

September 19, 2023

Dianne LaPointe Rudow, DNP President Organ Procurement and Transplantation Network Mt. Sinai Medical Center 1425 Madison Ave New York, NY 10029

John G. Lunz, PhD Chair Organ Procurement and Transplantation Network Histocompatibility Committee LifeLink Transplantation Immunology Laboratory 9661 Delaney Creek Boulevard, Tampa, Florida 33619

RE: Remove CPRA 99-100% Form for Highly Sensitized Candidates

Dear Dr. Rudow and Dr. Lunz:

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) proposal "Remove CPRA 99-100% Form for Highly Sensitized Candidates."

ASN supports the proposal to lift the existing requirement for transplant hospital to submit additional documentation for kidney candidates whose calculated panel reactive antibodies (CPRA) score is 99-100% for in order for these candidates to gain allocation priority.

As the proposal outlines, requiring both the transplant surgeon or physician and the Human Leukocyte Antigen (HLA) histocompatibility lab director to sign the form contributes to unnecessary delays in listing for these highly sensitized patients—and for some patients, missed opportunities to receive a kidney transplant. The data presented showing a median time of nearly seven days for the required signatures to be entered in the OPTN computer system demonstrates that this well-intentioned policy has had the unintended consequence of increasing the time highly sensitized patients must wait before they can begin receiving offers. Removing this administrative burden will reduce the chance that a highly sensitized candidate will miss the opportunity to be matched with an offer from a suitable donor.

ASN also supports the proposed approach to post-implementation monitoring. As the proposal outlines, no evidence exists that the system has been "gamed" by artificially reporting increased CPRA score. Moving forward, because any data entered in the OPTN computer systems may

be reviewed by the OPTN, and because members are required to provide documentation as requested, ASN concurs that OPTN has ample ability to continue to ensure that programs continue to comply with this policy.

In sum, ASN appreciates OPTN's and the committee's dedication to ensuring that no patients face unnecessary administrative delays in waitlisting due to their sensitization status. The society encourages OPTN to finalize this proposal. 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,

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Michelle A. Josephson, MD, FASN President