

OPTN Kidney Transplantation Committee

Meeting Summary

December 16, 2019

Conference Call

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

Introduction

The OPTN Kidney Transplantation Committee (the Committee) met via Citrix GoToTraining teleconference to discuss the following agenda items:

1. OPTN Board Meeting Update
2. Policy Oversight Committee Update
3. Import Backup Workgroup Update
4. Medical Urgency Subcommittee Update
5. Alaska Proposal Vote

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

1. OPTN Board Meeting Update

The Chair gave a brief update to the Committee regarding the presentation of the geography proposal to the Board of Directors. The Board voted to approve the new kidney allocation policy.

2. Policy Oversight Committee Update

The Vice Chair gave a brief update on the Policy Oversight Committee (POC) activities. The Committee reviewed the POC's strategic policy priorities and the continuous distribution timeline per organ type, with kidney and pancreas beginning work on their respective continuous distribution proposals in early 2020.

3. Import Backup Workgroup Update

The Chair gave the Committee an update on the Import Backup Workgroup.

Summary of Data:

The Workgroup met numerous times to discuss import backup policy, or Released Kidney/Pancreas Allocation. Through these deliberations, the Workgroup agreed on the following solution:

- Host organ procurement organization (OPO) retains responsibility for reallocated organs and can do the following:
 - Continue allocating according to original match run
 - Delegate to the Organ Center
 - Run a new match run around the transplant program that originally accepted the organ(s), and allocate using that. This new match run around the transplant program that originally accepted the organ(s) uses same distribution units as original match run (250 NM circle with up to two proximity points inside the circle, up to four proximity points outside the circle)

The Workgroup recognizes there is not a policy to allow center backup currently. During Public Comment, the Workgroup plans to ask for community feedback on whether a third option is needed. The OPO Committee will vote on the proposal to go to public comment at their December 18 meeting.

Summary of Discussion:

A Committee member asked if the receiving OPO would run a new match run and if that would result in getting the organ offer twice. The Chair clarified it would be the host OPO or Organ Center running the new match run and it is possible the hospital may receive the organ offer twice. The Chair informed the Committee UNOS IT is aware of this potential issue and is working on options for programming but it is expected to be a large IT effort that may need to be implemented at a date beyond the implementation of the new released kidney/pancreas allocation policy.

Another Committee member asked if the importing hospital runs a match run, then could there theoretically be recipient candidates within the 250 NM circle surrounding the importing transplant hospital but are not at the transplant hospital and how that would be managed logistically. The Chair clarified the host OPO or the Organ Center runs the new match run it and it starts with a new 250 NM circle around the accepting hospital. The option still stands the host OPO can place a bypass code to place the organ as efficiently as possible.

4. Medical Urgency Subcommittee Update

The Vice Chair gave the Committee an update on the Medical Urgency Subcommittee.

Summary of Data:

The Subcommittee met numerous times to discuss medical urgency policy. The Vice Chair reviewed the following proposal highlights developed by the Subcommittee:

- Develops a consistent, national definition for a medically urgent candidate
 - Definition includes candidates with complete loss of dialysis access as well as imminent loss of dialysis access
- Allows for minimal data entry with supporting documentation
 - Still allows Kidney Committee to retrospectively review cases
- Priority in allocation is the same as proposed by the Committee during public comment

The Committee then reviewed a draft of policy language for medical urgency allocation.

Summary of Discussion:

A committee member asked if those who have lost all vascular access would be candidates for transplant at all. The Vice Chair clarified that is up to the hospital that knows the candidate best to determine if they are eligible for transplant. The Committee member also suggested the policy should specify the candidate must have exhausted or have contraindication to dialysis access in the left OR right lower extremities, not both, so there would still be one vein to tie onto during transplant. Another member suggesting using the term “suitable anatomy” instead of “transhepatic” or “translumbar”. It was clarified outlining the surgical options are not outlined in OPTN policy.

A committee member expressed concern of where the medically urgent status would fall on the allocation table and their placement relative to prior living donors. It was clarified that is open for the Subcommittee to change following Public Comment and that there is a feedback question specific to that placement in the proposal.

Next Steps

Once the proposal language is finalized, it will be sent to the full committee for review. The Committee will hold a vote in January to approve the language for public comment.

5. Alaska Proposal Vote

The Committee reviewed the proposed language for Alaska donors and voted on moving the policy language forward for consideration during the spring 2020 public comment cycle.

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.

Vote

Do you support the Alaska allocation administrative rule policy language going forward to OPTN Spring 2020 Public Comment?

Yes – 100% (11)

No – 0% (0)

Upcoming Meetings

- TBD