

**OPTN Living Donor Committee
Meeting Summary
February 9, 2024
Houston, TX**

**Nahel Elias, MD, Chair
Stevan Gonzalez, MD, Vice-Chair**

Introduction

The Living Donor Committee (the Committee) met in Houston, TX on 02/09/24 to discuss the following agenda items:

1. Welcome and Announcements
2. Collaborative Approach to Living Donor Data Collection: Project Overview and Progress So Far
3. Intro to Decision Point: Transition of OPTN Follow-Up
4. Break-out Groups, Report out from Break-out Groups, and Full Committee Discussion on Transition of OPTN Follow-Up
5. Public Comment Presentation: OPTN Strategic Plan 2024-2027
6. Brainstorming Session: Improving Efficiency in and Optimization of Living Donation

The following is a summary of the Committee's discussions.

1. Welcome and Announcements

The Chair welcomed Committee members to the call and the Committee participated in an ice breaker. Additional announcements included:

- Public comment period is open on the OPTN website until March 19th
- An update about the OPTN Ethics Committee's work related to living donation topics
- The link to fill out the OPTN Heart Transplantation Committee's values prioritization exercise (VPE) for heart continuous distribution
- Regional meetings for the 2024 Winter cycle

Summary of discussion:

The Chair encouraged members to fill out the heart VPE, noting that the living donor voice is especially important. The Vice Chair agreed. A member agreed that sometimes living donors are so selfless that they believe others should be prioritized ahead of themselves, so it is especially important to advocate for prior living donors. A member commented on the National Kidney Registry's voucher program.

The Vice Chair commented that the topic of access to living donation would be important for the OPTN Ethics Committee to address, including both access to becoming a living donor and access to care following living donation. He continued, stating that the Ethics Committee could lay the ethical and foundational groundwork for concrete project work that the Committee could take on. A member asked for clarification on why the OPTN Executive Committee declined to approve the Ethics Committee's white paper idea, and staff provided a summary. The Vice Chair asked for staff to communicate to Ethics Committee leadership that the Committee is interested in working collaboratively on this issue.

Next steps:

Staff will coordinate a meeting between leadership of the OPTN Ethics and Living Donor Committees.

2. Collaborative Approach to Living Donor Data Collection: Project Overview and Progress So Far

Staff overviewed the project progress to date and next steps.

Presentation Summary:

The project combines two elements: the granular review of living donor data elements and living donor candidate data collection and policy updates. Staff highlighted the timeline of the project and provided background information, noting that the Committee is currently at the point of refining project scope and working through decisions ahead of seeking updated project approval from the Policy Oversight Committee and the Executive Committee.

The Committee will use the public comment feedback on the Summer 2023 paper, *Concepts for a Collaborative Approach to Living Donor Data Collection*, to inform finalizing recommendations for living donor candidate data collection and policy updates as well as finalizing recommendations for the granular review of data collection, which will combine to form the project proposal.

Next steps include:

- Using public comment feedback, finalize decisions needed for proposal
 - Today: focus on follow-up decision point (needed for resource estimating)
- Seek approval from OPTN Policy Oversight & Executive Committees
- Continue to engage with OPTN stakeholders, Scientific Registry for Transplant Recipients (SRTR), living donor communities, and the broader transplant community
- Reactivate OPTN Living Donor Data Collection Workgroup
- Develop proposal based on decision points in upcoming meetings
 - Proposal timing dependent on timing of Committee working through decisions
- Finalize proposal and put it out for Public Comment
 - Upcoming public comment periods: Summer '24, Winter '25, Summer '25
- Gather community feedback through regional meetings, cross-committee presentations, and the website
- Committee consideration of public comment feedback, changes to proposal if necessary
- Proposal goes to OPTN Board of Directors for consideration
- If approved, implementation of proposal (including data approval process)

Staff also showed an interactive project map.

Summary of discussion:

A member asked for clarification on how the Committee knows which policies will be needed for updates, and staff answered that based on the decisions of the project, staff will bring these policies that require updates to the Committee for consideration and confirmation.

A member asked if HRSA's data directive would impact this project, and staff answered that the directive is mostly aimed at pre-waitlist data. Staff encouraged continued collaboration with the OPTN Data Advisory Committee.

3. Intro to Decision Point: Transition of OPTN Follow-Up

The Committee will discuss and decide how to transition the existing OPTN living donor follow-up requirements to the SRTR in a way that serves the goals of the Committee, the project, and the community.

