

**OPTN Kidney Transplantation Committee
Kidney Expedited Placement Workgroup
Meeting Summary
March 10, 2025
Conference Call**

Chandrasekar Santhanakrishnan, MD, Chair

Introduction

The OPTN Kidney Transplantation Committee’s Expedited Placement Workgroup (the Workgroup) met via WebEx teleconference on 03/10/2025 to discuss the following agenda items:

1. Welcome & Introduction
2. Project Updates
3. Policy Design and Assessment
4. Next Steps and Closing Comments

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

1. Welcome

The Chair welcomed the Workgroup. Today's discussion will focus on two key decision points related to the Expedited Placement (EP) project:

1. The Workgroup will discuss how offer filters should be implemented under Expedited Placement and determine the parameters for a data request to assess the impact of EP offer filters.
2. The Workgroup will determine priority classifications for kidneys within the EP placement pathway.

Summary of discussion:

No decisions were made.

There were no questions or comments.

2. Project updates

The Chair noted that the Executive Committee has asked the Workgroup to continue advancing the Expedited Placement project in coordination with HRSA's directive regarding Allocation Out of Sequence (AOOS).¹ The Executive Committee has expressed support for submitting an Expedited Placement proposal during the summer 2025 public comment period. The

¹ Dr. Suma Nair, letter to Dr. Rich Formica and Rexanah Wyse Morrissette, February 21, 2025, <https://optn.transplant.hrsa.gov/media/km3fskz1/hrsa-directive-to-optn-on-aos-022125.pdf>.

Workgroup will continue refining the proposal, and an update on the project will be included in the OPTN response to the AOOS directive by March 31, 2025.

Summary of discussion:

No decisions were made.

There were no questions or comments.

3. Policy Design and Assessment

The Workgroup reviewed the Expedited Placement policy and recent discussions. The policy proposal has been updated to remove the candidate opt-in feature and the requirement for transplant programs to submit three potential transplant recipients (PTRs) from the match run, as per previous Workgroup discussions. Under the current policy proposal:

- OPOs offer through priority classifications via standard allocation.
 - OPOs switch to expedited placement when initiation criteria are met.
 - Donor meets at least 2 of the clinical characteristics of the “hard to place.”
 - Donor history of hypertension > 5 years
 - Donor history of diabetes > 5 years
 - Donor age ≥ 60 years
 - Donation after circulatory death (DCD)
 - Biopsy with glomerulosclerosis > 10%
 - Donor use of chronic renal replacement therapy
 - Or, six hours of cold ischemic time have accrued.
- Upon initiation of expedited placement:
 - Apply offer filters to bypass candidates registered at transplant programs who have historically declined those kidneys
- Simultaneous offers are sent to remaining candidates.
 - Transplant programs have 90 minutes to review expedited offer.
 - OPO places the kidney(s) with the highest PTR(s) remaining on the match.

The Workgroup reviewed outstanding policy items related to the Expedited Placement pathway and prioritized the bolded items for discussion.

- **Confirm how offer filters would work following switch to expedited placement**
- **Confirm priority classifications, including for kidneys with Kidney Donor Profile Index (KDPI) <35%**
- **Discuss offer notification limits for simultaneous evaluation**
- Finalize member expectations (OPOs and transplant programs) to be incorporated into policy
- Discuss if a transition plan is needed and if candidate education should be required.

Summary of discussion:

Decision #1: The Workgroup agreed to an initial framework for offer filters under Expedited Placement:

- Mandated filters based on kidney offer data from the past year
 - Only donors who meet at least two of the clinical criteria for hard-to-place kidneys
 - Only offers up to and including the final offer acceptance
 - No candidate parameters considered
- To be recommended as a filter, the filter must:
 - Filter at least 20 donors (consistent with current model)
 - Have 0 acceptances from PTRs at the transplant program within one year (consistent with current model)
 - Additional recommended filters must add at least 10 donors
- Upon initiation, both Expedited Placement filters and program filters would apply to overwrite PYs
- Upon initiation, existing bypass codes used in standard allocation would remain

