

OPTN Kidney Transplantation Committee

Meeting Summary

November 20, 2023

Teleconference

Jim Kim, MD, Chair

Arpita Basu, MD, Vice Chair

Introduction

The Kidney Transplantation Committee (the Committee) met via teleconference on 11/20/2023 to discuss the following agenda items:

1. Welcome and Announcements
2. Monitoring Reports: 1-Year *Establish OPTN Requirements for Race-Neutral estimated Glomerular Filtration Rate (eGFR) Calculations* and 6-Month *Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations*
3. Efficiency in Continuous Distribution: Committee Next Steps

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

1. Welcome and Announcements

The Chair greeted the Committee and staff shared an announcement that Committee meetings are transitioning to an Open Forum structure, which will include livestreaming and an open forum agenda item to allow members of the general public to address the Committee.

Summary of discussion:

There were no questions or comments.

2. Monitoring Reports: 1-Year *Establish OPTN Requirements for Race-Neutral eGFR* and 6-Month *Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations*

The Committee reviewed the 1-Year post-implementation monitoring report for the *Establish OPTN Requirements for Race-Neutral eGFR* policy and the 6-Month post-implementation monitoring report for the *Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations* policy.

Presentation summary:

1-Year Race-Neutral eGFR Calculations Monitoring Report

There were no large changes to the Kidney waiting list or to transplant recipient, and distributions were similar across the eras. There was a decrease of candidates qualifying for waiting time by maintenance dialysis and a corresponding increase in those qualifying as of registration date. This suggests a shift to candidates using lab values, such as those based on eGFR to qualify for waiting time over maintenance dialysis. Deaths of Black, non-Hispanic candidates on the waiting list decreased but waiting list mortality declined for all other groups as well.

6-Month eGFR Waiting Time Modifications Monitoring Report

As of July 5, 2023, 6103 waiting time modifications have been processed with a median of 1.7 years given to modified registrations. 491 candidates with a waiting time modification received a deceased

donor transplant and 15 received a living donor transplant. As of July 5, 2023, the OPTN has received attestations from 12 of the 232 active kidney programs.

As of November 20, 2023:

- 13,661 eGFR-based waiting time modifications have been submitted
- 12,923 eGFR waiting time modifications have been processed
 - 738 eGFR waiting time modifications were not yet processed
- 89 attestations received out of 232 active kidney programs with more than 20 attestations sent in the prior week

Summary of discussion:

One member noted that presenting demographics of patients who received waiting time modifications as a percentage of the total list is less informative than presenting it as a percentage of potentially eligible by race.

A member asked if the policy will remain in effect past the January 2024 deadline, such that programs will still be required to submit modifications for new eligible patients after reviewing their currently listed patients. Staff confirmed that the modification pathway for candidates affected by a race-based eGFR will remain open.

One member asked if there will be a time where all patients could be listed based on date of earliest qualifying eGFR. Staff asked if the member is talking about late referral in general, and the member confirmed. Staff noted that the Committee has discussed this and that the National Academy of Sciences, Engineering, and Medicine (NASEM) has also discussed the issue of listing candidates prior to dialysis. Staff shared that the race-based eGFR waiting time modification process was created to address a major race-based inequity, and that the OPTN President at the time of approval remarked that knowing other inequities exist should not prevent addressing one inequity. Staff noted that the Committee can continue to discuss this possibility, and that there may be a multitude of ways that late referral could be addressed. The member agreed that it's important to start here, but also noted that a pathway to address late referral could benefit many different candidates in a substantial way.

The Chair noted the number of not yet processed modifications, and asked if there will be backlog of cases to be processed as more programs finish submitting their modifications. Staff shared that waiting modifications not processed are due to an issue with the modification request that needs to be resolved, such as incorrect documentation or utilizing a new eGFR that is greater than 20 and thus would not be considered a qualifying eGFR. In this case, the OPTN reaches out to the program to attempt to resolve issues to allow the modification to be fully processed. Staff continued that the "not yet processed" modifications may include patients that are not eligible, and other issues. Another staff member shared that the Organ Center staff is processing modifications nearly in real time, almost immediately as they are submitted. Staff continued that "not yet processed" modifications include those modification requests submitted with inadequate documentation, and that the Organ Center is following up directly with programs to resolve those issues. The Chair remarked that presumably, just because a program hasn't attested, they may still be working through their list and planning to submit waiting time modifications. The Chair noted that the waiting time modification numbers increased significantly from the July numbers and that it's likely those numbers will continue to grow.

3. Efficiency in Continuous Distribution: Next Steps

The Committee reviewed aspects of efficiency currently incorporated into the Continuous Distributions of Kidneys project and discussed plans to address the September 6th OPTN Board Resolution to incorporate further efficiency considerations into the Continuous Distribution proposal.

