

2024 Candidate Biographies

The ballot for the national Board of Directors election will run in early 2024. Designated voting representatives for each member organization and member individuals will receive instructions for casting their vote electronically.

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President (vote for one)

Richard Formica, M.D.

I graduated from Boston University in 1989 with a bachelor's degree in chemistry and in 1993 with my doctorate. I trained at the Boston University Internal Medicine Program and was a Chief Medical Resident at Boston City Hospital. I then moved to Yale University for my Nephrology Fellowship and joined the Yale University School of Medicine faculty in 2000. I am a Professor of Medicine and Surgery and serve as the Director of Transplant Medicine and the Medical Director of Adult Kidney Transplantation.

My academic interests are in translational and clinical areas of transplantation, and I have authored more than 120 scientific articles, editorials, and review articles.

I volunteer for both the AST and OPTN. I am a past president of the AST and have served the OPTN as the Chairman of the Kidney Transplantation Committee, Simultaneous Liver-Kidney allocation working group, and the MPSC subcommittee on Performance Monitoring Enhancement. Currently, I am Vice President and President-Elect of the OPTN.

The practice of transplantation is the only example in medicine that I can think of where there exists a dual fiduciary responsibility to the patient we care for and to society at large. Often, the needs of these two constituencies conflict, and depending on our context, we must decide which one takes precedence. This inherent tension in our profession requires us to reconcile ourselves with where we reside on this spectrum of responsibility. This is particularly relevant today because the next few years will be a time of significant change in organ allocation and transplantation. The larger geographic sharing issue, while preliminarily addressed, requires further refinement and implementation. Organ rehabilitation in centralized locations will raise questions of how to reconfigure match runs, and the use of deceased donor organs to initiate KPD chains will raise ethical questions of equity and access. Additionally, decisions regarding the appropriate priority assigned to multi-organ candidates versus those waiting for single-organ transplants must be made.

The OPTN is more than a business; it is a patient service organization governed by ethical and legal principles.

It is reasonable to disagree on how these principles should affect the development of organ allocation policy; however, we all agree that our profession exists to serve patients with organ failure, and this must be our guide. By its very nature, the work of the OPTN cannot please everyone. Nevertheless, without exception, the OPTN's leadership should ensure all points of view are heard and understood. Our discussions must be substantive, fact-based, and challenge preconceived notions, and these conversations must always place the needs of our patients first.

Vice President/President Elect (vote for one)

Adam Bingaman, M.D., MBA, Ph.D.

I am more excited about the future of organ transplantation than I have ever been. Yet, with this optimism comes recognition of the challenges we face. The persisting issues of unacceptable waiting times, inequities, and inefficiencies demand our collective courage and commitment to change.

The time to act is now.

We must ensure the allocation of the right organ to the right recipient at the right time, every time. Achieving this ambitious goal necessitates the collaborative effort of a diverse community.

Over the past two decades, I have dedicated my career to expanding access to transplantation. Building and leading the largest living donor, paired donor, and Hispanic kidney transplant programs in the United States at a community hospital in San Antonio, we dismantled barriers and constructed bridges that significantly enhanced opportunities for transplant. Our focus on medically vulnerable communities resulted in a transformative impact on patients' lives and their transplant journeys.

The true strength of an organization lies in its diversity. In San Antonio, we assembled a remarkable team with varied backgrounds and perspectives, fostering a culture where distinct approaches and ideas coalesced to form a sum far greater than its individual parts. Our transplant program achieved a milestone by performing over 200 living and over 200 deceased donor kidney transplants in a single year, guided by the principles of clinical excellence, partnerships, innovation, and inclusivity.

The mission of the OPTN presents a unique challenge due to its wide array of stakeholders and requires a delicate balance. The OPTN must lead with a commitment to listening, learning, providing feedback, and full transparency, fostering a trusting relationship with our entire community.

With oversight of all HCA transplant programs, including 9 kidney, 4 liver, 3 pancreas, 3 heart, and one lung program, as well as service on multiple OPTN and ASTS committees over the years, my focus has been on developing and maintaining stakeholder relationships, effective communication, team leadership, and consensus-building to propel initiatives forward that promote expansion of opportunity and result in care excellence.

Our work in the transplant community is a true privilege, dedicated to the profound service of giving life. Now, more than ever, we face the challenge of evaluating our path forward -- charting a course that is humble and bold, reflective, and transformative.

We can no longer accept waiting lists, inequity, inefficiency, or a slow path to progress as inevitabilities. I wholeheartedly believe in the magnificence of our mission, and with gratitude, I earnestly request your consideration of my candidacy as the next Vice President of the OPTN.

Lloyd E Ratner, M.D., MPH, FACS, FICS(Hon)

This is a unique time for the American organ transplantation system. The forthcoming separation of the OPTN and UNOS Boards and the changes in the OPTN contracts affords us the opportunity to be aspirational in our goals for the Transplant Network. We should strive to allow every patient who can benefit from a transplant to do so. We should accomplish this goal through 1) innovation, 2) improving donor hospital accountability, 3) improving organ allocation and placement efficiency, 4) securing transportation logistical solutions, 5) advancing automated data capture, 6) establishing non-punitive performance metrics, and by 7) increasing living organ donation and transplantation, all while ensuring equity and diversity. I believe that I have the requisite skills, experience, and determination to lead the OPTN in this direction.

I am Professor of Surgery (with tenure) and Director of Renal and Pancreatic Transplantation at Columbia University. I have overseen the substantial programmatic growth at four different institutions, and I established the Pancreas Transplant Program at Columbia.

Access to organ transplantation has been my major academic interest and I have been a leading innovator in the field for 3 decades. In 1993, I performed the world's first dual renal transplant. In 1995 (with Dr. Louis Kavoussi) I performed the first laparoscopic donor nephrectomy, which removed financial and logistical disincentives to organ donation, which resulted in a profound increase in living donor kidney transplantation. I have made significant contributions in overcoming immunologic incompatibilities that prohibited transplantation. I devised the plasmapheresis/IVIg protocol for alloantibody desensitization in 1998. In 2001, I orchestrated the second paired-kidney exchange in the U.S. My more contemporary work has looked at the organizational and regulatory barriers to access to care. I have been an author on over 230 peer-reviewed publications and have been a federally funded investigator. My publications have been cited over 20,000 times.

I have served on the Board of Directors of three different organ procurement organizations and was the Chairman of the Board of Directors of one. I have served on numerous national committees including the UNOS and OPTN Boards on which I currently sit. I was a member of Executive Committee, and I presently am on the Finance Committee. Previously I served on the MPSC as well. I am a Past-President of the American Society of Transplant Surgeons, and first served as that Society's Treasurer.

I hail from Brooklyn, NY. I received my undergraduate education at the SUNY at Buffalo. I received my M.D. from Hahnemann University (now Drexel University). My general surgery training was obtained at Long Island Jewish Medical Center. I completed a Fellowship in Transplantation Surgery and Immunology at Washington University. In 2011, I received an MPH at Columbia University with a focus on health policy and management.

Immediate Past President (vote for one)

Dianne LaPointe Rudow, ANP-BC, DNP, FAAN

Dianne LaPointe Rudow ANP-BC, DNP, FAAN is Professor of Population, Health Science and Policy, and Director of the Zweig Family Center for Living Donation at the Recanati/Miller Transplantation Institute at Mount Sinai Hospital. She leads a comprehensive care team for live kidney and liver donors that provides innovative expertise in medical, surgical, and psychological health before and after live organ transplantation.

Dr. LaPointe Rudow received her Bachelors and Masters degrees at Hunter-Bellevue School of Nursing. She was one of the first to graduate with a Doctor of Nursing Practice (Columbia University, 2005).

Dr. LaPointe Rudow began her career as a transplant coordinator at NYU Medical Center in 1992. In 1998 she helped start the liver transplant program at New York Presbyterian Hospital-Columbia University. She joined Mount Sinai Hospital in 2010 as Director of the Living Donor Program. Under her leadership the live donor program has excelled in quality and volume of referrals, and live donor transplants.

Dr. LaPointe Rudow has held many leadership roles in the field. As President of NATCO (2004), she focused on professional development of transplant coordinators and collaborated with other transplant-related societies to promote patient advocacy and public policy. She was a dominant presence on Capitol Hill promoting funding for the Transplant Act 2004.

Dr. LaPointe Rudow served as the first non-physician member on the Board of Directors of the AST (2009-2012) where she made a lasting impact on the diversity of the society's leadership and its position

on live donor advocacy. She was instrumental in forming the AST Live Donor Community of Practice (LDCOP), a national platform for developing position statements, educational tools, and patient resources. She led the Best Practices in Live Organ Donation Consensus Conference, jointly sponsored by 11 transplant-related organizations, whose recommendations addressed transplant program efficiency, education, research, and policy, resulting in 8 publications. In recognition of her exemplary work, she received the AST Clinician of Distinction Award in 2013.

Dr. LaPointe Rudow founded, served as first president, and is currently treasurer of NYKidney, a statewide non-profit consortium of transplant programs dedicated to collaboration, data sharing and peer-to-peer assistance.

