

2025 OPTN National Election Candidate Biographical and Personal Statements

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Transplant Physician and Surgeon Representatives

Abdominal Transplant Surgeon (vote for one)

Jeffrey Lowell, MD, FACS

Medical Officer, U.S. Department of State, and Clinical Professor of Surgery, George Washington University

Biographical Statement. Dr. Jeffrey Lowell is a nationally recognized transplant surgeon and senior government physician-leader whose career spans more than three decades at the intersection of clinical care, academic medicine, military service, and federal policy. He currently serves as a Senior Medical Officer at the U.S. Department of State and has held senior advisory roles across multiple federal agencies, including as Senior Medical Executive at the National Geospatial-Intelligence Agency and Senior Advisor to the Secretary of Homeland Security, where he contributed to national preparedness, biodefense strategy, and interagency medical coordination. Dr. Lowell served in multiple operational and leadership roles in the U.S. Navy, including deployments in support of Operation Enduring Freedom and Operation New Dawn.

In academic medicine, Dr. Lowell served for over 20 years on the faculty at Washington University in St. Louis, where he directed pediatric transplant programs and co-led one of the nation's most active abdominal transplant centers. He played a significant role in shaping national transplant policy through long-standing service on multiple OPTN committees, focusing on allocation equity, system performance, and regulatory reform. A 2023 recipient of the Presidential Rank Award, Dr. Lowell brings a unique perspective that blends deep clinical experience with national-level leadership in public health, healthcare delivery, and organ transplantation policy.

Personal Statement. I am honored to express my interest in serving on the newly modernized OPTN Board of Directors. With over three decades of experience spanning transplant surgery, academic medicine, military service, and senior government leadership, I am committed to supporting the OPTN's modernization efforts to create a more transparent, accountable, and equitable transplant system for the more than 100,000 individuals awaiting life-saving organs.

I received my medical degree from Yale University and completed training in general surgery and critical care at the Deaconess-Harvard Surgical Service, followed by a fellowship in transplant surgery at the University of Nebraska. I went on to serve for nearly 25 years at Washington University in St. Louis, where I helped lead transplant programs, including serving as Director of the Pediatric Transplant Programs and Assistant Vice Chancellor for Clinical Affairs. I continue to practice as a transplant surgeon and remain deeply engaged in clinical care, providing me with firsthand insight into the current issues facing potential transplant recipients, transplant providers, programs, and organ procurement organizations (OPOs) nationwide.

Throughout my career, I have actively contributed to the national transplant community, including service on multiple OPTN committees at both the national and regional levels. These roles deepened my understanding of the policy and operational levers that shape transplant access, equity, and outcomes—and strengthened my belief that the OPTN must evolve to meet the needs of patients and providers in a rapidly changing healthcare landscape.

Alan Reed, MD, MBA, FACS

Professor and Chief of Transplant and HPB Surgery, Iowa Carver College, Director, Iowa Health Care Organ Transplant Center, and Adjunct Professor of Accounting, Henry B. Tippie School of Management, University of Iowa

Biographical Statement. Alan Reed, MD, MBA, FACS, is a Professor and Chief of Transplant and HPB Surgery at University of Iowa Carver College of Medicine and Director of the Iowa Health Care Organ Transplant Center. He is also an adjunct professor of accounting at the Henry B. Tippie School of Management at the University of Iowa. He has been an abdominal solid organ transplant surgeon for 35 years. He has experience in strategic planning, financial analysis, strategic cost accounting, and human talent management. He has served the transplant community in leadership roles at the OPTN, the American Society of Transplant Surgeons (ASTS), and Iowa Donor Network.

Dr. Reed started his academic career at the University of Iowa in 2007 and, prior to that, he held academic positions at the University of Rochester in Rochester, NY (1991–1994), and the University of Florida College of Medicine in Gainesville, FL (1994–2007). He received a BS in biology *summa cum laude* from Hobart College in Geneva, NY, in 1980, an MD from Cornell University Medical College in 1984, and an MBA from the Henry B. Tippie School of Management at the University of Iowa in 2012. He did a residency in general surgery at the New York Hospital-Cornell Medical Center (1984–1989) and a fellowship in multi-organ abdominal transplantation at the University of Wisconsin-Madison (1989–1991).

Personal Statement. It is a time of momentous change in the transplant ecosystem and with change comes wonderful opportunity. Daunting? Yes, but also exciting. And if not experienced transplant professionals at the tip of the spear, then who? If chosen, I would use my experience and skill sets to help the new board navigate the changes in OPTN functions and oversight; align all the current and (soon to be new) stakeholders through appropriate communications, metrics, incentives and improved allocation efficiencies; and ensure all voices, especially those of the patients we serve, have a seat at the table.

Thoracic Transplant Surgeon (vote for one)***Dan Meyer, MD***

Chief of Heart Transplantation and Mechanical Circulatory Support, Chair of Cardiovascular Surgery, and Chief of Cardiac Transplantation and Advanced Cardiac Circulatory Support, Baylor Scott and White Health – Dallas

Biographical Statement. I am truly honored to be considered for a position on the OPTN Board of Directors and appreciate the responsibility that is associated with this important opportunity. I believe my experience in the transplant community, specifically with the role of leading the development of the current modified heart allocation system is in concert with the mission of the OPTN, an equitable and efficient allocation process. My philosophy in caring for the patient is one of profound advocacy, especially important in the transplant population, while being well aware of the importance and responsibility of organ stewardship. Moreover, serving on the OPTN Membership and Professional Standards Committee (MPSC) gave me a window as to what can be done to optimize the allocation and

distribution processes on many levels. I feel my current roles both in my civilian and Navy settings provides many of the skills helpful in continuing the efforts by so many caring professionals that have come before me. Thank you for your consideration.

Personal Statement. My involvement with the OPTN has been both a major focus as well as a highlight of my career, as it has been an honor and privilege to interact with the dedicated and passionate members of the transplant community over a span of over 25 years. As the Chair of the Heart Subcommittee of the OPTN Thoracic Organ Transplantation Committee, I worked with an incredible group of clinicians, transplant professionals, administrators, statisticians, and patient advocates to develop the modified heart allocation system, released in 2018. This effort of so many led to a decreased waiting list mortality and improved geographic access by providing organs to the most critically ill candidates. As a member of the transplant community, I am aware of the critical role the OPTN has in the equitable allocation of these scarce donor organs. It would be an honor to have the opportunity as a member of the OPTN Board of Directors to contribute during this pivotal time in the field of transplantation and organ allocation.

In addition to the profound honor and responsibility with which I was fortunate enough to participate, I have had other roles in the transplant community. These include early OPTN involvement as the Region 4 Representative, membership in the Scientific Registry of Transplant Recipients (SRTR) Technical Advisory Committee and most recently, as a member of the OPTN MPSC. I found the ability to make positive changes to the allocation process and transplant system in general during my time in these different committees extremely important as well as rewarding. To continue to contribute as a member of the OPTN Board of Directors would be in parallel with my personal values and vision as a transplant surgeon and steward of our patients and our donors.

Transplantation has been my focus throughout my career, from my training in Heart Transplantation at the Cleveland Clinic to my current role as Chief of Heart Transplantation and Mechanical Circulatory Support at my institution, Baylor Scott and White Health – Dallas. I remain actively involved in research as well by participating in the Society of Thoracic Surgeons INTERMACS Registry, publishing the 2024 Annual Report in January 2025. Moreover, I have been focused on innovation, in part by involvement as an FDA Panel Member – Circulatory System Devices Panel of the Medical Devices Advisory Committee, Center for Devices and Radiological Health. I am both dedicated and determined to find equitable and innovative solutions to the challenges involved in heart transplantation and organ allocation.

To uphold the Final Rule would always be forefront in the vision as a member of the OPTN Board of Directors. As stated, the equitable allocation of donor organs is critical to the process as well as ensuring the trust of the community at large. Moreover, distribution to maximize pre- and post-transplant survival remains a key charge while taking into account some areas that have been overlooked in the past. Some of these areas include distribution to patients with underserved disease processes or limited distribution secondary in social issues. Equitable allocation on a more global basis would be an important part of my vision if selected for the OPTN Board of Directors.

Aleem Siddique, MD

Professor, Division of Cardiothoracic Surgery, Department of Surgery, University of Nebraska Medical Center

Biographical Statement. Aleem Siddique is a Professor of Cardiothoracic Surgery at the University of Nebraska Medical Center (UNMC). He attended medical school at the Aga Khan University in Karachi, Pakistan. He was a research fellow in the laboratory of Dr. Richard Hodin at Massachusetts General Hospital in Boston. Following this, he completed general surgery training at UT Southwestern Medical Center in Dallas, cardiothoracic surgery training at the University of Arizona in Tucson, and thoracic transplant/mechanical support surgical training at Freeman Hospital in Newcastle-upon-Tyne, United Kingdom. His sole faculty appointment has been at UNMC. Here he made critical contributions to the establishment of a lung transplant program and was surgical director of the program from 2015 to 2024. He also has an integral role in the heart transplant and mechanical support programs. He has completed a fellowship in Transplant Health Policy with the ASTS. His academic interests focus largely on end stage heart and lung disease with a particular interest in donation after circulatory death.

Personal Statement. I initially became interested in transplantation during exposure to kidney transplantation in general surgery training. I was struck by the impact that the transplant had on the quality of recipients' lives and also by their gratitude. No doubt I was somewhat naïve at that time and the subsequent years of training and practice, in thoracic transplantation, can have the undesirable effect of eroding enthusiasm. As I write this personal statement, I am reminded to reflect upon the profound effect transplantation has upon the lives of patients, donors, families, and communities and find it inspirational.

In 2013 I was awarded a travel scholarship to learn about donation after circulatory death (DCD) in Australia. Later that year I received my initial faculty appointment at the University of Nebraska Medical Center and since then we have successfully established a lung transplant program in a region that had limited access to this service. I have participated in education and outreach in the region for awareness of end stage lung disease, donation, and transplantation. I have embraced advancements aimed at increasing the donor pool. We were amongst the first to utilize Hepatitis C positive organs in thoracic transplantation and also *ex situ* organ perfusion through participation in the Expand II trial. I co-authored one of the first descriptions of abdominal regional perfusion in DCD with use of the lung allograft. Similarly, I have supported thoracoabdominal regional perfusion in DCD and described successful lung transplantation in that setting. I continue to promote use of DCD including through publications, education, and involvement in professional societies.

With the International Society for Heart and Lung Transplantation (ISHLT), I contributed to the effort to standardize organ procurement through a guideline document. We are currently developing a course in thoracic organ recovery to aide trainees and surgeons. I have previously engaged with the OPTN including through completion of a two-year term on the Lung Review Board. I have completed a transplant health policy fellowship with the ASTS; through this experience, I gained a holistic understanding of the transplant landscape.

I feel well positioned to translate the knowledge acquired from these diverse experiences to serve the broad transplant community through OPTN.

Recent events have stressed the transplant apparatus leading to much soul-searching about the best use of transplant resources. We can expect that future disruptive events will occur. Simultaneously, we see exciting developments in transplantation in areas such as in situ and ex situ perfusion of donors, DCD, and xenotransplantation. We must continue to prepare for and adjust to events with an approach that cautiously translates them into opportunities for growth and advancement.

Amy Silverstein (heart transplant recipient and attorney) has previously written on the responsibilities of transplantation, the privilege, the extraordinary benefit, complexities, and the shortcomings and difficulties. Such reflections are a potent reminder of our duty as custodians of transplantation; to preserve this precious resource, promote all that is best within the field, and nurture it for the future through maintenance of quality with open and equitable dispersal of resources.

Transplant Cardiologist (vote for one)

Shelley Hall, MD

Chief of Transplant Cardiology, Congestive Heart Failure and Mechanical Circulatory Support, Baylor University Medical Center

Biographical Statement. I have been an active participant in the OPTN process for over 15 years, starting as a Regional Review Board member, then Region 4 Representative on the Thoracic Committee and ultimately the Heart Committee chair. I am currently on the MPSC and Multi-Organ Transplantation Committee and am the current Region 4 Associate Councillor. I staunchly support continual improvement in the allocation process.

Personal Statement. I am a transplant cardiologist practicing at Baylor University Medical Center my entire career, nearing 28 years. I have been an avid participant in the heart allocation process with the OPTN for over a decade starting on the Regional Review Board, progressing to Region 4 Representative on the Thoracic Committee, chairing the new Heart Committee, and currently Associate Councillor for Region 4 and serving on the MPSC. I have always believed in active participation in the OPTN process as a vocal cheerleader, councillor, or scientific advisor. Our transplant system is the best in the world due to the open collaboration among physicians, OPOs, administrators and patients. I want to continue those efforts as a Board member.

My research interests lie in progressing the transplant process and finding ways to do less to our patients. Our center was an early adopter of a biopsy minimization and promoting noninvasive surveillance. We also push the boundaries in trying to “make every heart work” to allow more patients the chance at a longer better life. These forward-thinking moves will be necessary as our national transplant system evolves, and I know I can be a constructive voice for our patients and our profession.