Presentation summary:

The Committee reviewed the current OPTN requirements for living donor follow-up. These requirements include transplant programs submitting the Living Donor Follow-up (LDF) form 6-, 12-, and 24-months post-donation.

Feedback was requested from the community on the topic of transitioning OPTN follow-up requirements. The public comment feedback was mixed with some support and some concern. The Committee reviewed a summary of this feedback.

The Committee was reminded of topics to keep in mind from the public comment received. These included the importance of framing the topic appropriately (i.e. follow-up is being “transitioned”, not “removed”), the need for education including clear explanations of data privacy protections, and the concern for transplant program burden associated with new data collection.

A summary was provided of how the OPTN contractor shares data with the SRTR contractor. The OPTN contractor collects and maintains waiting list and transplant related data. This data is augmented with additional sources. The OPTN contractor sends monthly copies of the OPTN data to the SRTR contractor. The SRTR contract also augments data with additional sources based on their own analytical conventions. Both contractors make available for analysis, upon request, data files on waiting list candidates, transplant recipients, and living and deceased organ donors.

Additionally, the Committee reviewed the OPTN’s and Living Donor Collective’s living donor follow-up rates.

Summary of discussion:

The Chair emphasized the decisions made on transitioning follow-up are for the purposes of data collection and that the clinical care remains the responsibility of the transplant program. The Chair added that the Committee cannot propose mandates related to clinical care but that there should be associated education to inform living donors that they are always able to contact their transplant program regardless of who is collecting the data.

A member stated their disagreement with public comment feedback that cited the argument that follow-up was high therefore it should not be transitioned to another entity. The member stated that it may be disingenuous to say that the OPTN follow-up is of an acceptable rate when considering the two-year follow-up rate. Another member responded that it may be beneficial to analyze the data received from 1- and 2- year follow-up in order to understand whether there is any meaningful data being collected. The member stated that if there is no important information regarding a living donor’s health status then perhaps transitioning this data will not be a loss. The member noted that transition of the follow-up would transplant programs to reallocate their time since long-term follow-up is a timely process for the transplant programs.

A visiting board member stated their concern with the potential for the government to mandate data collection on living donors. The visiting board member explained that this could negatively impact living donation as there is a lot of mistrust between communities of the public and medicine as well as mistrust between the public and the government. The visiting board member cautioned the Committee to be thoughtful with the public optics of the potential policy and data collection changes. The visiting

board member stated that it needs to be clearly explained to living donors that the data collected is for the purposes of keeping all living donors safe and healthy in the long-term, not for a government database.

Another member highlighted the importance of framing, messaging, and education with this project. The Vice Chair agreed that these considerations need to be front and center within the future proposal. A member added that this project will be a good opportunity to highlight how the data is being utilized.

The Vice Chair asked for clarification on when the timeframe for the annual follow-up occurs within the Living Donor Collective. An SRTR representative responded that the 1-year follow-up of living donors and living donor candidates occurs 1-year after the donation decision is submitted. The SRTR representative noted that this timeframe and process can be revisited based upon OPTN input.

The Vice Chair stated it will be beneficial to explain the advantages of the Living Donor Collective's data collection. The Vice Chair stated this could help strengthen the argument for transitioning some of the OPTN's follow-up requirements.

4. Break-out Groups, Report out from Break-out Groups, and Full Committee Discussion on Transition of OPTN Follow-Up

The Committee divided into small groups to discuss the options for transition OPTN follow-up. The small groups then reported a summary of their discussions to the full Committee.

Summary of discussion:

Summary from break-out group #1 discussions:

- A key aspect of the proposal is to reduce redundancy and streamlining data collection.
- Education is important, especially when considering that living donors would be self-reporting data to the Living Donor Collective (e.g. a primary care physician may note a low creatinine for a prior living donor causing the prior living donor to report they have chronic kidney disease without the knowing the expected creatinine levels for a prior living donor).
- The more information shared regarding the Living Donor Collective, the more comfortable this group reported with the potential for the Living Donor Collective to perform annual follow-up for living donors and living donor candidates at a national level.
- If living donor follow-up is transitioned to the Living Donor Collective, transplant programs still retain the ability to follow-up with living donors and provide care – the proposed transition would be for the purposes of data collection.
- If the Living Donor Collective is performing long-term follow-up, the group emphasized the prompt notification of adverse outcomes to transplant programs.
- Follow-up rates should be transparent to the public however it should not be reported as program specific since the transplant programs are not the ones responsible for obtaining the data.
- The shift to the Living Donor Collective could improve the ability to receive long-term data beyond what the current OPTN follow-up is collecting.
- Recommended removing 12- and 24-month follow-up from the OPTN at the time of proposal implementation with the rationale being it is the least complicated version because it is not a phased approach and it may help alleviate some of the transplant program's concern about burden.

