

# Waitlist Management—The “Hot List” Approach



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## Introduction

Organ discard rates are rising despite changes to the kidney allocation system, which were intended to improve organ utilization. With more than 88,000 people awaiting a life-saving kidney transplant, it is vital that every viable organ be transplanted. Strategies to identify the appropriate recipient for hard-to-place organs need to be implemented across programs.

## Objective

To increase utilization of hard-to-place organs while achieving excellent outcomes for patients who awaiting kidney transplantation.

## Who's Involved

The Multidisciplinary Transplant Team:

- Transplant Surgeon
- Transplant Nephrologist
- Coordinators
- Patient



## Methods

Hard-to-place organs are reviewed using UNET data and high-resolution kidney biopsy images. The “hot list” of patients refers to all patients added to the waitlist who are ready for transplant. These patients have been educated on all organ types and outcomes, including the post-transplant expectation of delayed graft function; immunosuppression strategies aimed at sparing use of calcineurin inhibitors (CNIs) to improve organ function; use of dual organs; and other factors which make organs hard to place.



All patients on the waitlist are aware of every option to be transplanted quickly, and appropriate candidates for each organ type are approached with the option to accept the organ offer. For example: a 20-year-old, unsensitized recipient may not want to accept an organ from a 60-year-old donor, but that kidney may be an appropriate organ for an older recipient who does not have much waiting time or other options for transplant.

By providing detailed education throughout the listing process, recipients are aware of their options and are equipped with the information needed to make educated decisions about hard-to-place organs. Identifying the right recipient for each kidney helps to utilize organs in an efficient and effective manner, thereby decreasing organ discard.

## What's Ahead?

Organ Procurement Organizations (OPOs) are encouraged to make high-resolution images of kidney biopsies available so that transplant programs that are interested in using hard-to-place organs have all the data needed to readily make efficient decisions. NYU Langone's strategy of immunosuppression, specifically whether to target CN1 minimization or avoidance by use of alternate agents, is made when viewing the kidney biopsy images.



By using this individualized care strategy, NYU Langone has achieved transplant rates that are significantly higher than expected (Fig. A2) with transplant rate ratio 2.16 (Fig. B2D), lower than expected pre-transplant mortality rates (SRTR report Fig. A3) with an estimated mortality rate ratio 0.86 (Fig. B5), deceased donor transplant rates that exceed the expected with transplant rate ratio estimate 2.16 (Fig. B3D), and 1 and 3 year organ survival that outperform most transplant centers (Fig. C10) based on data released by SRTR January 2023. NYU Langone's organ acceptance is among the highest in the country (Fig. B10).