Claudius Mahr, DO

Executive Director, Institute for Advanced Cardiac Care, and System Director for Heart Failure, Medical City Healthcare

Biographical Statement. As a seasoned clinician, educator, and healthcare leader with extensive experience in advanced heart failure, mechanical circulatory support, and transplant cardiology, I am honored to submit my candidacy for the OPTN Board of Directors. I bring a unique combination of

clinical acumen, systems-based leadership, academic rigor, and national and international committee experience to support the OPTN's mission of improving the nation's organ donation and transplantation system.

My professional journey has been shaped by my unwavering commitment to advancing patient-centered care in heart failure and transplantation. As Executive Director of the Institute for Advanced Cardiac Care at Medical City Dallas and President-Elect of the American Society for Artificial Internal Organs (ASAIO), I remain deeply engaged in the collaborative innovation that defines modern transplant medicine.

My experience as System Director for Heart Failure, prior OPO Medical Director roles, and professional society experiences have further grounded my understanding of both the clinical and administrative complexities inherent to organ allocation, access, and equity.

Personal Statement. My prior experiences enabled me to help shape national models for multidisciplinary care, medical education, and clinical research. I have participated in and chaired numerous committees with direct relevance to OPTN's mission—including transplant steering committees, quality oversight councils, and clinical trial networks—ensuring my insights are both evidence-based and operationally informed.

My background also includes work with donor networks, participation in transplant peer review, and contributions to national bodies such as the American College of Cardiology, ISHLT, and the Joint Commission Center for Transforming Healthcare. These affiliations, combined with ongoing academic work, position me to contribute meaningfully to OPTN's multi-stakeholder environment.

Above all, I seek to represent the patient voice, promote innovation in organ allocation and utilization, and help guide the ethical stewardship of transplant resources across the nation. It would be a privilege to serve on the OPTN Board of Directors and contribute to a future where equitable access, clinical excellence, and innovation remain foundational to transplantation in the United States.

Transplant Hepatologist (vote for one)

David Goldberg, MD, MS

Associate Professor of Medicine, Division of Digestive Health and Liver Diseases, and Associate Professor of Public Health Sciences, University of Miami Miller School of Medicine

Biographical Statement. Dr. Goldberg is a tenured Associate Professor of Medicine in the Division of Digestive Health and Liver Diseases and Associate Professor of Public Health Sciences at the University of Miami Miller School of Medicine. Dr. Goldberg is a transplant hepatologist who dedicates most of his time to conducting epidemiology and health services research on topics related to chronic and end-stage liver disease, organ allocation and transplantation, and organ donation. He is currently the Principal Investigator (PI)/Co-PI of multiple National Institutes of Health (NIH)-sponsored grants to study topics related to cirrhosis, alcohol-associated hepatitis, and organ transplantation.

Personal Statement. As a transplant hepatologist, my interest in the field of organ transplantation began during the first year of my gastroenterology fellowship, when I cared for a young man suffering from primary sclerosing cholangitis. Despite his low MELD, he had several complications of his liver

disease, but low waitlist priority. Sparked by concerns about inequities in the organ allocation system, I set forth to do my T32/F32 research focusing on disparities and waitlist outcomes for patients with primary sclerosing cholangitis. This jumpstarted my career in organ transplantation, where I sought to address questions of fairness and equity using tools from epidemiology, biostatistics, health services research, and empirical bioethics. Since this first project, I have been committed to a career in organ transplantation, having received multiple NIH grants to study various areas of organ transplantation, and published more than 100 manuscripts in the field of organ transplantation that have helped shape MELD exception policies, led to the widespread practice of transplanting organs from hepatitis C-infected donors into hepatitis C-negative recipients, and the recently adopted Centers for Medicare and Medicaid Services (CMS) OPO metric. I have been involved in transplantation through committee work on the American Association for the Study of Liver Diseases (AASLD) and AST, and served as an Associate Editor, and then Deputy Editor, for *Liver Transplantation*. And clinically, I have been a practicing transplant hepatologist since 2013 and was a Medical Director of Living Donor Liver Transplantation for six years.

Transplantation is not just my career but is something more personal. Several friends have been directly affected by organ donation and transplantation. It is for this reason that I have approached all my work in transplantation with a singular focus—improving the broader system of organ transplantation. This has led me to be an outspoken advocate for policies that maximize outcomes for the broader population who could benefit from a transplant.

Kymberly D. Watt, MD

Medical Director of Liver Transplantation Program, Mayo Clinic College of Medicine and Science, and Professor of Medicine, Mayo Clinic

Biographical Statement. I am passionate about this opportunity to serve on the OPTN Board of Directors. The coming years will see tremendous change in health care delivery and we in transplantation need to be leading and guiding this change. This requires a strong diverse team and a united front. I am a strong team player with a deep understanding of the multiple layers of transplantation. Helping everyone on either side of the donation/transplantation journey drives the desire to do this better, easier, and ubiquitously.

Why me? I bring multiple skills to the table. I am a full-time clinician with 20+ years of experience in transplant hepatology. I perform long-term outcomes research in all solid organ transplantation, with a goal to improve survival for all transplant recipients. I have led, as a medical director of liver transplantation institutionally, chaired societal committees, and established a donor driven educational collaborative (“Liver Givers”). At the institutional and medical society level, I have been deeply involved in equity and diversity committees. I am committed to improving access to transplant for all patients. I serve on the council for the International Liver Transplant Society (ILTS), with deep connections globally that provide considerable insight into global organ donation and allocation systems from which we can learn. My tenure through two committee appointments on the OPTN Liver and Intestine Committee fostered an intense desire to be more integrally involved in policy development. To contribute to the OPTN Modernization provides no greater opportunity to have a lasting impact on transplantation in the U.S. I will work hard for this Board and for the transplant community.

Personal Statement. Since the Industrial Revolution, companies have adopted task specific specialization and collaborative practice to increase productivity, achieve common goals, while at the same time fostering employee engagement. Knowledge sharing drives efficiency and productivity. I see the goals of the OPTN Modernization Initiative as an opportunity to facilitate specialization and collaboration to fundamentally change and improve organ transplantation across the country. We must ensure all patients in need of organ transplant have access to an organ transplant while maximally optimizing that patient's safety. We must foster a strong collaborative environment to achieve these goals.

I am a Professor of Medicine and transplant hepatologist in a busy transplant center at Mayo Clinic, Rochester, MN, that provides both deceased and live donor liver transplant. I have served as both medical director of transplant, as the live donor program director and member of the transplant executive council at Mayo Clinic. I am deeply involved and held multiple leadership roles within transplant and hepatology societies such as ILTS, AASLD, and the American Society of Transplantation (AST). My academic career is focused on improving long-term outcomes in the transplant recipient. I have published and spoken extensively in these areas. I am a strong advocate for transplantation on both recipient and donor side of the equation. I completed my second appointment on the OPTN Liver and Intestinal Organ Transplantation Committee, contributing to the development and change of policy relating to liver transplantation in the U.S. The experience has instilled a passion in me to be more involved in policy development and work on the mechanics of the transplant process nationally for all potential transplant recipients and donors. There are many things that can be done to increase organ donation, improve access to organ transplantation, and ensure timely transplantation to all patients in need. I am excited for the opportunity to contribute to these much-needed changes.

The mission of the OPTN has a far-reaching impact on innumerable lives. Unique to transplantation is the balance between the patient in organ failure and the donor. We serve them all. Also unique to transplantation is the level of individual commitment and engagement from multidisciplinary team members on both sides of transplantation. Together, we can coalesce and collaborate to strengthen the mission while innovating and improving transplant practice to move the transplant community forward. This mission is best served with a strong, dedicated team-based effort that unites the transplant community together, and I believe I have the skillset to compliment the Board, bring people together, and help move these initiatives forward.

I believe the future of transplantation is very bright and extremely exciting. I am dedicated to help both the OPTN and the field of transplantation advance and prosper into the next era. I would embrace the role on the OPTN Board, making building a stronger, unified transplant network a priority goal.

Thank you for considering my application.

Transplant Nephrologist (vote for one)***George Bayliss, MD*****Medical Director, Division of Transplantation, Rhode Island Hospital, and Associate Professor of Medicine, Brown University**

Biographical Statement. I graduated from Harvard College and worked for small and large news organizations covering everything from school boards and zoning commissions to central banks and national governments. My final post before medical school was as bureau chief for an international news agency reporting on political and economic change in Eastern Europe after the Berlin Wall fell. I have an interest and experience in trying to understand organizations facing rapid change.

After medical school and internal medicine residency at Brown University, I completed my renal fellowship at Beth Israel Deaconess Medical Center. I returned to Brown as a faculty member and general nephrologist in 2008, moving to transplantation full time in 2014. I care for patients with progressive kidney disease, manage their transition to dialysis and referral for transplantation, evaluate them for listing, and care for them post-transplant.

I have volunteered for the American Society of Nephrology (ASN) as a member of its workforce and leadership committees and for the OPTN as a member of its Ethics Committee and as a volunteer on the Ad Hoc International Relations Committee panel revising recommendations on international living donors in the U.S.

I became medical director of transplantation at Rhode Island Hospital in March 2024. I take organ call and recognize the challenges that changes in donor age, recipient age, and organ allocation pose as I evaluate an out-of-sequence kidney offer from 250 NM away, chose our recipient, discuss with the surgeon and patient whether to accept the offer and respond within 30 minutes at 3 a.m.

Personal Statement. Thank you for the opportunity to interview for a seat on the OPTN Board. Demand for organ transplants soars while the supply lags. Criticism of organ procurement allocation has driven HRSA to reform the OPTN and its contractor and is pushing efforts to refer more people for kidney transplants, increase organ procurement, and increase kidney transplants. On the patient side, the transplant community is working to increase equitable access to transplantation, redress past wrongs that limited access, and remove racial and geographic barriers to transplantation through efforts like continuous distribution of organs.

The OPTN is at the vortex of these changes. Its Board members are responsible for helping balance the interests of the transplant community and its duty to organ recipients, organ donors, and the health care system. My patient experience as a general and transplant nephrologist and my policy experience as an OPTN volunteer qualify me to serve as a Board member.

We need not only to increase the number of organs recovered and transplanted but improve the quality of organs recovered and their longevity once transplanted. This includes supporting research to improve organ preservation techniques, promoting efforts to reduce cold ischemic time by getting organs to programs that can use them rapidly without violating the waiting list, resolving ethical issues about thoracic normothermic regional perfusion, and engaging in shared decision making with patients about using organs from older sicker donors.

Hassan Ibrahim, MD, MS**Director of Living Kidney Donor Program, Baylor University Medical Center in Dallas**

Biographical Statement. I am Dr. Hassan Ibrahim, a transplant nephrologist, researcher, and educator with over 25 years of experience committed to advancing organ transplantation and improving patient outcomes. I am honored to be considered for the OPTN Board of Directors, where I am eager to bring my expertise in clinical care, research, and policy advocacy to support the OPTN's mission.

Over the years, I have had the privilege of achieving several milestones in my career. I have successfully co-lead multidisciplinary teams to build large transplant programs, resulting in improved patient survival rates. My research focused on studies of kidney donors and recipients. I have also spearheaded initiatives aimed at increasing live organ donation rates at 3 different centers, leading to a measurable rise in live donation in the programs I have served.

As a passionate advocate for healthcare equity, I have always tried to address disparities in transplant care, ensuring that all patients, regardless of background, have equal access to life-saving treatments. I have also contributed to policy development and have participated in advisory roles with NKF, ASN and AST.

These efforts have reinforced my dedication to continuous improvement in the transplant community. I am confident that my experience, leadership, and passion for patient-centered care will allow me to make a meaningful contribution to the OPTN Board. I am excited about the opportunity to collaborate with my peers to enhance the transplant system and deliver better outcomes for all patients.

Thank you for considering my candidacy. I look forward to the opportunity to serve and contribute to the OPTN's vital mission.

Personal Statement. I appreciate the opportunity to potentially serve on the OPTN Board of Directors. I am currently the director of the living kidney donor program at Baylor University Medical Center in Dallas. Prior to that, I was a professor of medicine and surgery at the University of Texas (UT) Health Sciences Center in Houston and the medical director of the Kidney and Pancreas program. For five years prior to my tenure at UT, I was the chief of nephrology at Houston Methodist hospital. I spent 22 years at the University of Minnesota as a fellow and program director of both transplant and general nephrology fellowships, the medical director of the kidney and pancreas transplant program, and chief of nephrology.

My longstanding interest has been in clinical investigation related to outcomes of kidney transplant recipients and in studying long-term outcomes of kidney donors. I have served on the MPSC, National Kidney Foundation (NKF), Centers for Disease Control and Prevention (CDC), ASN, AST, and NIH study sections.

