

OPTN Kidney Transplantation Committee

Meeting Summary

January 27, 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. Kidney Accelerated Placement Update and Discussion
2. Continuous Distribution Introduction and Next Steps

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

1. Kidney Accelerated Placement Update and Discussion

UNOS Research staff presented a 3-month post-implementation update to the Kidney Accelerated Placement (KAP) project for the committee's review and consideration.

Summary of Discussion

The KAP project focuses on the accelerated placement of hard-to-place kidneys through the UNOS Organ Center. The project uses data to identify donor "triggers" for accelerated placement as well as identify transplant centers that utilize hard-to-place kidneys. The project seeks to accelerate placement of these organs to those centers that utilize them.

Data Review:

- First 90 days of KAP project – July 18 through October 16
- A total of 3348 kidney match runs during this time
 - 746 of these donors were **KAP-eligible donors** (adult donors, KDPI 80+ at time of match submission)
 - The Organ Center attempted placement of 339 of these donors were at **KAP-eligible sequences** (national level sequences)
 - 56 of the 339 (17%) donors had a KAP-related acceptance
 - 66 kidneys placed during the **accelerated** portion of KAP
 - 5 kidneys placed after all accelerated centers refused the organ
 - Of the kidneys that were transplanted, 57.7% were transplanted into the accepting candidate during the Pre-KAP time period. This was 63.3% during the KAP time period.
- Methodology is allocating to centers more likely to accept and transplant hard-to-place kidneys
- Candidates accepting kidneys are transplanted more often
 - No indication of kidney offers being "open/center offers"
- No decrease in time spent offering kidneys or associated cold ischemia time
- **Data & Safety Monitoring Council has no concerns with the project at this stage**
 - Will continue to monitor match offer time and cold ischemia time

Committee members had no follow-up questions or feedback for UNOS Research staff.

2. Continuous Distribution Introduction and Next Steps

Committee staff presented an introductory presentation on Continuous Distribution to re-orient members to the framework concept and its core components.

Summary of Discussion

Staff provided a re-orientation to the concept of Continuous Distribution as a framework for organ allocation policies.

Continuous Distribution is a concept for organ distribution which would convert current classification-based allocation to a purely points-based allocation. By identifying and weighing characteristics of allocation and converting them to point-based allocation, it becomes easier to tweak and modify allocation policies, both within one specific organ's allocation policies as well as comprehensively across all organ allocation policies. Continuous distribution would also remove hard geographic boundaries from allocation, such as the hard boundary that would exist at the edge of the 250NM fixed-distance circle in Board-approved kidney allocation policy.

Staff then walked through the process that the OPTN Thoracic Committee has followed to begin converting lung allocation to a framework of continuous distribution. Staff illustrated how the committee identified and justified donor and candidate attributes currently utilized in policy and proposed converting said attributes from a classification-based system to a points-based system. The presentation illustrated how committee members weighed attributes against each other to form what would be a candidates "Composite Allocation Score," or their total score based on the weight of all of the attributes. This Composite Allocation Score is what would determine candidate priority on a future match run under a framework of Continuous Distribution.

The Committee then briefly reviewed what the next steps would be in order to begin the process of converting the current kidney allocation classification-based allocation system to a system of Continuous Distribution. The first of those steps is to identify that candidate and donor attributes currently utilized in policy, such as CPRA, ABO Blood Type, candidate age, etc.

A committee member asked if the Continuous Distribution framework specifically accounted for specific survival benefits, in addition to pre-transplant characteristics. Staff stated that attributes present in kidney allocation may be different from other organs. The Committee will decide which attributes are appropriate to include in the Composite Allocation Score during their discussions going forward.

Upcoming Meetings

- February 24 – Teleconference
- March 16 - Teleconference