

Disclosures

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I have no financial relationships to disclose within the past 12 months relevant to my presentation. The ACCME defines 'relevant' financial relationships as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

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Early Trends in US Waitlist Outcomes under OPTN Waiting Time Modifications for Black Kidney Candidates Affected by Race-inclusive eGFR

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Background

Historical context:

- Estimated glomerular filtration rate (eGFR) can determine eligibility for kidney waitlisting and has historically included an adjustment for Black race in the formula
- This adjustment caused eGFR to be higher, indicating better kidney function, for Black patients with the same creatinine, age, and sex as non-Black patients

July 27, 2022 – OPTN prohibits use of race-inclusive eGFR formulas

- Transplant programs are allowed to use any eGFR formula that does not include a “race-based variable”



Background

January 5, 2023 – OPTN implements the eGFR waiting time modification policy

- For Black kidney candidates affected by previous race-inclusive eGFR calculations
- To receive a waiting time modification, programs have to provide documentation showing that candidate's eGFR was >20 mL/min with a race-inclusive calculation, but would have been ≤ 20 mL/min with a race-neutral calculation
 - Waiting time for allocation priority is then backdated to this eGFR date
- Transplant programs are required to notify all waiting candidates and submit modifications for affected Black candidates by January 3, 2024
 - Must continue to notify and evaluate *newly listed* candidates after January 3, 2024



Key Question

How did the 2023 waiting time modification policy affect waitlist outcomes (ie, transplant rate, waitlist mortality) for adult Black kidney candidates overall?



Statistical Methods

Period-prevalent SRTR cohort:

- Adult kidney-alone candidates
- Waiting on any day from Nov 5, 2021 – March 5, 2024 (N=166,099)
 - 14 months pre/post policy

Cox proportional cause-specific hazards models of:

- Deceased donor transplant
- Death or delisting due to deteriorated condition

Adjusted for candidate characteristics:

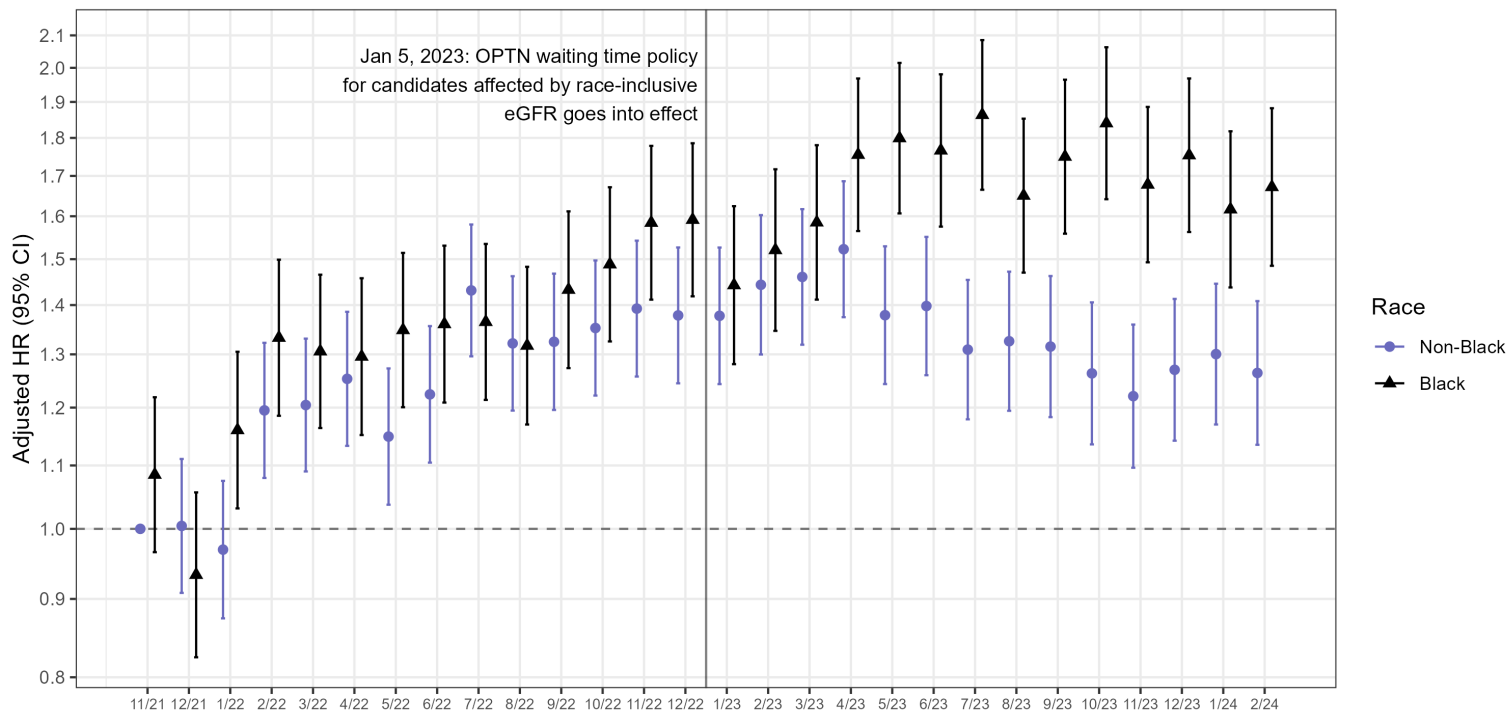
- Sex
- Age at listing
- Dialysis time at listing
- Previous transplants before listing
- Insurance, education, work for income
- Primary diagnosis, albumin, PVD, cPRA