I view expanding live donation thoughtfully as a huge priority. While maximizing living kidney donor protection continues to be the overarching goal in our field, I feel that expanding the potential living kidney donor pool based on data and less paternalism is direly needed. On the recipient side, many opportunities exist in maximizing the number of kidneys used and more research must be done to reduce the discard rate. While we have made progress at better qualifying long-term outcomes of

kidney recipients, I feel much more need to be done in providing more quantifiable measures for kidney donors to make a fully informed decision.

In all, it has been an honor being a clinical investigator in kidney transplantation, a medical director for three major transplant programs, and heavily involved in trainees' education. I am looking forward to being able to contribute to the OPTN's evolving and commendable efforts to expand access to transplantation and optimizing use of technology in achieving this important goal.

Transplant Specialist – Pediatric (uncontested)

Joseph Magliocca, MD

Professor of Surgery and Pediatrics, Executive Director of the Vanderbilt Transplant Center, and Surgical Director of Pediatric Liver Transplantation, Vanderbilt University Medical Center

Biographical Statement. I grew up in a very blue-collar family in Staten Island, NY, and graduated from the City University of New York and Mount Sinai School of Medicine. I trained in General Surgery at the University of Michigan and in Abdominal Transplant Surgery at the University of Wisconsin. My career has taken me to the University of Florida, Emory University, and now to Nashville, TN, as the Executive Director of the Vanderbilt Transplant Center, the third largest transplant center in the nation. This has provided perspective to realize the very regional- and demographic-specific issues that affect our transplant patients before, during, and after organ transplantation.

My practice focuses on liver transplantation and, particularly, transplantation in children, who I view as our most vulnerable patient population. Children have specific and unique needs that require consideration when developing organ transplantation policy. I am an active member of the ASTS and have served on multiple committees and Task Forces. I am currently a member of the ASTS Pediatric Transplant Advisory Committee.

Personal Statement. Over the span of my career, I have seen dramatic changes in allocation policy, organ preservation technology, organ recovery methods, and technological advances. Each of these changes has significantly impacted the practice of transplantation, for better or worse. I believe the most important part of the introduction of any disruptive transformation must be to consider the "unintended consequences" and "behavioral practice changes" that will undoubtedly ensue. This is the specific location where I feel that we have lost ground. Within the previously existing leadership structures, we have lost transparency in policy making, have ignored expert opinion and pushed forward policy that may not be in the best interests of all involved, and, most importantly, have lost sight of the mission of the OPTN, which is to serve patients in need of organ transplantation. That includes those with the good fortune to have ready access to care and, crucially, for those who may not yet have that access. We must always consider how policy will affect all patients.

I am convinced that I possess the experience and expertise in organ transplantation and the unique perspective that comes with practicing in various regions of our country and treating our adult and pediatric transplant populations, which would allow me to serve fairly and open-mindedly on the OPTN Board of Directors.

Patient, Donor, and Family Member Representatives

Transplant Recipient – Heart (vote for one)

John J. Sperzel III, BS

Previously Chairman and Chief Executive Officer, T2 Biosystems, Inc.; Heart Transplant Recipient

Biographical Statement. As a candidate for the OPTN Board of Directors, I bring a wealth of board governance and executive leadership experience. Over the course of my career, I have served as Chair of the Board, Board Member, Executive Committee Member, Chief Executive Officer, President, and Vice President across seven healthcare companies, including T2 Biosystems, Inc. (NASDAQ: TTOO), Chembio Diagnostics, Inc. (NASDAQ: CEMI), Accriva Dx, Axis-Shield, Inc. (LSE: ASD), Bayer Diagnostics (BAYN: DE), Werfen, and Boehringer Mannheim/Roche (ROG.SW). I have also served as an independent Board Member for Diadexus, Inc. (NASDAQ: DDXS), Ontera Bio, RVR Diagnostics, OrangeLife Healthcare, the Diagnostics Marketing Association (Board President), the American Diabetes Association of New England, the Association for Diagnostic & Laboratory Medicine, and the Sepsis Alliance Advisory Board.

I hold a Bachelor of Science in Business Management from Plymouth State University, where I also had the honor of leading the football team as quarterback to two New England Conference titles and two Eastern College Athletic Conference (ECAC) championships.

Personal Statement. In 2017, I faced a life-altering challenge when I was diagnosed with Giant Cell Myocarditis—one of the rarest and most lethal medical conditions, with approximately 300 known cases and a median survival of 4–5 months post-diagnosis. After being told my chance of survival was less than 5%, I spent two months in a cardiac surgical ICU, underwent multiple surgeries, and was placed on life support. On July 8, 2017, I was blessed to receive a life-saving heart transplant.

My candidacy for the OPTN Board of Directors and my support for the Modernization Initiative are deeply personal. As a heart transplant recipient and a member of the OPTN Patient Affairs Committee, I believe passionately in improving the transparency, accountability, equity, and performance across the organ donation and transplant system.

My vision is for the OPTN to become the most trusted organization in U.S. healthcare. I am committed to ensuring that the OPTN Board of Directors and all committees operate with transparency, integrity, and a patient-first approach—driving progress in critical areas including technology, data transparency and analytics, governance, operations, and quality improvement.

I am a results-driven, collaborative leader with a proven track record in corporate governance and executive leadership. I bring a unique combination of professional expertise and personal insight into the transplant journey. I am eager to contribute to the OPTN's transformational efforts and help shape a more effective and equitable system for all patients.

Steven Weitzen, JD**Previously Counsel, OlenderFeldman LLP; Heart Transplant Recipient**

Biographical Statement. Steven Weitzen is a retired attorney, heart transplant recipient and advocate for the organ transplant system. He holds a BA in History and Political Science from Williams College and a JD from the Northwestern Pritzker School of Law and is a member of the New York Bar. He practiced corporate law for approximately 35 years, with the majority of his practice with New York City law firms in the areas of finance, acquisitions, securities and venture capital. He lectured at numerous venues on various topics of securities and corporate law.

Steven is a member of the steering committee of Transplant Recipients and Immunocompromised Patient Advocacy Group (TRAIPAG) and an administrator of the Heart Transplant Support Group on Facebook. In his community, he has worked with local organ transplant groups and coached youth sports, and, in his retirement, he has learned to play guitar and is beginning to study piano.

Steven currently serves the OPTN as a member of the Patient Affairs Committee.

Personal Statement. Assisting the world of organ transplantation has become my passion. I told someone recently that I finally figured out what I want to do when I grow up. It started about seven years ago, when I developed a staph infection that created blood clots in my heart. The clots could not be dissolved, which led to my heart being removed and my being placed on an artificial heart machine. About two weeks later, I was given another chance to live by the precious gift of a donated heart. I knew I needed to give back.

But, how to give back? I was directed to an organ transplant support group in my home state of New Jersey. That led to a Facebook heart transplant support group, which led to the steering committee of a group that helps all transplant and immunocompromised patients deal with the problems of the pandemic, flu, RSV, and any illness which is more harmful to the organ transplant community than the general public. And, finally, all of this opened the door to the Patient Affairs Committee of the OPTN, on which I currently sit.

I never thought much of advocacy. I did not believe it could work. But, to my great surprise, the efforts of these groups led to: (1) attempts to improve communications to persons on the OPTN waitlist and between patients and transplant centers, in general; (2) quick approval of a needed monoclonal antibody for the transplant community; (3) a change in U.S. Food and Drug Administration (FDA) rules concerning obtaining antiviral protection for our members; and (4) numerous meetings with the NIH, FDA, CDC, and esteemed doctors and other scientists to push for assisting organ transplant recipients concerning respiratory syncytial virus (RSV), flu, COVID, and testing for respiratory diseases. And, possibly most importantly, day to day interaction with patients who are pre-transplant (on the waitlist or otherwise), post-transplant, and donors and donor families—helping them to get answers they need concerning transplant and donation, deal with pre- and post-transplant complications and providing a helping hand of emotional support throughout.

I also found my legal background to be helpful on the Patient Affairs Committee. I believe my questions and suggestions were helpful in obtaining liability insurance protection for members of OPTN

committees and in clarifying for members some of the complexities involved with the recent separation of the United Network for Organ Sharing (UNOS) and OPTN Boards.

I was a corporate lawyer for nearly 35 years. In all those years, I received routine “thank yous” from clients—perhaps a few more meaningful. However, about three years ago, on one particular day, I had a combination of six calls, emails and other communications involving deep and heartfelt thanks for what I do daily—with pleasure.

I plan on continuing my work for our community, and it would be an honor if I were given a chance to do so on the Board of Directors of the OPTN. Thank you for considering me.

Transplant Recipient – Kidney (vote for one)

Aimee Adelmann, MS

Principal and Founder, A2A Consulting; Kidney Transplant Recipient

Biographical Statement. I am a two-time kidney transplant recipient whose life was forever changed by the gift of donation. Since receiving my second transplant in 2011, I have dedicated myself to improving the transplant system through education, advocacy, and leadership. My mission is to amplify patient voices, increase access to transplant, and help shape a more transparent and equitable system for all.

My journey in this space began as a volunteer and eventually led to a staff role at Donate Life Northwest, where I developed educational programs about the transplant process, covering both living and deceased donation—in partnership with transplant centers, OPOs, and departments of motor vehicles (DMVs). I produced an award-winning documentary on donation and transplant, led youth education programs, and built cross-sector partnerships to increase community engagement. I have served in multiple leadership roles on the Donate Life America Advisory Council and Board of Directors.

As a nonprofit strategist and founder of A2A Consulting, I bring over a decade of experience supporting health-focused nonprofits. I help organizations strengthen fundraising, improve operations, and deepen their program impact. I currently support Northwest Kidney Kids and am actively involved in efforts to establish Oregon’s first Rare Disease Advisory Council. I believe in the power of storytelling to drive policy change and amplify the voices of patients, donors, and families.

Personal Statement. What drives me is the belief that lived experience matters. I bring not only professional and volunteer expertise but also the perspective of someone who has navigated the transplant system firsthand. I want to ensure that recipients and donors are not just represented but truly heard, especially in decisions that shape outcomes and access to care.

Joining the OPTN Board would be an honor and a natural extension of my work and values. I am committed to a future where transplant policies are patient-centered, access is equitable, and every opportunity is taken to increase the number and success of transplants. I look forward to contributing my lived experience, strategic insight, and deep passion to this important mission.

Gitthaline (Candie) Gagne, USN, HM1 (Ret.)

Previously Level 3 Surgical Technologist, UPMC McKeesport and Retired U.S. Navy Hospital Corpsman; Kidney Transplant Recipient

Biographical Statement. Gitthaline A. “Candie” Gagne, USN, HM1 (Ret.), served 17 years in the U.S. Navy, retiring in 1995. She graduated from Hospital Corpsman “A” School and Surgical Technology “C” School, serving at various Naval Medical Facilities, including a four-year tour in Okinawa, Japan. There, she was named the first Enlisted Technical Advisor to the Surgeon General, a role she held for four years. She also served on the American Association of Surgical Technologists, including two years on the National Board of Directors, and studied at the University of Maryland, Asian Pacific Division, and Franciscan University of Steubenville. After retiring, Candie taught in Surgical Technology programs in Greater Pittsburgh, PA, until kidney failure required dialysis and a transplant in June 2018. Since then, Candie has been an advocate with the local OPO, the American Association of Kidney Patients (AAKP, where she serves as a board member), NKF, and the American Kidney Fund (AKF), raising awareness for kidney health and supporting transplant patients.

Personal Statement. Let me take this opportunity to introduce myself and why I would be honored to serve on the OPTN Board of Directors. I am a retired U.S. Navy Hospital Corpsman as well as a retired Certified Surgical Technologist and Healthcare Educator. I am active in the community in the areas of faith, politics and healthcare.

I have many reasons for my interest in organ transplant. I first became interested as a member of the surgical team as a surgical technologist, I never thought that after 40 years in healthcare as a tech then educator, I would find myself so personally involved. My uncle needed a heart and was able to receive one, then I found myself on the list for a kidney. Little did I know that four short months after my transplant, my husband would be listed for a heart and a kidney; he passed away prior to being able to receive this gift. Lastly, my daughter, who was not a match for either her father or me, so she stepped up and gave altruistically to a pediatric patient at our local children’s hospital.

It is because of this history and experience with transplant that I have become a passionate advocate for this cause, and I feel I can bring a lot to the team. Specifically, I have the ability to “translate” medical and scientific jargon into regular English and vice versa. My work as advocate as given me the opportunity to communicate to including the general public, media, social media, and legislators and their staff.

Transplant Recipient – Liver (vote for one)***David Rodriguez***

Previously Patient Relationship Specialist, University Transplant Institute; Kidney and Liver Transplant Recipient

Biographical Statement. David Rodriguez is a two-time organ transplant recipient, having received a kidney transplant in 2011 and a liver transplant in 2022. With nearly 17 years of lived experience navigating kidney failure, dialysis, and organ transplantation, he has turned his journey into a lasting commitment to advocacy, education, and outreach.

Professionally, David served as a Patient Navigator and Patient Relationship Specialist at the University Transplant Institute in San Antonio, Texas. In these roles, he built referral networks, supported living donor outreach, and led community engagement efforts to expand transplant education and access—particularly in underserved communities.

