

Notice of OPTN Policy Changes

Addressing Medically Urgent Candidates in New Kidney Allocation Policy

Sponsoring Committee:	OPTN Kidney Transplantation Committee
Policies Affected:	<i>8.2.A: Exceptions Due to Medical Urgency</i> <i>8.2.B: Deceased Donor Kidneys with Discrepant Human Leukocyte Antigen (HLA) Typings</i> <i>8.4.C: Time at Medically Urgent Status</i> <i>8.4.D: Waiting Time for Kidney Recipients</i> <i>8.5.A: Candidate Classifications</i> <i>8.5.C: Sorting Within Each Classification</i> <i>8.5.F: Highly Sensitized Candidates</i> <i>8.5.H: Allocation of Kidneys from Deceased Donors with KDPI Scores less than or equal to 20%</i> <i>8.5.I: Allocation of Kidneys from Deceased Donors with KDPI Scores greater than 20% but less than 35%</i> <i>8.5.J: Allocation of Kidneys from Deceased Donors with KDPI Scores greater than or equal to 35% but less than or equal to 85%</i> <i>8.5.K: Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than 85%</i> <i>8.7.A: Choice of Right Versus Left Donor Kidney</i>
Public Comment:	January 22, 2020 – March 24, 2020
Board Approved:	June 8, 2020
Effective Date:	Pending Implementation and notice to OPTN members

Purpose of Policy Changes

The policy changes seek to provide a rationally determined and consistently applied definition for medical urgency. This definition, and the associated classification, ensures that candidates that have exhausted dialysis access, as well as candidates with imminent failure of access to dialysis, can receive the appropriate priority in allocation in an expedient manner.

Proposal History

When the OPTN Board of Directors approved new kidney allocation policies in December 2019, there was no solution present to address how candidates that receive priority within their Donation Service Areas (DSAs) via medical urgency exceptions would be addressed in an allocation framework without DSAs as a unit of allocation.

Following the December 2019 OPTN Board of Directors meeting, the OPTN Kidney Transplantation Committee formed the Medical Urgency Subcommittee to develop a policy proposal to ensure these medically urgent candidates could receive allocation priority in the newly approved framework.

The Subcommittee developed a proposal that included a definition for clinical characteristics that define a medically urgent candidate as well as the creation of a new “Medically Urgent” classification that would provide such candidates with priority in allocation. The proposal includes a retrospective review process, whereby candidates that meet the definition of medical urgency could receive priority immediately and cases could be reviewed afterward. The Committee approved the proposal and released it for the OPTN Winter Public Comment period to receive community feedback.

Following public comment, the Committee changed the proposal to make the retrospective review process mandatory and to ensure that medically urgent candidates within classifications with a higher priority than the newly proposed Medical Urgency classification would be sorted above non-medically urgent candidates within their respective classification.

The OPTN Board of Directors considered and approved the proposal at the June 8, 2020 OPTN Board of Directors Meeting.

Summary of Changes

This policy creates a Medically Urgent classification within all kidney allocation tables. The classification creates priority for candidates at imminent risk of death due to an inability, or anticipated inability, to accept dialysis treatment for renal failure. In order to be placed into the new classification, a candidate would have to meet medical eligibility criteria defined in the policy that indicates imminent or complete loss of dialysis access.

The location of the Medically Urgent classification varies in priority across each of the four kidney donor profile index (KDPI) sequences in allocation policy. The new classification grants medically urgent candidates increased priority within the 250 NM distribution circle only. However, in classifications with a higher priority than the Medically Urgent classification in allocation tables, a candidate that is medically urgent will be prioritized over non-medically urgent candidates in those classifications, including mandatory national shares for 100% highly-sensitized candidates.

A candidate’s status as Medically Urgent as defined in new policy requires members to submit supporting documentation to the OPTN. The OPTN Kidney Transplantation Committee will perform periodic retrospective review of the use of the new medical urgency classification via evaluation of supporting documentation. This evaluation serves to ensure member compliance with the proposed medical urgency policy. The Committee can, if appropriate, refer cases to the OPTN Membership and Professional Standards Committee (MPSC) for additional review.

