

TALKING ABOUT TRANSPLANTATION

*Questions & Answers*

*for* **Transplant**  
*Candidates about*  
**Kidney Allocation Policy**



UNITED NETWORK FOR ORGAN SHARING

### **Who are UNOS and the OPTN?**

The United Network for Organ Sharing (UNOS) is a non-profit organization that operates the Organ Procurement and Transplantation Network (OPTN) under a contract from the federal government. The OPTN/UNOS continuously evaluates new advances and research, and uses this new information to improve organ transplant policies to best serve patients waiting for transplantation.

### **What is the current kidney allocation policy?**

The current kidney allocation policy considers characteristics of both the donor and the transplant candidate in allocating kidneys fairly, efficiently and effectively. A combination of factors, working together, determines who receives which organ.

These factors include

- length of time spent on the waiting list
- whether the potential organ candidate is a child
- body size of both donor and candidate
- tissue match between donor and candidate
- blood type, and
- blood antibody levels

Although the kidneys that are most commonly transplanted come from previously healthy donors between 18 and 60 years of age, kidneys from other donors with a wide range of characteristics have been successfully transplanted. Donor age has ranged from newborn to nearly 80 years old, and medical histories of donors sometimes include such conditions as diabetes or high blood pressure.

### **How has the policy changed?**

Research has shown that many less-commonly used donor kidneys (such as a kidney from a donor older than 60) can help dialysis patients who are at a greater risk of problems (including death) while waiting for a transplant. Therefore, it makes sense to offer those kidneys to people who would benefit from them the most. The policy does this by defining kidneys that meet expanded criteria, and offering them only to patients who agree to accept them. If you and your transplant team feel it is in your best interest, you can choose to accept a kidney from these less traditional donors. You will still be included on the standard kidney transplant waiting list as well.

### **Why is this policy change necessary?**

The number of people waiting for a kidney is at an unprecedented high. More than 96,000 people are waiting for a kidney in the United States. Furthermore, a number of donated kidneys are currently not being transplanted, when instead they could benefit carefully selected candidates. The goal is to use these organs from the less traditional donors more effectively, and ultimately increase the number of patients who receive kidney transplants.

### **What donors fall into this “less traditional” category?**

Under the new policy, such donors are defined as

- age 60 or older, or
- between 50–59 with at least two of the following conditions:
  - history of hypertension (high blood pressure)
  - creatinine level of greater than 1.5 (a creatinine test measures how well a kidney is functioning—normal range is 0.8 to 1.4)
  - cause of death was from a cerebrovascular accident (stroke or aneurysm)

### **How are kidneys from these donors allocated?**

A smaller number of matching factors are considered as compared to those used in the standard kidney allocation policy. The first offers go to patients who have agreed to accept extended criteria donor kidneys and have a nearly identical immune system match with that of the donor. Beyond that, these organs are distributed based solely on waiting time to other patients who have agreed to accept them. They are first offered to patients who live in the area where the donation was made. If there are no candidates for that kidney in the local area, it is next offered to patients in the surrounding region. Finally, if still unplaced, it is offered nationally.

### **Who would be most likely to benefit from this option?**

Some patients do well on dialysis for extended periods of time—others not as well. And some patients may face an increased risk of serious complications or even death if they continue to wait on the list year after year. By agreeing to be considered for a kidney that falls outside the standard criteria, you may not have to wait as long for your transplant. However, there is a greater chance that your donor kidney may not function as well or as long.

It is essential that you discuss your individual situation with your transplant team. They can help you decide what's best for you.

Some factors you may want to discuss with your physician include

- significant problems you may be experiencing with your dialysis treatment
- whether or not you may face a shorter life expectancy while on dialysis, or
- if you are likely to suffer major complications while on long-term dialysis

### **What do I do if I'm interested in this option?**

Each transplant program has its own administrative system that may vary from center to center. If you are interested in participating in the policy, let your transplant team know. They can discuss this option with you. Based upon your decision, they can make appropriate changes in your waitlist status. Remember, the fact that you are being considered for this category of organ does not mean that you would only be considered for these types of organ offers. You would also remain on the waiting list for standard kidney offers.

### **What if I have more questions?**

If you have any questions or concerns, you should contact your transplant team for further information. Additional details about the OPTN/UNOS, allocation policy and patient information resources are available on the following websites:

**<http://www.transplantliving.org>**

**<http://optn.transplant.hrsa.gov>**

**<http://www.unos.org>**

**<http://www.srtr.org>**

or call

**888-894-6361 (OPTN/UNOS Patient Services)**

*The UNOS mission is to advance organ availability and transplantation  
by uniting and supporting its communities for the benefit of patients  
through education, technology and policy development.*



P.O. Box 2484, Richmond, VA 23218

[www.unos.org](http://www.unos.org)

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