

## **OPTN Kidney Transplantation Committee**

### **Meeting Minutes**

**October 21, 2019**

**Chicago, IL**

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

### **Introduction**

The OPTN Kidney Transplantation Committee (the Committee) met in Chicago, IL on 10/21/2019 to discuss the following agenda items:

1. Welcome and Opening Remarks
2. Analysis of OPTN Public Comment Themes
3. Geography Project Discussion and Vote
4. Research Department Orientation
5. Policy Oversight Committee Update
6. Committee Charge Discussion and Vote

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

### **1. Welcome and Opening Remarks**

The Committee Chair welcomed everyone to the meeting and set the goals for the day:

- Summarize key concerns expressed during Public Comment.
- Discuss the Committee's options moving forward with the proposal.
- Re-examine and discuss key metrics in the Kidney-Pancreas Simulated Allocation Model (KPSAM) report to illuminate gains in equity moving from Donation Service Area (DSA) and Region to the 250.2.4 variation.
- Determine whether medical urgency and import backup require more public input and discuss timelines.
- Vote on the final proposal language.

### **2. Analysis of OPTN Public Comment Themes**

The Committee reviewed public comment themes regarding kidney transplant counts and Organ Procurement Organization (OPO) performance measures by donation service areas (DSA).

#### Summary of Data

The *Eliminate the use of DSA and Region in kidney allocation policy* proposal received numerous comments during Public Comment suggesting that OPO performance is a larger cause of disparity than DSA. The Committee reviewed available data and information from:

- *O:E Kidney yield, Kidney standardized donation rate ratio, and Kidney donor conversion ratio*, Scientific Registry of Transplant Recipients (SRTR)
- *Deceased Donor Potential Study (DDPS) based conversion rate*, OPTN (updated 2017)
- *Transplants Per 100 Potential Donors*, investigative journalist (2016)

The analysis concluded:

- Overall, there was minimal, if any, evidence to support the hypothesis that the proposed allocation systems would systematically shift kidneys from “better performing OPOs” to “low performing OPOs”.
- There are some “low performing OPOs” that will benefit under the broader distribution proposal, and some “better performing OPOs” that will see a lower volume of kidney transplants under the proposal.
- Similarly, some “better performing OPOs” that will also benefit under the broader distribution proposal, and some “poor performing OPOs” will see a lower volume of kidney transplants under the proposal.
- The only case where there was a statistically significant finding was driven by a single outlier OPO utilizing self-reported data, though this OPO was not a “poor performer” across all performance metrics examined.

The proposal also received numerous comments that stated transplant rate may not be an appropriate metric to use when evaluating the impact of a potential policy change. There were suggestions to use a denominator of prevalent end-stage renal disease (ESRD) cases in a DSA rather than candidates on the waiting list for calculating transplant rates. The Committee was informed there is an analysis plan to examine transplant rate using a different denominator to be presented at a later meeting.

#### Discussion

A committee member expressed their region believes the OPTN should put more effort into improving OPO performance. Another Committee member said other researchers have shown there’s a wide variation in OPO performance. It was clarified that this analysis shows that across the nation there is no correlation between OPO performance and KPSAM estimated difference in net volume, but that’s not to say there aren’t differences between OPOs. UNOS leadership informed the Committee there are ongoing OPTN efforts outside of this allocation project to address OPO performance.

Another Committee member suggested the Committee’s goal should be equalizing donation rates across the country. A Health Resources and Services Administration (HRSA) representative also clarified that HRSA directed the OPTN to revise organ allocation policies to remove DSA and region from allocation policy to be in compliance with the Final Rule and that is the primary goal of the project.

### **3. Project Discussion and Vote**

The Committee Chair gave the Committee an overview of the project goal and objectives:

- The stated purpose of this project is to remove DSA and Region from kidney allocation policy.
- While this purpose aligns with OPTN Strategic Goal 2 to improve equity in access to transplant, this project was never intended to comprehensively address all inequities in allocation.
- According to the OPTN Final Rule, allocation should be as broad as feasible, limited only by other factors identified in the Final Rule, such as efficiency in placement or the best use of organs.

#### Summary of Data

The Committee reviewed the public comment themes and feedback from stakeholders received as a result of the extensive communication and outreach efforts over the most recent Public Comment period, totaling over 40 presentations on behalf of the Kidney Committee.

One major theme that came out of Public Comment was concern over logistics and efficiency of kidney placement. The community expressed concern that there will be longer cold ischemic times and an

increase in discards due to kidneys flying more and variability in access to airports. There is concern these logistics will also affect cross-matching transport and availability of samples. The Committee examined how those logistical considerations would be affected if the circle size were reduced to 250 nautical miles (NM). According to KPSAM modeling, the estimated percentage of kidneys traveling beyond 250 NM (which the Committee has used as an evidence-based transition from driving to flying for transportation) would be lower within the 250 NM framework than the 500 NM framework.

The Committee reviewed another recurring theme from Public Comment which was the sentiment that the Committee “changed” the KPSAM modeling. SRTR reminded the Committee that it programs the KPSAM, and recommended an alternative accept/decline model for Committee consideration. The SRTR began a detailed investigation of the acceptance model component of KPSAM in December 2018, almost immediately after submitting the analysis of the first KPSAM request to the OPTN Kidney and Pancreas Committees. The SRTR determined that the “local indicator” used in that initial KPSAM analysis was significantly reducing the number of transplants in the first request, but that candidate characteristics, e.g., dialysis duration at offer, were also reducing the number of transplants, although at a lower magnitude than the local indicator. After conferring with the Committee, the SRTR modified the acceptance model to eliminate the local indicator and candidate characteristics, because their investigation identified these factors as presenting additional limitations in accurately predicting transplant rates in a post-DSA allocation framework. The acceptance model for the second KPSAM request included only donor factors because their distributions within a match run are unlikely to change across different allocation systems.

