



# UNOS Should Oversee KPD

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CUTTING EDGE OF  
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**RESOLVING THE ORGAN SHORTAGE**

 PRACTICE |  POLICY |  POLITICS

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# Conflict of Interest Disclosure

- I have no relevant financial relationships to disclose.
- No use of any off-label products
  - I was the founding chair of the UNOS KPD project, Chair of OPTN Kidney Committee, MPSC Chair and UNOS/OPTN President

# Agenda: Why UNOS/OPTN

- The Law
  - OPTN, HHS
  - Potential Synergism between KPD and Deceased Donor Kidney Transplantation
- Community Oversight
- Inclusivity

# OPTN: The Law

- Living Donation
  - Challenges to all Living Donors
    - Living Donor Safety
      - Zero tolerance
        - » NOT possible
    - Need for long term f/u data
      - Some ‘expanded’ living donors
        - » How to protect LD in the future
        - » Are older donors safer than younger?
        - » Increased risk in younger, AA donors

# OPTN: The Law

- Living Donation
  - Challenges to all Living Donors
    - HHS Secretary via NOTA / Final Rule Regulation authority has mandated that OPTN has responsibility over Living Donor safety and data follow-up
      - Actively overseeing a KPD system helps with understanding when formulating policies

[http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4160ff76635caa494c4654b5c9c4c870&ty=HTML&h=L&mc=true&r=SECTION&n=se42.5.482\\_180](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4160ff76635caa494c4654b5c9c4c870&ty=HTML&h=L&mc=true&r=SECTION&n=se42.5.482_180)

<https://www.federalregister.gov/articles/2006/06/16/E6-9401/response-to-solicitation-on-organ-procurement-and-transplantation-network-optn-living-donor>

# Living Donor Incompatibilities

- Desensitization
- List Exchange (DD-LD)
- KPD
  - DD to KPD to List

# Living Donor Incompatibilities

## – Desensitization

- Better for patients than non-transplant options
  - Negative crossmatch better!
- High morbidity, some mortality, expensive, expensive, expensive
- Exchange for less risky desensitization
- How do you keep CPRA priority in DD and KPD?

# Living Donor Incompatibilities

## – List Exchange (DD-LD)

- Can be complex in regards to ethical and practical complexities of DD list organ availability, payback to list, etc.
- Would need significant monitoring for trust and fairness issues, etc.
- Already voted down in many areas of the country



# Living Donor Incompatibilities

## – KPD

- ABO / HLA incompatibilities
- ‘Biological’ incompatibilities
  - Age, size discrepancies

# Synergy with Deceased Donation

- Living Donation Hybrid with DD
  - In/compatible Donors
    - DD to KPD to DD List
      - Will mandate clear buy-in from entire transplant community, especially DD waiting list candidates and donor families
      - Potential to ignite many chains, especially to highly sensitized candidates

# Community Oversight

- Can We Reach Consensus?

- This is what is done at UNOS/OPTN...

- Committees with volunteer expertise from entire transplant community
      - Kidney, ethics, pediatrics, Living Donor, transplant administrators, MPSC, OPO, DTAC, regional review boards
    - Balanced view of potential interaction with DD list
    - Rotating committee oversight, HRSA oversight
    - Best chance of having government cover any additional expenses
    - For most transplant centers, it is easier to allow someone else to match their incompatible pairs

# Inclusivity

- All programs can join with no additional cost
- Community decides on deadlines with goal of maximum inclusion of centers
- All have potential to be participants on the KPD committee
  - Checks and balances from other committees
- **UNOS / OPTN should stay in KPD**

# A New Thought Process

- Do you have a parent/sibling/child who is healthy, willing to be a living donor, and ABO/crossmatch compatible?
- Do you have a relative/spouse who is healthy, willing to be a living donor, and ABO/crossmatch compatible?
- Do you have anyone who is healthy, willing to be a living donor, and ABO/crossmatch compatible?
- Do you have anyone who is healthy and willing to be a living donor?