

OPTN Kidney Transplantation Committee

Meeting Summary

June 21, 2021

Conference Call

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

Introduction

The Kidney Transplantation Committee met via teleconference on 06/21/2021 to discuss the following agenda items:

1. Kidney Committee Sponsored Public Comment Items
2. Removal of Donor Service Area (DSA) and Region from Kidney Allocation: 3 Month Post-Implementation Report
3. Committee Service Recognition

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

1. Kidney Committee Sponsored Public Comment Items

The Committee reviewed and voted to send Committee-sponsored items out for the August 2021 Public Comment period. Both items were approved unanimously.

Data summary:

The Update on Continuous Distribution of Kidneys and Pancreata concept paper:

- Introduces kidney and pancreas transplant communities to the Continuous Distribution project
- Includes detail of what Continuous Distribution is, the Continuous Distribution Workgroup's progress on Phase I of the project (identifying attributes), and an outline of next steps
- Asks for community feedback on Workgroup's progress and ideas for potential system enhancements
- Jointly sponsored with the Pancreas Committee

The Reassess Inclusion of Race in eGFR Equation request for feedback:

- Includes background and evaluation of the use of the Black race coefficient in the eGFR calculation and clarifies that the OPTN is not prescriptive of what calculation must be used
- Outline the Reassess Inclusion of Race in eGFR Equation Workgroup's intention to propose policy for the use of race neutral eGFR formulas for the purposes of listing kidney candidates and wait time criteria
- Asks specific questions of the community on current use, potential impact, challenges, and patient perspectives
- Jointly sponsored with the Minority Affairs Committee

Summary of discussion:

The Vice Chair remarked that the Reassess Inclusion of Race in eGFR Request for Feedback is intended partially to engage the transplant community in a national discussion about the Black race coefficient.

Vote: The Committee voted unanimously to approve sending the Update on Continuous Distribution of Kidney and Pancreata Concept Paper for public comment.

Vote: The Committee voted unanimously to approve sending the Reassess Inclusion of Race in eGFR Equation Request for Feedback for public comment.

2. Removal of DSA and Region from Kidney Allocation: 3 Month Post-Implementation Report

The Committee reviewed the 3-month post-implementation monitoring report for the Removal of DSA and Region from Kidney Allocation, Addressing Medically Urgent Candidates in New Kidney Allocation Policy, Modifications to Released Kidney Allocation, and Distribution of Kidneys from Alaska policy changes, and discussed adjustment and practices under the updated allocation policy.

Data summary:

Transplant and Waitlist Data:

- The overall transplant rate increased from 20 to 22 transplants per 100 patient years in the post implementation period
- Pediatric transplant rates increased from 36 to 55 transplants per 100 patient-years post-implementation
- Transplant rate for Hispanic patients increased from 17 to 22 transplants per patient-years post-implementation
- Transplant rate for Black patients increased from 21 to 24 per 100 patient-years
- Transplant rate increased for patients with 80-97 percent calculated Panel Reactive Antibodies (cPRA) from 22 to 39 transplants per 100 patient-years
- Median dialysis time increased from 4 to 4.5 years, implying that patients with higher dialysis times are being transplanted post-implementation

Summary of discussion:

A member asked if this data included tests for statistical significance, and staff clarified that this analysis was more descriptive than inferential. There is not currently enough data accrued to allow for multiple hypothesis and statistical testing without potential for incorrect or erroneous conclusions.

One member asked if the report included data on pre-emptive transplants, and staff clarified that information was included in the report.

Data summary:

Geographic Data:

- Increase in median kidney travel distance from 71 nautical miles (NM) to 122 NM post-implementation
- 85 percent of kidneys were placed within 250 NM
- Proportion of transplants occurring within the same DSA decreased from 71 percent to 39 percent

Donor Utilization

- Increase in the number of deceased donor kidneys recovered post-policy
- Overall discard rate decreased from 24 percent to 21 percent

Post-implementation data results align with the Kidney-Pancreas Simulated Allocation Modelling used to inform policy development.

