

OPTN Minority Affairs and Kidney Transplantation Committees
Reassess Race in Estimated Glomerular Filtration rate (eGFR) Calculation Workgroup
Meeting Summary
May 3, 2022
Conference Call

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Introduction

The Reassess Race in eGFR Calculation Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 05/03/2022 to discuss the following agenda items:

1. Background and Project Overview
2. Discussion: Scope, documentation, and timeframe

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

1. Background and Project Overview

The Workgroup reviewed the *Establish OPTN Requirement for Race- Neutral eGFR Calculations* proposal and heard an overview of the *Modify Candidate Waiting Time Dates Affected by Race-Based eGFR Calculations* project idea.

Summary of discussion:

A patient representative member commented that conversations within the patient community support the concept of offering eGFR waiting time modifications to impacted kidney candidates, but there are questions as to how exactly these modifications would be made. Another member agreed with this sentiment and noted that although this work is difficult, its completion is important in order to extend the impact of the *Establish OPTN Requirement for Race- Neutral eGFR Calculations* proposal.

2. Discussion: Scope, documentation, and timeframe

The Workgroup began discussions on the *Modify Candidate Waiting Time Dates Affected by Race-Based eGFR Calculations* project.

Summary of discussion:

The Workgroup examined kidney, kidney- pancreas, and pancreas registrations as of late February 2022 by wait time qualifying sources and Black race/ethnicity. The data showed that 146 Black candidates are registered, but are not currently accruing waiting time and 131 Black candidates already have a qualifying eGFR to accrue waiting time. Together there are 277 candidates in this population.

The Workgroup discussed the scope of the project. A member explained that a proposal, slated for August 2022 public comment, could address the modification of waiting time for registered kidney candidates who could have begun accruing waiting time at an earlier date if a race-neutral eGFR calculation was used. A member noted that a more narrow scope limited to registered candidates would be the simplest population to address, but that this scope would not address the population of patients that were never referred or evaluated by a transplant program. A member commented that oftentimes transplant programs have internal policies that do not allow them to register kidney candidates with

eGFR values above 20, so the population of candidates who will be able to modify their waiting time may be small. A member suggested that regardless of when the patient is referred, documentation proving a candidate had an eGFR value of less than 20 should be accepted and used as their registration date. Another member pointed out that this process would ultimately favor those with better access to medical care.

The Workgroup discussed which documentation should be required as evidence that a candidate could have qualified to accrue waiting time at an earlier date if a race-neutral eGFR calculation was used. A member suggested that the program could use a lab report which includes creatinine and an estimated GFR. If a race-based variable was used, the program would need to recalculate the value for race neutrality. This member also commented that when the Modification of Diet in Renal Disease (MDRD) 6 eGFR calculation is used, different eGFR values are generated for those who are "Black" and "Not Black". They noted that not all Electronic Medical Records (EMR) systems have these functions, as some estimate the GFR by pulling patient demographics from the chart.

The Workgroup discussed the appropriate timeframe for programs to submit modifications. Workgroup members agreed that timeframe would be difficult to establish this early in the project, but estimated programs could need one or two years to assess their waiting lists for impacted candidates and submit modification requests.

A member suggested developing a model to determine what amount of time it generally takes for patient to reach the 20 or below eGFR threshold.

A member highlighted recent literature that suggested the accrual of pre-dialysis waiting time favors those with better access to medical care. This member suggested that in the future, the OPTN might consider prioritizing those candidates who are on dialysis before those that are registered with pre-dialysis criteria. The Workgroup agreed that this project should address the immediate and smaller-scope backdating issue and that pre-dialysis waiting time could be discussed as a much larger potential future project.

Next steps:

The Workgroup will continue these discussions during their next meeting.

Upcoming Meeting

- May 26, 2022 at 2:00 p.m. ET

Attendance

- **Workgroup Members**
 - Bea Concepcion
 - Denise Alveranga
 - Jim Kim
 - Martha Pavlakis
 - Oscar Serrano
 - Precious McCowan
- **HRSA Representatives**
 - Jim Bowman
 - Raelene Skerda
- **SRTR Staff**
 - Ajay Asrani
 - Bryn Thompson
 - Grace Lyden
 - Jonathan Miller
- **UNOS Staff**
 - Carol Covington
 - Darby Harris
 - Jesse Howell
 - Kaitlin Swanner
 - Kayla Temple
 - Lauren Motley
 - Lindsay Larkin
 - Kelley Poff
 - Kim Uccellini
 - Liz Robbins Callahan
 - Michelle Rabold
 - Ross Walton