Figure A2. Transplant rates 07/01/2020 - 06/30/2022

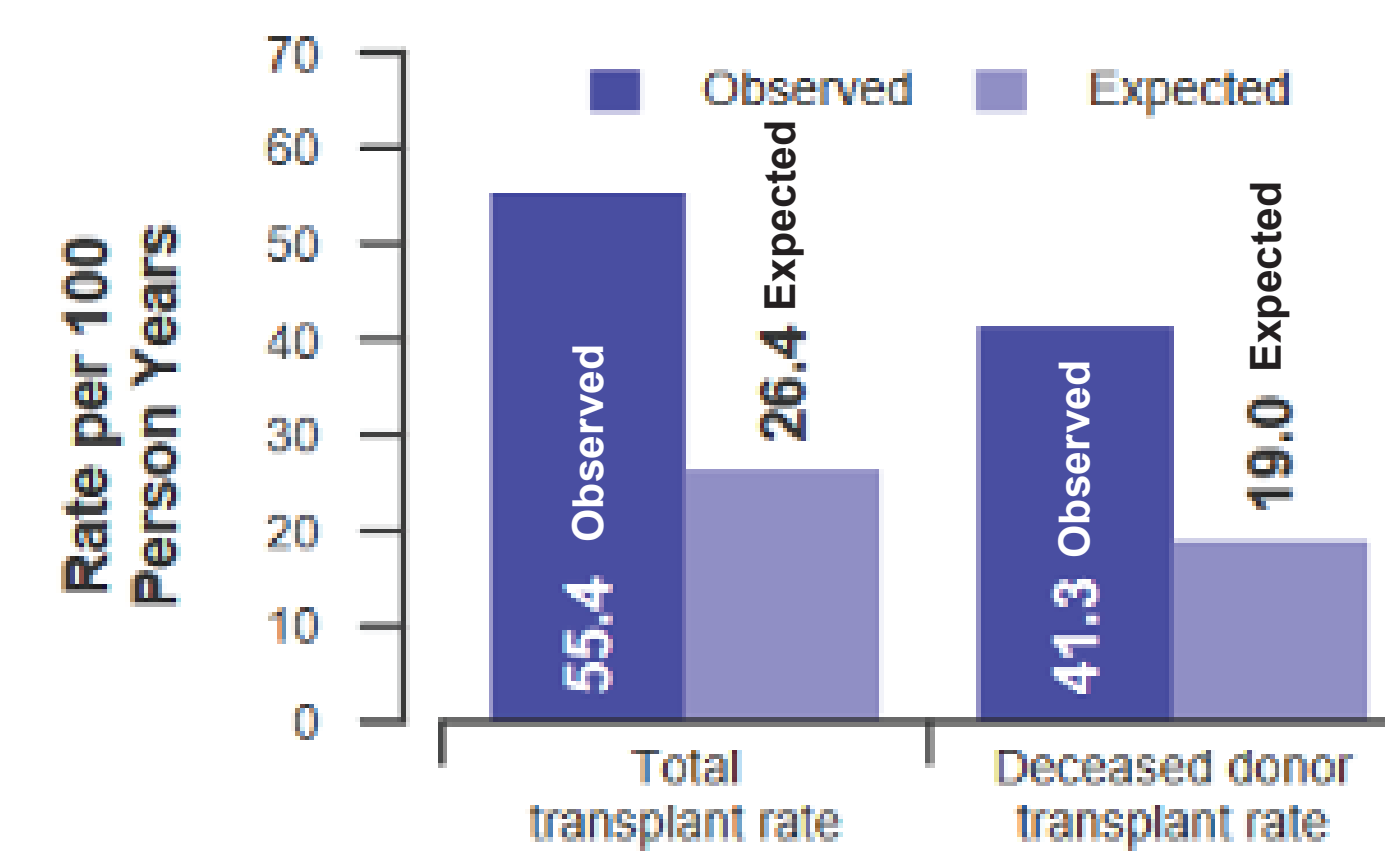


Figure B2D. Deceased donor transplant rate ratio estimate

