# OPTN Policy Notice Revising Priority Points in Kidney Paired Donation Program

Sponsoring Committee:	Kidney Transplantation
Policies Affected:	1.2: Definitions
	13.7: OPTN KPD Screening Criteria
	13.8: Two- and Three-Way Matches
	13.9: Donor Chains
Public Comment:	August 2015
Board Approved:	December 2015
Executive Committee Amended:	October 8, 2019
Effective Date:	October 24, 2019

Note: The Executive Committee of the OPTN approved a technical correction at its October 8, 2019 meeting. This correction is noted by footnote. For more information regarding this technical correction, please contact member.questions@unos.org.

## **Problem Statement**

The Kidney Paired Donation Pilot Program (OPTN KPD) system does not fully account for how difficult it is to match some pairs because of high calculated panel reactive antibody (CPRA) or incompatible blood types (i.e. pairs with blood type O candidates and non-O donors). Additionally, KPD informed consent policy requires that transplant hospitals inform KPD candidates and donors of a remedy for a failed exchange (if one exists). A failed exchange happens when a KPD candidate does not receive a transplant after their paired donor has donated. Existing OPTN policy did not provide a specific remedy for failed exchanges within the OPTN KPD system.

## **Summary of Changes**

The policy revisions change how the OPTN KPD system optimizes its pair pool. They do this by revising the priority points table, adding points for donor and candidate blood type and adopting a sliding scale for CPRA points. Policy changes also provide a remedy for OPTN KPD candidates that are part of a failed exchange. Policy now refers to these candidates as "orphan candidates." Orphan candidates will receive 1,000,000 priority points only if the candidate was a part of the OPTN KPD failed exchange. Candidates in failed exchanges in other KPD programs will not receive orphan candidate status in the OPTN KPD program. Other policy changes also clarify certain operational aspects of the OPTN KPD program such as describing how chains continue through bridge donation and logistical requirements for two- and three-way matches. All changes are specific to the OPTN KPD program and do not apply to any other KPD programs.

On October 8, 2019, the Executive Committee approved a clarification to the 2015 OPTN Board of Directors-approved changes to *Policy 13.7.F: OPTN KPD Prioritization Points,* to explicitly indicate that if a candidate has multiple paired donors, the KPD program will award blood type points based on the candidate's paired donor who has the blood type associated with the fewest points. This aligns with the intent of the policy to prioritize matches in a way that increases the likelihood of finding matches for difficult-to-match candidates; candidates who have more than one paired donor are not considered as difficult-to-match. While the system was programmed to award points in this manner, the Executive Committee felt it was important for the policy to specifically state how blood type points would be awarded in this situation.

The policy being implemented on October 24, 2019 is the combination of the December 2015 policy and the October 8, 2019 clarification.

## What Members Need to Do

Members will not be required to collect any additional data. As required by *Policy 13.3: Informed Consent for KPD Candidates* and *Policy 13.4: Informed Consent for KPD Donors*, anyone participating in the OPTN KPD program will need to learn the changes outlined in the proposal so that they may inform candidates and donors appropriately. The proposed language will not change the current way UNOS conducts routine site surveys. Any data entered in UNet<sup>™</sup> may be subject to OPTN review, and members are required to provide documentation if requested.

## Affected Policy Language:

New language is <u>underlined</u> and language that will be deleted is <del>struck through</del>.

# 1 1.2 Definitions

#### 2 Bridge donor

3 A Kidney Paired Donation (KPD) donor who does not have a match identified during the same match run

- 4 as the donor's paired candidate <u>and continues a chain in a future match run</u>.
- 5 6 **Chain**
- 7 A set of KPD matches that begins with a donation from a non-directed living donor to that KPD donor's
- 8 matched candidate. This candidate's paired living donor then donates to the KPD donor's matched
- 9 candidate. A chain continues until a living donor donates to <u>an orphan candidate</u>, a waiting list
- 10 candidate, or is a bridge donor.
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- 12 Orphan candidate
- A KPD candidate who does not receive a kidney transplant from the matched donor for any reason after
   the candidate's paired donor has donated.
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## 16 **13.7 OPTN KPD Screening Criteria**

## 17 **13.7.F OPTN KPD Prioritization Points**

All OPTN KPD matches receive 100 base points. KPD matches will receive additional points
 according to *Table 13-2: OPTN KPD Prioritization Points* when the OPTN Contractor identifies all

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22 23 possible matches and exchanges from the list of eligible KPD donors and candidates. The OPTN Contractor will then prioritize the set of exchanges with the highest total point value.

