

**OPTN/UNOS Kidney Transplantation Committee  
Meeting Minutes  
September 11, 2017  
Teleconference**

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

**Introduction**

The OPTN/UNOS Kidney Committee met via teleconference on 09/11/2017 to discuss the following agenda items:

1. Public comment update
2. Public Comment presentation and discussion: Improving the Efficiency of Organ Placement (OPTN/UNOS OPO Committee)
3. Kidney Allocation System (KAS) Review project discussion

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

**1. Public comment update**

UNOS staff briefly reviewed status of public comment for the three Kidney Committee sponsored proposals currently out for public comment until October 2, 2017: *Improving Dual Kidney Allocation, Improving En Bloc Kidney Allocation, and Deceased Donor Initiated KPD Chains.*

- There was vast support for the dual kidney proposal.
- Only one region thus far (Region 5) opposed the en bloc proposal. There were several regions who advocated for lower weight thresholds, and discussion concerning pediatric impact of the proposal was held in some regions and committees. The Committee expects pediatric access to improve, if anything, related to this proposal.
- There were no regional comments on the deceased donor chains proposal, and all interested committees support moving ahead with the concept but are not decided on the best model to achieve the best results. Other kidney paired exchange programs in the U.S. have also posted public comments.

**2. Public Comment presentation and discussion: Improving the Efficiency of Organ Placement (OPTN/UNOS OPO Committee)**

A member of the OPO Committee presented this proposal currently out for public comment. The Vice Chair of Kidney Committee and member of System Optimizations Subcommittee gave introductions and opening remarks from Kidney Committee perspective.

There were concerns in the Committee about the new proposed one hour time limit to make a final decision. For final acceptance, kidney candidates have to be contacted to bring patients in for transplant and final crossmatch needs to be available. There should be exception in policy changes for kidney to address available final crossmatch in the one hour time limit.

There were concerns in the Committee about reducing the time limits for responding to electronic organ offers from one hour to thirty minutes. Reductions in time limits to assess and respond to offers will be logistically challenging for kidney programs and will just increase the use of provisional yes option.

The Kidney Committee is generally supportive of this proposal moving ahead with slight amendments for kidney organ offers.

The Kidney Committee approved the following comment for public comment:

*The Kidney Committee is generally supportive of the Systems Optimizations project proposal currently out for public comment and agrees that it continues to be a worthy project. Some Committee members expressed concern that reducing the time limit for entering either a refusal or provisional yes to 30 minutes might lead to an increase in provisional yes responses. Data does indicate that most offers receive a response in less than 30 minutes. Committee members noted that the Work Group should consider the unique aspects of allocation for each type of organ in future iterations of the project, as a one-size-fits-all approach will likely not garner broad support.*

### **3. Kidney Allocation System (KAS) Review project discussion**

Post-KAS two year review led to the identification of three topics that may need to be addressed by the Kidney Committee:

- Review prioritization for high CPRA candidates
  - The UNOS Research Analyst discussed data post-KAS. 99-100% CPRA population got priority with KAS and consequently there was a blous in year 1 post-KAS, but reached a steady rate in year 2 post-KAS. Not all 100% CPRA candidates are not the same; currently the system rounds up 99.50 and above to 100% CPRA and the 99's may be getting increased access while true 100's are not.
  - There was concern over whether the percentages offers did not go to original recipient after exporting when compared pre- and post-KAS. Approximately 14% of 99-100% CPRA offers were not transplanted into original recipient, which is a 4% decrease from Year 1 to Year 2 post-KAS. Pre-KAS there was 29% that did not go into intended recipient so there was dramatic decrease post-KAS.
- Pediatric transplant rates
  - The UNOS Research Analyst discussed data post-KAS. The geographic distribution of pediatric kidney transplants had mixed results. Post-KAS, most regions had higher or similar percent of pediatric transplants Year 2 vs. Year 1 post-KAS; regions 7, 10 and 11 had a decrease in pediatric transplants, while regions 1 and 8 saw increases.
  - Region 5 representative discussed some preliminary data concerning pediatric transplant decrease in region 5, and will analyze data more closely to present during the October Kidney Committee meeting. The causes may be multifactorial including listing behaviors and other behaviors pre-KAS.
  - There was noted concern over the possibility of low KDPI kidneys going to multi-organ transplants instead of pediatrics. The Committee will need to review post-KAS data for multi-organ transplants to decide whether this is simply a perception or fact.
- High KDPI discards
  - The UNOS Research Analyst discussed data post-KAS. The overall discard rate increased from 19.3% post-KAS Year 1 to 19.9 post-KAS Year 2. KDPI 21-34% kidneys saw a decrease in discard rate in the most recent year, while KDPI 35-85% kidneys discard rates increased again. KDPI 0-20% and 86-100% remain fairly stable in the post-KAS era. The current dual kidney allocation proposal may have an effect on high KDPI discards.

### **Upcoming Meetings**

- October 23, 2017 In-person, Richmond, VA
- November 6, 2017 Teleconference
- December 11, 2017 Teleconference