

**OPTN Kidney Transplantation Committee
Medical Urgency Subcommittee
Meeting Summary
November 18, 2019
Conference Call**

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

Introduction

The Medical Urgency Subcommittee (the Subcommittee) met via teleconference on 11/18/2019 to discuss the following agenda items:

1. Medical Urgency Implementation
2. Review Boards
3. Discussion of Medical Urgency Proposal

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

1. Medical Urgency Implementation

The Subcommittee was provided information on IT programming decisions that may need to be made in order to implement a medical urgency proposal in practice.

Summary of discussion:

The Subcommittee was informed that a new "Medical Urgency" status would have to be created on the Waitlist and a new classification would have to be added to allocation tables used to generate match runs.

The Subcommittee considered some complicating factors that could extend necessary programming time before project implementation, including extensive data requirements or validation, modifying how time is calculated using the match, time limits at medical urgency status, and online review and voting.

The Subcommittee was presented a scenario with two candidates: Candidate A has more wait time but less days at medical urgency status, and Candidate B who has less waiting time than Candidate A but more days at medical urgency status. After some discussion, the Subcommittee agreed that Candidate B should receive priority, as they have been medically urgent for a longer period of time.

The Subcommittee was presented a scenario with two candidates, both of whom have a CPRA of 100%: Candidate A is medically urgent and Candidate B is not. The Subcommittee agreed that priority of medically urgent candidates within high-priority classifications will have to be considered once they arrive at a definition for medical urgency.

The Subcommittee agreed that a candidate's time at medical urgency status should break the tie in priority between two medically urgent candidates that appear on the same match run. If both candidates have the same number of days at medically urgent status, then their total allocation score should serve as the tiebreaker.

Next steps:

The Subcommittee will continue to consider the medical urgency definition to help make further values-based judgements on how medical urgency priority should be awarded.

2. Review Board

The Subcommittee was presented information from the UNOS Organ Center on how current OPTN Review Boards are conducted.

Summary of discussion:

Committee staff presented several examples of current review boards as well as their respective styles of governance. Some examples included the National Liver Review Board, the National Lung Review Board, and (Inter) Regional Heart Review Boards. Subcommittee members reviewed their membership requirements, time limits on their review, as well as respective appeals processes.

The Subcommittee was then presented several considerations that would need to be made if the members deemed that a review board for medical urgency were necessary. Such considerations included the number of members, the representation of members, governance structure, the time limit for decisions, appropriate voting methods, and appeals processes, among others.

Next steps:

The Subcommittee will consider the kind of oversight structure necessary for this new priority once a clearer definition of medical urgency is developed.

3. Discussion of Medical Urgency Proposal

The Subcommittee continued their discussion of the medical urgency definition its application in the forthcoming proposal.

Summary of discussion:

The Subcommittee continued their discussion of what might be an appropriate definition of medical urgency. Members discussed various forms of vascular access, as well as peritoneal access, and which forms should be exhausted before the classification could be applied for by a candidate's transplant surgeon or nephrologist.

The Subcommittee also discussed forms of oversight, based on the presentation on various review boards, and agreed that based on the low anticipated volume of these cases, that OPTN Kidney Transplantation Committee oversight would be appropriate for this new classification. Subcommittee members want to ensure that candidates that meet their definition are able to receive a transplant in time, so prospective review might not be the best method.

Upcoming Meetings

- November 25, 2019 at 4:00 PM EST
- November 26, 2019 at 3:00 PM EST