#### If the: Then the match will receive: Candidate is registered for the OPTN KPD .07 points for each day according to *Policy* 13.7.G: OPTN KPD Waiting Time program **Reinstatement** Candidate is a 0-ABDR mismatch with the 20010 points potential donor Candidate and potential donor are 25 points registered for the OPTN KPD program in the same region Candidate and potential donor are 25 points registered for the OPTN KPD program in the same DSA Transplant hospital that registered both 2575 points the candidate and potential donor in the OPTN KPD program is the same Candidate and potential donor had a 75 points previous crossmatch that was one of the following: <u>Negative</u> Positive and acceptable with desensitization • Positive and acceptable without desensitization Candidate was less than 18 years old at the 100 points time the candidate was registered in the **OPTN KPD program** 150 points Candidate is a prior living organ donor Candidate ABO is O 100 points Candidate ABO is B 50 points Candidate ABO is A 25 points Candidate ABO is AB 0 points Paired donor ABO is O 0 points Paired donor ABO is B 100 points Paired donor ABO is A 250 points Paired donor ABO is AB 500 points Candidate has a CPRA greater than or 125 points equal to 80% Candidate CPRA is 0-19 0 points Candidate CPRA is 20-29 5 points Candidate CPRA is 30-39 10 points Candidate CPRA is 40-49 15 points

#### Table 13-2: OPTN KPD Prioritization Points

If the:	Then the match will receive:
Candidate CPRA is 50-59	20 points
Candidate CPRA is 60-69	25 points
Candidate CPRA is 70-74	50 points
Candidate CPRA is 75-79	75 points
Candidate CPRA is 80-84	<u>125 points</u>
Candidate CPRA is 85-89	200 points
Candidate CPRA is 90-94	300 points
Candidate CPRA is 95	500 points
Candidate CPRA is 96	700 points
Candidate CPRA is 97	900 points
Candidate CPRA is 98	<u>1250 points</u>
Candidate CPRA is 99	<u>1500 points</u>
Candidate CPRA is 100	<u>2000 points</u>
Potential donor has at least one of the	- 5 points
other antibody specificities reported for	
the candidate	
Candidate is an orphan candidate	<u>1,000,000 points</u>

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If a candidate has multiple paired donors with different blood types, then all of the candidate's matches will be awarded the priority point value associated with the paired donor whose ABO receives the fewest amount of points.<sup>1</sup>

#### 29 13.7.G OPTN KPD Waiting Time Reinstatement

30 KPD waiting time begins on the day the candidate's transplant hospital registers the candidate in the OPTN KPD program. Candidates accrue 0.07 points per day from the date the candidate is registered in the OPTN KPD program. A candidate will accrue KPD waiting time at both active and inactive status in the OPTN KPD program.

The OPTN Contractor will reinstate OPTN KPD waiting time to recipients, without interruption, if the OPTN KPD candidate experiences immediate and permanent non-function of any transplanted kidney and the KPD candidate is re-registered in the OPTN KPD program with another living donor. Immediate and permanent non-function of a transplanted kidney is defined as either:

- 1. Kidney graft removal within the first 90 days of transplant documented by a report of the removal of the transplanted kidney.
- Kidney graft failure within the first 90 days of transplant with documentation that 2. the candidate is either on dialysis or has measured creatinine clearance (CrCl) or calculated glomerular filtration rate (GFR) less than or equal to 20 mL/min within 90 days of the kidney transplant.

<sup>&</sup>lt;sup>1</sup> On October 8, 2019, the OPTN Executive Committee approved a clarification to Policy 13.7.F to specify in policy that if a candidate has multiple paired donors, the KPD program will award blood type points based on the candidate's paired donor who has the blood type associated with the fewest points. For more information regarding this clarification, please contact member.questions@unos.org.

48 KPD waiting time will be reinstated when the OPTN Contractor receives a request for
 49 reinstatement of KPD waiting time and the required supporting documentation from the KPD
 50 candidate's transplant hospital.