Summary of discussion:

The Chair remarked that the decrease in discards was encouraging, although working with new Organ Procurement Organizations (OPOs) in the new allocation system has led to allocation challenges that may not be visible in the data. The Chair asked if heat maps describing geographic disparity were developed for this report, and staff clarified that at this stage, there is not yet sufficient data to run those maps. Staff continued that the mechanism behind many changes shown in the report may be different, but the changes and trends themselves are similar to those seen immediately post-implementation of the old DSA-based kidney allocation system (KAS). Changes such as transplant rates by cPRA and patients with higher dialysis times could be bolus effects that attenuate as the backlog of patients receive transplants, similar to early post-implementation of KAS.

Staff confirmed that the report included data on cold ischemic time and delayed graft function, and explained that some of that data may be missing from this report, as it is reported to the OPTN with a time lag post-transplant.

The Vice Chair remarked that an increase of 500 transplants in the two-month post implementation period was significant. Staff noted that a record number of donors recovered in a week occurred in the post-implementation time period, and that variability in this would be more apparent in later reports. The Vice Chair added that the increase in transplant for long dialysis time patients was gratifying and good to see.

One member expressed interest in seeing potential differences in kidney transplants between rural and urban centers and areas. Another member agreed, and expressed interest in studying economic disparities as well.

A member shared excitement to see long dialysis time patients being transplanted, particularly those with limited access to their transplant centers.

One member remarked that there were a lot of logistical challenges at initial implementation, particularly with a massive increase in offers and clamped kidney offers requiring immediate evaluation. The member continued that the match runs no longer clump several patients together, and instead offers are sent to individual patients with no real back up at the center level. The member added that these challenges have pushed their center to reallocate resources, adjust offer review processes, and consider offers they normally wouldn't accept, such as donation after cardiac death donors (DCD) from further away. The Chair agreed, noting that many other centers have had to expand and adjust resources to handle the volume of offers, something that may not be captured in the reported data. The Chair continued that allocation remains awkward for coordinators in many ways, including with patient placements on match runs, cross matching, and call volumes. The Chair concluded that there needs to be increased commitment in the community to reduce cold ischemic time and avoid late offers as much as possible.

A member agreed with the Chair, sharing that their OPO is increasing the number of staff in order to handle the increased volume of offers. The member continued that it could be worth examining how transplant centers and OPOs have adjusted and expanded their resources post-implementation. Another member asked how data such as that could be captured. The Chair agreed tracking resources is difficult, and often data collected by centers and OPOs themselves, although something, such as number of organ calls, can be tracked. The Chair continued that cold time was another indicator, although it is a summation of steps including organ offer, transportation, ability to get to the operating room, and others.

One member added that time will be a critical element for centers learning how to work with OPOs they are not as used to. The Chair remarked that making new relationships with OPOs and couriers will take time, but is very doable.

3. Committee Service Recognition

The Committee and Staff recognized and thanked those members ending their committee volunteer terms, including the Chair rolling into the ex officio position.

Summary of discussion:

Committee Leadership congratulated and thanked the members ending their committee volunteer terms. The Vice Chair similarly thanked the Chair for his leadership.

Upcoming Meetings

- July 19, 2021 – Teleconference

Attendance

- **Committee Members**
 - Martha Pavlakis
 - Vincent Casingal
 - Andrew Weiss
 - Asif Sharfuddin
 - Alejandro Diez
 - Beatrice Concepcion
 - Cathi Murphey
 - Deirdre Sawinski
 - Erica Simonich
 - Jim Kim
 - Julianne Kemink
 - Marilee Clites
 - Precious McCowan
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
 - Raelene Skerda
- **SRTR Staff**
 - Ajay Israni
 - Bryn Thompson
 - Jon Miller
 - Nick Salkowski
- **UNOS Staff**
 - Lindsay Larkin
 - Tina Rhoades
 - Kayla Temple
 - Ross Walton
 - Amanda Robinson
 - Lauren Motley
 - Alice Toll
 - Amber Wilk
 - Anne Paschke
 - Ben Wolford
 - Chelsea Haynes
 - James Alcorn
 - Joann White
 - Katrina Gauntt
 - Leah Slife
 - Matt Prentice
 - Meghan McDermott
 - Melissa Lane
 - Olga Kosachevsky
 - Ruthanne Leishman
 - Samantha Weiss
 - Sara Moriarty

- Savannah Holmes
 - Supraja Malladi
- **Additional Attendees**
 - Scott Castro