The OPTN presents:

The New Kidney Allocation System:
What Referring Physicians Need to Know

Objectives

- Explain the new kidney allocation policy and its goals
- Summarize basic changes in allocation components for deceased donor kidneys
- Describe patient indicators appropriate for transplant evaluation referral
- List resources for additional information including education of patients
Why change kidney allocation?

- Current Limitations
  - High kidney discard rates
  - Variability in access to transplant
  - Unrealized graft years
  - Unnecessarily high re-transplant rates
Predicted outcomes of the change

- Approximately **8,000** additional life years gained annually
- Improved access for:
  - **highly sensitized** candidates
  - **ethnic minority** candidates
- Comparable levels of kidney transplants at regional/national levels

**Major allocation components**

<table>
<thead>
<tr>
<th>Replace SCD/ECD with KDPI</th>
<th>Incorporate A₂/A₂B to B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add longevity matching</td>
<td>Base pediatric priority on KDPI</td>
</tr>
<tr>
<td>Increase priority for sensitized candidates/CPRA sliding scale</td>
<td>Remove payback system</td>
</tr>
<tr>
<td>Include pre-registration dialysis time</td>
<td>Remove variances</td>
</tr>
</tbody>
</table>
### Implementation

<table>
<thead>
<tr>
<th>Phase I</th>
<th>Phase II</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Data updates required</td>
<td>• New allocation rules applied</td>
</tr>
<tr>
<td>• New reports released</td>
<td>• Variances turned off</td>
</tr>
<tr>
<td>• Calculators made available</td>
<td>• Payback system turned off</td>
</tr>
<tr>
<td>Anticipated <strong>mid</strong> 2014</td>
<td>Anticipated <strong>end</strong> 2014</td>
</tr>
</tbody>
</table>

**OPTN**

### Importance of early referral

1. Sensitized candidates receive additional priority
2. Identify issues that may complicate/prevent transplant
3. Waiting time accumulates while issues are addressed
4. Slowly progressive renal diseases could receive pre-emptive transplant
5. Receive 0-ABDR mismatch offers
6. Accrue Waiting Time with GFR $\leq 20$ ml/min

**OPTN**
Revised waiting time calculation

**Current**
Waiting time begins at/after registration with GFR \(\leq 20\) ml/min **OR** On Dialysis

**New**
Waiting time points awarded for dialysis prior to registration (pediatric and adults)
- Recognizes time spent with ESRD as basis for priority

**Reminder**
Waiting time points based on GFR remains the same

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<th>Sequence C</th>
<th>Sequence D</th>
</tr>
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<tbody>
<tr>
<td>Highly Sensitized</td>
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</tr>
<tr>
<td>0-ABDRmm (top)</td>
<td>0-ABDRmm</td>
<td>0-ABDRmm</td>
<td>0-ABDRmm</td>
</tr>
<tr>
<td>20% EPTS</td>
<td>Prior living donor</td>
<td>Local + Regional</td>
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</tr>
<tr>
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<td>National (top 20%)</td>
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<tr>
<td>Local pediatrics</td>
<td>Local adults</td>
<td>National pediatrics</td>
<td>National pediatrics</td>
</tr>
<tr>
<td>Local top 20% EPTS</td>
<td>Regional pediatrics</td>
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0-ABDR Mismatch Priority
Sensitized candidates

- **Current**: CPRA >=80% receive 4 additional points and zero points for moderately sensitized candidates.

- **New**: Points assigned based on a sliding scale starting at CPRA>=20%.

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**Point changes: Sensitization**

A graph showing the CPRA Sliding Scale (Allocation Points) with points assigned based on sensitization levels.

- Current: Points assigned based on sensitization levels.
- New: Points assigned based on a sliding scale starting at CPRA>=20%.
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<tr>
<td>0-ABDRmm (top 20% EPTS) Prior living donor Local pediatrics Local top 20% EPTS 0-ABDRmm (all) Local (all) Regional pediatrics Regional (top 20%) Regional (all) National pediatrics National (top 20%) National (all)</td>
<td>0-ABDRmm Prior living donor Local pediatrics Regional pediatrics Regional adults National pediatric National adults</td>
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<td>0-ABDRmm Local + Regional National</td>
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New categories for highly sensitized candidates

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Associate Professor of Surgery
Rutgers Robert Wood Johnson Medical School
There is no established system to ensure that medically appropriate candidates are referred for transplantation.

Guidance on early referral

- Patients with chronic kidney disease (Stage 3 or higher) or ESRD should be referred for transplant evaluation.
Guidance on early referral

- Pre-emptive transplant and timely, early referral is the goal
  - GFR range = 25-30

- Education about transplant must begin before ESRD to be most effective
  - Stage 3-4 CKD

- Begin discussing the importance of living donors

- Initiate weight loss and smoking cessation counseling as necessary

OPTN
Resources for professionals

- Kidney Allocation Toolkit
  - FAQs
  - Sample messaging for discussing changes with patients
  - Patient brochure
  - Guidance for early referral considerations

Subscribe to RSS feeds and a monthly newsletter
http://transplantpro.org/kidney-allocation-system/

More information

OPTN web site - http://optn.transplant.hrsa.gov
UNOS web site* - http://www.unos.org
Transplant Living* - http://www.transplantliving.org
Transplant Pro* - http://transplantpro.org

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