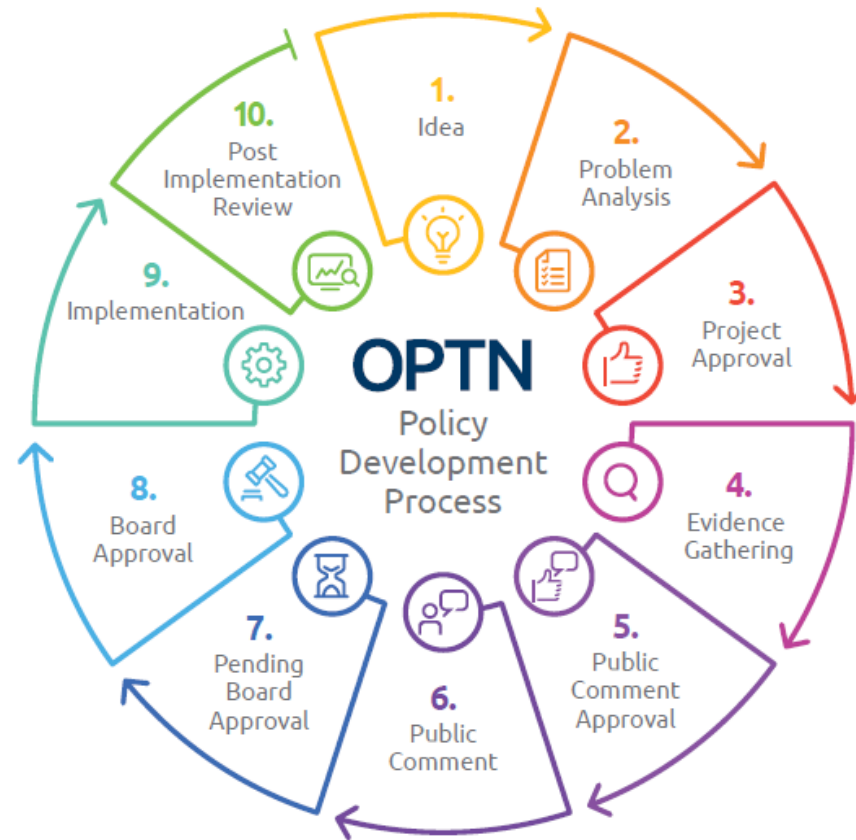


# Patient Webinar for Kidney and Pancreas Public Comment Proposals

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# OPTN Policy Development Process



# Agenda

## Overview and perspective

- Valinda Jones, M.S.N., RN

## Kidney distribution proposal

- Martha Pavlakis, M.D.

## Pancreas distribution proposal

- Rachel Forbes, M.D., M.B.A.

## Questions and answers

- Please use the “hand raise” feature in meeting app or type a question into the comment section

