

OPTN Kidney Transplantation Committee Meeting

Meeting Summary

April 21, 2025

Conference Call

Jim Kim, MD, Chair

Arpita Basu, MD, Vice Chair

Introduction

The Kidney Transplantation Committee met via WebEx on April 21, 2025, to discuss the following agenda items:

1. Public Comment Item: *Revisions to Human Immunodeficiency Virus (HIV) Policies to Align with Federal Regulatory Updates*
2. VOTE: Annual Update to Kidney Donor Profile Index and Estimated Post-Transplant Survival Mapping Tables
3. Review Public Comment Feedback: *Continuous Distribution of Kidneys, Winter 2025*
4. Open Forum

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

1. Public Comment Item: *Revisions to Human Immunodeficiency Virus (HIV) Policies to Align with Federal Regulatory Updates*

Summary of discussion:

Decision #1: The Committee will submit a public comment on the DTAC proposal: *Revisions to Human Immunodeficiency Virus (HIV) Policies to Align with Federal Regulatory Updates* to reflect the Committee's support.

Representatives from the OPTN Ad Hoc Disease Transmission Advisory Committee (DTAC) provided an overview of the DTAC policy proposal: *Revisions to Human Immunodeficiency Virus (HIV) Policies to Align with Federal Regulatory Updates*.¹ The proposal is available for feedback during a special public comment cycle. The proposal will:

- Update when verification of HIV status is required:
 - Upon listing
 - Identification of donor testing positive of HIV
 - Directly
- Update who verifies the status for kidney, liver, and liver-kidney candidates living with HIV
- Make adjustments to reflect that kidney, liver, and liver-kidney transplants no longer need to meet research criteria or be conducted through the OPTN HOPE Act variance.
- Eliminate the exceptions to HIV screening requirement from policy

¹ <https://optn.transplant.hrsa.gov/policies-bylaws/public-comment/revisions-to-human-immunodeficiency-virus-hiv-policies-to-align-with-federal-regulatory-updates/>

- Clarify that the reporting of data safety monitoring reports by transplant programs participating in HOPE ACT variance is upon request by the OPTN

A member asked for clarification on when the proposal would be implemented. DTAC representatives shared that an implementation date has not been determined, but that expedited implementation is expected following OPTN Board approval. Another member asked whether the policy would change how transplant centers manage patient consent. DTAC representatives clarified that patient consent protocols would remain localized at transplant centers. The Committee expressed broad support for the proposal and agreed to submit a public comment to reflect that support.

Next steps:

The Committee will submit a public comment on DTAC’s proposal to reflect the Committee’s support.

2. VOTE: Annual Update to Kidney Donor Profile Index and Estimated Post-Transplant Survival Mapping Tables

Per OPTN *Policy 8.4.A Candidate Classifications* and *Policy 8.4.B Deceased Donor Classifications*, the Committee reviews the reference populations for the Estimated Post-Transplant Survival (EPTS) score and the Kidney Donor Profile Index (KDPI) annually so that the calculations can be updated by the OPTN on or before June 1 of each calendar year.

Summary of discussion:

Decision #2: The Committee approved the annual update to the KDPI mapping table by a vote of 12-0.

Decision #3: The Committee approved the annual update to the EPTS mapping table by a vote of 14-0.

The Committee reviewed background information on KDRI-KDPI and EPTS mapping tables.

- Each donor’s Kidney Donor Risk Index (KDRI) is converted to a KDPI percentage using a KDRI-to-KDPI mapping table.
- The mapping table is based on all deceased kidney donors recovered in the previous calendar year so as of 4/21/2025, the reference population for the current calculation is donors recovered in 2023
- EPTS works similarly, though the reference population is adult kidney candidates on the waiting list instead of donors

The Committee first reviewed the KDRI-to-KDPI mapping table. The 2024 KDRI values increased slightly compared to 2023, with the difference being statistically significant across all percentiles. The Committee reviewed a presentation outlining the main factors contributing to this change. In 2024, the median donor age rose from 45 to 48, and there were noticeable increases in donors with a history of hypertension, diabetes, cerebrovascular/stroke as cause of death, and donation after circulatory death (DCD). Creatinine levels, donor height, and donor weight remained relatively stable between the 2023 and 2024 populations. The Committee voted to approve the update to the KDPI mapping table (12 approved, 0 opposed, 0 abstained).

The Committee then reviewed the updated EPTS scores and mapping table, along with background information on the EPTS reference population.