He currently serves on the National Board of Directors and Executive Committee of AAKP and as an Advocacy Ambassador for the American Liver Foundation (ALF). Through these roles, he has supported public policy initiatives and patient engagement efforts focused on improving equity and transparency across the transplant system.

A native of Brownsville, TX, David remains dedicated to ensuring patients and donors have a strong voice in shaping a more inclusive, accessible, and effective transplant system.

Personal Statement. I am honored to be considered for the opportunity to serve on the OPTN Board of Directors. My commitment to transplant advocacy stems from nearly 17 years of lived experience as both a kidney and liver transplant recipient. Diagnosed with kidney failure at age 36, I spent almost three years on dialysis before receiving a kidney transplant in 2011. In 2022, after facing additional health challenges, I received a life-saving liver transplant. These experiences have shaped not only my personal journey but also my professional dedication to supporting and improving the transplant system for all.

Professionally, I have served as a Patient Navigator and Patient Relationship Specialist for transplant programs at the University Transplant Institute in San Antonio, TX. In these roles, I led initiatives to build referral networks, educate patients and families, implement outreach strategies for living donor recruitment, and support community engagement events to promote transplant awareness. My work has focused on bridging patients with opportunities, improving access, and strengthening partnerships between transplant centers and the communities they serve.

In addition to my professional background, I have volunteered nationally through AAKP, where I serve on the National Board of Directors and Executive Committee, and with the ALF as an Advocacy Ambassador. Through these roles, I have actively contributed to public policy advocacy, patient engagement initiatives, and efforts to advance health equity in transplantation.

My perspective brings both lived and operational experience, giving me a balanced view of the challenges and opportunities within transplantation. I am passionate about working to ensure that all patients—especially those from underserved communities—have equitable access to transplant opportunities, fair representation in decision-making, and trust in the system that serves them. It would be an honor to bring my voice, experience, and dedication to the OPTN Board of Directors to help move the system forward for all.

Justin Wilkerson, MBA

Deputy Director of Human Services, Illinois Army National Guard; Liver Transplant Recipient

Biographical Statement. Justin Wilkerson is a Lieutenant Colonel in the Illinois Army National Guard where he has served in command and staff roles over 24 years to include leading during deployments, training exercises, and civil activations. He resides in Peoria, IL, with his wife and living liver donor, Mary,

and their three boys. He is an active member of many advocacy organizations including Scouts of America, the Veterans of Foreign War, the American Legion, Military Officers Association of America, and the Military Police Regimental Association. Justin has received many service awards including from the State of Louisiana for Hurricane Katrina, for service as the commander during the Chicago civil unrest in 2020, and for lifetime achievement as a Military Police officer.

Justin had a passion to understand why some patients died on the waitlist. This curiosity led him to a regional representative position on the OPTN Patient Affairs Committee in 2021, where he was able to use his experience managing organizations, developing policy, and communicating strategy to help the OPTN and the Patient Affairs Committee. Justin developed a deep understanding of the U.S. transplantation system and will continue serving the patient community using that knowledge along with his skills and experience to improve outcomes.

Personal Statement. My request is that you vote for those who will represent the long-term interests of patients best—those who possess the will, the energy, the intellect, and the finesse to effectively implement the Modernization initiatives.

My service on the Patient Affairs Committee has been influenced by two factors: my personal transplant experience and my military service. I see an appointment on the Board as the philosophical equivalent to a military command assignment: if done well, it should be both a privilege and a burden—the privilege is the trust given to lead and be an advocate for our most precious resource, the men and women in service (our patients); the burden is the commitment of time needed effectively execute a command combined with the stress of weighing options to make difficult decisions (implementing Modernization and developing policy). Should you select me, I will approach the Board duties with that position in mind.

My transplant journey began in 2012, when I was diagnosed with primary sclerosing cholangitis. On August 17, 2021, my hero, my wife Mary, donated her liver to me. While we recovered in the hospital, I decided to make it my mission to give back to the transplant community. I understood that my access to medical resources and support networks, both at home and at work, was atypical. I wanted to help those less fortunate gain access to the resources that I had, and I wanted to promote organ donation—both living and deceased.

Having been on the Patient Affairs Committee for over three years, I have watched the OPTN go through fundamental change and am excited at the opportunity that Modernization brings. I have been a strong contributor on the Patient Affairs Committee. I have been a voice for the patient community and have been noted for my policy analysis, my written communication, and for my collaboration with Patient Affairs Committee members, patients, OPOs, and transplant centers. I am fascinated by all of their experiences and perspectives and seek to hear their concerns and to synthesize all of this information into my approach on the Patient Affairs Committee. If selected, I will do the same on the Board.

As an officer in the military, I have served in senior positions of leadership for the past eight years to include on-the-ground command during the civil unrest in Chicago in 2020. I have served in organizations where I spearheaded organizational change, organizational culture, strategic development, and executive communications. I have extensive policy development and process improvement experience. Should you select me for a Board position, I will bring all of my skills and

experiences to bear in driving improvements for transplant patients. I will be personally accountable to represent all patients, donors, and their families in the work we do. Before the Board, my message will be focused and strong in representing the best interests of transplant patients across our nation. We need a Board that can execute the steps necessary to carry the OPTN through its most fundamental change since its formation in 1984.

Transplant Recipient – Lung (vote for one)

Kevin Donald Huckaby

Molding Department Manager, Atrion Medical Products, Inc.; Lung Transplant Recipient

Biographical Statement. As a double lung transplant recipient, I am deeply committed to helping others and I take great pride in doing so. Since my transplant over five years ago, I have actively volunteered for numerous organizations. I fully understand the importance of accountability and decisions based on research rather than opinion. I have educated myself extensively on various aspects of transplant life. I visit hospitals to check on transplant recipients and serve as the Administrator of the Lung Transplant Support Group for Patients and Caregivers on Facebook. I am a patient advocate Board Member, striving to improve the experiences of transplant recipients through online participation. Additionally, I am an Ambassador for Donate Life and a Board Member for MCMA in my county, where we focus on educating students and providing scholarships to those in need. I am a dedicated and hardworking individual who passionately engages in causes I believe in. The transplant community is my passion. My personal journey, coupled with my ability to make informed decisions, positions me as a valuable individual who can contribute diverse perspectives to the OPTN Board. I am honored to be considered for the OPTN Board, and I would serve with complete dedication.

Personal Statement. I am writing to express my sincere appreciation for considering my application to become a Board Member for the OPTN. As a double lung transplant recipient since February 2020, I possess a profound personal connection to organ transplantation. Born with a genetic disease affecting my lungs, my health began to deteriorate rapidly in 2018 following the loss of my parents, sister, and grandfather.

In October 2019, I underwent a comprehensive evaluation at Vanderbilt University Medical Center and, subsequently, I was approved and placed on the transplant list in January 2020. Since receiving my transplant, I have experienced a significant improvement in my health, and I am now driven to give back to the community.

I am eager to leverage my experiences to make a positive impact and enhance the quality of patient care for all individuals involved in the transplantation process. As an Ambassador for Legacy of Hope/Donate Life Alabama since 2021, I have been actively engaged in volunteer work, supporting patients and families at Vanderbilt University Medical Center. Additionally, I lead a social media group comprising over 3,000 individuals worldwide, providing support and guidance to patients and caregivers throughout their transplantation journey. We conduct weekly Zoom meetings to address concerns, offer encouragement, and foster a sense of community.

Professionally, I have been employed at a medical manufacturing company for 30 years, where I currently hold a management position. In this role, I have developed strong leadership skills, recognizing

that a leader's strength is contingent upon the success of their team members. Consequently, I prioritize team development and support.

Presently, I am pursuing a Bachelor of Science in Business Administration with a focus on healthcare. My ultimate goal is to further my education and potentially secure a position within a reputable transplant program at a prominent transplant center. To achieve this objective, I have attended numerous symposia to expand my knowledge of transplantation and enhance my ability to educate others.

My motivation for pursuing higher education is rooted in my desire to reciprocate the support I received during my transplantation journey. As someone who has undergone transplantation, I possess a unique understanding of the challenges and complexities involved. By sharing my personal experiences, I aim to provide valuable insights and support to others navigating similar circumstances.

Furthermore, I am an active volunteer for the Alabama School of Cyber Technology and Engineering in Huntsville, where my children attend school. I also engage in public speaking, collaborating with hospitals, churches, and community forums to share my story and inspire others.

In conclusion, I would like to reiterate my sincere gratitude for considering my application to become a Board Member for the OPTN. It would be a profound honor to serve in this capacity and contribute my skills and experiences to the betterment of the transplantation community.

Peter Nicastro, MS, MBA

Previously Finance Director, Cigna; Lung Transplant Recipient

Biographical Statement. Peter Nicastro was diagnosed with Cystic Fibrosis (CF) at age two and a half, at a time when most children with CF did not reach their teens. Despite his physical limitations and frequent hospitalizations, he excelled, graduating from Saint Louis University with an Honors Bachelor of Science in Chemistry degree and as a Goldwater Scholar. He received a double lung transplant in 1998. Following, he worked as a protein biochemist in drug discovery and development, then as a finance director, receiving a Master of Science in Biology from the University of Missouri—St. Louis while receiving hemodialysis. He received his first kidney transplant in 2005. He later completed an MBA from the Olin Business School at Washington University in St. Louis, finishing first in class, and received a second kidney transplant in 2024.

Peter has volunteered in organ donation awareness and program management, primarily as a member and sometimes chairman and vice-chairman of Missouri's state Organ Donation Advisory Committee since 2006, among other community and church volunteer roles. He is most proud of his family: his wife, a successful community pediatrician, and two teenage children, something unthinkable to CF patients in the 1970s and 1980s.

Personal Statement. I am very grateful to be the recipient of three separate organ transplants. In 1998, I received the lungs of Paul Prins, an Air Force veteran from Louisiana who was murdered in his home. My 2005 living-donor kidney transplant was from my wife's sister's brother-in-law, and my recent kidney transplant was from an anonymous donor, as part of a donor chain that included a friend from college, something illegal when I received my first kidney. In each case where I received a kidney, I spent time on hemodialysis prior to transplant. Whether in pulmonary rehab prior to my lung transplant or the dialysis

clinic prior to the kidneys, I watched as my fellow patients deteriorated with me, including some who died waiting. I am committed to increasing the donation rate and shortening the wait for organs.

Since my initial lung transplant, I have married, finished two degrees, fathered two children—who are now fifteen and succeeding in high school—and given back to my local and the transplant community. I coached softball for my daughter and am a volunteer with my son’s Scout troop. Since 2006, I have been a member of the Missouri Organ Donation Advisory Committee, which assists the Missouri Department of Health in promoting donation, running the registry, and funding the program. Because of my business and science education, I initially recognized the deteriorating financial situation of the fund and, as chairman, wrote a law and coordinated with partners to create an income tax check-off to bolster the fund. Later, the law, which initially had a sunset clause, was made permanent. I also first asked our governor to proclaim April as Organ, Eye, and Tissue Awareness Month, and created an annual donor family recognition day at our state capital, supported by our local OPOs and increasingly popular. I have taught Scout units and spoken to religious groups—from Catholic parishes to the Ethical Society—about the gift that organ donation is and the importance of clear donor designation, and presented awards at DMV offices that had the best donor designation rates. My transplants have been a gift, but also an opportunity to have lived zealously, shared the dividends of the gifts I received, and persuaded others to support donation in diverse ways.

After nearly 20 years on the committee, many of my ideas for our state team have been adopted or at least considered. Appointment to the OPTN Board would allow me to leverage my experience there, training, and life experience to represent the needs of recipient families and impact the conditions and infrastructure to make organ donation faster and more effective.

Transplant Recipient – Pancreas (vote for one)

Jen Benson, BA

Chief Executive Officer and Founder of The Transplant Journey Inc. and The Transplant Collective, and Operations Manager, R.L. Bension & Associates, Inc.; Pancreas and Kidney Transplant Recipient

Biographical Statement. After graduating from Wheaton College in 2003 with a BA in Philosophy and a minor in Biology, Jen Benson initially explored careers bridging her passions for healthcare and fashion. Her personal battle with type 1 diabetes forged deep medical community connections, leading her to intern at a local hospital’s Emergency Department while considering a Physician Assistant degree.

Recognizing limitations in traditional medicine, Jen pivoted to fashion in New York City before following her father’s footsteps into Retained Executive Search, where she thrived professionally.

Jen’s life transformed dramatically when a kidney stone triggered sepsis, ultimately requiring a life-saving simultaneous pancreas-kidney transplant. This profound experience unveiled her true calling. In March 2020, she founded The Transplant Journey Inc., which has revolutionized patient support by facilitating 63 transplants and cultivating a thriving community of over 8,200 members. Building on this success, she launched The Transplant Collective in November 2024—an innovative umbrella organization uniting 25 nonprofits dedicated to advancing organ donation and transplantation.

