

**OPTN Minority Affairs Committee  
Refit KDPI without Race and HCV Workgroup  
Meeting Summary  
July 21, 2023  
Conference Call**

**Alejandro Diez, MD, Chair  
Oscar Serrano, MD, Vice Chair**

## **Introduction**

The OPTN Refit KDPI without Race and HCV Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 07/21/2023 to discuss the following agenda items:

1. Workgroup Member Introductions
2. KDPI Background
3. Proposed purpose and scope

The following is a summary of the Workgroups discussions.

### **1. Workgroup Member Introductions**

Staff introduced the members of the Workgroup. The Workgroup is comprised of members from the Minority Affairs Committee, Kidney Transplantation Committee, Patient Affairs Committee, and Disease Transmission Advisory Committee in addition to representatives from the American Society of Nephrology (ASN) and the National Kidney Foundation (NKF).

#### Summary of discussion:

There were no further discussions.

### **2. KDPI Background**

The kidney donor profile index (KDPI) is a mapping of the kidney donor risk index (KDRI) into a cumulative percentage scale that reflects the quality of deceased donor kidneys relative to other recovered kidneys. Four KDPI sequences exist: 0-20%, 21-24%, 35-85%, and 86-100%. Sequence 0-20% includes kidneys estimated to have the most longevity, while sequence 86-100% includes kidneys estimated to have the least longevity and are more challenging to place and have a greater chance of non-utilization.

In 2009 race and hepatitis-C virus (HCV) had significant associations with graft failure rates. This was due to race being used as a proxy for genetic differences and less availability for HCV testing and treatment. In 2023, studies show that race should not be used in clinical decisions making as it is not an accurate proxy for genetic differences. Additionally, HCV testing and treatment have become more readily available. Therefore, race and HCV should be excluded when calculating KDPI to better reflect the quality of deceased donor kidneys.

#### Summary of discussion:

A member asked if there is new data on HCV treatment and its impact on graft survival. A member replied that there is literature suggesting excellent kidney transplantation outcomes from HCV donors.

### **3. Proposed Purpose and Scope**

The Workgroup heard an overview of the project's proposed purpose and scope. The purpose of this project is to better reflect the quality and post-transplant survival of kidneys from deceased donors who identify as African American and who are HCV positive. The scope includes refitting KDPI without race and HCV that can be modeled by SRTR. The goal is for the meeting is to confirm the project scope and timeline.

#### Summary of discussion:

A member asked what the ethnic and racial makeup of the cohort was. The presenter replied that the portion of black donors was around 13-20%. A member noted that as the Workgroup aims to remove race from the equation, other variables in the equation such as creatine could increase in weight value.

A member asked how the other coefficients would be impacted when refitting the race and HCV coefficients. The presenter replied that HCV has not been refitted yet. Once a data request is completed, the Workgroup will know more about the impact of refitting HCV. Another member asked if there is data available that will help better assess the quality of the race variable. She explained that examining how race is determined and whether that has changed over time is essential. A member replied that race is self-reported at the time of admission to the hospital or based on medical records. He explained that there's significant subjectivity regarding how race is assigned and determined. Another member inquired if the current U.S. population census should be the base cohort for the (Scientific Registry of Transplant Recipients) SRTR modeling request. The Chair replied that there are differences in donation rates amongst different races.

#### Next steps:

The Workgroup will determine which donor characteristics are clinically relevant when evaluating proposed changes to KDPI and submit a modeling request to the SRTR.

#### **Upcoming Meeting:**

- July 27, 2023 @12pm ET

## Attendance

- **Workgroup Members**
  - Alejandro Diez
  - Amaka Eneanya
  - Andreas Price
  - Cynthia Delgado
  - Dong Lee
  - Helen Te
  - Paulo Martins
  - Sanjeev Akkina
  - Stephanie Pouch
  - Tanjala Purnell
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Jon Miller
- **UNOS Staff**
  - Divya Yalgoori
  - Jesse Howell
  - Kayla Temple
  - Kelley Poff
  - Kieran McMahan
  - Kim Uccellini
  - Krissy Laurie
  - Lauren Mauk
  - Tamika Watkins
  - Taylor Livelli
- **Other Attendees**
  - Morgan Reid
  - Rachel Meyer