Presentation summary:

The OPTN Board of Directors Resolution from September 6th asked the Committee to pivot the Continuous Distribution effort to focus on efficiency. Specifically the Committee focused on decreasing non-use, decreasing allocations out of sequence (AOOS), and establishing an expedited placement pathway for kidneys at high risk of non-use. The Committee will continue developing the Continuous Distribution project, including:

- Continuing to work with the Massachusetts Institute of Technology (MIT) and the Scientific Registry of Transplant Recipients (SRTR) on optimization of policy scenarios
- Level set on efficiency aspects currently incorporated into the Continuous Distribution effort
- Evaluate with a refocus on efficiency gains
- Identify enhancements that may be included as part of Continuous Distribution or else as a separate effort

Efficiency in the Current Continuous Distribution Project

Proximity Efficiency and Donor Modifiers are the main efficiency related elements impact the composite allocation score (CAS). The proximity efficiency attribute prioritizes candidates based on distance to the donor hospital, with increasing distance decreasing priority. The proximity efficiency attribute has a piece-wise linear rating scale, with the relative decrease in priority changing based on the distances at which the organ would be expected to drive or fly, or if the organ is in the “uncertainty zone,” where either driving or flying may be appropriate. Donor modifiers allow the weights of different attributes to vary based on donor characteristics. This includes increasing the weight on proximity efficiency for high KDPI kidneys in order to reduce travel distance and *not* prioritizing pediatric kidneys and prior living donors for organs they would not be expected to accept, such as high KDPI kidneys.

Other operational components impact efficiency of allocation in the continuous distribution framework:

- Dual Kidney provides an alternate allocation pathway for high KDPI and “hard to place” kidneys
 - Dual kidney operations have not been finalized but as previously discussed dual kidney allocation would occur based on donor criteria and dual kidney offers would be sent from a separate, dual specific match run
 - Several specific efficiency considerations – carry over refusals, dual kidney opt-in, dual specific filters, etc.
- Released Kidney provides a released organ “rescue” allocation pathway
 - As discussed, OPOs may choose to run a match run based around the previously accepting program
 - The new match run would carry over refusals from the original match run to reduce duplicative offers
- National Kidney Offers – OPOs would not longer be required to turn over allocation of kidneys more than 250 nautical miles away to the OPTN Organ Center
 - OPOs may still request assistance at their own discretion
- The Kidney Minimum Acceptance Criteria Screening Tool (KiMAC) will also be updated to streamline the questionnaire in the OPTN Waiting List and automate screening in the OPTN Donor Data and Matching System
- Offer Filters, Candidate-specific Waitlist Acceptance Criteria, and Predictive Analytics would also be impacted by continuous distribution of kidneys

Looking ahead, the Committee will begin focused efforts towards allocation of medically complex kidneys:

- Committee meetings will include a focus on defining “hard to place” kidneys, including data and literature review and consensus building efforts
 - Specifically, focusing on defining “hard to place” with respect to a potential expedited allocation pathway
- Kidney Committee-sponsored Workgroup focused on discussing potential expedited kidney placement pathways, with a focus on processes, system, and evaluation of similar expedited pathways
 - Evaluate previous and similar expedited pathways with the goal of discussing options for potential expedited kidney pathways
- SRTR and MIT have ongoing efforts to investigate options to expand efficiency related metrics to evaluate potential CD policies

Summary of Discussion:

One member remarked that there are aspects of efficiency beyond the scope of the OPTN Kidney Committee and asked if there will be a greater effort to coordinate all efficiency efforts. The member continued that there are many different stakeholders with different objectives and that there are much greater logistical challenges that may be beyond the scope even of the OPTN. Staff noted that these topics have been referred on to the Task Force. Staff noted that the Task Force has been attempting to define efficiency and to define their scope and priorities. Staff continued that the Task Force will be meeting before the OPTN Board of Directors meeting and begin discussing those solutions as well. Staff continued that those topics have been shifted to the Task Force, which may be better positioned to address some of the larger issues. Another member, who is also a member of the Task Force, remarked that this was discussed at one of the Task Force meetings earlier, specifically noting the need for good metrics to determine whether larger goals are being met. The member continued that measuring efficiency of organ allocation is complicated, but that it could potentially include cold ischemic time, pre- and post-clamp, and number of sequences offered to. The member added that potentially this data could be turned into a composite metric score and could be used to determine if solutions are effective.

The Chair noted that the Committee’s efforts will align with the Task Force, and though running in parallel, will aim to reduce redundancy in work.

A member remarked that defining hard to place is going to be critical, particularly as one person’s definition of non-transplantable will vary greatly from others’ definitions. The member continued that consensus efforts will be important to define hard to place and aggressive offers.

Upcoming Meetings

- December 18, 2023 – Teleconference

Attendance

- **Committee Members**
 - Jim Kim
 - Arpita Basu
 - Carrie Jadlowiec
 - Curtis Warfield
 - Eloise Salmon
 - Jason Rolls
 - Jesse Cox
 - John Lunz
 - Marian Charlton
 - Martha Pavlakis
 - Patrick Gee
 - Stephen Almond
 - Reza Saidi
 - Tania Houle
 - Leigh Ann Burgess
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Ajay Israni
 - Bryn Thompson
 - Caitlin Peterson
 - Grace Lyden
 - Jon Miller
- **UNOS Staff**
 - Kayla Temple
 - Jesse Howell
 - Rebecca Marino
 - Kaitlin Swanner
 - Kieran McMahon
 - Krissy Laurie
 - Lauren Motley
 - Lindsay Larkin
 - Keighly Bradbrook
 - Ben Wolford
 - Carlos Martinez
 - Carly Layman
 - Houlder Hudgins
 - Ross Walton
 - Thomas Dolan
- **Other**
 - Caitlin Peterson
 - Namrata Jain