

Thank you to everyone who attended the Region 9 Winter 2025 meeting. Your participation is critical to the OPTN policy development process.

Regional meeting [presentations and materials](#)

Public comment closes March 19th! [Submit your comments](#)

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

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

Sentiment: 2 strongly support, 8 support, 1 neutral/abstain, 0 oppose, 0 strongly oppose

Comments: A member requested clarification of the definition of “known disease”, for example a positive culture resulted and communicated to the appropriate party at the transplant center prior to cross clamp. An attendee expressed support for this proposal, sharing that clear and consistent guidelines will enhance communication between OPOs and transplant centers, improve the accuracy and timeliness of reporting, and strengthen the ability to identify and mitigate transmission risks.

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

Sentiment: 1 strongly support, 6 support, 5 neutral/abstain, 0 oppose, 0 strongly oppose

Comments: An attendee recommended that the committee should consider creating a prioritization within status to address both stabilized non-hospitalized patients and medically urgent patients. A member expressed support for the proposal, commenting that Status 3 and Status 2 might become less congested with this change. Another attendee also stated support for the proposal, underscoring their experience as a patient who declined an LVAD because of the perception that it does not lead to transplant. Additionally, the attendee added their support for continued progress on continuous distribution for heart allocation, as it will ultimately help all patients with advanced heart failure. One member stated this proposal is a long overdue correction to the 2018 allocation changes, and while they agreed with the phase in approach, suggested shortening the timeframes to 3 years for Status 3 and 5 years for Status 2.

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

Sentiment: 0 strongly support, 7 support, 4 neutral/abstain, 0 oppose, 0 strongly oppose

Comments: An attendees suggested that including a photo of the waveform graph from the ventilator in donor offers, as it is helpful to determine if there is an obstructive component in donors with smoking history.

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

Ad Hoc Multi-Organ Transplantation Committee

Comments: Several members expressed general support for the work done thus far, stating that standardization will help improve equity and remove subjective decision making by OPOs. An attendee applauded the committee's efforts, specifically calling out how this should help pediatric patients with congenital heart disease who need both a heart and a liver because current allocation makes it challenging for them to receive a multi-organ offer. A member had concerns about where kidney classification 6 falls in the allocation tables and recommended moving it up.

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

Ad Hoc International Relations Committee

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

Comments: No comments.

[Monitor Ongoing eGFR Modification Policy Requirements](#)

Minority Affairs Committee

Sentiment: 1 strongly support, 4 support, 4 neutral/abstain, 1 oppose, 0 strongly oppose

Comments: This was not presented at the regional meeting, but members were able to submit comments. A member expressed strong support for this work, acknowledging that it may require additional administrative burden for transplant centers, but it was a step in ensuring a system that treats all patients equally. An attendee shared concern about retroactively notifying waitlisted patients who do not qualify for an eGFR modification, but did not elaborate on their concerns.

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

Liver & Intestinal Organ Transplantation Committee

Sentiment: 0 strongly support, 6 support, 4 neutral/abstain, 0 oppose, 0 strongly oppose

Comments: No comments.

Continuous Distribution Updates

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

Kidney Transplantation Committee

Comments: This was not presented at the regional meeting, but members were able to submit comments. A member recommended that the committee address rescue allocation and logistical barriers before implementing continuous distribution. An attendee expressed support for this work and encouraged the committee to make sure transparency and education for patients are central to any proposal. Another attendee also shared strong support for the work, underscoring how a more holistic,

points-based allocation system will improve equity and efficiency, which should maximize the number of successful transplants and improve overall outcomes.

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

Pancreas Transplantation Committee

Comments: This was not presented at the regional meeting, but members were able to submit comments. An attendee shared strong support for the work, underscoring how a more holistic, points-based allocation system will improve equity and efficiency by prioritizing medical urgency, improving access for hard to match candidates, and addressing geographic disparities, which will ultimately lead to better outcomes and more effective organ use.

Updates

Councillor Update

- **Comments:** No comments.

OPTN Patient Affairs Committee Update

- **Comments:** A member shared appreciation for the presenter sharing her story.

OPTN Update

- **Comments:** A member expressed thanks to the presenter for her service to the transplant community and encouraged attendees to consider applying for a position on the OPTN Board of Directors.

MPSC Update

- **Comments:** A member expressed great appreciation for the committee's updates regarding ABO patient safety in the OR and requested an OPTN Computer System solution for living donor verifications comparable to what is provided for deceased donors. An attendee shared concerns about the ability for pancreas programs to maintain active status due to the surgeon and physician requirements and asked for them to be revisited.

Feedback Session on OPTN Modernization

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