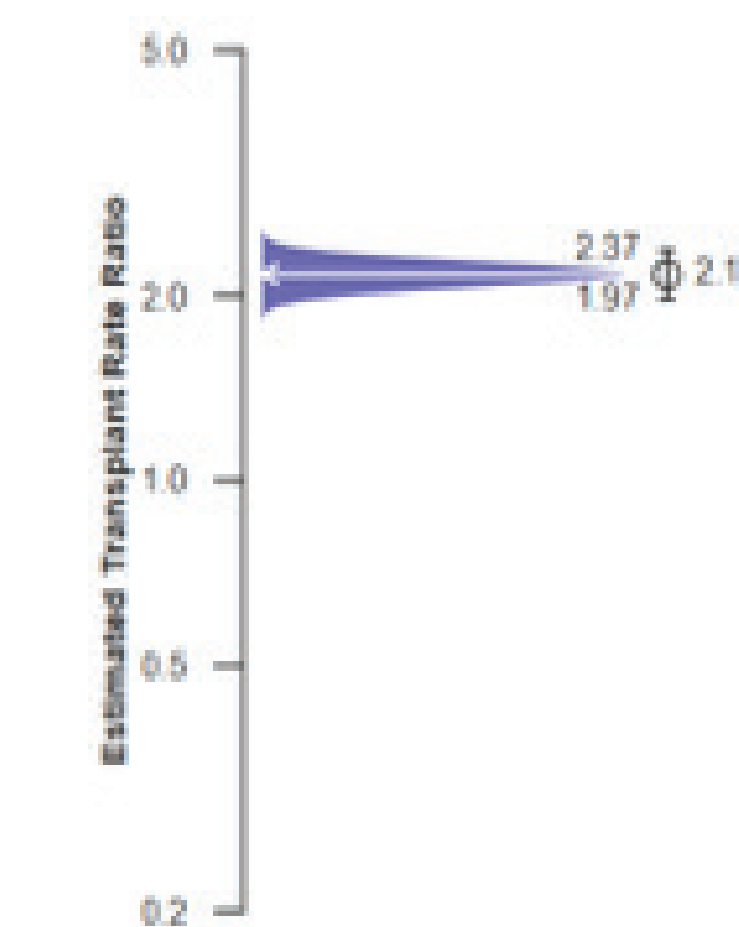


Figure A3. Pre-transplant mortality rates 07/01/2020 - 06/30/2022

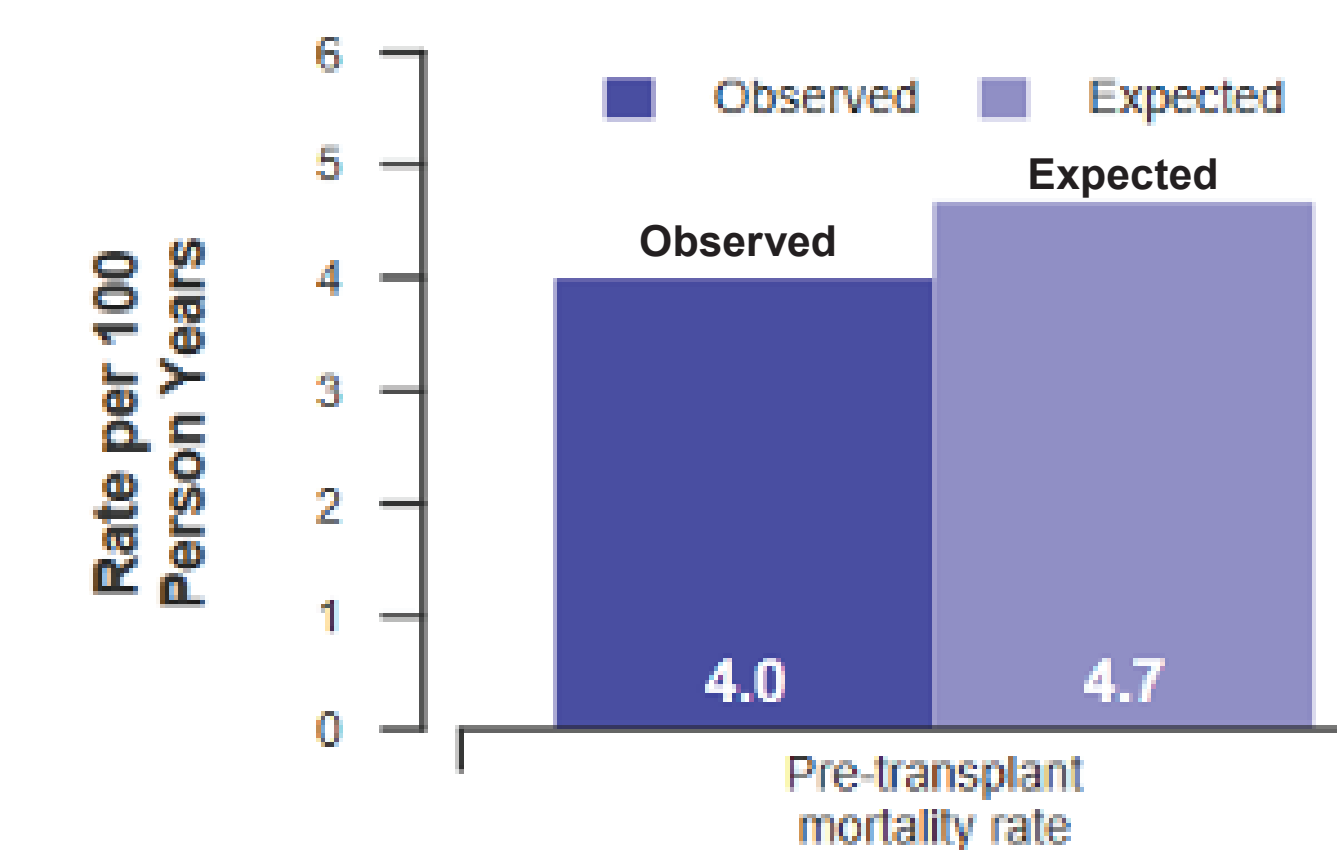


Figure B5. Pre-transplant mortality rate ratio estimate

