OPTN Kidney Transplantation Committee
Meeting Summary
May 17, 2021
Conference Call

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

Introduction

The Kidney Transplantation Committee met via teleconference on 05/17/2021 to discuss the following agenda items:

1. Cross Committee Updates
2. Policy Oversight Committee Update
3. COVID-19 Emergency Policy Update
4. Dual and En Bloc Monitoring Report
5. Post-Implementation Discussion: Circle-based Distribution

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

1. Cross Committee Updates

Committee members in the Reassess Race in Estimated Glomerular Filtration Rate (eGFR), International Kidney Paired Donation (KPD), Technology Tools, and Multi-Organ Transplant Allocation Workgroups provided updates on their respective projects.

Summary of discussion:

The Reassess Race in eGFR Workgroup is currently planning to go forward with a concept paper and request for feedback in the August 2021 public comment period, and develop a policy proposal thereafter, likely to be released for the January 2022 public comment period.

The International Kidney Paired Donation project is shifting to a full OPTN Ad Hoc International Relations Committee (AHIRC) effort to respect volunteer time. AHIRC will bring in relevant expertise as needed.

The Technology Tools Workgroup is continuing to provide input for the development of DonorNet® Mobile features, chat communications, and notifications technology projects.

The Multi-Organ Allocation Workgroup is currently in the early stages of project development, and will be meeting soon to prioritize projects such as organ combination specific eligibility criteria and safety net allocation policy. The Multi-Organ Allocation Workgroup will be receiving simultaneous liver-kidney (SLK) and kidney-pancreas (KP) criteria and safety net justifications, and looking to expand similar framework to other organ combinations.

2. Policy Oversight Committee Update

The Vice Chair presented an overview on the Policy Oversight Committee (POC), including its role in guiding OPTN policy development, project approval, and POC updates.

Summary of discussion:

The Workgroup had no questions or comments.

3. COVID-19 Emergency Policy Update

The Committee reviewed data on the COVID-19 kidney waiting list emergency policy and its use, and discussed potentially sun setting the policy and related timelines.

Data Summary:

The Modifications of Kidney Waiting Time during the COVID-19 Emergency allows programs to request waiting time modification for non-dialysis kidney candidates who meet waiting time accrual criteria by GFR or creatinine clearance but are unable to obtain additional labs required for listing.

Only 37 centers (15 percent) have utilized the policy, 11 of which have listed more than 10 candidates. Three mid-size centers have listed more than 50 candidates.

Summary of discussion:

The Chair expressed concern about the variability and number of requests for each center, and remarked that logistical barriers have started to reduce significantly. The Chair continued that this policy could likely be repealed soon. Another member agreed, pointing out that logistic restrictions varied across the country, as did access to the vaccine, but that these barriers are rapidly decreasing. The Vice Chair agreed that the emergency policy could be pulled back, noting that it could easily be re-implemented if it were needed later on.

One member remarked that 90 days would be more than sufficient between notice and effective repeal. Another member felt that 6 weeks would be more appropriate. A member agreed.

The Committee achieved consensus to recommend the OPTN Executive Committee repeal the Modification of Kidney Waiting Time during the COVID-19 Emergency policy.

4. Dual and En-Bloc Monitoring Report

The Committee reviewed and discussed the one-year post-implementation Dual and En Bloc Kidney Policy monitoring report.

Data Summary:

The post-implementation data report includes about 6 months of COVID-19 period data. These policies altered allocation for en-bloc and dual kidneys.

Dual kidney data:

- General trends: decrease in volume of dual kidney transplants post-implementation
- Post-policy, there was an increase in the percentage of dual kidney transplants for high KDPI donors
- Post policy, a higher proportion of dual kidney recipients were aged 65 or older
- Median cold ischemic time decreased slightly, potentially due to allocation from single offer classifications
    - About half of dual kidneys transplanted were offered and accepted from a single kidney classification
- The percentage of centers and individual registrations opting in to receive dual kidney offers increased, but few centers performed dual kidney transplants
- Kidneys allocated as dual were rarely split

En-bloc kidney data:

- General trends: decrease in volume of en-bloc kidney transplants post-implementation

- Post policy, en-bloc recipients were on average younger (between 18-34 years-old) and had lower estimated post-transplant survival scores (EPTS)
- The percentage of centers and individual registrations opting in to receiving en-bloc offers increased, but few centers performed en-bloc kidney transplants
- Discard rates increased and utilization rates decreased for donors less than 18kg, significant in the 15-18kg group

Summary of discussion:

The Chair requested more granular data, and expressed concern that these policies were not having their intended effects. The Chair remarked that dual kidney allocation has always been complicated, and asked the Committee if their experience with the policy reflected a more expedited allocation of dual kidneys that were at higher risk of discard.

