

## Recommendation

### R-KAC 02 .17 – Blood group rules in kidney allocation

Kidneys should be allocated to ABO identical patients. An exception should be made for:

- The Acceptable Mismatch (AM) program: kidneys should be allocated to **modified ET compatible** patients;
- Combined organ patients: kidneys should be allocated according to the ABO blood group rule of the leading organ;
- Rescue allocation of kidney-only: selection of patients should be ABO identical.

The effect of the change in blood group rules should be evaluated after 5 years.

### Rationale and goal

After approval of “R-KAC06.16 – Blood group rules in kidney allocation” in the board meeting of January 2016, the recommendation was discussed in Germany and they want to have a small adjustment to the blood group rules for AM. Instead of ET compatible they propose modified ET compatible allocation. Which means that ABO-B will not be allocated to ABO-AB see table below:

<i>ET compatible approved ET board</i>		<i>Change to Modified ET compatible</i>	
Donor	Recipient	Donor	Recipient
AB0-0	AB0-0 and -B	AB0-0	AB0-0 and -B
AB0-A	AB0-A and -AB	AB0-A	AB0-A
AB0-B	AB0-B and -AB	AB0-B	AB0-B <del>and -AB</del>
AB0-AB	AB0-AB	AB0-AB	AB0-AB

This is discussed in the meeting of the ETKAC July 27, 2017 and unanimous approved by the ETKAC based on the fact that the AB recipient should have sufficient donors via blood group A or AB.

### Scientific base

There is no literature taken into account or brought up in the ETKAC.

### Involved parties

ETKAC.

### Concurrence with other organ allocation procedures

No or small Impact on other kidney-only patients.

### Impact on current national guidelines

This recommendation can be implemented only after approval by all countries

This recommendation is supported by all national representatives within the ETKAC.

### Concurrence with other IT innovations within Eurotransplant

There will be a small technical impact and small impact to inform external and internal people involved.

### Impact for development

<100 hours.

### Follow-up analysis

Evaluation of the chance to be transplanted in the AM program mainly for ABO-A patients. Evaluation on the effect for ABO-0 patients in the kidney allocation.