

Kidney Transplantation Committee Update

John J. Friedewald, MD, Committee Chair

OPTN/UNOS Board of Directors

November 13, 2012

Saint Louis, Missouri

Review of Major Proposal Concepts

- Inclusion of Kidney Donor Profile Index (KDPI)
- Longevity matching
- New classifications for very highly sensitized candidates
- Sliding point scale for sensitized candidates
- Local/Regional sharing for high KDPI kidneys
- A₂/A₂B kidneys allocated to B candidates
- Elimination of kidney paybacks
- Elimination of variances
- Inclusion of prior dialysis time in waiting time calculation

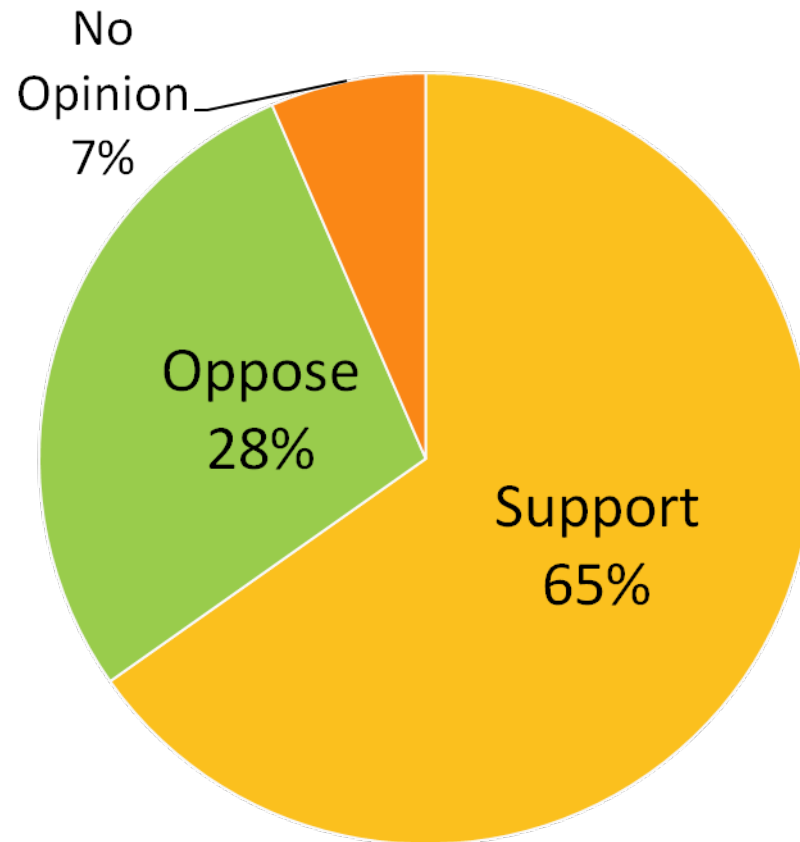
Overview of Expected Outcomes

- New system forecasted to result in:
 - 8,380 additional life years gained annually
 - Improved access for moderately and very highly sensitized candidates
 - Improved access for ethnic minority candidates
 - Comparable levels of kidney transplants at regional/national levels

