

OPTN Kidney & Pancreas Transplantation Committee Continuous Distribution Workgroup

Meeting Summary

December 17, 2021

Conference Call

Rachel Forbes, MD, Chair
Oyedolamu Olaitan, MD, Vice Chair
Martha Pavlakis, MD, Chair
Jim Kim, MD, Vice Chair

Introduction

The Kidney & Pancreas Transplantation Committee Continuous Distribution Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 12/17/2021 to discuss the following agenda items:

1. January 2022 Public Comment Overview: Update on Continuous Distribution of Kidneys and Pancreas Request for Feedback
2. Wrap Up & Next Steps

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

1. January 2022 Public Comment Overview: Update on Continuous Distribution of Kidneys and Pancreas Request for Feedback

The Workgroup received the following update on the request for feedback that will be going out for public comment in January 2022:

- Provides an update on the progress of the Kidney & Pancreas Continuous Distribution project
 - Goes further into detail on the proposed attributes and summarizes discussions that helped determine the attributes' rating scales (Phase 2 of the project)
 - Overview of next steps in the project, which is Phase 3 (weighing attributes against each other)
- Asks for community feedback on Workgroup's progress:
 - Confirmed attributes
 - Rating scale recommendations
 - Considerations on attributes (i.e., waiting time, time/placement efficiency)

The Workgroup reviewed the following information regarding the analytical hierarchy process (AHP) exercise:

- There will be two exercises
 - Kidney
 - Pancreas/Kidney-Pancreas (KP)
- Kidney and Pancreas/KP exercises are currently being finalized; more information will be provided during the Workgroup's next meeting

Summary of discussion:

A member suggested that, since the Multi-Organ Transplantation (MOT) Committee has been discussing similar heart-kidney and lung-kidney safety nets, it may be worthwhile to mention in the Request for

Feedback that the heart-kidney and lung-kidney safety nets could be considered in future iterations of continuous distribution. Staff explained that the MOT Committee's proposal is going out for public comment at the same time as the Request for Feedback and, if all goes well during public comment, it may be implemented prior to the implementation of the new continuous distribution framework. Staff mentioned that, if this is the case, there will be time to have those discussions about incorporating the heart-kidney and lung-kidney safety net into the kidney and pancreas continuous distribution framework.

A member suggested having MOT combinations discussed as a whole by the MOT Committee and eliminating the kidney after liver additional question from the Request for Feedback, especially since the MOT Committee tried to mirror the kidney after liver policy for heart-kidney and lung-kidney. Staff explained that the Request for Feedback summarizes the Workgroup's discussions surrounding kidney after liver and asks for thoughts from the community. Staff also highlighted that the Workgroup could review feedback provided on both the MOT Committee's proposal and the Request for Feedback to help shape future discussions.

A member inquired if all liver-kidney safety net candidates receive priority for kidneys with a kidney donor profile index (KDPI) greater than 20 percent. A member explained that the priority for liver-kidney safety net candidates, above other adult candidates, starts at KDPI greater than 20 percent and there isn't a separate category for kidneys with a KDPI less than 20 percent.

A member inquired if it would be appropriate that KDPI would align with kidney policy for those candidates that qualify for the safety net. That way a 65 year old candidate wouldn't be prioritized for a kidney with a KDPI of 20 percent.

A member stated that, currently in kidney policy, allocation starts with blood type and KDPI, which has different allocation policies for different KDPI scores. The member inquired if there are specific questions that the Workgroup is asking in the Request for Feedback in terms of how to use KDPI. The member explained that the feedback from this question could influence whether the Workgroup needs to develop separate calculations for different KDPI categories or integrate KDPI into one calculation, similar to a longevity matching score.

A member clarified that KDPI is a score that is assigned to the donor and not the recipient, and should be considered when phrasing these questions. A member highlighted that KDPI is a characteristic of the donor, however, certain recipients (i.e., pediatrics) get priority for lower KDPI kidneys. A member again emphasized that the Workgroup, if using "attribute" to describe a characteristic of the recipient, should be clear that KDPI is a donor characteristic. For example, using the phrase "KDPI of the donor for which the recipient is eligible" in the exercises.

Staff mentioned that the additional questions in the Request for Feedback have excerpts that aim to: (1) explain if an attribute is prioritized differently depending on donor attributes in current policy, (2) explain how the current policy prioritizes the attribute and why, and (3) encourages the individual reviewing the Request for Feedback to leave a comment if they think it should be prioritized differently.

A member inquired if the Request for Feedback includes any questions about DQ matching. A member explained that the human leukocyte antigen (HLA) matching data the Workgroup previously reviewed showed that DR antigens were significant and more important in terms of matching. A member suggested that the inclusion of only DR antigen matching should be explained in the Request for Feedback since it's contrary to popular belief. Staff explained that that reasoning is included in the Request for Feedback.

2. Wrap Up & Next Steps

The Workgroup will review the Analytic Hierarchy Process (AHP) tool and exercise during the next meeting. The Workgroup will also begin discussions related to other policies/operational components that may be impacted by the transition to continuous distribution (i.e., review boards, waiting time reinstatement, etc).

Upcoming Meetings

- January 7, 2022 (Teleconference)

Attendance

- **Workgroup Members**
 - Martha Pavlakis
 - Rachel Forbes
 - Jim Kim
 - Oyedolamu Olaitan
 - Aaron Wightman
 - Abigail Martin
 - Alejandro Diez
 - Amy Evenson
 - Caitlin Shearer
 - Cathi Murphey
 - Deirdre Sawinski
 - Lynsey Biondi
 - Maria Friday
 - Parul Patel
 - Peter Lalli
 - Rachel Engen
 - Sanjay Kulkarni
 - Todd Pesavento
- **SRTR Staff**
 - Ajay Israni
 - Bryn Thompson
 - Jonathan Miller
 - Raja Kandaswamy
- **HRSA Representative**
 - Marilyn Levi
 - Raelene Skerda
 - Vanessa Arriola
- **UNOS Staff**
 - Joanne White
 - Lindsay Larkin
 - Rebecca Brookman
 - Kayla Temple
 - Anne McPherson
 - Ross Walton
 - Alison Wilhelm
 - Amanda Robinson
 - Ben Wolford
 - James Alcorn
 - Joel Newman
 - Kaitlin Swanner
 - Kelley Poff
 - Lauren Motley
 - Matt Cafarella
 - Rebecca Marino
 - Sarah Booker

- **Other Attendees**
 - PJ Geraghty