

# **Meeting Summary**

# OPTN Kidney Transplantation Committee Meeting Summary November 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 11/16/2020 to discuss the following agenda items:

- 1. Implementation Update
- 2. Continuous Distribution Update
- 3. Living Donor Discussion

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

#### 1. Implementation Update

A member of UNOS staff provided a brief update on the impending implementation of the kidney committee and related policies.

#### Data summary:

### IT Implementation

- User testing completed in early November
- Medical Urgency phase 1 released on December 1<sup>st</sup>
- Simultaneous release on target for December 15<sup>th</sup>
  - o Removal of DSA
  - Medical Urgency phase 2
  - o Alaska
  - Released kidney and pancreas

The Communications Department is leveraging a wide range of channels to connect with audiences that need this information

- OPTN and UNOS websites
- Newsletters
- UNet System Notices
- Social Media
- Patient Webinar
- Emails

### Target audiences will include:

- Kidney and pancreas transplant hospital staff
- Key OPO stakeholders and staff
- Key histocompatibility lab personnel

- Patients
- General public
- Kidney, Pancreas and Organ Procurement Organization committee members and the OPTN Board of Directors

### Summary of discussion:

There was no discussion.

#### 2. Continuous Distribution Update

The Vice Chair provided an update on the Continuous Distribution project.

#### Data summary:

Workgroup Progress:

- The kidney and pancreas respective workgroups will meet up in two weeks to reconvene and compare attributes
- Members from the Pediatric Committee are being invited to join the workgroup as part of the effort to incorporate the Kidney-Pediatric work
- Some goal definitions have been modified to more appropriately reflect Kidney policy
- The following attributes have been re-categorized:
  - Kidney after liver (safety net)
  - Adult Dual
  - o Pediatric En Bloc

#### Summary of discussion:

One member asked how members can ensure that post-transplant survival does not suffer if the attribute for kidney after liver (safety net) is categorized under the patient access goal. The Vice Chair explained that the points and rating scales are directly tied to the attribute rather than the goal and that the point of the goals is to justify the use of attributes in the system and how they relate to the final rule. A UNOS staff member also added that the goals help place the attributes in a framework where they can be compared against each other for value-laden decisions.

One member asked about when the workgroup will determine how to incorporate cPRA into the new framework. The Vice Chair explained that the workgroup would be exploring a rating scale that would be more granular with cPRA in their future discussions. The member also asked about increasing access for pediatrics. The Vice Chair explained that age less than 18 is currently an attribute categorized under patient access and that the work the Committee started on the project to increase pediatric access among Sequence C donors would be rolled into the work of the Continuous Distribution project.

One member asked if the workgroup would consider a sliding scale for age due to the fact that 18 seems like a sharp cut-off for pediatric patients. The Vice Chair explained that Estimated Post Transplant Survival Score (EPTS) also plays a role in allocation which helps prioritize young adult patients for higher quality kidneys as well. The Vice Chair said the workgroup is open to considering a sliding scale for age. The Vice Chair reaffirmed that although the Committee is not considering adding new attributes to the allocation system, they are going to discuss how these attributes should be weighed and the rating scales used. The member continued that the medical need of a 5-year-old on dialysis is not the same as a 15-year-old and thus the workgroup members should consider if a variable rating scale would be appropriate with more points given to younger pediatrics.

One member asked if the workgroup could consider adding specific criteria for heart-kidney multi-organ transplants similar to the kidney after liver (safety net) attribute. A member of UNOS staff explained that there is currently a multi-organ workgroup which has a member of the kidney committee. The Continuous Distribution project is focused on incorporating current attributes in the system into the new framework and not introduce new attributes at this time. The multi-organ transplant workgroup will work on addressing multi-organ criteria.

#### **Next Steps:**

The workgroup will continue to meet and report back regularly.

### 3. Living Donor Discussion

A representative from the OPTN Living Donor Committee (LDC) presented their committee's new project ideas for preliminary feedback.

# Data summary:

The LDC is considering four project ideas:

Evaluation of Exclusion Criteria in Living Donation Policy

The LDC is considering a holistic review of existing exclusion criteria in OPTN Living Donation policy due to recent updates to Kidney Disease: Improving Global Outcomes (KDIGO) guidelines. Additionally some members of the community have raised concerns regarding exclusion criteria that lists diabetes and active malignancy as absolute contraindications to living donation. This project may result in a change to the exclusion criteria policy.

Prior Living Donor Priority for Vascularized Composite Allograft (VCA) Donors

The LDC's recent proposal to add living VCA donors to OPTN Living Donation policy received public comment feedback questioning if living VCA donors would be eligible for prior living donor priority in OPTN Kidney policy. Current kidney policy allows kidney, liver, intestine, pancreas, and lung living donors to receive priority points if they ever need to be listed for a kidney transplant. The LDC is considering a proposal to expand prior living donor priority in kidney policy to include living VCA donors.

Allow Matching of Non-Directed Donors (NDD) with Highly Sensitized Patients on National Match-Run

A member of the community offered an idea to the LDC to allow matching of non-directed donors with highly sensitized patients on a national match-run. The presenter emphasized this would be outside of the kidney-paired donation (KPD) program.

Living Donation in Multi-Organ Transplant

The LDC has discussed evaluating how living donation could play a role in multi-organ transplant (ex. liver-kidney). If this project is selected, it could result in guidance for transplant hospitals.

# **Summary of discussion:**

Regarding the *Evaluation of Exclusion Criteria in Living Donation Policy* project idea, the Vice Chair expressed concern for loosening restrictions on potential living donors with diabetes and the potential for programs to misinterpret any change to that policy. The presenter agreed any changes would need to be clearly outlined and communicated.

Regarding the *Prior Living Donor Priority for VCA Donors* project idea, some committee members expressed support for expanding prior living donor priority to include all living donors. A member commented specific organ donation should not be valued above other types of organ donation and all

living donors should be treated the same. The Chair questioned if prior living donor priority should be included in other organ-specific policy as well (ex. liver). The presenter responded the LDC is having those conversations as well.

### Next Steps:

The LDC will continue discussions on new projects and will follow up with the Committee on opportunities to collaborate.

# **Upcoming Meeting**

- December 21, 2020 (teleconference)
- January 18, 2020 (teleconference)

#### Attendance

### Committee Members

- Ajay Israni
- Alejandro Diez
- Amy Evenson
- Andrew Weiss
- o Arpita Basu
- Asif Sharfuddin
- o Beatrice Concepcion
- Cathi Murphey
- o Deirdre Sawinski
- o Dev Desai
- o Elliot Grodstein
- o Erica Simonich
- o Jim Kim
- o Julia Kemink
- Marilee Clites
- o Martha Pavlakis
- Peter Kennealey
- o Precious McCowan
- Vincent Casingal

# • HRSA Representatives

- o Jim Bowman
- Marilyn Levi

#### SRTR Staff

- o Bryn Thompson
- o Jonathan Miller
- Nick Salkowski

### UNOS Staff

- Amanda Robinson
- Beth Coe
- James Alcorn
- o Kiana Stewart
- Lauren Motley
- o Leah Slife
- Lindsay Larkin
- Matt Prentice
- Meghan McDermott
- Melissa Lane
- Nicole Benjamin
- o Priscilla Paciocco
- o Rebecca Brookman
- o Ross Walton
- o Ruthanne Leishman
- Shannon Edwards
- Tine Rhoades