Dr. LaPointe Rudow has also been deeply involved in the OPTN. Since serving on the Board of Directors (2004), she has served on the Policy Oversight, Living Donor, Membership and Professional Standards, Disease Transmission Advisory, Finance, and Executive Committees. Most recently she was Secretary of the Board of Directors (2018) and chaired the Liver Paired Exchange Pilot Project Education Subcommittee (2021). Throughout, she has been instrumental in bringing groups with differing opinions together to develop educational programs and policies that directly impact the field.

In summary, Dr. LaPointe Rudow has devoted her career towards education and advocacy for improved care of organ donors and transplant recipients. In addition to her committee work and leadership roles, she has published extensively and has participated in many pivotal consensus conferences in the field.

Personal Statement: I have always viewed my career in transplantation as a privilege. Few careers allow one to witness the transformation from illness to health through a gift from another human being. In my clinical role, I have directly participated in the care of patients and the restoration of their health through the transplant process. As a national leader, I have made numerous contributions to service, practice, education, policy, and research, all focused on transplantation.

Through my leadership positions on the Boards of NATCO, AST and UNOS, tempered by real-world situations leading an active clinical transplant program, I have developed a comprehensive understanding of all aspects of organ donation and transplantation. My values are entirely congruent with the goals of the OPTN: to maximize organ supply, increase access, maintain safety and save lives.

I am very excited to serve as the OPTN Immediate Past President. Now more than ever we need a diverse, transparent and collaborative leadership team to work with the community and carve a path forward to improve the system and save more lives. I am committed to utilize my skills to lead the organization in its mission to build a more efficient, equitable allocation system. I believe that I am a consensus builder, who embraces the diversity of the OPTN board and committee structure and sees value in varied viewpoints when trying to implement positive change. I have had a great deal of experience leading groups whose members hold opposing/competing viewpoints and have a successful track record achieving compromise. My ability to listen, reason, and see things from different perspectives while keeping the overall objectives in focus are particular strengths that have helped me bring different stakeholders together to achieve our goals.

Vice President of Patient & Donor Affairs (vote for one)

James Sharrock, J.D.

Heart/Liver recipient 2016, OPTN Board member 2019-2024; Former Board Chair and Director LifeShare Oklahoma since 2017; Executive Committee OPTN since 2021; Corporate Affairs Committee UNOS since 2022; Current member Nominating and OPO Committees; Former member Patient Affairs; Liver, Multi-Organ; and Finance Committees; Retired attorney highly experienced in business transactions; Recognized nationally for expertise in business organizations and real estate law; Extensive experience with non-profits as attorney, board member, and leader; Board president or chair of seven significant community non-profits; Oklahoma Bar Association Outstanding Public Service Award; Rotary International Four Avenues of Service Award; Multiple community organization awards for leadership roles.

It has been an unexpected honor to participate in leadership of the OPTN. The terms “OPTN”, “UNOS”, and “OPO” were unknown to me at the time of my transplant. I have come to understand how the entire transplant community, including these organizations, has made it possible for me and more than a million other recipients to live longer and better.

The next few years are critical. Modernization will be challenging but provides the OPTN the opportunity for self-examination and improvement. Efforts are well underway to reexamine how broader sharing has impacted utilization. As new structures and contracts are introduced, the OPTN must be an active partner in developing and implementing positive change.

The role of Vice President of Patient & Donor Affairs is emerging. Progress has been made towards more meaningful participation in the OPTN by patients, donors, and their families. Much work remains to be done. The OPTN provides most of the transplant community a clear path to influence change, but the role of patients is not well defined. Organizational structure and processes need to be developed from meager sketches of patient involvement mentioned in NOTA and the Final Rule. I have extensive experience in assisting and leading non-profits to make them stronger and better capable of performing their mission. I can help the patient community become more effective within the OPTN.

In my retirement, the OPTN has given me a place to utilize my skills and experience, and to interact with others sharing the dream of improving the transplant community for all, but particularly for the patient. It is sometimes frustrating, but always rewarding. My transplant gave me the time, energy, and physical capability to continue to serve. There is no better place for me to do that than the OPTN.

Macey Levan, J.D., Ph.D.

I donated a kidney 14 years ago to my cousin when I was in law school at Indiana University, and I've been an advocate for optimized and equitable care for all patients and donor families ever since.

I am an Associate Professor of Surgery and Population Health at the NYU Grossman School of Medicine, and the Director of the Center for Surgical and Transplant Applied Research Qualitative Core at NYU. I take our mission to conduct high-impact patient-oriented research personally. I've authored more than 100 peer-reviewed publications, including those highlighting patient narratives. My team is comprised of renowned world experts experienced working with federal research funding from the NIH, HRSA, and the DoD.

My team's research impacts decision making about national organ allocation and transplant system performance and calls for transparency and accountability with federal transplant policy. We find evidence-based ways to support patients and donor families, work with hospital leadership, patient and community groups, and professional societies to develop and evaluate new programs and policies to reduce disparities.

Our research has helped people living with HIV get kidney transplants, wounded warriors to have life-changing hand and face transplants, and people who donate a kidney or liver get the best care after saving a life. We work with organ donor families in their grief journey and study how to talk about new types of donation innovations and transplant realities (like NRP and xenotransplantation) to patients, and the American public. Working directly with patient groups, transplant hospitals, donor family groups, OPOs, national foundations, and other advocacy organizations is what I do every day.

I teach Managing Complex Healthcare Operations and Strategic Planning and Marketing for Healthcare in the Master of Health Administration program at Purdue University and remain adjunct faculty at Johns Hopkins. I live on the Maryland Eastern Shore and am a former fellow of the New Leaders Council that recruits, trains, and promotes young leaders ranging from elected officials and civically engaged leaders in business, and industry. I am the Chair-Elect for the National Innovation Leadership Council of the Alliance for Donation and Transplantation and the Co-Chair of the Scientific Review Committee for the American Society of Transplantation. I previously served the Board Directors of the OPTN (2017-2020), the Executive Committee, the Nominating Committee, and have participated on multiple committees and workgroups including Kidney, Living Donor, MPSC, Patient Affairs, and Data Advisory.

<https://med.nyu.edu/faculty/macey-l-levan>

Secretary (vote for one)

Jennifer Muriett, R.N., MSN, BSN, CPTC

My healthcare journey stems over 29-years, rooted in my beginnings in critical care nursing, to now a healthcare executive as the Chief Operating Officer for Donor Alliance. Early in my professional journey I discovered a profound passion for organ donation and transplantation, now in my 26th year. Over the last 20 years, I have consistently excelled as a dynamic leader, showcasing a commendable record of elevating donation and transplantation rates.

Specializing in leadership and motivation, strategic planning, quality improvement, operational and clinical excellence, as well as culture development, my tenure spans three OPOs, including LifeLink of Florida, Donor Network of Arizona, and Donor Alliance. My impact is evidenced by fostering collaborative partnerships that enhance the organ donation system.

Since assuming the role of Chief Operating Officer at Donor Alliance in June 2020, I oversee the Organ, Tissue, Hospital Development, and Donor & Family Services departments, which have had remarkable results in a short time. Donation after circulatory death has surged by 76%, overall organ donation by 57%, and organ transplants by an impressive 51%. My focus is on maximizing the gift of life by fostering collaboration with donor families, hospital partners, transplant centers, and the community to save more lives.

My leadership extends with notable positions such as a current Region 8 Representative for the OPTN Liver/Intestine Committee (2023-2026), past chair of the AOPO Data Committee & current member (2022-2025), membership on The Alliance Leadership & Innovation Council (2020-2024) and serve as a Quality Improvement Coach for ETCLC (2022-present) and am a member of Donor Management Goal Portal National Advisory Group. Additional involvement in various committees include AOPO Ethics Chair 2020-2021/Vice Chair 2019-2020/member 2008-2019, and OPTN OPO Committee (2016-2022) and Region 5 Collaborative Leader (2010-2012), underscoring my commitment to shaping the landscape for donation and transplantation.

As the donation and transplantation system needs innovation and future back thinking to drive efficiency and effectiveness to save more lives, I am dedicated to ensuring the donation community continues to build the future and be the best donation and transplantation system in the world. My work is more than a profession; it's a commitment to donor heroes and facilitating generosity, which I believe is the epitome of humanity. My guiding motto is to ensure every donor gets a choice and every recipient has a voice. I look forward to this opportunity to serve as OPTN Board Secretary and appreciate your support.

Kyle Herber, MPA

I have been honored and humbled to be part of this life-saving mission for the past 18 years. Seeing the positive impact that organ donation has on donor families by knowing that their loved ones are heroes is the reason I've dedicated my life's work to this mission. This experience has provided me with numerous opportunities to serve our community in a variety of different capacities. As a current member of the OPTN Membership and Professional Standards Committee and The Expeditious Task Force, I've been offered the opportunity to gain valuable perspective on our donation and transplant community. As a result, I have a deep understanding of the challenges within the system and have the confidence that we can address these challenges, all while continuing to be the best donation and transplant system in the world. The next two years will be a critical time in the history of the OPTN. I strongly believe that the entire system must be evaluated, and changes must be made to increase organ donation, increase organ utilization and ultimately become more efficient and effective as an entire system. If elected, I pledge my commitment to work hard to support the mission of the OPTN and to help improve the overall donation and transplantation system. I would be honored to serve as Secretary and thank you for your consideration.

