OPTN Living Donor Committee Workgroup
Meeting Summary
August 13, 2025
Conference Call

Steve Gonzalez, MD, Chair
Aneesha Shetty, MD, Vice Chair

Introduction

The OPTN Living Donor Committee ("Committee") met via teleconference on 8/13/2025 to discuss the following agenda items:

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

1. Welcome and Announcements

No decisions.

Summary of Presentation:

Staff provided updates on the transition from Webex to Teams and noted that meetings would continue to be recorded. There will be a placeholder meeting for late October to address potential feedback from the Data Advisory Committee (DAC) following public comment.

Key dates and updates include:

- Public comment period: August 27 – October 1
- Board meeting to prioritize proposals: August 21
- Regional meeting presentation slots: 11:30–11:50
- Training sessions for presenters at regional meetings: August 20 and September 3

Staff also reviewed current directives and workgroups, encouraging committee members to stay informed even if not directly involved.

The Chair introduced the formation of workgroup to investigate reports of suicides among living donors between October 2024 and March 2025. The group will assess whether current policies, including Policy 14 on living donor psychosocial evaluations, are sufficient or if changes are needed. Volunteers from the Living Donor Committee are invited to participate in two initial meetings to develop a data request. Send an email to staff with interest.

Summary of discussion:

No discussion.

2. Overview and Discussion: Liver and Intestinal Committee (LIC) New Project Idea

The Committee discussed the proposal and asked questions, but did not formally endorse the project idea.

Summary of Presentation:

Liver and Intestinal Committee Leadership presented a concept to address incompatible living liver donors. If a donor is incompatible with their intended recipient, they could donate to another patient on the center's waitlist. In return, the original recipient would receive prioritization for a deceased donor liver, possibly by being assigned the median Model for End-Stage Liver Disease (MELD) at transplant score for that center.

Purpose:

- Increase transplant numbers
- Expand donor pool
- Provide a pathway for incompatible donors

Issues and Considerations:

- Transplants would not be simultaneous, introducing risk
- Concerns about fairness and access
- Ethical questions about prioritization and consent
- Donors may not receive priority if they later need a transplant

Summary of discussion:

Committee members engaged in a detailed discussion of the proposal, raising operational, ethical, and policy-related considerations.

The Chair emphasized the importance of maintaining safety standards for living donors and suggested exploring whether the model could be expanded beyond individual centers to include regional or national paired exchanges.

A member expressed concern about merging living donor models with the deceased donor OPTN list, noting that such integration could disadvantage patients without access to living donors. She highlighted the complexity of combining systems that have traditionally operated separately.

A member drew parallels to non-directed kidney donation and voucher programs, suggesting that similar psychosocial safeguards and consent protocols could be adapted for liver donation. She recommended additional checkpoints and regulatory oversight to protect donors and recipients.

A member noted that the model would require donors who are willing to accept uncertainty and risk. He pointed out that many potential liver donors are declined due to anatomical issues and that there is no current priority system for living donors who later need a transplant themselves.

A member shared her center's experience with liver donor chains and non-directed donation. She acknowledged the potential of the proposal to expand access but cautioned that recipients might receive lower-quality organs, such as Donation after Circulatory Death (DCD) livers, which could complicate outcomes.

Another member and others raised ethical questions about consent and transparency, especially regarding MELD exceptions and how recipients would be informed of their prioritization status.

The Committee agreed that while the proposal presents challenges, it also offers an opportunity to explore new pathways for increasing living liver donation. Members were encouraged to reflect on the concept and provide feedback to the LIC Committee as it evolves.

3. Discussion and Feedback: Data Collection Proposal Education for Community

No decisions.

Summary of Presentation:

Staff led a discussion on outreach and education for the Living Donor Data Collection Proposal. The department will develop courses and materials to support implementation.

Key points:

- Clarification that transplant programs will continue clinical follow-up; SRTR will handle data collection
- The proposal introduces a new form for non-donors who undergo evaluation but do not donate
- Education will address known data quality issues and confusion points
- Timeline for education rollout may need to be extended beyond the standard two to three weeks
- Suggestions included early previews, optional sessions, and downloadable templates for documentation

Summary of discussion:

The Committee provided feedback to guide the education strategy. The Chair clarified that the proposal does not eliminate clinical follow-up by transplant centers, but shifts the responsibility for data collection to the Scientific Registry of Transplant Recipients (SRTR). The Vice Chair emphasized that this would be the first prospective long-term living donor dataset in the U.S., highlighting the importance of addressing missing data and recall bias. She also stressed the need for early education on the new non-donation form, which represents a shift in thinking for centers that currently do not report on evaluated but non-donating individuals.

Staff that changes to existing forms should be clearly explained. A member suggested modeling the rollout after the race-based EGFR education initiative, with early access to materials for planning. Another member emphasized the role of technology departments in customizing and implementing the changes efficiently. Another member noted that some previous public comments questioned the value of the initiative, and recommended that educational content clearly explain its importance and benefits.

The Committee also discussed the need for clear definitions, timelines, and guidance on documentation practices. The Vice Chair proposed including examples of how data could be documented in common hospital record keeping systems and recommended creating downloadable templates. Staff confirmed that job aids and visual materials would be part of the education plan and welcomed further input on preferred formats and audiences.

Upcoming Meetings:

- September 10, 2025
- October 8, 2025

Attendance

- **Committee Members**
    - Aneesha Shetty
    - Milton Mitchell
    - Trysha Galloway
    - Frankie McGinnis
    - Elizabeth Thomas
    - Annie Doyle
    - Anita Patel
    - Michael Chua
    - Nancy Marlin
    - Steve Gonzalez
    - Tiffany Caza
- **SRTR Representatives**
    - Caitlyn Nystedt
    - Katie Siegert
- **HRSA Representatives**
    - N/A
- **UNOS Staff**
    - Emily Ward
    - Lindsay Larkin
    - Melissa Gilbert
    - Lauren Mooney
    - Sam Weiss
    - Sara Rose Wells
    - Carly Layman