

OPTN Kidney Transplantation Committee

Meeting Minutes

September 16, 2019

Conference Call

Vince Casingal, MD, Chair
Martha Pavlakis, MD, Vice Chair

Introduction

The OPTN Kidney Transplantation Committee (the Committee) met via Citrix GoToTraining teleconference on 09/16/2019 to discuss the following agenda items:

1. Public Comment Update
2. Medical Urgency Discussion

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

1. Public Comment Update

The Committee discussed the sentiment received so far from regional meetings and committee meetings regarding public comment documents. Regional representatives on the call also gave their impressions of their region's feedback so far.

The key takeaways are:

- Questions about standards for medical urgency and how import back up would function
- Concerns about:
 - Accountability for individual OPO performance
 - Increased cost or logistical challenges
 - Modeling not including impact on cost or logistics
 - Increased flying and dependence on commercial flights
 - Potential center level impact
 - Potential for increased discards
 - Circle size
 - Use of proximity points
 - Pediatric priority

Next steps:

For future regional meetings where the proposal is unsupported, the Chair encouraged the committee members to continue to promote discussion on recommendations for alternative options.

2. Medical Urgency Discussion

The Committee considered options for medical urgency for discussion.

Data summary:

Option 1:

- Create a new "medically urgent" classification in existing allocation tables.

- Create a prospective review process with a subcommittee of the Kidney Committee with a four day turnaround on review.
- Classification priority on allocation tables dependent on KDPI of donor kidney.

Option 2:

- A medical urgency form is submitted for the candidate based on specific clinical criteria, at which time they receive “medically urgent” classification
- Retrospective review to be performed by Organ Center Operations staff in consultation with the Kidney Committee on a regular basis

Option 3:

- A medical urgency form is submitted for the candidate based on specific clinical criteria. The form is signed by a physician and includes supporting documentation (i.e. dialysis report, lab reports with GFR values).
- Organ Center Operations staff reviews the form and supporting documentation to ensure the candidate qualifies based on policy. UNOS staff then updates candidate’s listing in UNet.

Option 4:

- Candidate apply and are listed for “medical urgency” status if they meet the clinical definitions defined. The request is reviewed retrospectively by the Committee on a regular basis.
- If an application does not meet specific clinical criteria, then a prospective review will be used.

Summary of discussion:

The Chair asked the Committee how these options fit in with the cases they’ve seen and if they see any particular issues with the options presented. Committee members did not support having the Kidney Committee review each case individually. The Committee was supportive of having two surgeons who perform two separate evaluations sign the “medical urgency” status application.

Next Steps

The Committee will use public comment and community feedback to determine specific clinical criteria to define “medical urgency” before determining the appropriate approval process.

Upcoming Meetings

- October 7, 2019
- October 21, 2019

Attendance

- **Committee Members**
 - Vince Casingal
 - Mark Earl
 - Amy Evenson
 - Valinda Jones
 - Mary Killackey
 - Jim Kim
 - Lisa Matthias
 - Deepak Mital
 - Ernesto Molmenti
 - Cathi Murphey
 - Martha Pavlakis
 - Steven Potter
 - Erica Simonich
 - Julia Steinke
 - Nicole Turgeon
 - Andrew Weiss
- **HRSA Representatives**
 - Jim Bowman
 - Shannon Dunne
 - Marilyn Levi
 - Robert Walsh
- **SRTR Staff**
 - Sally Gustafson
 - Bert Kasiske
 - Nick Salkowski
- **UNOS Staff**
 - Nicole Benjamin
 - Scott Castro
 - Betsy Gans
 - Lindsay Larkin
 - Tina Rhoades
 - Leah Slife
 - Amber Wilk