

**OPTN/UNOS Histocompatibility Committee  
Meeting Minutes  
August 8, 2017  
Conference Call**

**Robert Bray, PhD, D(ABHI), Chair  
Cathi Murphey, PhD, HCLD/CC(ABB), Vice Chair**

**Introduction**

The Histocompatibility Committee (the Committee) met via Citrix GoToTraining teleconference on 08/08/2017 to discuss the following agenda items:

1. Presentation from Minority Affairs Committee: Guidance for Transplant Program Participation in the Transplantation of Non-A<sub>1</sub>/Non-A<sub>1</sub>B (A<sub>2</sub>/A<sub>2</sub>B) Donor Kidneys into Blood Group B Candidates
2. Presentation from UNOS Research: Report on Equity in Access - Measuring and Monitoring Equitable Access to Kidney Transplantation

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

**1. Presentation from Minority Affairs Committee: Guidance for Transplant Program Participation in the Transplantation of Non-A<sub>1</sub>/Non-A<sub>1</sub>B (A<sub>2</sub>/A<sub>2</sub>B) Donor Kidneys into Blood Group B Candidates**

The Committee requested to hear more information about the Minority Affairs Committee's proposal currently out for public comment.

Summary of discussion:

The Minority Affairs Committee Chair gave a presentation on their committee's guidance document for transplant programs to participate in the transplantation of non-A<sub>1</sub>/non-A<sub>1</sub>B (A<sub>2</sub>/A<sub>2</sub>B) donor kidneys into blood group B candidates. Due to the subject matter related to histocompatibility in the guidance document, Committee leadership wanted the opportunity to provide feedback on the proposal. The Committee was generally supportive of the guidance document. One Committee member had concerns over the disincentives for transplant programs to perform non-A<sub>1</sub>/non-A<sub>1</sub>B (A<sub>2</sub>/A<sub>2</sub>B) to blood group B transplants. Specifically, the Committee member saw that the informed consent component required by policy when doing these types of transplants extremely prohibitive and believed that this was a leading cause of transplant centers not doing non-A<sub>1</sub>/non-A<sub>1</sub>B (A<sub>2</sub>/A<sub>2</sub>B) to blood group B transplants. The Minority Affairs Committee Chair emphasized that their committee included guidance on informed consent because it is part of policy, and that the Committee is considering a possible future project to remove the informed consent component for non-A<sub>1</sub>/non-A<sub>1</sub>B (A<sub>2</sub>/A<sub>2</sub>B) to blood group B transplants.

When asked whether the Histocompatibility Committee considers non-A<sub>1</sub>/non-A<sub>1</sub>B (A<sub>2</sub>/A<sub>2</sub>B) to blood group B transplants compatible or incompatible, several Committee members commented that making that decision is out of the histocompatibility purview. Discussion revealed that the variability in laboratory practices (specifically whether or not labs do titer testing) can impact titer interpretation. One Committee member proposed that the Committee should come up with definitions for acceptable titer levels. The Committee had concerns over the practicality of this idea.

Next steps:

The Committee provided the following comment on the guidance document:

The Histocompatibility Committee appreciates the Minority Affairs Committee's work on this guidance document. The Committee reviewed the proposal and did not see any concerns related to histocompatibility within the proposal. The Committee supports the proposal as written, and discussed the merits of a future project to eliminate the informed consent requirement for non-A<sub>1</sub>/non-A<sub>1</sub>B (A<sub>2</sub>/A<sub>2</sub>B) to B group candidates. The Histocompatibility Committee would be interested in collaborating with the Minority Affairs Committee in any future policy efforts to remove the informed consent component and potentially increase the number of kidney transplants for non-A<sub>1</sub>/non-A<sub>1</sub>B (A<sub>2</sub>/A<sub>2</sub>B) to B group candidates.

## **2. Presentation from UNOS Research: Report on Equity in Access - Measuring and Monitoring Equitable Access to Kidney Transplantation**

UNOS Research requested to present on equity in access to kidney transplants to the Committee.

### Summary of discussion:

UNOS Research staff presented their report on equity in access to kidney transplantation, which included breakdowns by specific candidate factors impacting access. The Committee was particularly interested in the effects of the most recent change to the kidney allocation system (KAS) on access to those with high CPRA scores. A Committee member commented that broader sharing has helped increase transplants for high CPRA candidates and suggested that instituting broader sharing across all candidates could increase the number of kidney transplants nationally. Other Committee members asked questions about what factors most greatly impact transplants in donor service areas (DSAs). The impact of supply and demand was a common factor when examining DSAs, but it was multi-factorial and was not investigated in detail within the construct of this study.

### **Upcoming Meetings**

- September 26, 2017
- October 24, 2017 (Richmond, VA)