Implementation

There are minor implementation considerations for transplant hospitals. Staff training on new processes for obtaining priority for medical urgency in the WaitlistSM data collection instrument will be necessary. Furthermore, staff may need to enter data for any existing medically urgent candidates into the WaitlistSM data collection instrument tool in the days preceding policy implementation in order to ensure that current medically urgent candidates receive priority immediately under the new policy, assuming they meet the criteria of the proposed definition. OPO staff will need to understand the implementation of this new policy and that it removes prior policy language that prescribed management of these exceptions at the DSA level. The match run will automatically prioritize and sort medically urgent candidates into the appropriate classifications, so OPOs simply need to follow the

match run. There are not expected to be any implementation considerations for histocompatibility laboratories.

There are also implementation considerations for the OPTN. This policy may require the submission of data that are not presently collected by the OPTN. In the retrospective review process as proposed, a candidate that meets the definition of medical urgency will receive the priority immediately when the transplant program indicates such a status in the WaitlistSM data collection tool. The use of this status would be reviewed by the Kidney Transplantation Committee retrospectively and if the Committee felt that the classification was misused, they could refer such an instance to the OPTN Membership and Professional Standards Committee (MPSC). The OPTN will also create educational materials for the new medically urgent kidney candidate policies. Education will coincide with implementation.

Affected Policy Language

New language is underlined (example) and language that is deleted is struck through (~~example~~).

Policy 8: Allocation of Kidneys

8.2 Exceptions

~~8.2.A Exceptions Due to Medical Urgency~~

8.2.BA Deceased Donor Kidneys with Discrepant Human Leukocyte Antigen (HLA) Typings

8.4 Waiting Time

8.4.C Time at Medically Urgent Status

For registered kidney candidates that also qualify for medically urgent status according to Policy 8.5.A.i., the candidate accrues time at medically urgent status while active on the waiting list, based on the date the transplant program first indicates the candidate's qualification for medically urgent status to the OPTN.

8.4.CD Waiting Time for Kidney Recipients

8.5 Kidney Allocation Classifications and Rankings

8.5.A Candidate Classifications

8.5.A.i Medically Urgent Status for Adult and Pediatric Candidates

To qualify for medically urgent status the candidate must be:

1. An active candidate
2. Accruing waiting time, according to Policy 8.4: Waiting Time and
3. Certified by a transplant nephrologist and transplant surgeon as medically urgent, based on meeting the following criteria:

First, the candidate must have exhausted, or has a contraindication to, all dialysis access via all of the following methods:

- Vascular access in the upper left extremity
- Vascular access in the upper right extremity
- Vascular access in the lower left extremity
- Vascular access in the lower right extremity
- Peritoneal access in the abdomen

After exhaustion or contraindication to all dialysis via the methods listed above, the candidate must also either have exhausted dialysis, be currently dialyzed, or have a contraindication to dialysis via one of the following methods:

- Transhepatic IVC Catheter
- Translumbar IVC Catheter
- Other method of dialysis (must specify)

The candidate's transplant surgeon and transplant nephrologist must review and sign a written approval of the candidate's qualification for medical urgency status. Programs must consider clinical characteristics specific to adult and pediatric candidates when indicating contraindications to the criteria above. The transplant hospital must document this medical urgency qualification in the candidate's medical record and submit supporting documentation to the OPTN within seven business days of indicating medical urgency status.

The Kidney Transplantation Committee will review a transplant program's use of the medical urgency status retrospectively. Cases may be referred to Membership & Professional Standards Committee (MPSC) for review according to Appendix L of the OPTN Bylaws.

8.5.C Sorting Within Each Classification

For candidates within classifications 1 through 7 according to *Tables 8-6 and 8-7*; classifications 1 through 6 according to *Table 8-8*, and classifications 1 through 5 according to *Table 8-9*, candidates are sorted in the following order:

1. Medical urgency status
2. Total time at medically urgent status for current medically urgent candidates only (highest to lowest)
3. Total points (highest to lowest)
4. Date and time of the candidate's registration (oldest to most recent)

For candidates within all other classifications, ~~within each classification~~, candidates are sorted in the following order:

1. Total points (highest to lowest)
2. Date and time of the candidate's registration (oldest to most recent)

8.5.F Highly Sensitized Candidates

Before a candidate with a CPRA score of 99% or 100% can receive offers in classifications 1 through ~~8~~ 4, 8 or 9 according to *Table 8-6 and 8-7*; classifications 1 through ~~7~~ 4, 7 or 8 according

to *Table 8-8*; and classifications 1 through ~~6~~ 4, 6 or 7 in *Table 8-9*, the transplant program’s HLA laboratory director and the candidate’s transplant physician or surgeon must review and sign a written approval of the unacceptable antigens listed for the candidate. The transplant hospital must document this approval in the candidate’s medical record.

