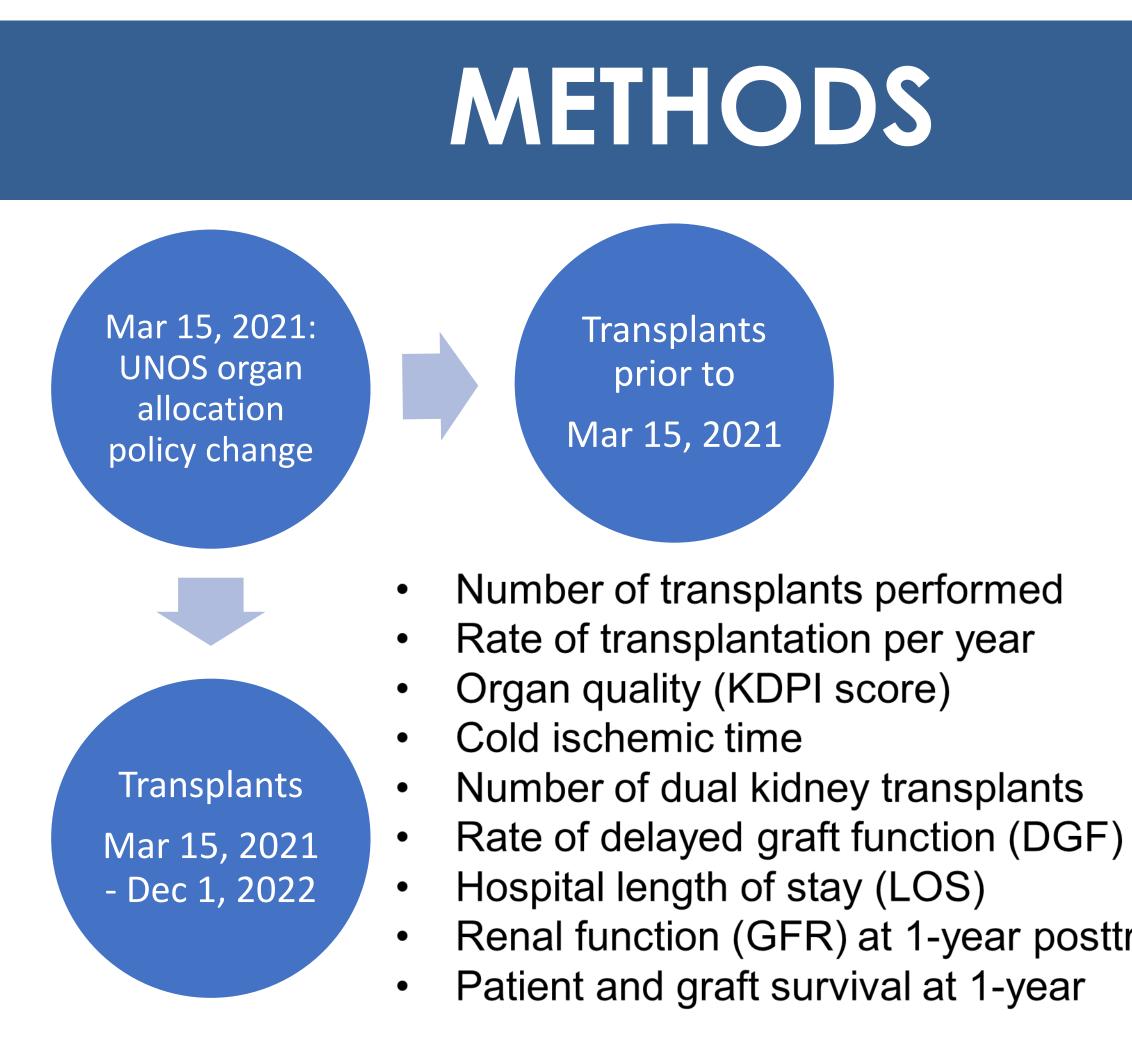
BACKGROUND

- Kidney allocation prior to organ allocatio change:
 - Determined by the donation servic (DSA) and the Organ Procuremen Transplantation Network (OPTN)
 - Recipients chosen based on organ procurement organization first
- March 15, 2021 policy change:
 - Eliminated DSAs
 - Offers based on distance from dor hospital (first within 250 nautical m
- Believed to affect hospitals that had the Transplant Center for that DSA disproportionately.
- Objective: Assess whether promoting reader organ sharing led to changes in volume outcomes of one such transplant center.



UMC Center for Transplantation | 901 Rancho Lane, Suite 250 Las Vegas, NV 89106

The Effect of Change in the Kidney Allocation Policy on Outcomes of a Sole **Transplant Center in a Single Donation Service Area**

	Kidney transplant volume and outcomes before and after allocation policy change			
on policy				
ice area nt and		Pre-Allocation Change	Post-Allocation Change	p-value
an		4.4.0	400	0.4
	Rate of transplants per year	149	138	0.4
onor miles)	Mean KDPI	53	36	<0.05
e sole	Cold ischemic time (hours)	14.7	23.4	<0.05
regional e and	Dual kidney transplants	1	32	<0.05
	DGF	42/116 (36%)	100/223 (44%)	0.126
	LOS (days)	5	5	
	GFR at 12 months (mL/min)	50.78±9.53	54.20±9.68	0.69
	1-year death- censored graft survival	99.13%	98.65%	0.69
[:]) ttransplant	1-year patient survival	99.13%	97.3%	0.26

After allocation policy change:

- 14.7 hours to 23.4 hours.
- unaffected.

CONCLUSIONS

The kidney allocation policy change resulted in significantly longer cold ischemic times, likely secondary to increased donations from beyond 250 nautical miles.

An increase in dual kidney transplants may have mitigated potential policy change effects on transplant outcomes.

disclose.

Abigail W Cheng, MD1, Chelsey Wongjirad, DO1,2, Mary Froehlich, MD1, Sunil Patel, MD2 1Surgery, UNLV School of Medicine, Las Vegas, NV, United States; 2UMC Center for Transplantation, University Medical Center of Southern Nevada, Las Vegas, NV, United States PATHWAY

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RESULTS

• Rate of transplantation decreased from 149 transplants/year to 138 transplants/year.

Cold ischemic times significantly increased from

• Number of dual kidney transplants significantly increased from 1 to 32 transplants.

• Rate of DGF, LOS, GFR at 1-year, and patient and graft survival at 1-year was largely

DISCLOSURES

The authors do not have any conflicts of interest to

DESIGNATED

REFERENCES