Regional Councillor (vote for four)

Region 3: J. David Vega, M.D.

Dr. Vega is Director of the Heart Transplantation Program at Emory University Hospital and Professor of Surgery at the Emory University School of Medicine in Atlanta, GA. Dr. Vega received his MD degree from the University of Michigan School of Medicine. He completed his residency in General Surgery at the University of Texas Health Sciences Center in Houston and in Cardiothoracic Surgery at the Texas Heart Institute in Houston, TX. Dr. Vega undertook his fellowship in Heart and Lung Transplantation at the University of Pittsburgh Medical Center in Pittsburgh, PA. After completing his fellowship in 1996, Dr. Vega joined the faculty at Emory University School of Medicine. Dr. Vega's research interest has been in organ preservation, immunosuppression, clinical heart transplantation, and mechanical circulatory support. He has been very active in policy development regarding organ allocation. He has served on several OPTN committees including the Membership and Professional Standards committee, the Policy

Oversight committee, and the Thoracic Organ Transplantation committee where he served as vice-chair and chair. He has served on the Advisory Committee for Organ Transplantation (ACOT) under the Department of Health and Human Services. Dr. Vega has also served on the Board of Directors for UNOS and the International Society for Heart and Lung Transplantation. He previously served as an Associate Editor for the American Journal of Transplantation. Dr. Vega has a personal connection to organ donation. His 9 year old niece, Abby Bacho, became an organ donor on Christmas Day, 2012 after suffering a severe closed head injury in a motor vehicle accident. She donated her heart, liver, and kidneys.

Region 5: Robert Harland, M.D., FACS

I am a clinically active abdominal transplant surgeon and am currently Professor and Vice Chair for Academic Affairs at University of Arizona College of Medicine, Tucson. I trained in Medicine, General Surgery and Transplant Surgery at Duke University. I have held faculty positions at Duke, University of Massachusetts, the University of Chicago and East Carolina University prior to assuming my current position in 2015. I have held leadership positions including Division Chief and serve as the Primary Surgeon for our Living donor, kidney and pancreas transplant programs. I have been active in several OPO's and currently am on the Medical Advisory Board for Donor Network of Arizona.

I have an interest in clinical and translational research with experience in Xenotransplantation, Cell transplantation for the treatment of diabetes, new immunosuppressive agents, as well as methods of improving organ preservation and utilization. My clinical expertise includes multi-organ transplantation, patients requiring repeat transplantation and other difficult to transplant patients.

I have a passion for teaching and mentoring others in Medicine and Surgery, believing that we have a responsibility to train the next generation of physicians and surgeons to care for patients competently and compassionately as members of a multi-disciplinary team.

I have been a member of several ASTS and OPTN committees. For the past year and a half, I have been on the MPSC committee for the OPTN which has been a tremendous learning experience. I would look forward to participating as a member of the Board. This is a critical time for transplantation in the US and it is important for us to have leadership that takes advantage of opportunities for change while still holding to our ultimate charge of maximizing the benefits of transplantation for all.

Region 6: Catherine Kling, M.D., MPH

Catherine Kling earned a B.A. in Biochemistry from Dartmouth College in Hanover, NH, followed by her M.D. from Vanderbilt University in Nashville, TN. She completed her General Surgery internship and residency at Vanderbilt University Medical Center. During residency, she spent two years at the University of Washington, obtaining her Master of Public Health in Health Services Research and studying interventions to optimize the health of patients prior to surgery. After finishing her residency, she returned to the University of Washington to complete her Abdominal Transplant Surgery Fellowship.

Dr. Kling joined the UW faculty in 2018 as an active liver, kidney and pancreas transplant surgeon and surgical educator. She is the UW Abdominal Transplant Surgery Fellowship Program Director and serves as the Co-Chair of the ASTS TACC Fellowship Program Accreditation Committee. She is currently serving as the Region 6 representative to the Membership and Professional Standards Committee and has also served on several other OPTN workgroups, including as a current member of the Expeditious Task Force.

Catherine's research centers around maximizing organ utilization through different means, including policy, appropriate donor and recipient matching and improving access for disadvantaged populations.

I have been actively involved with the OPTN and Region 6 since becoming faculty at University of Washington. Through my involvement and my research, I have become passionate about improving the system that allows us to provide so many patients with life-saving transplants in the United States. My tenure on the MPSC has been both challenging and eye-opening, as the system is working to adapt to the changing face of transplant. I look forward to serving my region as Councillor representative to the OPTN Board of Directors, as well as engaging and supporting our regional interests to improve transplant at the national level.

Region 9: Nancy Metzler

I have over 30 years of transplant experience and I have spent the last 19 years as the transplant administrator at the University of Rochester Medical Center in Rochester, NY. I have served on a number of UNOS and OPTN committees over the years. I am currently a member of the MPSC Committee and prior to that I was Chair of the Transplant Administrator Committee and the Transplant Management Forum Planning Committee. I am active in state-wide transplant efforts and serve on committees for the NY Kidney, NY Liver and NY heart consortiums. I am an appointed member of the NY State Department of Health Transplant Council and serve as Co-Chair of the NYS Committee on the NASEM report and the Certificate of Need Sub-Committee. I have also served as an Executive Committee Member of the AST Transplant Administrator COP. I have been a member of the Finger Lakes Donor Recovery Network Advisory Board since 2006. I am the Mom of a cornea donor.

I have dedicated my career to the field of transplantation. I will always advocate for access to transplantation and fair allocation across all organ types. I firmly believe that organs are a national resource and as members of the OPTN, it is our responsibility to uphold a system of equitable distribution. The transplant community is facing many challenges and I would appreciate the opportunity to collaborate with my colleagues around the country to continue to improve our policies and processes. Our University Motto is "Meliora" which means ever better. I believe that also applies to our transplant system - we can always do better and be better for our patients and our donor families and we should always be working towards improvement.

Medical/Scientific Organization Representative: Association of Organ Procurement Organizations AOPPO (vote for one)

Dorrie Dils, BSN, MHA

Dorrie Dils has led Gift of Life Michigan as President/CEO since August 2016. Gift of Life is the 11th largest organ procurement organization (OPO) in the nation by population size, serving 136 donor hospitals and eight transplant centers. Through innovation and a steady focus on data to impact change, Ms. Dils has led her team to an 88% increase in organ donors, a 55% increase in organ transplants and a 51% increase in tissue donors since 2016. She oversees nearly 400 people who work tirelessly to make organ and tissue donation a possibility for donors and their families as they lend hope to the thousands who await life-saving organ transplants and life-improving tissue grafts.

Ms. Dils began her career as a nurse in the trauma and surgical intensive care units, where she first interacted with organ procurement staff and experienced the gifts of donors and their families. She then

served for more than 25 years in an array of positions at Lifeline of Ohio, one of four OPOs for that state. She advanced there to Chief Clinical Executive, a position she held until she was hired to lead Gift of Life Michigan. Ms. Dils holds a master's in healthcare administration and has served on numerous OPTN committees, including OPO, thoracic and transplant administrators. She has been active in the Association of Organ Procurement Organizations as vice chair of the advocacy committee and is currently the president-elect.

After more than 30 years in the organ donation field, I am encouraged by all we have accomplished and all we are poised to make happen over the next few critical years. While abolishing the waiting list for transplants is unlikely, eliminating deaths or removals because patients become too sick is obtainable. I look forward to serving on the OPTN board to further our collective goals while honoring donors and their families for the incredible gifts they have given.

Medical/Scientific Organization Representative: American Society of Transplantation AST (vote for one)

Deborah B. Adey, M.D.

I am looking forward to the opportunity to serve as the American Society of Transplantation (AST) representative to the OPTN. I have served on the AST and UNOS/OPTN committee for the past three years and am incoming chair for this committee. This has kept me up to date on the current policy proposals and discussions regarding transplant policies across solid organ transplantation. I previously served on the OPTN Ethics committee as a representative from University of Vermont, region 9, then transferred as an ad hoc member for region 5 when I moved back to California. During my term on the Ethics committee the definition and ethics of donation after circulatory death was being hotly debated. I believe I will be involved with the OPTN at a time where there may be many areas within transplant that will be rich with discussion, rife with different perspectives, and will face many challenges.

My career in kidney transplantation spans 27 years and three institutions. I completed my Nephrology fellowships at the University of Vermont, and Mayo Clinic Rochester, and completed a post-doctoral year (prior to transplant Nephrology fellowships) at the University of California, San Francisco (UCSF). I have focused on three primary areas in transplantation; infectious disease complications, the highly sensitized patient and chronic antibody mediated rejection, and living kidney donor evaluation and safety.