Kidney Allocation Proposal

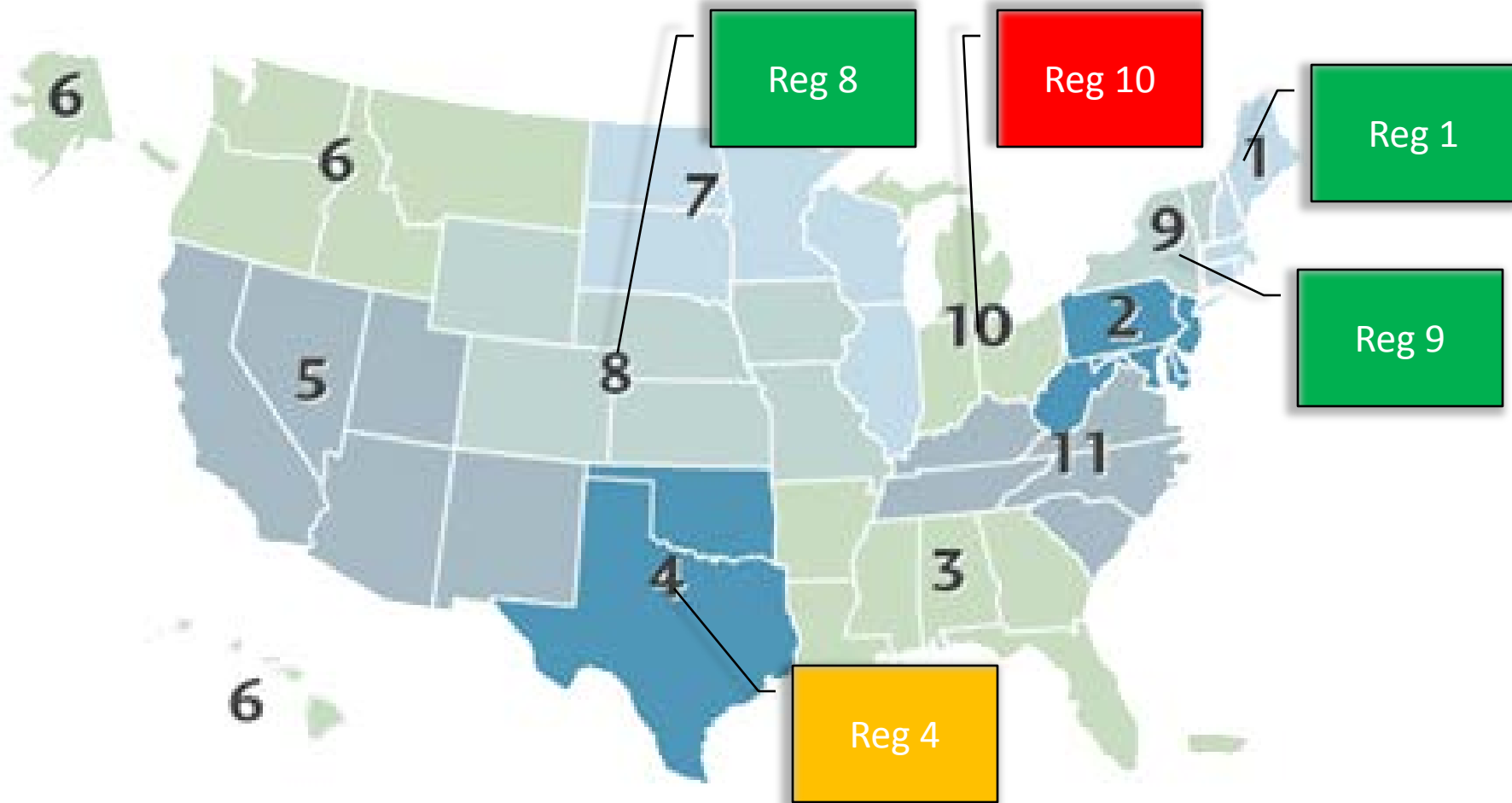
- Released on September 21, 2012
- Extensive communications plan activated prior to release
- Favorable coverage in national media
- Coordinated effort to reach Regions and Committees
- Outreach to members and public
- Expected Board review in June 2013

Individual Feedback Received



- Each comment will receive a response
- Concerns appear to be localized, general themes not apparent at this time

Regional Feedback Received



Committee Reviews

Completed

- Living Donor
- Transplant Coordinators
- Ethics
- OPO
- Pancreas
- Transplant Administrators
- Patient Affairs

Scheduled

- Minority Affairs
- Histocompatibility
- Pediatric

Media Coverage To Date



DENVERPOST

The New York Times



Detroit Free Press

OPTN



Chicago Tribune

- “We understand why some people are nervous about these changes. In a fairer world, there would be enough kidneys to go around. But there aren't. This is about maximizing the years that a kidney will work inside someone's body, not rendering a judgment about how any recipient uses that time. Officials have spent the last nine years seeking to make the system more efficient. Let's not wait another nine. The board that oversees transplants in the U.S. can — and should — make these changes next summer. Thousands of people are on kidney transplant waiting lists. Every day, every week, that officials delay, people die waiting.”

The New York Times

“A previous proposal to increase survival rates was abandoned after federal officials warned that it violated age discrimination laws because most of the kidneys were to be distributed based on age, to patients no more than 15 years older or younger than the donor. The new proposal avoids that problem by making age only one of many factors considered. If this proposal, too, doesn’t pass muster, Congress ought to pass a law exempting this sensible approach from age discrimination laws.”

