Introduction
The Kidney Transplantation Committee met via teleconference on 5/15/2017 to discuss the following agenda items:

1. Improving Dual Kidney Allocation Project Update

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

1. Improving Dual Kidney Allocation Project
The Dual Kidney Allocation Project Concept Paper closed out the spring public comment period with the majority of comments supporting Concept 2.2 as described in the paper. The Committee was briefed on the results of public comment and UNOS staff reviewed the details of Concept 2.2, which toggles between dual and single allocation for kidneys with KDPIs over 85%.

Concept 2.2 in detail

- Split Local + Regional allocation
- Added classifications for candidates that have opted in to receive dual kidney offers
UNOS staff will be drafting policy language for the Committee’s review and approval at the June meeting, at which the Committee will vote to send the language out for public comment in the fall. There was no discussion.


After the presentation Committee members had the following questions.

- How were the differences in living donation rate accounted for?
  - We recognize there are candidates that are put on the list because they have to go on the list but they are only interested in a living donor organ and have a donor lined up. These candidates are not in this study. They were excluded from the study because they were not active on the list for a deceased donor organ.

- Post KAS did you look at listing time or just time on dialysis?
  - Both situations were included in the model.

- Did this project look at outcomes?
  - One of the things that we’ve included in this report, but was not in the slides today, is looking at the average KDPI values of kidney’s received across the age spectrum of candidate age. You may have equity in access across levels of a particular factor, for example age or ethnicity. The access might be equal but if one group is receiving much lower quality, lower longevity organs than another, that’s arguably a type of disparity as well. We’ve just scratched the surface but to make sure we didn’t ignore it, we included the average KDPI among recipients across the age spectrum.

- A member had a comment about the DSA aspect. Are there efforts underway to help educate patients about the relative wait times in different DSAs?
  - We are looking at different ways we can disseminate that information at a candidate level. SRTR is doing great work on a holistic view for candidates to find a center. Looking at not just post-transplant outcomes but the likelihood of getting a transplant, transplant rates and putting all those measures together. There is a lot of activity in that area and there is room for more.

Upcoming Meetings

- June 12, 2017
- July 10, 2017
- August 14, 2017
Attendance

- **Committee Members**
  - Mark Aeder
  - Joshua Augustine
  - Robert Bray
  - Mark Earl
  - Stephen Guy
  - Colleen Jay
  - Monica Johnson
  - Rob Linderer
  - Vinay Nair
  - Martha Pavlakis
  - Fuad Shihab

- **HRSA Representatives**
  - Jim Bowman
  - Janet Kuramoto-Crawford
  - Monica Lin

- **SRTR Staff**
  - Katie Audette
  - Sally Gustafson
  - Bryn Thompson

- **OPTN/UNOS Staff**
  - Leah Slife
  - Beth Coe
  - Chelsea Haynes
  - Amber Wilk