I have had the opportunity to serve in leadership roles in several institutions during my career; primary physician/medical director for kidney transplantation at the University of Vermont and at UCSF, and as the medical director for living donor kidney transplant at the University of California Davis and currently serving in that role at UCSF. At UCSF I have also chaired two faculty misconduct ad hoc committees, a valuable experience in listening to different sides of a situation and arriving at a fair conclusion and outcome.

The AST has afforded me experience in leadership with the opportunity to serve and chair several committees as well as serving on the board of directors for AST (2017-2020). Within AST I have chaired the Women's Health Community of Practice, the Transplant Nephrology Fellowship Accreditation Committee (TNFAC), and the Board of Managers for the TNFAC), the Membership committee, and am incoming chair for the AST OPTN/UNOS committee and the Conflict of Interest Committee. In addition, I am incoming co-chair for the AST Winter meeting, Cutting Edge of Transplantation 2025.

I look forward to being part of the OPTN at this exciting time in transplantation.

Medical/Scientific Organization Representative: American Society of Transplant Surgeons ASTS (vote for one)

A. Osama Gaber, M.D.

A. Osama Gaber, M.D., is the Chair of the Department of Surgery at Houston Methodist Hospital, the John F. Jr. and Carolyn Bookout Presidential Distinguished Chair, and the Founding Director of the J.C. Walter Jr. Transplant Center. Dr. Gaber is also a Professor of Surgery, at Weill Cornell Medical College, founder of Abdominal Multi-Organ Transplantation Fellowship, and Senior Member of the Houston Methodist Research Institute. He is currently the past president of the American society of transplant surgeons, and past chair and current member of the Texas Chronic kidney disease task force. He earned his medical degree from the Ainshams University School of Medicine in Cairo, Egypt, where he completed a residency in general and pediatric surgery. He, subsequently, completed surgical training at Boston University Medical Center and a research clinical transplant fellowship at the University of Chicago.

Dr. Gaber has devoted his career to pancreas, liver, and kidney transplantation and the surgical care of organ failure patients. He has been funded by the NIH, JDRF, Assisi Foundation, Vivian Smith Foundation, Men of distinction, and many other national and local foundations. He is the author of more than 270 papers, as well as more than 340 abstracts and numerous book chapters. Dr. Gaber founded Nora's Life Gift Foundation to build Nora's Home, a hospitality home for transplant patients in the Texas Medical Center. Nora's Home offers transplant patients and their families an affordable place to stay where they can find support and share experiences with others, in the comfort of a home-like environment.

Medical/Scientific Organization Representative: College of American Pathologists CAP (vote for one)

Caroline R. Alquist, M.D., Ph.D.

I am a triple-boarded transfusion medicine and histocompatibility pathologist, uniquely invested in the intersection of transplant services and transfusion medicine. I serve as Hoxworth Blood Center's Chief Transplant Services Officer, medical director of their mobile and fixed site Apheresis Program, and Cincinnati's only active ASHI-accredited HLA director for their Transplantation Immunology Division. Additionally, I have been actively involved in committees, task forces, and subsections for the College of American Pathologists; ASHI, a national society of histocompatibility specialists; AABB, an international transfusion medicine and cellular therapy organization; and ASFA, a national association of apheresis professionals. I am committed to the advancement of transplant and transfusion medicine practices through interdisciplinary collaboration and the application of evidence-based medicine.

Medical/Scientific Organization Representative: NATCO (vote for one)

Jennifer Reese, R.N., MSN, ANP-BC, CCTC

I joined Cleveland Clinic in March of 1999 and have been involved in the direct care of advanced heart failure and heart transplant patients since that time. I currently serve as an Adult Nurse Practitioner for our inpatient transplant program. Recognizing the unique needs of this patient population and their

families and the importance of collaboration and process improvement, I became a member of NATCO, The Organization for Donation and Transplant Professionals. Through the offerings of NATCO, I have been able to advance my own knowledge and interact with professional colleagues throughout the country. These networking opportunities have allowed me to collaborate on quality and process improvement projects, provide educational lectures on a national level and participate on OPTN committees. It has been a true privilege to spend the last 24 years working in the field of transplantation. I am proud to be a small part in caring for this patient population and would consider it an honor to represent NATCO on the UNOS and OPTN Board of Directors.

Jennifer has been directly involved with transplant for 24 years. She has served as an Annual Meeting Co-chair for the 2014 and 2015 NATCO Annual Meetings. Jennifer has been a moderator for multiple sessions since 2014 for NATCO Annual Meetings, as well as given several lectures for NATCO as both a scheduled and as a stand-in speaker. She has served two consecutive terms (four years) on NATCO's Board of Directors as Councilor At Large, one term as Treasurer and is currently serving as President Elect. She has served on OPTN Operations and Safety Committee from 2017-2020 as At-Large Member and as a Patient Safety Advisory Group Member. In addition, Jennifer is a current faculty member for NATCO's CCTC review course.

Professional Experience:

Adult Nurse Practitioner, Advanced Heart Failure/Cardiac Transplant, Cleveland Clinic Health System, Cleveland, OH; 2010-Present

Transplant Coordinator, Advanced Heart Failure/Cardiac Transplant, Cleveland Clinic Health System, Cleveland, OH; 2001-2010

Registered Nurse, Heart Failure ICU, Cleveland Clinic Health System, Cleveland, OH; 1999-2001

Registered Nurse, Medical ICU/Stepdown, Riverside Mercy Hospital, Toledo, OH; 1998-1999

Education:

Master of Science in Nursing, The University of Akron, Akron, OH; 2010.

Bachelor of Science in Nursing, The University of Akron, Akron, OH; 2006.

Associate Degree in Nursing, The University of Toledo, Toledo, OH; 1997.

At Large: Patient & Donor Affairs (vote for one)

Brittany Clayborne, Psy.D

I consider my journey to be one fueled by the belief that with mentality, vision, and evolution anything is achievable.

After being told that I needed a heart transplant due to pregnancy related heart failure I embarked on a transformative journey.

During a 2016 9 months stay in Cardiac ICU I pursued and earned my master's degree. 2 year later, in January 2018, I received my heart transplant. One year later I would battle aggressive stage 4 cancer.

It was in those moments of my physical vulnerability that I was able to clearly see my passion for creating and equipping others with the mentality, vision, and evolutionary tools needed to not just survive, but to thrive in a way that made the tears shed and the battles fought worth it. This fueled my pursuit of not only victory over my cancer diagnosis but also my Doctorate of Psychology degree.

My passion to contribute positively to the world has been recognized through various accolades, including being asked to offer a TED Talk, consulting for the American Heart Association, the National Organization of Rare Diseases, and various other companies worldwide. Receiving numerous awards, the most prestigious of them being the Building the Cure Heart Warrior Award and the 2023 UNOS Community Advocate Award.

Equipped with my dual identity as a survivor and a healer I have become an International Bestselling Author, by sharing my experiences and offering hope and inspiration to others facing their own battles. At the forefront of my professional endeavors is the creation of The Maverick Evolution© and the development of psychosynthetically driven THRIVE Therapy©, reflective of my commitment to innovative and holistic approaches to mental health. Also, in my capacity as the Chair of the Patient Committee for the Heart Failure Society of America, I actively contribute to shaping policies that enhance the patient experience globally.

Beyond my professional accomplishments, my most cherished role is that of a mother. Together with my 13-year-old son Micah, we extend our passion for emotional and psychological well-being through our non-profits, Brittany Speaks and Micah Gives. Through these initiatives, we strive to create a positive impact on the mental health of both children and adults.

I am humbled by the opportunity to be considered for this nomination and look forward to the continued pursuit of my mission to inspire, heal, and advocate for the well-being of others.

Earl Stephen Lovell

My Biography

Name: Earl Stephen Lovell

DOB: August 21, 1951

Birthplace: Guyana, South America

Marital Status: Married

Children: One Adult Daughter

Military Service: US Navy - 30 years: Retired

Education: BA Union College, NY

My Story: In 2009, my life took an unexpected turn in Charlotte, NC. On June 27th, a sudden myocardial infarction nearly claimed me, saved only by my wife's swift call to 911. A ruptured piece of plaque in the left anterior descending artery had cut off all oxygenated blood supply, necessitating a stent and balloon pump. The left ventricle damage was severe, and my survival hung in uncertainty. Thanks to the remarkable efforts of Carolinas Medical Center, I defied the odds and returned home to California.

I was referred to Sutter General Hospital Heart Transplant and Vascular Center. My evaluation revealed the need for a transplant and showed pulmonary hypertension due to elevated lung pressures. With an ejection factor (EF) of 8, a Left Ventricular Assist Device (LVAD) was implanted in October 2011. Placed on the transplant list in March 2012, I received my life-changing gift on August 1st, 2012.

I recently journeyed to Seoul, Korea to experience my donor's culture, history, and to meet my donor's parents and family. I wanted to thank them for the gift of life. Although I was unable to meet with them, I will be forever grateful for their gift to me.

In November 2012, I became an Ambassador with Sierra Donor Services, and in 2013, also joined Donor Network West. On July 1st, 2017, I assumed the role of region 5 Representative on the OPTN Patients Affairs Committee. Currently, I serve as an At-large Patient representative on the OPTN Heart Transplantation Committee, contributing to the implementation of the Continuous Distribution of Organs policy.

