

## **OPTN Kidney Transplantation Committee**

### **Meeting Summary**

**January 7, 2020**

**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. Medical Urgency Language Review and Vote

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

#### **1. Medical Urgency Language Review and Vote**

The Committee reviewed the proposed Medical Urgency definition and policy language.

To qualify for medically urgent priority in allocation, both the candidate's transplant nephrologist and transplant surgeon must confirm medical urgency based on meeting the following criteria:

- First, the candidate **MUST** have exhausted, or has a contraindication to, all dialysis access via all of the following methods:
  - 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
- After exhaustion or contraindication to all dialysis via the methods listed above, the candidate must also either have exhausted dialysis, be currently dialyzed, or have a contraindication to dialysis via one of the following methods:
  - Transhepatic IVC Catheter
  - Translumbar IVC Catheter
  - Other method of dialysis (must specify)

The Committee also reviewed the following key decision points:

- Medical urgency will only apply to active candidates on the kidney waiting list
- If two medically urgent candidates appear on the same match run, their time at medical urgency status will serve to prioritize them. If the two candidates have the same number of days at status, their total allocation score will serve to prioritize them
- Committee members have proposed where the medical urgency classification will appear within allocation tables, by sequence:
  - 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.
- For the public comment proposal, medical urgency priority will only apply within the 250 NM circle.
- If a candidate that is medically urgent has a higher classification than medical urgency, that classification will still apply to give that candidate increased priority.
- Kidney-pancreas (KP) patients seeking isolated kidneys will still be eligible for medical urgency status for the isolated kidney. Medical urgency status will transfer between listings should a medically urgent kidney-alone candidate become a KP candidate.
- Medical urgency priority includes en bloc kidney offers.
- Retrospective review by the Kidney Committee is appropriate for oversight.

A committee member inquired about what the form would look like that would require the transplant surgeon and transplant nephrologists signatures. UNOS staff indicated that this form would be developed internally and likely resemble similar forms used for confirmation to receive priority for high sensitization.

#### Vote

Do you support the proposed medical urgency policy language going forward to the OPTN Spring 2020 Public Comment period?

Yes – 100% (12)

No – 0% (0)

#### **Upcoming Meetings**

- January 27 – Teleconference
- February 24 – Teleconference

## Attendance

- **Committee Members**
  - Vince Casingal
  - Amy Evenson
  - Macey Henderson
  - Valinda Jones
  - Mary Killackey
  - Jim Kim
  - Lisa Matthias
  - Deepak Mital
  - Ernesto Molmenti
  - Cathi Murphey
  - Martha Pavlakis
  - Dierdre Sawinski
  - Nicole Turgeon
  - Andrew Weiss
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
  - Arjun Naik
  - Raelen Skerda
- **SRTR Staff**
  - Bert Kasiske
  - Bryn Thompson
- **UNOS Staff**
  - Nicole Benjamin
  - Scott Castro
  - Beth Coe
  - Abby Fox
  - Lindsay Larkin
  - Lauren Mauk
  - Tina Rhoades
  - Wes Stein
  - Amber Wilk