The Committee reviewed feedback from their regions, other committees, and major stakeholders including the American Society of Transplantation, American Society of Transplant Surgeons, North American Transplant Coordinators Organization, Association of Organ Procurement Organizations, American Society for Histocompatibility and Immunogenetics, National Kidney Foundation, American Society of Pediatric Nephrology, and American Nephrology Nurses Association. The societies’ comments expressed concerns surrounding logistical issues and circle size, the proper use of proximity points, multi-organ priority, pediatric and prior living donor priority, and concern for coastal areas. Some societies, regions and committees recommended reducing the circle size to 250NM to negate some of these concerns.

The Committee reviewed feedback from the October 16 OPTN Pancreas Committee meeting and the October 18 Kidney-Pancreas Workgroup meeting. The Pancreas Committee outlined a few options moving forward, including pursuing the 250.2.4 alternative to the OPTN public comment proposal for OPTN Board Consideration. The Pancreas Committee discussed the strengths and weaknesses of these options, with sentiment leaning towards moving forward with the 250.2.4 option. During the Kidney-Pancreas Workgroup meeting the OPTN Pediatric Committee stakeholder expressed the pediatric community would be more supportive of a 250 NM circle.

### Discussion

The Committee discussed whether the original 500.4.8 proposal should continue to the Board in December 2019. After considering the Final Rule, compiled data, the KPSAM results, the Committee’s sound medical judgement, and public comment feedback, the Committee decided to not move forward with the 500.4.8 framework. The Committee considered public comment feedback and qualitative feedback received from colleagues at each of the regional meetings. It became clear to the Committee based on that feedback and the associated logistical concerns, that moving forward with the 500.4.8 alternative would be infeasible, and the Committee should therefore consider alternatives.

The Committee then considered revising the proposal to the 250.2.4 model as an alternative. The Committee considered the following factors:

- The 250.2.4 framework was a strong contender for Committee consideration before Public Comment and comparative data was included in the public comment proposal.
- The 250.2.4 framework received supportive feedback during Public Comment
- Removes DSA and Region, broadens distribution, and achieves gains in equity
  - Gains in equity were fairly consistent across the 500.4.8 and 250.2.4 frameworks; however, the Committee believes that the 250.2.4 alternative can better address the logistical concerns expressed by the community during public comment

The Committee discussed how the 250.2.4 framework would meet the requirements of the Final Rule. The Committee determined:

- The potential decrease in organs flown with the 250 NM solution would mitigate many of the logistical challenges related to flying kidneys commercially by increasing the likelihood that more kidneys would be driven when compared to the 500.4.8 variation. By limiting the logistical impact of flying, including the potential that kidneys that are flown might get lost or endure too much cold ischemic time or get lost, thereby potentially decreasing the likelihood that they will be transplanted, the Committee considers the 250 NM solution would better align with the Final Rule requirements to avoid organ loss and promote efficient placement of organs.
- Proximity points within the first allocation circle offer value in a 250 NM framework because it recognizes that the time it takes to drive 250 NM miles differs significantly throughout the country. Those differences may result in hours of cold ischemic time and varying patient outcomes, and thus it's the sound medical judgement of the Committee to continue to utilize proximity points in a framework utilizing 250 NM. The inclusion of these points reduces median travel distances when compared to variations that didn't use them and the Committee believes that they help achieve more efficient placement of organs.
- The 250.2.4 variation achieves greater equity than the current allocation system that utilizes DSA and regions as units of allocation.
- The 250.2.4 variation achieves greater access for candidates with more than 5 years of dialysis time compared to baseline. This reinforces that the new proposal achieves the best use of organs, in accordance with the Final Rule.
- The 250.2.4 variation, achieves greater access for candidates with cPRA values between 80 and 99 when compared to baseline, reinforcing that the new proposal achieves the best use of organs under the broadest feasible distribution, in accordance with the Final Rule.
- Across DSAs, the variance in transplant rate decreased under both the 250 NM framework (and the 500 NM framework) from baseline, suggesting an increase in equity to transplant among waitlisted kidney candidates.

Some Committee members expressed concern the timeline for this allocation change is perceived by the community as too fast. Furthermore, the Committee believes moving to 250 NM is a transitional step that allows the Committee to evaluate implementation of a new framework of distributing kidneys and apply those findings to future broader distribution appropriately. The 250.2.4 framework still introduces an element from, and represents a step toward, Continuous Distribution. To allay concerns about the implementation, the Committee agreed the evaluation plan within the implementation plan should be robust and thorough to monitor all effects of the new policy.

The Committee then discussed how to incorporate a new “medically urgent” status in the new allocation framework. Public Comment feedback was limited, but two principle definitions for medical urgency were consistent: loss of vascular access and inability to receive dialysis. The Committee discussed possible options for a proposal on the September 16 call, but needed more information on OPTN Resources and a more robust definition for what defines a medically urgent candidate. The Committee briefly discussed the following questions:

- Besides loss of vascular access and inability to receive dialysis, which cases in your DSA have qualified for medical urgency under current policy?
- Should medical urgency review be prospective or retrospective?
- What kind of supporting documentation should be reviewed for these cases? What kind of authorization is needed?
- Should medically-urgent candidates be placed above or below 100% highly-sensitized candidates?

The Committee decided more work needs to be done to determine the proper classification and review process for medical urgency. Therefore, it was decided the Committee form a subcommittee to develop a new proposal for medical urgency for spring 2020 public comment.

The Committee then discussed options for import backup as it was also included in the public comment proposal. The Committee discussed the following questions:

- Should an allocation circle smaller than 250 NM be utilized for re-allocation during import backup?
- If import backup is delegated, should the host OPO or the import OPO run the new match?
- Should candidates that denied the offer during initial allocation be excluded from the match run during import backup re-allocation?

The Committee decided because Public Comment feedback was limited, more feedback is needed. Therefore, it was decided the Committee will join a workgroup comprised of members from the Kidney, Pancreas and Organ Procurement Organization (OPO) Committees to develop a new proposal for spring 2020 public comment.

The Committee considered feedback from OPTN Region 6 regarding donors in Alaska and the potential under-utilization of those kidneys that are recovered from Alaskan donors, as there are no kidney transplant programs in Alaska. The Committee elected to include in their proposal a new administrative rule, similar to the rule included in Board-approved liver policy, which would allow kidneys donated in Alaska to be allocated as if the donor was located at SeaTac Airport in Seattle, Washington, with the circle (which has a radius of 250 NM) surrounding that location.

