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## Response to Kasiske et al, “Response to Bui et al, Patient Functional Status at Transplant and Its Impact on Post-Transplant Survival of Adult Deceased-Donor Kidney Recipients”

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We appreciate the historical perspective on using patient functional status and KPS score in the transplant outcomes models provided by Kasiske et al in their letter.<sup>1</sup> The observation that there is a large program-to-program variation in reporting of the KPS score and a lack of consistency in its measurement is also noted. Nevertheless, KPS is an important covariate that captures a holistic view of a patient’s health status that goes beyond the evaluation of their biological and demographic variables. The perceived reporting/misreporting of KPS can be attributed to a variety of factors, only one of which could be “gaming” the system. Even if there are players in the system that might “game,” it is desirable of the community that it prevents such gaming from happening. Proper reporting of patient health status may be considered as part of the medical ethics education for the professionals in the transplant system. This is particularly important because with appropriately calibrated models using KPS scores, analyses show that kidneys in the highest KDPI score group have a favorable outcome even for the patients in the lowest KPS score group.<sup>2</sup> In the US a large fraction of the high KDPI kidneys are being discarded. With a very low expected survival on dialysis for patients with a low KPS score, such patients can benefit from high KDPI kidneys instead of getting them discarded.

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**Abbreviations:**

<b>KPS</b>	Karnofsky Performance Scale
<b>KDPI</b>	Kidney Donor Profile Index

**References**

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