Time-dependent covariates:

- Calendar month
- Interactions to allow month effect to vary by Black race or non-Black race

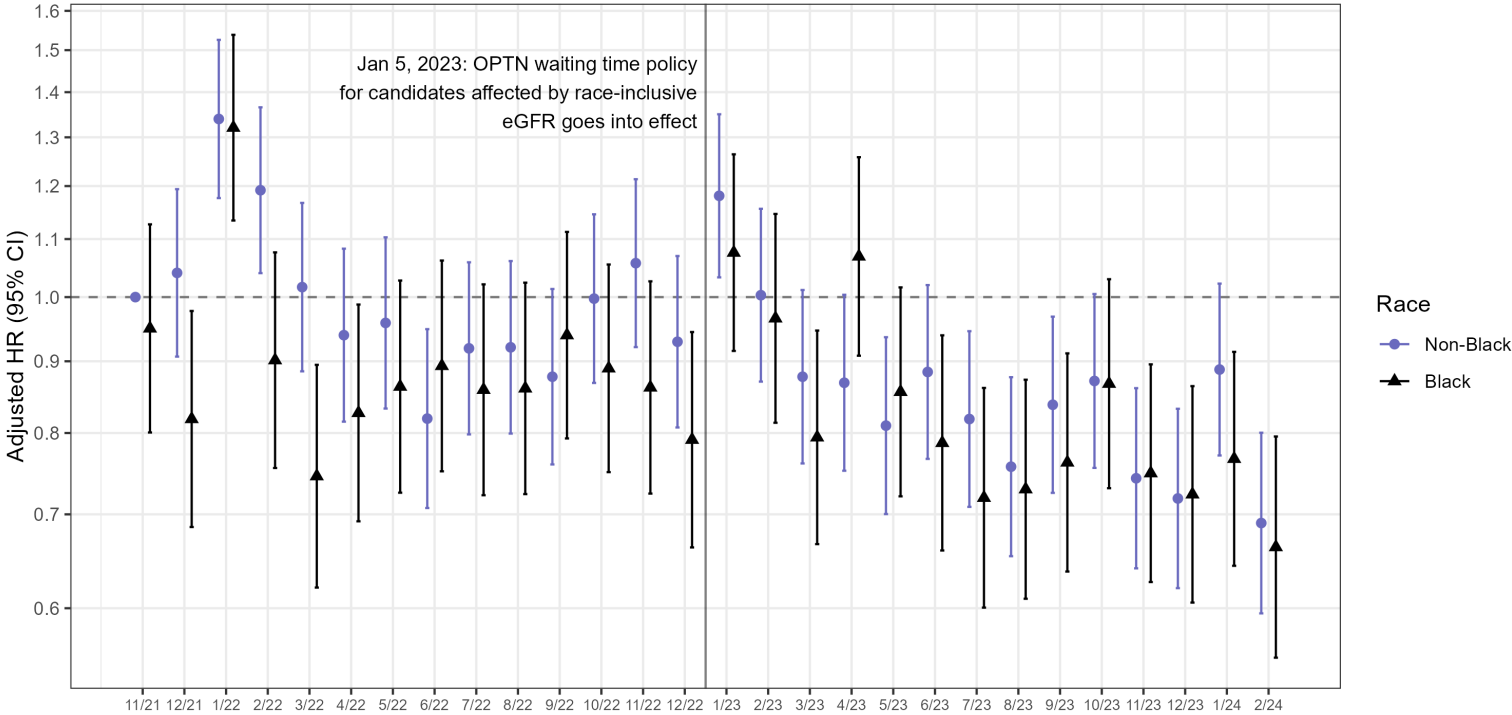
Transplant Rate, by Month and Race

Cause-specific hazard ratios (HRs) of DDKT by calendar month and candidate race (Black, non-Black)



