

Thank you to everyone who attended the Region 5 Winter 2025 meeting. Your participation is critical to the OPTN policy development process.

Regional meeting [presentations and materials](#)

**Public comment closes March 19<sup>th</sup>!** [Submit your comments](#)

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

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### [Clarify Requirements for Reporting a Potential Disease Transmission](#)

#### ***Disease Transmission Advisory Committee***

Sentiment: 12 strongly support, 16 support, 2 neutral/abstain, 0 oppose, 0 strongly oppose

Comments: The region supported this proposal, believed it provided concrete information, and requested clarification on the proposal's requirements.

### [Escalation of Status for Time on Left Ventricular Assist Device](#)

#### ***Heart Committee***

Sentiment: 9 strongly support, 14 support, 5 neutral/abstain, 1 oppose, 0 strongly oppose

Comments: The region broadly supports the proposal but suggests that the time frames for LVAD patients are too long. Several comments highlight that complications often arise sooner, which can negatively impact post-transplant outcomes and patient morbidity. There is a consensus that even a small reduction in time frames could be beneficial. Overall, the region supports the proposal as a step forward but recommends reevaluating and shortening the time frames to improve patient outcomes.

Specific suggestions include:

- Shortening the time frames to 4-6 years.
- Considering adjustments to LVAD complication listing criteria, especially for outflow graft issues, infections, and right ventricular (RV) problems.
- Acknowledging that improved VAD outcomes might reduce the need for longer wait times but also recognizing that extended LVAD use increases transplant risks.
- Ensuring that patients do not have to wait longer than necessary.

### [Modify Lung Donor Data Collection](#)

#### ***Lung Committee***

Sentiment: 7 strongly support, 16 support, 6 neutral/abstain, 0 oppose, 0 strongly oppose

Comments: The region supports adding data collection on methamphetamine use in donors, emphasizing its relevance for both lung and non-lung transplant outcomes. Key points include:

- Collecting methamphetamine smoking history is important for lung acceptance and understanding its long-term impact on non-lung recipients, such as kidney transplant patients.
- OPOs already gather this information, so adding a data entry field would not create a significant burden.

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- Capturing this data would support more informed decision-making, improve communication between OPOs and transplant programs, and provide valuable insights without discouraging the use of viable organs.
- Ideally, this will provide useful data to the community without discouraging the use of some usable organs.

## [Establish Comprehensive Multi-Organ Allocation Policy](#)

### ***Ad Hoc Multi-Organ Transplantation Committee***

Comments: The region supports the proposal, commending the committee's efforts to standardize multi-organ transplantation (MOT) allocation. Overall, the region agrees with the policy's direction and supports efforts to create more objective and transparent MOT allocation processes. Key themes include:

- **Need for Standardization:** Clear, uniform processes across OPOs and transplant centers will promote consistency, fairness, and equity. Standard allocation tables are a good starting point, and adjustments can be made as data is collected. Alerts and warnings in DonorNet are recommended to support compliance.
- **Pediatric Concerns:** Several commenters stressed the need to evaluate and model the policy's impact on pediatric candidates, particularly kidney recipients. The concern is that high-priority 0-34% KDPI donors, frequently used for MOT, may further limit pediatric access to these organs. Pediatric candidates should be prioritized for pediatric donors, including adolescent donors.
- **Kidney Allocation with Other Organs:** The most complex issue appears to be kidney allocation with other life-saving organs (lung, heart, liver). Suggestions include raising the eligibility bar for MOT to ensure only those who truly need both organs are listed, as isolated kidney candidates face long wait times. Liver/kidney listing criteria may need refinement, especially since the safety net and improved kidney treatments have reduced the need for simultaneous transplants.
- **Operational and Performance Considerations:** OPOs will need training and support from OPTN for smooth implementation. Center-level factors, such as listing practices and offer acceptance rates, should be considered in policy analysis.
- **Ongoing Monitoring and Adjustments:** Continuous evaluation is essential to assess the policy's impact on different populations, particularly pediatric candidates. The committee should be prepared to make adjustments as needed to maintain fairness and optimize outcomes.

## [Barriers Related to the Evaluation and Follow-Up of International Living Donors](#)

### ***Ad Hoc International Relations Committee***

Sentiment: 6 strongly support, 18 support, 5 neutral/abstain, 0 oppose, 0 strongly oppose

Comments: No comments

## [Monitor Ongoing eGFR Modification Policy Requirements](#)

### ***Minority Affairs Committee***

Sentiment: 8 strongly support, 13 support, 5 neutral/abstain, 2 oppose, 1 strongly oppose

Comments: There was mixed feedback on this proposal. While some in the region strongly action to further equality among patients, others commented that this proposal will create an extra burden for transplant programs. One member suggested the committee focus on moving forward in anticipation of overarching changes for transplant.

## [Updates to National Liver Review Board Guidance and Further Alignment with LI-RADS](#)

### ***Liver & Intestinal Organ Transplantation Committee***

Sentiment: 4 strongly support, 20 support, 5 neutral/abstain, 0 oppose, 0 strongly oppose

Comments: The region supports this proposal and commented that it will help provide uniformity across the organization; improve and streamline communication; and allow for more informed decision making. Another said they support the efforts to make these assessments as objective as possible.

## **Continuous Distribution Updates**

### [Continuous Distribution of Kidneys, Winter 2025](#)

#### ***Kidney Transplantation Committee***

Comments: The region appreciated the update and supports the committee's work on this project. A commenter suggested the committee review the successes and failures in the lung process before initiation of continuous distribution of kidneys. A member suggested the committee create a definition of hard-to-place kidneys; create an algorithm to predict which kidneys will be hard-to-place; and create a protocol for the placement of these kidneys. Another expressed concern about centers managing increased costs since the policy could inadvertently increase kidney transplant cost since there will be greater geographic distribution.

### [Continuous Distribution of Pancreata, Winter 2025](#)

#### ***Pancreas Transplantation Committee***

Comments: No comments

## Updates

### **Councillor Update**

- Comments: No comments

### **OPTN Patient Affairs Committee Update**

- Comments: No comments

### **OPTN Update**

- Comments: No comments

### **MPSC Update**

- Comments: No comments

### **Feedback Session on OPTN Modernization**

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