1. PRINCIPLES OF KIDNEY TWL MATCHING IN ORGANMATCH

In OrganMatch, recipients listed on the kidney transplant waiting list (TWL) are matched with deceased organ donors using multi-tiered matching algorithms.

There are three parent algorithms, which run separately, in OrganMatch:

- Standard v2
- Interstate Utilisation v2
- ABOi (ABO incompatible) v2

Matching using the above parent algorithms triggers a series of functions.

The new version of the Kidney Matching Algorithm (KAv2) was effective from May 4, 2021.

1.1 HIGH-LEVEL COMPATIBILITY CHECK

The first step in matching is the high-level compatibility check, which determines if recipients will progress to being matched in the next stage of the algorithm.

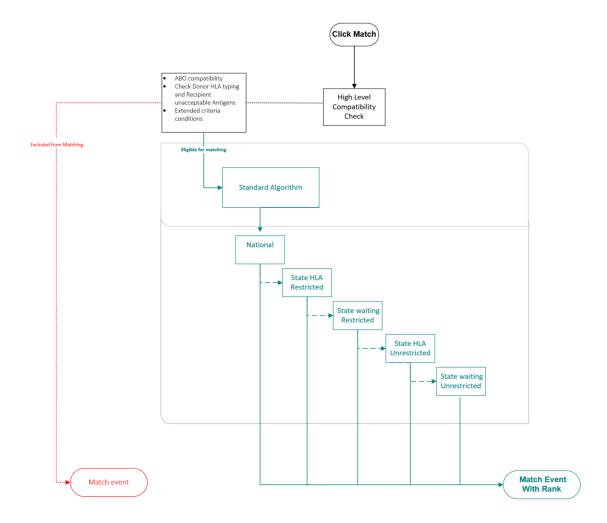
Check	Process	!	×	✓
HLA mismatches are identified	Compares <i>only</i> loci A, B, and DRB1. Compares at 1 field and 2 fields using the exception table.	HLA mismatches are listed	N/A	No HLA Mismatches
No Unacceptable Antigens (UA) identified	Compares donor HLA with recipient UA. Includes all HLA loci.	Potential UA for the donor are listed Will proceed to matching.	UA and donor HLA match. Does not proceed to matching.	Recipient and donor compatible. Proceeds to matching.
Extended criteria checked	Donor extended criteria is checked first and Recipient Extended Acceptance Criteria are compared. If there is no extended criteria for the donor, proceed to matching.	N/A	Does not proceed to matching.	Proceeds to matching.
Valid ABO for program	Checks ABO compatibility.	N/A	Does not proceed to matching.	Recipient and donor compatible. Proceeds to matching.

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If a recipient passes the high-level compatibility check, they progress to matching, depending on which parent algorithm is selected.

2. STANDARD ALGORITHM (KAV2)

The Standard kidney algorithm consists of a number of child algorithms. The child algorithms are executed in a set order and are dependent on the OrganMatch Lab from where the deceased organ donor is matched.



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2.1 NATIONAL ALGORITHM

TABLE 1: CRITERIA FOR NATIONAL ALGORITHM LEVELS

Match Level	Description		Criteria	Base Score
1	Very Highly	1a	mPRA>=99.7	99 700 000
	sensitised	1b	mPRA>=99	99 000 000
	ABO Compatible	1 c	mPRA>=98	98 000 000
		1d	mPRA>=97	97 000 000
		1e	mPRA>=96	96 000 000
		1 f	mPRA>=95	95 000 000
National Urgent	ABO Compatible	Recip	pient National urgency >0	90 000 000
2	EPTS restriction	2 a	0 mismatches HLA-A or HLA-B and	89 000 000
	HLA matching		EPTS <=25	
	Prioritises Low EPTS recipients	2b	1 mismatch HLA-A or HLA-B and	88 000 000
	Matched at HLA DRB1		EPTS<=25	
	ABO Matched	2c	2 mismatch HLA -A or HLA-B and	87 000 000
	KDPI max value is applied from this		EPTS<=25	87 000 000
	level down	2d	0 mismatches HLA -A or HLA-B and EPTS <=60	86 000 000

3	a/b/c HLA matching Highly Sensitised	3a	0 mismatch at HLA A or HLA B or HLA DRB1 And mPRA > 80	79 000 000
	d/e/f/g HLA Matching	3b	1 mismatch at HLA A or HLA B or HLA DRB1 And mPRA > 80	78 000 000
	Centre credit difference	3c	2 mismatches at HLA A or HLA B or HLA DRB1 And mPRA > 80	77 000 000
		3d	Matched at HLA DRB1 1 mismatch HLA A or HLA B And mPRA<= 80 And Centre credit difference <=-3 And EPTS-KDPI<50	76 000 000
		3e	Matched at HLA DRB1 2 mismatches HLA A or HLA B And mPRA<= 80 And Centre credit difference <=-6 And EPTS-KDPI<50	75 000 000
		3f	mPRA > 80 Centre credit difference <=-9 And EPTS-KDPI<50	74 000 000
		3g	Centre credit difference <-20 EPTS-KDPI<50	73 000 000

See **Definitions** for more information on centre credit difference.

