Introduction

The Kidney Committee met via Citrix GoTo teleconference on 3/4/2020 to discuss the following agenda items:

1. Modification to Released Kidney and Pancreas Allocation
2. HLA Equivalency Tables Update
3. Data Collection to Assess Socioeconomic Status and Access to Transplant

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

1. Modification to Released Kidney and Pancreas Allocation

A UNOS staff member presented the public comment proposal regarding released organs and answered questions from the committee.

Summary of discussion:

One committee member expressed concern about the burden on import organ procurement organizations (OPO) who were expected to run another match run to place a released organ. The UNOS presenter explained that the import OPO would not be expected to place the organ due to that burden and instead the responsibility would stay with the host OPO. Another committee member spoke up in support of the proposal. One member asked for clarification on whether the policy formerly known as local backup would still be an option, wherein the import OPO ran a new match run to place the organ. The presenter explained that while a new match run could be ran based around the import OPO, it would be executed by the host OPO.

One member asked for clarification on if a new match run was mandatory or if the host OPO has the option to utilize the original match run. The presenter confirmed that the decision to run a new match run or the original match run is up to the discretion of the host OPO. Another member asked whether the new match run around the import OPO would include national allocation. The Chair explained that the new match run is like your standard match run wherein national and 100% CPRA candidates would also appear. The Chair emphasized that the proposal is intended to be flexible so that the OPO can use discretion in the manner in placing the organ. One member asked whether the host OPO has the discretion to run a new match run even when the second candidate on the original match run is ready and willing to accept the organ. The presenter confirmed that this policy would leave it up to the discretion of the OPO. The presenter also explained that the host OPO would be required to follow the order of a match run and could not pick and choose to skip over certain candidates. The member expressed concern that a potential second candidate could miss out on an offer if the host OPO decided to run a new match run. The Chair explained that most OPOs are in contact with the programs to gauge if they are willing to accept organs with a certain amount of ischemic time and that situation could be mitigated with good relationships between programs and OPOs.
The Committee took a sentiment vote with 22% strongly support, 56% support, 11% neutral/abstain, and 11% oppose.

Next steps:
UNOS staff will summarize the sentiments of the committee and post them on the OPTN site as a public comment.

2. HLA Equivalency Tables Update

A member of the Histocompatibility Committee presented the public comment proposal regarding the HLA tables and answered questions from the committee.

Summary of discussion:
The Vice Chair asked how the committee would determine what level of objection would be significant enough to postpone or delay the current timeline for rapid implementation. The presenter explained that staff at UNOS have criteria to determine what that would be.

The Committee took a sentiment vote with 56% strongly support, 44% support.

Next steps:
UNOS staff will summarize the sentiments of the committee and post them on the OPTN site as a public comment.

3. Data Collection to Assess Socioeconomic Status and Access to Transplant

A UNOS staff member presented the public comment proposal regarding released organs and answered questions from the committee.

Summary of discussion:
One member expressed concern about the amount of work that this new collection could require, the potential low quality of data and the intrusive nature of the questions. The commenter noted that at their region, one community member in social work noted that this data is already collected in order to qualify patients for government aid programs. The commenter felt that the benefits of collecting this data would not be significantly better than the data the OPTN collects at the zip code level.

Another member suggested that if data is collected on dependents that it should also include dependents not living in the household. The commenter also expressed a desire that this data be used to help those in the lower socio-economic classes.

One member noted that the proposal was poorly received in Region 6.

Next steps:
UNOS staff will summarize the sentiments of the committee and take them back to the Minority Affairs Committee.

Upcoming Meetings

- March 16, 2020 – Kidney Committee Meeting
- April 2, 2020 – In Person Kidney Committee Meeting