

Establish Minimum Kidney Donor Criteria to Require Biopsy

*OPTN Kidney Transplantation Committee
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Background

- In 2020, the Policy Oversight Committee determined that kidney biopsy practice inconsistencies and quality of analysis are a major hurdle to greater allocation efficiency
- The POC identified two key areas for improvement:
 - Absence of minimum standard set of criteria to initiate kidney biopsy
 - Need for standardization in kidney pathology reporting
- Multi-disciplinary workgroup formed with representation from 4 OPTN Committees

Purpose of Proposal

- Establish deceased donor criteria where an OPO must perform procurement kidney biopsy to standardize practices

Proposal: Minimum Donor Criteria

- A recovering OPOs must ensure a procurement kidney biopsy is performed for all adult donors meeting any of the following criteria:
 - Anuria, or a urine output of less than 100mL in 24 hours
 - Donor has received renal replacement therapy
 - History of diabetes, including HbA1c of 6.5 or greater during donor evaluation or management
 - KDPI greater than 85 percent
 - Donor age 60 years or older
 - Donor age 50-59, and meets at least two of the following:
 - Hypertension
 - Manner of Death: CVA
 - Terminal Creatinine ≥ 1.5

Proposal: Minimum Donor Criteria

- Current policy does not prescribe when an OPO must perform procurement kidney biopsy
- This proposal establishes a minimum set of donor criteria when OPO is must perform a kidney biopsy
- This proposal will not limit OPOs from performing procurement kidney biopsies on deceased donors that do not meet these criteria

Rationale

- Inconsistencies in biopsy practices are major hurdle to allocation efficiency
- Standardizing biopsy practices can help:
 - Reduce variability among OPOs
 - Streamline communication between transplant hospitals and OPOs
 - Prevent unnecessary biopsies and analysis

Member Actions

- OPOs will need to organize and coordinate with pathology services to ensure appropriate access
- Transplant program staff will need to be aware of updated biopsy practice standards, and know when to expect biopsy results without request

What do you think?

1. Are the donor criteria globally agreeable? Are there any criteria that should be added or removed?
2. Are the timeframes and thresholds specified for anuria and renal replacement therapy suitable and reasonable?
3. Will there be unintended consequences or impacts for OPOs? For transplant centers?