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2.2 CALCULATION OF KIDNEY NATIONAL ALGORITHM SCORE

The National Score is calculated by assigning a base score – depending on the number of HLA mismatches, Match cPRA (mpra), the patient's National Urgency Index and the centre credit difference between the donor and recipient centres (see Table 1) – and then add the following bonus points:

Other Parameters	Bonus Points Added
Paediatric	250 000
Donor centre = patient centre	50
Recipient Centre credit	1000 + recipient centre credit
Recipient and Donor are HLA DRB1 homozygote	500 000 (except level 3G)
Waiting time (on dialysis)	Number of months x 1

EPTS-KDPI restriction occurs when EPTS-KDPI < 50 for Level 3d to 3g. The intent of this parameter is to avoid high quality kidneys being shipped interstate for reasons of state balancing only.

The lowest threshold is 73,000,000. Recipients with a score less than 73,000,000 then progress to the **state algorithms**.

See **Definitions** for more information on lab credit.

3. STATE ALGORITHMS

3.1 CALCULATION OF STATE HLA ALGORITHM SCORES

The base score is calculated for each recipient if:

- their ABO type is compatible with donor as determined by the ABO Type Selection Rules
- they are from the same state centre as the donor.

3.2 STATE KIDNEY ALGORITHM

EPTS-KDPI restriction occurs when EPTS-KDPI < =50. The intent of this parameter is to enable low KDPI donor kidney to be prioritised to low EPTS recipients.

If the all patients on the transplant waiting list are categorised in the "restricted" group ie: EPTS-KDPI < 50, only the restricted algorithm will appear in the TWL match.

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An example would be a high KDPI donor eg; KDPI = 80, and as the max EPTS is 100, all recipients would fall into the "restricted category" as EPTS-KDPI <=50 applies. There would be no patients outside of this category.

For a lower KDPI donor eg; KDPI = 20, only the patients with EPTS < 70 will fall into the restricted group to meet the restricted criteria. So this group of patients will be prioritised. The remaining patients with EPTS >70 will be in unrestricted category and they will appear under (lower rank) the restricted patients in the TWL matching.

Therefore, you would only expect both the restricted and unrestricted lists to appear with the lower KDPI donors, as the restricted list will appear above the unrestricted list.

Note: Paediatric donors have their Match KDPI capped at a maximum value of 20. This has been implemented to help prevent the allocation of kidneys from paediatric donors to significantly older recipients via the State Restricted Matching algorithm. Refer to *OM-042 Deceased Donor Enrolments- Laboratory Portal* for more information on KDPI.

Flexibility for state to nominate at which level to move from state HLA to State waiting. The current state thresholds are:

- NSW 1E
- QLD 1E
- VIC 1E
- WA 1E
- SA 1E

ABO rules are aligned for NSW, VIC, SA, WA, QLD.

KDPI max functionality also applies as determined by local clinical units.

The state matching algorithm sequentially flows as follows:

- State HLA restricted.
- State waiting restricted.
- State HLA unrestricted.
- State waiting unrestricted.

TABLE 2: CRITERIA FOR STATE ALGORITHM LEVELS

Level	Description	Details	Base Score
State Urgent	State Urgency Index >0	Urgency index added to base score	60 000 000

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Level	Description	Deta	ils	Restricted Base Score	Unrestricted Base Score
State	HLA mismatches	1a	000	49 000 000	39 000 000
HLA	A/B/DRB1	1b	100 or 010	48 000 000	38 000 000
		1 c	110	47 000 000	37 000 000
		1d	001	46 000 000	36 000 000
		1e	200 or 020	45 000 000	35 000 000
		1 f	101 or 011	44 000 000	34 000 000
		1g	2 1 0 or 1 2 0	43 000 000	33 000 000
State Waiting	Months on dialysis	Num	ber of months x 1	40 000 000	30 000 000

Additional scores:

- Paediatric bonus of 100 000 for restricted algorithms state HLA and state waiting.
- Recipient and donor are HLA DRB1 homozygous bonus 500 000 to state HLA matching algorithms only.

In the event that more than one patient has the same score, the ranking is randomised.