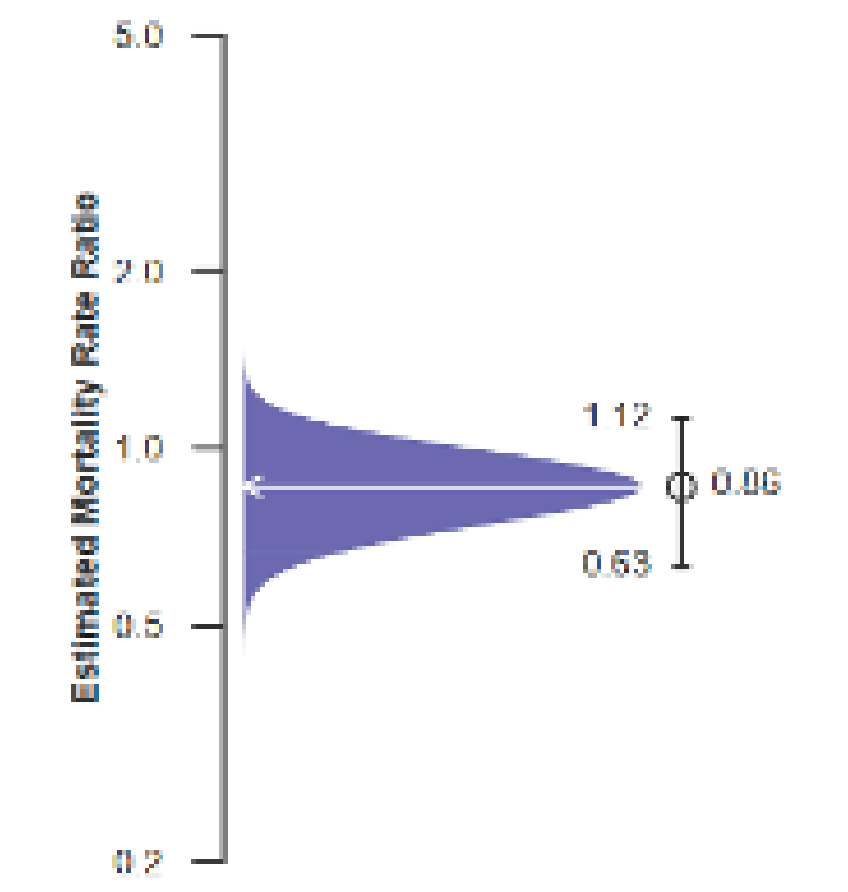


Figure B3D. Observed adult (18+) and pediatric (<18) deceased donor transplant rates: 07/01/2020 - 06/30/2022

