Thank you to everyone who attended the Region 3 Winter 2025 meeting. Your participation is critical to the OPTN policy development process.

Regional meeting presentations and materials

Public comment closes March 19th! Submit your comments

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

Clarify Requirements for Reporting a Potential Disease Transmission
Disease Transmission Advisory Committee
Sentiment: 1 strongly support, 14 support, 0 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: Region 3 generally supports the proposal. One attendee commented that the proposed definition of an unexpected transmission event makes sense and provides clear guidelines. They added that using the cross-clamp time frame as the cutoff point is a good way to decide when an event is no longer expected. They also commented that the definition of a sick lung recipient effectively clarifies reporting requirements, reducing unnecessary reports for mere colonization. Additionally, the reporting requirements for non-sick lung recipients are appropriately balanced, focusing only on Pathogens of Special Interest and reducing unnecessary reporting.

Escalation of Status for Time on Left Ventricular Assist Device
Heart Committee
Sentiment: 1 strongly support, 8 support, 6 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: None

Modify Lung Donor Data Collection
Lung Committee
Sentiment: 0 strongly support, 9 support, 5 neutral/abstain, 1 oppose, 0 strongly oppose
Comments: Several attendees raised concerns regarding the practicality and burden of the changes. While the additional data collection could provide more detailed donor history for transplant centers, the lack of an automated workflow, increased reporting burden on OPOs, and unclear field definitions make the proposal inefficient as currently written. A monitoring plan and system notifications are needed to ensure the added data fields are valuable and do not create unnecessary work.
Key concerns included:
- Notification & Workflow: While updates will be visible in real-time at the time of the offer, there is no automatic notification system in place, meaning OPOs will still need to manually alert transplant centers about test results. Without electronic workflows, this does not improve efficiency.
- Data Burden on OPOs: Implementing the new data fields will require modifications to the UDRAI and donor record systems (e.g., iTransplant), adding cost, time, and programming effort. Additional fields for diagnostic test status may create undue reporting burdens.
- Unclear Data Definitions: It is unclear whether the new diagnostic test status applies to all or only required tests, whether the fields can be modified after disposition closure, and whether a reason for incomplete tests (e.g., hospital capability) will be included.

- Monitoring & Efficiency: There is a need for a plan to monitor transplant centers' use of the additional data elements. While the added data could help decision-making, its effectiveness depends on how it is used by transplant centers.

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

Comments: Attendees provided several suggestions for the committee to consider as they refine the multi-organ allocation policy. A key concern was raised regarding the 100% cPRA kidney allocation, specifically the need for pre-allocation crossmatching to determine recipient eligibility. The committee acknowledged this point and plans to incorporate it into policy discussions. Another major issue discussed was the weighting of medical urgency in the Composite Allocation Score (CAS), where kidney allocation receives only 25 out of 100 points for urgency, unlike other organs where medical urgency is the primary factor. Attendees questioned how the policy balances the level of sickness across organs, particularly for lungs, given that the CAS is less affected in lung allocation and may impose a cutoff for multi-organ qualification. Regional engagement with stakeholders was encouraged to explore real-world experiences with multi-organ allocation. Standardization of allocation order across match runs received support, though attendees emphasized that technological improvements are necessary to implement this change effectively, as OPOs cannot be expected to manually interpret policies in real-time. The proposed allocation tables were seen as logically aligned with most multi-organ transplant (MOT) cases. However, several operational challenges were identified, including changes in donor criteria, time constraints related to donor stability and hospital or family needs, and inefficiencies in the match run system. Currently, OPOs cannot accept multiple organs for a recipient in the match run system, requiring updates to reflect multi-organ acceptance similar to the kidney/pancreas process. Attendees also suggested enhancements to the OPTN match system, such as color coding or other navigational aids to help OPOs navigate the new allocation tables. Training materials, including real-world allocation examples presented during the meeting, should be incorporated into the OPTN system training to improve implementation. The comments highlighted the need for refinements in policy criteria, system updates to support efficiency, and continued engagement with stakeholders to ensure fairness and practicality in multi-organ allocation.

Barriers Related to the Evaluation and Follow-Up of International Living Donors
Ad Hoc International Relations Committee
Sentiment: 0 strongly support, 9 support, 5 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: None

Monitor Ongoing eGFR Modification Policy Requirements
Minority Affairs Committee
Sentiment: 4 strongly support, 6 support, 4 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: None

Updates to National Liver Review Board Guidance and Further Alignment with LI-RADS
Liver & Intestinal Organ Transplantation Committee
Sentiment: 0 strongly support, 10 support, 5 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: None

Continuous Distribution Updates

[Continuous Distribution of Kidneys, Winter 2025](#)
Kidney Transplantation Committee
Comments: Attendees commented that historical organ offer acceptance patterns should be used to qualify transplant programs for participation in expedited placement, provided that each center has the opportunity to update its acceptance practices. Utilizing the Scientific Registry of Transplant Recipients (SRTR) OPO Offer Acceptance Report data and existing process measure data can help establish program candidacy. These patterns demonstrate a program's history of organ utilization while allowing for adjustments in acceptance practices. The committee's careful consideration of strategies for placing hard-to-match kidneys acknowledges the need for changes in allocation to improve organ utilization.

[Continuous Distribution of Pancreata, Winter 2025](#)
Pancreas Transplantation Committee
Comments: No comments

Updates

Councillor Update
- No questions or comments

OPTN Patient Affairs Committee Update
- No questions or comments

OPTN Update
- No questions or comments

MPSC Update
- No questions or comments

Feedback Session on OPTN Modernization
- Attendees provided feedback to HRSA's Division of Transplantation during the session.