March 13, 2023

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Organ Procurement and Transplantation Network
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Martha Pavlakis, MD
Chair
Organ Procurement and Transplantation Network
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Rachel C. Forbes, MD
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RE: Committee Update: Continuous Distribution of Kidneys and Pancreata

Dear Dr. McCauley, Dr. Pavlakis, and Dr. Forbes:

On behalf of the more than 37,000,000 Americans living with kidney diseases and the 21,000 nephrologists, scientists, and other kidney health care professionals who comprise the American Society of Nephrology (ASN), thank you for the opportunity to respond to provide comment regarding the Organ Procurement and Transplantation Network (OPTN) Kidney and Pancreas Committee Update: Continuous Distribution of Kidneys and Pancreata.

Maximizing patients' access to kidney transplant—and ensuring that access is equitably available to all patients—is of utmost priority for ASN. The society stands ready to work with OPTN, and the OPTN Kidney and Pancreas Committees, to achieve this goal. The OPTN Kidney and Pancreas Committees have put several years of work into envisioning a future system of continuous distribution, and as the update makes clear, more years of work remain before this vision will be finalized and implemented.

ASN's comments at this time focus on how living donors will be prioritized in the future system of continuous distribution of organs for transplantation. It would appear, based on Figure 3 "Example of a Composite Allocation Score Match Run (Proposed)," that living donors would be substantially de-prioritized if this new system is implemented. This possibility is deeply troubling. Thousands of living donors nationwide made the decision to provide a kidney to a person in need under the auspices of a commitment that should they ever need a kidney, they would be prioritized above virtually all others. As depicted in Figure 3, however, it appears OPTN may

intend to renege on that commitment: the prior living donor is *last* among all candidates. The credit allotted to the living donor for having previously donated a kidney appears to be approximately just 10 points—fewer points than allocated to other depicted patients for expected post-transplant survival, medical urgency, and pediatric age group. Decisions regarding which patients to prioritize in an allocation system are not easy. However, it is vital that prior commitments to living donors be honored in any new allocation system.

It would be a massive violation of trust to living donors to alter the prioritization they were promised and would almost certainly be a substantial deterrent to anyone considering living donation today and in the future. Kidneys from a living donor tend to confer the best outcomes for recipients and can uniquely help address the gap between wait-listed patients and kidneys from deceased donors. Policies should be designed to support and care for individuals who are interested in donating: Figure 3 indicates OPTN policy may be moving in the opposite direction.

Living donors deserve more support than the current system provides for them, not less. **ASN urges OPTN and the OPTN Kidney and Pancreas Committees to clarify how OPTN envisions prioritizing living donors immediately. ASN implores OPTN to continue to honor commitments to ensure rapid access to a kidney to prior living kidney donors and extend that commitment to future living kidney donors, should the donors ever need a kidney transplant themselves.**

Please contact ASN Strategic Policy Advisor Rachel Meyer at rmeyer@asn-online.org with any questions or to discuss this letter in more detail.

Sincerely,

Michelle A. Josephson, MD, FASN
President