Her extraordinary volunteer leadership spans the Columbia University Irving Medical Center Transplant Forum Executive and Benefit Committees, Hearts for Russ, NY Kidney, serving as OPTN and AKF Ambassador, NKF Peer Mentor, and, recently, DonateLife NY Advisory Council member.

Jen's impactful work has earned recognition through four proclamations from Senator Richard Blumenthal—two honoring her personal advocacy and two celebrating The Transplant Journey's vital contributions to organ donation and awareness.

Jen passionately believes that dismantling organizational silos and fostering unprecedented collaboration will create transformative progress in reducing the national transplant waitlist—a sacred mission born from her donor family's ultimate gift of life and heroism.

Personal Statement. Seven years on the transplant waitlist transformed me from patient to advocate, survivor to strategist. During those years, I nearly died three times while awaiting a dual-organ transplant, navigated multiple dialysis modalities, and was multi-listed at centers across the country. Each day brought me face-to-face with the very policies the OPTN Board creates and enforces—not as abstract guidelines, but as life-determining realities that meant the difference between hope and despair for my family and me.

Through this trial, I discovered profound truths about our transplant ecosystem: protocol differences between centers can alter destinies, the ripple effect of transplant medicine extends far beyond the patient to entire support networks, and transparency coupled with shared resources literally saves lives. These insights fueled my mission to bridge the gap between policy and practice. I founded The Transplant Journey, Inc., a multi-organ, family-centered nonprofit that translates complex medical protocols into practical guidance for patients whose lives hang in the balance. Every day, I help families navigate the labyrinth of listing procedures, post-operative recovery, and psychosocial care across all organ types.

Now, as our transplant system undergoes critical transformation, the OPTN Board needs perspectives forged in the fire of lived experience. I bring the unique ability to foresee how policy decisions will impact real patients before those consequences reach the bedside. I understand viscerally how geography, socioeconomic status, and center-level variability can extend waits or deny second chances altogether. Most importantly, I represent a generation of patients and families who demand that OPTN decisions be grounded in reality, empathy, and accountability—not just statistical models and institutional preferences.

I am ready to convert seven plus years of survival into strategic service, helping craft policies that are efficient, transparent, and compassionate for every organ community. My mission is to serve as that essential bedside-to-boardroom bridge, ensuring that every protocol we create honors the humanity of those it serves while advancing the science that sustains them. I would be honored to bring this hard-won wisdom to the OPTN Board, where together we can strengthen our shared commitment to saving and transforming lives.

Dale Rogers, AAAS

Previously staff at Umatilla County Information Technology Division supporting the Health Department; Kidney and Pancreas Transplant Recipient

Biographical Statement. For 45 years, Dale has transcended the complexities of diabetes and kidney disease, including years of in-center hemodialysis. In 2000, he was fortunate to receive a kidney transplant that functioned for ten years before it failed, and he returned to hemodialysis. Later, he was fortunate again and received a pancreas transplant. Dale experienced a profound reckoning with God during his hospitalizations. As the recipient of a gift of life, he felt a strong call to serve others by sharing his unique insights on disease treatments and care choices.

In 2016, Dale received a second life-saving kidney transplant. Later, while attending a transplant summit in Washington, DC, he was introduced to AAKP, researched their mission, and concluded they were the right fit for his commitment to patient-centered education and advocacy.

Dale was elected to the AAKP Board of Directors and assumed the role of Secretary. Among the many notable accomplishments he has contributed to is the 2020 inclusion of lifetime immunosuppressive drug coverage in federal policy, a victory for transplant recipients. His honors include a Presidential Volunteer Service Award.

Dale lives by the principles of elevating patient voices and ensuring all individuals have true choice and timely access to treatment.

Personal Statement. I have been part of the transplant community for over 25 years, and I am deeply committed to using my voice to improve the lives of fellow transplant recipients by advocating for more patient-centered policies and systems. Having received two kidney transplants and a pancreas transplant, thanks to both a living donor (my sister) and a deceased donor, I have experienced all aspects of the transplant process and system. As someone who previously managed a business, I understand that success is not always measured in dollars. Success in medicine comes from achieving meaningful, patient-centered outcomes with as few barriers as possible.

In 2016, during my most recent kidney transplant, I decided I was going to devote a portion of my life to offering my experience and knowledge to others like me. By that time, I had experienced significant medical needs most of my life, having been diagnosed with type 1 diabetes as a child in 1981. My advocacy journey began when I looked for opportunities to get involved in patient-centered advocacy initiatives. Working with AST and then finding AAKP, I knew I found my niche.

AAKP encouraged me to become a National Ambassador and suggested I apply to join its National Board of Directors, where I now serve as Secretary. I remain closely connected to my rural community in Idaho, striving to advocate for the unmet needs of this often-overlooked population. I find value in mentoring other patients and raising awareness about transplant-related issues. Volunteering to improve patient-centered outcomes has become a driving force in my life. In 2022, I was recognized with the Gold President's Volunteer Service Award for my advocacy efforts for AAKP and the larger kidney community.

I look forward to contributing to the modernization of OPTN as a member of its Board of Directors. It is my passion and purpose as a transplant recipient who has experienced a lifetime of medical conditions

to help patients navigate their diagnosis of kidney disease, make informed decisions about their care plans, and align their treatment options with their life goals and aspirations. I look forward to working side-by-side with colleagues across the kidney community to ensure ethical oversight and responsibility in every part of a system that begins and ends with patients and donors.

Family Member of a Transplant Recipient (vote for one)

James Cason, MA

Previously Mayor of Coral Gables, FL, and former U.S. Foreign Service Officer; Family of Transplant Recipients and Kidney Transplant Candidate

Biographical Statement. I am a retired U.S. Foreign Service Officer with 38-years of experience in 11 countries leading and managing large, diverse interagency teams, ending my career as Ambassador to Cuba and Paraguay. During my career, I was recognized as an expert negotiator, investigator, and effective motivator of people, with a reputation for strategic vision, reliability, trustworthiness, and for delivering quality results on time. I served as political advisor to a 4-star NATO Admiral and was Chief Inspector of a team examining operations in U.S. Embassies in Jordan and Iraq, the latter then the largest embassy in the world with 29,000 employees, looking for waste, fraud, and mismanagement. Earlier in my career I was Deputy Ambassador in Honduras, our tenth largest post in the world, supervising 1,300 employees in 14 federal agencies, and in Jamaica, our largest Caribbean diplomatic post. I also spent a year studying economics at the Foreign Service Institute and have worked in various capacities with the Coast Guard and the Commerce, Defense, Agriculture, and Interior Departments.

I have received a variety of awards, including six meritorious honor awards, a Superior Honor Award, the State Department's Distinguished Honor Award, the Central Intelligence Agency's (CIA's) National HUMINT Intelligence Award, the Joint Chiefs' of Staff Essay Award, the Defense Intelligence Agency's Writing Award, the Chairman of the Joint Chief of Staff's Joint Meritorious Service Medal, the Coast Guard's Distinguished Public Service Award, the President's Meritorious Service Award for sustained, superior accomplishments in foreign policy and public service, as well as the State Department's Lifetime Achievement Award. I had a Fulbright scholarship while at Johns Hopkins.

On retirement from State, I ran for Mayor of Coral Gables, Florida, a city of 52,000, and was elected three times with 72% of the vote in my second election.

I graduated from Dartmouth College and have a MA from the Johns Hopkins School of Advanced International Studies and am a Distinguished graduate of the National War College. My foreign languages are Spanish, Italian, Portuguese, and Guarani.

Personal Statement. I suffer from end-stage kidney disease (ESKD) and will shortly be on the kidney transplant list. My family has inherited ADTKD-UMOD, and my mother, three siblings, and a niece have all had transplants, several multiple. My son has inherited the genetic anomaly as well.

The strength of any organization lies in the diverse backgrounds and perspectives each member brings to the table. Although not from the health community, I feel my vast experience in consensus building, successfully managing large diverse organizations, finding ways to become more efficient, and bringing people with differing opinions together to achieve common objectives will serve the OPTN community well. In addition, my upcoming experiences navigating the transplant process should bring fresh

perspectives to the OPTN. Especially in south Florida, where I am well known, my international background and Spanish fluency can be useful in getting more Hispanics, in particular, to consider donating organs. If elected, I pledge my enthusiasm and unwavering commitment to become a proactive and innovative member of the OPTN Board, working diligently to support and advance its vital mission.

Krystal L. McLear, BA

Cardiometabolic Care Specialist, Novo Nordisk; Family of Transplant Recipients and Living Donor

Biographical Statement. Krystal L. McLear is a passionate advocate, educator, and living kidney donor who has dedicated my life to empowering others and advancing healthcare awareness, particularly in the areas of organ donation/transplantation and kidney health.

Ms. McLear’s volunteer work spans several influential organizations. Her journey began 16 years ago when she donated a kidney to her cousin—a deeply personal act that ignited a lifelong mission to champion organ donation. She has since served on the OPTN Living Donor Committee, where she helped shape policies affecting donors and recipients nationwide. She was a long-time member of the NKF Speaker’s Bureau, Donor Network West, and currently serves as an ambassador for both the AAKP and Infinite Legacy.

Professionally, Ms. McLear is an award-winning expert in healthcare sales, training, and operations. She specializes in educating medical professionals who care for patients with cardiovascular disease, type 2 diabetes, and chronic kidney disease. She holds a Bachelor of Arts from Spelman College and a secondary teaching certification. A proud resident of Washington, DC, Ms. McLear continues to blend her personal experiences and professional expertise to advocate for policies and practices that save and enhance lives.

Personal Statement. I believe deeply in the critical mission of the OPTN Board of Directors to modernize our nation’s organ donation and transplantation systems. As both a living donor and a healthcare professional, I bring a unique and personal perspective to this work—one grounded in compassion, clinical expertise, and a commitment to advancing meaningful change.

I am driven to understand the complex challenges facing patients, families, and the professionals who serve them. My goal is to support policies and innovations that improve accessibility, enhance efficiency, and lead to better outcomes across the transplantation continuum.

With a strong foundation in clinical care, I excel at collaboration, bridging ideas and resources, and developing innovative solutions to complex healthcare challenges. I am committed to being an engaged and thoughtful voice on the OPTN Board, focused on the priorities that matter most in saving lives and improving transplant access and outcomes.

Family Member of a Pediatric Transplant Recipient (vote for one)***William (Bill) M. Remak, MPH, MS, MT*****Chairman and Chief Executive Officer, California Hepatitis C Task Force, Inc.; Grandfather of a Pediatric Transplant Recipient, Father of a Living Donor, and Liver Transplant Recipient**

Biographical Statement. I have over 35 years of my career as a patient advocate, a scientist and public health professional. I have served for nine years on the Board of the ALF in California and over 23 years on the Executive Board and presidency of the FAIR Foundation, a national organ transplant advocacy and support organization.

I had two liver transplants in 1998 and 2007, and survived cancer. I am also a grandparent of a child transplant recipient. In 2007, my second oldest daughter learned at the first annual medical examination that one of her twin daughters had a serious medical condition and would need to have surgery. We learned she would need a kidney transplant in several years and in the meantime would have to be on dialysis four days a week at the hospital. I visited as often as I could to provide a respite for my daughter and her older sister, a nurse helped too. In the fall of 2014, my daughter donated her kidney to her daughter (my granddaughter). It was a successful kidney transplant. Then, an infection developed in January 2015. Her doctors were unable to control it, and my granddaughter died in February at seven years old. With our hopes for her full recovery gone, we were left devastated and had to learn to move forward with our lives knowing she was at peace. The struggle our late granddaughter went through is beyond words to describe. The ups and downs were memorable. I will never forget what it looks like on the face of a child who wants to live and has that “fight” in them to survive; that makes them smile.

Personal Statement. I am dedicated to ensuring that, as the health paradigms change in our society, the integrity of the transplant and donor activity, coordination, and policy changes help serve the patients with the greatest skill and integrity, including for the donors and their families. With the rising tide of chronic illness and the ever-increasing demand for organs, we must be resolute in innovative solutions.

I bring my insights working with diverse cultures, governments, health literacy, infectious disease prevention, collaboratives on access, resource allocation/utilization, risk management/communication, implementation research, and infodemic management and health technology assessments. Medical innovations in transplant science, medicine, and technology must continue to grow to uphold a high standard of excellence, evidence-based practices to address the evolving complexities facing the patients socially, clinically, and in navigating systems for those needing services.

I lead organizations I helped start to improve health for chronic conditions and diverse populations. I provide community feedback for a non-profit managed care plan serving 24 California counties and am a preceptor for over 25 universities of public health and global public health master's and doctorate programs. My personal experience with my family and others has given me the opportunity to reflect on and use the lessons I have learned to pay forward. I am confident my contribution will be meaningful to the OPTN and those it serves. I am honored to be considered for the OPTN Board and am looking forward to the tasks to improve management of the transplant system and experience for donors, their families, and recipients of all ages.