Decision #2: The Workgroup agreed to submit two data requests

- A data request to assess the number of transplant programs that accept kidneys meeting the “hard-to-place” definition and the number of programs that would receive bypass codes using an Expedited Placement offer filter model.
 - The request will also assess if the threshold of 20 donors for establishing filters and one year of historical data is appropriate for the “hard-to-place” cohort, assess the impact of overwriting provisional acceptances, and assess excess program notifications eliminated by the filters.
 - The data request will also explore candidate characteristics at transplant programs that receive bypass filters.
- A data request to assess the number of kidneys historically allocated in- and out-of-sequence that would qualify for Expedited Placement
 - Data to be broken out by donor KDPI, pediatric status, and priority classification.

Decision #3: The workgroup agreed to use the following priority classifications in Expedited Placement

- Sequence A (KDPI 0-20%): Classifications 1-38²
- Sequence B (KDPI 21-34%): Classifications 1-27³
- Sequence C (KDPI 35-85%): Classifications 1-26⁴
- Sequence D (KDPI >85%): Classifications 1-19⁵

² OPTN Policy 8.4.I: *Allocation of Kidneys from Deceased Donors with KDPI Scores less than or equal to 20%*

³ OPTN Policy 8.4.J: *Allocation of Kidneys from Deceased Donors with KDPI Scores Greater Than 20% but Less Than 35%*

⁴ OPTN Policy 8.4.K: *Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than or Equal to 35% but Less than or Equal to 85%*

⁵ OPTN Policy 8.4.L: *Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than 85%*

Offer filters

The Workgroup reviewed background information on the Offer Filters Model, which identifies potential filters based on a program's historical offer acceptance patterns. In the current system, model-identified filters are based on kidney offer data from the past year and apply only to donors from whom kidneys were eventually accepted by another transplant program. To be recommended as a filter, a program must have declined at least 20 similar donor offers in the past year without a single acceptance. Additional recommended filters must add at least 10 donors. Programs must have a demonstrated history of declining an offer for the filter to be recommended.

The Workgroup discussed the impact of applying offer filters for Expedited Placement on transplant programs with varying levels of experience in handling high KDPI organs. The Chair questioned if programs who receive recommended filters based on past acceptance patterns for kidneys meeting the EP criteria would have an opportunity to receive EP offers in the future. One member expressed interest in exploring equity considerations for programs who receive recommended offer filters. Another member questioned whether opportunities would exist for programs to revisit or modify offer filters used in EP in the same manner as current default offer filters. The Chair expressed support for a distinct pathway for programs to consider and evaluate EP offer filters.

The Workgroup agreed to an initial Expedited Placement offer filters framework, while noting additional discussion should occur after the data request is complete:

- Mandated filters based on kidney offer data from the past year
 - Only donors who meet at least two of the clinical criteria for hard-to-place kidneys
 - Only offers up to and including the final offer acceptance
 - No candidate parameters considered
- To be recommended as a filter, the filter must:
 - Filter at least 20 donors (consistent with current model)
 - Have 0 acceptances from PTRs at the transplant program within one year (consistent with current model)
 - Additional recommended filters must add at least 10 donors
- Upon initiation, both Expedited Placement filters and program filters would apply to overwrite PYs
- Upon initiation, existing bypass codes used in standard allocation would remain

The Workgroup agreed to submit a data request to inform additional decision making around Expedited Placement offer filters. The data request will assess the number of transplant programs that accept kidneys meeting the “hard-to-place” definition and the number of programs that would receive bypass codes under the Expedited Placement offer filter model. The request will also assess if the threshold of 20 donors for establishing filters and one year of historical data is appropriate for the “hard-to-place” cohort, assess the impact of overwriting provisional acceptances, and assess excess program notifications eliminated by the filters. The data request will also explore candidate characteristics at transplant programs that receive bypass filters under the Expedited Placement model.