As a dedicated advocate for organ, eye, and tissue donations, I have shared my journey with diverse groups, from Rotary and Lions Clubs to church congregations and high schools. Recently, I engaged Forensic Pathologists in a 15-minute presentation that extended to 90 minutes due to their enthusiastic questions about organ donation. Recognizing the value of their medical expertise, I believe these skilled physicians should have a seat at the table in organ procurement discussions.

Now, as a heart transplant survivor, it would be an honor to represent patients on the Board of Directors, sharing my unique perspective to advocate for organ donors and recipients alike.

At Large: Patient & Donor Affairs (vote for one)

Glen Kelley

My passion for organ procurement and transplantation stem from my personal journey, extend through commitments to serving patients, while bringing skills including information technology, collaboration, business acumen, ethics, and strategic leadership.

Diagnosed with Stage IV Hodgkin's lymphoma at 17, I underwent chemotherapy, radiation, and a bone marrow transplant. At 36, I suffered a heart attack, leading to advanced heart failure and a heart transplant in 2016 at Baylor, Scott & White, Dallas, TX. Subsequently, I developed renal failure necessitating dialysis until a kidney transplant in 2019 at the University of Minnesota. Additionally, my son donated his kidney to me, and my partner's daughter donated her organs after passing in 2023.

After earning a BA in Music Business, minor Industrial Engineering, I began my 20+ year career across enterprise software and cloud computing. Early career highlights included the startup of collaboration and change management solution practices, culminating in a record-breaking IPO for our firm, Whittman-Hart.

Subsequently, I moved to IBM, where I assumed prominent leadership roles in software and cloud computing, both domestically and internationally. My responsibilities encompassed market management, sales, and mergers and acquisitions. Notable achievements included development and implementation of innovative market solutions, resulting in expanded market share with consecutive revenue records. Additionally, I successfully integrated sales teams of newly acquired companies.

Following my heart transplant, I shifted focus to volunteer work, specifically support and advocacy for the heart patient community. This included frequent hospital visits and calls to transplant candidates, recipients and their families, a practice I continue today. I served as the President of the Second Chance for Life Foundation from 2019 until earlier this year. This patient-led organization offers educational, emotional, and financial support to patients and families awaiting or having received a heart transplant or LVAD at the University of Minnesota.

In 2022, I began the role of Advanced Heart Failure, Transplant, and MCS Leader at The Mended Hearts, Inc. As the world's largest peer-to-peer cardiovascular support organization with over 112,000 members

across 224 locations in 40 states, I lead education, support and advocacy initiatives for heart patients and their families.

As a member of the IRB within the University of Minnesota Research & Innovation Office, I review medical research for ethics and fairness. I was also elected to the OPTN Heart Transplantation Committee in 2022 as a Patient Representative. I actively serve on multiple subcommittees, including the recently amended Heart Transplant Status 2 policy.

John J. Sperzel

John J. Sperzel is Chair of the Board of Directors and Chief Executive Officer at T2Biosystems (NASDAQ: TTOO), a molecular diagnostics company focused on the rapid detection of sepsis-causing pathogens. He currently serves on the OPTN Patient Affairs Committee and the Sepsis Alliance Corporate Advisory Board.

Mr. Sperzel is a dynamic leader who possesses significant corporate governance experience in the heavily regulated healthcare field, having served as Chair of the Board, Chief Executive Officer, President, or Vice President for seven corporations during his distinguished career, including T2 Biosystems (NASDAQ: TTOO), Chembio Diagnostics (NASDAQ: CEMI), ITC Medical, Axis-Shield (LSE: ASD), Bayer Diagnostics (BAYN:DE), Werfen Group, and Boehringer Mannheim/Roche (ROG.SW).

Mr. Sperzel also served on the Board of Directors for Diadexus, Inc. (NASDAQ: DDXS), American Diabetes Association, RVR Diagnostics, OrangeLife Healthcare, and Ontera Bio. He holds a Bachelor of Science degree in Business Administration/Management from Plymouth State University, where he also led the football team to three championships.

I have spent the entirety of my career in the FDA-regulated healthcare field because I want to make a difference in the lives of others. I am a strategic thinker who has developed and commercialized dozens of products, which has provided me with a deep understanding of how technology can save lives and improve patient outcomes.

In 2017, I was diagnosed with one of the world's rarest and deadliest disorders, Giant Cell Myocarditis, which has been diagnosed ~300 times and typically causes death within five months. After being informed that my chance of survival was less than 5% and I would need a heart transplant, I spent 55 days in the cardiac surgical ICU battling for my life, enduring major surgeries, and being placed on life support. I received a heart transplant on July 8, 2017. To honor my organ donor and his family, I authored a book, titled COURAGE, and have donated 100% of the proceeds to Donate Life America and Sepsis Alliance.

I am asking for your vote to serve on the OPTN Board of Directors. I am a highly skilled and infectious positive leader who will bring significant Board governance and healthcare leadership experience, a collaborative and consensus-driven leadership style, and a deep understanding of healthcare technology. The combination of my personal lived experience as a patient and my extensive professional expertise as an executive is well-suited to support the OPTN to succeed in this moment of transformational change.

At Large: Patient & Donor Affairs (vote for one)

Frankie McGinnis, M.S.

Margaret Mead said, "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has" I try to embody this with my life.

I have a Bachelor of Arts majoring in History with a minor in Secondary Education (1996) and a Master of Science in Library Information Science (2020). Graduate School service included Graduate Student Senate, Dean's Graduate Student Advisory Council and Tennessee Library Association Conference Intern. I served for a total of 8 years as an Executive Board Member and 6 years as a Board Member for the Cystinosis Research Network (CRN). I have a charitable fund that I developed and implement with CRN that I currently oversee in memory of my daughter. I work at the University of Tennessee, Knoxville with the Institutional Animal Care and Use Committee (IACUC) as an Administrative Coordinator and hold the designation of Certified Professional IACUC Administrator (CPIA). I lecture at Lincoln Memorial University annually presenting "Organ Donation: From the perspective of a caregiver to a two-time organ recipient and Living Donor." I lobbied and collaborated with university leadership to develop the Laura McGinnis Organ Donation Policy that was approved for the University of Tennessee System. I participate with the Compassion Cares Project with Global Genes and as a mentor for UT Promise.

Service to my community is important to me and to be an instrument of change is a driving force in my life. My daughter's two transplants and life long struggle with illness taught me the importance of advocacy and the power of community. My daughter's first transplant was as a pediatric patient after a normal decline of kidney function. The second transplant was a sudden onset failure and she had almost three years of hemodialysis and penitential dialysis. I was listed as her pair but she received a high-risk non-living donation. After her second successful transplant I donated my kidney to another person with Cystinosis. My passion is to see living organ donation become more accessible and attainable, for barriers to donation removed. Organ donation allowed my daughter to dream, to plan, to hope. That hope is priceless and my gratitude to her donors is endless. I appreciate this opportunity to serve the community that I care so deeply for and look forward to serving in any capacity that I can.

Joseph (Joe) Brownlee

It is a pleasure to introduce myself to the leadership within OPTN. I welcome this opportunity to serve as a board member to advise and support the organization in its continuing efforts for the future success of the US organ transplant system. I am confident that our family's passion and my professional experiences create a value-added combination for OPTN.

As a father of a 2x heart transplant recipient (only 13 today), it is our family's passion to bring our experiences to the table and discuss ways to improve the transplant system holistically. We have been involved in the pediatric heart world for the past 10 years. While our outcomes have been generally positive, we observed the pain, fears, and challenges of others not reaping our blessings. We know many do not experience positive outcomes, and I want to be part of the process to make it better!

While an accountant by education and Medicare/Medicaid auditor in early career roles, I transitioned those financial and operational experiences into skills to combine critical problem-solving and needs for transforming organizations to achieve sustainable long-term goals and outcomes. I am a 20+ year nonprofit/charitable leader with skills in strategy development, revenue/partnership development, program development/transformation, board and key stakeholder engagement, strategic governance,

operations, and finance. These include C-suite and leadership positions at complex organizations like Rotary International/The Rotary Foundation (Chief Strategy Officer), Feeding America (VP Governance and Board Relations), Children's Heart Foundation (Interim ED), Enduring Hearts (Interim CEO), and the Am. Bar Assoc (Chief Membership Officer). I was tasked in these organizations as a collaborative leader to drive innovation, implement major strategic initiatives, build new business models, and deliver on major goals and change initiatives.

Personally, our family relocated from Chicago to Charlotte in December 2020 (during the pandemic). A short 16-months into our transition, our daughter's first donor heart from 2010 abruptly took a turn for the worse in Spring 2022-resulting in a second transplant. From diagnosis to discharge-a mere 30 days-our family, community, and network rallied (again) to support us. With the immediate crisis behind our family, I am looking "to pay it forward." With our family's significant personal experiences in the pediatric heart transplant world, I am looking to give back to a cause that provided such value and miraculous interventions for our family. I hope you feel my skills and passion are a great fit for the organization.