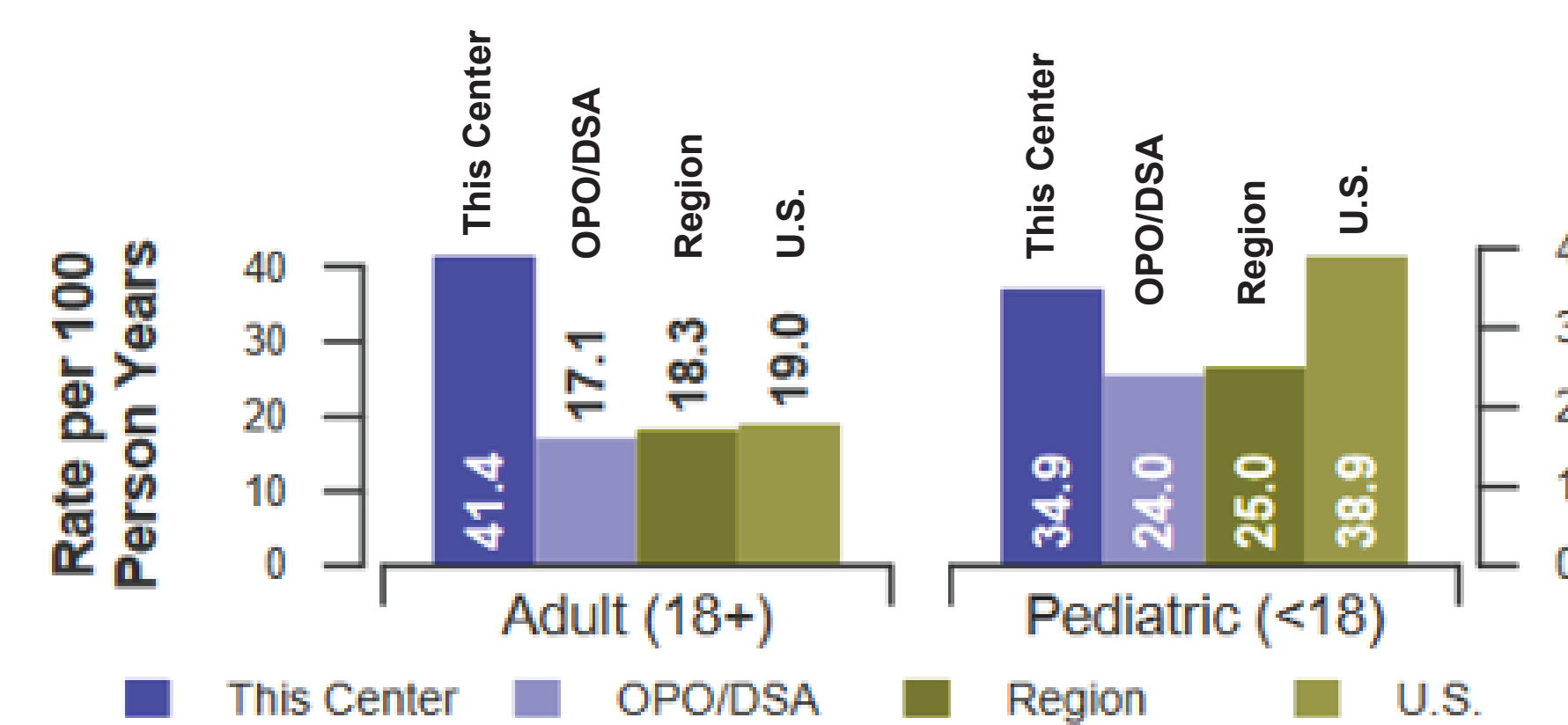


Figure C10. Adult (18+) 3-year graft failure HR program comparison

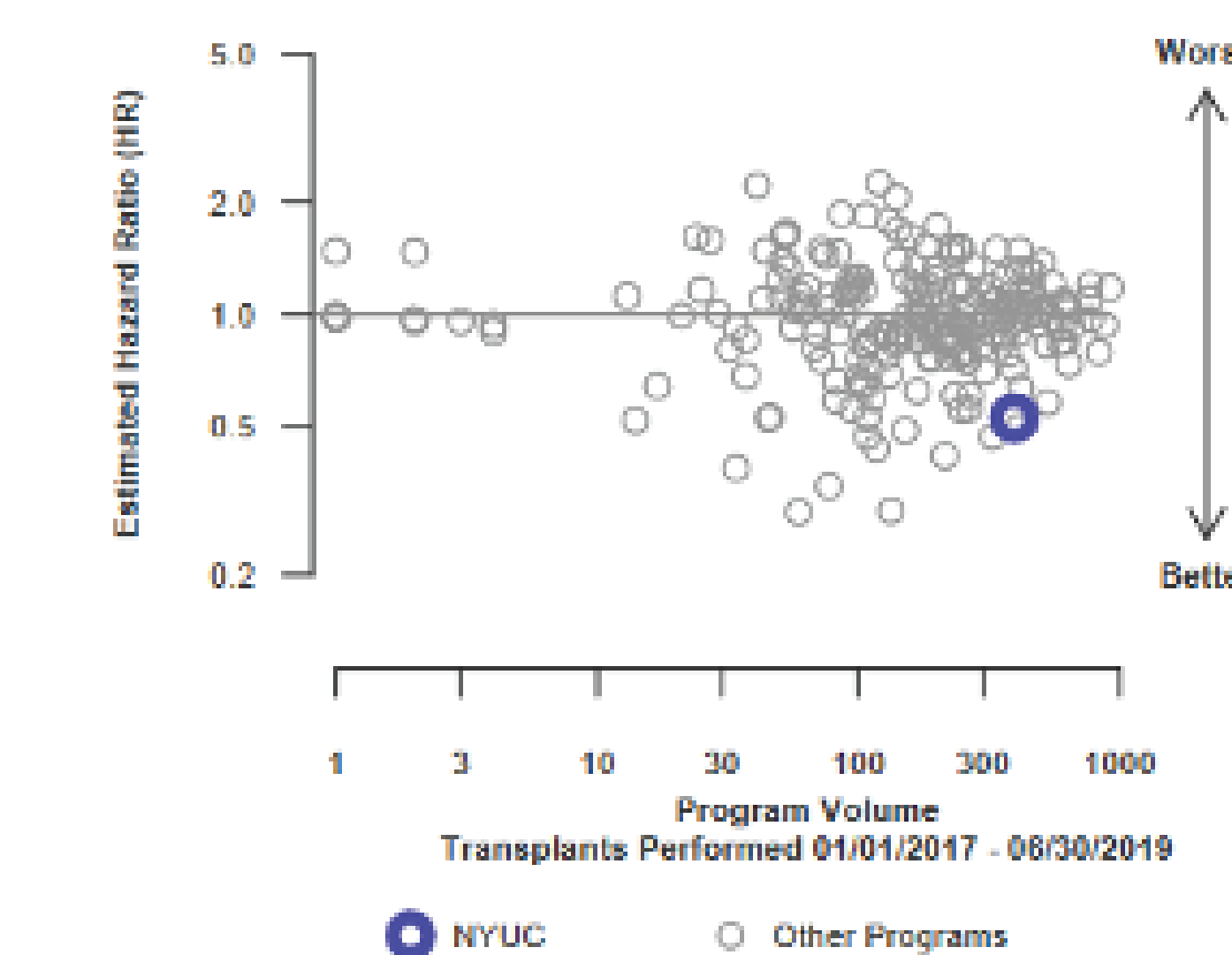


Figure B10. Offer acceptance: Overall