Member and Public Outreach

- Educational webinar held November 7
 - 400+ dedicated ports
- Additional presentations to:
 - Dialysis Patient Citizens
 - Polycystic Kidney Disease Foundation
- Continuing to schedule presentations for interested organizations

Balancing Equity and Utility

TWO TAKES

Is the New Kidney Allocation Proposal Fair?

An organization that manages organ donation in the United States has proposed changes to how donated kidneys are allocated. Proponents say the proposal to match donors to patients based on certain attributes will make the system more efficient. Opponents say it's unfair. Edited by Kira Zalan



John Friedowald
OPTN/UNOS Kidney
Transplantation
Committee Chair

COURTESY OF
NORTHWESTERN MEMORIAL HOSPITAL

YES

For most of human history, kidney failure was a death sentence for those who encountered it. Today dialysis is effective in supporting people with kidney failure, but it too comes with limitations and potential complications. Kidney transplantation offers many of the most effective long-term improvements in length and quality of life.

The way kidneys from deceased donors are matched to patients in the United States has not changed fundamentally in the last 25 years. The existing policy has facilitated more than 200,000 transplants over the years and has many well-designed features. Yet there are specific opportunities for improvement.

The Organ Procurement and Transplantation Network (OPTN), managed under federal contract by the non-profit United Network for Organ Sharing (UNOS), matches deceased donor kidneys with transplant candidates nationwide. The OPTN is seeking public comment on a proposal to make needed improvements to kidney allocation policy.

The proposal is the result of eight years of study and discussion among transplant professionals and patient advocates. Under the proposal, the 20 percent of kidneys likely to have the longest function would be offered first (but not exclusively) to the 20 percent of candidates [READ MORE](#)



Lainie Ross
Associate Director of
the MacLean Center
for Clinical Medical
Ethics, University of
Chicago

COURTESY OF
UNIVERSITY OF CHICAGO MEDICINE

NO

Three facts about end stage renal disease (ESRD) shape the kidney allocation debate. First, individuals with ESRD have two therapeutic options: dialysis or kidney transplantation. Second, virtually all individuals with ESRD, regardless of age, have a better quality of life and lower mortality and morbidity with kidney transplantation. Third, demand for kidney transplantation far exceeds supply.

The current allocation system is based mainly on time on the kidney waitlist. Critics object to the inefficiencies of the current system because a candidate who has a short life expectancy may be allocated a healthy deceased donor kidney that can be expected to outlive the recipient by years, maybe decades. The Kidney Committee has proposed a 20/80 allocation method. The "20" stands for the top 20 percent of kidneys (based on 10 donor traits that estimate expected graft survival) that are to be allocated to the top 20 percent of candidates (defined by four recipient traits—age, diabetes, dialysis time, and prior transplant status—that help determine post-transplant survival). The remaining 80 percent of kidneys will be allocated mainly on dialysis time, a variant of waiting time.

While the 20 percent rule will improve efficiency, it is unjust for three distinct reasons. First, it is [READ MORE](#)

[« PREVIOUS PAGE](#) | [NEXT PAGE »](#)

[PRINT](#) [CONTENTS](#)