The Committee then reviewed draft policy language based on the 250.2.4 variation (see draft policy language beginning on page 10). The Chair called a vote for the Committee to approve the 250.2.4 proposal to move forward to the Board in December 2019.

#### Vote:

Should the 250.2.4 proposal be sent to the OPTN Board of Directors for consideration?

Yes – 65% (13)

No – 20% (4)

Absent – 15% (3)

#### Next steps

The 250.2.4 briefing paper will go to the Board for consideration in December 2019. The Medical Urgency Subcommittee and Import Backup Workgroup will develop proposals for spring 2020 public comment.

#### **4. Research Department Orientation**

The Kidney Committee research support presented a UNOS Research Department Orientation to the committee members. The presenter explained the purpose and responsibilities of the Research Department and the research support position for the Committee and its projects. As part of the committee support structure, the Research Department provides analyses in support of the policy change initiatives and for monitoring the change post-implementation. Other roles of the department are fulfilling data requests, scientific research, and database activities. Another important item was the process of requesting data as a Committee:

- Data requests should be made through the process of committee discussion – and not by individual committee members.
- Results of committee requested analysis are presented at a future meeting or conference call.
- Manuscripts based on the committee activities must be reviewed by HRSA prior to submission.

#### **5. Policy Oversight Committee Update**

The Committee Vice Chair presented an update from the Policy Oversight Committee (POC). The POC has selected three themes for future policy priorities:

- Continuous distribution
- More efficient donor/recipient matching to increase utilization
- Improved equity for multi-organ and single organ candidates

The POC is aligning existing and new project ideas with these three priorities.

#### **6. Committee Charge Discussion and Vote**

The Committee reviewed and were asked to vote to reaffirm their committee charge.

*The Kidney Transplantation Committee is charged with considering medical, scientific, and ethical aspects related to kidney organ procurement, distribution, and allocation. The Committee considers both the broad implications and the specific member situations relating to kidney issues and policies. The goal of the committee's work is to develop evidence-based policies aimed at reducing the burden of renal disease in transplant patients (candidates and recipients), increasing kidney utilization, improving access to kidney transplantation as appropriate, and improving the health outcomes of kidney transplant recipients, fostering access to transplantation and good outcomes for patients (including waiting candidates and living donors) involved in kidney transplantation.*

#### Vote

Do you approve the OPTN Kidney Committee charge?

Yes - 85% (17)

No – 0%

Absent – 15% (3)

**Upcoming Meetings**

- November 18, 2019 – Teleconference
- December 16, 2019 – Teleconference

## Policy Language

Proposed new language is underlined (example) and language that is proposed for removal is struck through (~~example~~). Heading numbers, table and figure captions, and cross-references affected by the numbering of these policies will be updated as necessary.

### 5.1 Minimum Acceptance Criteria

~~Minimum acceptance criteria define which import deceased donor organs will be offered by the Organ Center to transplant hospitals from OPOs outside the receiving transplant hospital's Donation Service Area (DSA).~~

#### 5.1.A Kidney Minimum Acceptance Criteria

Kidney transplant programs must report to the OPTN Contractor annually minimum kidney acceptance criteria for offers for deceased donor kidneys more than 250 nautical miles away from the transplant program. The kidney minimum acceptance criteria will not apply to imported ~~zero antigen 0-ABDR~~ mismatch (~~0-ABDR~~) offers or offers to highly sensitized candidates according to *Policy 8.5.F: Highly Sensitized Candidates*.

## Policy 8: Allocation of Kidneys

### 8.2 Exceptions

#### 8.2.A Exceptions Due to Medical Urgency

~~Prior to receiving an organ offer from a deceased donor in the same DSA, a candidate's transplant physician may use medical judgment to transplant a candidate out of sequence due to medical urgency.~~

~~If there is more than one kidney transplant program in the DSA, then the candidate's physician must receive agreement from the other kidney transplant programs in the DSA to allocate the kidney out of sequence and must maintain documentation of this agreement in the candidate's medical record.~~

Reserved.

### 8.3 Kidney Allocation Points Score

Candidates receive ~~points according to~~ an allocation score according to the total of all points assigned in Table 8-1 and 8-2 below.

**Table 8-1: Kidney Points**

If the candidate is:	And the following allocation sequence is used:	Then the candidate receives this many points:
Registered for transplant and meets the qualifying criteria described in <i>Policy 8.4: Waiting Time</i>	8.5.H, 8.5.I, 8.5.J, or 8.5.K	1/365 points for each day since the qualifying criteria in <i>Policy 8.4: Waiting Time</i>



Aged 0-10 at time of match and a 0-ABDR mismatch with the donor	8.5.H, 8.5.I, or 8.5.J	4 points
Aged 11-17 at time of match and a 0-ABDR mismatch with the donor	8.5.H, 8.5.I, or 8.5.J	3 points
Aged 0-10 at time of match and donor has a KDPI score <35%	8.5.H, 8.5.I	1 point
A prior living donor	8.5.H, 8.5.I, or 8.5.J	4 points
Sensitized (CPRA at least 20%)	8.5.H, 8.5.I, or 8.5.J	<i>See Table 8-2: Points for CPRA</i>
A single HLA-DR mismatch with the donor*	8.5.H, 8.5.I, or 8.5.J	1 point
A zero HLA-DR mismatch with the donor*	8.5.H, 8.5.I, or 8.5.J	2 points
<u>Meets the qualifying criteria described in Table 8-3: Points for Allocation of Kidneys based on Proximity to Donor Hospital</u>	<u>8.5.H, 8.5.I, 8.5.J, or 8.5.K</u>	<u>See Table 8-3: Points for Allocation of Kidneys based on Proximity to Donor Hospital</u>

\*Donors with only one antigen identified at an HLA locus (A, B, and DR) are presumed “homozygous” at that locus.

