

Thank you to everyone who attended the Region 3 Summer 2025 meeting. Your participation is critical to the OPTN policy development process.

Regional meeting [presentations and materials](#)

Public comment closes October 1st! [Submit your comments](#)

The sentiment and comments will be shared with the sponsoring committees and posted to the OPTN website.

Non-Discussion Agenda

[Modify Guidance for Pediatric Heart Exception Requests to Address Temporary Mechanical Circulatory Support Equipment Shortage](#)

Heart Transplantation Committee

Sentiment: 4 strongly support, 5 support, 0 neutral/abstain, 0 oppose, 0 strongly oppose

Comments: No comments

[2025 Histocompatibility HLA Table Update](#)

Histocompatibility Committee

Sentiment: 3 strongly support, 6 support, 0 neutral/abstain, 0 oppose, 0 strongly oppose

Comments: No comments

Discussion Agenda

[Require West Nile Virus Seasonal Testing for All Donors](#)

Ad Hoc Disease Transmission Advisory Committee

Sentiment: 1 strongly support, 6 support, 0 neutral/abstain, 3 oppose, 0 strongly oppose

Comments: Some attendees recommended the OPTN provide additional guidance and resources for Organ Procurement Organizations (OPOs) and transplant centers to support extending the testing time frame beyond the proposed policy when local epidemiological conditions warrant it. Several attendees raised concerns about the requirement that living donor testing be completed within 7 days before organ recovery. They commented that this time frame may not be enough because of lab turnaround times and the need to have results before recovery. They recommended extending the testing window to 14 days to allow more flexibility and improve operations. Other attendees recommended aligning the testing window for living donors with the current testing policy, which is within 28 days before donation. Some attendees noted that the 7-day window could be a problem for domino donor transplants due to their unpredictable timing. Attendees commented that extending the testing window would support accurate testing and reduce strain on operations.

Update and Improve Efficiency in Living Donor Data Collection

Living Donor Committee

Sentiment: 2 strongly support, 6 support, 1 neutral/abstain, 1 oppose, 0 strongly oppose

Comments: One attendee commented that it is vital to understand the long-term effects of living donation beyond 2 years. They went on to comment that transplant centers have tried to obtain the required follow up from living donors with no real impact. They recommend removing the two-year living donor follow-up requirement from the OPTN and transfer voluntary follow-up to the SRTR, which will follow the living donor and potential living donors long-term and hopefully increase data collection. Another attendee recommended that the committee consider allowing centers to batch report the non-donation data semi-annually to lessen the burden.

Require Patient Notification for Waitlist Status Changes

Transplant Coordinators Committee

Sentiment: 2 strongly support, 5 support, 2 neutral/abstain, 1 oppose, 0 strongly oppose

Comments: Several attendees commented that patients should be notified promptly about waitlist status changes, but the policy should align with CMS requirements and allow flexibility in how programs communicate (phone, portal, clinic discussion, or letter). One attendee commented that written letters should be required to ensure family members or caregivers understand the change and can help patients, especially those who may face language or financial barriers. There was also feedback from several attendees that patient notification should not be required in cases of patient death.

Establish Comprehensive Multi-Organ Allocation Policy

Ad Hoc Multi-Organ Transplantation Committee

Sentiment: 0 strongly support, 8 support, 2 neutral/abstain, 0 oppose, 0 strongly oppose

Comments: Several attendees commented that prior living donors should get more priority, particularly for low KDPI kidneys. One attendee commented that some multi-organ transplant (MOT) candidates, such as liver/kidney or heart/kidney recipients, may still have significant kidney function and could receive young, high-quality kidneys that kidney-alone candidates might benefit from more. They went on to recommend the committee consider this in MOT match runs to ensure kidney-alone candidates gain more access. Some attendees recommended monitoring late turndowns and whether prior living donors are being disadvantaged after implementation. One attendee commented that the proposal is not ready, noting issues with the allocation tables and missing considerations for certain MOT types, such as SPK. Several attendees commented that a mockup of the allocation table was needed to help OPO staff better understand and provide feedback on the proposal. One attendee commented that they were concerned that patients may increasingly list for MOT just to gain priority.

Updates

Councillor Update

- No comments

OPTN Patient Affairs Committee Update

- No comments

OPTN Executive Update

- No comments

HRSA OPTN Modernization Update

- Comments: Attendees provided feedback to HRSA's Division of Transplantation during this session.