

**OPTN Kidney Committee Meeting
Meeting Minutes
July 15, 2019
Conference Call**

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

Introduction

The Committee met via Citrix GoToTraining teleconference on 07/15/2019 to discuss the following agenda items:

1. Welcome and Announcements
2. Preferred Framework Discussion and Vote
3. Policy Language Review
4. Next Steps and Public Comment Feedback

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

1. Welcome and Announcements

The Chair welcomed committee members to the call and for their engagement.

2. Preferred Framework Discussion and Vote

The Chair asked the Committee if they had any questions regarding what has been discussed so far on previous committee calls. Hearing none, the Chair requested committee members vote on their preferred framework.

VOTE

Which of the two preferred frameworks should the committee recommend for Public Comment?

- 500.500.4.8 (12 votes – 75%)
- 250.250.2.4 (4 votes – 25%)

3. Policy Language Review

UNOS staff reviewed draft policy language discussed on the previous committee call regarding medical urgency, import back up, and minimum acceptance criteria.

Data Summary

Medical Urgency

The proposed kidney medical urgency policy will create a new "medically urgent" classification within kidney allocation tables. Transplant hospitals seeking to obtain the classification for one of their medically urgent patients will be prompted to apply for the status when certain clinical criteria are selected while initiating or updating the candidate's waitlist record.

This form will then receive an expedited, prospective review by the Medically Urgent Status subcommittee. Subcommittee review will occur within four (4) calendar days. If the subcommittee approves the candidate for medically urgent status, the candidate will receive the classification. Future

match runs will reflect that classification for the candidate. If review is not completed in the specified time, the candidate will automatically receive the medically urgent classification.

The committee elected that the priority position of the medically urgent classification would differ depending on the KDPI of the available kidney. Proposed placement of the medical urgent classification within each allocation table summarized below:

- For Allocation of Kidneys from Deceased Donors with KDPI Scores less than or equal to 20%, medically urgent candidates would be placed at Classification 7 after 100% cPRA 0-ABDR mismatch, 100% cPRA, local prior living donors, and local pediatrics
- For Allocation of Kidneys from Deceased Donors with KDPI Scores Greater Than 20% but Less Than 35%, medically urgent candidates would be placed at Classification 7 after 100% cPRA 0-ABDR mismatch, 100% cPRA, local prior living donors, and local pediatrics
- For Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than or Equal to 35% but Less than or Equal to 85%, medically urgent candidates would be placed at Classification 6 after 100% cPRA 0-ABDR mismatch, 100% cPRA, and prior living donors
- For Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than 85% , medically urgent candidates would be placed at Classification 5 after 100% cPRA 0-ABDR mismatch, and 100% cPRA

Import Back Up

To optimize the flexibility of the system while ensuring utilization and efficiency, the Committee proposes a solution by which the host OPO may:

- Allocate according to the original match run, OR
- Delegate allocation to the receiving OPO. The receiving OPO runs a new match run based on new allocation tables in policy that use a smaller 150 NM distance from the transplant program
- If import back up allocation should not yield a recipient within the 150 NM circle, the kidney would then become a national offer.

Summary of Discussion

Regarding the proposed medical urgency policy language, a Committee member asked if the four days would be business days or calendar days. UNOS staff clarified current practice in similar allocation policies is calendar days and would also apply here.

Regarding the import back up policy, a Committee member suggested including a requirement that the host OPO notify the importing OPO that they are delegating import back up so the importing OPO is aware of import back up delegation. The Chair suggested this could be a feedback point to include in the public comment document.

The Chair requested committee members vote to approve the proposed policy language.

VOTE

Does the Committee approve of the proposed policy language?

- Yes (16 votes – 100%)
- No (0 votes – 0%)

4. Next Steps and Public Comment Feedback

The Chair informed the Committee of next steps for the policy language and proposal. The proposal will go to the Policy Oversight Committee and Executive Committee for review before the public comment period begins on August 2, 2019.

UNOS staff reviewed what specific feedback will be sought from public comment:

- Feedback on the impacts of the proposed variation
- Feedback on the use of proximity points
- Feedback on pediatric prioritization
- Feedback on a consistent, clinical definition of medical urgency
- Feedback on the proposed solution for import back up

The Chair and UNOS staff requested the Committee's feedback on a step-wise transition option for the preferred circle framework. The step-wise transition option would remove DSA and region in favor of a 250 NM circle, evaluate the change and then the Committee could decide whether to move to a 500 NM circle if appropriate. The Committee unanimously indicated this should not be considered as an option as it is contradictory to the Committee's decisions.

Upcoming Meetings

- August 19, 2019 - Teleconference