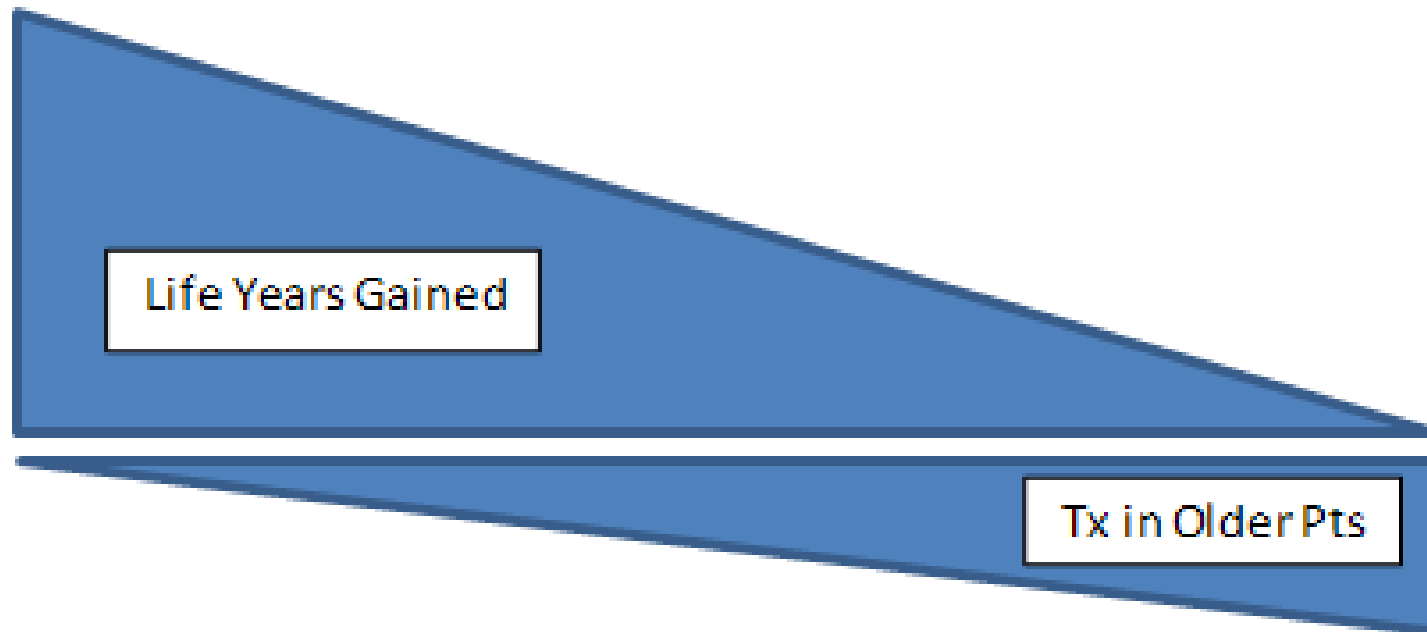
14 U.S. NEWS WEEKLY | NOVEMBER 2, 2012 | www.usnews.com/subscribe

OPTN

US News and World Report. 2 November 2012.

UNOS **DONATE LIFE**
UNITED NETWORK FOR ORGAN SHARING

Addressing Comments Received: *Balancing Equity and Utility*



Balancing Equity and Utility: *Evolution of Proposal*

	<i>National Sharing +LYFT</i>	<i>LYFT</i>	<i>Age Matching+ Longevity Matching</i>	<i>Age Matching</i>	<i>Longevity Matching</i>
Gain in life years over the current allocation system	34,026	25,794	15,223	14,044	8,380
Proportion of kidneys transplanted into recipients >50 years old	10	29	46	45	52

