Kidney Paired Donation

Presented by:

Joe Sinacore
Director of Education and Development
What does NKR offer?

Donor Care Network

Centers of Excellence

**Donor Shield**
- Lost Wages
- Travel & Lodging
- Life Insurance
- Disability Insurance
- Legal Support
- Uncovered Complications

**Automated Workflow**
- Online Screening
- Medical History
- Pre-Work Up Labs
- Donor Satisfaction Survey
- Automated Follow Up
- Microsites

**Paired Exchange**
- Donor Referrals
- Partner Status
- Patient Referrals
- All-In Participation
- LD Prioritization
- Center Listing Service

**Advanced Donation**
- Standard Voucher
- Family Voucher
- Swap Saver
- Real-Time Swap Failure
- Remote Donation

**Donor Search**
- Champion Microsites
- Patient Training
- Event Marketing
- Business Cards
- Success Measurement
NKR Member Centers as of 9/30/2019

For more detailed info go to – www.kidneyregistry.org
OR Center list at www.kidneytransplantcenters.org/center/
What is Kidney Paired Donation (KPD)

Loop

Traditional Paired Exchange

Chain

NDD or Voucher

Donor

Waitlist or voucher patient
Why do Patients Need KPD?

- **Overcome donor-recipient incompatibility**
  - ABO
  - Avoid Antibodies/DSA’s

- **Find a better match to improve graft survival**
  - Improve HLA match
  - Achieve better donor age match
  - Avoid low level antibodies/DSA’s
Compatible Pairs in KPD

Why on earth would they participate?

1. Trade up to better HLA match
2. Trade up to better age match
3. Donor Protections
4. Altruism!
NKR Leading U.S. KPD Growth
Accounting for All U.S. KPD Growth Since 2010

Transplanted Patient Median Wait Time

Wait times of patients transplanted during prior 12 months

*As of 3/31/19
## NKR Patients Waiting > 1 year

**As of 6/21/19**

<table>
<thead>
<tr>
<th>#</th>
<th>Recip Ctr</th>
<th>Recip</th>
<th>RB</th>
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<td>A1</td>
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<td>47</td>
<td>13</td>
<td>17</td>
<td>-4</td>
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Transplanted Patients by cPRA

* As of 6/30/19

National Kidney Registry
FACILITATING LIVING DONOR TRANSPLANTS
Pool Composition by cPRA

As of 3/31/19

<table>
<thead>
<tr>
<th>cPRA</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>29%</td>
</tr>
<tr>
<td>95-99%</td>
<td>14%</td>
</tr>
<tr>
<td>80-95%</td>
<td>7%</td>
</tr>
<tr>
<td>50-80%</td>
<td>7%</td>
</tr>
<tr>
<td>0-50%</td>
<td>18%</td>
</tr>
<tr>
<td>0%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Legend:
- Red: 100%
- Orange: 95-99%
- Green: 80-95%
- Blue: 50-80%
- Light Blue: 0-50%
- Grey: 0%

National Kidney Registry
Facilitating Living Donor Transplants
Pool Size
Unmatched patients by day
1/14/2012 – 6/30/2019

CLC Implemented
A2 to O/B Transplants with Acceptable Anti-A Titers

*annualized
**Death Censored Graft Failure Comparisons**

- NKR KPD (NKR) (n=2,232)
- Non-NKR KPD (KPD) (n = 5,136)
- US Living Donor (LD) (n=60,272)
- US Unrelated Living Donor (ULD) (n=29,000)

**3 Year* % Graft Failure**
- NKR: 3.0%
- KPD: 4.4%
- LD: 3.9%
- ULD: 4.0%

**5 Year* % Graft Failure**
- NKR: 5.9%
- KPD: 7.8%
- LD: 7.0%
- ULD: 7.2%

**7 Year* % Graft Failure**
- NKR: 7.9%
- KPD: 11.2%
- LD: 10.3%
- ULD: 10.5%

*Statistically Significant

23% Lower p<0.001

Provided courtesy of Johns Hopkins University School of Medicine, Department of Surgery *Not including CHIP patients; Kaplan-Meier GS Rates for Transplants Performed: 02/2008-06/2018 with follow-up through 2/28/2019 SRTR data as of March, 2019
NKR Outperforms Other KPD Transplants