8.5.H Allocation of Kidneys from Deceased Donors with KDPI Scores less than or equal to 20%

Kidneys from deceased donors with a kidney donor profile index (KDPI) score of less than or equal to 20% are allocated to candidates according to *Table 8-6* below.

Table 8-6: Allocation of Kidneys from Deceased Donors with KDPI Less Than or Equal To 20%

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
1	0-ABDR mismatch, CPRA equal to 100%, blood type identical or permissible	250NM	Any
2	CPRA equal to 100%, blood type identical or permissible	250NM	Any
3	0-ABDR mismatch, CPRA equal 100%, blood type identical or permissible	Nation	Any
4	CPRA equal to 100%, blood type identical or permissible	Nation	Any
5	Prior living donor, blood type permissible or identical	250NM	Any
6	Registered prior to 18 years old, blood type permissible or identical	250NM	Any
<u>7</u>	<u>Medically Urgent</u>	<u>250NM</u>	<u>Any</u>
<u>8</u>	0-ABDR mismatch, CPRA equal to 99%, blood type identical or permissible	250NM	Any

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
<u>9</u>	CPRA equal to 99%, blood type identical or permissible	250NM	Any
<u>10</u>	0-ABDR mismatch, CPRA equal to 98%, blood type identical or permissible	250NM	Any
<u>11</u>	CPRA equal to 98%, blood type identical or permissible	250NM	Any
<u>12</u>	0-ABDR mismatch, top 20% EPTS, and blood type identical	250NM	Any
<u>13</u>	0-ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 80%, and blood type identical	Nation	Any
<u>14</u>	0-ABDR mismatch, less than 18 years old at time of match, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Nation	Any
<u>15</u>	0-ABDR mismatch, less than 18 years old at time of match, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type identical	Nation	Any
<u>16</u>	0-ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Nation	Any
<u>17</u>	0-ABDR mismatch, top 20% EPTS, and blood type B	250NM	O

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
<u>18</u>	0-ABDR mismatch, top 20% EPTS or less than 18 years at time of match run, CPRA greater than or equal to 80%, and blood type B	Nation	O
<u>19</u>	0-ABDR mismatch, less than 18 at time of match, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	Nation	O
<u>20</u>	0-ABDR mismatch, less than 18 at time of match, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type B	Nation	O
<u>21</u>	0-ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	Nation	O
<u>22</u>	0-ABDR mismatch, top 20% EPTS, and blood type permissible	250NM	Any
<u>23</u>	0-ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 80%, and blood type permissible	Nation	Any
<u>24</u>	0-ABDR mismatch, less than 18 years old at time of match run, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Nation	Any
<u>25</u>	0-ABDR mismatch, less than 18 years old at time of match run, CPRA greater than or equal to 0% but less than or equal to 20%, and blood type permissible	Nation	Any

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
<u>26</u>	0-ABDR mismatch, top 20% EPTS, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Nation	Any
<u>27</u>	Top 20% EPTS, blood type B	250NM	A2 or A2B
<u>28</u>	Top 20% EPTS, blood type permissible or identical	250NM	Any
<u>29</u>	0-ABDR mismatch, EPTS greater than 20%, blood type identical	250NM	Any
<u>30</u>	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type identical	Nation	Any
<u>31</u>	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Nation	Any
<u>32</u>	0-ABDR mismatch, EPTS greater than 20%, and blood type B	250NM	O
<u>33</u>	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type B	Nation	O
<u>34</u>	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	Nation	O

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
<u>35</u>	0-ABDR mismatch, EPTS greater than 20%, and blood type permissible	250NM	Any
<u>36</u>	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 80%, and blood type permissible	Nation	Any
<u>37</u>	0-ABDR mismatch, EPTS greater than 20%, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Nation	Any
<u>38</u>	EPTS greater than 20%, blood type B	250NM	A2 or A2B
<u>39</u>	All remaining candidates, blood type permissible or identical	250NM	Any
<u>40</u>	Registered prior to 18 years old, blood type permissible or identical	Nation	Any
<u>41</u>	Top 20% EPTS, blood type B	Nation	A2 or A2B
<u>42</u>	Top 20% EPTS, blood type permissible or identical	Nation	Any
<u>43</u>	All remaining candidates, blood type permissible or identical	Nation	Any

8.5.1 Allocation of Kidneys from Deceased Donors with KDPI Scores Greater Than 20% but Less Than 35%

Kidneys from deceased donors with KDPI scores greater than 20% but less than 35% are allocated to candidates according to *Table 8-7* below.