Summary from break-out group #2 discussions:

- Felt that the Living Donor Collective is lacking the necessary objective data. While data linkages provide information, it is important to identify individuals before they are diagnosed with end-stage renal disease. Therefore, the small group emphasized the importance of collecting clinical information during annual follow-up of living donors.
- Agreed that a feedback mechanism to report adverse outcomes to transplant programs is essential.
- May need more proof of concept that the Living Donor Collective can expand to a national level and have a better follow-up rate than the OPTN.
- The OPTN currently collects objective data on living donors and the small group noted hesitation to move forward with any transition without having the Living Donor Collective also collect more clinical, objective data.
- Transitioning any follow-up would be for the benefit of the transplant program to reduce the work associated with the 12- and 24-month follow-up.
- Recommended removing 24-month OPTN follow-up at the time of proposal implementation with the rationale being that the 12-month follow-up form is essential. The small group noted it is difficult to increase upstream data collection without reducing any downstream efforts, therefore they landed on being comfortable transitioning the 24-month follow-up. The small group expressed hesitancy removing any objective data as well as noted the concern for the possibility that living donors might not feel as connected to their transplant programs due to a lack of required follow-up. The small group noted that if the 12-month follow-up was transitioned then that last objective data collected on a living donor would be captured at 6-months post-donation and that was felt to be too short of a time period to stop collecting objective data. The small group noted that 12-months is a good transition point.

Summary from break-out group #3 discussions:

- Data collected at baseline should be the same as the data collected during follow-up.
- Can the Living Donor Collective collect laboratory and clinical data?
- The small group felt comfortable with the Living Donor Collective with the caveat that laboratory data would be beneficial to include.
- Data should be linked to donation – some living donors experience a change in health status that is unrelated to donation, therefore making it important that any changes can be linked to donation.
- Emphasized that longer-term data is needed.
- Focus on the patient-centric part of the work because it is the right thing to do.
- Develop a feedback mechanism for any unexpected outcomes or event collected by the Living Donor Collective to be reported to the transplant program.
- A free text box with an associated question “what else do you want to tell us about your donation”. This could help collect the positive aspects of donation.
- Comfortable with Living Donor Collective’s follow-up rates with the hope that they improve in the future.

Summary from break-out group #4 discussions:

- Feel comfortable involving the Living Donor Collective as they have provided rich and meaningful data.
- A prior living donor in the small group noted their comfort level with having the Living Donor Collective collect follow-up with them long-term.

- In current state, the small group noted that living donors may not realize that the purpose of the 6-, 12-, and 24- month follow-up is for data collection. Living donors likely believe this follow-up is for their own personal interest and safety. This may cause a risk that as data collection is transitioned it will result in transplant programs not continuing contact with prior living donors due to the lack of requirements. Therefore, the right approach may be a shared responsibility between transplant programs and the Living Donor Collective. This may be an approach that would require the transplant programs to continue to collect data that is patient-centric and provide individual care, while the Living Donor Collective's role is more population-level based.

An SRTR representative stated that the Living Donor Collective will protocolize a mechanism to provide feedback to transplant programs regarding any adverse outcomes if the Living Donor Collective takes on annual follow-up for living donors at a national level.

An SRTR representative stated that SRTR has the capacity and expertise to perform data linkages for long-term living donor outcomes. The SRTR representative stated that all of the data linkages have not been established at this point in time due to longer-term outcomes not being available this early on. The SRTR representative added that data linkages to pharmacy databases and census track data provide a lot of insight on long-term outcomes for both clinical and socioeconomic aspects.

An SRTR representative noted that the perioperative period largely captures adverse outcomes. Therefore, the SRTR representative asked that due to this information being mostly captured during the 6-month follow-up time period, what makes the 12-month follow-up important for the OPTN to retain. A member responded that creatinine and blood pressure are important. The member stated that living donors often follow-up within the year with questions and concern regarding these types of clinical questions which makes the 12-month follow-up a valuable time point for the OPTN to retain and then begin transitioning data collection afterwards. Another member added that the 1-year anniversary of donation is a big time point and an important moment for the transplant program to continue to be involved in. The SRTR representative suggested distinguishing between clinical care and data reporting.

