OPTN ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK Meeting Summary

OPTN Living Donor Committee Psychosocial Evaluation Workgroup
Meeting Summary
September 11, 2025
Conference Call

Steve Gonzalez, MD, Chair

The OPTN Living Donor Committee Psychosocial Evaluation Workgroup met via teleconference on 9/11/2025 to discuss the following agenda items:

1. Recap: First Workgroup Meeting
2. Review Available Data
3. Discussion: Data Request
4. Discussion and Next Steps

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

1. Recap First Workgroup Meeting

No decisions made.

Summary of Presentation:

The meeting began with a reiteration of the workgroup's scope: to review de-identified cases of living donor deaths and determine broader data review needed to inform policy changes. The OPTN Membership and Professional Standards Committee (MPSC) is actively reviewing these cases, and the group aims to finalize a data request that could lead to a formal project submission to the Policy Oversight Committee.

Key points from the first meeting included:

- Review of case details and Policy 14: Living Donation
- Discussion of the member compliance process and living donor program data.
- Requests for more specific details on reported cases.
- Concerns about donor follow-up.

Summary of discussion:

No discussion.

2. Review Available Data

No decisions made.

Summary of Presentation:

The data review was led by Member Quality staff, who presented updates including a new near-miss case involving a female living kidney donor. The procedure was aborted in the operating room after anesthesia due to visible signs of prior self-harm, which had not been disclosed during the initial psychiatric evaluation.

Additional data insights included:

- The seven reviewed cases originated from three different OPTN regions, though further granularity was withheld to protect patient confidentiality.
- No complications or graft failures were reported in any of the cases.
- Specifics on donor evaluation tools and depression history were deemed too sensitive to share, though subject matter experts may provide general insights.

Staff outlined the data available through Living Donor Registration (LDR) and Follow-Up (LDF) forms. These include:

- Demographics, medical history, and perioperative data (LDR).
- Post-donation status, functional capacity, employment, insurance, and complications at 6 months, 1 year, and 2 years (LDF).
- Data can be linked across donors and recipients, though limitations exist in tracking intended recipients in kidney paired donation (KPD) scenarios.

Summary of discussion:

The group discussed the need to stratify data by socioeconomic factors and donation type (directed vs. non-directed), and to consider pre- and post-COVID trends. There was consensus that data from 2015 onward would be most reliable due to improvements in follow-up reporting.

3. Discussion: Data Request

The workgroup decided on data points to formally request data.

Summary of Presentation:

None.

Summary of discussion:

The data request discussion focused on defining the scope and purpose of the analysis. A member emphasized the need to determine whether recent donor suicides represent a broader trend and what factors may be influencing it. Another member and others stressed the importance of understanding psychosocial support structures, noting that current policies are front-loaded and lack robust post-operative follow-up.

Key discussion points included:

- The need to compare directed vs. non-directed donor outcomes.
- Evaluating donor support systems, including frequency and type of follow-up (e.g., social worker, donor advocate).
- Exploring whether centers with fewer suicides use more comprehensive intake questionnaires.
- Identifying gaps in data collection, such as paid leave, financial stress, and donor-recipient contact.

- Considering third-party organizations like the National Kidney Registry in evaluations, as they often conduct initial screenings.
- The group agreed to request data spanning 2015–2020 (pre-COVID) and 2020–present (post-COVID) to assess trends and inform future policy. There was interest in identifying actionable insights that could be implemented quickly to improve donor safety.

Next Steps:

A data request was to Research staff was requested in include:

  a. Living donor outcomes, specific to suicide, with an attempt to understand the denominator in relation to all LDs
  b. The timeline requested is: 2015-2020 (pre-coronavirus), 2020-2025 (post-coronavirus)
  c. Both directed and nondirected donors
  d. Comparison with suicide observed in general population (understanding limitations as a comparator group)

4. Workgroup Discussion and Next Steps

No decisions made.

Summary of Presentation:

None.

Summary of discussion and Next Steps:

The meeting concluded with a clear set of action items to balance immediate interventions with longer-term data analysis:

1. **Draft a Letter to Transplant Centers**
   A letter will be drafted to raise awareness of recent findings and encourage robust psychosocial screening and follow-up. The letter may include the urgency of addressing potential risks and emphasis on nondirected donors.
2. **Survey of Evaluation Practices**
   A checklist or survey can be developed to assess psychosocial evaluation practices across centers. This will include questions about screening tools, evaluation personnel (e.g., social worker vs. psychiatrist), and follow-up protocols. A member will assist in drafting the survey.
3. **Formal Data Request**
   Staff will prepare a data request comparing directed vs. non-directed donor outcomes, stratified by socioeconomic factors and time periods (pre- and post-COVID). The goal is to identify trends and inform targeted interventions.
4. **Pre-Meeting Materials Distribution**
   To improve efficiency, relevant data, slide decks, and draft documents will be shared with the workgroup ahead of the next meeting, if possible.
5. **Explore Case-Level Detail Access**
   The group requests options for accessing more granular case data, potentially through consent or legal review. This includes psychosocial evaluations, follow-up records, and center-level practices to better understand risk factors and identify opportunities for intervention.

Next Steps:

Staff will schedule additional workgroup meetings and address the five items above before the next workgroup meeting.

Upcoming Meetings:

- TBD

Attendance

- **Workgroup Members**
    - Trysha Galloway
    - Nancy Marlin
    - Steve Gonzalez
    - Garrett Erdle
    - Lorrinda Davis
    - Lois Shepherd
    - Laura Madigan-McCown
    - Megan Bell
    - Carrie Thiessen
    - Anja DiCesaro
    - Sarah Koomaraie
    - Annie Doyle
    - Abbas Ardehali

- **HRSA Representatives**
    - Jim Bowman
    - Marilyn Levy
    - Joni Mills
    - Ray Lynch

- **UNOS Staff**
    - Emily Ward
    - Lauren Mooney
    - Sam Weiss
    - Carly Rhyne
    - Houlder Hudgins
    - Joel Newman
    - Cole Fox
    - Tynisha Smith