### **Table 8-3: Points for Allocation of Kidneys based on Proximity to Donor Hospital**

For purposes of this section, distance is calculated in nautical miles between candidate’s hospital of registration and the donor hospital.

<b><u>If the candidate is:</u></b>	<b><u>Then the candidate receives this many points:</u></b>
<u>Registered at a transplant program that is 250 nautical miles or less away from the donor hospital</u>	$2 - \left[ \left( \frac{2}{250 - 0} \right) \times distance \right]$
<u>Registered at a transplant program that is more than 250 nautical miles away from but 2500 nautical miles or less away from the donor hospital</u>	$4 - \left[ \left( \left( \frac{4}{2500 - 250} \right) \times distance \right) - \left( 4 \times \frac{250}{2500 - 250} \right) \right]$
<u>Registered at a transplant program that is more than 2500 nautical miles away from the donor hospital</u>	<u>0</u>

### **8.5.F Highly Sensitized Candidates**

Before a candidate with a CPRA score of 99% or 100% can receive offers in allocation classifications 1 through 10 according to *Tables 8-6 and 8-7*; classifications 1 through 7 according to *Table 8-8*; and classifications 1 through 6 in *Table 8-9*, the transplant program’s HLA

laboratory director and the candidate's transplant physician or surgeon must review and sign a written approval of the unacceptable antigens listed for the candidate. The transplant program must document this approval in the candidate's medical record.

#### 8.5.H Allocation of Kidneys from Deceased Donors with KDPI Scores less than or equal to 20%

Kidneys from deceased donors with a kidney donor profile index (KDPI) score of less than or equal to 20% are allocated to candidates according to *Table 8-5* below.

**Table 8-5: Allocation of Kidneys from Deceased Donors with KDPI Less Than or Equal To 20%**

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
1	OPO's DSA	0-ABDR mismatch, CPRA equal to 100%, blood type identical or permissible	Any
2	OPO's DSA	CPRA equal to 100%, blood type identical or permissible	Any
3	OPO's region	0-ABDR mismatch, CPRA equal to 100%, blood type identical or permissible	Any
4	OPO's region	CPRA equal to 100%, blood type identical or permissible	Any
5	Nation	0-ABDR mismatch, CPRA equal 100%, blood type identical or permissible	Any
6	Nation	CPRA equal to 100%, blood type identical or permissible	Any
7	OPO's DSA	0-ABDR mismatch, CPRA equal to 99%, blood type identical or permissible	Any
8	OPO's DSA	CPRA equal to 99%, blood type identical or permissible	Any
9	OPO's region	0-ABDR mismatch, CPRA equal to 99%, blood type identical or permissible	Any
10	OPO's region	CPRA equal to 99%, blood type identical or permissible	Any
11	OPO's DSA	0-ABDR mismatch, CPRA equal to 98%, blood type identical or permissible	Any
12	OPO's DSA	CPRA equal to 98%, blood type identical or permissible	Any
13	OPO's DSA	0-ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, and blood type identical	Any
14	OPO's region	0-ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run,	Any

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
		CPRA greater than or equal to 80%, and blood type identical	
15	Nation	0 ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, CPRA greater than or equal to 80%, and blood type identical	Any
16	OPO's region	0 ABDR mismatch, less than 18 years old at time of match, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
17	Nation	0 ABDR mismatch, less than 18 years old at time of match, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
18	OPO's region	0 ABDR mismatch, less than 18 years old at time of match, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type identical	Any
19	Nation	0 ABDR mismatch, less than 18 years old at time of match, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type identical	Any
20	OPO's region	0 ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
21	Nation	0 ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
22	OPO's DSA	0 ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, and blood type B	0
23	OPO's region	0 ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, CPRA greater than or equal to 80%, and blood type B	0
24	Nation	0 ABDR mismatch, top 20% EPTS or less than 18 years at time of match run, CPRA greater than or equal to 80%, and blood type B	0

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
25	OPO's region	0 ABDR mismatch, less than 18 at time of match, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	0
26	Nation	0 ABDR mismatch, less than 18 at time of match, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	0
27	OPO's region	0 ABDR mismatch, less than 18 at time of match, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type B	0
28	Nation	0 ABDR mismatch, less than 18 at time of match, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type B	0
29	OPO's region	0 ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	0
30	Nation	0 ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	0
31	OPO's DSA	0 ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, and blood type permissible	Any
32	OPO's region	0 ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, CPRA greater than or equal to 80%, and blood type permissible	Any
33	Nation	0 ABDR mismatch, top 20% EPTS or less than 18 years old at time of match run, CPRA greater than or equal to 80%, and blood type permissible	Any
34	OPO's region	0 ABDR mismatch, less than 18 years old at time of match run, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
35	Nation	0 ABDR mismatch, less than 18 years old at time of match run, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
36	OPO's region	0-ABDR mismatch, less than 18 years old at time of match run, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type permissible	Any
37	Nation	0-ABDR mismatch, less than 18 years old at time of match run, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type permissible	Any
38	OPO's region	0-ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
39	Nation	0-ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
40	OPO's DSA	Prior living donor, blood type permissible or identical	Any
41	OPO's DSA	Registered prior to 18 years old, blood type permissible or identical	Any
42	OPO's DSA	Top 20% EPTS, blood type B	A2 or A2B
43	OPO's DSA	Top 20% EPTS, blood type permissible or identical	Any
44	OPO's DSA	0-ABDR mismatch, EPTS greater than 20%, blood type identical	Any
45	OPO's region	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type identical	Any
46	Nation	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type identical	Any
47	OPO's region	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
48	Nation	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
49	OPO's DSA	<del>O</del> ABDR mismatch, EPTS greater than 20%, and blood type B	<del>O</del>
50	OPO's region	<del>O</del> ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type B	<del>O</del>
51	Nation	<del>O</del> ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type B	<del>O</del>
52	OPO's region	<del>O</del> ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	<del>O</del>
53	Nation	<del>O</del> ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	<del>O</del>
54	OPO's DSA	<del>O</del> ABDR mismatch, EPTS greater than 20%, and blood type permissible	Any
55	OPO's region	<del>O</del> ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type permissible	Any
56	Nation	<del>O</del> ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type permissible	Any
57	OPO's region	<del>O</del> ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
58	Nation	<del>O</del> ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
59	OPO's DSA	EPTS greater than 20%, blood type B	A2 or A2B
60	OPO's DSA	All remaining candidates, blood type permissible or identical	Any
61	OPO's region	Registered prior to 18 years old, blood type permissible or identical	Any
62	OPO's region	Top 20% EPTS, blood type B	A2 or A2B
63	OPO's region	Top 20% EPTS, blood type permissible or identical	Any