The Vice Chair asked whether the Living Donor Collective could collect clinical objective data. The Vice Chair stated another possibility would be that at 1-year follow-up the OPTN could collect the objective data and the Living Donor Collective collects the rest. A member stated that if the data collection is not required, then a transplant program is likely to not collect it and that would be a disservice to the living donors.

Another member stated their support for the OPTN to retain the 6-, 12-, and 24- month follow-up. The member stated these timeframes are valuable and provide insight into the ability to identify potential issues early.

An SRTR representative stated that the Living Donor Collective is overhauling their current annual follow-up forms. The Chair stated that the big concern is how to transition follow-up while still assuring there is clinical data collection. The Chair stated they are interested to see how the Living Donor Collective's follow-up forms are modified.

A member stated that if the Living Donor Collective collects clinical data through self-reporting then it may not be accurate data. The member emphasized that accurate objective data is necessary which is why it would be important for the OPTN to retain the 6-, 12-, and 24-month follow-up.

Another member stated that it is important to know what a GFR will be ten years after donation by state. The member stated that if this information is not knowable, how can transplant programs reliably educate potential living donors.

The Chair summarized that the Committee appears interested in moving this project forward and collaborating with the Living Donor Collective, however there are certain parameters that members have identified as important to collect. The Chair asked when the modifications to the Living Donor Collective follow-up forms would be ready to review. The Chair asked whether data points such as creatinine can be added to be collected for both living donors and living donor candidates. An SRTR representative stated that receiving feedback from the Committee on what data to collect during the follow-up period is part of the Living Donor Collective's plan to overhaul the forms.

The Vice Chair emphasized that an important aspect of this project is to achieve a change that will help transplant programs begin obtaining data on living donor candidates. The Vice Chair stated that this is going to require a trade off in reducing the burden of downstream data collection. The Vice Chair suggested that the Committee could consider proposing requirements for transplant programs to collect living donor candidate data, 6-month follow-up for living donors, and develop a truncated 12-month follow-up form to collect the critical clinical information. The Vice Chair asked the Committee to confirm their comfort level of removing the 24-month follow-up requirement for transplant programs. The Vice Chair stated that this proposal could be a compromise.

A member stated that collecting clinical data is the biggest burden. The member explained that the 24-month follow-up is more burdensome than the 12-month follow-up.

Next Steps:

The Committee will continue to finalize decisions regarding the transition of follow-up data collection.

5. Public Comment Presentation: OPTN Strategic Plan 2024-2027

Presentation Summary:

The OPTN Board of Directors (hereinafter "the Board") adopts a new strategic plan every three years. The current strategic plan expires in June 2024. The strategic plan aligns OPTN resources with specific, significant opportunities within the transplant community. Recognizing the dynamic nature of the field of organ donation and transplantation, the OPTN Executive Committee acknowledges the importance of focusing efforts on key areas that hold the potential for substantial impact.

This strategic plan is not an exhaustive list of the OPTN's work, but rather serves as a high-level framework to guide the OPTN's strategic focus. The plan's flexibility allows adaptation to emerging opportunities, ensuring responsiveness to the evolving landscape of organ transplantation. This plan contains goals, objectives, and metrics, but does not detail each needed initiative or project. Engagement with OPTN members, committees, task force(s), and professional societies within the community will shape the formation and implementation of specific initiatives; a collaborative effort to achieve the outlined goals of this plan.

The Executive Committee intentionally selected goals with greater specificity to allow for a focusing of resources on key opportunities, driving action to ultimately benefit patients:

- **Improve Offer Acceptance Rate:** Increase opportunities for transplants for patients in need by enhancing offer acceptance.
- **Optimize Organ Use:** Maximize the use of organs for transplantation for waitlisted patients, while maintaining or improving upon past equity gains.
- **Enhance OPTN Efficiency:** Increase the efficiency of the OPTN through improvement and innovation to serve the greatest number of patients.

The plan proposes trackable metrics for each of the key goals. The metrics should be impacted by progress towards the strategic plan objectives. One objective or project may impact multiple metrics.

Metrics within this plan are intended to be reviewed holistically to assess progress. As projects are developed in detail over the period covered by the strategic plan, appropriate metrics and monitoring plans are maintained for each project. This plan does not define specific resource allocations per goal, but rather provides flexibility. Leveraging insights from regular strategic plan progress reviews, the Board will adjust resources as needed to the greatest benefit of the transplant community.

