

**OPTN/UNOS Kidney Transplantation Committee  
Meeting Minutes  
July 10, 2017  
Teleconference**

**Nicole Turgeon, MD, FACS, Chair  
Vincent Casingal, MD, Vice Chair**

**Introduction**

The OPTN/UNOS Kidney Committee met via teleconference on 07/10/2017 to discuss the following agenda items:

1. Roles and Responsibilities Refresher
2. Histocompatibility Committee: Requests to Centers for Medicare and Medicaid Services (CMS) to Consider Virtual Crossmatching.
3. Active Committee Projects
4. New Project Brainstorming

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

**1. Roles and Responsibilities Refresher:**

UNOS staff reviewed Committee member roles and responsibilities.

Regional Representatives: It is the responsibility of the Regional Representatives to attend both regular Committee meetings as well as their regional meetings. They are held twice a year during the public comment period, and Regional Reps will present the Kidney Committee's biannual update as well as any active project proposals out for public comment. You are responsible for keeping your region informed about the committee's activities.

Voting: The Committee must vote on a variety of items throughout the year – most commonly, approving draft policy language/proposals for submission to the BOD or for public comment. We must have a quorum of 10 voting members to hold the vote – so for voting meetings, UNOS staff will ask you to RSVP in advance. Votes cannot be submitted by email or by proxy. Reps should note that you are not voting on behalf of your region, but rather on the merits of a given policy as it applies nationally. Concerns or questions on a particular proposal should be brought up well in advance of a vote.

Presenting as a member of the Committee: If you would like to present on your own under the OPTN/UNOS banner, please be sure to submit your slides to UNOS staff and HRSA 2-3 weeks in advance for review. OPTN/UNOS can provide standard presentations on major topics (e.g. SLK, KAS) for you – “custom” requests are not available. If you are in need of specific data, please visit <https://optn.transplant.hrsa.gov/data/request-data/> to make a request (allow at least 2 weeks lead time for processing).

**2. Histocompatibility Committee: Request to Centers for Medicare and Medicaid Services (CMS) to Consider Virtual Crossmatching**

The At-Large Histocompatibility Representative to the Kidney Committee, concurrently serving as Chair of the Histocompatibility Committee, presented on his Committee's request to CMS to consider virtual crossmatching. The concept of virtual crossmatching essentially means that the laboratories look at the donor phenotype and the antibody profile of the patient and basically give a thumbs up or down on whether it will be a viable transplant in one respect and in the other respect predicting a negative physical crossmatch test. With the advance in technology, there is a very high success rate in predicting negative physical crossmatches by looking at the antibody profiles.

Currently the CMS regulations state that if one is doing a kidney transplant or when any other organ is transplanted along with the kidney the results of the crossmatch must be available before the organ is transplanted

The Committee indicated it supports the Histocompatibility Committee's request to CMS.

### **3. Active Committee Projects**

The next round of public comment opens July 31 and closes October 2, 2017. Every year there are two rounds of public comments for project and policy proposals. *Improving Dual Kidney Allocation* and *Improving Allocation of En Bloc Kidneys* are the Committee's active proposals that will be out for public comment in the upcoming round. *Allowing Deceased Donor-Initiated KPD Chains* will also be out for public comment as a Concept Paper. Prep for the regional meetings will be August 18-October 2. The committee's regional representatives will need to plan to spend time becoming very familiar with the proposals, as the expectation is that there will be thorough questioning at the regional meetings. Both projects have had their fair share of controversy, most specifically the split kidneys provision. En Bloc has also met some resistance when it comes to the weight threshold.

The regional representatives will be presenting SLK allocation policy implementation, the *Allowing Deceased Donor-Initiated KPD Chains Concept Paper*, the 2-year KAS monitoring report, the *Improving Allocation of En Bloc Kidneys* public comment proposal and the *Improving Allocation of Dual Kidneys* public comment proposal. The fall regional meeting schedule for prep calls was shared. A script will be provided that presenters are asked to stick to closely. Sample questions will be provided. If someone can't attend the regional meeting, that should be made known as soon as possible so that a backup presenter can be identified.

### **4. New Project Brainstorming**

The Committee Chair led the Committee through a discussion of the most recently-submitted new project ideas.

- **Rescue Kidney Allocation**

A committee member raised a question as to what was meant by "rescue kidney allocation". She commented that the way she would interpret it is if there is a patient who is willing to accept a KDPI kidney of greater than 85 who is older than age, kidneys that otherwise wouldn't have been offered to them may be offered to them versus them dying on the waitlist or on dialysis. A member commented that he thought it was meant to define what was considered expedited allocation and give the OPOs a way to move down the list to aggressive centers quicker than going down the match run going through each center. Another member commented that it has been discussed in two ways, patient driven or center driven. What has been talked about in some of the workshops was to see if it could be done on a center-based basis rather than an individual basis knowing that the center will take it, will have somebody on their list, and will effectively utilize the kidney in an appropriate fashion. The project is a great idea, but one of the challenges is there is a proposal that expedites the difficult-to-place kidneys, which is the dual policy. The timing may not be right on the project, and the suggestion was to move the priority to medium.

- **Population Equity in Allocation**

The proposal encompasses variables in addition to the ones currently considered. For example, in instances where recipients are multi-listed, the organs can be sent to the recipient site of residence rather than having the recipient travel to the geographic location of the donor. There was a suggestion that this one also is not the best as far as timing, and medium would be a reasonable priority.

- **Creating the Meaningful Cost-Effective Waitlist**

This proposal gets at the idea that too much variation in the listing criteria and re-evaluation and wasted testing result in extra cost. It crosses multiple strategic goals including providing equity and access, improving outcomes, promoting safety, and promoting efficient management. The Patient Affairs Committee took on a project a couple of years ago about Waitlist management, which was very challenging, and this could be met with significant resistance in the community. A committee member commented that she remembered the part of the proposal about managing the inactive part of the waitlist, and it seemed that the standardized management ran up against individual center's various barriers. There are reasons why people do things differently. The thought was it's a great idea, but there was some question on how to move it forward. It should be kept on the list, and it will be assigned a medium priority.

- **Upstream Education Kidney first initiative**

The proposal is about educating patients, primary care physicians, and nephrologists about preemptive transplantation. A committee member mentioned that the topic of preemptive transplant is becoming much more significant in the patient advocate community. The question was raised as to whether it would be better handled in the Patient Affairs Committee, and it may be, particularly if they will be the ones recommending implications going forward for how it ties in to other federal policies and recommendations. There was a suggestion that there are states and places where statewide data is available, and if there is some way to coordinate a Chronic Kidney Disease (CKD) registry, that would be very useful. It may be beyond the scope of the Kidney Committee. The proposal will be kept at medium, and it will be suggested to the Patient Affairs Committee.

- **Enhancing living donor safety**

It was suggested that this proposal belongs in the Living Donor Committee.

A committee member made a motion that Kidney Allocation System (KAS) Cleanup be the number one priority project, and the motion carried. Geographic Disparities data will be the second highest priority project, to be reconsidered in 2018.

#### Next Steps

- Outlook meeting invitations have been sent through December. Please check to be sure your calendar is up to date.

#### **Upcoming Meetings**

- August 14, 2017 Teleconference
- September 11, 2017 Teleconference
- October 23, 2017 In-person, Richmond, VA