

## **OPTN Kidney Transplantation Committee**

### **Meeting Summary**

**May 18, 2020**

**Conference Call**

**Vincent Casingal, MD, Chair**  
**Martha Pavlakis, MD, Vice Chair**

### **Introduction**

The Committee met via Citrix GoTo teleconference on 05/18/2020 to discuss the following agenda items:

1. Medical Urgency Transition Procedure Discussion
2. Simultaneous Liver-Kidney 2-Year Monitoring Review
3. Other Significant Items

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

### **1. Medical Urgency Transition Procedure Discussion**

UNOS staff explained the following options for transition procedures.

#### Data summary:

UNOS staff explained the following options for transition procedures.

#### Phase 1 – Pre Implementation

- Convert Existing Status 5 (Medically Urgent) and Status 6 (Critical Status) candidates to Active
- Allow transplant centers to select New Medically Urgent Status
- Open up new fields for Data Collection on candidate record
- Allow candidates that meet the new definition to have their data entered into the record

#### Phase 2 – Production Release (Go Live)

- Candidates that have indicated they meet the new definition of Medically Urgent by entering the required fields in Phase 1, will receive elevated priority with the new classification when we move to production
- Medically Urgent Candidates would begin to accrue time at Medically Urgent status upon release to production

UNOS staff shared some additional concerns:

- We don't feel that backdating will be equitable because of the diversity in current DSA definitions of Medical Urgency. Definitions across the country range from very strict to very lenient and everything in between.
- Backdating won't work because we haven't tracked time at status since 2014 KAS
- Backdating won't work because we don't know when they met the new definition of Medically Urgent and we are not capturing the date of losing dialysis

UNOS staff offered the following questions:

- How long should we allow for Phase 1?
  - The Committee indicated a full month was too long. Is 10 business days adequate?
- What kind of outreach will be needed for existing status 5,6 candidates as well as any candidates that meet the definition between Phase 1 and production release?

Summary of discussion:

The Chair asked for the opinion of the Committee regarding this approach. There were no comments from the Committee. The Vice Chair commented that this approach seemed logical but they lacked past experience with transition plan for policies. The Ex Officio commented that there was a similar transition plan during the implementation of the SLK policy and it worked very well.

The Chair commented in approval of the current mockup of the medical urgency UNET form. The Chair felt it clearly demonstrated the option for members to mark a contraindication for certain dialysis access. One member asked if a center that did not offer a certain dialysis access, if they could mark “contraindicated”. The Chair confirmed that was the case and asked if the term “unavailable” would be better and how widespread this situation is. One member commented that the term “contraindicated” seemed fitting as it would be contraindicated to ask a physician to perform a procedure that they did not have the experience or resources to do. Another member commented that they liked the term “unavailable”. The Chair suggested that both terms could be present “contraindicated/unavailable”. Another member agreed, noting that while it may not be contraindicated in the patient, the option could be unavailable at the center. The Vice Chair agreed with that suggestion.

A member asked for clarification about the text field indicated by “other”. A staff member explained that it is an option if a center is providing dialysis via another option that is not present. Another member asked if supporting documentation would be required for those who select “other”. The UNOS staff member confirmed that documentation would be required.

Next steps:

This policy will be presented to the OPTN Board of Directors for approval in June.

**2. Simultaneous Liver-Kidney 2-Year Monitoring Review**

A UNOS staff member provided an update regarding the simultaneous liver-kidney (SLK) two years post-implementation monitoring.

Data summary:

- SLK was implemented in two phases:
  - Phase 1 – Data Entry: May 31, 2017
  - Phase 2 – Organ Allocation: August 10, 2017
- The six month policy evaluation report was released in March 2018
- The one year policy evaluation report was released in April 2019
- Data in this report examines pre-SLK vs. post-SLK policy eras
  - Pre-SLK: March 20, 2015 – August 9, 2017
  - Post-SLK: August 10, 2017 – December 31, 2019
  - Registrations are those waiting on December 31, 2019

Summary of discussion:

One member asked if upon review of the results, if the members feel the SLK policy was worthwhile. The Ex Officio commented that at the time, the committee saw a rise in SLK transplants and feel that the numbers from the review show that the policy has been effective.

The Chair commented that this policy provided a framework that might have helped standardize the approach for the community. The Chair also noted that it did not seem there were many complaints from the community about the “safety net” policy and thus patients were not slipping through nor was the policy being abused.

One member commented that there was a feeling that some members were taking advantage of SLK transplants before the policy and the reporting metrics gave an incentive to perform more. However, the member felt upon implementation of the policy had helped to better regulate these transplants.

A member asked if the OPTN Liver Transplantation Committee had already reviewed this data. UNOS staff said they had not yet but would shortly.

A member asked about the GFR requirement of 20. The Ex Officio explained that based on the data and the community support, it seems like the policy is working as intended. One member asked if it was possible to review how many candidates had been eligible for the safety net but then removed from the waiting list. A member of UNOS staff explained that it would probably be a very small number as after meeting certain requirements, patients permanently qualify for the safety net and thus are never removed.

#### **Upcoming Meeting**

- June 15, 2020

## Attendance

- **Committee Members**
  - Vincent Casingal
  - Marilee Clites
  - Dev Desai
  - Alejandro Diez
  - Amy Evenson
  - Joe Ferreira
  - Valinda Jones
  - Mary Killackey
  - Jim Kim
  - Lisa Matthias
  - Precious McCowan
  - Deepak Mital
  - Ernesto Molmenti
  - Cathi Murphey
  - Martha Pavlakis
  - Asif Sharfuddin
  - Erica Simonich
  - Nicole Turgeon
  - Andrew Weiss
  - Peter Kennealey
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Jon Miller
  - Nick Salkowski
  - Bryn Thompson
- **UNOS Staff**
  - Julia Chipko
  - Scott Castro
  - Kiana Stewart
  - Chelsea Haynes
  - Jason Livingston
  - Matt Prentice
  - Tina Rhoades
  - Liz Robbins
  - Amanda Robinson
  - Leah Slife
  - Wes Stein
  - Ross Walton
  - Amber Wilk
  - Nicole Benjamin
  - Beth Coe