#### 52 13.7.H Priority for Orphan Candidates

53A candidate will be eligible for orphan candidate priority only if the candidate qualified for54orphan status through participation in the OPTN KPD program. An orphan candidate will receive55priority according to Table 13-2: OPTN KPD Prioritization Points, even if the candidate has56another willing living donor. The orphan candidate will retain this priority until the orphan57candidate receives a kidney transplant. The orphan candidate can always refuse a match offer58and retain orphan candidate priority.

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## 13.8 Two- and Three-Way Matches

#### 61 13.8.B Logistical Requirements for Two- and Three-Way Matches

62In two-way or three-way exchanges in the OPTN KPD program, all KPD donor surgeries involved63in the exchange must begin within 24 hours and only after all donor surgeons involved in the64exchange agree to proceed. each matched donor recovery must be scheduled to begin within 2465hours of the start of the previous matched donor recovery. The donor surgeries in the exchange66will begin only after all transplant programs agree to proceed.

## 68 13.9 Donor Chains

#### 69 13.9.B Logistical Requirements for Donor Chains

In KPD donor chains in the OPTN KPD program, surgeries may or may not occur simultaneously.
 A KPD candidate must receive a kidney within 24 hours of the same day his paired KPD donor
 donates. A KPD candidate-donor pair will always have the option to have surgery on the same
 day. KPD donor surgeries must be scheduled to occur within 3 weeks of the day the paired
 candidate receives a transplant.

76A chain must end with a donation to a KPD candidate on the deceased donor waiting list at the77transplant hospital that entered the non-directed donor that started that chain or with a KPD78bridge donor who will be included in a later match run. The transplant hospital that enters the79NDD can choose whether the chain can end with a bridge donor or a donation to the deceased80donor waitlist. The transplant hospital registering the potential KPD donor may refuse to allow81the potential KPD donor to serve as a bridge donor at any point in the process.

In OPTN KPD chains, each matched donor recovery must be scheduled to begin within 21 days
 from the date the matched donor's paired candidate receives a transplant. However, a KPD
 candidate-donor pair has the option to either have their surgeries begin within 24 hours of one
 another or refuse the match. Surgeries occurring within 24 hours would follow the same
 requirements as the two-way or three-way exchange according to *Policy 13.8.B: Logistical Requirements for Two- and Three-Way Matches.*

#### 89 13.9.C What to Do When A Chain Breaks Ending Chains

90Transplant hospitals participating in OPTN KPD must follow the requirements for ending a chain91according to Table 13-3 below.

#### Table 13-3: Logistical Requirements for Ending Chains

If a chain begins that:	Then:
<u>Does not include a match for an orphan</u> <u>candidate</u>	<ul> <li><u>The transplant hospital that entered the non-directed donor (NDD) can choose to either:</u></li> <li><u>Allow the chain to continue through bridge donation, if the last paired donor in the chain is willing to be a bridge donor.</u></li> <li><u>End the chain with a donation from the last paired donor in the chain to a candidate on the deceased donor waiting list at the transplant hospital that entered the NDD that started the chain.</u></li> </ul>
Includes a match for an orphan candidate	The chain must end with a donation to the orphan candidate.

If the transplant hospital that entered the non-directed donor initially chooses to allow the chain to continue through bridge donation, the chain will extend until the transplant hospital reports to the OPTN Contractor that *one* of the following events has occurred:

- <u>The bridge donor declines to donate</u>
- <u>The bridge donor donates to an orphan candidate</u>
- <u>The bridge donor donates to the deceased donor waitlist</u>
- The transplant hospital that registered the bridge donor in the OPTN KPD program refuses to allow the donor to serve as a bridge donor

A transplant hospital that entered the non-directed donor can also request to end the chain with a donation to the deceased donor waiting list.

## 13.9.<u>ED</u> What to Do When a Chain Breaks

In the OPTN KPD program, a donor chain will proceed until a KPD candidate or <del>KPD potential</del> <u>matched</u> donor refuses a match offer.

112If a KPD candidate or potential KPD donor in a chain refuses a match offer, then the chain's last113donor, who is in a match that has been accepted before a KPD candidate or potential KPD donor114refuses a match, may donate to the deceased donor waiting list or may be a bridge donor as115outlined in Policy 13.9.B: Logistical Requirements.

117If a KPD candidate or matched donor in a chain refuses a match offer, then the matched donor118at the end of the chain may donate to an orphan candidate, the deceased donor waiting list, or119may be a bridge donor as outlined in Policy 13.9.B: Logistical Requirements for Donor Chains and120Policy 13.9.C: Ending Chains.

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