# Proposed Changes to Kidney & Pancreas Allocation: An Overview for Patients

*OPTN Kidney & Pancreas Transplantation Committees*

# Introduction

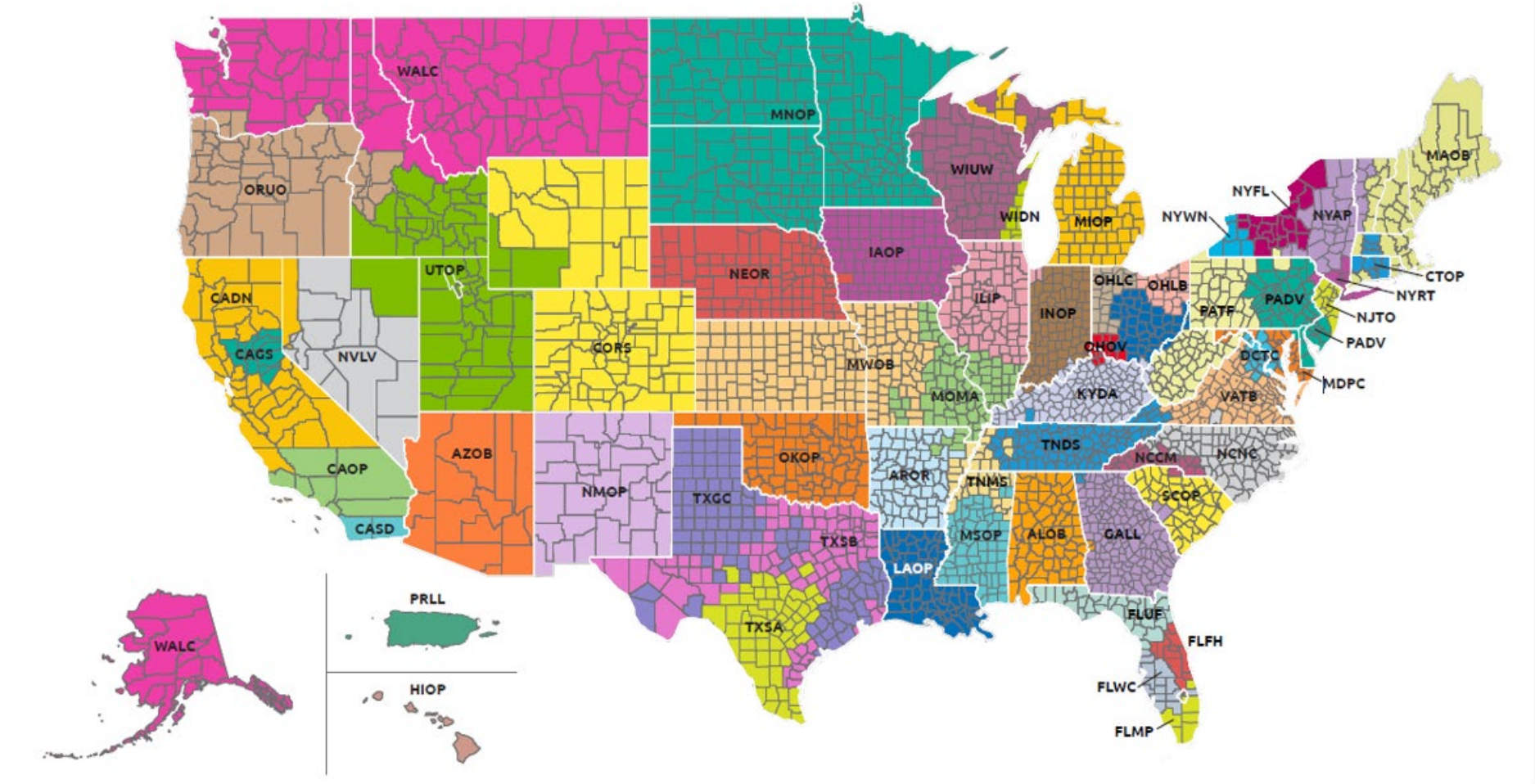
- These proposals are the product of nearly a year-and-a-half of work on the part of the OPTN Kidney and Pancreas Transplantation Committees
- The proposals seek to change how organs are allocated based on where a waitlist candidate is listed in relation to the donor's hospital
- Currently, a candidate's geography plays a big role in their access to transplant
- By broadening distribution, the committees hopes to achieve greater equity in access across the country

