

**OPTN Board Policy Group
Living Donor Committee, Kidney Transplantation Committee, and Minority Affairs Committee
Meeting Summary
May 25, 2022
Conference Call**

Amishi Desai, Board Policy Group Leader

Introduction

The OPTN Board Policy Group met via WebEx teleconference on 05/25/2022 to discuss the following agenda items:

1. Modify Living Donor Exclusion Criteria
2. Establish Minimum Kidney Donor Criteria to Require Biopsy
3. Standardize Kidney Biopsy Reporting and Data Collection
4. Establish OPTN Requirement for Race-Neutral eGFR Calculations

The following is a summary of the Group's discussions.

1. Modify Living Donor Exclusion Criteria

The Living Donor Committee aims to ensure relevancy of living donor exclusion criteria and propose modifications supported by current research while maintaining safety for living organ donors.

Summary of discussion:

The Vice Chair clarified for a member that someone who has treated malignancy and is not considered a risk for transmission would not be a part of exclusion criteria. A member voiced concern regarding the change in the diagnosis of diabetes that allows programs to make their own choices, stating this is an attempt to increase transplants but may not be medically appropriate. The Vice Chair responded it was unlikely there would be drastic expansion into these types of donors, but certain centers suggested this would be sound for individuals who are type 2 diabetics and are completely controlled. This responsibility would be placed on the center to make that determination and set the bar higher for this type of donor. Another member stated this is an important discussion to have as cardiologists role out SGLT2 Inhibitors.

6 Approve | 0 Decline | 7 Undecided
10 Discussion | 1 Consent | 0 Abstain

2. Establish Minimum Kidney Donor Criteria to Require Biopsy

The Kidney Transplantation Committee aims to standardize biopsy practice by establishing clear deceased kidney donor criteria where an OPO must perform a procurement kidney biopsy.

Summary of discussion:

A member stated that this proposal would require every donor to have a hemoglobin A1C number and that this could potentially discourage people from checking if it would lead to a required biopsy. UNOS staff stated this would not be required in the current policy. A member voiced concern about the

wording of ‘make a reasonable effort to biopsy.’ The Vice Chair stated that OPOs would need to document why a biopsy wasn’t conducted and have that available upon request. The Vice Chair explained the change of language is due to the access to pathologists and appropriate readings. The Vice Chair also explained that there are 45% of biopsies performed that did not meet minimum criteria, so there is a need for standardization.

A member noted the challenge is the quality of the read and the variability in the pathologists conducting the reads. The member explained because of this it will require more biopsies and kidneys and some may be unnecessarily discarded due to the quality of these reads. The Vice Chair responded the scope of the policy focuses on minimum standardized criteria, but next steps could focus on addressing those concerns. Members asked for data of discard rates after increased biopsies. The Vice Chair stated that biopsies that are performed for higher KDPI do not result in increased discard. A member stated as we do more biopsies uniformly, we may use this biopsy information better; standardizing the process will be important to not increase the discard rate.

6 Approve | 1 Decline | 6 Undecided
9 Discussion | 4 Consent | 0 Abstain

3. Standardize Kidney Biopsy Reporting and Data Collection

The Kidney Transplantation Committee aims to standardize reporting by establishing required information on procurement kidney biopsy.

Summary of discussion:

There was no further discussion on the proposal.

13 Approve | 0 Decline | 0 Undecided
3 Discussion | 10 Consent | 0 Abstain

4. Establish OPTN Requirement for Race-Neutral eGFR Calculations

The Minority Affairs and Kidney Transplantation Committees aim to prohibit the use of eGFR calculations that include a race-based variable in OPTN policy and increase equity in access to transplantation for Black kidney candidates by more accurately estimating their GFR values.

Summary of discussion:

A member voiced concern for Black recipients who had had already received an organ transplant. The Chair responded that wait time modification is still being discussed and a proposal will hopefully be coming soon.

13 Approve | 0 Decline | 0 Undecided
2 Discussion | 12 Consent | 0 Abstain

Group Members:
Amishi Desai
Andrea Tietjen
Brad Kornfeld

Celeste Williams
Earnest David
Edward Hollinger
Irene Kim
Jerry McCauley
Joseph Ferreira
Jonathan Fridell
Keith Wille
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Merry Smith
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