Cody Reynolds**Program Manager, Chickasaw Nation; Father of a Pediatric Transplant Recipient**

Biographical Statement. Cody Reynolds is a full-time employee, full-time husband and parent, servant leader, and advocate for organ transplantation. He graduated from the Jim Evans Academy of Professional Umpiring in 2008 and officiated high levels of college baseball until he and his wife started their family. He is the parent of a pediatric liver recipient, and his objective is to help and support families across Indian Country. Cody has been recognized for his professional service work by being named to the Oklahoma NextGen 30 under 30 list. He has also completed the Schnake, Turbo, Frank Leadership & Reputation Academy in 2016 and the Native Leadership Oklahoma series in 2024. He also holds a business communication certificate from Oklahoma State University.

Cody currently serves on the OPTN Patient Affairs Committee. He also serves as a board member for TRIO-Oklahoma and volunteers with LifeShare Oklahoma. He looks forward to the challenge and opportunity to improve the transplant system so that everyone that needs a transplant has access to be cared for. Cody and his family are citizens of the Chickasaw Nation and they enjoy attending events so that their children are immersed in their culture.

Personal Statement. Six years ago, my wife and I welcomed our last child, a daughter. Our world was turned upside down when we found out that she would need a liver transplant. As a parent, you have a duty to nurture and raise your child, even if that means staying up all night in an uncomfortable hospital, just hoping your child lives fight another day. It means learning how to change a PICC line dressing, learning how to place an NG tube because your child pulled it out, administering IV antibiotics twice a day, and sleeping just light enough to hear the feeding pump go off at 2 a.m. while continuing to work 40 hours each week and meeting the needs of our other three children.

It was during those uncertain times that we made the decision to not feel sorry for the cards we were dealt because that is not our culture as a First American family and citizens of the Chickasaw Nation, a tribe known to never have lost a battle because of our warrior spirit. That is the same tenacity that drives me each day and why I was inspired to do more to represent pediatric families, especially minority families and families from rural areas, because that is where I am from and who I relate to.

In 2023, we were able to meet the older sister of our donor. We were able to thank her for making the decision to donate the organs of her little sister. We consider her family, and it has allowed us to create this bond that cannot be put into words. Unless you have been there, there are truly no words to describe the feeling of meeting a donor family. Each extra day that we get to spend with our little girl is a gift and opportunity to honor our donor—a gift that was made possible through organ donation and the sacrifices that surgeons make every day to carefully give others the gift of life.

This journey has given me the opportunity to attend meetings on Capitol Hill, serve on the OPTN Patient Affairs Committee and give back by volunteering with our OPO. But most fulfilling of all has been the friends I've made in the transplant community who just want the best outcomes for their children.

I am asking for your vote to serve on the OPTN Board of Directors. I am a positive and thoughtful leader who is not looking to make enemies but rather to collaborate and find common ground to solve current problems.

*Living Organ Donor (vote for one)**Trysha Galloway*

Previously Director of Research/FSO ITPSO, The Learning Chameleon Inc.; Living Liver Donor

Biographical Statement. As one of the first living liver donors in the U.S., and with over 20 years of multidisciplinary experience, Trysha Galloway brings a science-informed, systems-level compassionate perspective to transplantation governance. She serves as Region 5 Representative on the OPTN Living Donor Committee and contributes nationally through the SRTR Living Donor Collective Steering Committee and the Donation Decision and Operationalization Workgroup, advancing efforts to strengthen donor protections, modernize data infrastructure, and align policy with clinical realities.

Galloway's academic research centers on biometric behavioral modeling and healthcare team performance. She has co-authored dozens of publications and led the development of advanced models that integrate multimodal biometric data, including observational, communication, electrocardiogram, and neural signals, employing probabilistic performance modeling to quantify team cognition and uncertainty. These tools, validated in surgical, clinical and defense environments, support real-time assessments of team coordination and high-stakes decision-making.

Certified in good clinical practices, human subjects protections, and U.S. Department of Defense security protocols, Galloway has led multi-site healthcare and real-world evidence (RWE) initiatives in anesthesiology, emergency medicine, LifeFlight, and simulation-based training. As a donor who has experienced unexpected outcomes, a person living with rare congenital heart disease, and a caregiver to a family member transplant recipient, she brings vital lived insight to advancing a transplant that is inclusive, evidence-based, and ethically grounded.

Personal Statement. I never planned to become a living donor. I never planned to become a transplant caregiver. And I certainly never expected to live with a congenital heart condition of my own. But life brought me here and, in doing so, gave me something extraordinary: a mission. Through these experiences, I have seen the power of transplantation, not just to save lives, but to restore hope, strengthen families, and connect communities. I have seen the invisible threads that hold the system together: the quiet courage of donors, the vigilance of transplant teams, and the resilience of every patient who places their trust in this system. It is with deep gratitude for this system, and a commitment to help strengthen and sustain it, that I offer my candidacy for the OPTN Board of Directors.

Professionally, I bring more than two decades of leadership in public health research, data analytics, team science, and healthcare policy. I have co-authored over 50 peer-reviewed publications, managed federal research initiatives, and served nationally on the OPTN Living Donor Committee and the SRTR Living Donor Steering Committee. I have seen how collaboration across OPOs, transplant centers, researchers, and patients can drive real progress, and that is the spirit I would bring to the Board. As part of the SRTR Living Donor Collective, I contribute to the Donation Decision and Operationalization Workgroup, helping evaluate essential data elements, refine workflows, and ensure donor data collection is accurate and clinically meaningful. I collaborate with stakeholders across the OPTN Data Advisory Committee, Disease Transmission Advisory Committee, Transplant Administrators Committee, Transplant Coordinators Committee, and organ-specific committees, bridging policy and practice to ensure donor experiences are heard and valued.

But I don't just understand this system from the outside; I have lived it. As one of the first living liver donors in the U.S., I faced unexpected post-donation complications, including lifelong gastrointestinal issues and additional surgery. I was later diagnosed with a rare congenital heart condition affecting just 0.01% of the population. My experience is a reminder that even in the most expert hands, unexpected outcomes can occur. That is not a flaw in the system; it is a truth of complex medicine. And it is why I advocate for long-term support, stronger handoffs between transplant centers and primary care, and policies that walk with donors far beyond the operating room.

I have the privilege of meeting regularly with congenital heart disease (CHD) transplant recipients and rare disease patients to listen, support, and elevate their lived experiences. These conversations remind me that data must reflect reality, and policy must be shaped by those it impacts most.

My work transforms data into equity-driven action, but more than credentials, I bring a 360-degree perspective: as a donor, caregiver, rare disease patient, and someone who has trusted this system and is committed to strengthening it.

If elected, I will focus on:

- Advancing equity: ensuring every patient, regardless of background or geography, has an equal opportunity to receive care and hope.
- Supporting the whole journey: with thoughtful policies that extend care beyond surgery, for donors, recipients, and families.
- Strengthening innovation and transparency: using real-time data, predictive models, and AI not just to move faster, but to move more fairly.

Thank you for considering me. It would be an honor to serve.

John Hodges, MA

Previously Faculty Research Assistant, Center for Remote Sensing, Department of Geography, Boston University; Living Kidney Donor

Biographical and Personal Statement. Thank you for this opportunity to again be a candidate for a Board position with the OPTN. I served two terms as a public representative, living donor, 14 to 20 years ago. During that service, I also served on the Kidney Transplantation Committee and the Executive Committee. As often as I have been able, I have continued to attend OPTN Region 1 meetings.

Prior to election to the OPTN Board, I became a volunteer discussion moderator for Living Donors Online, and I still am. In 2004, I was asked by my surgeon to represent modern living donors at a celebration of the 50th anniversary of Ron Herrick's first successful living donor transplant at what was then the Peter Bent Brigham Hospital. I was then invited to sit on an ad hoc OPTN committee on the Public Solicitation of Organ Donors. All the foregoing events followed from my own donation. I made a directed unrelated kidney donation to an acquaintance by hand-assisted laparoscopic nephrectomy at Brigham and Women's Hospital in 2003. Both my recipient, now a good friend, and I are doing well 22 years later.

At that time, I had a Research Faculty position at the Boston University Geography Department Center for Remote Sensing. My research was in support of NASA's Mission to Planet Earth, later renamed EOS, the Earth Observing System. The two satellites I provided science code for, Terra and Aqua, are at end of life now, as their station keeping fuel runs low. They will have controlled de-orbit burns soon. My undergraduate degree program was at the Massachusetts Institute of Technology in Earth and Planetary Physics.

I have been retired for several years and devote my time to supporting the American Red Cross (ARC). I am a 48-year volunteer with the ARC, currently serving as both Volunteer Partner with the Biomedical Services Donor Services Vice President for the Northeast Division (of the United States) and as Green Team (Sustainability) Lead for the Massachusetts Region. I also continue to coordinate award winning community blood drives, and I donate platelets by apheresis. I recently made my 649th donation, bringing me to 1,513 units donated, and one kidney.

I offer to again serve as a public representative for you in this time of change and renewal for the OPTN.

Family Member of a Deceased Organ Donor (vote for one)

Precious McCowan, PhD, MS

Research Assistant, University of North Carolina at Chapel Hill School of Medicine; Family Member of a Deceased Donor, and Kidney and Pancreas Transplant Recipient

Biographical Statement. Precious McCowan, PhD, brings extensive expertise to the field of organ donation as a multiple transplant recipient, donor mother, researcher, and national advocate. In 2010, following the tragic loss of her two-year-old son, she made the decision to donate his organs—an act that became the foundation of her lifelong commitment to advancing equitable and compassionate transplant care. Just four days later, she experienced acute rejection of her first kidney and pancreas transplants. She later received a second kidney transplant in 2019 and a third in 2024, which is currently functioning with excellent clinical outcomes.

With over a decade of leadership at the intersection of patient advocacy, public policy, and clinical research, Precious brings a perspective grounded in lived experience and a deep understanding of the challenges facing patients, families, and donor communities.

She holds a PhD in Human Behavior Studies and collaborates with academic and clinical partners on research focused on underserved populations and the social determinants of health in transplantation. Her work has been published in journals, including the *New England Journal of Medicine* and the *Clinical Journal of the American Society of Nephrology*.

Precious previously served on the OPTN Kidney Transplantation Committee and currently serves on the OPTN Multi-Organ Transplantation Committee. In both roles, she has helped elevate patient-centered priorities in policy development. As a trusted voice across national kidney organizations and research initiatives, Precious offers deep knowledge of governance, inclusion, and patient engagement. She is committed to transparent, collaborative leadership, ensuring that those most affected by the transplant system play an active role in shaping its future.

Personal Statement. I am honored to submit my candidacy for the OPTN Board of Directors. As a three-time kidney and one-time pancreas transplant recipient, donor mother, nationally recognized patient advocate, and kidney research and policy contributor, I bring a unique and informed perspective to the organ donation and transplantation system—one shaped by lived experience and professional expertise.

My journey with kidney disease began in 2010 when I was diagnosed with end-stage renal disease (ESRD) and received my first kidney and pancreas transplant. After the kidney failed within seven months, I spent eight years on in-center hemodialysis. During this time, I began advocating for patients whose voices were often excluded from critical policy discussions. Over the past decade, my commitment to advocacy has expanded into a national service role that spans research, public policy, education, and patient engagement.

I have served as Chair of the ESRD Network 14 Patient Advisory Council and as a member of its Medical Review and Corporate Governing Boards. Additionally, I have provided subject matter expertise to the AAKP. My work with the National Kidney Foundation includes roles as a Peer Mentor, Co-Chair of the Public Policy Committee, and patient advisor for several initiatives funded by the Patient-Centered Outcomes Research Institute (PCORI).

At the national level, I have contributed as a patient representative on the OPTN's Kidney and Multi-Organ Transplantation Committees. I was also honored to serve on the OPTN eGFR Workgroup, where I helped guide the removal of race-based modifiers from kidney function calculations—a historic and necessary step toward achieving equity in transplantation. I have also contributed to initiatives with the ASN, the National Quality Forum, and other organizations dedicated to integrating patient voice into clinical research and policy decisions.

I hold a Bachelor of Science in Criminal Justice. Motivated by my experiences as an advocate, mentor, and caregiver, I pursued advanced education, earning a Master of Science and a PhD in Studies in Human Behavior. My dissertation, "A Qualitative Study of African American Women Caregivers with Chronic Kidney Disease" (2024), directly informs my current research. I now contribute to kidney research at the UNC-Chapel Hill School of Medicine Kidney Center, bridging clinical insights with the lived experiences of patients. I have co-authored publications in the *New England Journal of Medicine*, the *Clinical Journal of the American Society of Nephrology*, and the *DC Journal*, focusing on transplant equity, treatment modalities, and mental health.

After receiving my third kidney transplant in 2024, I remain committed to advancing health equity, improving patient and family engagement, and ensuring that policy decisions reflect the needs of those most impacted. If elected to the Board, I will continue advocating for policies prioritizing transparency, accountability, and the voices of patients and donors. It would be a privilege to serve and help shape a future where all individuals have equitable access to the gift of life.

