

**OPTN Kidney Transplantation Committee
Kidney Continuous Distribution Workgroup
Meeting Summary
October 9, 2020
Conference Call**

Introduction

The Kidney Continuous Distribution Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 10/09/2020 to discuss the following agenda items:

1. Review of 9/25 Meeting
2. Review and Discussion of Attributes

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

1. Review of 9/25 Meeting

The Workgroup reviewed the discussion of their previous meeting.

Summary of discussion:

During the 9/25 meeting, the Workgroup reviewed factors in current kidney allocation policy such as the classifications by donor KDPI and the points system, and began discussion of attributes in a Continuous Distribution framework.

There were no questions or comments.

2. Review and Discussion of Attributes

The Workgroup began reviewing and discussing various goals and attributes in a continuous distribution framework.

Summary of discussion:

Post-transplant survival

A member asked the Workgroup whether the goal of post-transplant survival is graft survival, patient survival, or both. The member added that HLA matching, as an attribute, contributes to post-transplant graft survival. A member responded that currently there is not a way to best put together each patient attribute and profile to understand their survival scope. The member agreed and added that EPTS is used to identify candidates with the best post-transplant survival in order to allocate them the best KDPI kidneys and that one could argue that with only four factors going into EPTS, it is a rough estimate for post-transplant survival. A member agreed and stated that is why this goal is hard to define for kidneys because of all the caveats. Another member suggested creating a sliding scale based on age. A member suggested defining this goal as "maximizing individual post-transplant allograft survival".

SRTR staff asked whether KDPI could be placed under "candidate biology" because high KDPIs are offered to specific to populations and not to every candidate. Members agreed with this argument.

A member asked if KDPI was placed under this goal because of modeling to analyze the patient's ultimate survival based on their EPTS and KDPI. SRTR staff responded that there are two post-transplant

survival concerns. SRTR staff explained that one is HLA matching, which promotes graft survival in general, and the other is EPTS/KDPI matching, which is a clinically appropriate match of donor and candidate to ensure the best use of donor organs.

Patient Access

A member wondered whether they should expand the goals to include “patient access – biology” and “patient access – other”. Another member supported this suggestion because it will help organize the attributes more accordingly. A member stated that most of the goals are related to increasing patient access, except for “placement efficiency” which is a system efficiency goal.

Placement Efficiency

SRTR staff asked whether single vs dual attribute belongs under placement efficiency. They explained the idea behind single vs dual kidney is to promote utilization and efficiency in organ allocation. A member responded that under this line of thinking, KDPI as an attribute could also be placed underneath the “placement efficiency” goal. Another member responded that some attributes will fit underneath multiple goals, but to place it under the goal it most fits with. The member added that they agreed with single vs dual kidney should be placed under “placement efficiency” but KDPI is an attribute of a kidney and should stay under “candidate biology”.

Candidate Biology

A member asked if the attribute regarding prior liver recipient requirements was meant to be kidney after liver (KAL) prioritization or if it was referring to candidates who receive a kidney and a liver at the same time. Another member responded it should be KAL prioritization and to clarify that it is in the setting of a safety net, not just any kidney after liver. A member added that this attribute should be placed under patient access because it is giving a candidate priority for other reasons.

Medical Urgency

A member asked if there are additional attributes to include within this goal. Another member asked if the safety net candidates could be included. A member responded that safety net candidates better fit underneath patient access because it is hard to make the argument that those candidates are prioritized due to medical urgency.

Next steps:

The Workgroup will continue discussing goals and attributes.

Upcoming Meeting

- October 23, 2020 (teleconference)
- November 6, 2020 (teleconference)

Attendance

- **Workgroup Members**
 - Ajay Israni
 - Alejandro Diez
 - Amy Evenson
 - Arpita Basu
 - Martha Pavlakis
- **HRSA Representatives**
 - Robert Walsh
 - Vanessa Arriola
- **SRTR Staff**
 - Nick Salkowski
- **UNOS Staff**
 - Amanda Robinson
 - Joel Newman
 - Lauren Mauk
 - Lauren Motley
 - Meghan McDermott
 - Olga Kosachevsky
 - Tina Rhoades