

OPTN Kidney Transplantation Committee

Meeting Summary

October 24, 2022

Conference Call

Martha Pavlakis, MD, Chair

Jim Kim, MD, Vice Chair

Introduction

The Kidney Transplantation Committee (the Committee) met via teleconference on 10/24/2022 to discuss the following agenda items:

1. Welcome and Announcements
2. New Project: Kidney Paired Donation (KPD) Blood Type Policy Alignments and Donor Re-evaluation Efficiency Requirements
3. Proposal: Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations

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

1. Welcome and Announcements

Staff and Committee Leadership welcomed the Committee members.

Summary of discussion:

There were no questions or comments.

2. New Project: Kidney Paired Donation (KPD) Blood Type Policy Alignments and Donor Re-evaluation Efficiency Requirements

The Committee considered a new project to update KPD policy language.

Presentation summary:

The new project recommended by the KPD Workgroup would align OPTN KPD *Policy 13.7.B: Blood Type A, non-A1 and Blood Type AB, non-A1B Matching* with the requirements in OPTN Kidney *Policy 8.5.D: Allocation of Kidneys by Blood Type*. Current KPD policy is more stringent than Kidney policy, and sets specific anti-A titer requirements for candidate eligibility to accept A2 and A2B kidney offers. The project would align A2/A2B policy with that in kidney policy, which would improve consistency and would expand access and matching opportunities for blood type O and blood type B candidates

The project would also establish requirements in policy for donor re-evaluation. Current policy does not require regular re-evaluation of KPD donors, resulting in outdated information over prolonged periods of time from match offer to surgery. The Workgroup supports requiring regular donor re-evaluation requirements to improve efficiency.

Summary of discussion:

A member commented they support the goal to align policy language.

VOTE

The Kidney Committee unanimously supported referring the new project to the Policy Oversight Committee (POC) for approval.

Next Steps:

Pending POC approval, the proposal will be developed by the KPD Workgroup and submitted to the Kidney Committee for endorsement before being released for public comment.

3. Proposal: Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations

The Committee continued their discussion on the *Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations* proposal and potential post-public comment changes.

Presentation summary:

The Committee reviewed the eGFR Workgroup recommendations, prior Kidney Committee discussions, and the Minority Affairs Committee's (MAC) approved policy language.

Optional vs. Mandatory

- MAC vote: Mandate eGFR waiting time modifications. Programs must assess their waiting list and submit modifications for all potentially affected candidates
- eGFR Workgroup & Kidney Committee recommendations: Support

Monitoring Modifications

- MAC vote: Documentation and attestation
- eGFR Workgroup & Kidney Committee recommendations: Support

Scope

- MAC vote: Pre-emptively registered and dialysis candidates
- eGFR Workgroup recommendation: Support
- Kidney Committee recommendation: Split

Timeframe

- MAC vote: 365 days
- eGFR Workgroup recommendation: Split
- Kidney Committee recommendation: Support

Patient Notification

- MAC vote: Require one post-assessment notification to all candidates registered at the program of their eligibility status
- eGFR Workgroup and Kidney Committee recommendations: Require pre-eligibility patient notification to all Black or African American candidates that their eGFR will be reviewed regarding eligibility for modification

Summary of discussion:

Optional vs. Mandatory

The Committee supported the MAC's vote to mandate the policy.

Monitoring Modifications

The Committee supported the MAC's vote to require documentation and submission of an attestation. A member commented they are still concerned for administrative burden, but agrees with the recommendation.

Scope

The Chair asked if the Minority Affairs Committee was as divided on this topic as the Kidney Committee was in the prior discussion. Staff responded the MAC discussion also had a lot of debate on this topic, but they ultimately voted to support the broader scope by a clear majority.

The Committee was informally polled and the majority were in support of a broader scope to include pre-emptive and dialysis candidates. One member commented they are in support of a broader scope contingent upon how eligibility is described in the policy language.

Timeframe

The Committee supported the MAC's vote for a 365 day timeframe.