# What Role Does Geography Play Now?

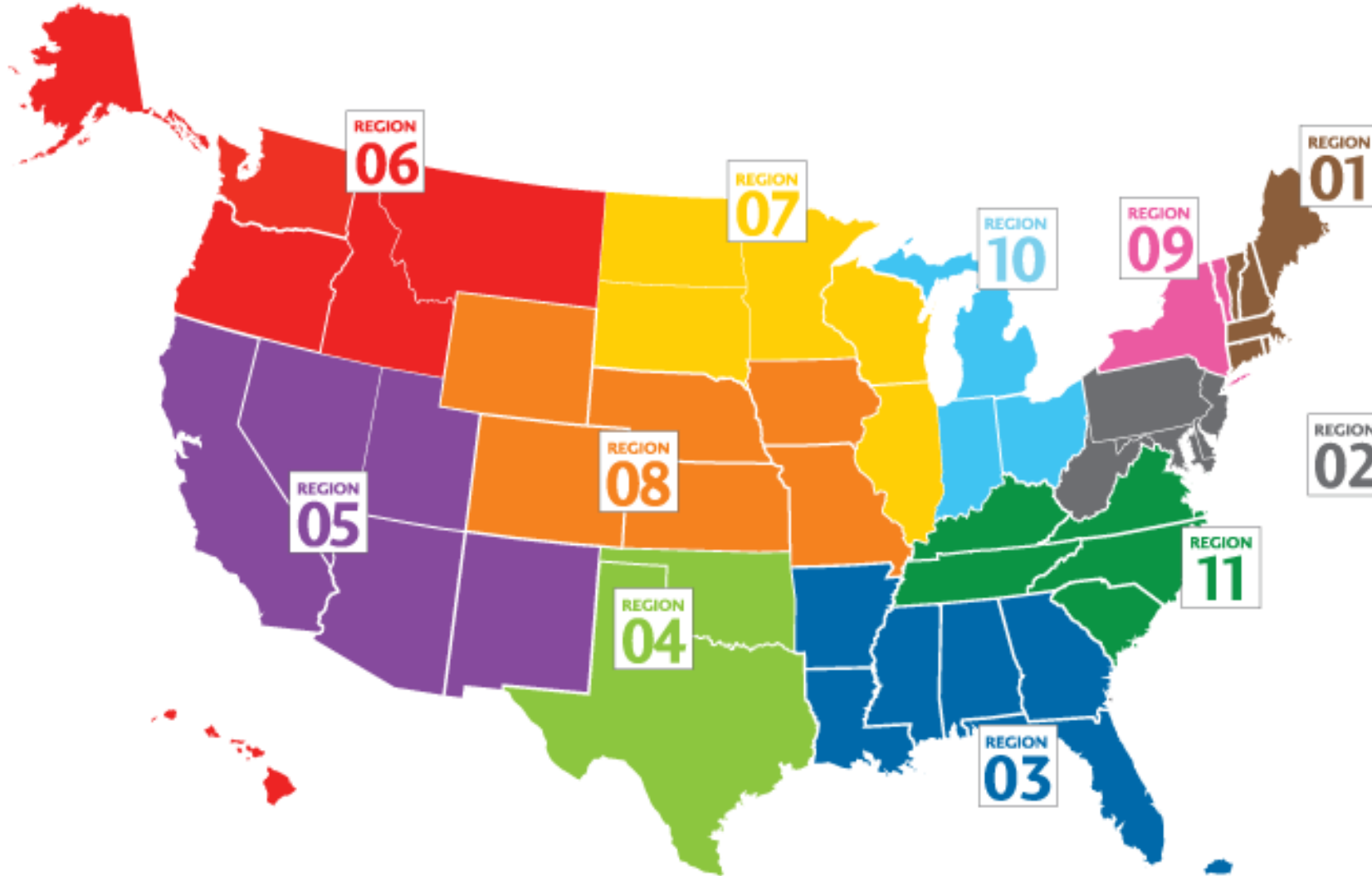


# DSAs Were Drawn as Boundaries for OPOs to Recover Organs, not for Equitable Organ Distribution Purposes

Donation Service Areas

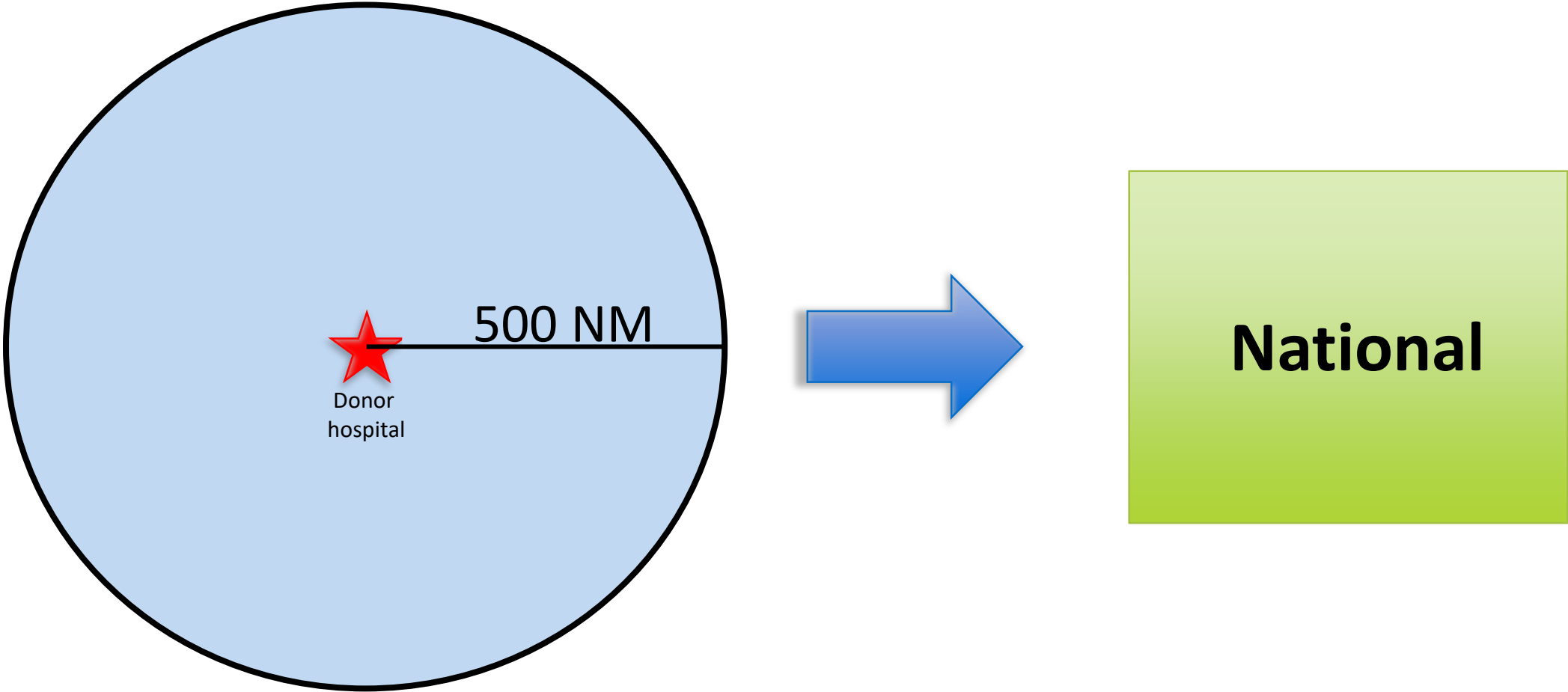


# Regions Vary in Geographic Size, and are not Consistently Applied or Rationally Determined Units of Distribution





# The Proposed Solution

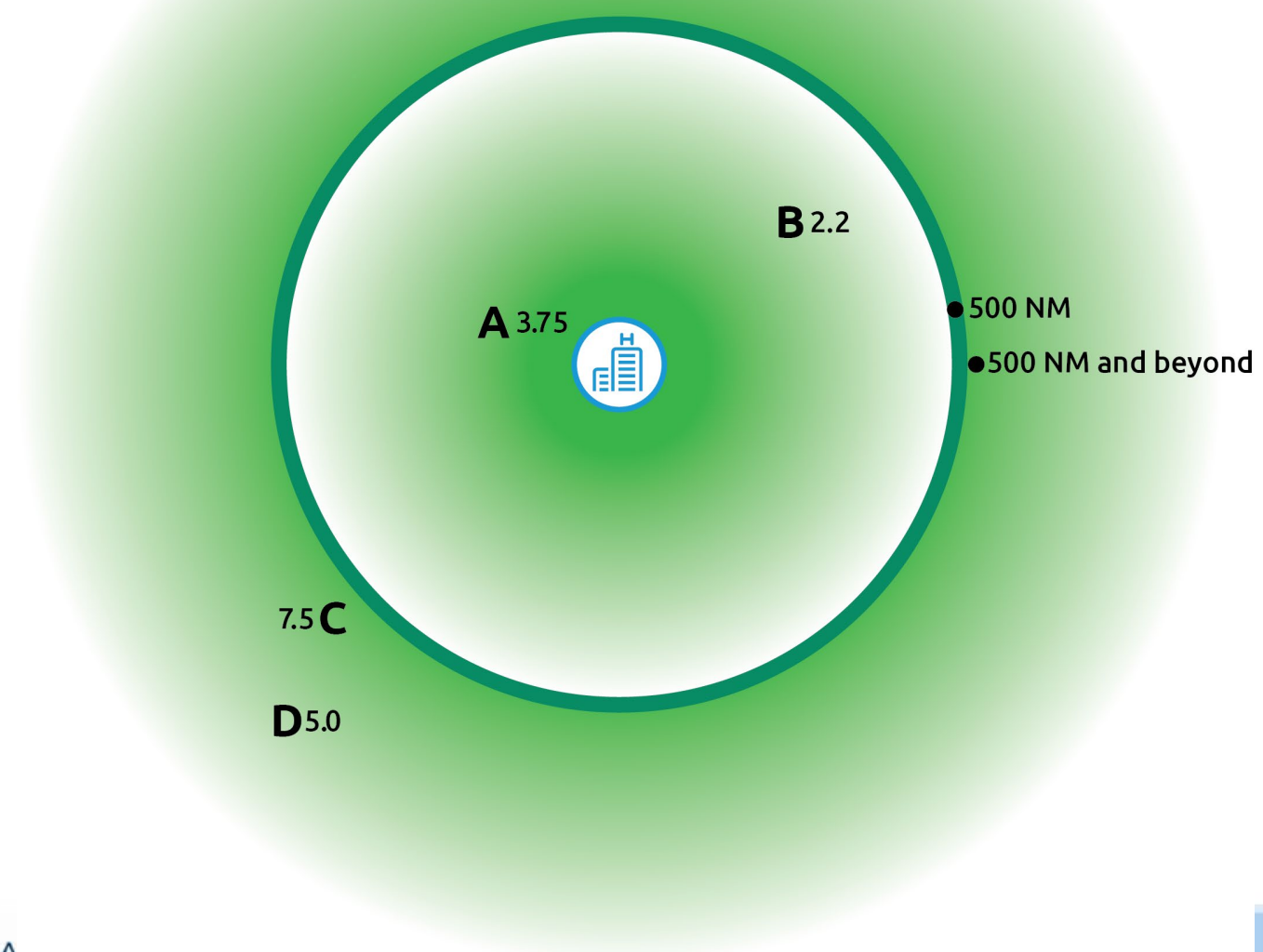


