

## *Notice of OPTN Policy Changes*

# **Establish Eligibility Criteria and Safety Net for Heart-Kidney and Lung-Kidney Allocation**

**Sponsoring Committee:**  
**Policies Affected:**

**Ad Hoc Multi-Organ Transplantation Committee**  
***5.10.E: Other Multi-Organ Combinations***  
***5.10.F: Allocation of Lung-Kidneys***  
***5.10.G: Allocation of Heart-Liver and Lung-Liver***  
***8.5.H: Prioritization for Heart Recipients on the Kidney Waiting List***  
***8.5.I: Prioritization for Lung Recipients on the Kidney Waiting List***  
***8.5.J: Allocation of Kidneys From Deceased Donors With KDPI Scores Less Than or Equal to 20%***  
***8.5.K: Allocation of Kidneys From Deceased Donors With KDPI Scores Greater Than 20% But Less Than 35%***  
***8.5.L: Allocation of Kidneys from Deceased Donors With KDPI Scores Greater Than or Equal to 35% But Less Than or Equal to 85%***  
***8.5.M: Allocation of Kidneys from Deceased Donors With KDPI Scores Greater Than 85%***  
***8.7.C: Kidney Allocation in Multi-Organ Combinations***

**Public Comment:**  
**Board Approved:**  
**Effective Date:**

**January 27, 2022 – March 23, 2022**  
**June 27, 2022**  
**June 29, 2023: Changes to Policies: *8.5.H: Prioritization for Heart Recipients on the Kidney Waiting List, 8.5.I: Prioritization for Lung Recipients on the Kidney Waiting List, 8.5.J: Allocation of Kidneys From Deceased Donors With KDPI Scores Less Than or Equal to 20%, 8.5.K: Allocation of Kidneys From Deceased Donors With KDPI Scores Greater Than 20% But Less Than 35%, 8.5.L: Allocation of Kidneys from Deceased Donors With KDPI Scores Greater Than or Equal to 35% But Less Than or Equal to 85%, 8.5.M: Allocation of Kidneys from Deceased Donors With KDPI Scores Greater Than 85%***

**September 28, 2023: Changes to Policies: *5.10.E: Other***

***Multi-Organ Combinations, 5.10.F: Allocation of Lung-Kidneys, 5.10.G: Allocation of Heart-Liver and Lung-Liver, 8.7.C: Kidney Allocation in Multi-Organ Combinations***

## **Purpose of Policy Changes**

The OPTN previously established eligibility criteria and safety net policies for simultaneous liver-kidney allocation<sup>1</sup> but has not yet implemented similar policies for other multi-organ combinations. Eligibility criteria are qualifying conditions for requiring an organ procurement organization (OPO) to offer a transplant candidate a second organ simultaneously with a primary organ. A safety net promotes access to transplantation for patients who receive a single organ transplant and later need a second organ. The purpose of these policy changes is to establish eligibility criteria for simultaneous heart-kidney and lung-kidney allocation and to create a safety net for kidney-after-heart and kidney-after-lung allocation. Taken together, eligibility criteria for multi-organ transplant candidates and safety net policies help to achieve the best use of scarce donor organs by improving equity in transplant opportunities for multi-organ and single organ candidates.<sup>2,3</sup>

## **Proposal History**

Updates to multi-organ policy were implemented in February 2022.<sup>4</sup> The primary objective of these changes was to provide OPOs with clearer directions for when they must offer multiple organs to one candidate.<sup>5,6</sup> In part, the policy clarified when a kidney must be offered to a candidate along with a heart or lung, based on the candidate's medical urgency for the heart or lung and the candidate's distance from the donor hospital.

Further modifications to the heart-kidney and lung-kidney policies were released for public comment from January 2022-March 2022. In response to public comment feedback, the eligibility criteria for required heart-kidney candidates were broadened to encompass status 4 and 5 heart candidates meeting kidney criteria in addition to heart candidates at statuses 1-3. The Board approved these policy changes on June 27, 2022.

