

## *At-a-Glance*

- **Proposal to Clarify Priority Status for Prior Living Organ Donors Who Later Require a Kidney Transplant**
- **Affected/Proposed Policy:** 3.5.11.6 (Donation Status) and 12.9.3 (Priority on the Waitlist)
- **Kidney Transplantation Committee**

This proposal seeks to clarify the allocation priority assigned to prior living organ donors who later require a kidney transplant. Current policy is unclear as to whether the priority is to be assigned in the event that a prior living donor requires a second or third transplant. This proposal would clarify that the priority is to be assigned with each kidney transplant registration for prior living organ donors.

- **Affected Groups**  
Living Donors  
Transplant Social Workers  
Organ Candidates
- **Number of Potential Candidates Affected**  
This proposal will affect a small number of candidates. Since 1996, there have been 33 prior living organ donors listed for more than one kidney transplant.
- **Compliance with OPTN Key Goals and Final Rule**  
This proposal will promote living donor safety by clarifying that prior living donors who experience kidney failure will receive additional priority with each kidney registration.

## **Proposal to Clarify Priority Status for Prior Living Organ Donors Who Later Require a Kidney Transplant**

**Affected/Proposed Policy:** 3.5.11.6 (Donation Status)

### **Kidney Transplantation Committee**

#### **Summary and Goals of the Proposal:**

This proposal seeks to clarify the allocation priority assigned to prior living organ donors who later require a kidney transplant. Current policy is unclear as to whether the priority is to be assigned in the event that a prior living donor requires a second or third transplant. This proposal would clarify that the priority is to be assigned with each kidney transplant registration for prior living organ donors.

#### **Background and Significance of the Proposal:**

Policies 3.5.11.6 (Donation Status) and 12.9.3 (Priority on the Waitlist) currently assign four points to prior living organ donors who subsequently require a kidney transplant. Additionally, policies 3.5.5.2 (Exception for Prior Living Organ Donors) and 12.9.4 (Exception for Prior Living Organ Donors) prioritize prior living donors at the local level of distribution. These policies were created with the intent to increase awareness of and focus upon the need for organ donation, while acknowledging the personal health risks undertaken by those who serve as actual living organ donors.

In 2006, the Kidney Transplantation Committee reviewed these policies in light of a situation where a prior living organ donor required more than one kidney transplant. During the discussion, many on the Committee expressed that policies were developed to expedite kidney transplant for prior living donors. However, once the transplant has taken place, this goal has been met and the priority should not be re-assigned if the candidate requires another kidney transplant at a later date. At that time, others on the Committee expressed concern for those prior living donors who may receive a transplant and experience primary graft non-function. In these cases, OPTN/UNOS Policy 3.2.4.2 (Waiting Time Reinstatement for Kidney Recipients) allows a patient to be re-listed without losing waiting time; however, it does not specifically address re-assignment of priority for prior living donors or intended candidates of living donors. Committee members agreed that in the case of graft failure within the first 90 days post transplant as defined in Policy 3.2.4.2 (Waiting Time Reinstatement for Kidney Recipients), prior living donors and intended candidates should receive not only their waiting time, but also their priority for being a prior living donor.

In 2006, it was expected that the national kidney allocation system would be substantially revised in the near future and the Committee decided to incorporate these policy clarifications into the revised system. In 2011, however, the major changes to the system had not yet been implemented and a subcommittee of the Living Donor Committee met to discuss whether previous living donors should always receive priority when listed for kidney transplant. The subcommittee was in unanimous agreement that the priority should always be available to prior living organ donors. In February 2012, the Kidney Transplantation Committee again reviewed this issue and unanimously agreed to circulate a proposal for public comment to make the prior living donor priority apply to each registration. By applying this priority to each registration, modification to Policy 3.2.4.2 (Waiting Time Reinstatement for Kidney Recipients) is no longer necessary.

**Supporting Evidence and/or Modeling:**

The Committee reviewed data to determine the impact of providing priority with each registration. Since 1996, the year that the OPTN began collecting this information, 280 prior living organ donors have been listed for a kidney transplant. Of these 280, only 33 were listed for two or more kidney transplants.

**Expected Impact on Living Donors or Living Donation:**

These proposed policy changes will clarify the priority available to prior living organ donors. It is possible that these changes will result in a small increase in living donation, though this is neither the intent nor a goal of this proposal.

**Expected Impact on Specific Patient Populations:**

Under this proposal, prior living organ donors who are later registered for a kidney transplant will receive four points and priority at the local level of distribution with each kidney registration. With this priority, prior living organ donors receive kidney offers ahead of other local candidates who are not prior living organ donors. The only exception is for candidates with zero antigen mismatches.

**Compliance with OPTN Key Goals and the Final Rule:**

This proposal will promote living donor safety by clarifying that prior living donors who progress to kidney failure are to receive additional priority with each kidney registration.