Path Forward

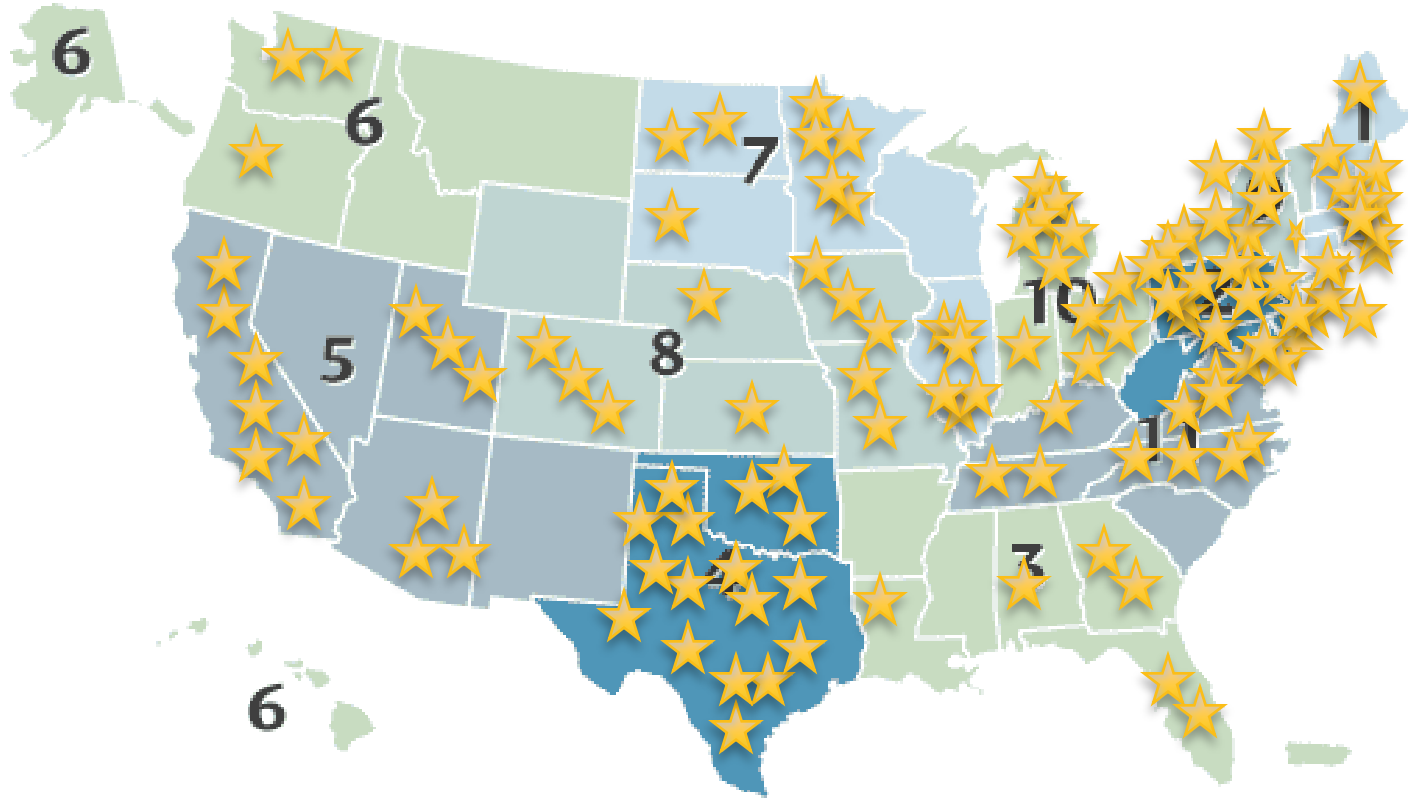
- Public Comment period closes December 14, 2012
- Committee will review and respond to feedback in January and March 2013
- Earliest Board consideration in June 2013

OPTN/UNOS Kidney Paired Donation Pilot Program

OPTN

Centers participating in OPTN KPDPP

- 127 Transplant centers (55% of 230 living donor kidney programs)
- All 11 Regions