Table 8-7: Allocation of Kidneys from Deceased Donors with KDPI Scores Greater Than 20% but Less Than 35%

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
1	0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	250NM	Any
2	CPRA equal to 100%, blood type permissible or identical	250NM	Any
3	0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	Nation	Any
4	CPRA equal to 100%, blood type permissible or identical	Nation	Any
5	Prior living donor, blood type permissible or identical	250NM	Any
6	Registered prior to 18 years old, blood type permissible or identical	250NM	Any
7	<u>Medically Urgent</u>	<u>250NM</u>	<u>Any</u>
8	0-ABDR mismatch, CPRA equal to 99%, blood type permissible or identical	250NM	Any
9	CPRA equal to 99%, blood type permissible or identical	250NM	Any

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
<u>10</u>	0-ABDR mismatch, CPRA equal to 98%, blood type permissible or identical	250NM	Any
<u>11</u>	CPRA equal to 98%, blood type permissible or identical	250NM	Any
<u>12</u>	0-ABDR mismatch, blood type identical	250NM	Any
<u>13</u>	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical	Nation	Any
<u>14</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type identical	Nation	Any
<u>15</u>	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type identical	Nation	Any
<u>16</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Nation	Any
<u>17</u>	0-ABDR mismatch, blood type B	250NM	O
<u>18</u>	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B	Nation	O

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
<u>19</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type B	Nation	O
<u>20</u>	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type B	Nation	O
<u>21</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	Nation	O
<u>22</u>	0-ABDR mismatch, blood type permissible	250NM	Any
<u>23</u>	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type permissible	Nation	Any
<u>24</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type permissible	Nation	Any
<u>25</u>	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type permissible	Nation	Any
<u>26</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Nation	Any

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
<u>27</u>	Prior liver recipients that meet the qualifying criteria according to <i>Policy 8.5.G: Prioritization for Liver Recipients on the Kidney Waiting List</i> , blood type permissible or identical	250NM	Any
<u>28</u>	Blood type B	250NM	A2 or A2B
<u>29</u>	All remaining candidates, blood type permissible or identical	250NM	Any
<u>30</u>	Registered prior to 18 years old, blood type permissible or identical	Nation	Any
<u>31</u>	Blood type B	Nation	A2 or A2B
<u>32</u>	All remaining candidates, blood type permissible or identical	Nation	Any

8.5.J Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than or Equal to 35% but Less than or Equal to 85%

Kidneys from donors with KDPI scores greater than or equal to 35% but less than or equal to 85% are allocated to candidates according to *Table 8-8* below and the following:

- Classifications 1 through ~~29~~ 30 for one deceased donor kidney
- Classifications ~~30 and 31~~ 31 and 32 for both kidneys from a single deceased donor

**Table 8-8: Allocation of Kidneys from Deceased Donors
with KDPI Greater Than or Equal To 35% and Less Than or Equal To 85%**

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
1	0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	250NM	Any
2	CPRA equal to 100%, blood type permissible or identical	250NM	Any
3	0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	Nation	Any
4	CPRA equal to 100%, blood type permissible or identical	Nation	Any
5	Prior living donor, blood type permissible or identical	250NM	Any
<u>6</u>	<u>Medically Urgent</u>	<u>250NM</u>	<u>Any</u>
<u>7</u>	0-ABDR mismatch, CPRA equal to 99%, blood type permissible or identical	250NM	Any
<u>8</u>	CPRA equal to 99%, blood type permissible or identical	250NM	Any
<u>9</u>	0-ABDR mismatch, CPRA equal to 98%, blood type permissible or identical	250NM	Any
<u>10</u>	CPRA equal to 98%, blood type permissible or identical	250NM	Any

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
<u>11</u>	0-ABDR mismatch, blood type identical	250NM	Any
<u>12</u>	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical	Nation	Any
<u>13</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type identical	Nation	Any
<u>14</u>	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type identical	Nation	Any
<u>15</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Nation	Any
<u>16</u>	0-ABDR mismatch, and blood type B	250NM	O
<u>17</u>	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B	Nation	O
<u>18</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 at time of match, and blood type B	Nation	O
<u>19</u>	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 at time of match, and blood type B	Nation	O