Provided courtesy of Johns Hopkins University School of Medicine, Department of Surgery *Not including CHIP patients; Kaplan-Meier GS Rates for Transplants Performed: 02/2008-06/2018 with follow-up through 2/28/2019
https://www.srtr.org/ SRTR data as of March, 2019

p<0.001
*Statistically Significant
Patient Mortality Rate Comparisons

<table>
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<tr>
<th>3 Year*</th>
<th>5 Year*</th>
<th>7 Year*</th>
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<tbody>
<tr>
<td>NKR KPD (NKR) (n=2,232)</td>
<td>12%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Non-NKR KPD (KPD) (n = 5,136)</td>
<td>36% Lower p&lt;0.01</td>
<td>7.7%</td>
</tr>
<tr>
<td>US Living Donor (LD) (n=60,272)</td>
<td>4.2%</td>
<td>6.9%</td>
</tr>
<tr>
<td>US Unrelated Living Donor (ULD) (n=29,000)</td>
<td>3.7%</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

*Not including CHIP patients; Kaplan-Meier GS Rates for Transplants Performed: 02/2008-06/2018 with follow-up through 2/28/2019

https://www.srtr.org/ SRTR data as of March, 2019

Provided courtesy of Johns Hopkins University School of Medicine, Department of Surgery
Case Mix: Better Outcomes in Spite of Harder Cases

More Cold Ischemic Time

<table>
<thead>
<tr>
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<th>Median Hours</th>
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<tr>
<td>NKR</td>
<td>9.2</td>
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<tr>
<td>KPD</td>
<td>1.5</td>
</tr>
<tr>
<td>LD</td>
<td>1.0</td>
</tr>
<tr>
<td>ULD</td>
<td>1.0</td>
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More Highly Sensitized Patients

<table>
<thead>
<tr>
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<th>% TXPs with cPRA &gt; 80%</th>
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<tr>
<td>NKR</td>
<td>23.7</td>
</tr>
<tr>
<td>KPD</td>
<td>9.9</td>
</tr>
<tr>
<td>LD</td>
<td>3.9</td>
</tr>
<tr>
<td>ULD</td>
<td>3.9</td>
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More Hyper Sensitized Patients

<table>
<thead>
<tr>
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<th>% TXPs with cPRA &gt; 98%</th>
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<tbody>
<tr>
<td>NKR</td>
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</tr>
<tr>
<td>KPD</td>
<td>2.9</td>
</tr>
<tr>
<td>LD</td>
<td>1.2</td>
</tr>
<tr>
<td>ULD</td>
<td>1.0</td>
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More Re-Transplants

<table>
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<tbody>
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<td>NKR</td>
<td>26.9</td>
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<tr>
<td>KPD</td>
<td>16.7</td>
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<tr>
<td>LD</td>
<td>11.4</td>
</tr>
<tr>
<td>ULD</td>
<td>12.1</td>
</tr>
</tbody>
</table>

Provided courtesy of Johns Hopkins University School of Medicine, Department of Surgery *Not including CHIP patients; Kaplan-Meier GS Rates for Transplants Performed: 02/2008-06/2018 with follow-up through 2/28/2019
https://www.srtr.org/ SRTR data as of March, 2019
Case Mix: Better Outcomes in Spite of Harder Cases

### More Time on Dialysis
- **NKR**: 1 year
- **KPD**: 0.9 years
- **LD**: 0.5 years
- **ULD**: 0.6 years

### Fewer Pre-Emptive Transplants
- **NKR**: 27.8%
- **KPD**: 29.7%
- **LD**: 35.5%
- **ULD**: 35.7%

### More Patients with Public Insurance
- **NKR**: 14.8%
- **KPD**: 13.2%
- **LD**: 12.8%
- **ULD**: 11.6%

### More African American Patients
- **NKR**: 45%
- **KPD**: 45.4%
- **LD**: 42.1%
- **ULD**: 39.7%

Provided courtesy of Johns Hopkins University School of Medicine, Department of Surgery *Not including CHIP patients; Kaplan-Meier GS Rates for Transplants Performed: 02/2008-06/2018 with follow-up through 2/28/2019*  
https://www.srtr.org/ SRTR data as of March, 2019
Less Desensitization Used

- Desensitization
- NKR Transplants (Excludes CHIPS)

<table>
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<th>Year</th>
<th>Desensitization</th>
<th>NKR Transplants</th>
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<td>2014</td>
<td>12.0%</td>
<td>276</td>
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<tr>
<td>2015</td>
<td>7.5%</td>
<td>307</td>
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<tr>
<td>2016</td>
<td>6.3%</td>
<td>334</td>
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<tr>
<td>2017</td>
<td>5.0%</td>
<td>361</td>
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<tr>
<td>2018</td>
<td>4.2%</td>
<td>457</td>
</tr>
<tr>
<td>2019</td>
<td>3.7%</td>
<td>516</td>
</tr>
</tbody>
</table>