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
64	OPO's region	EPTS greater than 20%, blood type B	A2 or A2B
65	OPO's region	All remaining candidates, blood type permissible or identical	Any
66	Nation	Registered prior to 18 years old, blood type permissible or identical	Any
67	Nation	Top 20% EPTS, blood type B	A2 or A2B
68	Nation	Top 20% EPTS, blood type permissible or identical	Any
69	Nation	All remaining candidates, blood type permissible or identical	Any

**Table 8-6: Allocation of Kidneys from Deceased Donors with KDPI Less Than or Equal To 20%**

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
<u>1</u>	<u>0-ABDR mismatch, CPRA equal to 100%, blood type identical or permissible</u>	<u>250NM</u>	<u>Any</u>
<u>2</u>	<u>CPRA equal to 100%, blood type identical or permissible</u>	<u>250NM</u>	<u>Any</u>
<u>3</u>	<u>0-ABDR mismatch, CPRA equal to 100%, blood type identical or permissible</u>	<u>Nation</u>	<u>Any</u>
<u>4</u>	<u>CPRA equal to 100%, blood type identical or permissible</u>	<u>Nation</u>	<u>Any</u>
<u>5</u>	<u>Prior living donor, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>6</u>	<u>Registered prior to 18 years old, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>

<u>7</u>	<u>0-ABDR mismatch, CPRA equal to 99%, blood type identical or permissible</u>	<u>250NM</u>	<u>Any</u>
<u>8</u>	<u>CPRA equal to 99%, blood type identical or permissible</u>	<u>250NM</u>	<u>Any</u>
<u>9</u>	<u>0-ABDR mismatch, CPRA equal to 98%, blood type identical or permissible</u>	<u>250NM</u>	<u>Any</u>
<u>10</u>	<u>CPRA equal to 98%, blood type identical or permissible</u>	<u>250NM</u>	<u>Any</u>
<u>11</u>	<u>0-ABDR mismatch, top 20% EPTS, and blood type identical</u>	<u>250NM</u>	<u>Any</u>
<u>12</u>	<u>0-ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 80%, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<u>13</u>	<u>0-ABDR mismatch, less than 18 years old at time of match, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<u>14</u>	<u>0-ABDR mismatch, less than 18 years old at time of match, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<u>15</u>	<u>0-ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<u>16</u>	<u>0-ABDR mismatch, top 20% EPTS, and blood type B</u>	<u>250NM</u>	<u>O</u>
<u>17</u>	<u>0-ABDR mismatch, top 20% EPTS or less than 18 years at time of match run, CPRA greater than or equal to 80%, and blood type B</u>	<u>Nation</u>	<u>O</u>
<u>18</u>	<u>0-ABDR mismatch, less than 18 at time of match, CPRA greater than or equal to 21% but no greater than 79%, and blood type B</u>	<u>Nation</u>	<u>O</u>



<u>19</u>	<u>0-ABDR mismatch, less than 18 at time of match, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type B</u>	<u>Nation</u>	<u>O</u>
<u>20</u>	<u>0-ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 21% but no greater than 79%, and blood type B</u>	<u>Nation</u>	<u>O</u>
<u>21</u>	<u>0-ABDR mismatch, top 20% EPTS, and blood type permissible</u>	<u>250NM</u>	<u>Any</u>
<u>22</u>	<u>0-ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 80%, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<u>23</u>	<u>0-ABDR mismatch, less than 18 years old at time of match run, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<u>24</u>	<u>0-ABDR mismatch, less than 18 years old at time of match run, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<u>25</u>	<u>0-ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<u>26</u>	<u>Top 20% EPTS, blood type B</u>	<u>250NM</u>	<u>A2 or A2B</u>
<u>27</u>	<u>Top 20% EPTS, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>28</u>	<u>0-ABDR mismatch, EPTS greater than 20%, blood type identical</u>	<u>250NM</u>	<u>Any</u>
<u>29</u>	<u>0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type identical</u>	<u>Nation</u>	<u>Any</u>

<u>30</u>	<u>0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<u>31</u>	<u>0-ABDR mismatch, EPTS greater than 20%, and blood type B</u>	<u>250NM</u>	<u>O</u>
<u>32</u>	<u>0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type B</u>	<u>Nation</u>	<u>O</u>
<u>33</u>	<u>0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type B</u>	<u>Nation</u>	<u>O</u>
<u>34</u>	<u>0-ABDR mismatch, EPTS greater than 20%, and blood type permissible</u>	<u>250NM</u>	<u>Any</u>
<u>35</u>	<u>0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<u>36</u>	<u>0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<u>37</u>	<u>EPTS greater than 20%, blood type B</u>	<u>250NM</u>	<u>A2 or A2B</u>
<u>38</u>	<u>All remaining candidates, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>39</u>	<u>Registered prior to 18 years old, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>
<u>40</u>	<u>Top 20% EPTS, blood type B</u>	<u>Nation</u>	<u>A2 or A2B</u>
<u>41</u>	<u>Top 20% EPTS, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>

<u>42</u>	<u>All remaining candidates, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>
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### 8.5.1 Allocation of Kidneys from Deceased Donors with KDPI Scores Greater Than 20% but Less Than 35%

Kidneys from deceased donors with KDPI scores greater than 20% but less than 35% are allocated to candidates according to *Table 8-6* below.