At Large: Patient & Donor Affairs (vote for one)

Bridget P. Dewees, Ph.D.

As a candidate for the Board of Directors, my personal and professional experiences converge to form a unique and passionate perspective on transplant services. Since 2018, I have devoted my time to volunteering with those awaiting transplants and their caregivers. This involvement has not only been a journey of personal fulfillment but has also provided me with invaluable insights into the needs and challenges faced by those within the transplant community.

In my capacity as a caregiver to my husband, a heart transplant recipient, I have a firsthand understanding of the complexities and challenges faced by transplant patients and their families. This personal journey has deepened my commitment to improving healthcare systems and services.

Professionally, I bring over three decades of experience in Business, Finance, Organizational Development, and Higher Education Administration. As the Assistant Vice President for Institutional Effectiveness at Claflin University, I am responsible for leading a robust program in assessment and evaluation, encompassing institutional research, data collection, and report development. These skills are directly transferable to the evaluative and strategic needs of the Board.

My commitment to quality and excellence has been recognized through the SC Champion for Excellence award, presented by the SC Quality Forum and the Governor of SC. This accolade reflects my ability to inspire excellence in individuals and organizations alike. Nationally and at the state level, I have contributed to various evaluation teams. My roles have included serving on the board of examiners for the National Baldrige Award, leading the South Carolina Quality Forum, and serving as a commissioner for the Accreditation Commission of Nursing.

My educational background includes a PhD in Management from Walden University, an MBA from Webster University, and a B.S. in Accounting from the University of South Carolina. This diverse educational portfolio has provided me with a robust foundation, enhancing my capabilities in strategic planning, organizational development, and fiscal management.

In summary, my extensive professional background, combined with my personal commitment to the transplant community, makes me an ideal candidate for the Board of Directors. My experience in assessment and evaluation, along with my volunteer work with transplant patients and caregivers, uniquely positions me to contribute effectively to the board's mission. I am dedicated to using my expertise to improve the quality and effectiveness of healthcare services, particularly in the transplant sector.

Denise L. Abbey, R.N., MHA

Hello, my name is Denise, and I am a wife, mother, nurse, and heart transplant recipient. I have an Associate degree in Nursing, bachelor's degree in social work and a master's degree in health administration. I worked 17 years as a nurse, 12 of which were spent in nursing leadership. I was the clinical manager of a 36 bed unit in a large urban hospital where I supervised staff and all aspects of patient care. I was also responsible for quality assurance and performance improvement in all areas of patient care. Prior to my nursing career, I spent 11 years working for a non-profit organization beginning with an entry level position and ending in management before pursuing my career change.

My career came to an abrupt end in 2017 due to injuries suffered in an automobile accident. I subsequently felt adrift, lacking any purpose in life outside of taking care of my family.

On August 1, 2020 I suffered an aortic dissection that ultimately led to heart failure and necessitated a transplant which I received on June 9, 2022. Organ donation became very personal for me due to the generosity of a stranger and their family's decision to help someone they didn't know. What a gift! I promised to never forget and to do all I could to assist with increasing organ donation.

When the plan I had for my life took an unexpected turn, I questioned what my continued purpose was. I had spent my entire professional career helping those who were disadvantaged and underserved and found myself wondering why God had kept me here. Being on the other side of the hospital bed as the patient and not a provider was not pleasant. It is a very humbling experience to need the help of others and feel helpless in the process. Telling my story and having opportunity to serve, where I might utilize my experiences and education to help others, has given me a sense of purpose again. While I am new to the transplant community, what I lack in knowledge is made up by enthusiasm, desire and a willingness to serve.

Thank you for your consideration.

At Large (vote for one)

Adrian Christopher Lawrence, M.D., MACM

Dr. Adrian Lawrence, MD, MACM stands as a distinguished candidate for a position on OPTN Board of Directors. Dr. Lawrence joined the Lung Transplant Team at UT Southwestern Medical Center in 2020 and is actively involved in the medical education and mentoring of various medical professionals. His research focuses on health disparities and access to transplantation.

A graduate of Duke University (BS'87), Albert Einstein College of Medicine (MD'96, AOA), and the UC Keck School of Medicine (MSc Academic Medicine '15), Dr. Lawrence completed his training in Internal Medicine at Massachusetts General Hospital ('99) and a Pulmonary and Critical Care Fellowship at UC San Francisco ('03). He served as a community pulmonologist before his professional trajectory took a

transformative turn as he completed a fellowship in Heart-Lung and Lung Transplantation at Stanford University ('16).

Beyond academia, Dr. Lawrence has volunteered extensively in work related to organ donation and transplantation. He has been recognized for his service as a community liaison and speaker. As a current member of the OPTN Minority Affairs Committee, he contributed to the proposals that align with OPTN's goal of enhancing equity in transplant opportunities.

I am honored to be nominated as an At Large candidate for the 2024 Board of Directors.

Throughout my career, I have consistently demonstrated a deep respect for others, fostering collaboration with colleagues and community members. This spirit of cooperation has not only enriched my practice but has also allowed me to contribute meaningfully to the improvement of patient outcomes and the advancement of transplantation medicine. A collective effort is paramount in addressing the challenges faced by the organ donation and transplantation community.

If elected, I will leverage my dual perspective as a lung transplant and former community pulmonologist to advocate for policies that strike a balance between the specialized needs of transplant recipients and the broader healthcare landscape. I will champion collaborative efforts to address systemic challenges, ensuring that the OPTN continues to evolve and adapt to the dynamic nature of organ donation and transplantation.

In conclusion, my history of collaboration, passion for the cause, and demonstrated commitment to the OPTN and the donation and transplantation community uniquely position me as a valuable candidate for the Board of Directors. I am eager to contribute my skills, insights, and unwavering dedication to the collective pursuit of enhancing organ transplantation practices and improving the lives of those awaiting the gift of life.

Deborah Jo Levine, M.D., FAST, FCCP

I am a Professor of Medicine in the Division of Pulmonary and Critical Care and a lung transplant pulmonologist at Stanford University. My clinical, research and administrative efforts focus on improving donor quality and access and advancing recipient outcomes.

I share the OPTN's values of honoring our donors by facilitating the gift of life to more patients in an efficient, safe, and equitable manner.

It is my honor to be considered to serve as a member of the OPTN Board of Directors. I understand the significance of this role and the heightened responsibilities that this particular group of Board members will be taking on for our patients and our community. My clinical, research, and transplant leadership experiences will be beneficial to the OPTN community as we move forward with our strategic goals in 2024.

I gained a comprehensive understanding of the complexities of donor allocation by working closely with our OPO, managing donors, and implementing protocols. Now with the implementation of CD, we are all facing new challenges that impact transplant centers and OPOs. Differences in protocols, evaluations, and communication are noticed more frequently and may slow down efficient allocation, representing important areas we all need to consider moving forward.

Research and educational projects regarding donation require close working relationships between all transplant and donation disciplines. The benefits of these collaborations extend beyond that of the project outcomes, with better communication between the teams. The development of the SALT lung donor protocol, as an example, was a joint endeavor of OPO and transplant center. It resulted in successful outcomes but also enriched our teams' clinical communication, in turn improving efficiency. Such efforts between all touch points along the donation journey will help to "normalize" collaboration, communication, and effort between different parts of our multi-disciplinary community.

The benefit of a Board Member's collaborative skills includes facilitation of inter-association communication and functionality. My active leadership roles at AST (Chair of the Thoracic COP), ISHLT (Co-chair AMR guidelines) and CHEST (Chair Transplant/Diffuse Lung Disease Network) would facilitate collaboration among the OPTN membership and with other interested groups to better accomplish our shared goals.

I have been privileged to serve on multiple committees and task forces within the OPTN (DTAC, HLA education task force, regional meetings, and others). The Expeditious Task Force and Bold Aims Work Group, however, best illustrate the OPTN's exceptional ability of bringing together a collaborative group of dedicated transplant professionals. Our work to date, reflects the determination of accomplishing the aims of the OPTN.

If selected as a member to the OPTN board, I commit to provide my unbiased support and guidance while upholding the values and vision of the OPTN.

At Large (vote for one)

Clark Andrew Bonham, M.D.

Dr. Bonham is an abdominal transplant surgeon at Stanford Medical School, with more than 29 years of experience. He trained at Pittsburgh under Tom Starzl, where he remained on faculty until moving to Stanford. He is currently Director of the Live Donor Liver and Intestinal Transplant Programs. He has served as Medical Director of Donor Network West, and currently serves on the Board of Directors. He has served on the Regional Review Board and the National Liver Review Board (NLRB) for the last 20 years. He has been a member of the OPTN Liver/Intestine, Pediatric, and Operations and Safety Committees, and several workgroups. He has served on numerous committees and the TACC of the ASTS. At Stanford he directs the Solid Organ Transplant Quality Councils for adult and pediatric transplant programs. He has developed the combined heart/liver transplant program in conjunction with a congenital heart disease center caring for over 1000 Fontan patients with single ventricle physiology. He works at one of the busiest pediatric transplant programs in the country, serving a referral base that spans the globe, offering complex transplant care for all organs, including some of the more esoteric transplants such as intestine and lung.