# Proximity Points

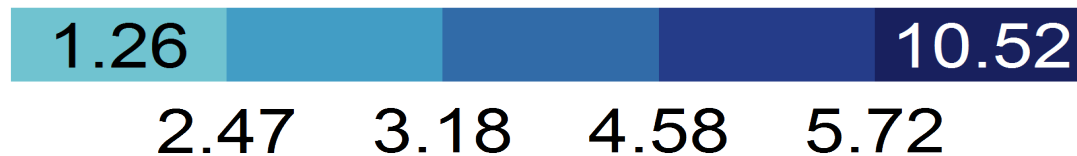
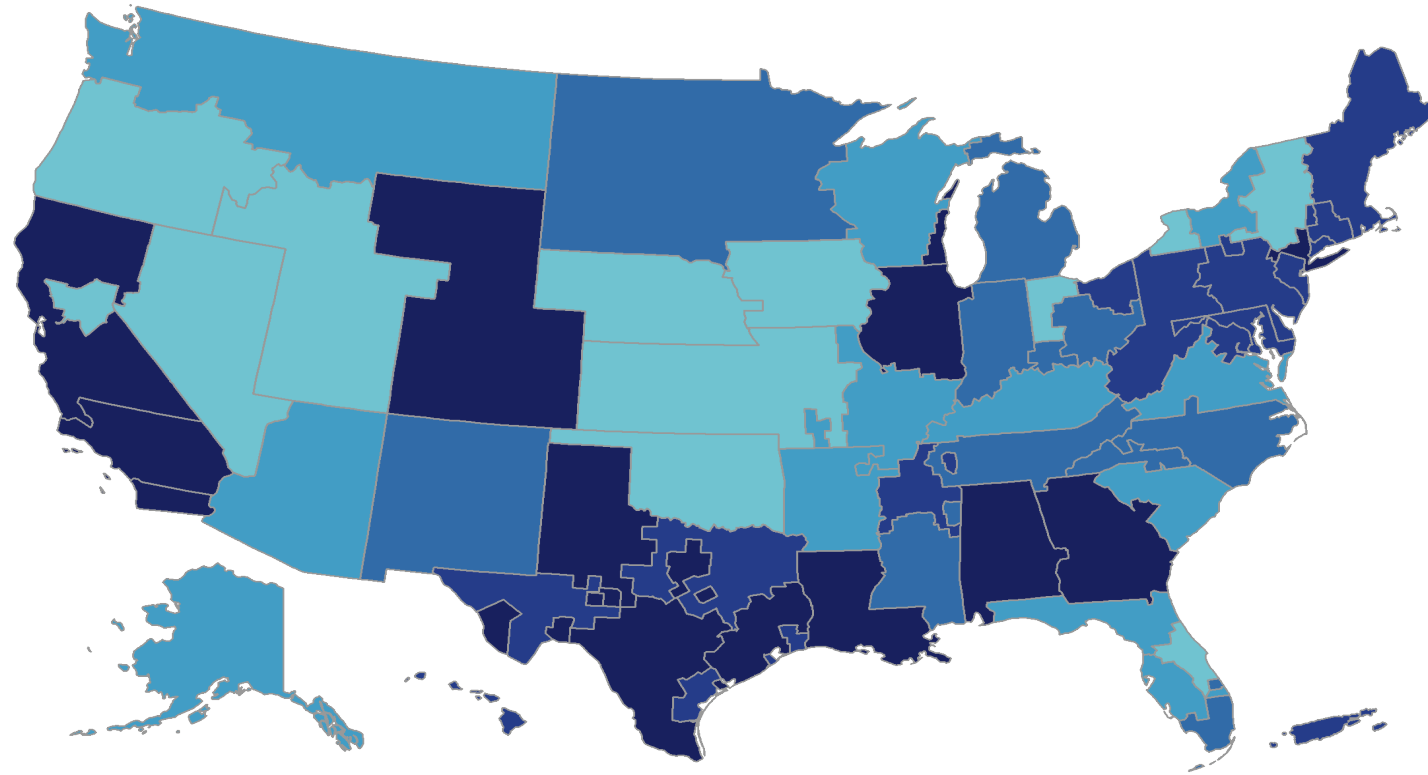
- Pancreas and kidney systems allocate points for various criteria. The criteria are different for kidney and pancreas. Some examples include: waiting time, medical urgency, and biological characteristics.
- In addition to these points, candidates will also now receive “proximity points.”
- Receiving one proximity point would be equal to the number of points a candidate receives for one year of waiting time.
- Proximity points would be awarded to candidates inside the circle
- If no candidates inside the circle accept the kidney offer, then proximity points would be awarded to candidates outside of the circle

