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Re: OPTN Kidney and Pancreas Transplantation Committees' paper, *Continuous Distribution of Kidneys and Pancreata*

The National Kidney Foundation (NKF) thanks the Organ Procurement and Transplant Network (OPTN) for the opportunity to offer commentary on the paper, *Continuous Distribution of Kidneys and Pancreata*. While we appreciate the Committee's efforts to ensure that equity is upheld in the transplant process, we are concerned about confusion across the kidney community that the Committee is considering an approach to allocation sequencing that would deprioritize living donors. We strongly urge OPTN to clarify its intent and ensure that living organ donors are prioritized for transplant in the event that they ultimately require a transplant

For many prospective donors weighing the risks and benefits of donating a kidney, current policy provides much needed "peace of mind" that the donor will be prioritized for transplant if their remaining kidney fails. People who become living donors should be protected for their generous act that significantly benefits society and humanity. We must make every effort to promote living donation - especially as the demand for deceased donor kidneys far outpaces the supply.

Unfortunately, the committee update on continuous distribution projects is casting doubt on whether OPTN will continue to prioritize living donors in allocation sequencing. By including living donation as a category in the algorithm, it is feasible that the points awarded for living donor status will not be adequate to assure prioritization (as is the case in the example OPTN cited in Figure 3). This question is causing grave concern across the kidney community and has a potentially chilling effect on individuals who are contemplating living donation.

We recognize that the other values are vital in calculating a patient's composite allocation score, but we stand firm that OPTN must not reduce the weight of the living donor component by including it under the patient access attribute. We strongly recommend that living donor status be assessed before the application of the points-based framework to assure that living donors continue to be prioritized.

In closing, we reiterate that as OPTN endeavors to reduce disparities in kidney transplantation and advance health equity, it is imperative that transplant policies expand access to donation and transplantation and do not have the unintended consequence of squelching living donation. We strongly urge the committee to revisit this issue and assure that living donors receive priority placement for a transplant. Please contact Morgan Reid, Director of Transplant Policy and Strategy (morgan.reid@kidney.org), if there are opportunities for NKF to support this initiative further.



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“There are few opportunities in life where one gets to make such a significant difference for someone; this is why I decided to become a living donor.”

K. Miller, Living Kidney Donor (2007)

Sincerely,

Kevin Longino
CEO and Transplant Patient

Sylvia Rosas, MD, MSCE, KNKF, FASN
President