

**OPTN Data Advisory Committee  
Meeting Summary  
June 9, 2025  
Conference Call**

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## **Introduction**

The Data Advisory Committee (DAC) met via WebEx teleconference on 06/09/2025 to discuss the following agenda items:

1. Welcome, reminders, and agenda review
2. Second project check-in: *OPTN Kidney Transplantation Committee, Establish Expedited Placement Policy for Hard-to-Place Kidneys*
3. Other Committee business
4. Open forum
5. Closing remarks

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

### **1. Welcome, reminders, and agenda review**

The Vice Chair welcomed the members and reviewed the agenda. Committee members were reminded of upcoming meeting dates and informed that the 10/13/2025 meeting is the same day as a federal holiday and will be re-scheduled. Departing members were acknowledged and thanked for their service.

### **2. Second project check-in: *OPTN Kidney Transplantation Committee, Establish Expedited Placement Policy for Hard-to-Place Kidneys***

The OPTN Kidney Transplantation Committee presented a second check-in of its proposal to establish a standardized national expedited placement policy for kidneys at risk of non-use. The proposal aims to improve allocation efficiency, reduce non-use, and increase transparency and equity. The Committee endorsed the data collection and asked OPTN contractor staff to report on the availability of timestamp information as part of a future Committee meeting.

#### Summary of discussion:

**Decision #1:** The Committee agreed to endorse data collection component of the proposal.

The Committee received a comprehensive update from the OPTN Kidney Transplantation Committee Chair regarding the development of a national policy for expedited placement of kidneys at risk of non-use. The proposal aims to improve allocation efficiency, reduce non-use, and increase transparency and equity. The proposal is scheduled to be released for public comment in August 2025.

As part of the proposal, expedited placement may be initiated by an Organ Procurement Organization (OPO) after offers have been made to all candidates in priority classifications (e.g., pediatric, highly

sensitized, medically urgent). Expedited placement may be initiated when six hours of cold ischemic time have accrued, or when the donor meets at least two of the following criteria:

- History of hypertension for greater than five years
- History of diabetes for greater than 5 years
- Donor age >60 years
- Donation after circulatory death (DCD)
- Biopsy showing >10% glomerulosclerosis in both kidneys

Once initiated, expedited placement uses a simultaneous evaluation period during which transplant programs have one hour to review and respond to offers. Offers are filtered using both existing and new expedited offer filters, which are tailored to the hard-to-place donor cohort. OPOs must provide key donor information (e.g., anatomy, biopsy results, pump data) to facilitate decision-making. The kidney is allocated to the highest-ranked candidate with a provisional “yes” at the end of the one-hour window.

Three new data fields are proposed for inclusion on the candidate registration record. They are:

- Willingness to receive expedited offers
- Maximum acceptable distance (in nautical miles)
- Maximum acceptable cold ischemia time (if distance >250 nautical miles)

According to the Kidney Committee Chair, the data fields are modeled after fields in the liver expedited placement process but are simplified for the initial implementation within kidney policy. The data would be collected as part of the waitlist record, aligning with existing donor acceptance criteria.

The Committee members had multiple questions and concerns about the proposed data collection. For instance, a member asked how the Kidney Committee proposes auditing the cold ischemic time of six hours as it appears in the definition. The member was concerned that while cross-clamp time is recorded, they believe the timestamps for offer transmissions are overwritten or inconsistently captured in the OPTN Computer System. These issues make it difficult, if not impossible, to audit whether the six-hour threshold was appropriately triggered and applied. Likewise, if the information cannot be audited, then OPTN members cannot be held accountable. OPTN contractor staff said they would investigate whether the timestamps are or are not overwritten and report back to the Committee.

Members discussed the feasibility of managing large volumes of notifications during the one-hour evaluation window and the need for clear visibility into match run sequences. For instance, a member pointed out that transplant programs are already receiving too much information that is not useful, and adding the proposed expedited placement process is going to increase the amount of information being sent to programs making the entire allocation process more complicated and less efficient.