Summary of discussion:

The Chair thanked the presenter for soliciting feedback from the Committee and noted that there may be parallels between the pre-listing data collection efforts and the Committee's efforts to collect long term data on living donors and living donor candidates.

In terms of the current Committee projects noted as possibly not in alignment with the proposed strategic plan, the presenter noted his personal support of the Committee's projects and expressed hope for continuation of them under the new strategic plan.

The Vice Chair explained that the plan describes the wellbeing of living donors in the vision but does not explicitly include any goals or objectives related to living donation, and asked how this may impact the Committee's project work in thinking about the policy development process and the requirement for alignment with the strategic plan. The presenter responded by affirming the importance of living donation and noting that historically, HRSA has been wary of promoting living donation. He continued, stating that data may be necessary to inform barriers to living donation and therefore enhance living donation, and that this would fit into the plan under the optimizing organ use goal. The Vice Chair responded, and expressed concern that if living donation is not in the strategic plan explicitly, it may be challenging to find alignment. The presenter explained that the recommendation is for Committees to look at the strategic plan and provide a strong rationale for how the project idea fits into the plan (which is not meant to be prescriptive), then there should not be concerns about the policy approval process.

The Vice Chair noted the Policy Oversight Committee's approval process, and expressed worry that it would be difficult to provide strong rationale for the Committee's projects without specific living donation related objectives. The presenter responded, explaining that the Policy Oversight Committee does not usually decline to approve projects and that projects may need to be modified slightly to adhere to the strategic plan and achieve ultimate success.

A member explained that to them, it was hard to see how the Committee's charge could be achieved under the new strategic plan and advocated for adding objectives specific to living donation into the plan. The Chair echoed this. The Committee reviewed the charge with the presenter. The presenter explained that the safety, protection, and follow-up of living donors are foundational to the OPTN and would not change between strategic plans. The presenter explained that these foundational considerations may run in the background, while Committee work may need to re-orient to focus on optimizing living donation to meet the strategic plan. The presenter affirmed the importance of the Committee's charge but noted that perhaps something about equity should be added. The Chair added that the Committee's focus on collecting long-term data will be informative to any equity concerns.

The presenter encouraged the Committee to explain their feedback in the public comment that will be submitted and noted that modifications to the plan's objectives may be made. The Committee continued to discuss feedback on the strategic plan following when the presenter had to leave the call.

A member recommended that an objective about enhancing living donation be added under the "optimizing organ usage" goal. Members agreed that living donation fits under this goal, but all objectives and metrics are currently related to deceased donation. A member noted that the objectives

about ensuring and improving waitlisted patient outcomes may need to be broadened beyond just waitlisted patients and suggested using the term candidates instead.

In terms of how to contextualize the current Committee's work in the new strategic plan, the Vice Chair explained that this fits well into efficiency, noting that the project will reduce redundancy, streamline data collection, and provide additional data to inform long-term outcomes and promote efficiency long-term. He noted that an apt project title for a reframe may be "Improving efficiency in collection of living donor candidate and donation decision data". A member noted that the project would also improve efficiency in the flow and process for people becoming living donors all the way through follow-up. A member advocated for inclusion of equity in living donation somewhere specific in the plan. The Vice Chair stated that increased knowledge of living donor outcomes promotes living donation, which then in turn promotes efficiency by bringing more organs into the system and maximizing use of organs.

The Chair recommended that objective 1 under the "improve offer acceptance rate" goal be modified to be more specific to "offer acceptance from living and deceased donors." A HRSA representative noted that the agency has been looking into barriers to living donation and noted that a lack of understanding of long term outcomes is one such barrier. The HRSA representative went on to say that this may be useful to include in the objectives.

The Chair stated that if the Committee is proposing modifications to the objectives, they also need to think about modifications to the associated metrics. A member explained that a lot of metrics will be informed by the data collection that the Committee is proposing through the current project, and advocated proposing a process metric that could include living donor data collection. This member explained that improving equity and outcomes will be informed by the data collection, so it makes sense to include this as a metric or an objective. The Chair underscored the importance of analyzing and collecting data on living donor candidates, long term outcomes for living donors, and improving data collection processes within the OPTN as helping to achieve the goals of promoting equity, efficiency, and enhancement of living donation. A member agreed, stating that the data collection needs to come first in order to answer these questions.

Next Steps:

The Committee will submit a formal public comment.