Data

Increase in donors and candidates per match run

	October 2010	October 2012
Donors	45	202
Candidates	43	182

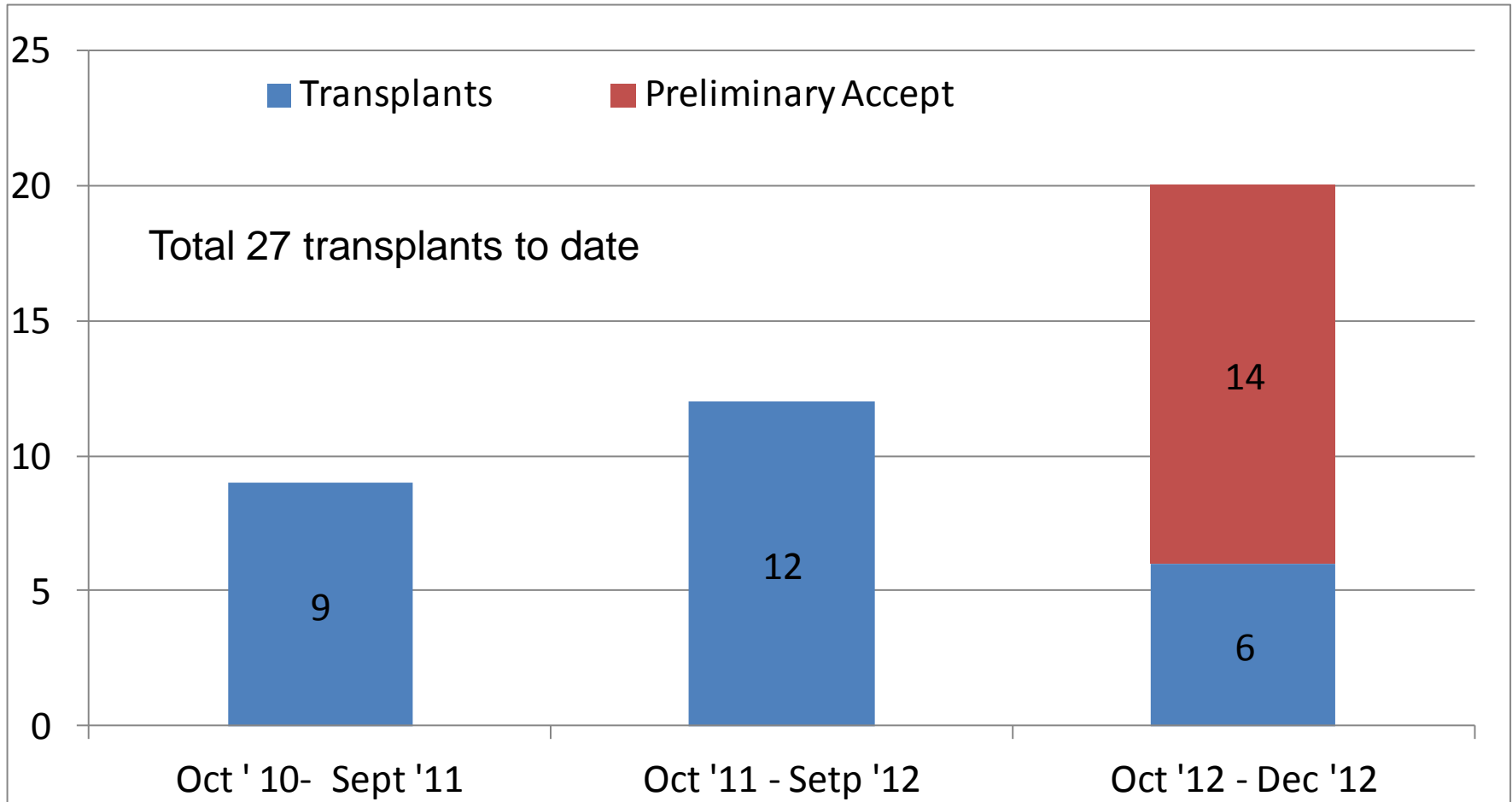
ABO/CPRA (As of May 2012)

- 66% candidates ABO –O
- 61% candidate CPRA \geq 80%
- 35% both

Matches October – November 2012

Match #	35	36	37	38	39	40
Donors	202	199	197	194	181	193
Candidates	183	182	177	181	179	178
>= 80% CPRA	63%	64%	64%	64%	63%	63%
Centers	56	55	54	54	54	54
Exchanges/Matches	4/10	1/2	1/2	7/21	6/16	9/27
>=80% matched	2	0	0	8	6	12
NDD entered/matched	6/3	3/0	2/1	2/0	2/0	3/2
Matches pending	0	0	0	6	8	27

