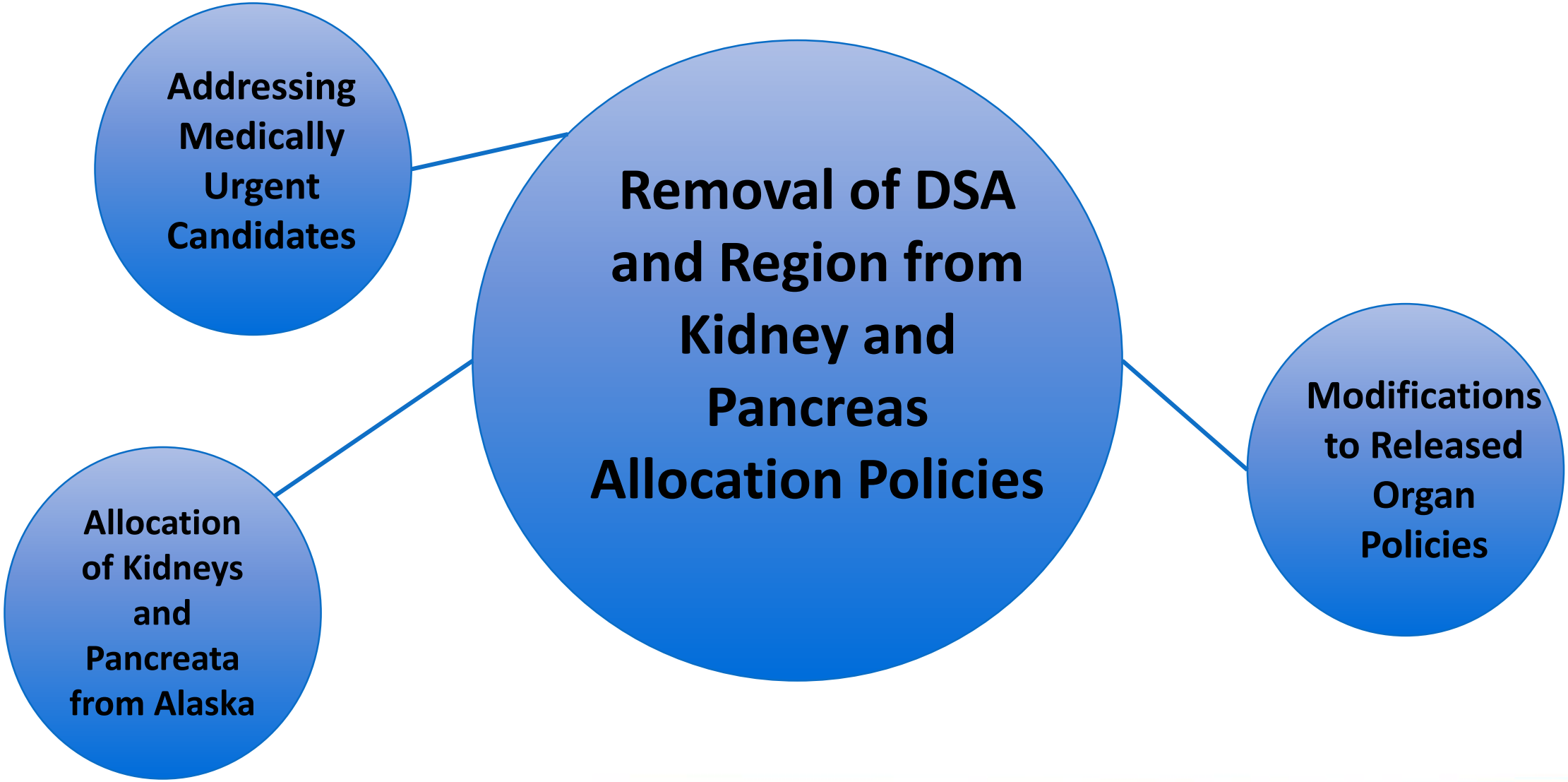
# OPTN Kidney Transplantation Committee

*Summer 2020*

# Board Approved – Implementation in Q4 2020



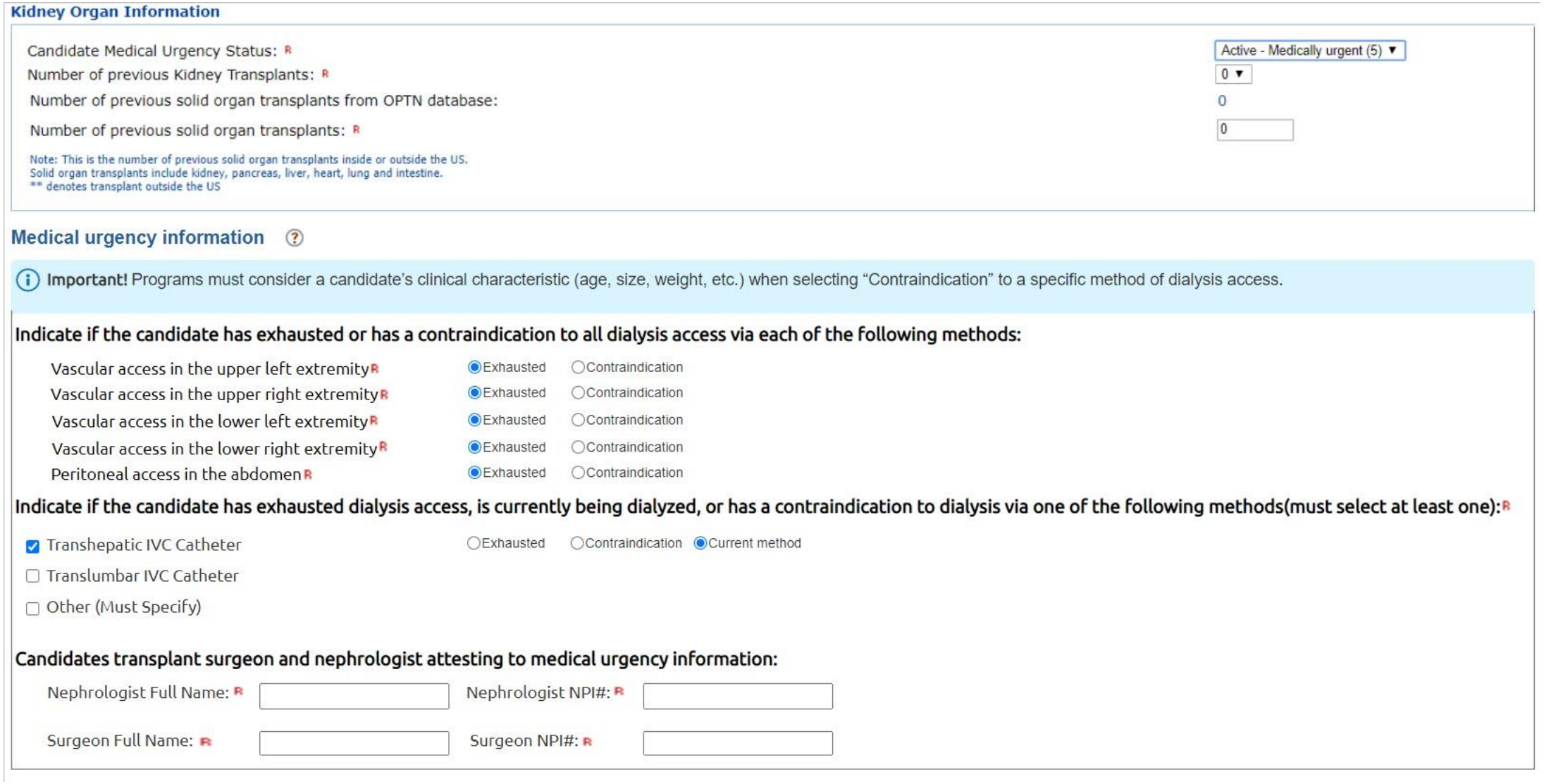
# Removal of DSA and Region from Kidney and Pancreas Allocation Policies

- 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 Waitlist[SM] for candidates that meet the definition for medical urgency 10 business days before implementation to ensure immediate priority

# Data Collection in UNet$^{SM}$ (Mock-Up)



**Kidney Organ Information**

Candidate Medical Urgency Status: R — Active - Medically urgent (5)

