

March 18, 2024

Organ Procurement and Transplantation Network (OPTN)  
Winter 2024 Public Comment Period

**Re: Proposal: Refit Kidney Donor Profile Index without Race and Hepatitis C Virus**

The American Kidney Fund (AKF) appreciates the opportunity to provide comments on the proposal by the OPTN Minority Affairs Committee, “Refit Kidney Donor Profile Index without Race and Hepatitis C Virus.”

The American Kidney Fund fights kidney disease on all fronts as the nation’s leading kidney nonprofit. AKF works on behalf of the 37 million Americans living with kidney disease, and the millions more at risk, with an unmatched scope of programs that support people wherever they are in their fight against kidney disease—from prevention through transplant. Through programs of prevention, early detection, financial support, disease management, clinical research, innovation and advocacy, no kidney organization impacts more lives than AKF. AKF is one of the nation’s top-rated nonprofits, investing 97 cents of every donated dollar in programs, and holds the highest 4-Star rating from Charity Navigator and the Platinum Seal of Transparency from GuideStar.

AKF supports the proposal to refit the Kidney Donor Risk Index (KDRI) and subsequently the Kidney Donor Profile Index (KDPI) calculation by removing race and hepatitis C virus (HCV) donor factors to better reflect the likelihood of graft failure for kidneys from African American/Black and HCV positive donors. We agree with the committee’s rationale that race is a poor proxy for human genetic variation because it is a social construct that lacks biological meaning. We also agree that the introduction of interferon-free direct-acting antivirals (DAAs) in 2014 has revolutionized HCV management, and that post-transplant outcomes for HCV positive deceased donors are similar to that of HCV negative donor kidneys.

As the committee notes, currently kidneys from African American/Black and HCV positive deceased donors have an increased KDPI of up to 20% for each factor, making these donor kidneys appear less suitable for transplant. We believe that removing race and HCV donor factors from the KDRI and KDPI calculation is a much-needed step in improving equity in access to transplant for minority candidates.

While African American/Black people make up 13% of the population, they account for more than 30% of kidney failure patients on the national waiting list. In terms of the waiting time for a kidney, 41% of Black patients were still waitlisted for a kidney three years after initially being placed on the waitlist. In comparison, 26% of White patients were still waitlisted for a kidney three years after initial waitlisting. We agree with the committee that since African

American/Black patients are more likely to receive kidneys from African American/Black donors, removal of the race coefficient from KDRI could help to decrease the waiting time disparity for African American/Black candidates and non-use of organs from African American/Black deceased donors.

While we support this proposal to remove the race and HCV factors from the KDRI and KDPI calculation, we also want to acknowledge the concern about potential unintended effects on the pediatric kidney transplant population with changing the use of the HCV factor in KDRI and KDPI. Therefore, we recommend the monitoring of pediatric kidney transplant rates, numbers, and wait times after a change in the KDPI calculation to assess any potential impact.

Thank you for the opportunity to comment on this proposal.