# Proximity Points

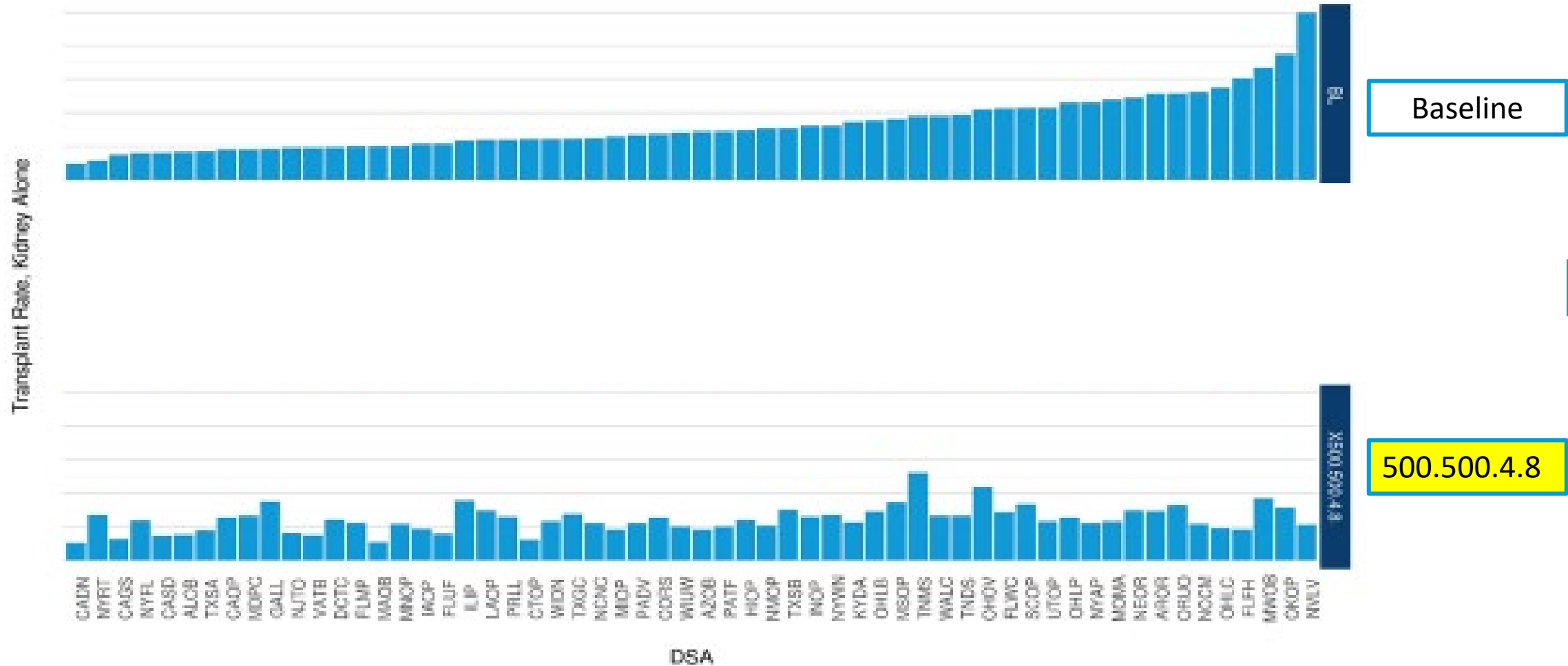
Candidates outside the circle cannot receive organ offers before candidates inside the circle



# Median Waiting Time (Kidney)



# More Equity in Kidney Allocation



# Access for Vulnerable Populations (Kidney)

- **Time on Dialysis**

- Predicted higher transplant rates for patients with greater than 5 years of dialysis time. Greatest increases when using a 500 NM circle.

