OPTN Kidney Committee Meeting
Meeting Minutes
July 8, 2019
Conference Call

Vincent Casingal, MD, Chair
Martha Pavlakis, MD, Vice Chair

Introduction

The Committee met via Citrix GoToTraining teleconference on 07/08/2019 to discuss the following agenda items:

1. Kidney Webinar Review and Response
2. Kidney-Pancreas Simulated Allocation Models (KPSAM) Results: Two Preferred Preferences and Straw Poll
3. Medical Urgency and Local Back Up

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

1. Kidney Webinar Review and Response

The Chair and Past Chair gave the Committee an update on the recent community and program director webinars and the feedback received.

There were no questions from the Committee.

2. Kidney-Pancreas Simulated Allocation Models (KPSAM) Results: Two Preferred Preferences and Straw Poll

The Chair and UNOS staff presented updated KPSAM results showing the Committee's two preferred variations against baseline.

Summary of Discussion

A Committee member had a question regarding the average time on dialysis at transplant data. UNOS staff clarified that output figures represent increases in access for patients with long dialysis times and should not be interpreted to mean that a candidate would have to wait longer on dialysis before receiving greater access to transplant.

A Committee member raised a concern of how the different variations would affect logistical costs. The Committee member also asked with proximity circles inside the circle, if one transplant hospital that that does more deceased donor recovery operations would disadvantage a hospital nearby that doesn't do as many deceased donor operations. UNOS staff clarified with proximity points inside the circle, those points are awarded linearly and decreases out to the edge of the circle. The Chair further clarified that wait time has an impact on points as well. The Chair also stated there will likely be an increase in travel distance in order to see more equity.

A Committee member commented the 500 NM variation has a lot of advantages when compared to the 250 NM variation.

The Chair then asked the committee members to select their top variation preference.

- 500.500.4.8 (12 votes – 67%)
- 250.250.2.4 (6 votes – 33%)

Next Steps

The Committee will take an official vote on their preferred variation on July 15, 2019.

3. Medical Urgency and Local Back Up

Medical Urgency

UNOS staff outlined the current *OPTN Policy 8.2.A: Exceptions Due to Medical Urgency* which includes DSA. The Committee discussed a proposed solution, developed by committee leadership, to replace this current policy which would create a new "medically urgent" classification in existing allocation tables. The Committee further discussed three decision points:

- Who would review the applications for the new "medically urgent" status?
- Would the review be prospective or retroactive?
- Where should the new "medically urgent" classification be placed in the existing allocation tables?

The Committee discussed the possibility of medical urgency being decided within the geographic area that is selected. This would be logistically difficult given that the new allocation circle will be drawn around the donor hospitals. Furthermore, contacting all programs within a 500NM area to decide medical urgency would be inefficient.

A committee member preferred not to place medically urgent candidates above pediatric patients. The Committee concluded the placement in the allocation tables will depend on what will be considered medically urgent criteria.

The Committee also preferred a prospective review of these applications.

Local Back Up

UNOS staff then outlined the current policy for released organs, *OPTN Policy 5.9: Released Organs* which also contains DSA. There is concern with broader sharing, there may be an increase in what's considered "local back up". To maintain efficiency and prevent discards, committee leadership's proposed solution is to:

- Operationalize current practice for importing organ procurement organizations (OPOs) and add a smaller circle for new match runs.
- Should a kidney be imported but not transplanted, the import OPO would run a new match run; however, that match run would be restricted to a 150 NM circle.

The Chair clarified for the Committee the intention of the proposed solution is to go back to the original match run. However, the issue becomes for certain donors that becomes less likely due to geography, cold ischemic times, etc. Therefore by restricting the size of the re-allocation circle, the organ will have more of a chance to be transplanted.

One committee member recommended the circle size for local back up should be larger than 150 NM.

Next Steps

UNOS staff encouraged the committee members to continue to think about these decision points for both medical urgency and local back up to discuss further on the next committee call scheduled for July 11, 2019.

Upcoming Meetings

- July 11, 2019 – Teleconference
- July 15, 2019 - Teleconference