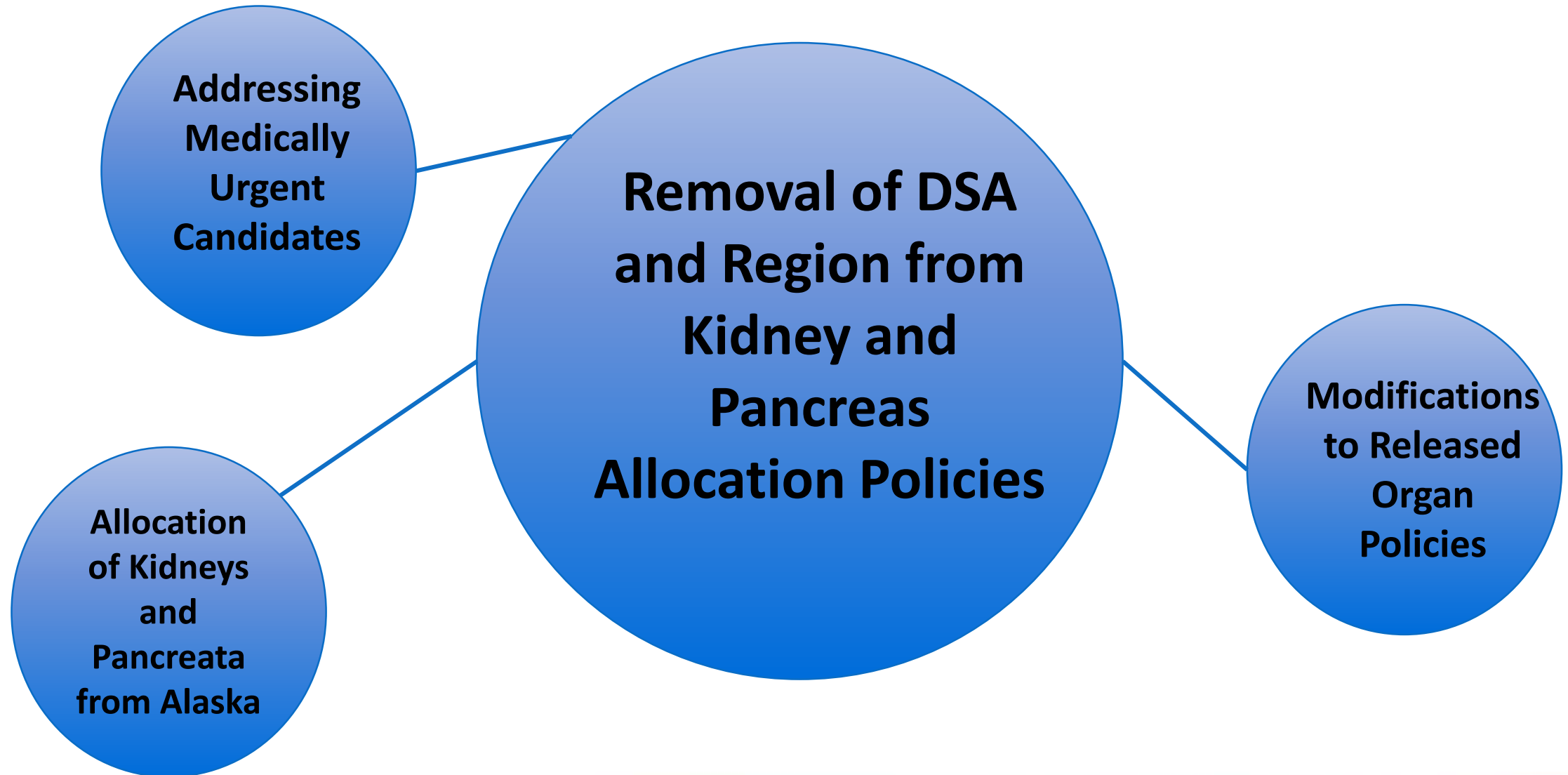


OPTN Kidney Transplantation Committee

Summer 2020

Board Approved – Implementation in Q4 2020



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 WaitlistSM 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: **R**

Number of previous Kidney Transplants: **R**

Number of previous solid organ transplants from OPTN database:

Number of previous solid organ transplants: **R**

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

Active - Medically urgent (5) ▼

0 ▼

0

0

Medical urgency information ?

i 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 R | <input checked="" type="radio"/> Exhausted | <input type="radio"/> Contraindication |
| Vascular access in the upper right extremity R | <input checked="" type="radio"/> Exhausted | <input type="radio"/> Contraindication |
| Vascular access in the lower left extremity R | <input checked="" type="radio"/> Exhausted | <input type="radio"/> Contraindication |
| Vascular access in the lower right extremity R | <input checked="" type="radio"/> Exhausted | <input type="radio"/> Contraindication |
| Peritoneal access in the abdomen R | <input checked="" type="radio"/> Exhausted | <input type="radio"/> Contraindication |

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): **R**

- | | | | |
|---|---------------------------------|--|---|
| <input checked="" type="checkbox"/> Transhepatic IVC Catheter | <input type="radio"/> Exhausted | <input type="radio"/> Contraindication | <input checked="" type="radio"/> Current method |
| <input type="checkbox"/> Translumbar IVC Catheter | | | |
| <input type="checkbox"/> Other (Must Specify) | | | |

Candidates transplant surgeon and nephrologist attesting to medical urgency information:

Nephrologist Full Name: **R** Nephrologist NPI#: **R**

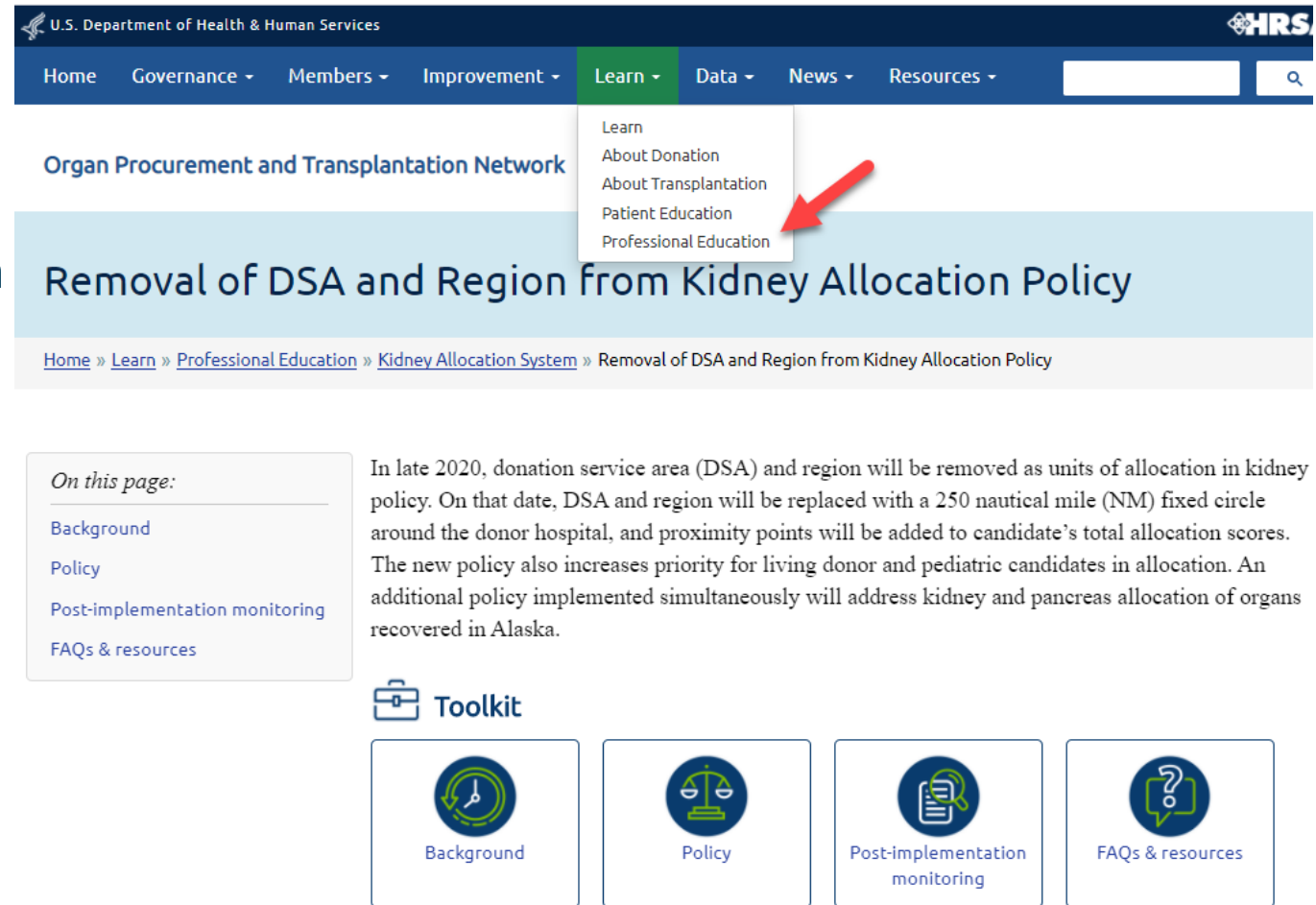
Surgeon Full Name: **R** Surgeon NPI#: **R**

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



The screenshot shows the U.S. Department of Health & Human Services (HHS) website. The navigation bar includes Home, Governance, Members, Improvement, Learn, Data, News, and Resources. A dropdown menu is open under 'Learn', with a red arrow pointing to 'Professional Education'. The main content area features a large blue banner for 'Removal of DSA and Region from Kidney Allocation Policy'. Below the banner is a breadcrumb trail: Home » Learn » Professional Education » Kidney Allocation System » Removal of DSA and Region from Kidney Allocation Policy. A sidebar on the left lists 'On this page:' with links for Background, Policy, Post-implementation monitoring, and FAQs & resources. The main text area contains a paragraph about the policy change in late 2020. At the bottom, there is a 'Toolkit' section with four icons: Background, Policy, Post-implementation monitoring, and FAQs & resources.

U.S. Department of Health & Human Services

Home Governance Members Improvement Learn Data News Resources

Organ Procurement and Transplantation Network

Learn
About Donation
About Transplantation
Patient Education
Professional Education

Removal of DSA and Region from Kidney Allocation Policy

Home » Learn » Professional Education » Kidney Allocation System » Removal of DSA and Region from Kidney Allocation Policy

On this page:

- Background
- Policy
- Post-implementation monitoring
- FAQs & resources

In late 2020, donation service area (DSA) and region will be removed as units of allocation in kidney policy. On that date, DSA and region will be replaced with a 250 nautical mile (NM) fixed circle around the donor hospital, and proximity points will be added to candidate's total allocation scores. The new policy also increases priority for living donor and pediatric candidates in allocation. An additional policy implemented simultaneously will address kidney and pancreas allocation of organs recovered in Alaska.

Toolkit

- Background
- Policy
- Post-implementation monitoring
- FAQs & resources

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?