OPTN

Thank you to everyone who attended the Region 6 Winter 2025 meeting. Your participation is critical to the OPTN policy development process.

Regional meeting presentations and materials

Public comment closes today, March 19th! Submit your comments

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

Discussion Agenda

Clarify Requirements for Reporting a Potential Disease Transmission

Ad Hoc Disease Transmission Advisory Committee

Sentiment: 0 strongly support, 16 support, 0 neutral/abstain,0 oppose, 0 strongly oppose
Comments: Region 6 generally supports the proposal, though one attendee noted that clearer guidance is needed on what specific information should be reported.

Escalation of Status for Time on Left Ventricular Assist Device

Heart Transplantation Committee

Sentiment: 1 strongly support, 8 support, 6 neutral/abstain, 2 oppose, 0 strongly oppose
Comments: During the discussion some attendees raised concern that giving patients preference based on their treatment can unintentionally influence clinical practice toward certain interventions. They added that predicting individual outcomes is inherently challenging, making it difficult to assign values and priorities to different patients. They added that a more granular status scoring system could provide better guidance. Another attendee commented that LVAD patients receive a 30-day status 3 period to improve their transplant eligibility, which in some cases is sufficient. However, they expressed concerns about the shifting priorities in this field, suggesting that a more nuanced approach beyond LVAD prioritization is needed. An attendee commented that while there are understandable concerns about changing policies, this change is expected to have a longer feedback loop and has been thoughtfully implemented to minimize drastic swings in policy. The goal remains to reduce waitlist mortality while also improving post-transplant outcomes. Another attendee recommended that the committee consider reducing the wait time before qualifying for revised statuses and incorporating additional criteria to ensure that patients with well-functioning LVADs are not prioritized over more critical cases. One attendee commented that establishing LVAD priority should be based on mortality and morbidity outcomes rather than simply the presence of a device.

Modify Lung Donor Data Collection

Lung Transplantation Committee

Sentiment: 1 strongly support, 9 support, 6 neutral/abstain, 1 oppose, 0 strongly oppose

Comments: The discussion highlighted concerns about the increased data reporting burden for OPOs, as much of the required information is already communicated through the DRAI and verbal exchanges with transplant centers. Attendees emphasized the need for clear definitions of each data point and the development of technical methods for reporting within both DonorNet and existing OPO electronic medical records (EMRs). Concerns were raised about the interface between OPO EMRs and DonorNet, as well as the additional workload for OPOs, particularly given the variability of many of the data points. Some attendees questioned how the new fields would enhance data collection for OPOs and transplant programs. The presenter explained that the current system lacks granular information, and having standardized data elements readily available would reduce back-and-forth communication. Additionally, offer filters would help ease the burden on coordinators and programs. One attendee acknowledged the value of data but stressed the importance of specifying exact values and reporting frequencies, given that some variables fluctuate over time. Another attendee pointed out that much of this information is already collected via the DRAI or during discussions, and it is crucial that these new data fields do not replace those existing methods. They also agreed that clear definitions in both DonorNet and OPO systems are necessary to ensure accurate reporting. Another comment highlighted that DonorNet is not currently optimized for lung transplants, making this update long overdue. While many OPOs already collect this data, they do so independently and without standardization. One attendee noted that for the system to function efficiently, OPOs must enter the new data before offers are sent out; otherwise, filters and acceptance criteria will not work as intended.

Establish Comprehensive Multi-Organ Allocation Policy
Ad Hoc Multi-Organ Transplantation Committee

Comments: Concerns were raised about the complexity of multi-organ allocation from an OPO perspective, particularly the inability to allocate multiple organs simultaneously, which would increase challenges and donor case times. The proposed approach may require OPOs to switch between multiple match runs, making allocation more complex and increasing the likelihood of errors or out-of-sequence placements. There was strong support for a single multi-organ match run to streamline the process before reverting to standard allocation. Questions were asked about whether the committee intended to change current nautical mile distances, which was clarified as a decision that would need to be made by individual organ committees. Additionally, clarification was sought on whether the proposed allocation tables would be integrated into the OPTN Computer System in a way that customizes matches for specific donors or if OPOs would manually select the correct table. The color-coding used in examples was noted as helpful. An attendee noted that the Pancreas Transplantation Committee largely agreed that pancreas allocation was appropriately prioritized, though concerns were raised about highly sensitized pancreas patients who already face disadvantages. There was also a request for periodic assessment of non-utilization and changes in utilization rates. The issue of prioritization between pediatric kidney candidates and kidney-pancreas (KP) recipients was raised, with some advocating for reconsideration of prioritization, particularly for pediatric candidates with donors in the 18-60 age range. It was also suggested that CPRA 100% kidney patients be further subdivided, given the significant differences between 99.6% and 99.99% CPRA levels. Operational concerns were a major theme, as the proposal could significantly impact OPOs, transplant centers, and donor hospitals. The increase in allocation time would put additional strain on donor families, hospitals, and transplant teams, requiring improvements in efficiency to mitigate the burden. Questions were raised about the decision-making process regarding pediatric versus KP priority, as well as the proportion of multi-organ allocations covered by the current proposal. While the intent to standardize multi-organ allocation was

appreciated, concerns remain that overly prescriptive and complex policy changes could reduce efficiency, increase errors, and extend donor case times. Additional guidance is needed to address the operational challenges, and some believe the policy may be premature until a single match run solution is developed. There is also a need to assess the impact on pediatric candidates as the policy is implemented.

Non-Discussion Agenda

Barriers Related to the Evaluation and Follow-Up of International Living Donors

Ad Hoc International Relations Committee

Sentiment: 2 strongly support, 9 support, 5 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: This was not discussed during the meeting, but attendees were able to submit comments with their sentiment. One attendee commented that concerns remain regarding the lack of guidance and potential changes to OPTN policy, as key barriers to international living donation persist. They also raised issues related to feasibility and safety, including challenges with interpreters and language barriers, costs associated with donation and follow-up care, and ensuring proper post-donation tracking. Additional concerns included the logistics of travel, the financial burden on donors, and how to effectively monitor long-term outcomes. They commented that without clear policies and solutions for these challenges, uncertainty about the safety and viability of international living donors continues.

Monitor Ongoing eGFR Modification Policy Requirements

Minority Affairs Committee

Sentiment: 1 strongly support, 14 support, 2 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: This was not discussed during the meeting, but attendees were able to submit comments with their sentiment. Attendees commented that they were supportive of this policy but were opposed to implementing a retroactive requirement obligating transplant programs to meet new documentation standards for candidates registered on the waiting list on or after January 4, 2024, due to the administrative burden.

Updates to National Liver Review Board Guidance and Further Alignment with LI-RADS

Liver & Intestinal Organ Transplantation Committee

Sentiment: 2 strongly support, 11 support, 4 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: None

Continuous Distribution of Kidneys, Winter 2025

Kidney Transplantation Committee

Comments: None

Continuous Distribution of Pancreata, Winter 2025

Pancreas Transplantation Committee

Comments: None

Updates

Councillor Update

Comments: None

OPTN Patient Affairs Committee Update

Comments: None

OPTN Update

Comments: None

MPSC Update

Comments: None

Feedback Session on OPTN Modernization

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