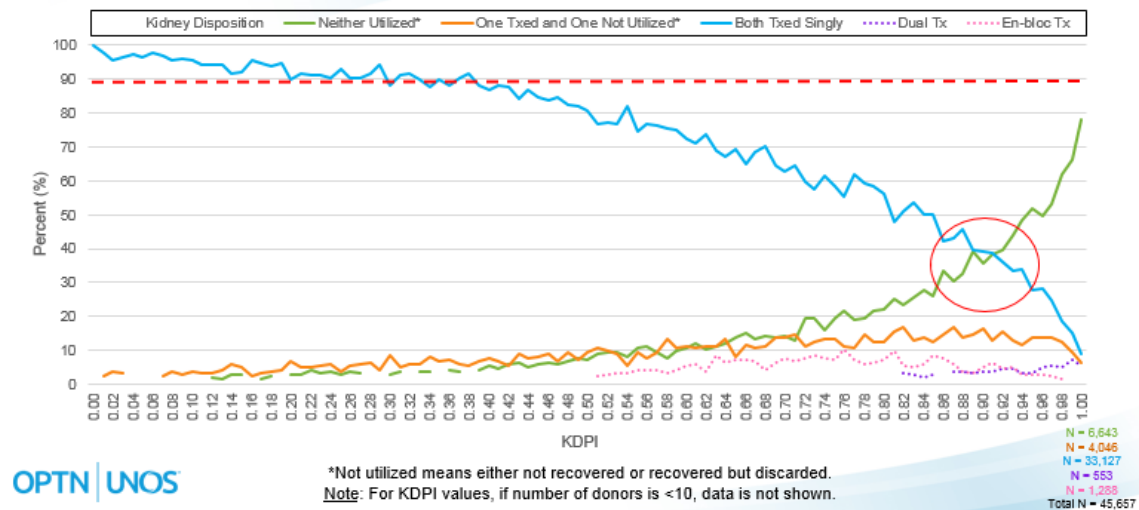
In the short term, the Committee's Regional Representatives will present the Double Kidney Concept Paper at their respective Regional Meetings.

### *Data Summary*

UNOS staff provided a brief review of key data that had previously been shared with the Committee.

As has been noted, the number of dual kidney transplants decreased with KAS, from 96 transplants pre-KAS to 62 post-KAS. The number of centers performing these simultaneously decreased from 36 to 28. There were some centers that were not performing dual kidney transplants pre-KAS that began post-KAS, and vice versa. Of all deceased kidney donors recovered in the 6-year period of 2010-2015, only 553 (1.2%) resulted in a dual kidney transplant.

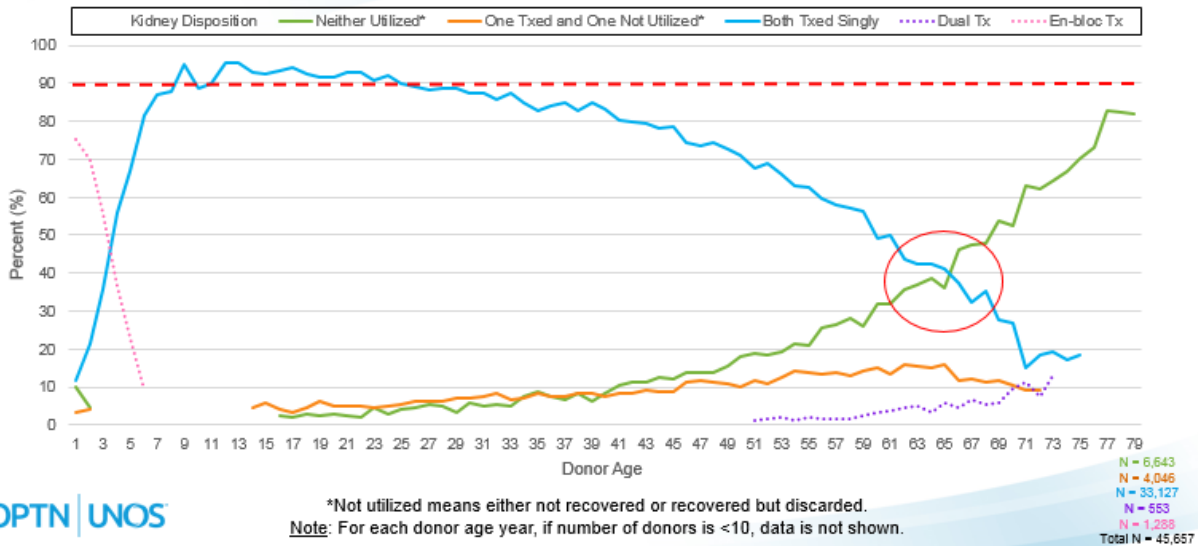
## Deceased Kidney Donors, 2010-2015, by KDPI (%) and Kidney Disposition



This graph above shows the percent of all deceased kidney donors recovered between 2010 and 2015 by KDPI and kidney disposition. The curves for "neither kidney utilized" and "both transplanted" intersect at a KDPI of 88%. As has already been shown, the higher the KDPI, the more likely that the kidneys are not utilized than transplanted singly.

Data also show that the curves for "neither utilized" and "both transplanted singly" cross at a donor age of 66. That is, when a donor is older than 66 years of age, the kidneys are more likely to be not utilized than transplanted singly.

# Deceased Kidney Donors Recovered from 2010-2015 by Donor Age and Kidney Disposition



The Committee then reviewed the three concepts to be included in the Concept Paper for public comment: a two-tier criteria allocation solution, a "toggled" allocation solution, and a KDPI cutoff allocation solution. All three solutions would require new functionality in UNet to allow centers to "opt in" to receive dual kidneys and would include offers down a match run. New policy language would also allow surgeons to split a set of kidneys should, upon receipt, the surgeon determine they can be transplanted singly. The Concept Paper will also prompt readers with specific guiding questions and areas for input.