Provided courtesy of Johns Hopkins University School of Medicine, Department of Surgery *Not including CHIPS patients; Kaplan-Meier GS Rates for Transplants Performed: 02/2008-06/2018 with follow-up through 2/28/2019
https://www.srtr.org/ SRTR data as of March, 2019
Better HLA Matches = Better Outcomes

NKR vs Unrelated LD TXPs

More Good HLA Matches

Fewer Poor HLA Matches

National Kidney Registry
Facilitating Living Donor Transplants
# Donor Shield Protections

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<th>Donor Protections</th>
<th>NKR Member Centers</th>
<th>Donor Shield Direct Centers</th>
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<tr>
<td>Lost Wage Reimbursement</td>
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<td>✓</td>
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<tr>
<td>Travel &amp; Lodging Reimbursement</td>
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<td>Donation Life Insurance</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Donation Disability Insurance</td>
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<td>✓</td>
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<tr>
<td>Financial Protection for Uncovered Complications</td>
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<td>✓</td>
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<td>Legal Representation</td>
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<tr>
<td>Prioritization for Living Donor Kidney*</td>
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</tr>
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</table>

*NKR Swap donors only*
Donors Protected

- KPD
- Donor Shield

2016: 97
2017*: 195
2018: 639
Projected 2019: 1,009

*NKR began providing insurance for all donors on 11/29/17
Lost Wage Reimbursement

- Donors who earn $62,000 per year or less are eligible
- Donors initially get 2 weeks of reimbursement of gross wages
- Up to 4 weeks (total) of reimbursement can be provided
- Defined/limited to documented earnings lost as a result of the kidney donation.
- Reimbursement typically within 5 business days of donor center confirming surgery is complete
- Donor receives 1099 to file miscellaneous income
Travel & Lodging Reimbursement

- All donors eligible
- Up to $2,000 total allowable total reimbursement
- Covers donor and travel companion
- Donor given option to upload receipts and enter mileage 2 weeks post donation
- Only reimbursed after donation

- Covered:
  - Transportation
    - Air
    - Ground
    - Rail
    - Mileage (IRS medical rate)
  - Lodging

- Not Covered:
  - Child Care
  - Meals
  - Gas
Donation Life Insurance

- $500,000 principal sum
- Covers a period of 365 days post donation
- Notification of a claim must be provided within 90 days
- Coverage begins with travel to transplant center and ends with travel home

Summary of Benefits
Donation Disability Insurance

• Pays 66 2/3% of salary

• Maximum $1,500 weekly benefit for 365 days

• Subject to the donors last 12 months of earnings

• 30-day waiting period

Summary of Benefits
Financial Protection for Uncovered Complications

• Ensures that no donor is asked to pay for a post-surgical complication that is a result of kidney donation

• Uncovered donor complications are covered by either the transplant center or the National Kidney Registry donor protection fund
Legal Representation

In rare instances where a donor donates as a part of an NKR swap and as a result of donation:

- Are wrongfully terminated, or
- See a rise in insurance premiums, or
- Lose their health insurance

The NKR will stand behind the donor and our legal counsel will advocate on the donor's behalf.
Prioritization for Living Donor Kidney

• Medical Board policy that states that, should an NKR donor's remaining kidney ever fail, they will be prioritized in the NKR program to receive a living donor kidney.
  • This is in addition to the prioritization points that a living donor receives on the national deceased donor wait list.
NKR Patient Protections

✓ Patients prioritized for chain end kidney if involved in real-time swap failures where donor has donated but patient did not get a kidney (Orphaned KPD Recipients)

✓ NKR pays out of state surgical fees for Medicaid patients, removing financial constraints for their participation KPD

✓ NKR Medical Board approved 90 day ‘voucher’ To paired or ADP patients transplanted in NKR swaps who experience graft failure within 90 days of the transplant subject to the conditions below:

a. Paired or ADP recipients whose center reports the issue in the NKR system and provides pictures of the kidney within 8 hours of kidney receipt, will be provided an automatic replacement kidney subject to review of NKR Medical Board.

