

**OPTN Kidney Transplantation Committee
Meeting Summary
December 19, 2022
Conference Call**

**Martha Pavlakis, MD, Chair
Jim Kim, MD, Vice Chair**

Introduction

The Kidney Transplantation Committee (the Committee) met via teleconference on 12/19/2022 to discuss the following agenda items:

1. Welcome and Announcements
2. Focused Discussion: Longevity Matching
3. Recap Project Progress and Next Steps

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

1. Welcome and Announcements

Staff and Committee Leadership welcomed the Committee members and a guest from the OPTN Ethics Committee.

Summary of discussion:

There were no questions or comments.

2. Focused Discussion: Longevity Matching

The Committee continued discussions on the longevity matching rating scale.

Presentation summary:

The Committee reviewed key points from recent discussions on the longevity matching rating scale:

- Lack of clear community consensus on what the goal should be for EPTS 21+ candidates
- Estimated Post Transplant Survival score (EPTS) and Kidney Donor Profile Index (KDPI) calculations should be revisited in a future project
- Some support for:
 - Maintaining top 20/top 20 and adding in high EPTS/KDPI matching
 - Adding expanded longevity matching in CD 1.0 will allow for tweaking future iterations to help make it more accurate
 - Rating scale should aim to make longevity matching more equitable
- Longevity matching should be compared against waitlist mortality, qualifying time, dialysis time, and graft survival

The Committee also reviewed feedback from the Ethics Committee on this topic. Ethics Committee members validated the concept of longevity matching has difficult ethical considerations. Similar to Kidney Committee discussions, the Ethics Committee wondered about the tradeoff between longevity matching and time on dialysis. Additionally, Ethics Committee members commented the current KDPI sequence cutoffs seem arbitrary but how those cutoffs should be eliminated is difficult to determine.

Similar to Kidney Committee discussions, Ethics Committee members also raised a concern for individual candidate preference versus physician decision as it pertains to longevity matching, especially with higher KDPI matching scenarios. An Ethics Committee member also commented waiting time tends to be a more easily understood area of kidney allocation when compared to the concept of longevity matching. The Ethics Committee expressed support for the goal of eliminating categorical allocation, but also agreed KDPI sequences may not be able to be eliminated for the first iteration of continuous distribution. The Ethics Committee will continue evaluating the ethical considerations of longevity matching to help inform the Kidney Committee's discussions.

The Committee also reviewed results of the AHP exercise which prioritized "an excellent longevity matched candidate" similarly to "a candidate who has been waiting a long time". Most of the demographic groups, with the exception of the general public category, leaned slightly toward prioritizing the longevity matching attribute.

Committee members also reviewed the previously discussed longevity matching rating scale options.

Summary of discussion:

The Chair agreed with the Ethics Committee feedback and commented the current classification based system has some inherent values and tradeoffs that are not very transparent. Continuous Distribution is bringing these tradeoffs and values to light and Ethics Committee input will be valuable in informing the Kidney Committee's decisions.

The Committee was reminded the available modeling scenarios will be limited and it will be discussed whether any additional rating scale options could be eliminated from consideration for modeling. The Chair agreed the options should be narrowed down and expressed support for one of the categorical options and asked for feedback from Committee members in favor of the expanded scale options.

A member asked if it is possible to see more granular data to help inform discussion, such as total number of transplants and total number of discards. Another member agreed and commented transplant rates as a metric can be very limiting. The member further commented the original goal for continuous distribution is to move into a continuous distribution framework without changing current allocation too much and questioned if moving away from the current approach to longevity matching would impact the goal timeline.

Staff commented they are working with SRTR to add in additional metrics for the second modeling request. Additionally, the policy analyzer dashboard MIT is building will also help with some these metrics. Staff further commented the SRTR simulation is not able to model discard rates. An SRTR representative agreed.

An Ethics Committee representative commented when it comes to ethical principles, the concept of longevity matching is historically justified. The representative further commented from a patient perspective, simplicity would be beneficial and would empower patients to be a partner in the process. The representative further commented transparency and consistency with the tools in place are also important to consider.

An SRTR representative commented since KDPI is driven largely by age, there are higher discards at higher KDPIs, and the addition of the high EPTS and high KDPI matching could help reduce this. Another SRTR representative reiterated the simulation does not model behavior and commented reducing discards should be addressed by improving efficiency. Staff reminded the Committee they are also exploring efficiency enhancements through donor modifiers for high KDPI kidneys and other tools.

The Vice Chair commented there are other factors that should be taken into account and a difficulty of the AHP exercise was comparing two variables without considering other factors. Looking at longevity matching individually is difficult without considering how all the attributes work together.

The Vice Chair further commented option one: top 20/20 could be the default option of current longevity matching policy, and option two: top 20/top 20 with bottom 15/bottom 15 could be further considered for the purpose of modeling. A member agreed with option two.

Next steps:

The Committee will continue discussions on longevity matching in January once MIT's dashboard tool is available to compare all attributes together.

3. Recap Project Progress and Next Steps

The Committee reviewed the progress of the continuous distribution project as well as other projects the Committee worked on throughout the year. Committee members were thanked for their dedication and hard work on these project efforts.

Summary of discussion:

There were no questions or comments.

Upcoming Meetings

- January 9, 2023 - Teleconference

Attendance

- **Committee Members**
 - Martha Pavlakis
 - Jim Kim
 - Arpita Basu
 - Bea Concepcion
 - Chandrasekar Santhanakrishnan
 - Jesse Cox
 - Marilee Clites
 - Oscar Serrano
 - Patrick Gee
 - Peter Lalli
 - Sanjeev Akkina
 - Stephen Almond
- **HRSA Representatives**
 - Jim Bowman
 - Adrienne Goodrich-Doctor
 - Marilyn Levi
- **SRTR Staff**
 - Ajay Israni
 - Bryn Thompson
 - Grace Lyden
 - Jon Miller
 - Peter Stock
 - Jodi Smith
- **UNOS Staff**
 - Lindsay Larkin
 - Kayla Temple
 - Keighly Bradbrook
 - Kieran McMahon
 - Laura Schmitt
 - Lauren Motley
 - Ross Walton
 - Ruthanne Leishman
 - Ben Welford
 - Carly Layman
 - James Alcorn
 - Joann White
 - Sara Moriarty
 - Sarah Booker
 - Thomas Dolan
 - Stryker-Ann Vosteen
- **Other**
 - Ehab Saad