

OPTN Kidney Transplantation Committee

Meeting Summary

February 10, 2025

Conference Call

Jim Kim, MD, Chair

Arpita Basu, MD, Vice Chair

Introduction

The OPTN Kidney Transplantation Committee (the Committee) met via WebEx teleconference on 2/10/2025 to discuss the following agenda items:

1. Welcome & Announcements
2. Request for Feedback: Establish Comprehensive Multi-Organ Allocation Policy
3. Update: Continuous Distribution of Pancreata
4. Standardize Kidney Biopsy Reporting and Data Collection: One-Year Monitoring Report
5. Establish Minimum Kidney Donor Criteria to Require Biopsy: Two-Year Monitoring Report

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

1. Welcome & Announcements

The Chair welcomed the Committee and announced public comment is now open.

Summary of discussion:

No decisions were made.

There were no questions or discussion.

2. Request for Feedback: Establish Comprehensive Multi-Organ Allocation Policy

The Committee reviewed the Ad Hoc Multi Organ Transplantation Committee's *Establish Comprehensive Multi-Organ Allocation Policy Request for Feedback*, currently out for public comment.

Summary of discussion:

No decisions were made.

The Committee supports changes to multi-organ allocation policies that promote access to transplant for kidney-alone candidates, particularly pediatric kidney candidates and highly sensitized kidney candidates, and for multivisceral candidates, who are typically pediatric candidates. The Committee supports a standardized policy to promote access to transplant for these populations. Members expressed concern that under current policy, kidneys are typically allocated to kidney multi-organ candidates prior to being offered to kidney-alone candidates, and that multivisceral candidates do not receive offers very often. Members recommended that the Ad Hoc Multi-Organ Transplantation Committee consider how virtual crossmatching can be employed to support implementation of the policy proposal under development, since organ procurement organizations are often asked to send blood samples for crossmatch for multi-organ candidates. Members commented there is a finite amount

of blood that can be sent for sampling from each donor and the time to transport samples and perform physical crossmatches can potentially delay operating room times and/or run up against donor family timing constraints.

Next Steps:

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

3. Update: Continuous Distribution of Pancreata

The Committee reviewed the Pancreas Transplantation Committee's *Continuous Distribution of Pancreata Update*, currently out for public comment.

Summary of discussion:

No decisions were made.

Committee members recommended exploring access to continuous glucose monitoring (CGM) for different patient populations and demographics to assess if the alternate pathways proposed will provide adequate consideration for medical urgency exceptions for patient populations who do not have access to CGM.

Next Steps:

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

4. Standardize Kidney Biopsy Reporting and Data Collection: One-Year Monitoring Report

The Committee reviewed the one-year monitoring report for the *Standardize Kidney Biopsy Reporting and Data Collection* project.

Presentation summary:

The *Standardize Kidney Biopsy Reporting and Data Collection* policy was implemented on September 14, 2023. All deceased donor kidneys recovered in the United States for the purpose of transplantation between September 13, 2022 and September 13, 2024 were included in this analysis. The report concluded there has been a 5% increase in the percentage of kidneys being biopsied. A majority of biopsied kidneys in the post-policy era utilized a wedge biopsy as the biopsy method, and did not report findings of:

- Interstitial Fibrosis and Tubular Atrophy (IFTA)
- Vascular disease
- Arteriolar hyalinosis
- Cortical necrosis
- Fibrin thrombi
- Nodular mesangial glomerulosclerosis

Summary of discussion:

No decisions were made.

A member commented in their experience, biopsies are read by pathologists without proper qualifications for reading renal biopsies. The member further commented the data in the report are flawed due to the low quality of the biopsy readings and that there should be regionally contracted nephron-pathologists who specialize in reading renal biopsies. Other members agreed and suggested

future analysis could include data on nonuse paired with biopsy results of kidneys by region. A member also suggested reviewing corollary data on the number of glomeruli on needle biopsies as opposed to wedge biopsies. The Chair commented this report is a good starting point for reviewing the impact of the policy.

Next steps:

The Committee will continue to monitor the impacts of the policy change.

5. Establish Minimum Kidney Donor Criteria to Require Biopsy: Two-Year Monitoring Report

The Committee reviewed the two-year monitoring report for the *Establish Minimum Kidney Donor Criteria to Require Biopsy* project.

Presentation summary:

The *Establish Minimum Kidney Donor Criteria to Require Biopsy* policy was implemented on September 6, 2022. All adult deceased kidney donors recovered in the United States between September 5, 2020 and September 5, 2024 were included in this analysis. The report concluded there was a slight increase (1.8%) in percentage of donors with at least one kidney biopsied. There were small shifts in the type/characteristics of donors that have been biopsied. Non-use has increased, although due to shifting landscape of donors being recovered/biopsied, there is not sufficient evidence to suggest biopsy status alone has increased non-use rates.

Summary of discussion:

No decisions were made.

A member suggested including more analysis of similar kidneys by KDPI. The Chair commented the criteria is more standardized now than it was before and results are encouraging. The Chair commented it would be interesting to look at the biopsies for those that didn't meet criteria that were biopsied. A member commented they would caution tying non-use to biopsy too closely as they are not directly related.

Next steps:

The Committee will continue to monitor the impacts of the policy change.

Upcoming Meetings

- March 18, 2025
- April 21, 2025

Attendance

- **Committee Members**
 - Jim Kim, Chair
 - Arpita Basu, Vice Chair
 - Kristen Adams
 - Prince Anand
 - Toni Bowling
 - Leigh Ann Burgess
 - Patrick Gee
 - Tania Houle
 - Christine Hwang
 - John Lunz
 - Marc Melcher
 - Jason Rolls
 - Eloise Salmon
 - Aparna Sharma
 - Curtis Warfield
- **HRSA Staff**
 - Sarah Laskey
- **SRTR Staff**
 - Jon Miller
 - Jodi Smith
 - Peter Stock
 - Bryn Thompson
- **UNOS Staff**
 - Asma Ali
 - Sarah Booker
 - Keighly Bradbrook
 - Thomas Dolan
 - Rebecca Fitz Marino
 - Houlder Hudgins
 - Lindsay Larkin
 - Carly Layman
 - Sarah Roache
 - Kaitlin Swanner
 - Stryker-Ann Vosteen
 - Ross Walton
 - Ben Wolford
- **Other attendees**
 - Oyedolamu Olaitan