## Other Significant Items

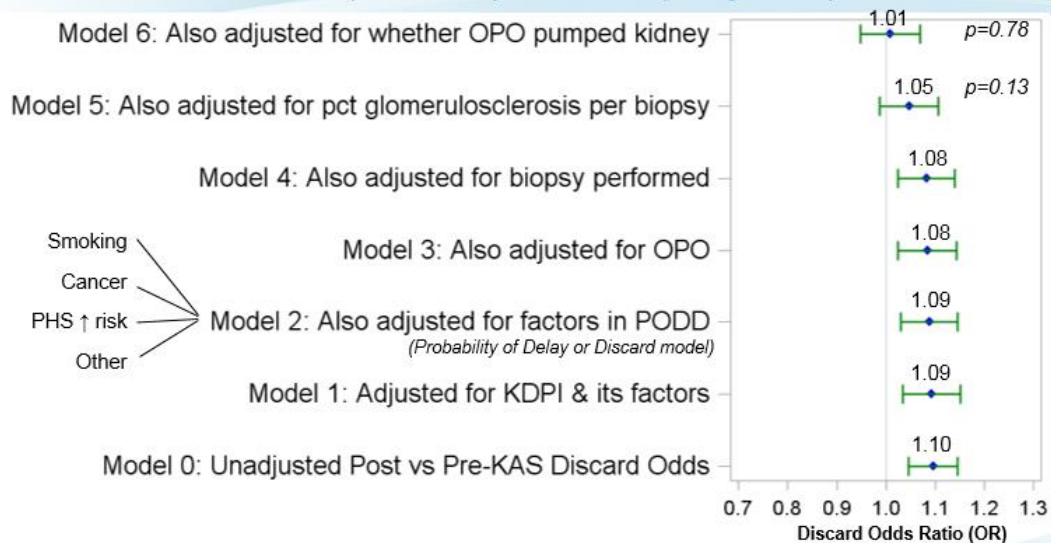
### 2. December Board of Directors Update

The Chair briefed the Committee on a discussion from the December Board of Directors meeting in St. Louis. During a presentation from the Systems Optimization project workgroup, the Board segued into a discussion on a possible correlation between the post-KAS combined Local + Regional allocation list and subsequent changes in pumping practices. Though causality has not been determined, there is a question as to whether these changes in pumping practices - supported anecdotally by Board members - could have a relationship to the increase in high KDPI kidney discards observed post-KAS.

#### *Data Summary*

UNOS staff presented data analyses on pumping practices and discards pre- and post-KAS.

## Odds of Discard: Post (16 mos) vs. Pre (~5 years) KAS



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Less kidney pumping appears to fully explain the remaining KAS effect.

Stewart, et al, ATC 2016 Abstract #214

The above analysis shows that there is a correlation between kidney pumping and risk of discard. Less kidney pumping appears to fully explain the remaining KAS effect of discards. There was a sharp drop in pumping of kidneys less than KDPI 85% and little or no change to kidneys KDPI 85% and above. UNOS staff investigated the hypothesis that more “toggles” from non-local back to local centers during allocation along the combined local/regional list would be associated with increased likelihood of discard for KDPI>85% kidneys, but this was not the case.

The Chair asked the Committee members for their general reactions to the data presented. One member noted an interest in seeing data broken out by DCD and DBD donors. Another member noted that she appreciated the data but felt that discards of high KDPI kidneys will continue to be a multi-factorial issue. While she sees a correlation between regional sharing and the decrease in pumping, she does not agree that removing regional sharing and pumping more would result in increased utilization. These kidneys were not well-utilized in the first place.

Another member commented that more granular data for discards of kidneys with KDPIs over 85% may reveal more information.

Another member commented that kidneys are only pumped if they are to be kept locally. Perhaps it’s not the pumping that causes the acceptance, but the OPO having a close relationship with the transplant center that is the benefit. Is there something intangible that working with local centers makes it easier to place high KDPI kidneys? Perhaps it is appropriate to revisit whether the combined list makes sense. A Committee member agreed that OPOs tend to pump if they are aware they are keeping it.

The Chair asked the Committee to consider what other behavioral or clinical factors that could impact pumping. Ischemic time is certainly a factor. The Vice Chair noted that the

actual "acceptable" discard rate is unknown - it is difficult to ascertain whether a kidney was appropriate for transplantation at all, and focusing solely on pumping practices may not answer the question. Some centers may be trending more or less conservatively in their practice, which can impact their discard rate. The data and resources are not likely available to understand behavioral impacts to the discard rate, which is an important factor in understanding it.

One member recounted that his center has tracked kidneys declined by his relatively conservative center. They found that some of the kidneys that were higher KDPI were certainly usable, though they are unable to determine how well these kidneys were performing two or more years later. The goal of the allocation system is to get the kidney to the center that will use it as quickly as possible. Pre-KAS, many centers said they would use ECD kidneys that they did not. Future policy considerations should take this into account - policy development in this area is a balancing act.

One member noted that Regional Meeting presentations should reference data that supports the improved outcomes conferred by dual kidneys as the idea may be foreign for many centers.

The Chair noted that, while centers that transplant kidneys dually are currently a minority, the future of this practice is unknown and that efforts by the Committee to address utilization of high KDPI kidneys should consider potential growth of dual transplantation nationwide.

The Chair adjourned the meeting.

### **Upcoming Meetings**

- Feb. 27, 2017 5:00PM EST
- Mar. 20, 2017 – In Person @ Chicago
- Apr. 19, 2017 12:00PM EST