

**OPTN/UNOS Kidney Committee  
Meeting Minutes  
July 16, 2018  
Conference Call**

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

**Introduction**

The Kidney Committee (Committee) met via Citrix GoToTraining teleconference on 07/16/2018 to discuss the following agenda item:

1. Geography Update

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

**1. Geography Update**

UNOS staff detailed the formation of the Ad Hoc Geography Committee and outlined the five principles of distribution for organ allocation. Staff stated that a critical comment was sent to the U.S Department of Health and Human Services challenging the current liver allocation policy and that the OPTN had crafted a response to said critical comment stating that the liver policy was not overly-reliant on the donor service areas (DSA) but that the OPTN is committed to implementing a plan to remove DSA and region from liver allocation policy. Furthermore, the Executive Committee had agreed to an expedited timeline for the development and implementation of a new liver allocation policy. Staff stated that all organ-specific committee would be taking on geography allocation projects to remove DSA and region from allocation policy and that members of the Kidney Committee would be working alongside Pancreas Committee members in a workgroup to develop a joint allocation policy for the two organs.

Summary of discussion:

A question was raised about which geographic framework might be adopted and if there will there be fixed concentric circles.

UNOS staff answered that the fixed concentric circles model will likely be an easily implementable shorter term measure but that other frameworks are also being considered by the Geography Committee.

A member mentioned that we have an opportunity to construct a much better system and we should seize the opportunity to design the best solution. Staff stated that while the work group will work towards designing the best possible model as a long-term goal, it is imperative that the Committee implement a viable system that removes DSA and region from allocation policy in order to protect the autonomy of the OPTN's decision making ability.

A member sought clarification on the motivation for changing the kidney allocation system (KAS) on such a short-term timeline when the system was only recently implemented. Staff reiterated the importance of retaining OPTN autonomy in decision making as a motivating factor.

A member asked about the results of the KAS implementation after the first year. UNOS staff clarified that for patient survival there was a decrease in the first year; however, graft survival decrease was not statistically significant and that the cohort was small. UNOS Research staff will continue to monitor the KAS implementation. Year 2 data is not yet available.

A member expressed concern about the timeline of the geography project and the implication that the Committee has done something “wrong” by implementing KAS based on DSA and region. UNOS staff stated affirmatively that the Executive Committee has made the formal decision that DSA and Region must be removed from kidney allocation policy.

Next steps:

Policy staff will be sending correspondence to the entire Committee detailing how the geography project and the kidney/pancreas work group will be moving forward.

**Upcoming Meeting**

- TBD

## **Attendance**

- **Committee Members**
  - Nicole Turgeon
  - Vincent Casingal
  - Robert Bray
  - Mark Earl
  - Joseph Ferreira
  - Lisa Matthias
  - Deepak Mital
  - Ernesto Molmenti
  - Martha Pavlakis
  - Andrew Weiss
- **HRSA Representatives**
  - James Bowman
  - Shannon Dunne
- **SRTR Staff**
  - Katie Audette
  - Bert Kasiske
- **OPTN/UNOS Staff**
  - Scott Castro
  - Beth Coe
  - Peter Goldin
  - Jill Finnie
  - Ruthanne Leishman
  - Kerrie Masten
  - Leah Slife
  - Alison Wilhelm