OPTN ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK

OPTN Kidney Transplantation Committee
Meeting Minutes
April 15, 2019
Teleconference

Nicole Turgeon, MD, FACS, Chair
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Introduction

The Kidney Committee met via Citrix GoTo teleconference to discuss the following agenda items:

1. Kidney-Pancreas (KP) Workgroup Update
2. Simultaneous Liver-Kidney (SLK) Update

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

1. Kidney-Pancreas (KP) Workgroup Update

UNOS staff gave the Committee a brief update on the KP Workgroup. The Workgroup met briefly to review the data request submitted to the Scientific Registry of Transplant Recipients (SRTR) on April 1. UNOS staff is drafting a memo for the Board of Directors on the progress of the KP Workgroup and the current status of the *Eliminate the use of DSAs and Regions from Kidney and Pancreas Distribution* proposal development.

UNOS staff reviewed the data request that was submitted to SRTR on April 1. Included in the request was to model prioritization of local prior living donor and local pediatrics up the match priority to fall between 100% highly sensitized (cPRA) and 98-99% highly sensitized populations.

Table 1: Summarized Allocation Priorities for KPSAM Modeling

Sequence A KDPI 0-20%	Sequence B KDPI 20-34%	Sequence C KDPI 35-85%	Sequence D KDPI 86-100%
100% Highly Sensitized Inside circle prior living donor Inside circle pediatrics 98-99% Highly Sensitized 0-ABDRmm Inside circle top 20% EPTS 0-ABDRmm (all) Inside circle (all) National pediatrics National (top 20%) National (all)	100% Highly Sensitized Inside circle prior living donor Inside circle pediatrics 98-99% Highly Sensitized 0-ABDRmm Inside circle safety net Inside circle adults National pediatrics National adults	100% Highly Sensitized Inside circle prior living donor 98-99% Highly Sensitized 0-ABDRmm Inside circle safety net Inside circle National	All Highly Sensitized 0-ABDRmm Inside circle safety net Inside circle National

The KP Workgroup is requesting 11 model variations.

- Model number 1: Additional baseline run moving local prior living donor and local pediatrics up the match priority (for modeling) to fall between cPRA 100% and 98-99%

Table 2: KPSAM Modeling Variations with Circle Sizes and Linearly Assigned Proximity Points

	Circle Size (NM)		Inside the Circle		Outside the Circle	
Model #	**KI**	**PA/KP**	**KI**	**PA/KP**	**KI**	**PA/KP**
2	500	500	0	0	8	8
3	500	500	4	4	8	8
4	500	150	0	0	8	8
5	250	250	2	2	4	4
6	250	250	0	0	8	8
7	250	150	0	0	8	8
8	150	150	0	0	8	8
9	150	150	0	0	20	20

- Model number 10: Single 500NM, stepwise proximity pts inside and linear proximity pts outside
- Model number 11: Single 500NM, stepwise proximity pts inside and linear proximity pts outside

Summary of discussion:

A Committee member asked for clarification of what is considered a “small” circle. UNOS staff answered the circle size will be dependent on what the KP Workgroup and Committee chooses once all the data is back for review.

A Committee member asked if the models presented are the best models we have for equitable distribution according to SRTR. SRTR staff answered there are limitations on the modeling but the KP Workgroup is trying to balance equity with efficiency. UNOS staff stated upcoming KP Workgroup discussions will involve how to maximize equity.

Next Steps

The new Kidney-Pancreas Simultaneous Allocation Modeling (KPSAM) report is expected to come back mid-June at which time the KP Workgroup will review the results and make a recommendation to their respective organ specific committees before submitting formal proposals in the fall. The Vice Chair stressed the importance of engaging the entire community outside of the Committee on this issue. UNOS and KP Workgroup leadership are developing opportunities for engagement and will be reaching out to committee regional representatives to help facilitate discussions.

2. Simultaneous Liver-Kidney (SLK) Update

UNOS staff gave an update on the one year post-implementation evaluation of the SLK program.

Data summary:

The one year post-implementation evaluation of the SLK report compares pre-SLK (January 1, 2016 – August 9, 2017) and post-SLK policy eras (August 10, 2017 – December 31, 2018).

The report showed the following conclusions:

- The majority of SLK registrations met medical eligibility criteria, and the majority qualified under chronic kidney disease due to dialysis
- SLK transplants declined about 9% in 2018 versus 2017
- The percent of all deceased donor kidney and liver transplants that were SLK each decreased
- There was little change in the KDPI distribution for SLK transplants
- There were no signs of negative impact on pediatric SLK or kidney-pancreas candidates
- The number of kidney after liver (KAL) registrations is significantly higher post-implementation
- About half of KAL registrations remain ineligible for “safety net” priority
- There was no significant change in waiting list mortality rates, but there was a significant increase in transplant rates post-implementation
- For kidney registrations added to the waiting list during the study cohort, the number of days between prior liver transplant and kidney registration was significantly lower under SLK policy
- The majority of KAL transplants were allocated through the “safety net” allocation priority, with the majority citing Hepatorenal Syndrome as their diagnosis for transplantation

Summary of Discussion

A Committee member asked what the reason is for the decrease in SLK transplants. UNOS staff explained prior to SLK implementation all one had to do was be listed on both organ lists to qualify for SLK transplantation. The implementation provided more rigorous guidelines of who would be eligible so a decrease is expected.

Upcoming Meetings

- May 14, 2019 – Teleconference
- June 17, 2019 - Teleconference