

OPTN Kidney Transplantation Committee

Meeting Summary

February 13, 2023

Teleconference

Martha Pavlakis, MD, Chair

Jim Kim, MD, Vice Chair

Introduction

The Kidney Transplantation Committee (the Committee) met via teleconference on 2/13/2023 to discuss the following agenda items:

1. Welcome and Announcements
2. Public Comment Presentation: Optimizing Usage of Offer Filters
3. Modeling Scenario Discussion: Outcomes Goals

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

1. Welcome and Announcements

Staff and Committee Leadership welcomed the Committee members.

Summary of discussion:

There were no questions or comments.

2. Public Comment Presentation: Optimizing Usage of Offer Filters

OPTN Operations and Safety Committee staff presented the *Optimizing Usage of Offer Filters* proposal currently out for public comment.

Presentation summary:

OPTN Operations and Safety Committee staff presented the *Optimizing Usage of Offer Filters* proposal to the Committee and requested feedback.

Summary of discussion:

The Committee supports the proposal in general. Committee members commented the proposed three-month re-evaluation period is too short and suggested six months as an alternative. Members also commented they strongly encourage the sponsoring Committee to carefully consider education and messaging on the purpose and functionality of offer filters, especially for the patient community.

Next Steps:

The Committee's comments will be summarized and submitted as a public comment.

3. Modeling Scenario Discussion: Outcomes Goals

The Committee reviewed and confirmed outcomes goals for each attribute. The Committee also discussed the blood type attribute rating scale.

Presentation summary:

The Committee reviewed a summary of outcomes goals previously discussed by the Committee for each attribute to inform the mathematical optimization of policy scenarios. Additionally, goals for some attributes were developed to mimic prioritization found in current policy (ex. high priority for prior living donors and pediatric candidates). Those outcomes goals include:

- Overall goal: Racial, gender, and geographic disparity no worse than current policy
- Attribute specific goals:
 - Medical Urgency Definition: Maintain high priority similar to current policy
 - DR locus Matching: Maintain similar priority to current policy, Minimize graft failure
 - Estimated Post-Transplant Survival score (EPTS)/Kidney Donor Profile Index (KDPI): Match low KDPI kidneys to low EPTS candidates, Maintain transplant rates for EPTS 0-20, Stabilize access for EPTS 21+
 - Blood Type: No decrease in access, especially for O and B blood type candidates
 - Calculated Panel Reactive Antibody (CPRA): Equal access across CPRAs, Maximize access for highest sensitized
 - Prior Living Donors: Maintain high priority, similar to pediatric access
 - Pediatrics: Maintain high priority, similar to PLD access
 - Safety Net: Maintain similar priority to current policy
 - Qualifying Time: Maximize median qualifying time at transplant
 - Proximity Efficiency: Minimize distance traveled, especially for high KDPI kidneys, with a relaxed constraint for pediatric and highly sensitized candidates

The Committee confirmed the outcomes goals as outlined.

The Committee then reviewed the rating scale for the blood type attribute, which maintains current screening policy and assigns blood type points based on calculated level of access, utilizing the same curve as CPRA. An example of these points can be seen in **Figure 1** below:

Figure 1: Blood Type Attribute Rating Scale Points

ABO	N. Incompatible Donors	Prob. of Compatible	Prob of Incompatible	On CPRA Scale
O	5661	0.47	0.53	0.00111
A	10096	0.85	0.15	0.00005
B	7051	0.59	0.41	0.00446
AB	11925	1.0	0.00	0

Through working with the policy analyzer dashboard, staff identified the points used in the blood type rating scale could potentially decrease access for blood type B candidates. The dashboard shows that increasing the weight on the blood type attribute does not affect this access much as the points used in the rating scale are small. An option to address this would be to increase or “scale up” the blood type points within the rating scale and not put blood type on the same curve as CPRA. This would have the effect of increasing access for blood type B candidates by increasing the weight on the attribute. Staff asked the Committee if they agree with scaling up the points used in the blood type rating scale to address blood type disparity.

The Vice Chair agreed access for blood type B candidates should not decrease as that population is already disadvantaged and was in favor of scaling up the points within the rating scale to see if that has

the desired effect. Members agreed and commented once the scaled up points are modeled, they can determine what effect that has on other aspects of the framework.

Next Steps:

Staff are working with Massachusetts Institute of Technology (MIT) to further tweak policy scenarios and will come back to the Committee with recommended weight scenarios for modeling. These scenarios will be reviewed by the Committee in a future meeting. Research staff and MIT are also working on a different points solution within the blood type rating scale and the dashboard will be updated accordingly.

Upcoming Meetings

- February 27, 2023 – Conference call

Attendance

- **Committee Members**
 - Jim Kim
 - Jesse Cox
 - Pete Lalli
 - Sanjeev Akkina
 - Oscar Serrano
 - Chandrasekar Santhanakrishnan
 - Elliot Grodstein
 - Marilee Clites
 - Caroline Jadlowiec
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Bryn Thompson
 - Grace Lyden
 - Jonathan Miller
 - Peter Stock
- **UNOS Staff**
 - Lindsay Larkin
 - Kayla Temple
 - Keighly Bradbrook
 - Kieran McMahon
 - Thomas Dolan
 - Kim Uccellini
 - Joann White
 - James Alcorn
 - Lauren Motley
 - Ruthanne Leishman
 - Isaac Hager
- **Other**
 - Rachel Engen
 - Caitlin Peterson