William (Bill) Ryan, MBA

Founder, President, and Chief Executive Officer of Transplant Life Foundation; Family Member of a Deceased Donor

Biographical Statement. Bill Ryan is President and Chief Executive Officer of The Transplant Life Foundation and is also board chair of Ryan Marketing Group Technologies, an event project management

company with over 30 years of experience on world class events including the NCAA Final Four®, FINA World Swimming Championships, FIBA Men's World Basketball Championships, World Cup Soccer, and the Solheim Cup. Bill leads a team of professionals in producing the Transplant Games of America, the largest gathering of transplant recipients and donor families in the world, and most recently has completed a six-year term on the advisory board for Gift of Life Michigan. Bill is a longstanding member of the Michigan Donor Family Council.

With a career-long professional background in voice, data, and broadcast technical experience, Bill has demonstrated leadership skills in managing complex, and diverse business disciplines including data management, large-scale experiential analysis, and oversight of media and marketing divisions.

As a donor parent, Bill has lost two daughters, which has propelled and maintained his involvement in the field of donation and transplantation. He has served the community for almost 40 years and welcomes the opportunity to serve on the OPTN Board.

Personal Statement. As Chief Executive Officer and President of the Transplant Life Foundation, I have had the pleasure of serving the donation and transplantation community for almost 40 years. Over this time, I have had the opportunity to touch the lives of hundreds of patients and their families through our advocacy efforts across the nation. The emotional interaction between living donors, donor families, and recipients demonstrates and proves the amazing success of this miracle of transplantation. At its very core, our mission must be to ensure that the experience for all parties continues to be a life enriching event.

As a parent, I was introduced to transplant in 1986, after losing my daughter, Michelle, in an automobile accident. It was her wish to become an organ donor, and her gifts made life possible for a number of patients. In 1999, our family lost a second daughter, Angie, to a life-long physical disability. These life events have given me the opportunity to transform painful losses into a meaningful mission to promote and encourage organ and tissue donation.

Over the course of my business career as an executive in multiple industries, I have the acumen and skill set to review, reflect, and participate in business decisions that further advance the amazing results to date and, at the same time, build a structure for the future to accommodate the growing need for additional organs.

Leading the Transplant Life Foundation and producing the Transplant Games of America, I have worked alongside thousands of participants across a broad demographic base. Interaction with these patients, caregivers, donors, donor families, and professionals has given me a clear understanding of the needs of this community.

I am excited at the potential of helping impact donation and transplantation rates in communities of color and using my decades of business leadership to help drive innovation and technology to improve end results. I look forward to continuing support of the transplant community and being a part of the OPTN team.

Non-Physician Transplant Professional Representatives

Organ Procurement Organization Representatives (vote for three)

Samantha Endicott, MPH, CPTC

Senior Director, Organ Optimization, New England Donor Services

Biographical Statement. Samantha Endicott is the Senior Director of Organ Optimization at New England Donor Services. She has over 20 years of experience in organ and tissue donation and currently oversees a clinical team of over 80 donation professionals stewarding lifesaving organs from initial suitability assessment, optimization, and allocation to surgical recovery. At the national level, Samantha has served as an at-large representative on the OPTN Pediatric Transplantation Committee as well as the Region 1 Representative to the OPO Committee and is currently a member of the Region 1 Nominating Committee. Samantha earned her bachelor's degree in biology and her master's in public health with a concentration in health behavior from the University of Alabama at Birmingham (UAB). She is the daughter-in-law of a kidney recipient.

Personal Statement. I have worked in the field of organ and tissue donation for 22 years, beginning my career as a per-diem tissue recovery coordinator at what was then the Alabama Organ Center after finishing undergraduate studies at UAB. Following completion of my master's degree in public health from UAB, I transitioned to a full-time role as an Organ Donation Coordinator. I gained experience in many aspects of donation and transplant in my time at the Alabama Organ Center—speaking with donor families about the opportunity their loved ones had to save a life, medically managing donors, allocating organs, fielding organ offers for the transplant center, assisting in organ perfusion and surgical recovery, managing transportation and logistics for both teams and organs, and donor hospital development.

I moved to the Boston area in 2007 and became a Donation Coordinator at New England Donor Services (NEDS, previously known as New England Organ Bank). My scope of practice was smaller, but the population and corresponding volume of work was far greater. I gained experience in pursuing organs that were rarely, if ever, accepted for transplant in my prior donation service area and saw the impact that older, more medically complex and donor after cardiac death donors could still have on recipients. Over my time at NEDS, I began to see ways we could improve our clinical practice, communication, and collaboration with hospital and transplant partners. My contributions enabled me to become the team leader for the Boston area and move to a management position in 2015.

In my current role as Senior Director of Organ Optimization, I oversee an incredible team of clinical donation professionals that steward lifesaving gifts from the point of initial referral to surgical recovery. In my time as director, I have implemented strategies focused on reducing decision-fatigue and multi-tasking, ensuring our clinical staff is positioned to best deliver on our mission every day. My team closely monitors data to ensure we are maximizing every donation, and we regularly meet with our transplant partners to share improvement opportunities and successes. We are projected to have a more than 40% increase in both donors and organs transplanted in just the last three years, and we have worked to make this pace sustainable for our team—hiring and adjusting schedules to enable our staff to perform at their best.

As the daughter-in-law of a three-time kidney recipient, I have experienced firsthand the impact donation and transplant can have not only on the patient but on everyone in their lives. While I believe our system can always be better—as evidenced by our constant growth as a community—I also believe it takes collaboration, transparency, and accountability to ensure our donors, donor families, and recipients are best served. I have been an advocate for systems-level improvement throughout my career, including in my time as an OPTN Pediatric Transplantation and OPO Committee member, and I look forward to putting my experience and passion to the task of continued improvement for the OPTN and our system as a whole.

Brett Gordon, BS

President and Chief Executive Officer, Louisiana Organ Procurement Agency

Biographical Statement. Brett Gordon serves as the President and Chief Executive Officer of the Louisiana Organ Procurement Agency (LOPA). He joined the organization in 2024, bringing over 25 years of financial, operational, and strategy development experience in the healthcare, medical device, and service sectors. Under his leadership, LOPA has made transformative advancements in fulfilling its core mission of offering organ and tissue donation to families and facilitating life-saving transplants.

Mr. Gordon has been directly involved in organ donation and transplantation for the last seven years. Prior to LOPA, he was the Chief Growth Officer at Mid-America Transplant, where he served in executive leadership from 2018 through 2024, focused on strategic oversight and development of enhancing organizational performance. Before 2018, Mr. Gordon held leadership roles in several successful organizations, driving improvement and financial sustainability through strategic growth, process enhancements, and strong relationships.

Mr. Gordon has served as a national examiner for the Malcolm Baldrige National Quality Award for Performance Excellence through the National Institute of Standards and Technology (NIST).

Mr. Gordon has held board leadership roles in analytics, healthcare technology, and banking organizations. He is also a licensed (inactive) CPA in Missouri.

Personal Statement. I welcome the opportunity to join the OPTN Board of Directors as it embarks on its Modernization Initiative to enhance efficiency, transparency, and innovation in organ procurement and transplantation. This inflection point calls on stakeholders to collaborate on policies that enhance organ procurement and allocation, and to support data-driven strategies that improve transplant outcomes and save more lives.

I am particularly interested in ensuring data collection aligns with OPTN Data Collection Principles, enhancing data accuracy and completeness, optimizing analytics, and leveraging predictive technology in allocation and transplantation systems. By collaborating with other stakeholders, I hope to help improve the quality and utility of OPTN data to advance evidence-based policy development and support critical analytic work.

As President & Chief Executive Officer of the Louisiana Organ Procurement Agency (LOPA), I have firsthand knowledge of the challenges and opportunities in organ procurement as it relates to organ

donation, recovery and transplantation. I am eager to collaborate on medical, scientific, and ethical considerations that impact donation, procurement, and transplant operations.

Moreover, I have a unique understanding of the transformative work that can be done through modernization and performance improvement efforts. With a keen focus on innovation and collaboration over the last year, LOPA achieved the highest improvement in CMS Donation and Transplant Rates among OPOs in 2024. By working alongside key stakeholders, I hope to help enhance best practices and policies that drive the mission of saving and improving more lives through transplantation.

With over 25 years of experience across operations, finance, strategy, and organizational growth, my background blends operational expertise with data-driven decision-making and long-term strategic planning. A BS in Accounting and CPA certification (since 2005) supports a track record of aligning financial strategies for long-term, sustainable success. During my career journey, I have fostered agile leadership to drive organizational excellence by leveraging Lean principles and Six Sigma methodologies to lead and enhance continuous improvement across multiple industries and organizations, including organ procurement.

Furthermore, my leadership experience at different OPOs in vastly different parts of the country has fostered a deep understanding of the needs of our diverse population. As the industry strives to address the challenges and disparities that exist within different communities, it is important to remain committed to a data-driven, efficient, and transparent system that maximizes organ utilization, enhances patient outcomes, and strengthens stakeholder collaboration. Through strategic oversight and continuous improvement, the Board can ensure policies and practices evolve to meet the growing needs of the transplant community. Our work is more than a profession; it is a life-saving mission. Our commitment to our donor heroes and the patient waiting for life-saving gifts drives us to ensure that we do everything we can to maximize the gifts and save more lives. I look forward to this opportunity to serve on the OPTN Board and appreciate your support.

Darren Lahrman, MBA, CPTC, BSRC

Executive Director, LifeLink of Florida

Biographical Statement. Darren Lahrman is Executive Director of LifeLink of Florida, where he leads organ donation efforts across west central Florida. He has over 20 years of experience in healthcare, with leadership roles spanning clinical operations, hospital development, donor family care, regulatory compliance, data analytics, and information technology. He is part of the senior leadership team within LifeLink Foundation, the largest provider of organ donation services in the United States when combining its Florida, Georgia, and Puerto Rico service areas.

Prior to joining LifeLink, Darren served as Chief Operating Officer at Life Connection of Ohio and held multiple progressive leadership roles at Nevada Donor Network, including Vice President of Clinical Affairs, Director of Recovery Services, and Manager of Recovery Services. He began his career as an organ recovery coordinator at Indiana Donor Network with a background in respiratory therapy, providing him with deep clinical insight that continues to inform his strategic leadership.

Darren is a Certified Procurement Transplant Coordinator, a published author in *JAMA Network Open*, and a member of the Association of Organ Procurement Organizations (AOPO), NATCO, and the American College of Healthcare Executives (ACHE). His career reflects a sustained commitment to improving donation systems and honoring the gift of life.

Personal Statement. For over two decades, I have dedicated my career to healthcare and improving the systems, teams, and outcomes that make organ donation and transplantation possible. I am honored to submit my candidacy for the OPTN Board of Directors and view this opportunity as a natural extension of my commitment to advancing quality, efficiency, equity, and trust in our field.

As Executive Director of LifeLink of Florida, I lead organ donation efforts across west central Florida and serve as a leader within LifeLink Foundation—the largest provider of organ donation services in the country when combining the service areas of LifeLink of Florida, LifeLink of Georgia, and LifeLink of Puerto Rico. This unique position provides insight into the operational challenges and opportunities faced by OPOs working across diverse socioeconomic, demographic, and geographic environments. It also reinforces my belief in the need for a modernized, aligned, and equitable system that serves all patients and families with excellence.

I believe effective leadership in this environment is rooted in empathy, data-informed decision-making, and a passion for innovation that honors the gift of life. And to that end, LifeLink has experienced some of the most productive months in our organization’s history by focusing on strategic modernization, partner engagement, and operational excellence.

Prior to LifeLink, I served as Chief Operating Officer at Life Connection of Ohio and held progressive leadership roles at Nevada Donor Network. In these roles, I led clinical operations, quality systems, regulatory compliance, data analytics, and business intelligence initiatives. These experiences have given me a deep understanding of the operational, regulatory, and human elements that drive system performance. I have worked closely with stakeholders at every level—each shaping my deep respect for the interconnectedness of our mission.

I am fully committed to serving on the future OPTN Board—one that is more efficient, more effective, and more decisive. To achieve meaningful reform, we must endeavor to increase the pace of decision-making while preserving transparency and public trust. The Board must also fully leverage the complementary OPTN contractors to support the development of a next-generation technology infrastructure—systems that are agile, interoperable, and accessible. This modernization is critical to ensuring that we continue to meet the needs of patients, donor families, and transplant professionals in an increasingly complex healthcare environment.

I believe Board service requires more than technical knowledge; it demands humility, courage, and a commitment to inclusive leadership. My approach is grounded in curiosity, collaboration, and a belief that diverse perspectives lead to better outcomes. If selected, I will bring this mindset to the OPTN Board—asking hard questions, supporting thoughtful progress, and ensuring that patients and families remain at the center of every decision.

The road ahead includes real challenges—from rebuilding public trust to driving system redesign—but I am confident that with shared vision, urgency, and accountable leadership, we can meet them. I am

ready to contribute with energy, integrity, and a deep sense of responsibility to the communities we serve. Thank you for your consideration.

