KAS Early Trending Update

June 2015
Key Goals of KAS

- Make better use of available kidneys
- Increase transplant opportunities for difficult-to-match patients (increased equity)
- Increase fairness by awarding waiting time points based on dialysis start date
- Have minimal impact on most candidates
KAS Monitoring Reports

Kidney Allocation System

The new kidney allocation system (KAS) began in December 2014. Here are professional resources to help inform you about the changes, and materials for you to share with your patients.

FEATURED REPORTS

- KAS Monitoring Report - April 2015 (PDF - 748 KB)
- KAS Monitoring Report - March 2015 (PDF - 2.5 MB)
- KAS Monitoring Report - February 2015 (PDF - 422 KB)
- KAS "Out of the Gate" Monitoring Report - January 2015 (PDF - 392 KB)

FEATURED VIDEOS

- Introduction to the New Kidney Allocation System
- The New Kidney Allocation System: Implementation

Every 10 minutes, someone is added to the national transplant waiting list.

On average, 22 people die each day while waiting for a transplant.
A more comprehensive, 6-month analysis to be performed for the committee in August.
Pre-KAS preparation highly successful; room for growth in A2/A2B eligibility.
Plateau in kidney waiting list. Slightly fewer than expected kidney registrations in last three months.
# kidney transplants per month remains at pre-KAS level. Changes in % by OPTN region not statistically significant.
Three salient and statistically significant changes thus far: longevity matching; increased sharing; high CPRA.
More transplants to African Americans, younger patients, and fewer zero-mismatches. Possibly slight drop for peds; more data needed.
Figure 4c: Pre vs. Post KAS Deceased Donor Kidney Transplant Recipient Characteristics
Jan 1, 2014 through Apr 30, 2015

Sharp jump in A2/A2B → B transplants, though counts are still small.
Kidney discard rate somewhat higher post-KAS (18.5% vs. 20.4%), a 2.3% drop in the utilization rate. However, more kidneys being recovered.
Discard rate increase is largest for high KDPI kidneys; further investigation underway.
Slight increase in recovered kidneys has negated increase in discard rates, leading to virtually no change in rate of transplants.
Member Concerns

Logistical Inconsistencies for Shipping Kidneys

• Shipping blood for crossmatch in advance of kidney
• Performing virtual vs. physical crossmatch prior to kidney being shipped
• CIT increase due to logistical issues

Organ Allocation Order

• Inconsistencies of when local backup is granted when intended recipient cannot be transplanted
• Multi-organ combinations

Anecdotal Reports of Negative Impact on Transplant Centers
Kidney Transplantation Committee Efforts

- Working with OPO Committee on developing guidance/new policies as necessary to work on issues
- Updating KAS FAQ
- KAS Implementation Subcommittee monitoring data
- UNOS Research publishing monthly “out of the gate” reports
KAS Early Trend Conclusions

- Overall – KAS is meeting key goals
- Increasing the number of transplants among sensitized patients
- Increasing access for African Americans
- Fewer longevity mismatches
- Increase in sharing organs outside of DSA of recovery
- Slight increase in # of transplants, but increase in discard rates must be further investigated. Impact on other populations must be monitored.
Transplant Rates

\[
\# \text{ transplanted kidneys} = (\# \text{ recovered kidneys}) \times (1 - \text{discard rate}) = (\# \text{ recovered kidneys}) \times (\text{utilization rate})
\]

- Relatively flat (0.4% ↑)
- Modest increase (2.8% ↑)
- Modest decrease (2.3% ↓)

Despite an early increase in the discard rate, the number of deceased donor kidney transplants has remained relatively flat due to more kidneys being recovered post-KAS.
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