4. INTERSTATE UTILISATION ALGORITHM

- The Interstate Utilisation Algorithm is an additional algorithm, which is invoked by the OrganMatch user if the standard algorithm did not list enough patients to enable transplantation.
- The score is calculated by assigning a base score and bonus points, by applying the criteria described in Table 3: Interstate Utilisation Algorithm.
- Interstate utilisation considers all states other than the donor state, base scoring as described in Table 3: Interstate Utilisation Algorithm.
- In the event that a patient from an OM lab which is different to the donor OM lab is matched via the national algorithm, there will be a duplication of this patient on the Interstate utilisation list.
- The Organ Exchange table will not be update for any recipients transplanted via this algorithm who are ranked 20 or numerically higher. Therefore, the credit centre difference will remain the same in this scenario.

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TABLE 3: INTERSTATE UTILISATION ALGORITHM

Level	Description	Deta	ils	Restricted Base Score	Unrestricted Base Score
State	HLA mismatches	1 a	000	19 000 000	9 000 000
HLA	A/B/DRB1	1b	100 or 010	18 000 000	8 000 000
		1 c	110	17 000 000	7 000 000
		1d	001	16 000 000	6 000 000
		1e	200 or 020	15 000 000	5 000 000
		1 f	101 or 011	14 000 000	4 000 000
		1g	2 1 0 or 1 2 0	13 000 000	3 000 000
State Waiting	Months on dialysis	Num	ber of months x 1	10 000 000	0

5. OTHER MATCHING ALGORITHMS

5.1 ABOi

- ABOi matching algorithm can only be used to match blood group AB donors with blood group A and B recipients that are registered on the TWL kidney program, and willing to accept an ABOi donor.
- The score is calculated in the same manner as the state algorithm; by assigning a base score and bonus points using the criteria described in Table 2.

5.2 INCREASED VIRAL RISK DONORS (IVRD)

Donors that are registered as IVRD in OrganMatch will be matched using the standard algorithm, but with patients only registered as willing to accept IVRD donors.

5.3 HEPATITIS C (HEP C)

Donors that are registered as Hep C in OrganMatch will be matched using the standard algorithm, but with patients only registered as willing to accept Hep C donor.

6. ABO SELECTION RULES

The ABO selection rules determine the acceptable organ matches, as shown:

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Algorithm	Level	Donor ABO Type	Patient ABO Type
		A A	А
		А	AB
		В	В
		B AB	
National	Level 1	AB	AB
		О	0
		0	А
		0	В
		0	AB
		А	А
Matienal	Level 2 and Level 3	В	В
National	Level 2 and Level 3	АВ	AB
		0	0
	NSW	А	А
	WA	А	AB
6	VIC SA	В	В
State	QLD	В	AB
		AB	AB
		0	0

7. USE OF KDPI MIN MAX

Currently the default setting for all recipients in OrganMatch – Kidney TWL program, is set at the min-max of 1 -100. The max value can be set by the clinical unit, which will restrict the recipient being matched at the national level (level 2 and Level 3) and also the state level.

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DEFINITIONS

Term/abbreviation	Definition		
ABOi	ABO incompatible		
Centre	OrganMatch Lab		
Centre Credit Difference	Donor state lab credit –recipient OM lab centre credit E.g.: If NSW donor and QLD recipient the centre credit difference		
	= -6 - 7 = -13		
EPTS	Estimated Post transplant survival		
НЕР С	Hepatitis C		
HLA	Human Leucocyte Antigen		
IVRD	Increased viral risk donor		
KAv2	Kidney Matching Algorithms version 2		
KDPI	Kidney Donor Prognosis Index		
mPRA	Match calculated panel-reactive antibody.		
ОМ	OrganMatch		
OM Lab Credit	OM Lab credit = total number of kidneys donated – total number of kidneys received		
	This information can be found in OrganMatch by generating the organ exchange report.		
	E.g.: NSW lab credit = 5550- 5556 = -6		
	QLD lab credit = 3638- 3631 = 7		
	Organ exchange report Organ Match		
TWL	Transplant waiting list		

REFERENCED INTERNAL DOCUMENTS

Document number	Source
OM-042	Deceased Donor Enrolments- Laboratory Portal

CHANGE HISTORY

Version number	Effective date	Summary of change
1	04/05/2021	First version
2	26/05/2021	Reformatting to align with OM documents
3	10/11/2022	Change to QLD state matching algorithm threshold. Change from 1F to 1E
4	28/05/2024	Sprint 52 updates: • Modification of QLD State Waiting to remove blood
		group O donors to B recipients.
		 Addition KDPI maximum cutoff for paediatric donors for state algorithms.
		 Added new document to Referenced Internal Documents.
		Other:
		Update to new template.
		Update flow diagram.
5	Refer to footer	Sprint 53 updates:
		 Addition of EPTS-KDPI restriction for level 3d to 3g in the National Algorithm.
		 Modification of the centre credit balance rule to not update for rank 20 and higher on the interstate utilisation algorithm.
		Other: • Correction of the title.

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ELECTRONIC SIGNATURE

Author	REBECCA SCAMMELL
Approver(s)	NARELLE WATSON

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