

OPTN Living Donor Committee

Meeting Summary

September 29, 2021

Conference Call

Heather Hunt, JD, Chair

Introduction

The Living Donor Committee (the Committee) met via Citrix GoTo Meeting teleconference on 09/29/2021 to discuss the following agenda items:

1. Exclusion Criteria Project: Data Report
2. Exclusion Criteria Project: Discussion

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

1. Exclusion Criteria Project: Data Report

The Committee received their data report regarding their exclusion criteria project.

Data summary:

The three definitions of hypertension used in the data report were: systolic blood pressure (SBP) greater than 130 & diastolic blood pressure (DBP) greater than 80, SBP greater than 140, and SBP greater than 150. It is important to note that the three hypertension definitions are not mutually exclusive categories.

Living Kidney Donors by Hypertension at Donation

Overall 11.4 percent of living kidney donors had a SBP greater than 130 and DBP greater than 80, 7.4 percent had a SBP greater than 140 and 2.2 percent had a SBP greater than 150 prior to donation. Overall, the percent of living kidney donors meeting any of the three hypertension definitions was low at less than 12 percent. The smaller sample sizes in the SBP greater than 150 hypertension definition make trends over time harder to decipher.

Living Kidney Donors by Hypertension at Donation and Demographic Factors

The majority of donors were white, followed by Hispanic and then black donors. The ethnic distribution was similar for those with and without hypertension within each hypertension definition. The majority of living kidney donors with hypertension were male and the majority of living donors without hypertension were females. This was true for all three hypertension definitions. The largest proportion of donors who had hypertension were aged 35-49 followed by ages 50-64 and 18-34, and this was true for all three hypertension definitions. Donors aged 35-49 were also the largest proportion of donors within each no hypertension definition.

Living Kidney Donors Subsequently Waitlisted or Transplanted by Pre-donation Blood Pressure and History of Hypertension

72 living kidney donors were subsequently waitlisted or transplanted from 2004 to 2020. 14 of the 72 living kidney donors were waitlisted but did not die and were not transplanted, 1 was waitlisted and died, 52 were transplanted and 5 were transplanted and have since died.

Living Kidney Donors by History of Hypertension and Year

The majority of living kidney donors did not report a history of hypertension. There was a slight increase in the proportion of candidates who reported a history of hypertension for both 0-5 and 6-10 years.

Living Kidney Donors with Diabetes Prior to 2013 by Demographic Factors

Prior to 2013, there was a very small number of living kidney donors with diabetes. The majority were white, followed by Hispanic, and black. The majority of living kidney donors with diabetes prior to 2013 were majority female. The largest proportion of living kidney donors with diabetes prior to 2013 were between the ages of 50 and 64. The small sample size makes trends harder to decipher.

Pediatric Living Kidney and Liver Donors by Year

There was a total of 3 living pediatric kidney donors and 21 living pediatric liver donors. The 3 living pediatric kidney donors donated in 2006 and 2010. The largest number of living pediatric donors was 5 in 2010.

Living Donors Indicating Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) Testing and Test Results

The majority of living donors had HBV and HCV testing performed and the percent of candidates who had HBV and/or HCV testing performed has increased over time.

Summary of discussion:

A member expressed interest in data that shows living donors who have hypertension at time of donation as well as whether their long term outcomes included being placed on the waitlist or receiving a transplant. Another member expressed interest in reviewing blood pressures of living kidney donors who were subsequently waitlisted or transplanted. A member expressed interested in living kidney donors with hypertension that did not need a transplant after donation in order to have context for the hypertensive donors that subsequently needed a transplant.

2. Exclusion Criteria Project: Discussion

The Committee discussed their project regarding living donor exclusion criteria.

Summary of discussion:

Exclusion criterion: Uncontrollable hypertension, or history of hypertension with evidence of end organ damage

Feedback compiled from Committee members prior to this meeting included:

- Consensus to keep
- No exceptions in which a living donor candidate with uncontrollable hypertension or a history of hypertension with evidence of end organ damage would be allowed to proceed as a living donor
- Rationale for keeping exclusion criterion as is:
 - Uncontrolled hypertension is one of the leading causes of kidney failure
 - Certain risk factors exist that can lead to post donation hypertension such as age, obesity, Hispanic, and African American donors. In a donor with uncontrolled hypertension prior to donation, this could worsen the problem and push them into kidney failure
 - Uncontrollable hypertension pre-donation, compounded by the addition of the natural increase in blood pressure seen in living kidney donors post-donation, may lead to a worsening health situation. Additionally, it is not known if the degree of rise in blood pressure in these donors will be further compounded

- Currently still learning how to use controlled hypertensive donors wisely and lack of substantial intermediate outcomes for these hypertensive living donors
- Organ donors are known for their lack of follow up so telling them they will have to lose weight, take their medications, and control their cardiovascular risk factors after organ donation for the long term can be problematic

A member asked if medical professionals and nephrologists have an understanding for “uncontrollable hypertension” and “organ damage”. Members confirmed.

Another member stated that even though this exclusion criterion is somewhat vague, it is important to allow room for variation of practice among transplant programs.

The Committee agreed to keep *uncontrollable hypertension, or history of hypertension with evidence of end organ damage* as is in policy.

Next steps:

The Committee will continue to evaluate living donor exclusion criteria.

Upcoming Meetings

- October 13, 2021 (teleconference)
- November 10, 2021 (teleconference)
- December 8, 2021 (teleconference)

Attendance

- **Committee Members**
 - Angie Nishio Lucar
 - Camille Rockett
 - Heather Hunt
 - Henkie Tan
 - Katey Hellickson
 - Roberto Hernandez-Alejandro
 - Stevan Gonzalez
 - Tyler Baldes
 - Vineeta Kumar
 - Yee Lee Cheah
- **HRSA Representatives**
 - Adriana Martinez
 - Jim Bowman
 - Vanessa Arriola
- **SRTR Staff**
 - Christian Folken
- **UNOS Staff**
 - Anne McPherson
 - Keighly Bradbrook
 - Lindsay Larkin
 - Meghan McDermott
 - Nicole Benjamin
 - Rebecca Goff
- **Other Attendees**
 - Brad Kornfeld