

OPTN Kidney Transplantation Committee

Meeting Summary

October 16, 2020

Conference Call

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

Introduction

The Kidney Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 10/16/2020 to discuss the following agenda items:

1. Policy Oversight Committee (POC) Update
2. Kidney-Pediatric Project Update
3. Implementation Updates
4. Continuous Distribution Update

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

1. Policy Oversight Committee (POC) Update

The Vice Chair updated the Committee on the Policy Oversight Committee's (POC) strategic policy priorities, project alignment, and project sequencing.

Summary of discussion:

A member asked for an update about the POC Biopsy Standards Workgroup. The Vice Chair responded that the POC is discussing sequencing and sponsorship regarding the recommendations from the Biopsy Standards Workgroup.

The Vice Chair suggested continuing this discussion during the Kidney-Pediatric Project Update.

2. Kidney-Pediatric Project Update

The Vice Chair updated the Committee that the POC decided the Kidney-Pediatric Project should be rolled into the efforts of continuous distribution.

Summary of discussion:

Members expressed disappointment that this project will take a lot longer now that is a part the large effort of continuous distribution. The Chair stated that this project and continuous distribution were kept separate for various reasons and, now that they are combined, hoped that it will not get lost in the work of continuous distribution.

A member asked what was the proposed solution of the Kidney Pediatric project. The Vice Chair responded that the workgroup proposed a new allocation order prioritizing pediatric candidates for a small number of donors, specifically the donors with a Kidney Donor Profile Index (KDPI) between 35-75, donor age less than 18, and donor weight greater than 18 kilograms.

Members expressed concern regarding the estimated IT involvement. UNOS IT staff responded that the two projects require very different type of efforts. UNOS IT staff explained that the movement towards

continuous distribution is more favorable because it is more efficient to build, manipulate, and make changes in the future, than what is built today. UNOS IT staff added that the effort it takes to complete the move to continuous distribution will take longer because of the planning, but the coding effort is smaller.

The Chair asked for directives from the POC regarding how much time the Committee should be spending on projects besides continuous distribution.

3. Implementation Updates

UNOS staff updated the Committee on implementation regarding communication & education for new kidney allocation policy.

Data summary:

User testing is scheduled for early November. Phase 1 will be released on December 1, 2020, which is the beginning of the Medical Urgency transition period. The entire project is on target to be released on December 15, 2020, which includes the removal of donation service areas (DSA), Medical Urgency Phase 2, Distribution of KI/KP from Alaska, and released kidney and pancreas changes.

Education regarding Medical Urgency Phase 1 will be released on November 3, 2020. On November 17, 2020, about four weeks prior to implementation, education will be released regarding Medical Urgency Phase 2, Eliminate DSA from Kidney and Pancreas Allocation, and Modifications to Released Kidney and Pancreas Allocation.

Summary of discussion:

There were no questions or comments.

4. Continuous Distribution Update

The Committee was updated on the Continuous Distribution work. The Workgroups for Continuous Distribution are finalizing identifying and categorizing attributes.

Summary of discussion:

A member asked about adding safety net for other dual organs, such as kidney and heart. The Chair agreed and stated that kidney after liver is included because there is guidance regarding that. The member responded the Workgroups should consider attributes as broadly as possible. The Vice Chair suggested adding an additional row titled "future attributes" in order to keep track of attributes which the Committee would like to address at a later time. UNOS staff explained that this framework was developed in order for future additions and updates to occur without having to rework the whole system.

A member asked for more information about how each goal will be weighted. The Vice Chair responded the Analytic Hierarchy Process (AHP) exercise is one way to work towards consensus of weighing each goal. The Chair asked how clinical data is going to be weighed against value based opinions. UNOS staff responded that each attribute will be converted into a rating scale based on clinical and operational data in order to score each candidate. UNOS staff further explained that the value based opinions will be determined through the AHP exercise which the community takes part in. UNOS staff demonstrated the AHP exercise to the Committee.

A member asked what happens after the AHP exercise has been completed by the community. UNOS staff responded that the Committee will receive a report of the results and analyze where there is consensus and where there is disagreement among the goals. UNOS staff stated the Final Rule will also be used to analyze the goals. UNOS staff explained that the Committee will narrow down the goals and

send it to SRTR for the purposes of modeling the proposed allocation system to ensure no major mistakes are made. UNOS staff added that after these steps the Committee will write a policy and submit it for a Public Comment cycle.

