

**OPTN Kidney Committee  
Kidney-Pediatric Workgroup  
Meeting Summary  
July 14, 2020  
Conference Call**

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

## **Introduction**

The Kidney-Pediatric Workgroup met via GoTo teleconference on 07/14/2020 to discuss the following agenda items:

1. Scope and Policy Process
2. Research Presentation and Discussion

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

### **1. Scope and Policy Process**

The workgroup reviewed the scope of the project and the policy development process.

#### Data summary:

- The scope of the project is to evaluate pediatric priority in Sequence C kidneys
- The project has already received approval from the Policy Oversight Committee (POC)
- Data request could take between 2-3 months
- Current goal is August 2021 public comment

#### Summary of discussion:

There were no questions or discussion from the workgroup.

### **2. Research Presentation and Discussion**

A member of UNOS staff gave a presentation on relevant research followed by discussion by the workgroup.

#### Data summary:

Summary of data review, if applicable

Attach data (slides or report) as exhibit/appendix/reference exhibit posted in SharePoint (if you intend for your slides/figures to be posted on the OPTN site, remember they must be **508 compliant**)

#### Summary of discussion:

The Chair noted that even though multi-organ transplants impact pediatric access to kidney transplant that it is being addressed by a separate workgroup. A UNOS staff member elaborated on the efforts of the multi-organ transplant workgroup currently sponsored by the Organ Procurement Organization Committee. The staff member noted that the scope of this project is specifically for increasing pediatric priority for Sequence C kidneys.

One member commented in agreement that they had personal experience having difficulty in getting a fitting offer for their pediatric candidates. However, the member expressed concern that with increased priority these candidates could receive lots of offers from very high KDPI organs from older donors with health conditions and suggested that there should be filtering options to ensure pediatric candidates only receive the highest quality offers among Sequence C organs. The Chair agreed and stated that the goal of increasing priority is to ensure that the highest quality organs are being offered to pediatric candidates.

One member asked if there is any insight as to how two for one kidney offers affect pediatric candidates, specifically en bloc. The Chair replied that the Kidney Transplantation Committee received a presentation on the dual and en bloc annual kidney data and there was very little data. A UNOS staff member explained that there was no observed increase in pediatric en bloc transplantation. The Chair noted that he was not aware of many programs that utilized en bloc organs for pediatric candidates. Another member shared that their program rarely used en bloc kidneys for pediatric candidates. The member also agreed that some form of filters would be important to sort organ offers in Sequence C.

The Chair explained the current classification order in Sequences A and B as compared to C. The Chair noted that adult vs. pediatric donor organs may be viewed differently by transplant programs. Another member agreed that a pediatric donor kidney with the same KDPI as an older donor would be considered differently. The member explained that a pediatric kidney with a higher KDPI is often more attractive as an offer because it is believed that the KDPI may not accurately reflect how that organ will function long-term. The Chair wondered if the group should consider why it's common for members to feel that KDPI may not be an accurate measure for pediatric kidneys. A member pointed out that there are other issues with KDPI such as the higher value assigned to African American donor kidneys. The member wondered if this project is the right time to address the issue of KDPI as an accurate measure. A member of UNOS staff pointed out that there are concurrent efforts to evaluate the role of KDPI in allocation as the Kidney Committee is working on developing a proposal for a continuous distribution model of allocation.

The Chair shared that one way to evaluate the problem is by determining what proportion of the total kidneys pediatric candidates should take. The Chair also noted that members should decide if pediatric candidates should have priority to all Sequence C kidneys or just Sequence C pediatric donors. One member shared that in certain cases there may be Sequence C adult donor organs that are good options for pediatric candidates. The member expressed support for increased access to all Sequence C kidneys with some ability to filter what type of organs are offered.

A UNOS staff member shared a previous data request of the Kidney Committee as an example to the workgroup.

#### Next steps:

The workgroup will discuss a potential data request on the next call.

#### **Upcoming Meeting**

- TBD

## Attendance

- **Workgroup Members**
  - Arpita Basu
  - Caitlin Shearer
  - Dev Desai
  - Jim Kim
  - John Barcia
  - Abigail Martin
  - Martha Pavlakis
  - Vince Casingal
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **UNOS Staff**
  - Amanda Robinson
  - Matt Cafarella
  - Julia Foutz
  - Kiana Stewart
  - Matt Prentice
  - Scott Castro
  - Tina Rhoades