Priority classifications

The Workgroup reviewed how priority classifications will function within the Expedited Placement pathway. In previous discussions, the Workgroup determined OPOs must offer kidneys through several initial classifications prior to initiating expedited placement, to include: 100% CPRA candidates, 0-ABDR, prior living donor, medically urgent, 98-99% CPRA, and prior liver/heart/lung recipients.

Data summary

The Workgroup reviewed data on match runs performed for donors with KDPI greater than 35% and the number of registrations in priority classifications appearing on the match.

- Cohorts and Methods
 - Cohorts
 - All deceased kidney donor matches run between January 01, 2023, and December 31, 2023, where the donors KDPI was 35% or greater
- Methods
 - All matches for each donor were considered meaning if there were multiple matches for a donor, they were all analyzed
 - Priority classifications were defined as the following:
 - For KDPI 35 – 85% donors, classifications 1 through 26 in Table 8-9:: Allocation of Kidneys from Deceased Donors with KDPI Great Than or Equal To 25% and Less than or Equal to 85%
 - For KDPI 86+% donors, classifications 1 through 19 in Table 8-10:: Allocation of Kidneys from Deceased Donors with KDPI Scores Greater Than 85%
- Results
 - In 2023, for donors with a KDPI \geq 35% there were 13,733 total matches run:
 - 1,210 (8.81%) of these matches had at least one organ placed in the priority classifications
 - Of all the matches run, there was at least one organ placed on 7,175 matches:
 - 1,210 (16.9%) of these matches had at least one organ placed in the priority classifications
 - The number of registrations in the priority classifications ranged from:

- 0 to 938 registrations with a median of 1 registration for **35-85% KDPI Donors**
- 0 to 234 registrations with a median of 0 registrations for **86+% KDPI Donors**

The Workgroup discussed the possibility that some kidneys with KDPI <35% may still qualify for the Expedited Placement pathway based on cold ischemic time, warranting inclusion of priority classifications for Sequence A and Sequence B. The Workgroup agreed to the following priority classifications for each sequence under Expedited Placement, consistent with previous workgroup discussions.

- Sequence A (KDPI 0-20%): Classifications 1-38
- Sequence B (KDPI 21-34%): Classifications 1-27
- Sequence C (KDPI 35-85%): Classifications 1-26
- Sequence D (KDPI >85%): Classifications 1-19

The Workgroup agreed to submit an additional data request to assess how many kidneys historically allocated in- and out-of-sequence would qualify for EP, and the characteristics of those kidneys by donor KDPI, pediatric status, and priority classification.

Offer notification limits

The Workgroup began a discussion of offer notification limits and offer timelines under expedited placement. Some members suggested that a 30-minute or 60-minute response time limit for transplant programs, as opposed to a 90-minute timeframe, may be more appropriate under the revised policy framework. A member noted that offer notification limits and timelines require further discussion of candidate education and transplant program expectation. The Chair agreed clear expectations for programs and OPOs are important to ensure efficiency in the expedited placement pathway. The Workgroup agreed to continue this discussion during the next Workgroup meeting.

4. Next steps

Contractor staff will prepare the data requests for the Workgroup. The Workgroup will continue discussion of offer notification limits and other outstanding policy topics in future meetings.

Summary of discussion:

No decisions were made.

Upcoming Meetings

- March 24, 2025, 3:00 – 4:00 ET
- April 21, 2025, 3:00 – 4:00 ET

Attendance

- **Workgroup Members**
 - Chandrasekar Santhanakrishnan, Chair
 - Jason Rolls
 - George Surratt
 - Anja DiCesaro
 - Jillian Wojtowicz
 - Micah Davis
 - Kristen Adams
- **SRTR Staff**
 - Jon Miller
- **HRSA Staff**
 - Sarah Laskey
- **UNOS Staff**
 - Kaitlin Swanner
 - Carly Rhyne
 - Ben Wolford
 - Cass McCharen
 - Carlos Martinez
 - Sarah Booker
 - Asma Ali
 - Rebecca Fitz Marino
 - Thomas Dolan
 - Lindsay Larkin
 - Carly Layman