## **Summary of Changes**

The policy implemented in February 2022<sup>7</sup> required OPOs to offer a kidney along with the heart to candidates who are assigned to heart adult status 1, 2, or 3, or any pediatric status, and are within 500 NM of the donor hospital. The policy also required OPOs to offer a kidney along with a lung to candidates who have a lung allocation score greater than or equal to 35 or are less than 12 years old,

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<sup>1</sup> "Simultaneous liver-kidney allocation 2016," OPTN, accessed November 7, 2021, <https://optn.transplant.hrsa.gov/governance/public-comment/simultaneous-liver-kidney-allocation-2016/>.

<sup>2</sup> "Ethical Implications of Multi-Organ Transplants," Briefing Paper, OPTN, accessed June 20, 2022, [https://optn.transplant.hrsa.gov/media/2989/ethics\\_boardreport\\_201906.pdf](https://optn.transplant.hrsa.gov/media/2989/ethics_boardreport_201906.pdf).

<sup>3</sup> "Strategic Plan 2021-2024," Briefing Paper, OPTN, accessed June 20, 2022, <https://optn.transplant.hrsa.gov/media/4632/optn-strategic-plan-2021-2024.pdf>.

<sup>4</sup> "Clarify Multi-Organ Allocation Policy," Notice of OPTN Policy Changes, June 2021, [https://optn.transplant.hrsa.gov/media/4698/clarify\\_multi-organ\\_june\\_2021\\_policy\\_notice.pdf](https://optn.transplant.hrsa.gov/media/4698/clarify_multi-organ_june_2021_policy_notice.pdf) (accessed November 7, 2021).

<sup>5</sup> OPTN Board of Directors Executive Summary, June 14, 2021, OPTN, accessed August 3, 2021, [https://optn.transplant.hrsa.gov/media/4708/20210614\\_board-of-directors\\_executive-summary.pdf](https://optn.transplant.hrsa.gov/media/4708/20210614_board-of-directors_executive-summary.pdf).

<sup>6</sup> "Clarify Multi-Organ Allocation Policy," Briefing Paper, OPTN, accessed August 3, 2021, [https://optn.transplant.hrsa.gov/media/4634/briefing-paper\\_june-2021\\_clarify-multi-organ-policy\\_draft.pdf](https://optn.transplant.hrsa.gov/media/4634/briefing-paper_june-2021_clarify-multi-organ-policy_draft.pdf).

<sup>7</sup> Ibid.

and were located within 500 NM of the donor hospital. Continuous distribution of lungs replaced the lung allocation score and distance threshold with a lung composite allocation score threshold of 25.<sup>8</sup>

This policy change adds eligibility criteria related to kidney function so that OPOs are only required to offer the kidney along with the heart or lung to candidates who have a certain level of kidney dysfunction. This policy change also expands the eligibility criteria to include status 4 and 5 heart candidates in the required shares as long as they meet the kidney criteria. Additionally, this policy change creates a safety net for heart and lung recipients to receive some priority in kidney allocation if they meet criteria for kidney transplantation within one year of their heart or lung transplant.

### Implementation

OPOs will need to train staff regarding new allocation policies for simultaneous heart-kidney and lung-kidney transplantation prior to implementation. Required shares will be indicated on the match run.

Transplant hospitals will need to enter additional data for candidates needing heart-kidney, lung-kidney, kidney-after-heart, or kidney-after-lung transplants to indicate if their candidates meet the eligibility criteria for required shares or qualify for the safety net priority. Transplant hospitals may need to perform additional testing to collect these data. Transplant hospitals will be able to enter these data prior to implementation of the policy changes.

The OPTN will implement the eligibility criteria and safety net after implementation of continuous distribution of lungs but prior to implementation of continuous distribution of kidney and pancreas. The OPTN will update the OPTN Computer System to reflect the changes to allocation across multiple organ match runs, and update its evaluation plan for monitoring member performance. The implementation of these policy changes will occur in two separate phases. The first phase of implementation will be the safety net portion of the policy for heart and lung recipients, this will take place on June 29, 2023. All other changes for this policy will be implemented on September 28, 2023.