6. Brainstorming Session: Improving Efficiency in and Optimization of Living Donation

Presentation Summary:

In December, the President of the OPTN Board of Directors requested a new committee effort to brainstorm out of the box ideas to promote efficiency and enhance living donation.

This was mentioned in the January call, and a feedback was collected ahead of this brainstorming session. The Committee will also discuss how the current project connects with these ideas. The ultimate goal is to package the conversations into a report (list of ideas, roadblocks, and stakeholders) for the OPTN Board of Directors in June 2024. This will be compiled after brainstorming is complete.

The OPTN Board of Directors will then discuss the report, hold conversations about prioritizing work, and possibly create a "Taskforce approach" to address some of the concerns. The OPTN President recognized that this is outside the Committee's stated charge, but an important topic for the OPTN to consider/think about. For right now, the Committee is only expected to deliver the report, then will hear back about any next steps, if applicable.

Summary of discussion:

A member asked who sets the Committee charges and if they can be modified. Staff noted that the Committee charges are updated periodically by members and are ultimately approved by the Board of Directors. Staff explained that the Committee can review their charge at any time. The Chair explained that enhancing living donation makes sense as something for the Committee to consider and work on.

The Committee then brainstormed and noted the following:

- Need for clear, evidence-based best practices in living donor evaluation and exclusions
- Need for leveraging internet searches to drive the appropriate information to potential living donors at the right time
- Need to improve equity, but in order to do this, need to understand the gaps and current state of living donation through data
- Idea for a national database for intake for potential living donors, then see transplant programs that they may be interested in, and then potential living donors could coordinate testing, follow-up, and see resources available to them
 - A national database/application would also increase agency among and transparency for potential living donors
- Inefficiency in the workup and evaluation process as a major challenge, but one that could be addressed through leveraging technology
 - Transplant programs could input their living donor acceptance and exclusion criteria into an application, especially for factors that vary among transplant programs, such as BMI
- Some concern for the feasibility of a national database or an application in terms of resource expenditure versus benefit
- Potential for the OPTN to survey transplant programs to determine which methods they use to capture data, which could then inform areas for improvement
- A suggestion for the Living Donor Collective to explore reasons that transplant programs declined potential living donors
- Variation in transplant program resources as a challenge and a point of inefficiency, potentially something that the OPTN could address in terms of data capture
- Variation in practice for informing potential living donors of their rights and the Independent Living Donor Advocate (ILDA) process, so a suggestion for the OPTN to develop standardized letters and best practices in this area
- Financial disincentives to living donation as an area for improvement, especially challenges in means testing/using recipient income as a metric for financial assistance to the living donor
- A suggestion for the OPTN to work with programs to provide clarity on why potential living donors may be denied for non-medical reasons (such as financial and social)
- A suggestion to improve/develop best practices for evaluation of potential living donors related to social support, recognizing cultural differences
- Recognition that multiple living donors may come forward for one recipient, and this as an area for optimizing living donation to talk with those potential living donors to consider non-directed donation (without coercion). Suggestion for the OPTN to formalize/nationalize consent and process to become a non-directed donor after coming forward as a living donor with a recipient in mind.
- Potential to leverage the OPTN to create a collaborative improvement project (similar to the Offer Acceptance Collaborative) for living donation practices

- Frustration that the OPTN KPDPP has not been more successful and this as an area for improvement in the system, especially ways to connect it to the deceased donor list

Next Steps:

The Committee will continue to brainstorm while developing the report to deliver to the OPTN Board of Directors in June 2024.

Upcoming Meetings

- March 13, 2024 (teleconference)

Attendance

- **Committee Members**
 - Nahel Elias
 - Stevan Gonzalez
 - Henkie Tan
 - Tyler Baldes
 - Laura Butler
 - Karen Ormiston
 - Hoylan Fernandez
 - Dylan Adamson
 - Nancy Marlin
 - Ashtar Chami
 - Annie Doyle
 - Danielle Reuss
 - Camille Rockett
 - Kelley Hitchman
- **HRSA Representatives**
 - Mesmin Germain
 - Marilyn Levi
- **SRTR Staff**
 - Ajay Israni
 - Katie Siegert
 - Allyson Hart
 - Avery Cook
- **UNOS Staff**
 - Dave Roberts
 - Kieran McMahon
 - Meghan McDermott
 - Samantha Weiss
 - Kim Uccellini
 - Sara Rose Wells
 - Sara Langham
 - Laura Schmitt
 - Lauren Mooney
- **Other Attendees**
 - Rich Formica