

## **OPTN Kidney Transplantation Committee**

### **Meeting Summary**

**January 10, 2022**

**Conference Call**

**Martha Pavlakis, MD, Chair**

**Jim Kim, MD, Vice Chair**

### **Introduction**

The Kidney Transplantation Committee (the Committee) met via teleconference on 1/10/2022 to discuss the following agenda items:

1. Analytic Hierarchy Process (AHP) Overview
2. Planned Outreach
3. Continuous Distribution Request for Feedback Overview
4. Public Comment Preview

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

### **1. Analytic Hierarchy Process (AHP) Overview**

The Committee received an overview of the Continuous Distribution AHP exercise to be released during the January 2022 public comment cycle.

#### Data Summary:

The AHP tool is a multi-criteria decision making tool that asks participants a series of questions to tease out which goals are more important to the participant. This tool will aid discussions on attribute weights.

The Kidney and Pancreas Transplantation Committees have previously developed a list of relevant attributes and grouped them according to specific goals, such as medical urgency. The AHP exercise asks participants to make pairwise comparisons, and determine whether attribute A is more, less, or equally as important as attribute B.

Each attribute is phrased in terms of a candidate profile. For example, the participant would compare a pediatric candidate and a prior living donor. Comparing the candidate profiles is more direct and easier to understand than comparing the goal to grant pediatric patients more access and the goal to grant priority to prior living donors. When making these comparisons, the participant should assume that everything else is equal between the two candidates, except those two variables, which are opposite in each candidate. If Candidate A is pediatric and Candidate B is a living donor, it would be assumed that these candidates have the same level of sensitization, same amount of waiting time, are the same distance from the donor hospital, etc. It would also be assumed that Candidate A, the pediatric patient, is not a living donor; Candidate B, the prior living donor, is likewise an adult, and not a pediatric patient.

Each pairwise comparison will involve two decisions utilizing a sliding scale of preference between the two options. The first decision is to choose which attribute is more important. The second decision is to choose the intensity of the relative importance of one attribute over the other.

At the end of the exercise, each participant will receive a chart with their personal results, which expresses their priorities. When the results of the AHP exercise are aggregated, similar charts and analyses will be applied to show differences and similarities in priorities across demographic groups. Results will be compiled and analyzed by location and type of respondent, and are purely advisory to the workgroup. The Committees ultimately have the responsibility for developing the eventual policy proposal and will not be bound by the results of the exercise. NOTA and the Final Rule still govern policy development.

The Patient Affairs Committee and the Organ Procurement Organization (OPO) Committee will review results across their respective demographic groups to provide perspective on why patients or OPO representatives may differ in their values from other demographic groups. The Kidney and Pancreas Committees will also review and discuss results, and afterwards repeat the exercise.

#### Summary of discussion:

A member asked if the same kind of AHP exercises will be utilized for areas like multi-organ allocation. Staff responded that this could be used for multi-organ, and explained that the AHP tool is most helpful for ethical decisions where data cannot be solely relied upon. Attributes that measure the same thing – such as calculated panel reactive antibodies (CPRA) and blood type are measures of likelihood of finding a compatible donor – can be weighed against each other using data. Those scenarios don't necessarily need a judgement call about which attribute is more important. Staff continued, noting that other decisions – such as comparing the importance of likelihood finding a compatible donor versus medical urgency – are ethical and values based decisions, for which AHP is useful.

One member pointed to the example provided from the Lung AHP exercise, where OPO professionals ranked prior living donor priority as a number one priority, while histocompatibility professionals ranked it at the bottom as a six. The member asked about the course of the discussions for attributes that were prioritized drastically differently between two groups. Staff provided more context to the example graph provided, noting that lung allocation policy currently does not consider prior living donor priority. Staff explained that, in following up with individuals who provided outlier results comparatively, there was a misunderstanding among a few participants. Some participants conflated importance and frequency, such that they looked to the relative infrequency of prior living donor lung candidates, and so rated prior living donor priority much lower than other goals. Staff explained that the question relates to the relative importance of the goals when it does occur, not the relative importance in relation to the frequency of the event. Staff added that the instructions have been updated to clarify that point. Staff noted that some users were confusing importance of attributes between organs, and explained that kidney and lung allocation don't necessarily need to operate in exactly the same way.

Staff noted that conversations surrounding drastically different prioritization of attributes between groups are managed with perspectives shared by individuals on both sides. Staff added that the PAC and OPO Committees will also review the results of the exercise, and provide feedback and perspective to the relative similarities and differences. Their feedback will add to the robustness of the conversations, as well. Staff also noted that the results will be analyzed mathematically to determine the level of consensus, and that the sponsoring committees will retake the AHP exercise after reviewing the initial results.

A member requested further explanation on how the AHP results and data will be mathematically analyzed. Staff explained that analysis will involve averages from each demographic, with additional information where differences are found, such as geographically. Staff noted that the Lung Committee generally preferred to review differences in preference by demographic groups, as opposed to a composite result with weighted averages.

The Chair remarked that this exercise will help build trust and consensus in the community, and will help participants and community members more comprehensively understand continuous distribution.

## **2. Planned Outreach**

Staff presented an outreach plan for the Kidney Continuous Distribution AHP exercises, including stakeholder organization outreach and regional meeting presentations.

### Summary of discussion:

One member asked if there was a way to send an email out to all the Kidney-related transplant physicians in their region to encourage participation. Staff responded that a template email is in development, which can be filled in and set out to assist Committee members in reaching out to their network.

## **3. Continuous Distribution Request for Feedback Overview**

The Committee reviewed the Request for Feedback on the Continuous Distribution of Kidneys and Pancreata to be released in the January 2022 Public Comment cycle.

### Data Summary:

The Continuous Distribution of Kidneys and Pancreata Request for Feedback will provide an update on the Kidney and Pancreas continuous distribution project

- Provides further detail on the proposed attributes
- Summarizes discussions on each attributes' proposed rating scale shapes
- Gives overview of next steps, weighing attributes against each other
- Asks for community feedback on proposed attributes, rating scale recommendations, and key questions on specific attributes (waiting time, placement efficiency, etc.)

### Summary of discussion:

The Committee had no questions for comments.

## **4. Public Comment Preview**

The Committee received a brief preview of upcoming public comment items for the January 2022 Public Comment cycle.

### Summary of discussion:

The Committee had no questions or comments.

## **Upcoming Meetings**

- February 14 – Teleconference
- March 21 – Teleconference

## Attendance

- **Committee Members**
  - Martha Pavlakis
  - Jim Kim
  - Vincent Casingal
  - Amy Evenson
  - Arpita Basu
  - Asif Sharfuddin
  - Caroline Jadloweic
  - Deirdre Sawinski
  - Elliot Grodstein
  - Julie Kemink
  - Marion Charlton
  - Peter Kennealey
  - Peter Lalli
  - Precious McCowan
  - Sanjeev Akkina
  - Stephen Almond
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Ajay Israni
  - Bryn Thompson
  - Grace Lyden
  - Jonathan Miller
  - Peter Stock
- **UNOS Staff**
  - Lindsay Larkin
  - Ross Walton
  - Kayla Temple
  - Amanda Robinson
  - Lauren Motley
  - James Alcorn
  - Leah Slife
  - Kaitlin Swanner
  - Tina Rhoades
  - Ben Wolford
  - Chelsea Haynes
  - Jennifer Musick
  - Joel Newman
  - Rebecca Marino
  - Susan Tlusty