I have been a strong advocate for wider sharing, especially for pediatric patients, a population relatively under-represented. Serving on UNOS Committees has provided an invaluable experience into the debates surrounding changes to allocation. Ultimately, the final policy should be what is best for patients. Rapid technological advances are altering the landscape of allocation. Machine perfusion allows prolonged preservation of organs. One could imagine a time when organs are procured by a central clearing house, maintained, and delivered on an as-needed basis. In the meantime, improving

organ utilization and outcomes should remain paramount. The best measures of these outcomes should be determined and continuously refined if they are to drive policy changes. Reducing administrative workload for OPOs and transplant centers and creating an environment that fosters innovation with a goal towards increasing transplants should be supported by the OPTN. Outcomes measures must be carefully assessed lest they have an adverse impact on center behavior. Policy change should be flexible such that minor adjustments can be made in a timely fashion, with greater transparency. Good policy should drive greater access for all patients to the organs they so desperately need.

Dev M. Desai, M.D., Ph.D, FACS

Dr. Desai is an experienced transplant surgeon and academic leader with a dedicated career to advancing the field of transplantation. Having earned his medical and research degrees from the University of California San Francisco, and completing postdoctoral training at Stanford University Medical Center, Dr. Desai served on the faculty at Duke University. Most recently, Dr. Desai has moved to Phoenix Children's Hospital, following 17 years as Professor of Surgery and Pediatrics at the University of Texas Southwestern where he was the OPTN transplant program director and the primary kidney and liver transplant surgeon at Children's Medical Center in Dallas.

Dr. Desai has served the OPTN as a member of the disease transmission, pediatric, kidney and liver/intestine committees and was involved in the development and implementation of the pediatric transplant surgical qualification requirements, the kidney/pancreas concentric circle allocation system and most recently working on the liver committee to develop liver continuous distribution.

Dr. Desai's national board experience, notably as a director on the American Board of Surgery and the finance committee of the American Board of Medical Specialties, demonstrates his commitment to governance and organizational excellence. He was involved in the organizational restructuring of the ABS and has been involved in public education efforts and legislative testimony on the importance of physician continuous certification to ensure public safety during recent national efforts to dilute or abolish the requirements of board certification. He brings an open, straightforward and non-confrontational style which facilitates excellent mediation and problem solving in varied and complex situations. Dr. Desai is personable and possesses strong core values, self-awareness, and integrity with a track record of developing trust, resulting in strong relationships with a wide variety of stakeholders and partners to enable strategic goals and objectives to be achieved.

The OPTN currently faces numerous challenges which include organizational re-structuring, calls for greater transparency, improving access to transplantation in an equitable and unbiased manner as well as improving transplantation efficiency. In light of the OPTN's current challenges, Dr. Desai's candidacy becomes especially pertinent. With a focus on organizational restructuring, transparency, and equitable access to transplantation, he recognizes the imperative for a diverse board with fiduciary responsibility to the entire transplant community. His experience navigating government bodies aligns seamlessly with the evolving landscape driven by HHS and congressional initiatives. Dr. Desai's candidacy promises a measured and strategic approach to addressing these challenges, ensuring OPTN's continued success and its commitment to the broader transplant community. His pediatric and surgical perspective, combined with a steadfast dedication to the OPTN's best interests, positions him as an invaluable asset during this critical juncture.

At Large (vote for one)

Allison Kwong, M.D.

I am an academic hepatologist at Stanford University and clinician investigator studying liver disease epidemiology, outcomes, and population health. I was first introduced to liver disease and transplantation as a medical student at Mount Sinai (NY), and then moved to California where I completed internal medicine residency (UCSF), gastroenterology fellowship (Stanford), MSc in epidemiology (Stanford) and advanced/transplant hepatology fellowship (UCSF). My research program aims to optimize outcomes for liver transplant candidates and recipients, with a focus on the impact of organ allocation policies. Our group's work in the development of MELD 3.0 has led to its recent adoption to replace MELD-Na for liver allocation in the United States, and I work with the SRTR on research-related initiatives. My experience in this field has been recognized with ongoing service to the OPTN Liver & Intestine Committee and AASLD Liver Transplantation and Surgery Special Interest Group, and as an associate editor for the American Journal of Transplantation. Through these activities, I am well-aware of current trends and issues facing organ transplantation, and I look forward to working with all stakeholders to optimize the US organ allocation system and develop evidence-based policies to improve transplant access, equity, and outcomes.

Patrick Northup, M.D., MHS, FAASLD, FACG

The upcoming years will be pivotal for transplantation in the U.S. with broad technology and allocation changes coming faster than ever before. As a career transplant physician, I have spent my life advocating for transplant patients and striving to honor the sacred gift that every organ donor has given. I want to help guide policy, legislation, and technology forward through this exciting time with a focus on the patients and the organ donors clearly in the forefront.

I am a career clinician but with an education and background in engineering and software development, I bring diversity of experience and thought to the position. This will help me understand technology issues early in the development cycle and allow unique insight into potential unintended consequences. With more of our everyday lives increasingly dependent on technology, our patients and organ donors will benefit from insider knowledge and experience.

My experiences include diversity of practice in rural centers and urban centers. I have had diversity of administrative responsibilities including medical directorships, section chiefs, boards of directors, membership and leadership positions within OPTN committees, and technology startups.

I served on the MPSC as an at large member from 2014-2016 and it was one of the most interesting and engaging phases of my career. The quality and dedication of the people was outstanding ... from the other committee members to the UNOS staff. Working with such a group of intelligent and hardworking people was truly motivational for me and led me to become even more dedicated to the practice and administration of transplantation. I was lucky enough to extend my MPSC term and served a third year in a leadership position as the chair of the performance analysis and improvements subcommittee. During that intense year, the direct contact I had with the various transplant programs across the country taught me more about the practice of transplantation than I could have ever expected. I have more than 16 years of experience in transplantation and have also served on other various OPTN committees over the years. If selected for the position, I can bring knowledge and experience along with an unending work ethic, enthusiasm, and the ability to find common ground amongst parties in nearly all situations.

I look forward to working with everyone on a collaborative basis to usher transplantation into the next decades with a firm foundation and focus on the patients and the organ donors.

At Large (vote for one)

Priya Verghese, M.D., MPH, FAST

Two decades ago, I met my first kidney transplant patient -a fun, funny and non-adherent young woman with complex medical issues. She taught me more about being a doctor than I learned at one of the top Indian medical schools. After pediatric residency at the University of Illinois, Chicago, I completed nephrology fellowship, Masters in Public Health and Transplant Fellowship at the University of Washington, Seattle, and became faculty at the University of Minnesota where I served as Medical Director of Pediatric Kidney Transplant until I left to become the Division Chief of Pediatric Nephrology for Northwestern University Feinberg School of Medicine, Chicago. With an incredible team and patient-centered approach, I have increased center volumes through outreach and improved referral to transplant workflows, and improved outcomes through strategic quality improvement initiatives. As a federally funded investigator, my research focus is to improve pediatric kidney transplant outcomes.

I have been elected on the national platform to be Councilor to the American Society of Pediatric Nephrology (ASPN) and a Board Member of the Pediatric Nephrology Research Consortium. Additionally, I am the Program Chair for the International Pediatric Transplant Association (IPTA) and Founder and Chair of the ASPN Division Head Leadership Collaborative. An advocate for transplant patients, I have visited Senators on the Hill, written letters and pushed for the Transplant Immunosuppression Act and more.

As a regular attendee to the OPTN Regional Meetings for over a decade, I remember fondly my time on the OPTN Pediatric Committee- it was a committee where I felt my voice mattered and my time was well spent. Should I be elected as a Member-At-Large to the OPTN Board, I will be dedicated, thoughtful and tireless in the work towards equity, transparency and optimized organ allocation for all patients with organ failure.

Sandra Amaral, M.D., MHS

I am a pediatric nephrologist and researcher with a career focus on improving transplant access and outcomes for patients with end-stage organ disease. I completed medical school at Medical College of Pennsylvania-Hahnemann University, pediatrics residency at Medical College of Wisconsin, and pediatric nephrology fellowship with a Masters in Clinical Epidemiology at Johns Hopkins. Following several years at Emory University-Children's Healthcare of Atlanta, I moved to Children's Hospital of Philadelphia-University of Pennsylvania in 2011 where I currently serve as Medical Director of the Pediatric Kidney Transplant and Vascular Composite Allograft (VCA) programs.

