

**OPTN Kidney Transplantation Committee
Medical Urgency Subcommittee
Meeting Summary
December 9, 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 12/9/2019 to discuss the following agenda items:

1. Final Questions on Medical Urgency
2. Next Steps

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

1. Final Questions on Medical Urgency

The Subcommittee considered and discussed the following questions:

- Has the subcommittee solidified a definition of medical urgency for public comment?

Based on feedback from the Subcommittee, UNOS staff presented the following draft of the medically urgent definition to be included in the proposal:

If the candidate’s transplant nephrologist and transplant surgeon confirm a diagnosis of:	Then the transplant program must report to the OPTN Contractor and document in the candidate’s medical record:
Imminent loss of dialysis access, including vascular access in both upper and lower extremities and peritoneal access in the abdomen	<p>That the candidate has exhausted dialysis access or will immediately lose (and/ or has a contraindication to) all dialysis access via each of the following methods:</p> <ul style="list-style-type: none"> • Vascular access in the upper left extremity • Vascular access in the upper right extremity • Vascular access in the lower left extremity • Vascular access in the lower right extremity • Peritoneal access in the abdomen <p>AND / OR</p> <p>The patient is being dialyzed via the following methods:</p> <ul style="list-style-type: none"> • Transhepatic or Translumbar IVC Catheter • Other (Must Specify)

The Subcommittee clarified the definition should not exclude patients who have lost all dialysis access. UNOS staff will send a new version of the definition to the Subcommittee for review and approval prior to going to the full committee.

- Should medical urgency priority include en bloc kidney offers?

The Subcommittee discussed if en bloc kidney offers should be included for candidates with medically urgent classification. Data reviewed by the Subcommittee, though limited, seemed to show that medically urgent candidates were more likely to be pediatric than non-medically urgent candidates. Subcommittee members noted that they would not recommend that a medically urgent candidate be transplanted with an en bloc kidney; however, they decided en bloc kidney offers should not be excluded from medically urgent candidates.

- Is the subcommittee satisfied with fields on the waitlist form indicating the candidate meets their definition of medical urgency?

The proposal adds fields to the waitlist form that indicate a candidate has met the definition of medically urgent status. The UNOS Research team informed the Subcommittee they can stratify candidates transplanted with the new medically urgent status by candidate characteristics for analysis. The Subcommittee indicated this was sufficient for committee retrospective review and analysis. The Public Comment proposal will include a question about additional supporting documentation for community consideration.

- Should medically urgent candidates in Hawaii and Puerto Rico be considered differently? If so, how?

The Subcommittee was informed under current policy, Hawaii and Puerto Rico medically urgent candidates would receive medical urgency within their DSA. This would remain unchanged under the new proposed policy, which would give these candidates priority within 250 NM of the donor hospital, encapsulating their DSAs. However, candidates from DSAs smaller than 250 NM would receive more priority under the new policy, while these medically urgent candidates would not.

The Subcommittee considered whether there should be an exception for Hawaii and Puerto Rico medically urgent candidates. Members noted that they did not wish to make the new policy substantially different than current practice, though exceptions for Hawaii and Puerto Rico could be considered in the future if post-implementation evaluation identifies a problem. For this proposal, the Subcommittee decided not to pursue exceptions for Hawaii and Puerto Rico.

2. Next Steps

The proposed definition, policy language, and public comment questions will go to the Kidney Committee for review and approval.

Attendance

- **Subcommittee Members**
 - Amy Evenson
 - Peter Kennealey
 - Jim Kim
 - Deepak Mital
 - Martha Pavlakis
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - Bryn Thompson
- **UNOS Staff**
 - Glenn Burton
 - Scott Castro
 - Beth Coe
 - Lindsay Larkin
 - Joel Newman
 - Tina Rhoades
 - Leah Slife
 - Wes Stein
 - Amber Wilk