**Table 8-6: Allocation of Kidneys from Deceased Donors with KDPI Scores Greater Than 20% but Less Than 35%**

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
<b>1</b>	OPO's DSA	0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	Any
<b>2</b>	OPO's DSA	CPRA equal to 100%, blood type permissible or identical	Any
<b>3</b>	OPO's region	0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	Any
<b>4</b>	OPO's region	CPRA equal to 100%, blood type permissible or identical	Any
<b>5</b>	Nation	0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	Any
<b>6</b>	Nation	CPRA equal to 100%, blood type permissible or identical	Any
<b>7</b>	OPO's DSA	0-ABDR mismatch, CPRA equal to 99%, blood type permissible or identical	Any
<b>8</b>	OPO's DSA	CPRA equal to 99%, blood type permissible or identical	Any
<b>9</b>	OPO's region	0-ABDR mismatch, CPRA equal to 99%, blood type permissible or identical	Any
<b>10</b>	OPO's region	CPRA equal to 99%, blood type permissible or identical	Any
<b>11</b>	OPO's DSA	0-ABDR mismatch, CPRA equal to 98%, blood type permissible or identical	Any
<b>12</b>	OPO's DSA	CPRA equal to 98%, blood type permissible or identical	Any

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
<b>13</b>	OPO's DSA	O-ABDR mismatch, blood type identical	Any
<b>14</b>	OPO's region	O-ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical	Any
<b>15</b>	Nation	O-ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical	Any
<b>16</b>	OPO's region	O-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type identical	Any
<b>17</b>	Nation	O-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type identical	Any
<b>18</b>	OPO's region	O-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type identical	Any
<b>19</b>	Nation	O-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type identical	Any
<b>20</b>	OPO's region	O-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
<b>21</b>	Nation	O-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
<b>22</b>	OPO's DSA	O-ABDR mismatch, blood type B	⊖
<b>23</b>	OPO's region	O-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B	⊖
<b>24</b>	Nation	O-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B	⊖

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
25	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type B	0
26	Nation	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type B	0
27	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type B	0
28	Nation	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type B	0
29	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	0
30	Nation	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	0
31	OPO's DSA	0-ABDR mismatch, blood type permissible	Any
32	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type permissible	Any
33	Nation	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type permissible	Any
34	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type permissible	Any
35	Nation	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type permissible	Any
36	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 0% but less than	Any

Classification	Candidates that are within the:	And are:	When the donor is this blood type:
		or equal to 20%, less than 18 at time of match, and blood type permissible	
37	Nation	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type permissible	Any
38	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
39	Nation	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
40	OPO's DSA	Prior living donor, blood type permissible or identical	Any
41	OPO's DSA	Registered prior to 18 years old, blood type permissible or identical	Any
42	OPO's DSA	Prior liver recipients that meet the qualifying criteria according to <i>Policy 8.5.G: Prioritization for Liver Recipients on the Kidney Waiting List</i> , blood type permissible or identical	Any
43	OPO's DSA	Blood type B	A2 or A2B
44	OPO's DSA	All remaining candidates, blood type permissible or identical	Any
45	OPO's region	Registered prior to 18 years old, blood type permissible or identical	Any
46	OPO's region	Blood type B	A2 or A2B
47	OPO's region	All remaining candidates, blood type permissible or identical	Any
48	Nation	Registered prior to 18 years old, blood type permissible or identical	Any
49	Nation	Blood type B	A2 or A2B
50	Nation	All remaining candidates, blood type permissible or identical	Any

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**Table 8-7: Allocation of Kidneys from Deceased Donors  
with KDPI Scores Greater Than 20% but Less Than 35%**

<u>Classification</u>	<u>Candidates that are</u>	<u>And registered at a transplant hospital that is at or within this distance from the donor hospital</u>	<u>With this donor blood type:</u>
<u>1</u>	<u>0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>2</u>	<u>CPRA equal to 100%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>3</u>	<u>0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>
<u>4</u>	<u>CPRA equal to 100%, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>
<u>5</u>	<u>Prior living donor, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>6</u>	<u>Registered prior to 18 years old, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>7</u>	<u>0-ABDR mismatch, CPRA equal to 99%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>8</u>	<u>CPRA equal to 99%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>9</u>	<u>0-ABDR mismatch, CPRA equal to 98%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>10</u>	<u>CPRA equal to 98%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>

<b><u>11</u></b>	<u>0-ABDR mismatch, blood type identical</u>	<u>250NM</u>	<u>Any</u>
<b><u>12</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<b><u>13</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<b><u>14</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<b><u>15</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<b><u>16</u></b>	<u>0-ABDR mismatch, blood type B</u>	<u>250NM</u>	<u>O</u>
<b><u>17</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B</u>	<u>Nation</u>	<u>O</u>
<b><u>18</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type B</u>	<u>Nation</u>	<u>O</u>
<b><u>19</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type B</u>	<u>Nation</u>	<u>O</u>
<b><u>20</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B</u>	<u>Nation</u>	<u>O</u>
<b><u>21</u></b>	<u>0-ABDR mismatch, blood type permissible</u>	<u>250NM</u>	<u>Any</u>
<b><u>22</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>



<u>23</u>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<u>24</u>	<u>0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<u>25</u>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<u>26</u>	<u>Prior liver recipients that meet the qualifying criteria according to <i>Policy 8.5.G: Prioritization for Liver Recipients on the Kidney Waiting List</i>, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>27</u>	<u>Blood type B</u>	<u>250NM</u>	<u>A2 or A2B</u>
<u>28</u>	<u>All remaining candidates, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>29</u>	<u>Registered prior to 18 years old, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>
<u>30</u>	<u>Blood type B</u>	<u>Nation</u>	<u>A2 or A2B</u>
<u>31</u>	<u>All remaining candidates, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>

#### **8.5.J Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than or Equal to 35% but Less than or Equal to 85%**

Kidneys from donors with KDPI scores greater than or equal to 35% but less than or equal to 85% are allocated to candidates according to *Table 8-7 8* below and the following:

- Classifications 1 through ~~47~~ 29 for one deceased donor kidney
- Classifications ~~48 through 50~~ 30 and 31 for both kidneys from a single deceased donor

78 **Table 8-7: Allocation of Kidneys from Deceased Donors with KDPI Greater Than or Equal To 35% and Less**  
79 **Than or Equal To 85%**