The Vice Chair stated that Kidney Allocation System (KAS) changed the calculation of wait time to start of dialysis and not at listing. The Vice Chair explained this change, as well as the scaling of cPRA, were to prioritize reducing racial disparities. The Vice Chair asked if there will be specific outlined investment in further reducing racial disparities while transitioning to continuous distribution. UNOS staff responded the primary goal of this project is to move from a classification system to a points based system, but within that transition there these types of discussions will occur. The Vice Chair asked whether the Committee will be analyzing if a proposed allocation system will increase or decrease racial disparities. UNOS staff responded that the modeling through SRTR will be able to look at the impact on racial disparities.

A member asked whether there is involvement from the Ethics Committee on the Lung Continuous Distribution project for the value based discussions and decisions. UNOS staff responded that the Ethics Committee has been involved as well as other input bioethicists from around the world. The member stated that the involvement of the Ethics Committee should be publicized so that the community understands the values.

Another member asked if financial aspects are considered within placement efficiency. The member explained that not every program has access to the same amount of financial resources to make transplants as efficient as possible. UNOS staff responded that the Lung Committee created a linear scale for distance. UNOS staff explained that the Lung Committee discussed various placement efficiency attributes and ultimately decided a lot of them did not have the data to support inclusion, but will continue to gather data to support eventual inclusion.

A member asked for more information on how pediatric priority within Sequence C falls into the scope of continuous distribution. UNOS staff responded that the Committee could decide to keep the four different match runs, which would lead to the AHP exercise being repeated for each match run, resulting in different values and scales within those individual match runs. UNOS staff added that an additional option the Committee could consider is creating a composite score that reflects the relationship between KDPI and other attributes such as Estimated Post Transplant Survival (EPTS). UNOS staff explained this composite score would then be weighed which would allow for one match run that has inputs from the candidate side and the donor side.

In regards to the pediatric priority within Sequence C, the Vice Chair asked if there is a way to add in age and weight to KDPI to allow for a different allocation. UNOS staff responded there are different ways to approach this and the Committee will have these conversations while creating the rating scales. UNOS staff explained that the Committee could create conditional rating scales which create different ratings scale that would be applied to different candidates, dependent on their situations.

The Vice Chair asked if maintaining the four match runs continues the issue of hard borders, which continuous distribution is aiming to eliminate. UNOS staff responded that there are different options that the Committee should discuss to achieve the goal of eliminating the hard boundaries of four distinct match runs. UNOS staff added this conversation will also occur when the Committee begins creating rating scales.

Another member asked how the Committee will come to a consensus regarding kidney-only priorities versus the pancreas-only priorities. UNOS staff responded that there are various techniques that can be utilized to facilitate these conversations but ultimately the Committee will have to decide what will be sent to the Board of Directors.

Upcoming Meeting

- November 16, 2020 (teleconference)
- December 21, 2020 (teleconference)

Attendance

- **Committee Members**
 - Ajay Israni
 - Alejandro Diez
 - Amy Evenson
 - Andrew Weiss
 - Arpita Basu
 - Asif Sharfuddin
 - Beatrice Concepcion
 - Cathi Murphey
 - Deirdre Sawinski
 - Dev Desai
 - Elliot Grodstein
 - Erica Simonich
 - Jim Kim
 - Julia Kemink
 - Marilee Clites
 - Martha Pavlakis
 - Peter Kennealey
 - Precious McCowan
 - Vincent Casingal
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Bryn Thompson
 - Jonathan Miller
 - Nick Salkowski
- **UNOS Staff**
 - Amanda Robinson
 - Beth Coe
 - James Alcorn
 - Kiana Stewart
 - Lauren Motley
 - Leah Slife
 - Lindsay Larkin
 - Matt Prentice
 - Meghan McDermott
 - Melissa Lane
 - Nicole Benjamin
 - Priscilla Paciocco
 - Rebecca Brookman
 - Ross Walton
 - Ruthanne Leishman
 - Shannon Edwards
 - Tine Rhoades