### Affected Policy Language

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

## 5.10 Allocation of Multi-Organ Combinations

### 5.10.E ~~Other Multi-Organ Combinations~~

~~When an OPO is offering a heart or lung, and a liver or kidney is also available from the same deceased donor, PTRs who meet the criteria in Table 5-4 must be offered the second organ.~~

~~Table 5-4 Second Organ for Heart or Lung PTRs~~

<del>If the OPO is offering the following organ:</del>	<del>And a PTR is also registered for one of the following organs:</del>	<del>The OPO must offer the second organ if the PTR meets all of the following criteria:</del>
<del>Heart</del>	<del>Liver or Kidney</del>	<del> <ul style="list-style-type: none"> <li>Registered at a transplant hospital at or within 500 NM of the donor hospital</li> </ul> </del>

<sup>8</sup> "Establish Continuous Distribution of Lungs," Notice of OPTN Policy Changes, Updated January 2023, [https://optn.transplant.hrsa.gov/media/b13dlep2/policy-notice\\_lung\\_continuous-distribution.pdf](https://optn.transplant.hrsa.gov/media/b13dlep2/policy-notice_lung_continuous-distribution.pdf).

If the OPO is offering the following organ:	And a PTR is also registered for one of the following organs:	The OPO must offer the second organ if the PTR meets all of the following criteria:
		<ul style="list-style-type: none"> <li>Heart Adult Status 1, 2, 3 or any active pediatric status</li> </ul>
Lung	Liver or Kidney	Has a Lung Composite Allocation Score of 25 or greater

When the OPO is offering a heart or lung and two PTRs meet the criteria in *Table 5-4*, the OPO has the discretion to offer the second organ to either PTR.

It is permissible for the OPO to offer the second organ to other multi-organ PTRs that do not meet the criteria above.

### **5.10.E: Allocation of Heart-Kidneys**

When an OPO is offering a heart, and a kidney is also available from the same deceased donor, then the OPO must offer the kidney to a potential transplant recipient (PTR) who is registered for a heart and a kidney at the same transplant hospital, and who meets either of the following criteria:

- PTR is registered at a transplant hospital at or within 500 NM of the donor hospital and is any active pediatric status, or
- PTR is registered at a transplant hospital at or within 500 NM of the donor hospital and heart adult status 1, 2, 3, 4, or 5, and meets the eligibility criteria established in *Table 5-4: Medical Eligibility Criteria for Heart-Kidney Allocation*

If a host OPO is offering a kidney and a heart from the same deceased donor, then before allocating the kidney to kidney-alone candidates, the host OPO must offer the kidney with the heart to candidates who meet either of the eligibility criteria described in Policy 5.10.E.

**Table 5-4: Medical Eligibility Criteria for Heart-Kidney Allocation**

<p><u>If the candidate's transplant nephrologist confirms a diagnosis of:</u></p>	<p><u>Then the transplant program must report to the OPTN and document in the candidate's medical record:</u></p>
<p><u>Chronic kidney disease (CKD) with a measured or estimated glomerular filtration rate (GFR) less than or equal to 60 mL/min for greater than 90 consecutive days</u></p>	<p><u>At least one of the following:</u></p> <ul style="list-style-type: none"> <li>• <u>That the candidate has begun regularly administered dialysis as an end-stage renal disease (ESRD) patient in a hospital based, independent non-hospital based, or home setting.</u></li> <li>• <u>At the time of registration on the kidney waiting list, that the candidate's most recent measured or estimated creatinine clearance (CrCl) or GFR is less than or equal to 30 mL/min.</u></li> <li>• <u>On a date after registration on the kidney waiting list, that the candidate's measured or estimated CrCl or GFR is less than or equal to 30 mL/min.</u></li> </ul>
<p><u>Sustained acute kidney injury</u></p>	<p><u>At least one of the following, or a combination of both of the following, for the last 6 weeks:</u></p> <ul style="list-style-type: none"> <li>• <u>That the candidate has been on dialysis at least once every 7 days.</u></li> <li>• <u>That the candidate has a measured or estimated CrCl or GFR less than or equal to 25 mL/min at least once every 7 days.</u></li> </ul> <p><u>If the candidate's eligibility is not confirmed at least once every seven days for the last 6 weeks, the candidate is not eligible to receive a heart and a kidney from the same donor.</u></p>

### **5.10.F: Allocation of Lung-Kidneys**

When an OPO is offering a lung, and a kidney is also available from the same deceased donor, then the OPO must offer the kidney to a potential transplant recipient (PTR) who is registered for a lung and a kidney at the same transplant hospital, and who meets either of the following criteria:

- PTR was less than 18 years old when registered on the lung waiting list, or
- PTR has a Lung Composite Allocation Score of 25<sup>9</sup> or greater, and meets eligibility according to *Table 5-5: Medical Eligibility Criteria for Lung-Kidney Allocation*

If a host OPO is offering a kidney and a lung from the same deceased donor, then before allocating the kidney to kidney-alone candidates, the host OPO must offer the kidney with the lung to candidates who meet either of the eligibility criteria described in Policy 5.10.F.

