

## **OPTN Kidney Transplantation Committee**

### **Meeting Summary**

**December 16, 2024**

**Conference Call**

**Jim Kim, MD, Chair**

**Arpita Basu, MD, Vice Chair**

### **Introduction**

The OPTN Kidney Transplantation Committee (the Committee) met via WebEx teleconference on 12/16/2024 to discuss the following agenda items:

1. Welcome & Announcements
2. Data Report: Final “Hard to Place” Donor Volume and Non-Use Data
3. Discussion: Finalize “Hard to Place” Definition
4. Open Forum

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

#### **1. Welcome & Announcements**

The Chair welcomed the Committee. The goal of the meeting is to finalize the definition of “hard to place” kidneys and share it with the Kidney Expedited Placement Workgroup, who will consider how the definition could operate as initiation criteria for a kidney expedited placement pathway. In 2025, the Committee will revisit efficiency modifications that could be included in the kidney composite allocation score and work on optimizing the kidney continuous distribution allocation policies with the new simulation modeling metrics developed by the Scientific Registry of Transplant Recipients (SRTR).

Summary of discussion:

No decisions were made.

There were no questions or discussion.

#### **2. Data Report: Final “Hard to Place” Donor Volume and Non-Use Data**

The Committee reviewed OPTN data estimating how many kidney donors would be considered “hard to place” based on the Committee’s proposed definition.

Data summary:

The data reviewed by the Committee assessed the following metrics for all U.S. deceased donors with a kidney recovered for transplant in 2023:

- Number and proportion of donors meeting 1, 2, 3, 4, or 5 of the following criteria:
  - Donor history of hypertension > 5 years
  - Donor history of diabetes > 5 years
  - Donor age ≥ 60 years
  - Donation after circulatory death (DCD)
  - Biopsy with glomerulosclerosis > 10%

- Note: The Committee identified “donor use of chronic renal replacement therapy (CRRT)” as a criterion in the proposed “hard to place” definition but OPTN data on donor use of CRRT is pending implementation<sup>1</sup>
- Kidney non-use rates for donors meeting 1, 2, 3, 4, or 5 of the above criteria
- Number and proportion of donors with > 6 hours of cold ischemic time (CIT) without placement of at least one kidney
- Number and proportion of donors where one or both kidneys are placed at offer number > 100

Donor characteristics: 26.8% of U.S. deceased kidney donors recovered in 2023 had 2 or more of the following 5 clinical characteristics described above. The kidney non-use rate increased as the number of characteristics increased. The non-use rate for donors with 2 of 5 characteristics was 53.3%, higher than the overall kidney non-use rate of 27.9%.

Six hours of CIT without placement: 39.6% of deceased kidney donors recovered in 2023 had > 6 hours of CIT prior to placement of at least one kidney.

Offer number of final acceptor > 100: 39.5% of deceased kidney donors recovered in 2023 had a kidney transplanted from offer number > 100 or had both kidneys non-used.

### 3. Discussion: Finalize “Hard to Place” Definition

The Committee discussed the data report and finalized the definition of “hard to place” kidneys.

#### Summary of discussion:

Decision #1: The Committee finalized the following definition of “hard to place” kidneys:

- Six hours of cold ischemic time accrued without placement
- Sequence number > 100
- At least three of the following clinical characteristics:
  - Donor history of hypertension > 5 years
  - Donor history of diabetes > 5 years
  - Donor age ≥ 60 years
  - Donation after circulatory death (DCD)
  - Biopsy with glomerulosclerosis > 10%
  - Donor use of chronic renal replacement therapy

The Chair highlighted that the goal is to focus on the kidneys that were not used and consider how many of them might have been transplanted via a different allocation pathway. The Chair noted that no specific combination of clinical donor characteristics seem to be a driver of non-use, and that the characteristics identified by the Committee in combination offer a data-driven definition that can be shared with the community for feedback.

The Committee observed that many donors whose kidneys were not used were DCD donors but did not meet any of the other criteria, but noted that defining a kidney as “hard to place” solely because the donor is DCD does not seem appropriate, particularly since utilization of DCD organs is changing with the adoption of normothermic regional perfusion (NRP). The Committee considered whether the definition should require DCD to be one of the characteristics or if the donor should meet a specified number of

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<sup>1</sup> “Deceased Donor Support Therapy Data Collection,” OPTN, Policy Notice, available [https://optn.transplant.hrsa.gov/media/lpgbo2mr/policy-notice\\_osc\\_donor-support-therapy\\_data-collection.pdf](https://optn.transplant.hrsa.gov/media/lpgbo2mr/policy-notice_osc_donor-support-therapy_data-collection.pdf).

the characteristics, which could include criteria other than DCD. The Committee debated whether a donor should be required to meet two or three of the clinical criteria to be considered “hard to place” based on the non-use rates for those donors (53.3% and 70.9% respectively). A representative from SRTR observed that some of the kidneys that were placed in the cohort may have been placed out of sequence, so the Committee may want to consider selecting a lower threshold for “hard to place” to capture some of those kidneys that were transplanted.

The Committee took a brief poll. Five members supported requiring a donor to meet three of the characteristics, and four members supported requiring a donor to meet two of the characteristics for their kidneys to be considered “hard to place.”

Next steps:

The OPTN Kidney Expedited Placement Workgroup will consider how the definition of “hard to place” kidneys could operate as initiation criteria for a kidney expedited placement pathway. The Committee will continue developing the kidney continuous distribution policy.

**Upcoming Meetings**

- January 27, 2025
- February 10, 2025

## Attendance

- **Committee Members**
  - Jim Kim, Chair
  - Arpita Basu, Vice Chair
  - Kristen Adams
  - Prince Anand
  - Leigh Ann Burgess
  - Patrick Gee
  - John Lunz
  - Marc Melcher
  - Jason Rolls
  - Eloise Salmon
  - Chandrasekar Santhanakrishnan
  - Curtis Warfield
- **SRTR Staff**
  - Katie Audette
  - Grace Lyden
  - Jon Miller
- **UNOS Staff**
  - Sarah Booker
  - Thomas Dolan
  - Cass McCharen
  - Lauren Motley
  - Jamie Panko
  - Kaitlin Swanner
  - Kayla Temple
  - Ross Walton
  - Ben Wolford
  - Joann White