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
<u>20</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	Nation	O
<u>21</u>	0-ABDR mismatch, blood type permissible	250NM	Any
<u>22</u>	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type permissible	Nation	Any
<u>23</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, less than 18 years old at time of match, and blood type permissible	Nation	Any
<u>24</u>	0-ABDR mismatch, CPRA greater than or equal to 0% but less than or equal to 20%, less than 18 years old at time of match, and blood type permissible	Nation	Any
<u>25</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Nation	Any
<u>26</u>	Prior liver recipients that meet the qualifying criteria according to <i>Policy 8.5.G: Prioritization for Liver Recipients on the Kidney Waiting List</i> , blood type permissible or identical	250NM	Any
<u>27</u>	Blood type B	250NM	A2 or A2B

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
<u>28</u>	All remaining candidates, blood type permissible or identical	250NM	Any
<u>29</u>	Blood type B	Nation	A2 or A2B
<u>30</u>	All remaining candidates, blood type permissible or identical	Nation	Any
<u>31</u>	Candidates who have specified they are willing to accept both kidneys from a single deceased donor, blood type permissible or identical	250NM	Any
<u>32</u>	Candidates who have specified they are willing to accept both kidneys from a single deceased donor, blood type permissible or identical	Nation	Any

8.5.K Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than 85%

With the exception of 0-ABDR mismatches, kidneys from deceased donors with KDPI scores greater than 85% are allocated to adult candidates according to *Table 8-9* below and the following:

- Classifications 1 through ~~20, 22, and 23~~ 21, 23 and 24 for one deceased donor kidney
- Classifications ~~21 and 24~~ 22 and 25 for both kidneys from a single deceased donor

Table 8-9: Allocation of Kidneys from Deceased Donors with KDPI Scores Greater Than 85%

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
1	O-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	250NM	Any
2	CPRA equal to 100%, blood type permissible or identical	250NM	Any
3	O-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	Nation	Any
4	CPRA equal to 100%, blood type permissible or identical	Nation	Any
<u>5</u>	<u>Medically Urgent</u>	<u>250NM</u>	<u>Any</u>
<u>6</u>	O-ABDR mismatch, CPRA equal to 99%, blood type permissible or identical	250NM	Any
<u>7</u>	CPRA equal to 99%, blood type permissible or identical	250NM	Any
<u>8</u>	O-ABDR mismatch, CPRA equal to 98%, blood type permissible or identical	250NM	Any
<u>9</u>	CPRA equal to 98%, blood type permissible or identical	250NM	Any
<u>10</u>	O-ABDR mismatch, blood type permissible or identical	250NM	Any

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
<u>11</u>	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical	Nation	Any
<u>12</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Nation	Any
<u>13</u>	0-ABDR mismatch, blood type B	250NM	O
<u>14</u>	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B	Nation	O
<u>15</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	Nation	O
<u>16</u>	0-ABDR mismatch, blood type permissible	250NM	Any
<u>17</u>	0-ABDR mismatch, CPRA greater than or equal to 80% , and blood type permissible	Nation	Any
<u>18</u>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Nation	Any
<u>19</u>	Prior liver recipients that meet the qualifying criteria according to <i>Policy 8.5.G: Prioritization for Liver Recipients on the Kidney Waiting List</i> , blood type permissible or identical	250NM	Any
<u>20</u>	Blood type B	250NM	A2 or A2B

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the donor hospital	With this donor blood type:
<u>21</u>	All remaining candidates, blood type permissible or identical	250NM	Any
<u>22</u>	Candidates who have specified they are willing to accept both kidneys from a single deceased donor, blood type permissible or identical	250NM	Any
<u>23</u>	Blood type B	Nation	A2 or A2B
<u>24</u>	All remaining candidates, blood type permissible or identical	Nation	Any
<u>25</u>	Candidates who have specified they are willing to accept both kidneys from a single deceased donor, blood type permissible or identical	Nation	Any

8.7.A Choice of Right versus Left Donor Kidney

If both kidneys from a deceased donor are able to be transplanted, the transplant hospital that received the offer for the candidate with higher priority on the waiting list will get to choose first which of the two kidneys it will receive.

However, when a kidney is offered to a 0-ABDR mismatched candidate, a candidate with a CPRA greater than or equal to 99% (classifications 1 through 8 4, 8 or 9 in Tables 8-6 and 8-7; classifications 1 through 7 4, 7 or 8 in Table 8-8; and classifications 1 through 6 4, 6 or 7 in Table 8-9) or to a combined kidney and non-renal organ candidate, the host OPO determines whether to offer the left or the right kidney.