Classification	Candidates that are within the:	And are:	And the donor is this blood type:
1	OPO's DSA	0 ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	Any
2	OPO's DSA	CPRA equal to 100%, blood type permissible or identical	Any
3	OPO's region	0 ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	Any
4	OPO's region	CPRA equal to 100%, blood type permissible or identical	Any
5	Nation	0 ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	Any
6	Nation	CPRA equal to 100%, blood type permissible or identical	Any
7	OPO's DSA	0 ABDR mismatch, CPRA equal to 99%, blood type permissible or identical	Any
8	OPO's DSA	CPRA equal to 99%, blood type permissible or identical	Any
9	OPO's region	0 ABDR mismatch, CPRA equal to 99%, blood type permissible or identical	Any
10	OPO's region	CPRA equal to 99%, blood type permissible or identical	Any
11	OPO's DSA	0 ABDR mismatch, CPRA equal to 98%, blood type permissible or identical	Any
12	OPO's DSA	CPRA equal to 98%, blood type permissible or identical	Any
13	OPO's DSA	0 ABDR mismatch, blood type identical	Any
14	OPO's region	0 ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical	Any
15	Nation	0 ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical	Any
16	OPO's region	0 ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type identical	Any
17	Nation	0 ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type identical	Any
18	OPO's region	0 ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type identical	Any

Classification	Candidates that are within the:	And are:	And the donor is this blood type:
19	Nation	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type identical	Any
20	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
21	Nation	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
22	OPO's DSA	0-ABDR mismatch, and blood type B	⊖
23	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B	⊖
24	Nation	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B	⊖
25	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type B	⊖
26	Nation	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type B	⊖
27	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type B	⊖
28	Nation	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type B	⊖
29	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	⊖
30	Nation	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	⊖
31	OPO's DSA	0-ABDR mismatch, blood type permissible	Any
32	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type permissible	Any
33	Nation	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type permissible	Any

Classification	Candidates that are within the:	And are:	And the donor is this blood type:
34	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 years old at time of match, and blood type permissible	Any
35	Nation	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 years old at time of match, and blood type permissible	Any
36	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 years old at time of match, and blood type permissible	Any
37	Nation	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 years old at time of match, and blood type permissible	Any
38	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
39	Nation	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
40	OPO's DSA	Prior living donor, blood type permissible or identical	Any
41	OPO's DSA	Prior liver recipients that meet the qualifying criteria according to <i>Policy 8.5.G: Prioritization for Liver Recipients on the Kidney Waiting List</i> , blood type permissible or identical	Any
42	OPO's DSA	Blood type B	A2 or A2B
43	OPO's DSA	All remaining candidates, blood type permissible or identical	Any
44	OPO's region	Blood type B	A2 or A2B
45	OPO's region	All remaining candidates, blood type permissible or identical	Any
46	Nation	Blood type B	A2 or A2B
47	Nation	All remaining candidates, blood type permissible or identical	Any

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**Table 8-8: Allocation of Kidneys from Deceased Donors  
with KDPI Greater Than or Equal To 35% and Less Than or Equal To 85%**

<u>Classification</u>	<u>Candidates that are</u>	<u>And registered at a transplant hospital that is at or within this distance from the donor hospital</u>	<u>With this donor blood type:</u>
<u>1</u>	<u>0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>2</u>	<u>CPRA equal to 100%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>3</u>	<u>0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>
<u>4</u>	<u>CPRA equal to 100%, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>
<u>5</u>	<u>Prior living donor, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>6</u>	<u>0-ABDR mismatch, CPRA equal to 99%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>7</u>	<u>CPRA equal to 99%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>8</u>	<u>0-ABDR mismatch, CPRA equal to 98%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>9</u>	<u>CPRA equal to 98%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>10</u>	<u>0-ABDR mismatch, blood type identical</u>	<u>250NM</u>	<u>Any</u>

<b><u>11</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<b><u>12</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<b><u>13</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<b><u>14</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<b><u>15</u></b>	<u>0-ABDR mismatch, and blood type B</u>	<u>250NM</u>	<u>O</u>
<b><u>16</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B</u>	<u>Nation</u>	<u>O</u>
<b><u>17</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type B</u>	<u>Nation</u>	<u>O</u>
<b><u>18</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type B</u>	<u>Nation</u>	<u>O</u>
<b><u>19</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B</u>	<u>Nation</u>	<u>O</u>
<b><u>20</u></b>	<u>0-ABDR mismatch, blood type permissible</u>	<u>250NM</u>	<u>Any</u>
<b><u>21</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<b><u>22</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 years old at time of match, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>

<b><u>23</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 years old at time of match, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<b><u>24</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<b><u>25</u></b>	<u>Prior liver recipients that meet the qualifying criteria according to <i>Policy 8.5.G: Prioritization for Liver Recipients on the Kidney Waiting List</i>, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<b><u>26</u></b>	<u>Blood type B</u>	<u>250NM</u>	<u>A2 or A2B</u>
<b><u>27</u></b>	<u>All remaining candidates, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<b><u>28</u></b>	<u>Blood type B</u>	<u>Nation</u>	<u>A2 or A2B</u>
<b><u>29</u></b>	<u>All remaining candidates, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>
<b><u>30</u></b>	<u>Candidates who have specified they are willing to accept both kidneys from a single deceased donor, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<b><u>31</u></b>	<u>Candidates who have specified they are willing to accept both kidneys from a single deceased donor, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>

#### **8.5.K Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than 85%**

With the exception of 0-ABDR mismatches, kidneys from deceased donors with KDPI scores greater than 85% are allocated to adult candidates according to *Table 8-8 9* below and the following:

- Classifications 1 through ~~30, 32, 34~~ 20, 22 and 35-23 for one deceased donor kidney

- Classifications ~~31, 33, and 36~~ 21 and 24 for both kidneys from a single deceased donor