Number of previous Kidney Transplants: R — 0

Number of previous solid organ transplants from OPTN database: 0

Number of previous solid organ transplants: R — 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 R | ◉ Exhausted | ○ Contraindication |
| Vascular access in the upper right extremity R | ◉ Exhausted | ○ Contraindication |
| Vascular access in the lower left extremity R | ◉ Exhausted | ○ Contraindication |
| Vascular access in the lower right extremity R | ◉ Exhausted | ○ Contraindication |
| Peritoneal access in the abdomen R | ◉ Exhausted | ○ 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

| | | | |
|---|---|---|---|
| ☑ Transhepatic IVC Catheter | ○ Exhausted | ○ Contraindication | ◉ Current method |
| ☐ Translumbar IVC Catheter | | | |
| ☐ 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 _____

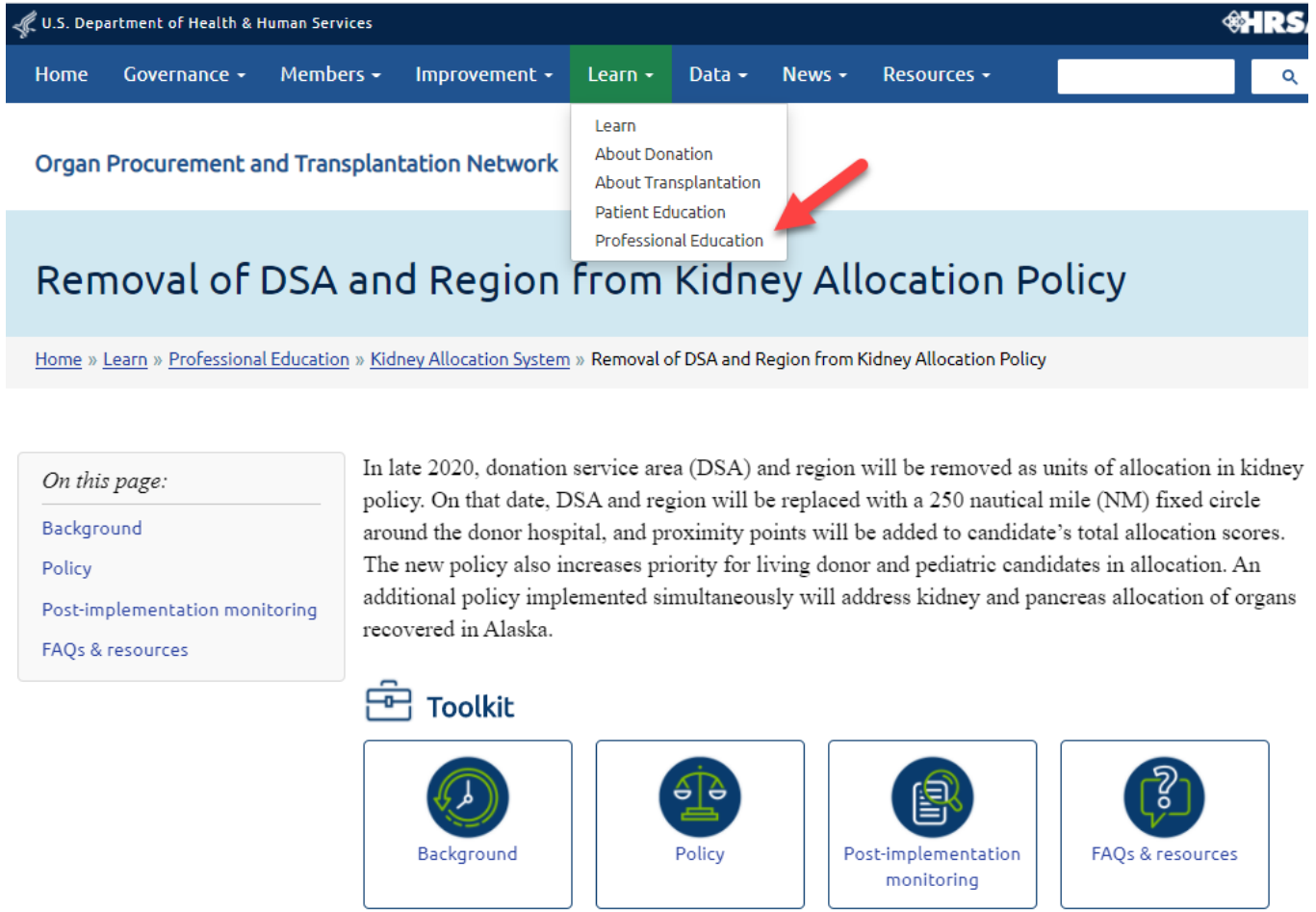
# Modifications to Released Kidney and Pancreas Allocation

- 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



# 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?