

**OPTN Histocompatibility Committee  
Meeting Summary  
December 10, 2024  
Webex Meeting**

**Gerald Morris, MD, Chair  
Kelley Hitchman, PhD, MS, Vice Chair**

## **Introduction**

The Histocompatibility Committee (“Committee”) met via WebEx teleconference on 12/10/2024 to discuss the following agenda items:

- 1. Updates/Board Recap**
- 2. Changed Calculated Panel Reactive Antibody (CPRA) 18-Month Monitoring Report**

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

### **1. Updates/Board Recap**

**No decisions were made.**

#### Summary of Presentation:

The Chair mentioned that both Histocompatibility Committee proposals – Update Membership Requirements and Require Reporting of HLA Critical Discrepancies and Crossmatching Events to the OPTN passed at the Board meeting.

The Chair mentioned the upcoming ABO testing referral and reminded the members to look at the CMS guidance for upcoming meeting discussions.

### **2. CPRA 18-Month Monitoring Report**

**No decisions were made.**

#### Summary of Presentation:

Research staff presented the CPRA 18-month monitoring report. Research stated that the calculation change allowed for candidates with allele-level unacceptable antigens or antigens HLA-DQA1, HLA-DPA1, HLA-DPB1 to contribute to a candidates’ CPRA. The monitoring report looked at the most recent CPRA and unacceptable antigen assignment before and after the calculation change. It also looked at the ever-waiting cohort, or any registration ever on the waiting list for kidney, kidney-pancreas, and pancreas.

Results revealed that the majority of registrations on the list before and after the calculator change saw a slight change in CPRA. The largest change was seen in native Hawaiian and other Pacific Islander ethnicity group.

The large majority – 71.05% - of kidney registrations with unacceptable antigens saw no change in allocation category. Of those who did see a change, the majority saw an increase in CPRA. Registrations in the Black race/ethnicity category saw the largest change in terms of allocation category for kidney

registrations at the time of the new calculation implementation (15.56%). The new CPRA calculation performed better in estimating a registration's true proportion of incompatible donors, as compared to the pre-implementation calculator.

There was little to no difference in the percentage of ever-waiting registrations in the eighteen months after policy implementation reporting unacceptable antigens without frequencies in the pre-implementation CPRA as compared to the 18-months pre-policy. Kidney-pancreas registrations listed allele-level unacceptable antigens slightly less in the post-policy era and there were little to no changes seen for K-P registrations.

Summary of Discussion:

Research stated more information could be found looking at a broader data set over time and reiterated that the most-recent changes were used for this monitoring report.

**Upcoming Meeting**

- Jan 14, 2025

## Attendance

- **Committee Members**
  - Kelley Hitchman
  - Qingyong Xu
  - Michael Gautreaux
  - Helene McMurray
  - Bobbie Rhodes-Clark
  - Hemant Parekh
  - Dave Pinelli
  - Gerald Morris
  - Crystal Usenko
  - Darryl Nethercot
  - Andres Jaramillo
  - Michael Hurtik
  - John Lunz
  - Julie Houp
- **HRSA Representatives**
- **SRTR Staff**
  - Rajalingam Raja
  - Katie Audette
- **UNOS Staff**
  - Jamie Panko
  - Betsy Gans
  - Joann White
  - Thomas Dolan