**Plan for Evaluating the Proposal:**

The Committee will evaluate this proposal by annually reviewing the percentage of prior living organ donors who are subsequently registered for a kidney transplant. The Committee will also review the number of prior living organ donors who have previously received a kidney transplant and are registered for a subsequent transplant. Finally, the Committee will review the waiting times for prior living organ donors. Overall, this proposal should result in a decreased waiting time for prior living organ donors who are listed for a second or third kidney transplant. This proposal is not expected have an impact on the number of prior living organ donors who require more than one kidney transplant.

**Additional Data Collection:**

This proposal does not require additional data collection.

**Expected Implementation Plan:**

This proposal will not require programming in UNet<sup>SM</sup>. Transplant center staff responsible for registering prior living organ donors for kidney transplantation will need to be aware of the new policy language if/when it is approved by the Board of Directors.

**Communication and Education Plan:**

Members will be notified of any changes to this policy through the Policy Notice which is released 30 days following an OPTN/UNOS Board of Directors meeting. A link to the Policy Notice is provided in the OPTN Member e-Newsletter.

Communication Activities			
Type of Communication	Audience(s)	Deliver Method(s)	Timeframe
Policy Notice	Members	E-newsletter	30 days after passed by Board

**Compliance Monitoring:**

There are no changes proposed to the way that compliance with this policy will be monitored. The process of submitting the required information through the UNOS Helpdesk will not change.

**Policy or Bylaw Proposal:**

Proposed new language is underlined (example) and language that is proposed for removal is struck through (~~example~~). Priority for prior living organ donors is addressed in two sections of policy in 3.5 (Allocation of Deceased Kidneys) and in 12.0 (Living Donation). This proposal modifies both sections of policy to maintain consistency.

**3.5.11.6 Prior Living Organ Donors**

A candidate will receive 4 points and local priority for kidneys that are not shared for 0 HLA mismatching or for renal/non-renal allocation if all of the following conditions are met:

1. The candidate donated for transplantation within the United States or its territories at least one of the following:
  - Kidney
  - Liver segment
  - Lung segment
  - Partial pancreas
  - Small bowel segment.
2. The candidate’s physician provides all of the following information to the OPTN Contractor:
  - The name of the recipient of the donated organ or organ segment
  - The name of the recipient’s Transplant Program
  - The date of the transplant of the donated organ.

Candidates receive these points and priority for each kidney registration when the above requirements are met.

**12.9.3 Priority on the Waiting List**

A candidate will receive 4 points and local priority for kidneys that are not shared for 0 HLA mismatching or for renal/non-renal allocation if all of the following conditions are met:

1. The candidate donated for transplantation within the United States or its territories at least one of the following:
  - Kidney
  - Liver segment
  - Lung segment
  - Partial pancreas
  - Small bowel segment.
2. The candidate's physician provides all of the following information to the OPTN Contractor:
  - The name of the recipient of the donated organ or organ segment
  - The names of the recipient's Transplant Program
  - The date of the transplant of the donated organ.

Candidates receive these points and priority for each kidney registration when the above requirements are met.

~~**3.5.11.6 Donation Status.** A candidate will be assigned 4 points if he or she has donated for transplantation within the United States his or her vital organ or a segment of a vital organ (i.e., kidney, liver segment, lung segment, partial pancreas, small bowel segment). To be assigned 4 points for donation status under Policy 3.5.11.6, the candidate's physician must provide the name of the recipient of the donated organ or organ segment, the recipient's transplant facility and the date of transplant of the donated organ or organ segment, in addition to all other candidate information required to be submitted under policy. Additionally, at the local level of organ distribution only, candidates assigned 4 points for donation status shall be given first priority for kidneys that are not shared mandatorily for 0 HLA mismatching, or for renal/non-renal organ allocation irrespective of the number of points assigned to the candidate relative to other candidates. When multiple transplant candidates assigned 4 points for donation status are eligible for organ offers under this policy, organs shall be allocated for these candidates according to length of time waiting.~~

~~**12.9.3 Priority on the Waitlist.** A candidate will be assigned 4 points if he or she has donated for transplantation within the United States his or her vital organ or a segment of a vital organ (i.e., kidney, liver segment, lung segment, partial pancreas, small bowel segment). To be assigned 4 points for donation status under Policy 3.5.11.6, the candidate's physician must provide the name of the recipient of the donated organ or organ segment, the recipient's transplant facility and the date of transplant of the donated organ or organ segment, in addition to all other candidate information required to be submitted under policy. Additionally, at the local level of organ distribution only, candidates assigned 4 points for donation status shall be given first priority for kidneys that are not shared mandatorily for 0 HLA mismatching, or for renal/non-renal organ allocation irrespective of the number of points assigned to the candidate relative to other candidates. When multiple transplant candidates assigned 4 points for donation status are eligible for organ offers under this policy, organs shall be allocated for these candidates according to length of time waiting.~~