

**OPTN Kidney and Pancreas Transplantation Committees
Utilization Considerations of Kidney and Pancreas Continuous Distribution Workgroup
Meeting Summary
April 10, 2023
Conference Call**

Valerie Chipman, RN, BSN, Chair

Introduction

The OPTN Utilization Considerations of Kidney and Pancreas Continuous Distribution Workgroup (The Workgroup) met via Citrix GoTo teleconference on 4/10/2023 to discuss the following agenda items:

1. Welcome
2. Dual Kidney: Carry Over Refusals

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

1. Welcome

Staff welcomed all attendees, and noted that there were only two Workgroup members present. The Workgroup members agreed to proceed with the meeting, noting that these discussions and decisions will be revisited with a larger group at the next meeting.

2. Dual Kidney: Carry Over Refusals

Staff provided a recap the concept of carry over refusals and how they could work for dual kidney match runs as part of the transition to a continuous distribution framework. The Workgroup then reviewed and discussed specific carry over refusal codes that would be appropriate for a dual kidney match run.

Presentation summary:

Previously, the Workgroup discussed carrying over refusals as part of the solution for both released organ and dual kidney. In these cases, specific refusal codes would be "carried over" to the new match run (released organ or dual kidney). Meaning, candidates who have refused for specific, appropriate reasons would be screened from the released organs or dual kidney match run. The OPO would need to select which match run to carry refusals over from, in case multiple kidney matches are run. For this meeting, the Workgroup will focus on carrying over refusals for dual kidney match runs.

Previously, the Workgroup recommended that programs should be able to indicate whether they would accept an offer as dual for each candidate. Additionally, the Workgroup supported the following framework for dual kidney allocation:

1. In order to offer kidneys as dual, the host OPO would need to run a new, dual-specific match run
2. Specific criteria dictates *when* an OPO *may* begin allocating the kidneys as dual kidneys

The dual-kidney match run includes several efficiency considerations:

- Match run includes only candidates opted in to receive dual kidney offers
- Offer filters model takes dual kidney into account, and programs can build dual kidney specific filters
- Other screening tools, such as acceptance criteria and the kidney minimum acceptance criteria (KIMAC) tool, will also apply to the dual kidney match run
- Specific refusals will be carried over from the original match run to the dual kidney match run

Just like Released Organs, specific refusal codes would be “carried over” to the dual kidney match run

- Candidates whose transplant programs have refused the single kidney offer per a qualifying refusal reason would be screened from the dual kidney match run
- The organ procurement organization (OPO) would need to select which match run to carry refusals over from, in case multiple kidney matches are run
- OPOs would not be able to carry over refusals from system-locked matches, such as matches run before positive HCV or HBV results

Because a dual kidney offer is very different from a single kidney offer, most refusal reasons may not be appropriate to carry over to a dual kidney match run. Programs may be more willing to accept a dual kidney offer than a single kidney offer from medically complex donors. However, since the offer is still from the same donor, there may be certain refusal codes that are appropriate to carry over.

Summary of discussion:

The Workgroup reviewed and discussed specific refusal codes that would be appropriate to carry over to the dual kidney match run.

Organ Specific Refusal Codes

A member noted that it may not make sense to carry over organ anatomical damage or defect, as the dual kidney transplant could mitigate the damage to the other organ. The member recommended this be discussed again with the larger group.

The member recommended that cold ischemic time (code 712) be carried over, explaining that dual kidney transplant is intended to increase nephron mass, and that cold ischemic time will affect the nephron mass of both kidneys equally.

One member pointed out that some test results, such as hemoglobin A1c, may not be available at the time of first match run but may become available at time of dual kidney match run. As such, it is worth reviewing whether “organ specific test results not available” (code 716) should be carried over. The member noted that this is likely unusual.

Donor Specific Refusal Codes

One member noted that refusals for “Donation after Circulatory Death (DCD) donor neurological function” (code 753) would be unlikely for kidneys, and agreed that those refusals should not be carried over to a dual kidney match run.

Logistics Refusal Codes

Staff asked about refusals for resource time constraint (code 760). A member remarked that this is usually due to procurement issues, and there may be some circumstances where the program doesn’t have room, but typically it relates to the donor side of logistics. The member recommended not carrying over refusals for resource time constraint.

A member recommended not carrying over refusals for “transplant team or transplant facility availability” (code 763), noting that this may have changed in the time between original refusal and dual kidney offer. The member remarked that refusals for “transportation availability” (code 764) should not be carried over for similar reasons. Another member agreed.

Other Refusal Codes

Staff asked about refusals for “disaster emergency management consideration” (code 790). One member remarked that this may have resolved in the time since initial refusal and dual kidney offer. The member remarked that there are different levels to disaster severity, but given that the code does not differentiate, the refusals should not be carried over.

One member remarked that refusals for “other, specify” (code 798) may indicate a more complicated story. The member explained that currently, some programs use this code indiscriminately, and so maybe those refusals should not be carried over. The member went on to note that potentially, these refusals should be carried over, to discourage inappropriate use of the decline code. The member expressed ambivalence about whether refusals due to 798 are carried over. Staff offered that the Workgroup may choose to flag this and return when clinical members are in attendance. A clinical representative from the Scientific Registry for Transplant Recipients (SRTR) remarked that this code is typically used when there isn’t a decline code that appropriately represents the reason for the decline. The SRTR representative continued that there may be a good reason for refusal, and that typically it’s multiple considerations at once resulting in a decline. The Workgroup agreed to flag this refusal code for further consideration.

Next Steps:

The carry over refusals worksheet will be sent back out to Workgroup members for further review and comment. The Workgroup will continue to work through carry over refusals on their next meeting. Once finalized, the Workgroup recommendations will be reviewed by the OPTN Kidney Transplantation Committee.

Upcoming Meeting

- April 18, 2023

Attendance

- **Workgroup Members**
 - PJ Geraghty
 - Renee Morgan
- **HRSA Staff**
 - Jim Bowman
- **SRTR Staff**
 - Peter Stock
- **UNOS Staff**
 - Kayla Temple
 - Kieran McMahan
 - Joann White
 - Thomas Dolan
 - Lauren Motley
 - Keighly Bradbrook
 - Lauren Mauk
 - Carol Covington
 - Joel Newman
 - Ben Wolford
 - Carly Layman
 - Kim Uccellini
 - Krissy Laurie
 - Sara Moriarty
 - Sarah Booker