Mortality Rate, by Month and Race

Cause-specific hazard ratios (HRs) of waitlist mortality by calendar month and candidate race (Black, non-Black)



30-day Cumulative Incidence of Mortality

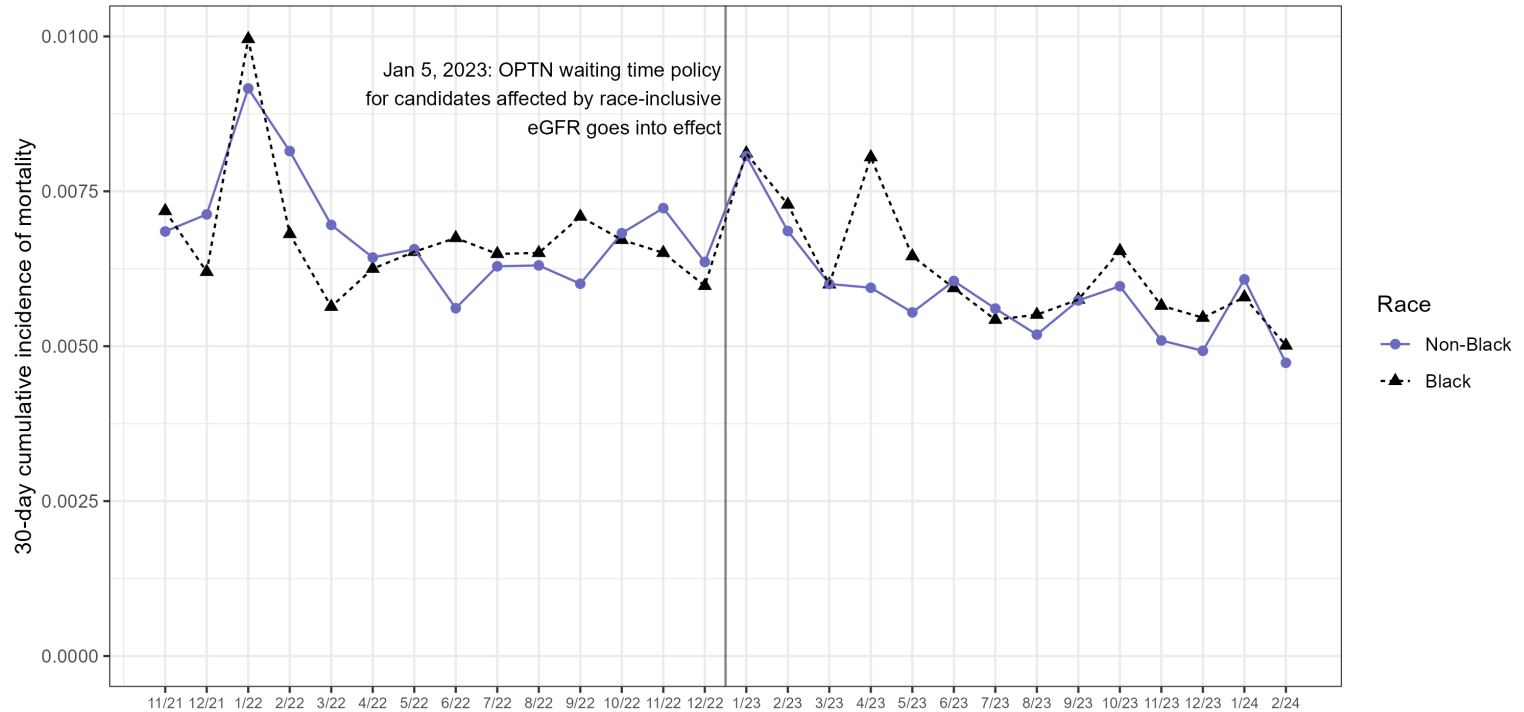
Adjusted for candidate characteristics through direct standardization

Interpretation:

- % mortality per month if the distribution of candidate characteristics and waiting time were constant across calendar months

30-day Cumulative Incidence of Mortality

30-day adjusted cumulative incidence of waitlist mortality, by calendar month and candidate race



Conclusions

- The deceased donor kidney transplant rate has significantly increased for Black adult candidates since policy implementation, a trend that was not observed in non-Black candidates with similar characteristics at listing and time spent waiting
- Waitlist mortality is declining over time, with no apparent differences between Black and non-Black candidates since policy implementation
- Continued monitoring will be key, as the OPTN policy is ongoing and most candidates who received modifications are still waiting for transplant



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