

**OPTN/UNOS Kidney Organ Transplantation Committee**  
**Meeting Minutes**  
**January 28, 2019**  
**Conference Call**

**Nicole A. Turgeon, MD, FACS, Chair**  
**Vincent P. Casingal, MD, Vice Chair**

**Introduction**

The Kidney Committee met via Citrix GoToTraining teleconference on 01/28/2019 to discuss the following agenda items:

1. Dual Kidney/En Bloc Split Kidney Reporting
2. Accelerated Placement of Kidneys Project
3. Public Comment Update

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

**1. Dual Kidney/En Bloc Split Kidney Reporting**

UNOS staff gave an update on the dual kidney/en bloc project.

Summary of discussion:

UNOS staff reported the project is ahead of schedule and sought clarification from the Committee on how to report the reason for splitting the kidneys in the UNet<sup>sm</sup> Waitlist form. UNOS Staff would like the committee to consider more options or to include "other" to answer the reason question. There is concern among staff that limiting the answer field to two options would not provide the type of data needed to update the policy in the future and would force programs to enter incorrect information.

A Committee member asked if the form allowed the selection of multiple reasons. UNOS staff advised adding a multi-select could result in the same issues. The Committee asked for clarification if the form is for dual or en bloc kidneys. UNOS staff clarified the form is for both. The Committee suggested making the available options as straight-forward as possible and not burdensome.

Next steps:

UNOS staff will determine the top five options to include on the form, including "other", and will bring back to the Committee for a vote

**2. Accelerated Placement of Kidneys Project**

UNOS staff presented a Kidney Accelerated Placement Concept (KAP) to the Committee.

Data summary:

The National Kidney Foundation Consensus Conference recommended system-level changes for improving placement of difficult-to-place kidneys<sup>1</sup>. Taking these points, the UNOS Organ Center would serve as a case study for developing a process for decreasing discarded organs

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<sup>1</sup> Matthew Cooper, Richard Formica, John Friedewald, Ryutaro Hirose, Kevin O'Connor, Sumit Mohan, Jesse Schold, David Axelrod, Stephen Pastan; *Report of National Kidney Foundation Consensus Conference to Decrease Kidney Discards*, Clinical Transplantation, October 2018, <https://onlinelibrary.wiley.com/doi/10.1111/ctr.13419> (accessed February 19, 2019).

and expediting allocation in particular circumstances. Currently the overall placement rate for high Kidney Donor Profile Index (KDPI) kidneys allocated through the Organ Center is 28 percent, which those with KDPI of 80+ have a placement rate of less than 15 percent. The Organ Center plans to focus on increasing placement of extremely hard-to-place kidneys using data to identify donor “triggers” for accelerated placement and to identify transplant centers that utilize these kidneys. Matches for kidneys that were not accepted at first the mandatory high Calculated Panel Reactive Antibody (CPRA) & 0-mismatch, local, or regional offers will be eligible for accelerated placement. Therefore, only a subset of kidney matches, that are already offered and refused at the local and regional offer by all candidates, will be eligible for accelerated placement. Furthermore, only those kidneys from donors with high KDPI values would be considered.

## Donor Trigger Concepts: What Matches Will Be Included?



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For those matches that will be accelerated, candidate offers at transplant programs that have transplanted a like organ previously will receive offers first, preserving candidate order, before the organ is offered to candidates at all other programs, preserving patient order. Any transplant program that has transplanted a donor with similar or worse characteristics than the donor on the match, within the previous two years, will receive offers for patients on the match run. Otherwise, offers for candidates at non-qualifying transplant programs will be bypassed. If no qualifying transplant program accepts the offer for a candidate, then the offer will continue to those that were bypassed.

## Example



Donor Characteristic	Donor on Match Run that is	Transplant Programs will appear first that have TXed at least 1 kidney from a donor that is
KDPI**	89	89 or higher
Age (years)	50	45 or higher
Peak serum creatinine (mg/dL)	0.9	0.67
History of diabetes	Yes	Yes
History of IV drug use	No	Yes <u>or</u> No
DCD status	Yes	Yes

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### Summary of discussion:

The concept is not a policy project, however UNOS staff is requesting the Committee's support for the change.

There was a question from the Committee on whether a transplant hospital would be included on the accelerated offer list depending on a percentage of similar acceptance behavior or a single occurrence. If a transplant hospital accepted any offer with similar characteristics within the past two years they would be included on the accelerated offer.

One Committee member asked how the Organ Center would account for individual surgeon acceptance behavior if a surgeon were to change transplant hospitals. This is part of the reasoning behind having a two-year cohort that is updated on a monthly basis. Also for, UNOS staff clarified this would be based on transplant behavior and not just acceptance patterns.

A Committee member asked if cold ischemic time (CIT) was considered in the preliminary calculations. UNOS staff explained this is not one of the donor characteristics being considered. However, it can be factored in when evaluating the process.

The Committee also suggested presenting this concept to the Patient Affairs and Ethics Committees for their feedback.

### Next steps:

UNOS staff will continue to present the concept to key stakeholders for feedback and will then present the full concept to the Executive Committee for endorsement. A communication plan will then be developed followed by a year-long proof of concept period with ongoing evaluation in which the safety and monitoring council will review data, safety and impact of the concept.

### **3. Public Comment Update**

UNOS staff informed the Committee Public Comment started on January 22 and so far there have not been any comments on the *Removal of DSA and Region from Kidney and Pancreas Distribution* concept paper. Committee members were encouraged to note any feedback on the concept paper when they present it at their regional meetings.

There were no questions from the Committee.

#### **Upcoming Meetings**

- February 25, Teleconference
- March 25, In-person
- April 15, Teleconference
- May 20, Teleconference
- June 17, Teleconference