

## Notice of OPTN Policy Changes

# Remove CPRA 99-100% Form for Highly Sensitized Candidates

<b>Sponsoring Committee:</b>	<b>Histocompatibility</b>
<b>Policies Affected:</b>	<b>5.1.A: Kidney Minimum Acceptance Criteria 8.4.F: Highly Sensitized Candidates</b>
<b>Public Comment:</b>	<b>July 27, 2023- September 19, 2023</b>
<b>Board Approved:</b>	<b>December 4, 2023</b>
<b>Effective Date:</b>	<b>Pending implementation and notice to OPTN members</b>

### Purpose of Policy Changes

The purpose of this policy change is to reduce time and administrative burden associated with transplant candidates receiving match allocation priority when they are highly sensitized with a calculated panel reactive antibody (CPRA) of 99-100%. Current OPTN Policy *8.4.F: Highly Sensitized Candidates* requires that the transplant program's HLA laboratory director and the candidate's transplant physician or surgeon review and sign a written approval of the unacceptable antigens listed for the candidate. The reviewer names must be entered in the OPTN Waiting List before the candidate will appear in the highly sensitized allocation priority match classifications. These changes will remove the documentation requirement and therefore reduce the time it takes for a highly sensitized patient to gain allocation priority and increase equity to transplant.

### Proposal History

- The OPTN Waiting List reviewer name data collection required for candidates with a CPRA of 99-100% to gain allocation priority was implemented in 2015 with the updates to the Kidney Allocation System.<sup>1</sup>
- In January 2023, the OPTN Histocompatibility Committee received a compliance monitoring report on the assignment of unacceptable antigens, which found no cases of inappropriate listing of unacceptable antigens which are used to calculate CPRA.
- The Committee discussed this proposal with the OPTN Data Advisory and Kidney Transplantation Committees in February 2023 and received support.
- The proposal to eliminate OPTN Policy *8.4.F* was released for Public Comment in July 2023.
  - No changes were made to the proposal following Public Comment, which was largely supportive.
- The proposal was approved by the OPTN Board of Directors in December 2023.

<sup>1</sup> <https://optn.transplant.hrsa.gov/professionals/by-organ/kidney-pancreas/kidney-allocation-system/>.

## Summary of Changes

The Laboratory Director and Transplant Physician or Surgeon will no longer be required to sign documentation for kidney candidates whose CPRAs are 99-100%. These signatures will no longer be required to be documented in the OPTN Waiting List. Kidney and kidney-pancreas candidates whose CPRAs are 99-100% will immediately gain higher allocation priority upon data entry of the unacceptable antigens.

## Implementation

Histocompatibility lab and transplant hospital members will no longer be required to fill out additional documentation for highly sensitized kidney candidates after implementation.

These changes require technical implementation within the OPTN Computer System. The OPTN will notify members once technical implementation is completed.

## Affected Policy Language

New language is underlined (example) and language that is deleted is struck through (~~example~~).

### 5.1.A: Kidney Minimum Acceptance Criteria

Kidney transplant programs must report to the OPTN annually minimum kidney acceptance criteria for offers for deceased donor kidneys more than 250 nautical miles away from the transplant program. The kidney minimum acceptance criteria will not apply to imported O-ABDR offers or offers to highly sensitized candidates according to ~~Policy 8.5.F: Highly Sensitized Candidates~~, with a CPRA of 99% or above.

### ~~8.4.F: Highly Sensitized Kidney Candidates~~

~~Before a candidate with a CPRA score of 99% or 100% can receive offers in classifications 1 through 4, 8 or 9 according to ~~Table 8-7 and 8-8~~; classifications 1 through 4, 7 or 8 according to ~~Table 8-9~~; and classifications 1 through 4, 6 or 7 in ~~Table 8-10~~, the transplant program's HLA laboratory director and the candidate's transplant physician or surgeon must review and sign a written approval of the unacceptable antigens listed for the candidate. The transplant hospital must document this approval in the candidate's medical record.~~