One member noted that many centers rarely accept dual kidneys, and may not have felt much of an effect. The member continued that many surgeons are concerned about these kidneys any way, as they come from higher kidney donor profile index (KDPI) donors with more comorbidities and are typically allocated to older and sicker recipients in the current allocation. Many surgeons have concern for how well these recipients will tolerate the transplant. The member remarked that this policy intended to increase the opportunity transplant centers have to perform dual transplants, and the outcomes show that the vast majority of transplant centers do not have an interest in dual kidney transplant.

The Chair suggested that a decrease in the volume of dual kidney transplants could potentially be due to an increase in acceptance of single organs, and that data on overall acceptance rates for expanded criteria donor kidneys would be helpful to evaluation of the policy. The Chair explained that the intended outcome of the policy was the ability to use these kinds of kidneys, and thus reduce the discard rate – reduced cold time and rarity of splitting dual kidneys are positive metrics for the policy.

A member remarked that the results of the en bloc policy were more concerning, as these are often optimal kidneys when they function well. The Chair explained that overall volume of may also be important to understanding the discard rate for the less than 18-kilogram donor group. The Chair also suggested that the outcomes related to en bloc kidney utilization could be influenced by the relatively small population size, and that more data could be needed to fully evaluate the policy.

5. Post-Implementation Discussion: Circles-Based Distribution

The Committee discussed the recently implemented circle-based kidney and pancreas allocation policy.

Summary of discussion:

One member shared that their program was currently experiencing a bolus of kidney transplants, and are working with many organ procurement organizations (OPOs) that they had not previously worked with. However, the transplant center coordinators are overwhelmed by a massive increase in volume of offers and phone calls, which has required the member's program to shift towards hiring organ allocation specialists to manage incoming offers.

A member remarked that their center has experienced the opposite, only now are bringing in more kidneys after 6 weeks of limited activity. The member explained that surgeons at their program take offer calls, and have also experienced an increase in call volume.

One member shared that their OPO has seen imports double in their donor service area. The member added that allocation is difficult in the circles-based distribution system, as match run organization means the primary offer often volleys between multiple centers for a while. However, allocation has still been manageable at their OPO at this point.

A member asked for early data on general cold ischemic time, and staff shared that the 3-months post implementation monitoring report is currently in development. The member expressed concern that allocation has been less efficient in the last 3 months, which could have negative consequences for higher KDPI kidneys.

Upcoming Meetings

- June 21, 2021 – Teleconference

Attendance

- **Committee Members**
  - Martha Pavlakis
  - Vincent Casingal
  - Andrew Weiss
  - Arpita Basu
  - Asif Sharfuddin
  - Alejandro Diez
  - Amy Evenson
  - Cathi Murphey
  - Elliot Grodstein
  - Jim Kim
  - Julianne Kemink
  - Marilee Clites
  - Erica Simonich
- **HRSA Representatives**
  - Jim Bowman
  - Raelene Skerda
- **SRTR Staff**
  - Ajay Israni
  - Bryn Thompson
  - Jon Miller
  - Nick Salkowski
- **UNOS Staff**
  - Lindsay Larkin
  - Kayla Temple
  - Amanda Robinson
  - Nang Thu Thu Kyaw
  - Lauren Motley
  - Anne McPherson
  - Ben Wolford
  - Chelsea Haynes
  - Darren Stewart
  - Leah Slife
  - Meghan McDermott
  - Ross Walton
  - Sara Moriarty
  - Tina Rhoades
  - Nicole Benjamin
- **Additional Attendees**
  - Clifford Miles