

**OPTN Kidney Transplantation Committee
Medical Urgency Subcommittee
Meeting Summary
November 26, 2019
Conference Call
Vince Casingal, MD, Chair
Martha Pavlakis, MD, Vice Chair**

Introduction

The OPTN Kidney Transplantation Committee's Medical Urgency Subcommittee met via Citrix GoToTraining teleconference on 11/26/2019 to discuss the following agenda items:

1. Review of Progress
2. Discussion on Operationalizing Medical Urgency
3. Next Steps

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

1. Review of Progress

The Subcommittee briefly reviewed the decisions made in past meetings.

2. Discussion on Operationalizing Medical Urgency

The Subcommittee continued discussions on how to operationalize medical urgency.

Summary of Discussion:

The Subcommittee considered and discussed the following questions:

- Does medical urgency policy apply to kidney-pancreas (KP) candidates?
 - The Subcommittee was informed current medical urgency policy only applies to kidney-alone candidates and KP allocation policy prioritizes all simultaneous KP candidates above the kidney-alone candidates. Therefore, medical urgency would not give a simultaneous KP candidate any more priority than they are already receiving. The Subcommittee recommended the new medical urgency policy apply only to kidney-alone candidates.
 - For clarification, the Subcommittee members were asked if a KP patient will consider an isolated kidney, if that isolated kidney listing eligible for medical urgency status. The Subcommittee was also asked if an isolated kidney candidate transitions to a KP listing that also includes an isolated kidney, if the medical urgency from the first kidney listing automatically transition to the second listing. The Subcommittee recommended the medical urgency status would apply in both scenarios.
- Where should the medical urgency classification be placed in each of the allocation tables?
 - The Subcommittee reviewed the Kidney Committee's recommendation of placement of medical urgency classification in the allocation tables.
 - For Allocation of Kidneys from Deceased Donors with KDPI Scores less than or equal to 20%, medically urgent candidates would be placed at Classification 7 after 100% cPRA 0-ABDR mismatch, 100% cPRA, local prior living donors, and local pediatrics

- For Allocation of Kidneys from Deceased Donors with KDPI Scores Greater Than 20% but Less Than 35%, medically urgent candidates would be placed at Classification 7 after 100% cPRA 0-ABDR mismatch, 100% cPRA, local prior living donors, and local pediatrics
- For Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than or Equal to 35% but Less than or Equal to 85%, medically urgent candidates would be placed at Classification 6 after 100% cPRA 0-ABDR mismatch, 100% cPRA, and prior living donors
- For Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than 85% , medically urgent candidates would be placed at Classification 5 after 100% cPRA 0-ABDR mismatch, and 100% cPRA

The Subcommittee agreed with the Committee’s recommendations. UNOS staff asked the Subcommittee if this priority should apply for just inside the circle or if this priority should also extend outside the circle into national offers. The Subcommittee decided to initially propose priority inside the circle and ask the community what they think about making the priority national during Public Comment.

- How should medical urgency be documented?
 - The Subcommittee was informed of current documentation practices for *OPTN Policy 8.5.E Prior Living Organ Donors*, *OPTN Policy 8.5.F Highly Sensitized Candidates* and *Table 9-16: Medical Eligibility Criteria for Liver-Kidney Allocation* as examples.
 - The Subcommittee agrees listing specific clinical criteria, requiring dual verification, and collection of specific clinical information are important for the evaluation of data in anticipation of possibly needing to adjust the definition of medical urgency in the future. For this reason, the Subcommittee agreed an approach similar to *Table 9-16: Medical Eligibility Criteria for Liver-Kidney Allocation* should be used.

3. Next Steps

The Subcommittee will create a list of specific clinical criteria to define “imminent” failure to include in the drafted policy. Based on the Subcommittee’s feedback, UNOS staff will draft policy language for the Subcommittee to review during the next meeting.

Next Meeting:

- December 9, 2019 – Teleconference