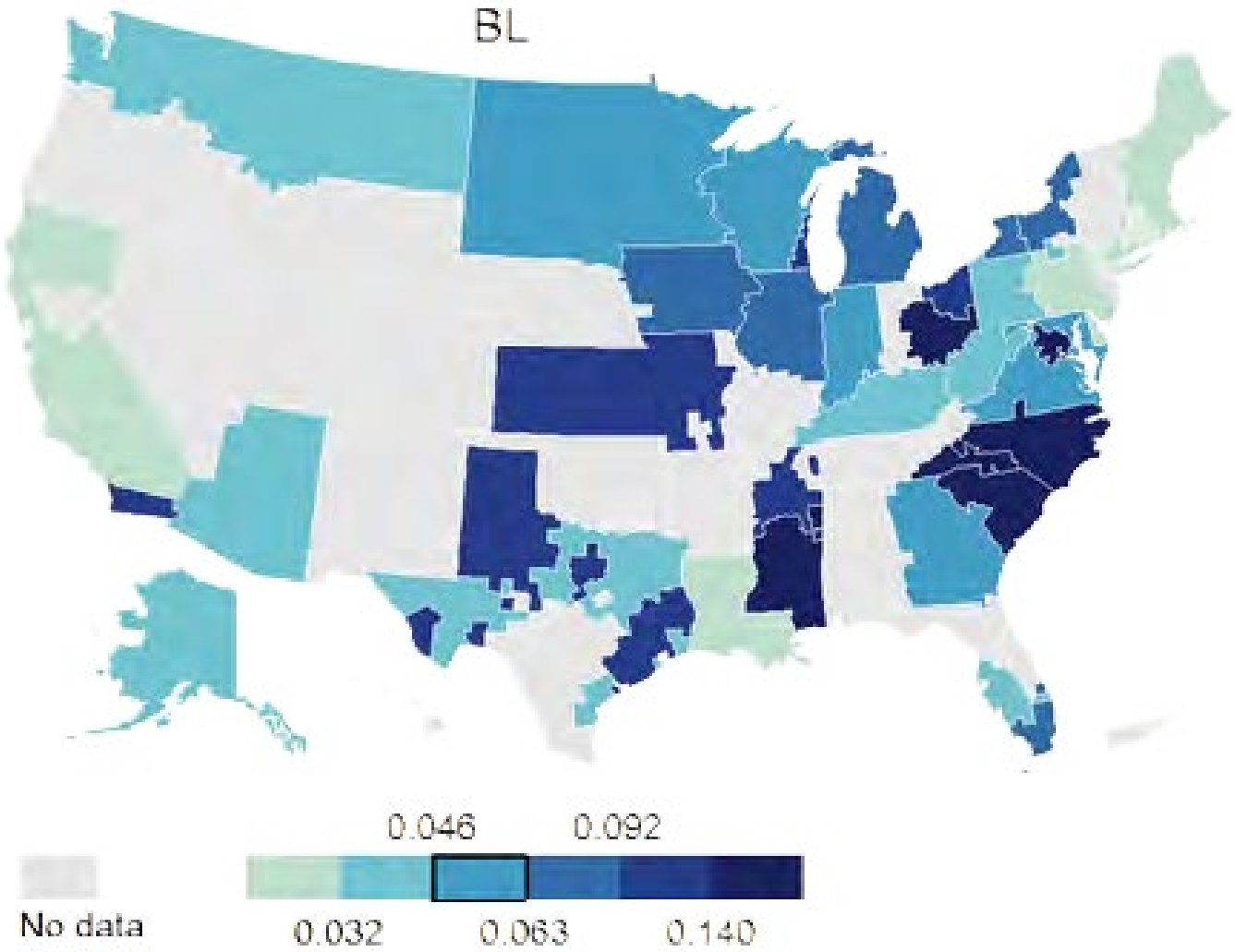
- **Access for Hard-to-Match (Highly Sensitized) Candidates**

- Predicted increases in transplant rate are observed for difficult to match (highly sensitized) candidates. Greatest increases when using a 500 NM circle.

- **Pediatric Candidate Transplant Rate**

- Predicted increases in transplant rate for all pediatric candidates ages 0-18. Greatest increases when using a 500 NM circle.

# Waitlist Mortality (Kidney-Pancreas)



# Access for Vulnerable Populations (Kidney- Pancreas)

- **Increase equity in access to transplant for KP candidates**
  - Highly sensitized
  - Female
  - African American
  - Medicare
- **No change by urbanicity**