b. Paired or ADP recipients whose center reports the issue in the NKR system after 8 hours but within 90 days of kidney receipt, may be provided a replacement kidney if the recipient surgeon presents the case to the NKR Medical Board and receives approval by the NKR Medical Board.
<table>
<thead>
<tr>
<th>cPRA</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>24%</td>
</tr>
<tr>
<td>95-99%</td>
<td>29%</td>
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<tr>
<td>80-95%</td>
<td>14%</td>
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<tr>
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<td>18%</td>
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<tr>
<td>0-50%</td>
<td>7%</td>
</tr>
<tr>
<td>0%</td>
<td>7%</td>
</tr>
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*As of 3/31/19*
Pool Size
Unmatched patients by day
1/14/2012 – 6/30/2019
The Center Liquidity Contribution ("CLC")

The CLC program scores Member Center based on their contribution to the pool liquidity (i.e. NDDs and pairs entered) and the “payback” of the center’s contribution (hard to match pairs matched & transplanted) in the form of match offers. Top scoring CLC centers are given priority.

CLC points are awarded to centers based on the following metrics:
- Non-Directed Donors that start chains
- Favorable blood type compatible pairs that have been matched/transplanted
- Favorable blood type incompatible pairs with a recipient cPRA < 90% that have been matched/transplanted

CLC points are deducted from centers based on the following metrics:
- Unfavorable blood type pairs that have been matched/transplanted
- Patients with a cPRA > 90% that have been matched/transplanted
- Net Chains Started ("NCS") when a center is below zero
- Surgical unavailability declines for CLC targeted pairs
- Preselect reversal declines for CLC targeted pairs

CLC points for Advanced Donation Program ("ADP") pairs are based on the following:
- Points are added or deducted at time of kidney donor surgery
- If an ADP donor has multiple recipients with different blood types, the blood type is calculated using the lowest point gain, or largest deduction. (i.e. If an "O" ADP donor has 2 recipients, "O" and "A" points assumed are for "O" "O" pair).

<table>
<thead>
<tr>
<th>Blood Type Combination</th>
<th>Paired donor blood type(s)</th>
<th>Recipient blood type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Favorable</td>
<td>O</td>
<td>A, B &amp; AB</td>
</tr>
<tr>
<td>Unfavorable</td>
<td>A, B &amp; AB</td>
<td>O</td>
</tr>
<tr>
<td>Neutral</td>
<td>Blood type other than Favorable &amp; Unfavorable</td>
<td></td>
</tr>
</tbody>
</table>
How swaps are built
The KPD Workflow Process

**Daily Match Runs**
- Match Offers Emailed
- Match Offer Acceptance Recorded

**Match**
- Screening Cross Matches Initiated
- Lab Completes Records Results

**Donor Clearance & XM Testing**
- Donor Charts/ CT's Shared
- Donor Records Review & Clearance

**Logistics & Transplant**
- Logistics Planning Surgery Dates/Times
- Final XM & PreOp Serologies Completed
- NKR Courier Transports Kidneys

**Surgeries Performed**

- **1 Day**
- **5 - Days**
- **2-3 Weeks**
To accept or decline this match offer, please logon by clicking here prior to the match offer deadline.

If you cannot accommodate the target surgery dates listed below, please decline this offer and let us know available dates plus or minus one week from the date in this offer.

Match Acceptance Deadline: 1/23/18 15:00 ET

<table>
<thead>
<tr>
<th>Pos</th>
<th>D Ctr</th>
<th>Donor Alias</th>
<th>R Ctr</th>
<th>Recipient Alias</th>
<th>D-ABO</th>
<th>R-ABO</th>
<th>D-Age</th>
<th>R-Age</th>
<th>Recip Avoids</th>
<th>PMP</th>
<th>CPRA4</th>
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<th>Match Points</th>
<th>Preselect Status</th>
<th>Donor Target Surgery Date</th>
<th>Recipient Target Surgery Date</th>
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<td>2/13/18</td>
<td>2/13/18</td>
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<td>2</td>
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<td>Cincinnati</td>
<td>UC03235400</td>
<td>A1</td>
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<td>3</td>
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<td>UCLA</td>
<td>R4090</td>
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<td>O</td>
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<td>60</td>
<td>33</td>
<td>4</td>
<td>97.33</td>
<td>25</td>
<td>10</td>
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<td>2/13/18</td>
<td>2/13/18</td>
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<tr>
<td>4</td>
<td>UCLA</td>
<td>D4730</td>
<td>Penn</td>
<td>SNISHA</td>
<td>A2</td>
<td>A</td>
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<td>61</td>
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<td>5</td>
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<td>SCarolina</td>
<td>JR14340644</td>
<td>O</td>
<td>B</td>
<td>56</td>
<td>44</td>
<td>74</td>
<td>6</td>
<td>99.97</td>
<td>23</td>
<td>60</td>
<td>Pending</td>
<td>2/13/18</td>
<td>2/13/18</td>
</tr>
</tbody>
</table>

