

OPTN Kidney Transplantation Committee

**Meeting Minutes
June 17, 2019
Conference Call**

**Nicole Turgeon, MD, Chair
Vincent Casingal, MD, Vice Chair**

Introduction

The Kidney Transplantation Committee met via Citrix GoToTraining teleconference on 06/17/2019 to discuss the following agenda items:

1. Welcome & Announcements
2. Scientific Registry of Transplant Recipients (SRTR) Kidney-Pancreas Simulated Allocation Model (KPSAM) Report Findings

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

1. Welcome & Announcements

UNOS staff received the KPSAM report and immediately shared the report with members of the Kidney Transplantation Committee, Pancreas Transplantation Committee, the Kidney-Pancreas Workgroup, and the OPTN Board of Directors. The report was also posted on the OPTN website and shared with the OPTN community. SRTR staff will present the modeling report to the Workgroup.

2. Scientific Registry of Transplant Recipients (SRTR) Kidney-Pancreas Simulated Allocation Model (KPSAM) Report Findings

SRTR staff presented the findings of the KPSAM modeling report.

Data summary:

The KPSAM used a study population of real candidate and donor information from January to December 2017 to simulate allocation by applying mechanisms of proposed allocation frameworks within the modeling request submitted by the Kidney-Pancreas (KP) Workgroup on April 1, 2019.

SRTR staff informed the Committee of some limitations of the KPSAM and potential implications for policy development. The KPSAM relies on aggregate historical data therefore can't predict changes in organ acceptance behavior or identify trends over time. The KPSAM works best for modelling small allocation changes applied to large patient groups, therefore the modeling is unlikely to give reliable predictions for small population subgroups. The KPSAM also assumes standardized behavior, therefore, center- and OPO-level variation in policy or practice is not modeled and neither are directed/expedited allocations.

Additionally, the settings for the modeling had organs discarded after a fixed number (200) of declined offers, regardless of organ and donor characteristics. SRTR staff explained that overall, Simulated Allocation Models are good tools to estimate the relative magnitude and direction of possible effects of policy change. SRTR staff emphasized some policy changes may be justified even in the absence of clear simulation results.

SRTR staff summarized the findings of the modeling as follows:

- Transplant counts varied very little across models, by less than 200 across all runs.

- Kidney and KP/Pancreas allocation systems are highly related, with KP/Pancreas candidates receiving absolute priority over kidney candidates through the first (formerly “local”) level of allocation.
- KP candidates outnumber pancreas candidates by three to one. Under broader sharing, KP candidates tend to benefit more than pancreas candidates.
- In general, when the KP/Pancreas and kidney circles are of the same size, relatively more KP transplants are performed, and relatively fewer pancreas and kidney transplants. In contrast, when the KP/Pancreas circle is smaller than the kidney circle, both kidney and pancreas transplants decline less.
- For kidney-alone, the largest changes in transplant rates were observed under the broadest sharing, and the smallest changes under the most conservative sharing.
- Transplant rates for pediatric candidates increased under all proposals; this is in addition to the increase observed from the true baseline to the baseline run with pediatric priority.
- Rates for adults aged ≥ 50 years, and particularly ≥ 65 years, tended to decline somewhat.
- Transplant rates were generally higher for African American and Latino candidates in all proposals, and slightly lower for whites and non-Latinos.
- Transplant rates increased for female candidates; this was maximized in the broadest sharing scenarios.
- Transplant rates were higher for candidates with >5 years of dialysis, and the increase was maximized under the broadest sharing proposals. Transplant rates for candidates with cPRA 80-99 likewise increased under broader sharing scenarios.
- There were small decreases in transplant rates among non-metropolitan candidates (where the rural-urban commuting area (RUCA) grouping is defined by candidate’s permanent zip code).

Discussion:

One committee member asked if there is a statistically significant increase in certain subgroups. SRTR staff clarified the report does not provide statistical significance as it’s not possible given the assumptions of the SAM.

A committee member asked if the modeling assumes the transplant center accepts the offer. SRTR staff clarified the model takes the average acceptance of a donor based on 2017 data. The committee member further asked when looking at kidney alone modeling results then KP modeling results, if the report is taking into account kidneys that are traveling with the KPs. SRTR staff clarified by grouping kidney and KP together, the results are pretty consistent over time. However if you separate them out, KP increases the same amount as the kidney alone decreases. Therefore, the modeling is predicting more kidney alones are going to KP candidates. Another committee member suggested adding a new category to the data that shows the total number of transplant count for kidney alone plus KP.

A committee member commented the waiting time for KP transplants is significantly shorter than kidney alone and could cause the perception that KPs are being unfairly treated in a preferential manner and given unfair priority. The Committee plans to discuss this going forward.

Next Steps

The Kidney and Pancreas Committees will be meeting separately in Baltimore to deliberate a policy proposal for Fall public comment.

Upcoming Meeting

- June 25, 2019 – Baltimore
- July 8, 2019 – Teleconference
- July 15, 2019 – Teleconference

Attendance

- **Committee Members**
 - Robert Bray
 - Vincent Casingal
 - Valinda Jones
 - Mary Killackey
 - Lisa Matthias
 - Deepak Mital
 - Ernesto Molmenti
 - Martha Pavlakis
 - Vinaya Rao
 - Fuad Shihab
 - Julia Steinke
 - Nicole Turgeon
 - Andrew Weiss
- **HRSA Representatives**
 - James Bowman
 - Shannon Dunne
 - Marilyn Levi
 - Robert Walsh
- **SRTR Staff**
 - Bert Kasiske
 - Jon Snyder
 - Bryn Thompson
- **UNOS Staff**
 - James Alcorn
 - Nicole Benjamin
 - Scott Castro
 - Beth Coe
 - Craig Connors
 - Mary Ellison
 - Jill Finnie
 - Abby Fox
 - Chelsea Haynes
 - Lindsay Larkin
 - Shannon Edwards
 - Rebecca Murdock
 - Tina Rhoades
 - Leah Slife
 - Kiana Stewart
 - Ross Walton
 - Amber Wilk
- **Other Attendees**
 - Sharon Bartosh
 - Amy Evenson
 - Angelika Gruessner
 - Victoria Hunter
 - Fouad Kandeel
 - Liise Kayler
 - Jim Kim

- Cathi Murphey
- Erica Simonich
- Jeffrey Steers
- Silke Niederhaus