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700 North 4th Street, Richmond, VA 23219
P.O. Box 2484, Richmond, VA 23218
tel: 804-782-4800
fax: 804-782-4817
www.unos.org

To: Members of the Transplant Community

From: Peter G. Stock, MD, PhD
OPTN/UNOS Kidney Transplantation Committee Chair

Date: November 6, 2007

Re: Kidney Allocation Policy Development

As you may be aware, the OPTN/UNOS Kidney Transplantation Committee undertook a comprehensive review of the current kidney allocation system. From this review, which included a series of public hearings in 2004 and 2005 and a public forum in 2007, the Committee identified a number of limitations of the current kidney allocation system. Among the limitations, a lack of a central goal for kidney allocation, inadequate matching of donors to candidates, and inefficiencies in placement were identified. Since that review, the Committee has been working to develop a new approach to kidney allocation.

As the Committee works to develop a proposal for a new kidney allocation system, we would like to take this opportunity to identify a contact person at each stakeholder organization. Input from stakeholders is essential to the OPTN policy development process. Your organization's contact person would be responsible for disseminating quarterly updates and the policy proposal (expected in early 2008) to relevant members within your organization.

Please take this opportunity to share the name, phone, and e-mail address of someone at your organization who could serve in this capacity. This information should be sent to Ciara Gould, UNOS Staff Liaison to the Kidney Transplantation Committee via e-mail (gouldcij@unos.org) with the subject "Contact Person for Kidney Policy" by November 30, 2007. Please forward this memo to any organization that you think would benefit from this information.

Attached to this memo is an update on the Committee's work during its last meeting. Additional information about kidney allocation policy development may be found on the OPTN website (www.optn.org). Please share any feedback or recommendations that you may have with the Committee by sending an e-mail to kidneypolicy@unos.org. The Committee appreciates your review of these important issues.

KIDNEY ALLOCATION POLICY DEVELOPMENT

OCTOBER 2007 STATUS UPDATE

The OPTN/UNOS Kidney Transplantation Committee developed this brief update to share its progress on development of a new kidney allocation system with members of the transplant community and general public. Additional information on this project may be found at www.optn.org/kars.asp The purpose of this update is not only to share new information and developments but also to solicit feedback.

Comments and recommendations may be submitted at any time to kidneypolicy@unos.org.

KIDNEY ALLOCATION POLICY DEVELOPMENT

OCTOBER 2007 STATUS UPDATE

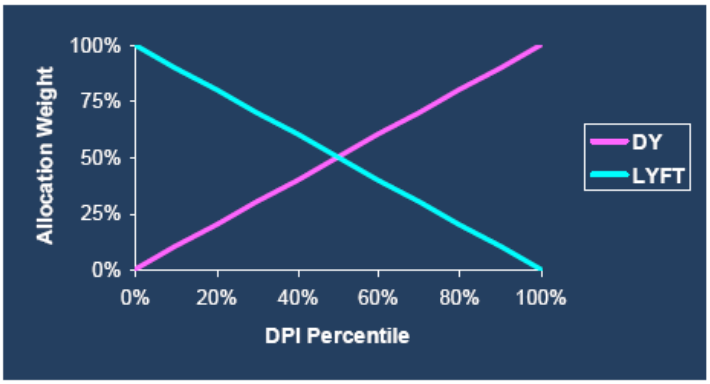
The OPTN/UNOS Kidney Transplantation Committee has undertaken a process to achieve equitable allocation as required by the OPTN Final Rule, National Organ Transplant Act, and the Principles of Equitable Organ Allocation. This process began in 2004 with a series of public hearings and a review of the OPTN Final Rule requirements and Health and Human Services Program Goals for the OPTN. Based on this review, the Committee considered life years following transplant (LYFT) as a concept for kidney allocation. The Committee presented LYFT to the public at a forum held in Dallas, Texas on February 8, 2007. During that forum, the Committee solicited feedback from participants about how kidney allocation could be improved and received many excellent recommendations. The following is a description of how the Committee has incorporated those recommendations along with a status update on the development of a new kidney allocation system.

What is LYFT?

LYFT is the difference in estimated survival following kidney transplant versus estimated survival on dialysis. LYFT is calculated based on a number of objective medical factors including candidate time on dialysis, body mass index, albumin levels, diagnosis, age, and sensitization level. For a complete description of LYFT, please visit: www.optn.org/kars.asp

During its meeting in August 2007, the Committee reviewed the expected outcomes of several possible systems. These systems take different approaches to matching donors and candidates including categorization by LYFT and donor characteristics. Many of the systems rank *candidates* according to time spent on dialysis and LYFT scores and rank *donors* according to donor characteristics. Some systems place more emphasis on candidate LYFT scores than others. The Committee also reviewed an age-matching system but determined that while simplistic, it would not provide equitable access to transplantation since the donor population tends to be younger than the candidate population.

The graph below shows the approach that the Committee is considering. It incorporates candidate LYFT, time on dialysis, and donor characteristics. As shown on this graph, each candidate would receive an allocation weight comprised of his LYFT calculation (the green line below) and his time spent on dialysis (the pink line labeled as DY below). As a donor kidney becomes available, it would receive a donor profile index (DPI) score. Each candidate would then receive an allocation weight based on his or her LYFT score and dialysis years. For example, when a donor kidney from the 50th DPI percentile became available, each candidate would receive an allocation weight comprised of 50% of his LYFT score, and 50% of his dialysis years. For a donor kidney from the 20% percentile, each candidate would receive an allocation weight of 15% of his dialysis years and 85% of his LYFT.



This approach allows for better matching of donors and candidates, a concept that public forum participants recommended for any proposed allocation system. This approach is expected to shift some kidneys to younger candidates and is also expected to shift some kidneys to non type 2 diabetic recipients.[1] However, this approach is believed to provide a balance of justice and utility by providing the most transplants for minority candidates and candidates ages 50—64 compared to an allocation system only based on LYFT, while only slightly lowering the average post-transplant lifetime, graft lifetime, and average years of expected life. The Committee continues to work to refine this system and will specifically review how to improve minority candidates' and sensitized candidates' access to transplantation. The Committee is also reviewing possible effects on living donation rates, predictability for transplant waiting times, and approaches for expedited placement of difficult to place kidneys. The Committee will also begin to develop a transition plan for consideration when a final proposal is ready.

For a complete look at the simulation results, including projected transplants by candidate diagnosis, age, ethnicity, and sensitization level, please visit www.optn.org/kars.asp.

While substantial progress is being made to develop a new kidney allocation system, *no formal proposal is being presented at this time.*

Due to the number of candidates and OPTN member institutions that will be affected by a change to the kidney allocation system, additional mechanisms for feedback are being provided. Please utilize the following methods for learning more about this project and for providing feedback.

- Review the latest simulation modeling results, Committee reports, and upcoming events at www.optn.org/kars.asp
- Send your comments and recommendations to kidneypolicy@unos.org
- Sign up to receive notices about public comment at www.optn.org.

The Committee and the OPTN/UNOS Board of Directors appreciate your critical review and feedback on this project.

[1] Currently, candidates in the age group 18-34 receive 12.9% of kidney transplants and candidates in the age group of 50-64 receive 37.8% of kidney transplants. From the data analyses, it is estimated that these percentages will change to 33.7% and 21.9% respectively. Additionally, currently candidates with type 2 diabetes receive 19.8% of kidney transplants. This percentage is expected to change to approximately 9.4%.