Advocacy and innovation are pivotal drivers of my career. Since 2010, I have served as an engaged member of several OPTN Committees, including the Kidney, Pediatrics, Patient Affairs, Multi-Organ Transplant, Patient Oversight and VCA (current Chair) Committees. These experiences have broadened my understanding of wide-ranging aspects of organ transplantation. I have also held national leadership positions in the American Society of Pediatric Nephrology (ASPN), chairing the Program Committee and Public Policy Committee, and currently serving as Executive Council Secretary. Additionally, I am an active member of the American Society of Transplantation, American Society of Nephrology and the Improving

Renal Outcomes Collaborative, a national learning health network that leverages family engagement and a quality improvement framework to advance healthcare delivery to children with kidney transplants. I serve on the Advisory Committee for two patient-led groups, Transplant Families and Dialysis Patient Citizens. As a clinician, I have spearheaded innovative programs to support patients, including an adolescent transition clinic and a kidney-friendly cooking camp. I was integrally involved in the first safe, successful bilateral hand transplant in a child. I have also worked closely to expand access to living donation for children by strengthening relationships with my adult colleagues and national partners. Strong research skills bolster my advocacy. I have held consistent, independent NIH funding since 2011, leading interventions to support medication adherence and studies to reduce barriers to living donation. I understand the importance of leveraging data to inform change. My ASPN Executive Council role and my grant leadership have provided experience navigating fiduciary challenges within constrained budgets.

Through my varied roles, I have gained experience collaborating with diverse teams to achieve shared goals and objectives. As a Board member, I will commit my time and effort to building a stronger OPTN for the future, applying my expertise to ensure that innovation and efficiency are balanced with transparency and patient safety.

At Large (vote for one)

Gaurav Gupta, M.D.

I have been practicing as a transplant nephrologist for more than 10 years. At this time, I also serve as the medical director of kidney/pancreas transplantation and the interim division chief of nephrology at the Virginia Commonwealth University in Richmond, Virginia. I have been involved in the field of kidney transplant research from even before my residency at the University of Pittsburgh. My subsequent fellowship training at the Johns Hopkins University further solidified my clinical and research interests. For the last several years, one of the major areas of my research interest focuses on kidney transplant utilization. To this end, I have been involved in landmark studies on the utilization of HCV, HIV and PHS increased risk studies. More recently I have focused on the use of donor biopsies and their association with utilization and discard. I actively collaborate with researchers from all over the world.

I have also been an active member of the transplant community through my membership on the American Society of Transplantation via different leadership roles, including the most recent as Co-Chair of the Kidney/Pancreas Community of Practice.

I have also served on the OPTN Membership and Professional Standards Committee (MPSC) as a 'member-at-large' that has allowed me to understand the critical importance of policy on organ selection, allocation, and transplant outcomes. I believe it is crucial for transplant doctors to actively engage in the area of public policy so that we can champion policies that benefit our patients.

As a physician who sees the effects of end-stage kidney disease on patients every day, and as an actively engaged leader in AST, I believe that I am uniquely positioned to serve as a voice for both my kidney transplant colleagues, as well as, for other stakeholders.

As a physician who spent his early training years outside the US, I see the tremendous good that the OPTN has done for the field of solid organ transplantation in the United States and indeed the entire World. In addition to building on this work, I see the enhancements that could happen to further

advance this incredible work. With my nomination to the Board of Directors, I would like to work on all of the above.

Marcus Anthony Urey, M.D.

Marcus Anthony Urey, M.D., currently serves as the Heart Transplant Program Medical Director, a position he has held since October 2022. In addition to this, he is the founding and current Medical Director of the Cardiac Amyloidosis Program.

Dr. Urey received his bachelor's and medical degree from UCLA. He completed his training in internal medicine, general cardiology, and advanced heart failure and transplantation at UT Southwestern. As a general cardiology fellow, he had dedicated training in adult congenital heart disease. After his training was completed in 2017, he moved to San Diego to join the rapidly expanding transplant program at UC San Diego Health.

During the COVID-19 pandemic, he built a virtual clinic serving the residents of Nevada, a state that does not offer advanced heart failure therapies including left ventricular assist device placement or heart transplant. This program has continued to grow since its inception and now accounts for 20% of the left ventricular assist device placements or heart transplants performed at UC San Diego Health. Recently, he has been involved in the donation after circulatory death (DCD) program - DCD now accounts for ~ 40% of the heart transplants performed in 2022-2023.

Dr. Urey's contribution to research and literature includes peer-reviewed manuscripts in the areas of adult congenital heart disease, amyloidosis, left ventricular assist devices, and transplant. He has been actively involved in the OPTN serving as a committee member on the Minority Affairs Committee since July 1, 2022.

The medicine of transplantation, in its purest form, requires those involved to acknowledge and accept the duty to their patient, the donor, and to the community at large at times deprioritizing individual or program specific goals. That concept was what first led me to volunteer for the OPTN. As a volunteer, I had exposure to different perspectives and recognized the need to consider these different aspects of individual responsibility to guide decision making at the local and national level. Equity and access have been at the forefront of recent policy reform, but increasing the donor pool through novel pathways such as DCD transplant will undoubtedly be an area of controversy and will challenge the community to consider the ethics of donation. I hope to offer my experience in this area to support the community in healthy discourse. Ultimately, transparency and maintaining our principles will allow our community to continue to move forward offering hope to those with organ failure.

At Large (vote for one)

Jason Hawksworth, M.D., FACS

My name is Jason Hawksworth and I am a board certified abdominal transplant surgeon with experience in pediatric and adult kidney, liver, intestine and multivisceral transplantation, as well as minimally invasive robotic hepatobiliary and transplant surgery. I have had the opportunity to hold several key leadership positions within the field of transplantation, as well as in the Army during deployed roles serving in combat support operations. I am passionate about organ transplantation and I am eager to contribute to the future of our field as a member of the OPTN Board of Directors in 2024.

My professional journey began with an undergraduate degree from The United States Military Academy at West Point, followed by a medical degree from Wake Forest University Bowman Gray School of Medicine. I completed my general surgery residency at Walter Reed Army Medical Center and an abdominal transplant and hepatobiliary surgery fellowship at Georgetown University Hospital.

Following completion of my surgical training, my practice consisted of a dual position as a kidney transplant surgeon at Walter Reed National Medical Center and liver and multivisceral transplant surgeon at Georgetown University Hospital. I eventually became the Chief of Transplant at Walter Reed and the Chief of Robotic Surgery at the Georgetown Transplant Institute. Recently, I was recruited to Columbia University Irving Medical Center to serve as the Surgical Director of Adult Liver Transplantation and Chief of Hepatobiliary Surgery.

Throughout my career I have remained committed to academia through research pursuits. I have contributed significantly to clinical transplantation and hepatobiliary trials, with over 60 scientific manuscripts and book chapters in leading journals such as American Journal of Transplantation, Transplantation, Annals of Surgery, and Journal of Gastrointestinal Surgery. I am also a member of several key organizations including a Fellow of the American College of Surgeons, American Society of Transplant Surgeons, Intestinal Rehabilitation and Transplant Association, International Laparoscopic Liver Society, and Americas Hepato-Pancreato-Biliary Association.

Beyond my professional endeavors, I proudly hold the rank of Colonel in the Army Reserves. I have deployed four times to actively support combat operations in Afghanistan and the Middle East. This experience has not only shaped my character but has also instilled in me a profound sense of duty and discipline.

In seeking a position on the OPTN Board of Directors, I aim to leverage my extensive surgical expertise, leadership acumen, and dedication to advancing organ transplantation. In seeking a position on the OPTN Board of Directors, I aim to leverage my extensive surgical expertise, leadership acumen, and dedication to advancing organ transplantation. I am eager to contribute to the OPTN's mission, drawing upon my diverse experiences to shape policies that enhance the field and, ultimately, improve patient outcomes.

Sara K. Rasmussen, M.D., Ph.D., FACS, FAAP

As a pediatric transplant surgeon who practices both liver and kidney transplantation in the vulnerable pediatric population, I am deeply committed to doing what I can to ensure the transplant system operates with equity for all patients.

I completed my medical school training at West Virginia University, where as a native West Virginian, I grew up with an innate knowledge and exposure to the difficulties rural patients face in accessing quality care. I then completed my general surgery residency at the Medical College of Virginia in Richmond, Virginia, where my passion for transplant surgery was truly ignited. Before pursuing my abdominal transplant fellowship at the University of Virginia, I completed a pediatric surgery fellowship at Johns Hopkins University, where I became knowledgeable about the unique needs of pediatric transplant patients.

Since 2018, I have served on first the OPTN Pediatrics Committee and then the Membership and Professional Standards committee from 2021- 2023. I was also privileged to participate in multiple

working groups as part of this committee service, including the PELD/1B workgroup. I have devoted part of my professional time to serving the transplant community through my work as the American Academy of Pediatrics representative to the OPTN, the Executive Steering Committee of the Starzl Network for Excellence in Pediatric Transplantation, and the ASTS Grants Review Committee. Through this work, I have come to understand the issues facing the transplant community from clinical, operations, academic, and government interests. In my day to day activities I am still caring for pediatric transplant patients as well as engaged in transplant-related research.

The transplant community faces unprecedented change, and the representation of the interests of all patients is direly needed. Achievement of equity in transplant for children, under-represented minorities, and gender-diverse/LGBTQ individuals is an important aspect of why I am seeking election to this position. Additionally, ensuring that patients in rural populations have access to transplant care that is as easy to obtain as patients from urban/suburban areas is also vital. I will serve with an open mind and a personal ethos of integrity. I am devoted to bringing the best application of my unique intersections in my background to represent the transplant community on the Board of Directors.