**Table 8-8: Allocation of Kidneys from Deceased Donors with KDPI Scores Greater Than 85%**

Classification	Candidates that are within the:	And are:	And the donor is this blood type:
1	OPO's DSA	0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	Any
2	OPO's DSA	CPRA equal to 100%, blood type permissible or identical	Any
3	OPO's region	0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	Any
4	OPO's region	CPRA equal to 100%, blood type permissible or identical	Any
5	Nation	0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	Any
6	Nation	CPRA equal to 100%, blood type permissible or identical	Any
7	OPO's DSA	0-ABDR mismatch, CPRA equal to 99%, blood type permissible or identical	Any
8	OPO's DSA	CPRA equal to 99%, blood type permissible or identical	Any
9	OPO's region	0-ABDR mismatch, CPRA equal to 99%, blood type permissible or identical	Any
10	OPO's region	CPRA equal to 99%, blood type permissible or identical	Any
11	OPO's DSA	0-ABDR mismatch, CPRA equal to 98%, blood type permissible or identical	Any
12	OPO's DSA	CPRA equal to 98%, blood type permissible or identical	Any
13	OPO's DSA	0-ABDR mismatch, blood type permissible or identical	Any
14	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical	Any
15	Nation	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical	Any
16	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
17	Nation	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Any
18	OPO's DSA	0-ABDR mismatch, blood type B	⊖
19	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B	⊖



Classification	Candidates that are within the:	And are:	And the donor is this blood type:
20	Nation	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B	⊖
21	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	⊖
22	Nation	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	⊖
23	OPO's DSA	0-ABDR mismatch, blood type permissible	Any
24	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type permissible	Any
25	Nation	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type permissible	Any
26	OPO's region	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
27	Nation	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Any
28	OPO's DSA	Prior liver recipients that meet the qualifying criteria according to <i>Policy 8.5.G: Prioritization for Liver Recipients on the Kidney Waiting List</i> , blood type permissible or identical	Any
29	OPO's region	Blood type B	A2 or A2B
30	OPO's region	All remaining candidates, blood type permissible or identical	Any
31	Nation	Blood type B	A2 or A2B
32	Nation	All remaining candidates, blood type permissible or identical	Any

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**Table 8-9: Allocation of Kidneys from Deceased Donors with KDPI Scores Greater Than 85%**

<u>Classification</u>	<u>Candidates that are</u>	<u>And registered at a transplant hospital that is at or within this distance from the donor hospital</u>	<u>With this donor blood type:</u>
<u>1</u>	<u>0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>2</u>	<u>CPRA equal to 100%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>3</u>	<u>0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>
<u>4</u>	<u>CPRA equal to 100%, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>
<u>5</u>	<u>0-ABDR mismatch, CPRA equal to 99%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>6</u>	<u>CPRA equal to 99%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>7</u>	<u>0-ABDR mismatch, CPRA equal to 98%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>8</u>	<u>CPRA equal to 98%, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>9</u>	<u>0-ABDR mismatch, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<u>10</u>	<u>0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical</u>	<u>Nation</u>	<u>Any</u>

<b><u>11</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical</u>	<u>Nation</u>	<u>Any</u>
<b><u>12</u></b>	<u>0-ABDR mismatch, blood type B</u>	<u>250NM</u>	<u>O</u>
<b><u>13</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B</u>	<u>Nation</u>	<u>O</u>
<b><u>14</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B</u>	<u>Nation</u>	<u>O</u>
<b><u>15</u></b>	<u>0-ABDR mismatch, blood type permissible</u>	<u>250NM</u>	<u>Any</u>
<b><u>16</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 80% , and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<b><u>17</u></b>	<u>0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible</u>	<u>Nation</u>	<u>Any</u>
<b><u>18</u></b>	<u>Prior liver recipients that meet the qualifying criteria according to <i>Policy 8.5.G: Prioritization for Liver Recipients on the Kidney Waiting List</i>, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<b><u>19</u></b>	<u>Blood type B</u>	<u>250NM</u>	<u>A2 or A2B</u>
<b><u>20</u></b>	<u>All remaining candidates, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>
<b><u>21</u></b>	<u>Candidates who have specified they are willing to accept both kidneys from a single deceased donor, blood type permissible or identical</u>	<u>250NM</u>	<u>Any</u>

<b><u>22</u></b>	<u>Blood type B</u>	<u>Nation</u>	<u>A2 or A2B</u>
<b><u>23</u></b>	<u>All remaining candidates, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>
<b><u>24</u></b>	<u>Candidates who have specified they are willing to accept both kidneys from a single deceased donor, blood type permissible or identical</u>	<u>Nation</u>	<u>Any</u>

## 8.7 Administrative Rules

### 8.7.A Choice of Right versus Left Donor Kidney

If both kidneys from a deceased donor are able to be transplanted, the transplant program that received the offer for the candidate with higher priority on the waiting list will get to choose first which of the two kidneys it will receive.

However, when a kidney is offered to a 0-ABDR mismatched candidate, a candidate with a CPRA greater than or equal to 99% ~~in classifications 1 through 10 in allocation sequences according to Tables 8-5 through 8-8 above~~ (classifications 1 through 8 in *Tables 8-6 and 8-7*; classifications 1 through 7 in *Table 8-8*; and classifications 1 through 6 in *Table 8-9*), or to a combined kidney and non-renal organ candidate, the host OPO determines whether to offer the left or the right kidney.

### 8.7.B National Kidney Offers

The host OPO must allocate deceased donor kidneys according to *Table 8-9 10* below. For purposes of this section, national candidates are those candidates registered at transplant programs more than 250 nautical miles from the donor hospital.

**Table 8-9-10: National Kidney Offers**

If the organ offer is for:	Then the host OPO must:
A national 0-ABDR mismatch candidate	Allocate the kidney or contact the Organ Center for assistance allocating the kidney
A national 100% CPRA candidate in match classifications 1 through <del>10</del> 4 in allocation sequences according to <i>Tables 8-5 through 8-8</i> .	Allocate the kidney or contact the Organ Center for assistance allocating the kidney
Any other national candidates	Contact the Organ Center for assistance allocating the kidney

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**8.7.C Location of Donor Hospitals**

For the purpose of determining the location of the donor hospital, kidneys procured in Alaska will be considered procured from the Seattle Tacoma Airport, Seattle, Washington.

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