OPTN Kidney Transplantation Committee

Summer 2020
Removal of DSA and Region from Kidney and Pancreas Allocation Policies

- Addressing Medically Urgent Candidates
- Allocation of Kidneys and Pancreata from Alaska
- Modifications to Released Organ Policies
Removal of DSA and Region from Kidney and Pancreas Allocation Policies

- Replaces DSA and Region with 250 NM circle around donor hospital
- Adds proximity points to candidate’s allocation score
  - Maximum 2 points inside the circle
  - Maximum 4 points outside the circle
- Kidney allocation: adds increased priority for pediatric candidates and prior living donors
- The Seattle-Tacoma International Airport (Sea-Tac) will substitute for the donor hospitals in Alaska as the center of the 250 nautical mile circle
Addressing Medically Urgent Candidates in New Kidney Allocation

- Provides a consistent definition and allocation priority for medical urgency for kidney candidates
- Post public comment changes based on feedback
  - Priority sorting of medically urgent candidates
  - Retrospective review by the Kidney Committee is mandatory
  - Added clarifying language that medical urgency policy applies to both pediatric and adult candidates
- Members will be able to enter data into Waitlist$^\text{SM}$ for candidates that meet the definition for medical urgency 10 business days before implementation to ensure immediate priority
Data Collection in UNetSM (Mock-Up)

Kidney Organ Information

- Candidate Medical Urgency Status: **Active - Medically urgent** (5)
- Number of previous Kidney Transplants: 0
- Number of previous solid organ transplants from OPTN database: 0
- Number of previous solid organ transplants: 0

Note: This is the number of previous solid organ transplants inside or outside the US. Solid organ transplants include kidney, pancreas, liver, heart, lung and intestine. **denotes transplant outside the US.

Medical urgency information

Important! Programs must consider a candidate’s clinical characteristic (age, size, weight, etc.) when selecting “Contraindication” to a specific method of dialysis access.

Indicate if the candidate has exhausted or has a contraindication to all dialysis access via each of the following methods:

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

Indicate if the candidate has exhausted dialysis access, is currently being dialyzed, or has a contraindication to dialysis via one of the following methods (must select at least one):

- Transhepatic IVC Catheter
- Translumbar IVC Catheter
- Other (Must Specify)

Candidates transplant surgeon and nephrologist attesting to medical urgency information:

- Nephrologist Full Name: 
- Nephrologist NPI#: 
- Surgeon Full Name: 
- Surgeon NPI#: 

OPTN ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK
Modifications to Released Kidney and Pancreas Allocation

- Promotes efficiency and organ utilization when the kidney, pancreas, or kidney-pancreas is released by the accepting transplant program

- Host OPO maintains responsibility for reallocation

- Reallocation options
  - Continue allocating according to the original match run
  - Allocate using a new released kidney match run (250 NM circle around intended recipient hospital)
  - Allocate the kidney-pancreas, pancreas or islets to a potential recipient at the program that originally accepted the organ; if a kidney-pancreas is split, the kidney must be released to the host OPO for reallocation
  - Contact the OPTN for assistance
Resources for Implementation

- Toolkits are available on the OPTN website
  - Interactive map
  - Proximity points visualization
  - FAQs
  - Medical urgency transition information

- UNOS Connect modules

- Updated patient resources

- Member.questions@unos.org for UNOS staff support
Current Committee Projects
Committee Projects – Continuous Distribution

- The Kidney Committee has begun the first phase of conversations surrounding the Continuous Distribution framework

- A workgroup has been formed consisting of Kidney and Pancreas committee members to identify and categorize donor and candidate attributes in current policy

- A concept paper outlining progress is expected to be available for public comment in an upcoming cycle
Committee Projects – Pediatric Priority

- The Committee is evaluating pediatric priority, specifically those with a KDPI greater than 35 and less than 85 (Sequence C)

- A workgroup has been formed consisting of Kidney and Pediatric committee members to develop a data request for modeling to evaluate prioritization of pediatric candidates in Sequence C

- Goal is to evaluate possible avenues to increase prioritization of pediatric donor kidneys for allocation to pediatric candidates. Some pediatric donor kidneys fall into Sequence C

- In the new circle-based allocation, should there be additional prioritization for pediatric candidates with 35%-85% KDPI donors?
Questions?