

# **Meeting Summary**

# OPTN Minority Affairs Committee Meeting Summary January 11, 2021 Conference Call

# Irene Kim, MD, Chair Paulo Martins, MD, PhD, Vice Chair

#### Introduction

The Minority Affairs Committee (MAC) met via Citrix GoToMeeting teleconference on 1/11/2021 to discuss the following agenda items:

- 1. The role of estimated glomerular filtration rate (eGFR) in OPTN Policy
- 2. Reassessing the inclusion of race in eGFR equation
- 3. Discussion

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

# 1. The role of estimated glomerular filtration rate (eGFR) in OPTN Policy

The Committee were provided an overview of estimated glomerular filtration rate (eGFR) in OPTN Policy.

#### Summary of discussion:

The Committee reviewed the current OPTN policies related to eGFR as follows:

Policy 8.4.A: Waiting Time for Candidates Registered at age 18 years or older

Policy 8.5.G: Prioritization for Liver Recipients on the Kidney Waiting List

# 2. Reassessing the inclusion of race in eGFR equation

A subject matter expert (SME) provided the Committee with an overview of race and eGFR.

#### Summary of discussion:

The SME explained the following:

The Modification of Diet in Renal Disease (MRDR) study proposed eGFR as a new method for measuring kidney function. This equation includes a coefficient that automatically assigns higher filtration values to Black patients. This coefficient was established when it was found that on average Black patients have higher serum creatinine concentrations (more muscle mass), leading to higher kidney function than white patients. The MDRD study had several limitations including lack of racial diversity and small sample size.

Studies on subsequent to eGFR equations such as Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) had more participants, but samples were not representative of the U.S. population as many participants were from the same geographic area. There is a need to look closely at Black participants in studies such as these to ensure participation from diverse members with the same racial group.

Consequences of using race in the eGFR equation include delay in referral to nephrologist, delay in referral for kidney transplant, delay in referral for dialysis care, improper dosing of pharmacologic

treatments, no accommodations for mixed race and ethnicity, and lack of transparency with patients during shared decision-making. One recent publication found that approximately 1/3 of black patients would be reclassified to a more severe state of chronic kidney disease if the race coefficient was removed from the eGFR equation.

The SME recommended the following approaches to defining kidney function without race:

- Research to investigate accepted notions if racial differences in eGFR
- Determine association of ancestry with GFR
- Use alternative eGFR equations or other measures of kidney function
- Develop novel filtration markers that do not rely on race
- Transparency in discussing eGFR determination with patients

# 3. Discussion

# Summary of discussion:

The Committee Chair asked if an eGFR equation without race is ready for validation at this time and inquired if cystatin C could be used in place of the race coefficient. The SME responded that while many clinicians think cystatin C could be used in place of the race coefficient, others are concerned as this test is costly and not accessible by all institutions. The SME reported cystatin C as the most feasible of any alternative biological markers.

The Committee Vice Chair asked the SME what steps the MAC could take towards the development of a more equitable eGFR equation and what barriers they foresee for a project that investigates the removal of race from the equation. The SME stated that the establishment of a more standardized method to measure kidney function would be an important step. The SME also noted the movement to remove race from eGFR consisting of medical professionals, medical students, and patients.

Another SME stated that many of the objections to changing the eGFR equation exist outside of the transplant waiting list. This SME believes that if race was removed and all black patients' eGFR values dropped, very few unintended consequences would come from the change. They encouraged the MAC address closely related issues, such as preemptive transplant.

A member stated that pediatrics has no GFR requirements, therefore race is not taken into account. This would then pose the question as to why this would matter for an adult when it does not matter for a child. This member also noted the existing inequities within the way Kidney Donor Profile Index (KDPI) is calculated.

Another member emphasized the importance of standardization when adding candidates to the transplant waiting list. A member suggested that candidates on dialysis should take priority for deceased donor kidneys before those who are not on dialysis. This could help those who have been waiting on dialysis to get transplanted and promote the use of living donor kidneys for those who are listed preemptively.

#### Next Steps:

The Committee will develop a race and eGFR workgroup in conjunction with the OPTN Kidney Transplantation Committee.

# **Upcoming Meetings**

- February 8, 2021 (Teleconference)
- March 15, 2021 (Virtual)

#### Attendance

# • Committee Members

- o Juan del Rio Martin
- o Lakeicha Gunter
- o Stephen Gray
- o Nicole Hayde
- o Christine Hwang
- o Irene Kim
- o Reynold Lopez-Soler
- o Paulo Martins
- o Okechukwu Ojogho
- o Dolamu Olaitan
- o Tahaunty Pena
- o Manuel Rodriguez- Davalos
- o Oscar Serrano
- o Wayne Tsuang
- **HRSA Representatives** 
  - o Jim Bowman
- SRTR Staff
  - o Monica Colvin
  - o Bryn Thompson
- UNOS Staff
  - Craig Connors
  - o Chelsea Haynes
  - o David Klassen
  - o Lindsay Larkin
  - o Lauren Motley
  - o Kelley Poff
  - o Matt Prentice
  - o Amanda Robinson
  - o Darren Stewart
  - o Kayla Temple
  - o Ron Vample
  - o Ross Walton
  - o Joann White
  - o Anne Zehner

#### • Other Attendees

- o Alejandro Diez (kidney committee member)
- Amaka Eneanya (subject matter expert)
- Sumit Mohan (subject matter expert)
- Martha Pavlakis (kidney committee chair)
- Peter Reese (subject matter expert)
- Sylvia Rosas (ex- officio)
- Pono Shim (visiting board member)
- Winfred Williams (subject matter expert)