

**OPTN Kidney Transplantation Committee
Kidney Continuous Distribution Workgroup
Meeting Summary
October 23, 2020
Conference Call**

Introduction

The Kidney Continuous Distribution Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 10/23/2020 to discuss the following agenda items:

1. Review of 10/9 Meeting
2. Review and Discussion of Attributes
3. Prior Living Donor Priority

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

1. Review of 10/9 Meeting

The Workgroup reviewed the discussions of their previous meeting.

Summary of discussion:

During the 10/9 meeting, the Workgroup:

- Discussed the definition of the goals
- Defined post-transplant survival as "maximizing graft/longevity match"
- Moved the attribute "kidney after liver (safety net)" under the patient access goal
- Noted that age under 18 and weight are donor characteristics associated with KDPI

2. Review and Discussion of Attributes

The Workgroup continued reviewing and discussing various goals and attributes for continuous distribution.

Summary of discussion:

Candidate Biology

A member asked whether transplanting blood subtype A2 donors into blood type B recipients would fall under the definition of the goal of candidate biology. Another member responded that would be within the blood type attribute which falls under candidate biology. Staff added that conversations around A2 and B will occur when the Workgroup begins to define what identical and permissible means under this new system.

Another member asked why kidney after liver falls under candidate biology. A member responded that it is placed there because it refers to patients who did not recover from kidney failure after their liver transplant. The member wondered whether the definition of candidate biology fits the listed attributes. The member added that candidate biology is not only relevant to patients who are medically harder to match. Members agreed that kidney after liver belongs in the goal of patient access.

A member asked why single vs. dual kidney is not a donor characteristic. Another member agreed and stated that dual kidneys are given for efficient and complete use of all organs, not based on candidate biology. Other members agreed to move single vs dual kidney to the goal of donor characteristic.

Post-transplant Survival

Another member discussed the attributes in the post-transplant survival category and points given to 0-human leukocyte antigens (HLA) DR mismatches. The member explained that 0-HLA DR mismatches occur more frequently in Caucasians than African Americans therefore creating disparities. Historically, points for HLA mismatches have been given since 1995. The member referenced a research paper from 2002, which acknowledged the potential presence of disparities. However, the research stated the disparities would not be as significant because it was thought that having a better matched kidney would increase survival, and kidneys would be locally sourced. The member stated that since that time large changes have occurred, such as immunosuppression and techniques for detecting donor-specific antibodies (DSA) have improved, as well as the systematic move towards a broader distribution model. Given those changes, the member stated that points given to 0-HLA DR does not make sense biologically or ethically. The member proposed to remove 0-HLA DR mismatch as an attribute.

A member agreed that the Workgroup needs to make sure they are not disadvantaging certain populations. The member stated that more research is needed and the Workgroup should analyze the data before deciding. The member added that literature shows that DR is not as important in long term graft survival as DQ. The member referenced research that showed the higher the DQ mismatch, the more incident of de novo donor specific antibodies (DSA) and shorter the long term graft survival. The member stated if the objective is to increase longevity, then this should be looked at. The member stated if including DQ mismatching is supported, then the frequency of the antigens could be analyzed in racial populations to assign points equally. Another member responded that given that antigens vary among racial groups, and that most donors are from a racial group different than other groups, there might be disparities in the proportion to which these HLA antigens vary. The member added that African Americans, a population disproportionately affected by chronic kidney disease, are already disadvantaged for a variety of reasons and wondered if this is a contributing factor that could be resolved. The Chair stated there are positive and negative aspects to HLA matching. The Chair added that HLA matching does belong under post-transplant survival but the Workgroup will have to take into consideration patient access issues.

Members confirmed HLA matching and Estimated Post Transplant Survival (EPTS) as attributes under the goal of post-transplant survival. Staff asked the Workgroup to confirm Kidney Donor Profile Index (KDPI) as an attribute under the goal of donor characteristics. A member mentioned that longevity matching takes into consideration EPTS and KDPI, so KDPI might need to stay under post-transplant survival if longevity matching is in the definition. Another member agreed that EPTS and KDPI should stay linked if the Workgroup is going to consider a sliding scale or other adjustments.

A member suggested rewording “ABDR mismatch” to “HLA mismatching” in order to allow for defining in the future. Members agreed.

The Chair suggested changing the definition of the goal of post-transplant survival to “maximizing graft/longevity matching”. The Chair explained that using the word “increasing” could lead to allocating all kidneys to young patients based on data.

Patient Access

In regards to the definition for the goal of patient access, a member asked how waiting time makes patients more vulnerable. Another member suggested the definition could be reworded to reflect the

goal of patient access is placement of the right kidney to the right population, not necessarily vulnerable populations. A member suggested changing the definition to “appropriate access and equity for certain populations”. Members agreed with this suggestion.

Members confirmed the attributes listed under the goal of patient access.

Placement Efficiency

Members confirmed the attributes listed under the goal of placement efficiency.

Donor Characteristics

Members confirmed the attribute listed for the goal of donor characteristic.

Miscellaneous

In regards to the attribute representing the released organ policy, a member asked if a released kidney is an attribute. The member stated it could also be placed under placement efficiency because it aims to reduce the travel of organs back and forth across the country. A member agreed this attribute should be placed under the goal of placement efficiency.

Next steps:

The Workgroup will continue discussing goals and attributes.

3. Prior Living Donor Priority

The Workgroup reviewed OPTN Policy 8.5.E: *Prior Living Organ Donors*, which defines which kidney candidates will be classified as prior living donors. Kidney policy currently gives additional allocation priority points to candidates who were prior living donors. This will need to be addressed in continuous distribution across applicable organs.

Summary of discussion:

Members were surprised to see that prior living donor classification extends to other organ donations besides kidneys. A member stated that vascularized composite allograft (VCA) living donors should be included in the prior living donor list. However, the member stated the bigger question is whether all prior living donors should be included in kidney transplant prioritization. The member explained prior kidney living donors should receive priority because their act of donation results in an increased risk of kidney failure, while the same is not true for partial liver donors. A member agreed.

Another member suggested that changing the system to allow for a greater weight to be given to individuals who need an organ which is the organ they donated. Members agreed this could be a step in the right direction.

Upcoming Meeting

- November 6, 2020 (teleconference)
- November 20, 2020 (teleconference)

Attendance

- **Workgroup Members**
 - Alejandro Diez
 - Amy Evenson
 - Arpita Basu
 - Bea Concepcion
 - Elliot Grodstein
 - Martha Pavlakis
- **HRSA Representatives**
 - Adriana Martinez
 - Arjun Maik
- **SRTR Staff**
 - Caitlyn Nystedt
 - Nick Salkowski
- **UNOS Staff**
 - Amanda Robinson
 - Ben Wolford
 - Joel Newman
 - Kiana Stewart
 - Lauren Motley
 - Meghan McDermott
 - Melissa Lane
 - Olga Kosachevsky
 - Shannon Edwards
 - Tina Rhoades
 - Vincent Casingal