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<sup>9</sup> When this proposal was approved by the OPTN Board of Directors on June 27, 2022, this policy required a Lung Composite Allocation Score of 28 or greater. A subsequent proposal approved by the OPTN Board of Directors on December 5, 2022, changed the requirement to a Lung Composite Allocation Score of 25 or greater. See: [https://optn.transplant.hrsa.gov/media/a14npr5x/policy-notice\\_mot-for-cd\\_lung.pdf](https://optn.transplant.hrsa.gov/media/a14npr5x/policy-notice_mot-for-cd_lung.pdf).

**Table 5-5: Medical Eligibility Criteria for Lung-Kidney Allocation**

<p><u>If the candidate’s transplant nephrologist confirms a diagnosis of:</u></p>	<p><u>Then the transplant program must report to the OPTN and document in the candidate’s medical record:</u></p>
<p><u>Chronic kidney disease (CKD) with a measured or estimated glomerular filtration rate (GFR) less than or equal to 60 mL/min for greater than 90 consecutive days</u></p>	<p>At least <i>one</i> of the following:</p> <ul style="list-style-type: none"> <li>• <u>That the candidate has begun regularly administered dialysis as an end-stage renal disease (ESRD) patient in a hospital based, independent non-hospital based, or home setting.</u></li> <li>• <u>At the time of registration on the kidney waiting list, that the candidate’s most recent measured or estimated creatinine clearance (CrCl) or GFR is less than or equal to 30 mL/min.</u></li> <li>• <u>On a date after registration on the kidney waiting list, that the candidate’s measured or estimated CrCl or GFR is less than or equal to 30 mL/min.</u></li> </ul>
<p><u>Sustained acute kidney injury</u></p>	<p>At least <i>one</i> of the following, or a combination of <i>both</i> of the following, for the <u>last 6 weeks:</u></p> <ul style="list-style-type: none"> <li>• <u>That the candidate has been on dialysis at least once every 7 days.</u></li> <li>• <u>That the candidate has a measured or estimated CrCl or GFR less than or equal to 25 mL/min at least once every 7 days.</u></li> </ul> <p><u>If the candidate’s eligibility is not confirmed at least once every seven days for the last 6 weeks, the candidate is not eligible to receive a lung and a kidney from the same donor.</u></p>

### **5.10.G Allocation of Heart-Liver and Lung-Liver**

When an OPO is offering a heart or lung, and a liver is also available from the same deceased donor, PTRs who meet the criteria in *Table 5-6: When Offering a Heart or Lung and Second Organ Is a Liver* must be offered the liver. When an OPO is offering a heart or lung and two PTRs meet the criteria in *Table 5-6*, the OPO has the discretion to offer the liver to either PTR.

**Table 5-6: When Offering a Heart or Lung and Second Organ Is a Liver**

<b><u>If an OPO is offering a heart or lung, and a PTR is also registered for a liver:</u></b>	<b><u>The OPO must offer the liver if the PTR meets the following criteria:</u></b>
<u>Heart</u>	<ul style="list-style-type: none"><li>• <u>Registered at a transplant hospital at or within 500 NM of the donor hospital</u></li><li>• <u>Heart Adult Status 1, 2, 3 or any active pediatric status</u></li></ul>
<u>Lung</u>	<u>Has a Lung Composite Allocation Score of 25<sup>10</sup> or greater</u>

It is permissible for the OPO to offer the liver to other PTRs who do not meet the criteria in Policy 5.10.G.

