OPTN Histocompatibility Committee
Meeting Summary
September 09, 2025
Webex Meeting

Gerald Morris, MD, Chair
Kelley Hitchman, PhD, MS, Vice Chair

Introduction

The Histocompatibility Committee ("Committee") met via WebEx teleconference on 09/09/2025 to discuss the following agenda items:

1. Update and Improve Efficiency in Living Donor Data Collection
2. Establish Comprehensive Multi-Organ Allocation Policy
3. Public Comment Updates

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

1. Update and Improve Efficiency in Living Donor Data Collection

No decisions were made.

Summary of Presentation:

The Living Donor Chair ("Chair") presented the Living Donor Data Collection project out for OTPN Public Comment.

Summary of Discussion:

A member asked how data collection would be monitored for compliance. The Chair responded that there will be a compliance set of measures in place for centers to have as a chart review.

A member asked if transplant programs will comply if living donors don't want to be contacted. The Chair stated that the process will be parallel to how you ensure compliance with ILDA (Independent Laboratory Distributors Association) policies with centers, meaning there is a pre-existing audit system.

The member continued and asked if there would be an opt-out for transplant center contact with a patient. The Chair stated that part of the implementation of the policy would be providing centers with educational language for those who come through for donation evaluation. The Chair said that the initial non-donation form will be submitted for someone who decides not to donate, and the SRTR team will attempt to contact with a certain number of attempts. She added that the whole process is voluntary to begin with, so there is not a formal opt-out process, and there are some who still want to contribute to organ donation in some way, even if they can't or won't donate.

2. Establish Comprehensive Multi-Organ Allocation Policy

No decisions were made.

Summary of Presentation:

The Multi-Organ Transplantation Committee Chair ("Chair") presented the allocation policy out for OPTN Public Comment.

Summary of Discussion:

A Histocompatibility Committee member stated that reporting HLA results prior to generating the multi-organ match run is feasible and asked what the plan would be when the HLA results are not available before generating the multi-organ match run. The Chair responded that kidneys and kidney-pancreas cannot be allocated without HLA. The member asked how often allocation occurs without HLA results, and the Chair responded that she would take that question back to the Committee.

A Committee member stated that the Histocompatibility Committee previously advocated to require HLA results for all non-liver allocation, and that OPO committees pushed back, stating that there are times when they need to run a match run for thoracic allocations prior to the HLA results. The member added that requiring HLA results in all cases may cause delays in allocation and also recognized that not having HLA results means candidates are not automatically screened off if they are not compatible. Another member added that incentivizing efficiency is important to allocation policy.

The Chair mentioned that sometimes OPOs have a match run for heart or liver without HLA results, and due to kidney allocation policy requiring HLA results, multi-organ match runs may be delayed if HLA results are not available. The Chair added that there will be a carve-out in post-implementation monitoring for when the multi-organ match runs weren't completed.

A member praised the policy and said it has been challenging to perform virtual crossmatches for 100% CPRA patients who may lose kidney offers to non-sensitized kidney–pancreas candidates. The Chair added that kidney-pancreas candidates do come before some single kidneys in the allocation policy, and the Committee would appreciate further feedback on this topic. The member also asked if allocation out of sequence could unintentionally be increased by allocation delays from multi-organ allocation plans. The Chair said they do not anticipate this, however, this aspect is included in post-implementation monitoring.

An SRTR representative asked if there will be changes to unacceptable antigen listings. The Chair responded that unacceptable antigens should be listed for both the donor and candidate.

Later, members continued that match runs are not often completed without HLA results, and multi-organ plans may need to be re-run if HLA results become available after the initial match run. A member added that machine perfusion could be used in these circumstances to delay accumulating ischemic time before HLA results are completed.

Another member stated that the Committee should advocate for uniform unacceptable antigen listings whenever possible. The Histocompatibility Chair asked if this should be a recommendation or a policy project, given that the Histocompatibility Committee does not work on organ allocation policy. The member said that unacceptable antigens should be listed to track donor-specific antibodies, even outside of kidney.

3. Public Comment Updates

No decisions were made.

Summary of Discussion:

The Committee briefly reviewed OPTN Public Comment updates for the *2025 HLA Table Update*. The Chair shared that all feedback so far was positive. The Chair also shared that the ABO project can soon begin work following POC and ExCom/Board project approval.

Upcoming Meeting

- Oct 14th, 2025

Attendance

- **Committee Members**
  - Michael Gautreaux
  - John Lunz
  - Ryan Pena
  - Darryl Nethercot
  - Bobbie Rhodes-Clark
  - Crystal Usenko
  - Gerald Morris
  - Dave Pinelli
  - Qingyong Xu
  - Kelley Hitchman
  - Laurine Bow
  - Tiffany Bratton
- **SRTR Staff**
  - Rajalingam Raja
- **UNOS Staff**
  - Jamie Panko
  - Amelia Deveraux
  - Matt Cafarella
  - Thomas Dolan
  - Tory Boffo
- Other Attendees
  - Lisa Stocks
  - Aneesha Shetty