Patient Notification

The Committee discussed the MAC's recommendation to require one post-assessment notification to all candidates. The Chair commented the Kidney Committee's original intent for a pre-assessment notification was to engage the patient in assisting with acquiring documentation. Another member agreed.

A patient representative member commented the notification would give the patient a chance to be involved in the review and see benefit to a pre-review and post-review notification. A post-review notification would be meaningful for the patient to know whether they received an adjustment to their wait time. The member further commented transparency is important and the notifications involve the patient and promotes their engagement with their program. Another patient representative member commented administrative burden should not overshadow the burden of a patient's experience with kidney disease. The member further commented there should not be an assumption that patients will advocate for themselves or would have access to their prior documentation. The member commented education on behalf of the transplant program will be important and they were in support of both notifications.

The Chair summarized discussion and asked the Committee to comment on the recommendation to require two patient notifications, one pre-review notification to all candidates and one post-review notification to Black or African American candidates. The patient representative members agreed with the recommendation. Another member commented they are concerned transplant programs may not have the resources to enact the policy from an administrative stand point. The Chair commented some of that burden could be relieved if the OPTN were to provide sample language for programs to use. Another member agreed.

A member commented the notifications should be the same for all candidates in the spirit of transparency. A patient member representative commented there could be confusion if the notifications are sent to all candidates since policy applies to Black or African American candidates only. The original member further commented potential confusion should not prevent all candidates being notified of the policy requirements. The Chair commented the Committee could recommend the

notifications are sent to all candidates if the Committee feels that is the most transparent. The Committee was informally polled and the majority were in support of notifications to be sent to all candidates.

The Committee reviewed draft policy language. A patient representative member asked if the policy language on eligible candidates could specify this applies to candidates of African descent. Staff commented the policy language includes Black or African American as the eligible population as this language matches what is in the OPTN computer system. The member commented that may not capture all candidates who identify as being of African descent. Another member commented this further supports the requirement for the notification to be sent to all candidates so it includes those candidates who identify as multiracial or were misclassified in their registration.

The Committee members were informally polled for their sentiment and the majority were in support of the following recommendations:

- *Optional vs. Mandatory:* Mandate eGFR waiting time modifications. Programs must assess their waiting list and submit modifications for all potentially affected candidates
- *Monitoring Modifications:* Documentation and attestation
- *Scope:* Pre-emptively registered and dialysis candidates, contingent on policy language
- *Timeframe:* 365 days
- *Patient Notification:* Require one pre-assessment notification to all candidates, and a post-assessment notification to those listed as Black or African American

Next Steps:

The Committee will review and vote on policy language during their next call.

Upcoming Meetings

- November 7, 2022 - Teleconference

Attendance

- **Committee Members**
 - Martha Pavlakis
 - Jim Kim
 - Beatrice Concepcion
 - Patrick Gee
 - Elliot Grodstein
 - Precious McCowan
 - Stephen Almond
 - Asif Sharfuddin
 - Jason Rolls
 - Jesse Cox
 - Arpita Basu
 - Kristen Adams
 - Marian Charlton
 - Marilee Clites
 - Sanjeev Akkina
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - Ajay Israni
 - Bryn Thompson
 - David Zaun
 - Jon Snyder
 - Jonathan Miller
 - Nick Wood
 - Peter Stock
 - Ryo Hirose
 - Jodi Smith
- **UNOS Staff**
 - Lindsay Larkin
 - Kayla Temple
 - Keighly Bradbrook
 - Ben Welford
 - James Alcorn
 - Kerrie Masten
 - Kim Uccellini
 - Krissy Laurie
 - Lauren Motley
 - Rebecca Fitz Marino
 - Rebecca Murdock
 - Roger Brown
 - Ruthanne Leishman
 - Sara Moriarty
 - Stryker-Ann Vosteen
 - Tamika Qualls
 - Thomas Dolan

- **Other**
 - Alejandro Diez