Members had additional comments and questions about the data collection component of the proposal. A member expressed concern that the proposed definition of hard-to-place is too broad which will result in kidneys that are not really hard-to-place being captured under the definition. It was suggested that clarification is needed around who should be considered an optimal recipient for a marginal kidney. Another member emphasized the need for more robust definitions of transplant success beyond one-year survival. A question was asked about where the three new data fields would appear for transplant staff to complete them? It was shared that the fields would align with existing donor acceptance criteria and be part of the waitlist record. Concerns were raised about how the policy would be implemented for candidates already on the waitlist. Members asked whether new consents would be required and how programs would transition existing patients into the new system. Members were informed that no new

consent forms would be required and that the KDPI consent requirements would be replaced with a broader discussion about donor types.

The Committee agreed to endorse the proposed data collection effort with the understanding that concerns about timestamp auditability and data tracking would be addressed separately.

Next steps:

With regard to the question about whether the timestamps associated with offer events can be audited, it was proposed that OPTN contractor staff investigate the current capabilities of the OPTN Computer System and report back to the Committee. This issue may also be revisited during a third check-in following the public comment period.

**3. Other Committee business**

OPTN contractor staff gave a status update concerning the Committee’s annual deliverables for the expected November 2025 OPTN Board of Directors meeting.

Summary of discussion:

No decisions were made as part of this discussion.

OPTN contractor staff provided a brief overview of upcoming work related to annual deliverables. Members were informed that additional meetings may be scheduled in October and November to accommodate second and third check-ins for multiple OPTN projects.

A Committee member asked about the status of the pre-waitlist data collection initiative. OPTN contractor staff shared that the project is currently awaiting the 30-day posting on the Federal Register as part of the OMB process. Further updates will be provided following an upcoming leadership call with HRSA representatives.

Next steps:

OPTN contractor staff said that additional meeting invitations will be sent to the Committee members in the future.

**4. Open forum**

No requests from the public were received prior to the meeting to address the Committee during open forum.

**5. Closing remarks**

The meeting concluded with the Vice Chair and others thanking the departing members for their efforts supporting the Committee’s past work and projects. Current members were thanked for their participation and reminded of the busy schedule anticipated for the second half of the year.

**Upcoming Meetings** (Meetings start at 3:00 pm (ET) unless otherwise noted)

- ~~July 8, 2024~~
- ~~August 12, 2024~~

- ~~September 10, 2024 – In-person meeting, Detroit, MI, 8:00 am – 3:00 pm (ET)~~
- ~~October 21, 2024~~
- ~~November 18, 2024~~
- ~~December 4, 2024 10:30 am – 2:30 pm (ET) – HHS Data Collection Directive Meeting~~
- ~~December 9, 2024 11:00 am (ET)~~
- ~~January 12, 2025~~
- ~~February 10, 2025~~
- ~~March 10, 2025~~
- ~~April 14, 2025~~
- ~~May 12, 2025~~
- ~~June 9, 2025~~

## Attendance

- **Committee Members**
  - Lisa McElroy
  - Kate Giles
  - Cassie Hertert
  - Paul MacLennan
  - Michael Marvin
  - Christine Maxmeister
  - Nancy McMillan
  - Sumit Mohan
  - Jennifer Peattie
  - Julie Prigoff
  - Meghan Schaub
  - Lindsay Smith
  - Allen Wagner
- **HRSA Representatives**
  - Adriana Alvarez
  - Sarah Laskey
  - Luke Neureiter
- **SRTR Staff**
  - Avery Cook
  - Allyson Hart
  - Ryo Hirose
  - Jon Miller
- **UNOS Staff**
  - Brooke Chenault
  - Jonathan Chiep
  - Cole Fox
  - Jesse Howell
  - Lindsay Larkin
  - Eric Messick
  - Lauren Mooney
  - Carly Rhyne
  - Nadine Rogers
  - Laura Schmitt
  - Kayla Temple
- **Other Attendees**
  - Jim Kim