

The following is an **Executive Summary** to accompany Proposal Number One from the August 21, 2002, Public Comment Notice.

This proposal would modify OPTN/UNOS Policy 3.5.11.2 (Quality of Antigen Mismatch) by:

- a. eliminating from the national system of standard criteria donor kidney allocation points assigned for human leukocyte antigen (HLA) similarity between potential donor and recipient pairs at the B locus, and
- b. modifying points assigned for HLA similarity between potential donor and recipient pairs at the Dr locus.

Please refer to the first proposal in the public comment document itself for further detail regarding the proposal.

Proposal 1 - Executive Summary

Significant disparities among patient racial and ethnic populations in waiting time to kidney transplantation persist despite previous modifications to the national system for kidney allocation that have been implemented to help minimize these differences. The causes of these disparities are complex. HLA matching was historically emphasized in the allocation system because of its beneficial effects on transplant outcomes. Although not the sole reason, assignment of priority for degree of HLA similarity between potential donor and recipient pairs has been shown to contribute to waiting time disparities among waitlisted racial and ethnic groups. This occurs because HLA matching favors patients with antigens common to the pool of available donors, which is predominantly non-Hispanic and white. A proposal was made last year to remove all points for HLA matching from the system for standard criteria donor kidney allocation, while retaining current policy for allocating zero antigen mismatched kidneys. In response to feedback from the public comment process, the proposal was referred back to the sponsoring Committees for additional consideration of the potential adverse effects of this proposal upon graft survival and patient sensitization following kidney transplantation.

The OPTN/UNOS Kidney & Pancreas Transplantation and Minority Affairs Committees, with input from the Histocompatibility Committee, have developed a revised proposal to address waiting time disparities. The Committees have also reviewed outcomes from two organ procurement organizations (OPOs) and a region operating with approved alternative allocation systems that include protocols similar to those recommended in Proposal One. Although these systems were not intended to be prototypes for the proposed new national kidney allocation algorithm, they are informative regarding actual experiences with such systems and they support the revised proposal in that they appear to have reduced racial and ethnic waiting time disparity.

The current proposal would a) eliminate from the national system of standard criteria donor kidney allocation points that are currently assigned for HLA similarity between potential donor and recipient pairs at the B locus only, and b) modify the number of points that are assigned for HLA similarity between potential donor and recipient pairs at

the DR locus. As with the initial proposal, there would be no change to current policy for allocating zero antigen mismatched kidneys.

It is expected that Proposal One would achieve most of the benefit of reducing kidney waiting time disparities among waitlisted racial and ethnic populations anticipated from the initial proposal with relatively little harm to transplant outcomes. There would continue to be some modest level of reduction in kidney graft survival, or less improvement in graft survival following advances in the science of transplantation generally, and some level of additional subsequent patient sensitization. The sponsoring Committees believe that the proposal appropriately balances reductions in waiting time disparities among patient racial and ethnic populations with other important factors for equitable organ allocation, and will result in improved public confidence in the fairness of the kidney allocation system.