## **8.5 Kidney Allocation Classifications and Rankings**

### **8.5.H Prioritization for Heart Recipients on the Kidney Waiting List**

If a kidney candidate received a heart transplant, but not a heart and kidney transplant from the same deceased donor, the candidate will be classified as a prior heart recipient. This classification gives priority to a kidney candidate if *both* of the following criteria are met:

1. The candidate is registered on the kidney waiting list prior to the one-year anniversary of the candidate's most recent heart transplant date
2. On a date that is at least 60 days but not more than 365 days after the candidate's heart transplant date, at least *one* of the following criteria is met:
  - The candidate has a measured or estimated creatinine clearance (CrCl) or glomerular filtration rate (GFR) less than or equal to 20 mL/min.
  - The candidate is on dialysis.

When the transplant program reports that the candidate meets the criteria for this classification, the candidate will remain at this classification for 30 days from the date of the qualifying test or treatment. If the transplant program reports additional qualifying tests or treatments, then the candidate will remain at this classification for 30 days from the most recent date of the test or treatment. If the transplant program reports that the candidate meets the criteria for 90 consecutive days, the candidate will remain at this classification until the candidate is removed from the kidney waiting list. If the candidate transfers kidney waiting time

<sup>10</sup> When this proposal was approved by the OPTN Board of Directors on June 27, 2022, this policy required a Lung Composite Allocation Score of 28 or greater. A subsequent proposal approved by the OPTN Board of Directors on December 5, 2022, changed the requirement to a Lung Composite Allocation Score of 25 or greater. See: [https://optn.transplant.hrsa.gov/media/a14npr5x/policy-notice\\_mot-for-cd\\_lung.pdf](https://optn.transplant.hrsa.gov/media/a14npr5x/policy-notice_mot-for-cd_lung.pdf)



according to *Policy 3.6.C: Individual Waiting Time Transfers* and has met the criteria for 90 consecutive days, then the candidate's classification will be included in the transfer.

If a heart recipient receives a kidney using this priority classification and returns to the kidney waiting list after the most recent kidney transplant, the candidate must again meet the criteria for this classification, unless the candidate qualifies for kidney waiting time reinstatement according to *Policy 3.6.B.i: Non-function of a Transplanted Kidney*. If the candidate qualifies for kidney waiting time reinstatement, the candidate will be classified as qualifying for the classification.

If a kidney candidate received a heart and kidney transplant from the same deceased donor, the candidate will only qualify for this classification if the candidate qualifies for kidney waiting time reinstatement according to *Policy 3.6.B.i: Non-function of a Transplanted Kidney*.

### **8.5.I Prioritization for Lung Recipients on the Kidney Waiting List**

If a kidney candidate received a lung transplant, but not a lung and kidney transplant from the same deceased donor, the candidate will be classified as a prior lung recipient. This classification gives priority to a kidney candidate if *both* of the following criteria are met:

1. The candidate is registered on the kidney waiting list prior to the one-year anniversary of the candidate's most recent lung transplant date
2. On a date that is at least 60 days but not more than 365 days after the candidate's lung transplant date, at least *one* of the following criteria is met:
  - The candidate has a measured or estimated creatinine clearance (CrCl) or glomerular filtration rate (GFR) less than or equal to 20 mL/min.
  - The candidate is on dialysis.

When the transplant program reports that the candidate meets the criteria for this classification, the candidate will remain at this classification for 30 days from the date of the qualifying test or treatment. If the transplant program reports additional qualifying tests or treatments, then the candidate will remain at this classification for 30 days from the most recent date of the test or treatment. If the transplant program reports that the candidate meets the criteria for 90 consecutive days, the candidate will remain at this classification until the candidate is removed from the kidney waiting list. If the candidate transfers kidney waiting time according to *Policy 3.6.C: Individual Waiting Time Transfers* and has met the criteria for 90 consecutive days, then the candidate's classification will be included in the transfer.

If a lung recipient receives a kidney using this priority classification and returns to the kidney waiting list after the most recent kidney transplant, the candidate must again meet the criteria for this classification, unless the candidate qualifies for kidney waiting time reinstatement according to *Policy 3.6.B.i: Non-function of a Transplanted Kidney*. If the candidate qualifies for kidney waiting time reinstatement, the candidate will be classified as qualifying for the classification.

If a kidney candidate received a lung and kidney transplant from the same deceased donor, the candidate will only qualify for this classification if the candidate qualifies for kidney waiting time reinstatement according to *Policy 3.6.B.i: Non-function of a Transplanted Kidney*.

