

**OPTN Kidney Transplantation Committee
Kidney-Pediatric Workgroup
Meeting Summary
August 10, 2020
Conference Call**

Vince Casingal, MD, Workgroup Chair

Introduction

The Kidney-Pediatric Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 8/10/2020 to discuss the following agenda items:

1. Offer Filter Pilot
2. Policy Approach Discussion

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

1. Offer Filter Pilot

The Workgroup received an overview of an offer filter pilot that is currently under development.

Data summary:

The offer filter pilot aims to

- Reduce unwanted offers
- Decrease cold time
- Increase organ acceptance

The first phase of the pilot was conducted from 6/17/2019 – 10/1/2019. There were 29 kidney programs that participated and created 89 filters during that time. Programs accepted 11 of the offers that would have otherwise not have been accepted.

The second phase of the pilot is projected to begin August – November 2020.

- 40+ kidney programs anticipated to participate
- Programming has begun which will allow:
 - o Ability to by-pass
 - o Candidate exclusion criteria
 - o Additional reporting

Summary of discussion:

The Workgroup Chair stated that some of the solutions for sequence C opened up pediatric patients to a lot of offers that may be burdensome to programs due to volume. The idea of offer filters was to lessen this burden.

A member asked if at the time of listing it is possible for a program to decide what limitations they will accept.

The WG Chair asked if there is a way to set the new offer filters to screen out Sequence C kidneys that are aged over 18 so as to avoid getting offers from all ages with higher KDPI. Is there a notification setting in the offer filters that would meet this criteria?

The presenter explained that there could be a way to set the filters for a donor that is over 18 years of age and there would need to be an additional filter to specify that it would only apply to a certain range of KDPI such as Sequence C. The presenter also clarified that this filter pilot is set up at a program level. There are some donor acceptance criteria on the waiting list but these filters do not have that criteria in combination with donor age at the moment. IT staff will work closely with the Workgroup and this project to determine what filters can be made to assist with this issue.

There were no additional comments and questions.

2. Policy Approach Discussion

The Workgroup reviewed and discuss the previously discussed policy approaches to this project.

Data summary:

The Workgroup reviewed the following policy approaches:

- Similar approach as kidney geography project
 - o Move up pediatric candidates above other classifications similar to Sequence A (<=20%) and B (KDPI 20-35%)
- Instead prioritize pediatric donor kidneys in Sequence C to pediatric candidates
- Assign additional points to pediatric candidates so they rise to the top of their respective classification without re-arranging classifications

Summary of discussion:

UNOS IT staff provided WG members with a mock-up demonstrating the following:

- Raising pediatric classification similar to sequence A/B
- Adding points to pediatric candidates in the pre-existing classifications
 - o UNOS IT staff clarified that in a system where points are added to pediatric candidates, those candidates are likely to rise to the top of their respective classification but may still be superseded by other candidates in that classification who have more points. It is not a guarantee that pediatric candidates will always be top priority in that classification.

An SRTR representative stated that another approach that could be considered is changing the definition of which donors the sequence applies to. The SRTR representative suggested adding the donors with a KDPI greater than 35% but under the age of 18 to a lower sequence in order to increase the pediatric access to those donors through the higher priority given in another sequence.

UNOS Research staff stated that while this is an appealing approach in its simplicity, dual kidney allocation should be considered, especially if this approach is going to be considered. For Sequence C kidneys – all kidneys with 35-85% are offered singly. Once this is exhausted, it is then offered as dual kidneys. If redefining Sequence C, there would be no pathway to offer the kidney as dual. This would be a conversation that the Kidney Committee would need to have if this approach was decided. The staff member noted that this would not be a concern if the redefinition into Sequence B was only applied to pediatric donors previously classified as Sequence C.

SRTR staff confirmed that this suggestion would only apply to pediatric donors being placed in Sequence B. The Chair commented that there was a reason that previous policy under KAS did not prioritize

pediatric candidates in Sequence C and that some of the justification may be due to a fear of an overwhelming amount of offers from high KDPI donors.

A member stated that there is a small number of pediatric patients who would benefit from this and would not take many offers away from adult recipients.

A member stated that the approach of redefining donors and moving them to another sequence makes the most sense.

UNOS staff asked from a clinical consideration, what would make sense clinically to the new KDPI endpoint if this were to change for pediatric patients.

The Chair noted that from candidate standpoint it would allow pediatric candidates access to Sequence C similar to Sequence B. The UNOS staff clarified that this would re-categorize pediatric donors that fall into Sequence C and reclassify them into Sequence B thereby leaving the adult donors in Sequence C untouched.

A member of UNOS Research staff asked how this solution is different from having a table for pediatric donors. The Workgroup Chair noted that all these approaches are similar and meet the intention of what the workgroup came together for.

Several members agreed with the new approach of redefining donors. A member asked if programs would be able to use offer filters to set a maximum KDPI ceiling that would also screen out the newly added pediatric donors to Sequence B if they want.

A member of UNOS IT shared that from a screening perspective, there is a filters option. It is believed that this can be done but further details would be needed to assess this further.

Another member stated that the filter system would be great to help programs but it does not appear that it would solve the problem the Workgroup is trying to address. One issue is that pediatric donors with a higher KDPI and who fall into Sequence C would not be offered as a priority to pediatric candidates.

The Workgroup Chair reminded the workgroup that Sequence B and C were split for a reason by the community in previous policy and this should be considered when moving forward with a policy recommendation.

The Workgroup Chair asked for clarification on the timeline of the project and if there was a goal in mind of when the Workgroup's recommendation will be reported to the Kidney Committee.

UNOS staff clarified that in taking into account the SRTR data request, which will take about 2-3 months to complete, the goal will be to report out to the Kidney Committee by the end of the year (November or December).

Next Steps:

- UNOS staff will take the feedback/input received by the Workgroup and will discuss the new suggested approach internally.
- A data request will be developed and submitted to SRTR for modeling.
- The Workgroup will continue this discussion during upcoming meetings.

Upcoming Meeting

- September 14, 2020 (Teleconference)

Attendance

- **Committee Members**
 - Vince Casingal
 - Abigail martin
 - Arpita Basu
 - Jim Kim
 - John Barcia
 - Khashayar Vakili
 - Martha Pavlakis
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
 - Raelene Skerda
- **SRTR Staff**
 - Nick Salkowski
- **UNOS Staff**
 - Kiana Stewart
 - Robert McTier
 - Scott Castro
 - Joann White
 - Lauren Motley
 - Lauren Mauk
 - Amanda Robinson
 - Ben Wolford
 - Betsy Gans
 - Jennifer Musick
 - Leah Slife
 - Lloyd Board
 - Melissa Lane
 - Roger Brown
 - Roger Vacovsky
 - Tina Rhoades
 - Nicole Benjamin