

OPTN/UNOS Kidney Transplantation Committee
Meeting Minutes
April 9, 2018
Conference Call

Nicole Turgeon, MD, FACS, Chair
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Introduction

The OPTN/UNOS Kidney Committee met via teleconference on 04/09/2018 to discuss the following agenda items:

1. Welcome & Announcements
2. UNOS Member Quality Update
3. Kidney Donor Profile Index, Estimated Post Transplant Survival (KDPI/EPTS) Mapping Tables Annual Updates
4. En Bloc And Dual Implementation Questions

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

1. Welcome & Announcements

The Chair shared the objectives for the conference call including providing a brief overview of member quality and the MPSC, describing member quality's strategic anchors and department goals, highlighting changes implemented and changes still to come; and answering questions and getting feedback.

2. UNOS Member Quality Update

Polling questions

Why does the OPTN monitor members?

- 8% voted exclusively to monitor compliance
- 50% voted mostly to monitor compliance
- 33% voted equally for compliance and performance improvement
- 8% voted mostly to support process improvement
- 0% voted exclusively to support process improvement

Why should the OPTN monitor members?

- 0% voted exclusively to monitor compliance
- 8% voted mostly to monitor compliance
- 42% voted equally for compliance and performance improvement
- 50% voted mostly to support process improvement
- 0% voted exclusively to support process improvement

The strategic anchors of Member Quality include improvement, sustainability, consistency, efficiency and education. Improvement is not only improving the UNOS staff supporting the MPSC but also being an improvement partner for everyone in the community. Sustainability means making sure that the things being done are sustainable on all fronts, most importantly for members but also for staff. Consistency means there shouldn't be a different review of any kind just because somebody interacts with different staff. Efficiency is figuring out ways to leverage technology and streamline data. Education is sharing a lot more information with the community

about what is going on. Specific examples of the optimization plan were shown for monitoring, education and efficiency.

There was a comment in support of the stated goals.

3. Kidney Donor Profile Index, Estimated Post Transplant Survival (KDPI/EPTS) Mapping Tables Annual Updates

UNOS Research staff presented the annual changes to the mapping tables. It is a requirement for the committee to review the mapping tables every year before implementation. Background information was presented, and the current mapping table was shown. The Kidney Donor Risk Index (KDRI) distribution was mapped back to 2009, and the proposed mapping table looks at 2017. There has been a gradual decrease in 50th, 75th and 95th percentiles. However, 2017 is statistically no different from 2016. The proposed mapping table was shown.

A question was raised as to what happens if they vote no on the updated tables. It was explained that it still goes into implementation, but that the Committee could lobby to kick off a new project to come up with an alternative to go into implementation at a later date.

Vote

Does the committee agree to adopt the new KDPI mapping table based on the year 2017 reference population?

- 91% voted yes
- 0% voted no
- 9% abstained

EPTS Reference Population

Shifting from the donor perspective to the candidate's perspective, the EPTS reference population was reviewed and the current EPTS mapping table was shown. Implications of adopting the new EPTS reference population were shown including slightly more candidates qualifying for top 20% priority. The new EPTS mapping table was shown.

Vote

Does the committee agree to adopt the new EPTS mapping table based on the reference population (snapshot) of all adult kidney candidates on the waiting list as of December 31, 2017?

- 100% voted yes
- 0% voted no
- 0% abstained

4. En Bloc and Dual Implementation Questions

UNOS IT staff began by providing a recap of four decisions with regard to en bloc & dual consensus from the previous meeting.

Question 5: Acceptance criteria

UNOS staff provided the previous discussion notes. One Committee member didn't think anything should be added for either en bloc or duals. The anatomy is basic.

Decision: Move forward with the acceptance criteria as is.

Question 6: En bloc split match runs

The current intent is two match runs produced. The first kidney is accepted for the en bloc candidate and if it was split, the second kidney would go to the single match run candidate. The Board provided a lot of feedback in this area, and they were concerned about the efficiency of two match runs.

Option 1: Keep as is.

Option 2: When split, both kidneys go to candidates on single kidney match run.

There was a discussion regarding whether it could just be called small kidneys and one could opt in or out. Since it was already described to the public, it couldn't be called a different name. It was suggested that they could do it for a year or two and then look at it down the road and revisit the algorithm if needed and that getting it implemented now is important. Others commented that it's less than 2% of all kidney transplants and that monitoring the implementation will be important. From an IT standpoint, there was concern about not having the ability to say yes to a whole but no to a segment for both liver and kidney.

Decision: Use a single en bloc match run.

Upcoming Meetings

- May 17
- June 21