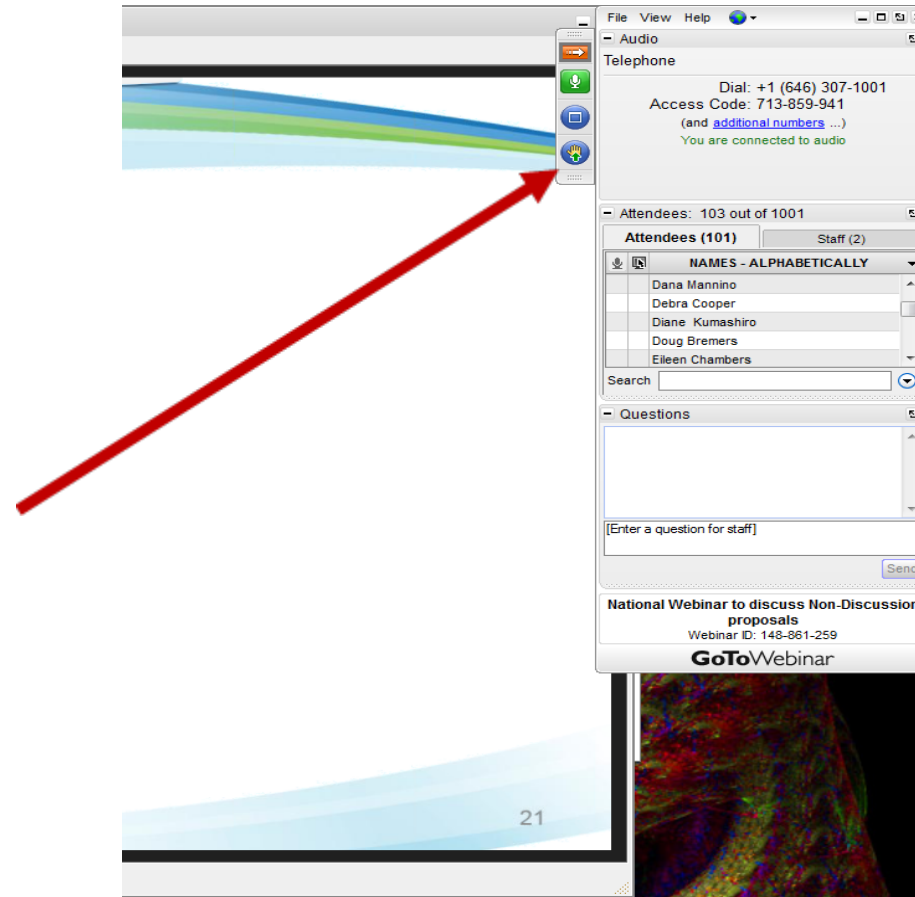
# What Else Did The Committees Consider?

- Multiple Circles, No Proximity Points
- Smaller Circles, Less Proximity Points
- More Proximity Points

# Review: Proposed Solution

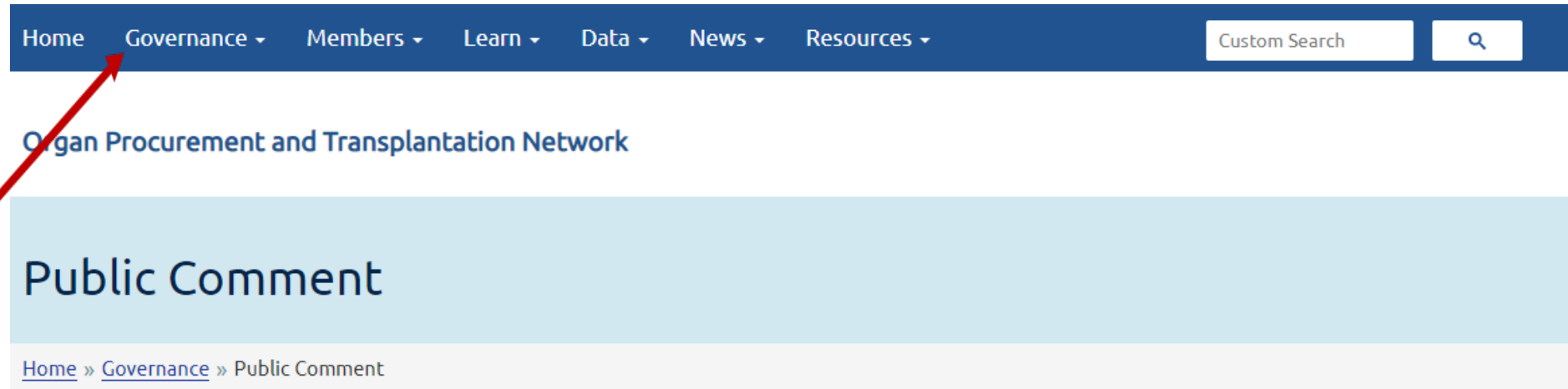
- Removes DSA and region from kidney and pancreas allocation policy as measures of distribution while striking an appropriate balance with the Final Rule requirements
  - Limits geography as factor in organ allocation
  - Considers efficiency concerns by including steep proximity points
  - Promotes access for vulnerable populations
- Framework represents a step in the direction of continuous distribution

# Questions – click hand button



<https://optn.transplant.hrsa.gov/governance/public-comment/>

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Organ Procurement and Transplantation Network

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distribution](#)

Public comment is open **August 2 - October 2**.

[Register for webinars and view webinar recordings](#) to learn more about the policy proposals and concept paper.

The OPTN policy development process incorporates feedback on policy and bylaws proposals, before the proposals go to the OPTN board of directors for approval. Public comment is an essential part of the policy development process.

<https://optn.transplant.hrsa.gov>