

OPTN Kidney Transplantation Committee

Meeting Summary

September 21, 2020

Conference Call

Vincent Casingal, MD, Chair
Martha Pavlakis, MD, Vice Chair

Introduction

The OPTN Kidney Transplantation Committee (the Committee) met via Citrix GoTo teleconference on 09/21/2020 to discuss the following agenda items:

1. Introduction to UNOS Research
2. Update on Kidney Project Implementation
3. Kidney-Pediatric Workgroup Update: Policy Solution Discussion
4. Special Comment Proposal: Incorporating COVID-19 Related Organ Failure In Candidate Listings

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

1. Introduction to UNOS Research

UNOS research staff explained their role in supporting the work of the Committee.

Summary of discussion:

One committee member asked if the presentation was available and Chair advised Committee members to share any ideas for data elements to consider with UNOS staff at any time

2. Update on Kidney Project Implementation

UNOS staff provided an update on implementation of impending committee projects.

Summary of discussion:

One committee member asked for clarification on the "released from" data element in the UNet mock up. It was clarified that this representative of the importing transplant hospital. Another member asked how proximity points are calculated and it was explained that they are calculated in a linear fashion from the donor hospital or from the importing transplant hospital for a released organ match.

Next steps:

The Committee will continue to receive regular updates of project implementation.

3. Kidney-Pediatric Workgroup Update: Policy Solution Discussion

The Committee reviewed and discussed the identified policy solution for the Kidney-Pediatric project.

Data summary:

- Pediatric candidates currently do not have elevated priority in Sequence C (KDPI 35-85%)
- There are concerns that increasing the pediatric classification as a whole, similar to Sequence A/B, would lead to an influx of undesirable high KDPI offers
- Instead, the Workgroup wanted to pursue targeting increased priority for pediatric donor organs

- Literature suggests that the KDPI of these organs may not reflect the true quality

The Proposed Solution

- “Expanding” Sequence B to include the pediatric donor kidneys that would previously have been classified as Sequence C
- This would maintain current pediatric priority for Sequence A/B while increasing priority just among the current pediatric donors of Sequence C
- This solution would actually create a new Sequence that mirrors Sequence B for these pediatric kidneys
- This is similar to en bloc kidneys which are allocated via Sequence E which mirror Sequence A
- This Sequence would not affect en bloc and would only apply to pediatric donors >18kgs with a KDPI 35-85%
- The workgroup has discussed whether dual allocation should be offered in the new Sequence
 - Dual allocation is not an option under Sequence B but is an option under Sequence C
- There was 1 pediatric donor from Sequence C allocated as dual in the recent six-month monitoring report
- Because of the (relatively) few number of donors that fall into this category, SRTR modeling is unlikely to show a large effect

Summary of discussion:

Two members responded to the feedback from SRTR on modeling that they do not have any concerns about moving forward without modeling. Two members agreed that offering dual kidney offers for the proposed classification should be an option.

Next steps:

The Kidney-Pediatric Workgroup will continue work on the project.

4. Special Comment Proposal: Incorporating COVID-19 Related Organ Failure In Candidate Listings

Support staff for the Lung Transplantation Committee presented the special comment public proposal and sought feedback from the Kidney Transplantation Committee.

Data summary:

- Several lung transplants have been performed due to COVID-19 related lung damage
- The OPTN lacks a method to track candidates listed due to COVID-19
- The special public comment proposal proposes adding two new diagnoses to lung policy: “COVID-19: Pulmonary fibrosis” and “COVID-19: Acute Respiratory Distress Syndrome”
- Additional feedback requested: should these data be collected for other organs?

Summary of discussion:

One member asked if there was any downside to not including a COVID diagnosis code for kidney and added that there was not consensus at the regional meeting. Two members stated that they have not seen an influx of COVID related end stage renal disease or chronic kidney disease.

Multiple kidney committee members stated that they have seen acute kidney injury in COVID patients but that these cases are not different than other AKI and not different than normal sepsis. A member stated that this would not benefit a candidate and that there are less of these cases due to early detection and intervention. A member stated that this could muddy the data if people were to use COVID diagnosis as a default and that it should not affect allocation.

Several members agreed that a distinct diagnosis is not needed for kidney and one member suggested that a COVID related cause of death code added to the follow up form would be more useful.

Next steps:

The special public comment proposal will be presented to the Board in December.

Upcoming Meeting

- October 16, 2020 – Virtual Teleconference

Attendance

- **Committee Members**
 - Alejandro Diez
 - Amy Evenson
 - Andy Weiss
 - Arpita Basu
 - Asif Sharfuddin
 - Cathi Murphey
 - Dev Desai
 - Elliot Grodstein
 - Erica Simonich
 - Jim Kim
 - Marilee Clites
 - Martha Pavlakis
 - Peter Kennealey
 - Precious McCowan
 - Vincent Casingal
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Bryn Thompson
 - Jon Miller
 - Nick Salkowski
- **UNOS Staff**
 - Amanda Robinson
 - Ben Wolford
 - Elizabeth Miller
 - Jennifer Musick
 - Joel Newman
 - Julia Foutz
 - Kaitlin Swanner
 - Kerrie Masten
 - Kiana Stewart
 - Lauren Mauk
 - Lauren Motley
 - Leah Slife
 - Matthew Prentice
 - Melissa Lane
 - Olga Kosachevsky
 - Roger Brown
 - Sara Moriarty
 - Shannon Edwards
 - Tina Rhoades
 - Nicole Benjamin