Addressing Medically Urgent Candidates in New Kidney Allocation Policy

OPTN Kidney Transplantation Committee
Purpose of the Proposal

- Align policy for medical urgency with Board approved kidney allocation policy
- Define medical urgency for kidney candidates
- Establish appropriate prioritization for kidney allocation for medically urgent kidney candidates
Proposal

- Standard definition for medical urgency
- New Medically Urgent classification for kidney allocation
- Documentation and oversight
Proposed Definition for Medical Urgency

First, the candidate has exhausted/contraindicated dialysis access via:

- Vascular access in the upper left and right extremity
- Vascular access in the lower left and right extremity
- Peritoneal access in the abdomen

And the candidate is currently being dialyzed by or has exhausted/contraindicated dialysis access via:

- Transhepatic IVC Catheter
- Translumbar IVC Catheter
- Other (must specify)
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<thead>
<tr>
<th>Sequence A</th>
<th>Sequence B</th>
<th>Sequence C</th>
<th>Sequence D</th>
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<tbody>
<tr>
<td>KDPI 0 – 20%</td>
<td>KDPI 20 – 34%</td>
<td>KDPI 35 – 85%</td>
<td>KDPI 86 – 100%</td>
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<td>100% Highly Sensitized Inside Circle Prior Living Donor Inside Circle Pediatrics Inside Circle Medically Urgent 98% - 99% Highly Sensitized 0-ABDRmm Inside Circle Top 20% EPTS 0-ABDRmm (All) Inside Circle (All) National Pediatrics National (Top 20%) National (All)</td>
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Documentation and Oversight

- Transplant nephrologist and transplant surgeon approval required
- Medically urgent classification applied when data is entered in UNet\textsuperscript{SM}
- Documentation must be submitted to OPTN within 7 business days
- Review completed retrospectively by OPTN Kidney Transplantation Committee
- Cases that do not meet definition may be referred to MPSC for review
Rationale

- Reviewed current available data to estimate the volume of medical urgency cases and review outcomes
  - Estimates likely no higher than 100 cases per year on the highest end of projections
- Reviewed international practices for medically urgent kidney candidates
- Reviewed policies and protocols from various OPOs
- Decisions based on sound medical judgement and clinical experience of committee members
Feedback from Breakout
Discussion
Addressing Medically Urgent Candidates in New Kidney Allocation Policy

- Standard definition for medical urgency
  - Exhaustion of vascular access in upper and lower left and right extremities, AND
  - Exhaustion of peritoneal access in the abdomen, AND
  - Currently being dialyzed via translumbar or transhepatic IVC catheter
  - Contraindications may apply

- New Medically Urgent classification for kidney allocation

- Documentation and oversight
Extra slides