- A candidate’s EPTS score indicates the percentage of adult kidney candidates on the waiting list with a higher estimated post-transplant longevity.

- However, a common misconception is that this percentage is based on the candidate’s position relative to others on the waiting list at this very moment.
- In reality, the score reflects the candidate’s position relative to a recent, historical “snapshot” of the kidney waiting list
- The current snapshot (reference population) is all adult kidney candidates on the waiting list on December 31, 2023, and will be updated to December 31, 2024 following the Committee’s approval.

EPTS scores slightly decreased from 2023 for the 2024 reference population. The Committee reviewed a presentation outlining the main factors contributing to this change. Candidate age remained consistent compared to the 2023 cohort, while the percentage of candidates with diabetes increased slightly. The number of prior transplant recipients and the average time spent on dialysis both showed small decreases in the 2024 population.

The Committee next reviewed how the new 2024 reference table will impact candidates. Because raw EPTS scores are decreasing, certain candidates may see their EPTS increase from 20 to 21% when the new table is applied. However, since EPTS is calculated daily, many candidates with 20% EPTS scores would soon see their EPTS increase to 21% regardless of the update (due to increasing days on dialysis and age). The Committee voted to approve the new EPTS mapping tables (14 approved, 0 opposed, 0 abstained).

3. Review Public Comment Feedback: *Continuous Distribution of Kidneys, Winter 2025*

Summary of discussion:

No decisions were made.

The Committee reviewed public comment feedback on the Continuous Distribution of Kidneys, Winter 2025 update paper.² Themes in public comment included: efficiency modifications, other continuous distribution attributes, the hard-to-place definition, expedited placement, implementation timelines, transparency, education and communication, and equity. Staff noted that the update paper was finalized before the Committee’s December meeting, when the Committee finalized the hard-to-place definition.

Committee members discussed whether any changes to the current Expedited Placement (EP) proposal were needed based on public comments. One member noted that feedback supported moving forward with EP and suggested that it could serve as a model for future changes within Continuous Distribution (CD). Members also discussed whether aspects of EP, such as simultaneous offer review or organ procurement organization (OPO) requirements, might be relevant to future CD policy development. A member noted that EP is evolving into a broader framework for improving kidney placement and could serve as a useful template for addressing allocation challenges on a larger scale.

One member asked whether additional modeling or outside expertise could help refine the hard-to-place definition used in EP, and if the definition should rely more heavily on center behavior. Another member offered that the hard-to-place definition was created based on a data review, and that while center behavior influences outcomes, there are certain donor characteristics clearly linked to non-use.

Members discussed that public comment feedback emphasized a desire for transparency in Expedited Placement, and that the Committee should work to clearly explain the proposal and the limitations of

² See Public Comment Analysis: Continuous Distribution of Kidneys, Winter 2025

the Expedited Placement (EP) policy. Other members agreed and noted the challenges of developing the policy as the scope has grown. The Vice Chair added that the public comment proposal should acknowledge the shift from a prior variance-based approach to a national policy for Expedited Placement.

Next steps

The Workgroup will review data requests next month and finalize their EP recommendations. The Committee is scheduled to meet again on May 19 to vote on the EP policy. If needed, an additional meeting may be scheduled to review and approve the final policy language. The policy proposal will acknowledge the limitations of the EP pathway and outline how it could support broader changes as part of the Continuous Distribution (CD) framework. In June, the Committee expects to revisit CD optimization and discuss how EP might be integrated into future CD policy development.

Upcoming Meeting(s)

- May 19, 2025, 1200 ET
- June 16, 2025, 1200 ET

Attendance

- **Committee Members**
 - Arpita Basu
 - Jason Rolls
 - C.S. Krishnan
 - Tania Houle
 - Prince Anand
 - Marc Melcher
 - Christine Hwang
 - John Lunz
 - Leigh Ann Burgess
 - Kristen Adams
 - Jesse Cox
 - Toni Bowling
 - Curtis Warfield
 - Patrick Gee
- **SRTR Staff**
 - Katie Siegert
 - Jon Miller
 - Jodi Smith
- **UNOS Staff**
 - Kaitlin Swanner
 - Carly Rhyne
 - Thomas Dolan
 - Sarah Booker
 - Cole Fox
 - Asma Ali
 - Keighly Bradbrook
 - Sharon Shepherd
- **Other Attendees**
 - Lara Danziger-Isakov