**8.5.K 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 8-8* below. For the purposes of *Table 8-8*, distribution will be based on the distance from the candidate’s transplant hospital to the donor hospital, unless the kidney is allocated according to *Policy 8.8: Allocation of Released Kidneys*. For kidneys that are released and the host OPO or the OPTN executes a released kidney match run, distribution will be based on the distance from the candidate’s transplant hospital to the transplant hospital that released the organ.

**Table 8-8: 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 hospital that distribution will be based upon	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	Medically Urgent	250NM	Any

<b>Classification</b>	<b>Candidates that are</b>	<b>And registered at a transplant hospital that is at or within this distance from the hospital that distribution will be based upon</b>	<b>With this donor blood type:</b>
<b>8</b>	0-ABDR mismatch, CPRA equal to 99%, blood type permissible or identical	250NM	Any
<b>9</b>	CPRA equal to 99%, blood type permissible or identical	250NM	Any
<b>10</b>	0-ABDR mismatch, CPRA equal to 98%, blood type permissible or identical	250NM	Any
<b>11</b>	CPRA equal to 98%, blood type permissible or identical	250NM	Any
<b>12</b>	0-ABDR mismatch, blood type identical	250NM	Any
<b>13</b>	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical	Nation	Any
<b>14</b>	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
<b>15</b>	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
<b>16</b>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Nation	Any
<b>17</b>	0-ABDR mismatch, blood type B	250NM	O

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the hospital that distribution will be based upon	With this donor blood type:
18	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B	Nation	O
19	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
20	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
21	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	Nation	O
22	0-ABDR mismatch, blood type permissible	250NM	Any
23	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type permissible	Nation	Any
24	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
25	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
26	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Nation	Any
27	Prior liver, heart, and lung recipients <del>that</del> <u>who</u> meet the qualifying criteria according to <i>Policy 8.5.G: Prioritization for Liver</i>	250NM	Any

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the hospital that distribution will be based upon	With this donor blood type:
	<i>Recipients on the Kidney Waiting List, Policy 8.5.H: Prioritization for Heart Recipients on the Kidney Waiting List, or Policy 8.5.I: Prioritization for Lung Recipients on the Kidney Waiting List, blood type permissible or identical</i>		
28	Blood type B	250NM	A2 or A2B
29	All remaining candidates, blood type permissible or identical	250NM	Any
30	Registered prior to 18 years old, blood type permissible or identical	Nation	Any
31	Blood type B	Nation	A2 or A2B
32	All remaining candidates, blood type permissible or identical	Nation	Any

**8.5.JL 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 8-9* below and the following:

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

For the purposes of *Table 8-9*, distribution will be based on the distance from the candidate's transplant hospital to the donor hospital, unless the kidney is allocated according to *Policy 8.8: Allocation of Released Kidneys*. For kidneys that are released and the host OPO or the OPTN executes a released kidney match run, distribution will be based on the distance from the candidate's transplant hospital to the transplant hospital that released the organ.

**Table 8-9: Allocation of Kidneys from Deceased Donors with KDPI Greater Than or Equal To 35% and Less Than or Equal To 85%**

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

<b>Classification</b>	<b>Candidates that are</b>	<b>And registered at a transplant hospital that is at or within this distance from the hospital that distribution will be based upon</b>	<b>With this donor blood type:</b>
<b>11</b>	0-ABDR mismatch, blood type identical	250NM	Any
<b>12</b>	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical	Nation	Any
<b>13</b>	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
<b>14</b>	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
<b>15</b>	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Nation	Any
<b>16</b>	0-ABDR mismatch, and blood type B	250NM	O
<b>17</b>	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B	Nation	O
<b>18</b>	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
<b>19</b>	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 hospital that distribution will be based upon	With this donor blood type:
20	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	Nation	O
21	0-ABDR mismatch, blood type permissible	250NM	Any
22	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type permissible	Nation	Any
23	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
24	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
25	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Nation	Any
26	Prior liver, heart, and lung recipients <del>that</del> who meet the qualifying criteria according to <i>Policy 8.5.G: Prioritization for Liver Recipients on the Kidney Waiting List</i> , <i>Policy 8.5.H: Prioritization for Heart Recipients on the Kidney Waiting List</i> , or <i>Policy 8.5.I: Prioritization for Lung Recipients on the Kidney Waiting List</i> , 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 hospital that distribution will be based upon	With this donor blood type:
27	Blood type B	250NM	A2 or A2B
28	All remaining candidates, blood type permissible or identical	250NM	Any
29	Blood type B	Nation	A2 or A2B
30	All remaining candidates, blood type permissible or identical	Nation	Any
31	Candidates who have specified they are willing to accept both kidneys from a single deceased donor, blood type permissible or identical	250NM	Any
32	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.KM 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 8-10* below and the following:

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

For the purposes of *Table 8-10*, distribution will be based on the distance from the candidate's transplant hospital to the donor hospital, unless the kidney is allocated according to *Policy 8.8: Allocation of Released Kidneys*. For kidneys that are released and the host OPO or the OPTN executes a released kidney match run, distribution will be based on the distance from the candidate's transplant hospital to the transplant hospital that released the organ.

**Table 8-10: Allocation of Kidneys from Deceased Donors with KDPI Scores Greater Than 85%**

<b>Classification</b>	<b>Candidates that are</b>	<b>And registered at a transplant hospital that is at or within this distance from the hospital that distribution will be based upon</b>	<b>With this donor blood type:</b>
<b>1</b>	0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	250NM	Any
<b>2</b>	CPRA equal to 100%, blood type permissible or identical	250NM	Any
<b>3</b>	0-ABDR mismatch, CPRA equal to 100%, blood type permissible or identical	Nation	Any
<b>4</b>	CPRA equal to 100%, blood type permissible or identical	Nation	Any
<b>5</b>	Medically Urgent	250NM	Any
<b>6</b>	0-ABDR mismatch, CPRA equal to 99%, blood type permissible or identical	250NM	Any
<b>7</b>	CPRA equal to 99%, blood type permissible or identical	250NM	Any
<b>8</b>	0-ABDR mismatch, CPRA equal to 98%, blood type permissible or identical	250NM	Any
<b>9</b>	CPRA equal to 98%, blood type permissible or identical	250NM	Any
<b>10</b>	0-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 hospital that distribution will be based upon	With this donor blood type:
11	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type identical	Nation	Any
12	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type identical	Nation	Any
13	0-ABDR mismatch, blood type B	250NM	O
14	0-ABDR mismatch, CPRA greater than or equal to 80%, and blood type B	Nation	O
15	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type B	Nation	O
16	0-ABDR mismatch, blood type permissible	250NM	Any
17	0-ABDR mismatch, CPRA greater than or equal to 80% , and blood type permissible	Nation	Any
18	0-ABDR mismatch, CPRA greater than or equal to 21% but no greater than 79%, and blood type permissible	Nation	Any
19	Prior liver, heart, and lung recipients <del>that</del> who meet the qualifying criteria according to <i>Policy 8.5.G: Prioritization for Liver Recipients on the Kidney Waiting List, Policy 8.5.H: Prioritization for Heart Recipients on the Kidney Waiting List, or Policy 8.5.I: Prioritization for Lung Recipients on the Kidney</i>	250NM	Any

Classification	Candidates that are	And registered at a transplant hospital that is at or within this distance from the hospital that distribution will be based upon	With this donor blood type:
	<u>Waiting List</u> , blood type permissible or identical		
20	Blood type B	250NM	A2 or A2B
21	All remaining candidates, blood type permissible or identical	250NM	Any
22	Candidates who have specified they are willing to accept both kidneys from a single deceased donor, blood type permissible or identical	250NM	Any
23	Blood type B	Nation	A2 or A2B
24	All remaining candidates, blood type permissible or identical	Nation	Any
25	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.C Kidney Allocation in Multi-Organ Combinations

If a host OPO procures a kidney along with other organs, the host OPO must first offer the kidney according to ~~one of~~ the following policies before allocating the kidney to kidney alone candidates according to *Policy 8: Allocation of Kidneys*:

- *Policy 5.10.E: ~~Other Multi-Organ Combinations~~ Allocation of Heart-Kidneys*
- *Policy 5.10.F: Allocation of Lung-Kidneys*
- *Policy 9.9: Liver-Kidney Allocation*
- *Policy 11.4.A: Kidney-Pancreas Allocation Order*