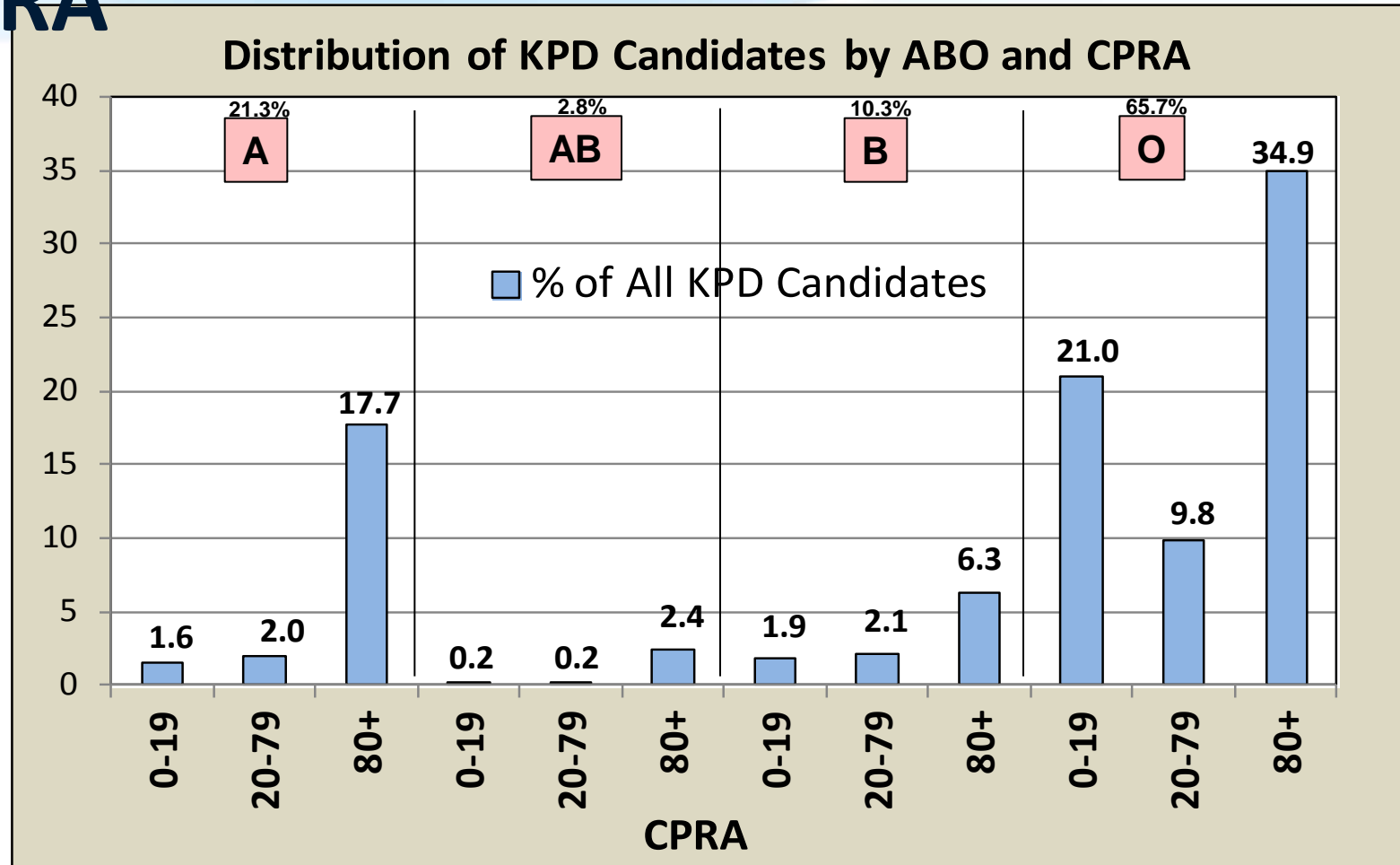
Total and Pending Transplants to Date



Data as of Nov 11, 2012

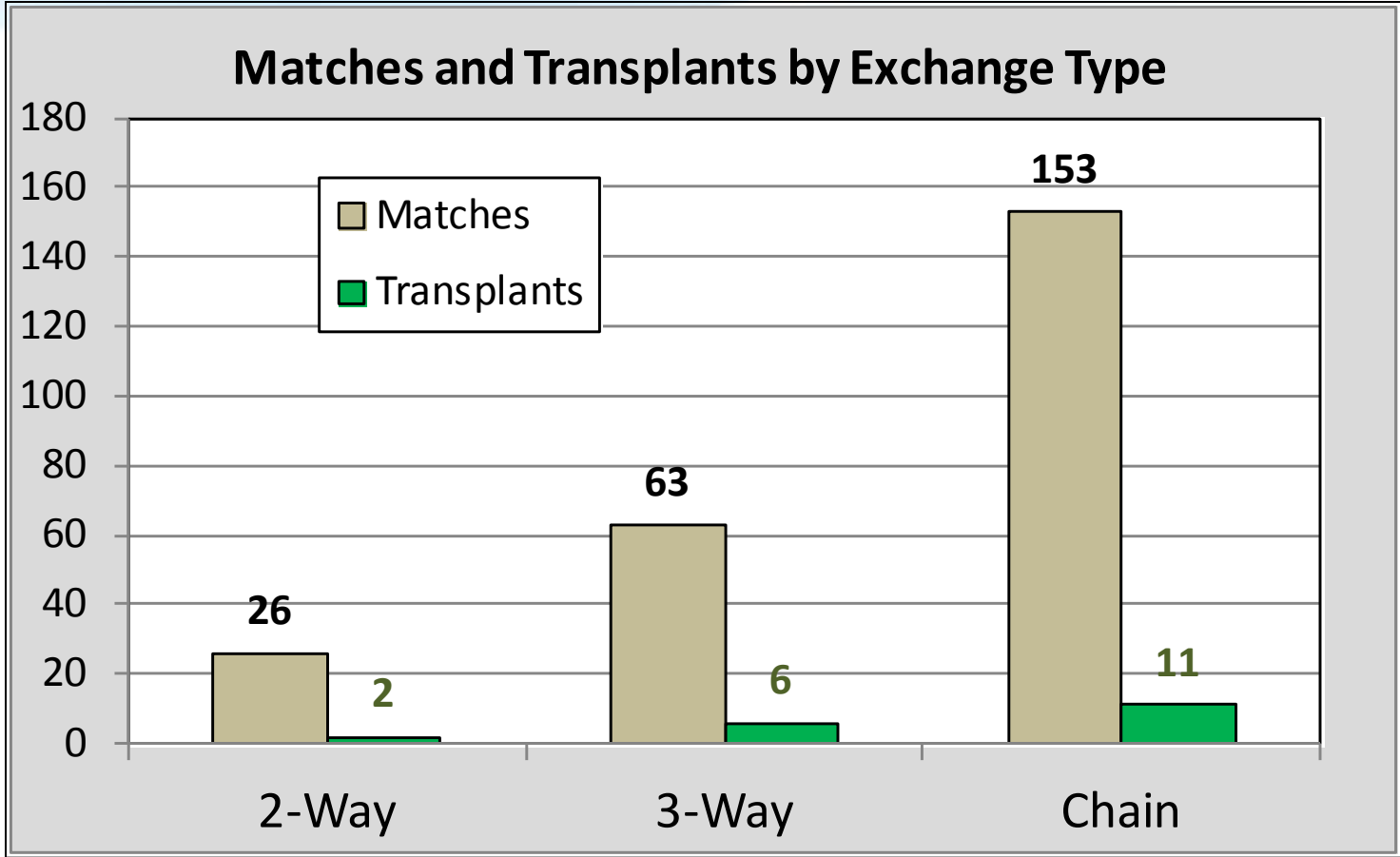
27 additional matches offered Nov 12, 2012

KPD Candidates' Distribution by ABO, CPRA



➤ 65.7% of KPD candidates were blood group O, 61.3% of candidate had a CPRA ≥ 80% and 34.9% were both O and PRA = 80+

Results by Exchange Type



241 matches offered; 222 declined; 19 transplants, 2 pending

Offer:Decline rate consistent with other KPD programs



Includes Match Runs from Oct 27, 2010 – May 2, 2012



Match Offer Refusal Reasons

- Data are incomplete: 20% of matches have unreported refusal reason
- 40% might have accepted the match, but could not because other matches in the exchange fell through

Match Offer Refusal Reasons

- Data are incomplete: 20% of matches have unreported refusal reason
- 40% might have accepted the match, but could not because other matches in the exchange fell through
- Of the remaining (40%) of refused matches:
 - 33% refused due to positive crossmatch or unacceptable antigens
 - 7% due to “candidate involved in a pending exchange”
 - 60% due to a variety of other reasons, including
 - Donor unacceptable due to age, weight, med. history
 - Donor refused candidate
 - Candidate ill or could not be contacted
 - Candidate already received a transplant

Early Post-Transplant Outcomes

- Shipped kidneys (16 of the 19)
 - Most (69%) had cold ischemic times between 7 and 11 hours; one was 12.8 hours
 - None experienced delayed graft function
- Same center transplants (3 of the 19)
 - Cold times were 90 minutes or less (1 not reported)
 - None experienced delayed graft function (1 not reported)

What's new?

- May 2011 began entering NDD's – closed chains
- Centers now join individually – instead of through a coordinating centers
- Match runs frequency increased 1x/week versus 1x/month
- Donor pre-select tool developed
- Policy proposals – KPD policy and Bridge donors
- Transplant Pro – Everything KPD in one place

Committee Leadership and Support

- **John J. Friedewald, MD**
Committee Chair
- **Richard N. Formica, Jr, MD**
Committee Vice Chair
- **Ciara J. Samana, MSPH**
UNOS Committee Liaison
ciara.samana@unos.org
804-782-4073