Swap Manager
Please contact the swap manager below for any questions about this swap.
Swap Manager: Tommy D'Alessandro
Swap Manager Phone: (631) 560-7887
Swap Manager Email: tdalessandro@kidneyregistry.org
Risk Reduction

➢ GPS device travels with all shipped kidneys
➢ Real-time automated kidney tracking systems
➢ Around-the-clock logistics staffing
➢ State of the art operations center
➢ NKR has managed over 2,000 shipped kidneys
GPS Tracking

4th Generation Tracking Device
Advanced Donation Programs
The Advanced Donation Program (ADP) allows a living kidney donor to choose the most convenient time frame for their kidney donation surgery and provide one or more Vouchers to people who can then be prioritized to receive a living donor kidney through the if/when they need a transplant.

Advanced Donation is generally referred to as a paired exchange separated in time and allows donors to overcome chronological incompatibility.
Brief Communication

The Incorporation of an Advanced Donation Program Into Kidney Paired Exchange: Initial Experience of the National Kidney Registry


1Glickman Urological and Kidney Institute, Cleveland Clinic, Cleveland, OH
2Department of Surgery, University of Maryland, Baltimore, MD
3Department of Surgery, The Ohio State University, Columbus, OH
4Living Donor Institute, St. Barnabas Medical Center, Livingston, NJ
5Department of Surgery, University of Wisconsin, Madison, WI
6Department of Urology, UCLA, Los Angeles, CA
7Research and Education, National Kidney Registry, Babylon, NY
*Corresponding author: Stuart M. Flechner, flechner@ccf.org

The continued growth of kidney paired donation (KPD) to facilitate transplantation for otherwise incompatible or suboptimal living kidney donors and recipients has depended on a balance between the logistics required for patients and the collaborating transplant centers. The formation of chains for KPD and the shipping of

Vouchers for Future Kidney Transplants to Overcome “Chronological Incompatibility” Between Living Donors and Recipients

Jeffrey L. Veale, MD.,1 Alexander M. Capron, LLB, MA (Hon).2,2 Nima Nassiri, MD,3 Gabriel Danovitch, MD,1 H. Albin Gritsch, MD,1 Amy Waterman, PhD,1 Joseph Del Pizzo, MD,4 Jim C. Hu, MD, MPH,4 Marek Pycia, PhD,5 Suzanne McGuire, RN, BSN,1 Marian Charlton, RN,4 and Sandip Kapur, MD4

Background. The waiting list for kidney transplantation is long. The creation of “vouchers” for future kidney transplants enables living donation to occur when optimal for the donor and transplantation to occur later, when and if needed by the recipient. Methods. The donation of a kidney at a time that is optimal for the donor generates a “voucher” that only a specified recipient may redeem later when needed. The voucher provides the recipient with priority in being matched with a living donor from the end of a future transplantation chain. Besides its use in persons of advancing age with a limited window for donation, vouchers remove a disincentive to kidney donation, namely, a reluctance to donate now lest one’s family member should need a transplant in the future. Results. We describe the first three voucher cases, in which advancing age might otherwise have deprived the donors the opportunity to provide a kidney to a family member. These 3 voucher donations functioned in a nondirected fashion and triggered 25 transplants through kidney paired donation across the United States. Conclusions. The provision of a voucher to potential recipients whose need for a transplant makes them “chronologically incompatible” with their donors may increase the number of living donor transplants.

(Transplantation 2017;101:2115–2119)
Voucher Donation

*May receive a kidney from the end of a future chain, if needed
# Voucher Types

## Advanced Donation

<table>
<thead>
<tr>
<th>Standard Voucher</th>
<th>Family Voucher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voucher donors only name a single intended recipient, the intended recipient may need a kidney transplant within the year.</td>
<td>Family Voucher donors can name up to 5 family members, none of whom are expected to need a kidney within the year.</td>
</tr>
<tr>
<td></td>
<td>Donors who would choose to not donate because they may need to donate to a family member later are now provided that protection.</td>
</tr>
</tbody>
</table>
NDDs are Converting to Voucher Donors

