

**OPTN Kidney Transplantation Committee
Kidney Continuous Distribution Workgroup
Meeting Summary
September 25, 2020
Conference Call**

**Vincent Casingal, Chair
Martha Pavlakis, Chair**

Introduction

The Kidney Continuous Distribution Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 09/25/2020 to discuss the following agenda items:

1. Overview of Project
2. Review and Discussion of Attributes

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

1. Overview of Project

The Workgroup reviewed the background of the project as well as the scope of their work.

Summary of discussion:

The goal of the project is to transition the current classification system into a continuous distribution framework system. The Workgroup will utilize the attributes already found in policy and transfer them into a continuous distribution framework. The benefit of this transition is to eliminate the hard boundaries that currently exist in allocation. Instead of a classification, candidates will be assigned a composite allocation score made up of multiple patient attributes. The patient attributes will support the following goals:

- Medical urgency
- Post-transplant survival
- Candidate biology
- Patient Access
- Placement Efficiency

The Workgroup is currently working to identify and categorize attributes.

There were no questions or comments.

2. Review and Discussion of Attributes

The Workgroup began reviewing and discussion various goals and attributes for continuous distribution.

Summary of discussion:

Goal: Post-transplant survival

A member suggested that post-transplant survival for kidneys should be farther out than one year. Members agreed that a more meaningful post-transplant survival goal, for kidney, would be long-term graft and patient survival. Another member mentioned that Kidney Donor Profile Index (KDPI) was built

looking at graft survival in the long term. A member stated that Estimated Post Transplant Survival (EPTS) is also long term survival. The member added that the current system looks at long term survival, not one-year post transplant survival. A member emphasized that the wording for this goal needs to be deliberate, because there is data that shows particular patient populations would become disadvantaged due to a hard definition of one-year post-transplant survival.

Another member suggested including frailty or battery test evaluation as a marker for early post-transplant survival. A member responded that the Workgroup's goal is not to introduce new attributes but frailty could be considered once the continuous distribution system is implemented.

A member stated that attributes should be separated into "donor" and "candidate". The member added that while KDPI is related to EPTS, it should not be an indicator for points for a recipient as it does not have to do with the recipient. Another member asked how can EPTS and KDPI be used to make the system more efficient. The member responded that currently there are different sequences for KDPI and low EPTS is given priority in low KDPI kidneys. Members agreed that this system works, improves efficiency, and do not want to change it. Another member wondered how it can be incorporated into a new system. A member from the Scientific Registry of Transplant Recipients (SRTR) responded that points assigned to a candidate can be a function of both the candidate characteristics and the donor characteristics. If you have a high expected post-transplant survival candidate, then they could receive extra points when it is a high quality donor. Staff added that some attributes will solely be based on the candidate's clinical criteria, while there will be other attributes that are based upon an interaction of candidate and donor criteria, such as geography. EPTS and KDPI could be analyzed to discover interaction between those in order to replicate the four match runs system. Then, to smooth those match runs in order to eliminate the hard boundaries between the sequences.

A member wondered whether human leukocyte antigen (HLA) matching could belong under the attribute of candidate biology. The member asked if HLA matching has racial and ethnic implications. Another member agreed that the Workgroup should find data to support or deny any racial or ethnic implications regarding HLA matching. HRSA emphasized caution when aggregating populations into categories because of the growing number of mixed races.

A member stated that there is clear data which shows DR and DQ matching is critical to long term survival. The member added that 0-ABDR mismatch may not be as important anymore.

Goal: Candidate Biology

A member asked whether this would be a good opportunity to adopt the current sliding scale points system or consider the granular high cPRA of sensitized patients. Another member responded that the data shows that patients who are 99.9 and greater receive few offers, while those who are 99.5 receive offers and transplants at greater rates than their percentage on the waitlist. The member stated that this could be the perfect opportunity to rebalance the points system on a sliding scale. A member agreed. Staff mentioned that smoothing this scale would help eliminate the hard boundaries, which continuous distribution aims to accomplish.

A member asked for clarification regarding Simultaneous Liver Kidney transplant (SLK) requirements. Staff responded that this refers to safety net. The member stated that should be made clear, such as "kidney after liver (safety net)".

The member stated that single vs. dual kidney is more of a donor characteristic than candidate biology. The member added that dual allocation is intended for harder to place organs, therefore it is better related to the ability to place all organs rather than candidate biology. Another member agreed and stated that it would better fit into a category regarding avoiding organ wastage.

Goal: Patient Access

A member agreed with the goal and stated that waiting time does fit into patient access. Other members agreed.

Another member asked whether medically urgent candidates fall under this goal. A member responded that medically urgent candidates could fit here but it is currently listed as its own goal.

A member stated that “age less than 18” could be placed in the same group as “low EPTS”, because there are very similar reasons.

A member asked for someone to describe “waiting time”. Another member responded that it is defined as the first day an individual started dialysis or the day an individual was placed on the waitlist. The member stated that the issue is equity in terms of access, because not everyone will have the same wait time due to factors such as geography and biology. The member wondered how to provide different weights to different individuals to account for the fact that ideally everyone should wait the same amount of time.

Another member stated that the Workgroup should acknowledge that waiting time is the biggest part of allocation scores. The member asked the Workgroup whether “waiting time” should be included at all. The member added that if the Workgroup decides it should be included, the reasoning for that decision will lend itself to which goal it should belong in. A member suggested using “waiting time” as a tie breaker so it still counts but is not the main factor for allocation, such as liver and lung. Another member reminded the Workgroup to consider that fact that kidney candidates can remain on other forms of replacement therapy for long periods of times, and other organs do not have that option.

A member asked if the “or part of an organ” definition for the goal was carried over from another organ because no one donates part of a kidney. Staff responded that references part of a donated liver. The member stated that it should be changed because they do not want to give liver donors priority for kidneys. Staff responded that any candidate that has donated a kidney, liver segment, lung segment, partial pancreas, or small bowel segment receive kidney priority. Staff stated that there have been instances of individuals listed for kidney who receive prior living donor status after donating organs other than kidney, but it is not a frequent occurrence.

There were no other questions or comments.

Next steps:

The Workgroup will continue discussing goals and attributes.

Upcoming Meeting

- October 9, 2020 (teleconference)
- October 23, 2020 (teleconference)

Attendance

- **Workgroup Members**
 - Alejandro Diez
 - Amy Evenson
 - Andy Weiss
 - Arpita Basu
 - Cathi Murphey
 - Dev Desai
 - Elliot Grodstein
 - Erica Simonich
 - Jim Kim
 - Marilee Clites
 - Martha Paclakis
 - Peter Kennealey
 - Precious McCowan
 - Vincent Casingal
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Bryn Thompson
 - Jon Miller
 - Nick Salkowki
- **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
 - Nicole Benjamin
 - Olga Kosachevsky
 - Roger Brown
 - Sara Moriarty
 - Shannon Edwards
 - Tine Rhoades