OPTN Kidney Transplantation Committee
Medical Urgency Subcommittee
Meeting Summary
November 25, 2019
Conference Call
Vince Casingal, MD, Chair
Martha Pavlakis, MD, Vice Chair

Introduction

The Medical Urgency Subcommittee (the Subcommittee) met via teleconference on 11/25/2019 to discuss the following agenda items:

1. Medical Urgency Outcomes Data
2. Discussion on Definition of Medical Urgency

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

1. Medical Urgency Outcomes Data

The Subcommittee was provided data on outcomes of transplants in which the candidate had an indication of medical urgency under current policy.

Summary of discussion:

Candidates with an indication of medical urgency received lower kidney-donor profile index (KDPI) kidneys and were more likely to be highly-sensitized than non-medically urgent candidates. There were also higher percentages of pediatric candidates, candidates with a prior kidney transplant, and candidates on dialysis at the time of transplant in the medically urgent cohort.

Candidates with an indication of medical urgency had a lower rate of graft survival at four years post-transplant. They were also more likely to have delayed graft function and had lower patient survival at four years post-transplant.

Next steps:

The Subcommittee will consider the data provided in discussions regarding medical urgency. Members agreed that none of the outcomes data presented should deter the subcommittee from continuing to pursue a policy solution for medically urgent candidates.

2. Discussion on Definition of Medical Urgency

The Subcommittee continued discussions on the definition of medical urgency from previous meetings.

Summary of discussion:

The Subcommittee Chair reviewed previous Subcommittee discussions. The Subcommittee agreed that the definition of medical urgency will dictate where the medically urgent classification will fall in the allocation sequence.

The Subcommittee discussed how "imminent" loss of access should be defined. A Subcommittee member suggested that one definition could be that the candidate has either a transhepatic or

translumbar catheter (inferior vena cava catheter) for dialysis. Subcommittee members agreed that the use of specific types of catheters for dialysis in the definition of imminent loss of access is appropriate.

A Subcommittee member suggested not using the word "graft" in describing an attempt at accessing dialysis in the leg, as there are other forms of access that could be attempted. The Subcommittee agreed to change this phrase to "lower extremity access."

A Subcommittee member commented that it may be useful to include a clause to allow transplant programs to submit documentation supporting an "other" reason that a candidate should receive medically urgent classification. The Subcommittee felt that this option would be too broad.

The Subcommittee then discussed considerations related to data collection and monitoring. The Subcommittee specifically considered the principles of data collection. The Subcommittee also considered the differences between the use of objective monitoring versus the use of medical judgement, which could necessitate peer review.

The Subcommittee discussed creating a new form for submitting data related to medically urgent status or adding specific fields to current forms in Waitlist™. The Subcommittee supported creating a new form to capture objective data. The Subcommittee suggested including fields on the form to collect dates that attempts to access dialysis occurred, the form of current access, length of use of current access, and reason for access failure. A Subcommittee member was concerned that not all of this data may be readily available, while other members thought it would be available.

The Subcommittee discussed how programs would apply for medically urgent status for candidates. The Subcommittee Chair stated that candidates would get the status and the forms would be reviewed retrospectively. The Subcommittee discussed whether candidates who are granted medically urgent status would keep the status for as long as they are on the waitlist.

Next steps:

The Subcommittee will consider where medically urgent candidates should be placed in the classification tables, proposed data elements, and the process for applying the status.

Upcoming Meetings

- November 26, 2019 at 3:00 PM EST