

**OPTN Minority Affairs Committee**  
**Meeting Summary**  
**September 15, 2025**  
**Conference Call**  
**Alejandro Diez, MD, Chair**  
**Oscar Serrano, MD, Vice Chair**

## Introduction

The OPTN Minority Affairs Committee (the Committee) met via WebEx teleconference on 09/15/2025 to discuss the following agenda items:

1. Public Comment Proposal: Update and Improve Efficiency in Living Donor Data Collection
2. Six- Month Monitoring Report: Refit Kidney Donor Profile Index without Race and Hepatitis C Virus

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

### **1. Public Comment Proposal: Update and Improve Efficiency in Living Donor Data Collection**

The Committee received a presentation and provided feedback on a proposal sponsored by the OPTN Living Donor Committee (LDC) titled, *Update and Improve Efficiency in Living Donor Data Collection*.

The LDC requested the following feedback on the proposal:

- Living Donor Non-Donation (LDND) Form: Do the proposed data fields support the goals of this project?
- Reporting Requirements: Is the 90-day turnaround an appropriate timeframe to submit the LDND form?
- Any concerns related to barriers to donation or long-term outcomes not addressed among members of the living donor community?
- Do you endorse removal of the current two-year required OPTN follow-up data collection and submission for living donors, to be changed to a voluntary annual follow-up administered by the Scientific Registry of Transplant Recipients (SRTR) (centers are still encouraged to follow up with patients, but no data submission would be required)? Do you endorse the SRTR contacting the patient directly?

### Summary of discussion:

No decisions were made.

A member expressed support for the Living Donor Committee's (LDC) efforts to better understand barriers to and access to living donation. They asked how the proposed LDND form differs from current living donor data collection instruments. The presenter explained that while demographic and clinical sections were aligned with existing forms, the LDND form is unique in its focus on reasons why a potential donor did not proceed to living donation. The design allows for analysis of multiple contributing factors, recognizing that decisions not to donate are often influenced by more than one reason. The member also commended the proposed inclusion of data collection on socioeconomic factors, noting the added value of the level of granularity.

Another member raised concerns about removing the OPTN's two-year living donor follow-up requirement and shifting voluntary follow-up to the SRTR. They noted that, in practice, living donors often transition their care to primary care providers after the second year, and eliminating the two-year mandate may risk losing valuable follow-up data. The presenter acknowledged this tradeoff but noted that SRTR's Living Donor Collective project achieved follow-up rates comparable to those of transplant programs, even without the two-year requirement. They further explained that clinical discussions supported the change, given that living donors with normal kidney or liver function at one year have a very low likelihood of rapid decline by the second year.

Next steps:

The Committee will submit a comment on the Update and Improve Efficiency in Living Donor Data Collection proposal to the OPTN Website.

**2. Six- Month Monitoring Report: Refit Kidney Donor Profile Index without Race and Hepatitis C Virus**

The Committee received a presentation and discussed the Refit Kidney Donor Profile Index (KDPI) without Race and Hepatitis C Virus six-month monitoring report.

Data summary:

In the 6 months post-implementation:

- Median KDPI decreased for HCV+ and non-Hispanic (NH) Black donors, as expected.
- Non-use of kidneys from NH Black donors decreased from 31.5% to 29.0%, while the overall kidney non-use rate remained stable (28.9% vs 28.7%).
- Distributions of transplants by donor and recipient race/ethnicity and HCV status remained similar.

Compared with the original Kidney Donor Risk Index (KDRI)/KDPI formula:

- Overall, most (77.2%) kidney donors recovered post-policy would have appeared in the same KDPI sequence with both versions of KDRI/KDPI.
- 34.4% of NH Black and 47.9% of HCV+ donors post-policy were in a lower KDPI sequence than they would have been with the original KDRI/KDPI.

Summary of discussion:

No decisions were made.
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A member expressed satisfaction that the six-month monitoring results aligned with expectations for the policy's implementation. They noted that these findings were reassuring and shared interest in seeing whether the same trends persist in the upcoming one-year monitoring report.

Next steps:

The next monitoring report will assess one year of post-implementation data.

**Upcoming Meetings**

- October 20, 2025, 3-4pm ET
- November 17, 2025, 3-4pm ET

## **Attendance**

- **Committee Members**
  - Alejandro Diez
  - Oscar Serrano
  - Anthony Panos
  - Catherine Vascik
  - Donna Dennis
  - Niviann Blondet
  - Obi Ekwenna
- **UNOS Staff**
  - Kelley Poff
  - Emily Ward
  - Sarah Booker
  - Susan Tlusty
- **Other Attendees**
  - Aneesha Shetty (OPTN Living Donor Committee Vice Chair)