OPTN

POLICY NOTICE

Improving Allocation of En Bloc Kidneys

Policies Affected:	***Policies 2.11.A: Required Information for Deceased Kidney Donors; 5.3: Additional Acceptance and Screening Criteria; 8.6; Double Kidney Allocation***
Public Comment:	**July 31, 2017 - October 2, 2017**
Board Approved:	**December 4-5, 2017**
Board Amended:	**June 10, 2019**
Sponsoring Committee:	**Kidney Transplantation**
Effective:	**Pending implementation and notice to OPTN members**

Note: The OPTN Board of Directors approved a technical correction at its Board of Directors' Meeting in June 2019. This correction is noted by a corresponding footnote. For more information regarding this technical correction, please contact member.questions@unos.org.

Problem Statement

Programs may be reluctant to transplant single kidneys from small pediatric donors due to technical challenges, which may result in inferior outcomes. To mitigate the complications associated with transplanting kidneys from small pediatric donors singly, both kidneys can be transplanted together (en bloc) into a single recipient.

However, there are challenges to allocating en bloc kidneys:

- No policy dictates how to allocate en bloc kidneys
- The Kidney Donor Profile Index (KDPI) programmed into DonorNet® does not consider how kidneys will be used (en bloc or single) or acknowledge the improved function of en bloc kidneys, which could screen medically suitable candidates off the match run

Summary of Changes

En bloc kidneys procured from deceased donors who weigh less than 18 kg will be allocated based on deceased donor KDPI of less than or equal to 20%. Since DonorNet overestimates the KDPI score for en bloc kidneys, the system will now mask the KDPI value on the match offer, which will prevent candidates from being screened off the match run for high KDPI kidneys.

What Members Need to Do

This policy change impacts transplant hospitals and OPOs.

Transplant Hospitals:

Kidney transplant programs must indicate in UNet℠ which patients would consider accepting en bloc kidneys. This change will allow programs to use listing defaults and Waitlist℠ utilities to manage acceptance of en bloc kidneys at the candidate or center level. This option should reduce administrative burden and more effectively ensure that only those candidates and programs willing to consider accepting a dual kidney offer appear on the match run.

Accepting transplant programs must follow current practice when splitting en bloc kidneys and releasing the remaining kidney per *Policy 5.9: Released Organs*. If the surgeon at the receiving program determines that the en

bloc kidneys can be split and transplanted into two recipients, that program must document why they did not transplant the kidneys as en bloc.

OPOs:

Since the volume of en bloc kidney cases is low, OPO operations will be minimally impacted. This change will increase how efficiently en bloc kidney transplants are allocated, since the match run will only show those candidates willing to accept these kidneys.

Affected Policy Language:

Proposed new language is underlined (example) and language that is proposed for removal is struck through (~~example~~).

2.11.A Required Information for Deceased Kidney Donors

The host OPO must provide *all* the following additional information for all deceased donor kidney offers:

1. Date of admission for the current hospitalization
2. Donor name
3. Donor ID
4. Ethnicity
5. Relevant past medical or social history
6. Current history of abdominal injuries and operations
7. Current history of average blood pressure, hypotensive episodes, average urine output, and oliguria
8. Current medication and transfusion history
9. Anatomical description, including number of blood vessels, ureters, and approximate length of each
10. Human leukocyte antigen (HLA) information as follows: A, B, Bw4, Bw6, C, DR, DR51, DR52, DR53, DQA1, DQB1, and DPB1 antigens prior to organ offers
11. Indications of sepsis
12. Injuries to or abnormalities of blood vessels, ureters, or kidney
13. Assurance that final blood and urine cultures are pending
14. Final urinalysis
15. Final blood urea nitrogen (BUN) and creatinine
16. Recovery blood pressure and urine output information
17. Recovery medications
18. Type of recovery procedure, flush solution and method, and flush storage solution
19. Warm ischemia time and organ flush characteristics
20. Weight

5.3.G Dual and En Bloc Kidney Acceptance Criteria

In order for a kidney candidate to receive offers of both kidneys from a single deceased donor, a transplant hospital must specify to the OPTN Contractor that the candidate is willing to accept these kidneys.

8.6 ~~Double Kidney~~ Allocation of Both Kidneys from a Single Deceased Donor to a Single Candidate

~~An OPO must offer kidneys individually through one of the allocation sequences in *Policy 8.5: Kidney Allocation Classifications and Rankings* before offering both kidneys to a single candidate unless the OPO reports to the OPTN Contractor prior to allocation that the deceased donor meets *at least two* of the following criteria:~~

- ~~Age is greater than 60 years~~
- ~~Estimated creatinine clearance is less than 65 mL/min based upon serum creatinine at admission~~
- ~~Rising serum creatinine (greater than 2.5 mg/dL) at time of organ recovery~~
- ~~History of longstanding hypertension or diabetes mellitus~~
- ~~Glomerulosclerosis greater than 15% and less than 50%~~

~~The kidneys will be allocated according to sequence of the deceased donor's KDPI.~~

8.6.B Allocation of En Bloc Kidneys

If a host OPO procures both kidneys from a single deceased donor less than 18 kg, the host OPO must offer both kidneys en bloc according to *Policy 8.5.H: Allocation of Kidneys from Deceased Donors with KDPI Scores less than or equal to 20%.*

8.6.C Transplanting Kidneys Individually after Allocation of Both Kidneys from a Single Deceased Donor to a Single Candidate

If the transplanting surgeon determines, based on medical judgment, that kidneys procured together from a single donor should instead be transplanted individually, then the receiving transplant program must do *one* of the following:

- Transplant one of the kidneys into the originally designated recipient and document the reason for not transplanting the kidneys together. The receiving transplant program will decide which of the two kidneys to transplant into the originally designated recipient, and release the other kidney according to *Policy 5.9: Released Organs*.
- Release both kidneys to be allocated according to the KDPI score of the deceased donor, pursuant to Policy 5.9: Released Organs. Kidneys originally allocated en bloc and then split can no longer be allocated as en bloc.[1]

#

[1] On June 10, 2019, the OPTN Board of Directors approved a clarification to Policy 8.6.C to specify how kidneys allocated en bloc should be reallocated if the receiving transplant program chooses to release both kidneys. Prior to the clarification, the policy read "Release both kidneys according to Policy 5.9: Released Organs." For more information regarding this technical correction, please contact member.questions@unos.org.