Chain Starts
% NDD Chain Starts
% ADP Chain Starts

Annualized


0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

0 50 100 150 200 250 300 350

4 9 28 36 46 54 60 73 87 160 257 257 308
DASH Workflow

- Champion Microsites
- Online Screening
- Medical History
- Remote Donation
- Pre-Workup Labs
- Donor Shield
- Satisfaction Surveys
- Automated Follow-Up

Travelling Phlebotomist
Donor Automated Screening & History - DASH -

- Private labeled for centers
- Saves time
- Handles volume spikes
- Streamlines pre-workup labs
- Automated donor satisfaction surveys
- Streamlines donor follow-up process
- Makes the process easier for donors
Pre-Workup Labs Reduced Donor Clinic Congestion

<table>
<thead>
<tr>
<th>Donor Progress</th>
<th>(6/8/18 - 6/8/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage</td>
<td>Total</td>
</tr>
<tr>
<td>Registered:</td>
<td>5543</td>
</tr>
<tr>
<td>Ruled-Out:</td>
<td>3902</td>
</tr>
<tr>
<td>- Hard Rule-Outs:</td>
<td>308</td>
</tr>
<tr>
<td>- Soft Rule-Outs:</td>
<td>300</td>
</tr>
<tr>
<td>- Expired Rule-Outs:</td>
<td>3294</td>
</tr>
<tr>
<td>- Non-U.S. Rule-Outs:</td>
<td>0</td>
</tr>
<tr>
<td>In Progress:</td>
<td>828</td>
</tr>
<tr>
<td>- Incomplete Screening:</td>
<td>10</td>
</tr>
<tr>
<td>- Incomplete History:</td>
<td>2</td>
</tr>
<tr>
<td>- In Pre-Workup Labs Process:</td>
<td>816</td>
</tr>
<tr>
<td>- At Center Select:</td>
<td>0</td>
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<tr>
<td>Completed:</td>
<td>813</td>
</tr>
<tr>
<td>- Manual Rule-Outs:</td>
<td>32</td>
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<tr>
<td>- Not Ruled Out:</td>
<td>781</td>
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</table>

<table>
<thead>
<tr>
<th>Performance</th>
<th>(6/8/18 - 6/8/19)</th>
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</thead>
<tbody>
<tr>
<td>Status</td>
<td>Avg. Wait (current)</td>
</tr>
<tr>
<td>Record Disposition:</td>
<td>289</td>
</tr>
<tr>
<td>EMR Registration:</td>
<td>195</td>
</tr>
<tr>
<td>Donor Completes History:</td>
<td>195</td>
</tr>
<tr>
<td>Mark Completed:</td>
<td>144</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Donor Type</th>
<th>(6/8/18 - 6/8/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Total</td>
</tr>
<tr>
<td>Total:</td>
<td>5543</td>
</tr>
<tr>
<td>Non-Directed Donors:</td>
<td>708</td>
</tr>
<tr>
<td>Directed Donors:</td>
<td>2385</td>
</tr>
<tr>
<td>ADP Directed Donors:</td>
<td>57</td>
</tr>
</tbody>
</table>

* Donors who have identified as NDD/DD/ADP will not always total 100%
Donor Satisfaction Survey Results

Free form comments captured from donors who completed the surveys...

Ideas for improvement opportunities

1. Can't think of anything. Was extremely impressed with this center and staff. The process went very smoothly.
2. Nothing I can think of

Commendations on an exceptional job

1. Everyone was very nice and professional, but Kenneth, the ambassador, really stood out. He made sure I knew where I was going, and was very kind and helpful. He's perfect in that role!
2. Everyone was great
Automatic Donor Follow-up

Survey e-mail sent to donor for 6, 12, 24 month follow-up 2 months prior to each anniversary.
Donor Contacts Managed

- 2017: 11,664
- 2018: 25,415
- 2019 Forecasted: 41,490

Dash Type:
- DCN DASH
- NKR DASH
- PL DASH
Champion Microsites

- Center invites patient to setup site
- Patient creates site profile
- Center & NKR approve site
- Microsite link posted to the web
- NKR prints/ships business cards to patient

National Kidney Registry

Nathaniel Aiken

I NEED A KIDNEY DONOR

If you are interested in learning more about my story, kidney donation or in being tested to see if you are eligible to donate, please visit the URL below.

WWW.NKR.ORG/ZHS796
Educational Resources

- www.kidneyregistry.org
- www.donorcarenet.org
- www.kidneytransplantcenters.org