Kevin Lee, MPA

President and Chief Executive Officer, Mid-America Transplant

Biographical Statement. Since 2015, Kevin Lee has served in several executive roles at Mid-America Transplant (MT) and became president and Chief Executive Officer in 2023. During this time, MT has experienced strong performance as a tier one organ procurement organization. Lee came to the organ donation and transplantation field with more than two decades of leadership experience in healthcare and education.

Lee holds a bachelor's degree from Marquette University and a master's degree from Saint Louis University. He completed the Baldrige Executive Fellows Program in 2022.

Lee is active with several organizations that support donation and transplantation. He currently serves as the Chair of the Missouri Organ Donation Advisory Committee, an ALF board member, a board member of the Baldrige Foundation, and a committee member for Donate Life Illinois.

Personal Statement. It is an honor and a privilege to work in the field of organ donation and transplantation, where every decision we make has the potential to save someone's life. Each day, we are driven by two objectives: ending deaths on the transplant waitlist and honoring the legacy of donor heroes. This mission unites all of us, and as the OPTN enters a critical phase of modernization, I am eager to bring strategic leadership to help drive transformative change.

The OPTN modernization efforts have the potential to ignite innovation, efficiency, and collaboration across the system, and it will be critical that the OPTN Board provides strategic leadership to harness this momentum and ensure substantial progress is made. I bring a depth of experience in performance excellence strategy, gained while serving as a member of the Baldrige Foundation Board of Directors, as a Baldrige Fellow, and on the Baldrige Performance Excellence Program's Board of Examiners, which I believe will be valuable in driving the continuous improvement for the industry.

The organ donation and transplant system is at a crossroads, and the next several years are critical. We must rise to this opportunity to modernize our complex system and advance our shared vision: a future where no one dies waiting, and every donor's gift is maximized with honor and excellence. I look forward to the opportunity to be part of driving this vision and would be grateful for your consideration.

Transplant Hospital Representative (vote for one)***Joshua Gossett, DNP, MBA, RN, FACHE*****Director of the Pediatric Transplant Center, Lucile Packard Children's Hospital Stanford**

Biographical Statement. Dr. Gossett currently serves as the Director of the Pediatric Transplant Center at Lucile Packard Children's Hospital Stanford. He earned his BS (Biology), MBA, and DNP degrees from the Ohio State University, as well as his BSN from Mt. Carmel College of Nursing. He has earned a black belt in lean/six sigma, as well as various other professional certifications. He is an ACHE Fellow, a committee chair of the IPTA, and a member of the Society for Pediatric Liver Transplantation, ISHLT, and ASAIO.

Dr. Gossett has numerous poster and podium publications including speaking at the American Transplant Congress, the UNOS Transplant Management Forum, and AOPO. He also served as a quality improvement consultant with the Advanced Cardiac Therapies Improving Outcomes Network, as well as the Starzl Network for Excellence in Pediatric Transplant. Dr. Gossett has multiple volunteering roles, including serving on the Medical Advisory Committees of both the Transplant Families organization, as well as the Biliary Atresia Research and Education organization.

Personal Statement. I entered the transplant field 25 years ago as a college student working in the clinic for the transplant program at the Ohio State University Medical Center. I was hooked. Since then, I have held numerous roles within and supporting adult and pediatric transplantation as a nurse coordinator, nursing/ administrative leader, doctorate-level professor, and quality improvement specialist, to name a few.

I have obtained degrees in biology, business administration, and a doctorate in nursing practice from the Ohio State University, as well as a bachelor's in nursing from Mt. Carmel College of Nursing. I hold a black belt in Lean and Six Sigma and am a Certified Professional in Healthcare Quality from the National Association for Healthcare Quality, a Certified Clinical Transplant Coordinator from the American Board for Transplant Certification, and an ACHE Fellow.

In my career, I have supported the international Advanced Cardiac Therapies Improving Outcomes Network as their quality improvement consultant and developed the foundation in which they do their improvement work to this day. I also helped to redefine the way that transplant programs look at adverse outcomes through structured categorization and databasing. I presented on this topic at the American Transplant Congress in Chicago in 2017, as well as at the Ohio Solid Organ Transplantation Consortium and NATCO's annual meeting, both in 2017. I have also worked on the design improvement of pediatric quality dashboards, which I presented at the UNOS Transplant Management Forum in 2017.

I continue consulting as a quality improvement expert. I was engaged to record a quality improvement web module for the North American Society for Pediatric Gastroenterology, Hepatology & Nutrition in 2019. I am a quality improvement consultant for the Starzl Network for Excellence in Pediatric Transplantation and chair their Improvement Science Committee. My primary project with this network is to reduce waitlist mortality worldwide for children with liver failure. My abstract was recently accepted for this work at the World Transplant Congress 2025.

At Stanford Medicine Children's Health, my role is overseeing one of the top three busiest pediatric transplant centers in the US. I designed, implemented, and developed an in-house transplant organ procurement department that allows us to have full visibility, management, logistics, and communication for the procurement of organs from both our local OPO as well as others that we work with around the country. This program was able to reduce costs in acquisition fees for organs and tremendously improve the communication and transportation of organs for our pediatric recipients.

I am a passionate advocate for children with organ failure and transplantation. My life's mission is to make systemic and policy driven changes that emphasize the importance of this vulnerable and often under-supported population. I am a Medical Advisory Committee member for both the Transplant Families and BARE organizations. I serve as the co-chair for the Membership and Communications Committee of IPTA. Serving on the OPTN Board of Directors will help propel this goal to the next level.

Chad Rhoden, DNP, APRN-BC

Assistant Director of Clinical Operations, UF Health Shands Hospital

Biographical Statement. Chad Rhoden, DNP, APRN-BC, serves as the Assistant Director of Clinical Operations at the UF Health (UFH) Shands Hospital. With over 15 years of experience in patient care and more than a decade specializing in transplant, Chad has played a key role in advancing clinical excellence and program development. He earned his nursing degree in 2006 and became a nurse practitioner in 2014, joining UFH's lung transplant team shortly after. In 2016, he was named Program Manager for both adult and pediatric lung transplant programs. He completed his Doctorate in Nursing Practice in 2018 at UCF, focusing on executive leadership. In 2022, Chad was promoted to his current leadership role, overseeing operations, regulatory compliance, and finances across multiple transplant programs—including kidney, pancreas, liver, heart (and ventricular device), and lung, for both adult and pediatric populations. A recognized leader and transplant advocate, Chad actively collaborates with organ procurement organizations and nonprofit groups to promote organ donation. His broad expertise, regulatory insight, and deep commitment to patient-centered care make him a strong asset to the Board of Directors.

Personal Statement. My transplant journey began when I was just 13 years old. That was the first time I heard that my aunt had kidney failure and would be evaluated for a potential transplant. Her experience inspired me to take my first job in healthcare, working at the local dialysis center where she received treatment. While her transplant journey ultimately did not end in success, it gave me an early and lasting lesson in the importance of quality, accessible care. I did not know it at the time, but those experiences would shape both my career and my core values.

Motivated by those personal experiences, I pursued a career in healthcare, eventually earning an internship in 2013 as a graduate nurse practitioner student with the UF Health Lung Transplant team. I remember when I observed my first transplant—standing in awe of the talent, coordination, and expertise that came together to save a life. It felt like witnessing real magic. Following that internship, I was blessed to be given the opportunity to serve as an advanced practice provider with the UF Health Lung Transplant Team. By 2016, I had advanced to Program Manager and, after earning my doctorate, I was promoted to Assistant Transplant Director in April 2023.

Leadership continues to inspire me because of my deep-rooted passion for improving the quality of—and access to—care on a systemic level. I believe that these improvements require thoughtful collaboration across all levels of the healthcare system, and a shared commitment to ensuring the best outcomes for patients and their families. That same passion is what brings me to this moment. My desire to strengthen care for patients, their families, donors, donor families, transplant professionals, and the broader community is what motivates my application to serve on the OPTN Board.

In my current role as Assistant Director, I oversee clinical operations across all solid organ transplant programs at our center. My leadership experience spans adult and pediatric heart, adult and pediatric lung, adult liver, adult and pediatric kidney, kidney living donor, and pancreas transplants, as well as our ventricular assist device (VAD) program. This broad scope of experience has given me a deep understanding of the clinical, operational, and regulatory complexities of transplantation—and positions me to bring a meaningful, system-level perspective to the OPTN Board.

I see the OPTN Board as a vital, member-driven body—bringing together diverse voices from across the transplant ecosystem to address both long-standing challenges and emerging needs. The work ahead of us is complex and evolving, and I believe we are at a pivotal moment where we can lead meaningful change. The Board has a unique opportunity to harness the interconnectedness of the transplant community and drive improvements that keep patient care at the forefront.

I remain grounded in the same belief: circumstances and systems may change, but our commitment to patients must always come first. I would be truly humbled and honored to contribute that perspective to the OPTN Board's vital efforts.

Voluntary Health Association Representative (vote for one)

Teresa Bueno, DNP, MBA, MSN, APRN-C, FNP, CCTC, VAD-C, FHFS

Adult Heart Transplant and Mechanical Circulatory Support APRN, Memorial Transplant Institute; and Councillor-at-Large, NATCO Board of Directors

Biographical Statement. With over 20 years of experience in pediatric hematology-oncology, critical care, and transplantation, I bring a broad clinical and administrative perspective to the transplant field. My work has centered on improving outcomes for pediatric and adult patients with end-stage organ disease, with a focus on mechanical circulatory support (MCS) and transplant program development.

I spent 24 years at Jackson Memorial Hospital, a leading transplant center, and, in 2014, joined Memorial Healthcare System. There, I played a key role in building its MCS and adult heart transplant programs and led the successful launch of its kidney transplant program in 2018. I have also served as adjunct faculty at Florida International University, mentoring future healthcare professionals.

I have been a member of the Medical Advisory Board for Life Alliance Organ Recovery Agency for 10 years and as Councilor-at-Large for NATCO since 2024. I hold a Doctor of Nursing Practice from the University of Miami, an MBA from Grand Canyon University, and nursing degrees from Barry University and Jackson Memorial Hospital School of Nursing. I am an Advance Practice Nurse, certified in transplant, ventricular assist device, and heart failure care and am a Fellow of the Heart Failure Society of America.

Personal Statement. I am writing to formally express my intent to serve as a member of the OPTN Board. As a dedicated transplant professional with more than three decades of clinical and leadership experience, I am deeply honored by the opportunity to contribute to the ongoing advancement of the national transplant system.

This role represents a meaningful platform to reexamine and improve the quality, efficiency, and outcomes of the organ transplantation process. Our shared mission must be to reduce patient wait times, optimize donor-recipient matching, increase donor registrations, address disparities in access to transplantation, and strengthen post-transplant care delivery. I believe these goals can be achieved through enhanced collaboration between transplant centers and organ procurement organizations, as well as through the alignment and simplification of regulatory standards particularly where CMS Conditions of Participation diverge from OPTN policy.

Over the course of my career, I have gained comprehensive experience in pediatric hematology-oncology, pediatric critical care, end-stage organ disease, mechanical circulatory support, and solid organ transplantation in both adult and pediatric populations. My background includes leadership in quality improvement, clinical education, staff development, and strategic program design.

During my 20+ years at Jackson Memorial Hospital, I had the privilege of supporting complex patient care delivery at one of the nation's busiest transplant centers. In 2014, I joined Memorial Healthcare System to assist in the development of its ventricular assist device and adult heart transplant programs, followed by the launch of its kidney transplant program in 2018. Simultaneously, I served as Adjunct Faculty at Florida International University's School of Nursing – Graduate Program, further contributing to the education and development of future nurse leaders.

Academically, I hold a Doctor of Nursing Practice from the University of Miami, a Master of Business Administration from Grand Canyon University, and both master's and bachelor's degrees in nursing from Barry University. I began my nursing career with a diploma from Jackson Memorial Hospital School of Nursing. I am certified in transplant, ventricular assist device, and heart failure care, and I am a proud Fellow of the Heart Failure Society of America.

My commitment to the field extends beyond clinical care. I have contributed to research efforts, presented at professional meetings, and actively participate in numerous local and national committees. I am currently serving as Councilor-at-Large for the NATCO Board of Directors for the 2024–2026 term. I have been honored with several recognitions throughout my career, including the Miracle of Life Award from Life Alliance Recovery Agency in 2020.

Currently, I serve as an Advanced Practice Provider at Memorial Regional Hospital, where I work collaboratively with physicians and multidisciplinary teams to manage the care of adult heart transplant and mechanical circulatory support patients. In this role, I also mentor clinical staff, fostering high standards of care and a culture of continuous improvement.

I am deeply committed to the mission of the OPTN and passionate about contributing to a future in which every transplant candidate has equitable and timely access to life-saving care. I thank you for considering my application and the opportunity to serve.

Annette Needham, DNP, NP-C, NEA-BC, CCTC**Transplant Quality Manager, UC Davis Transplant Center; and Secretary, NATCO Board of Directors**

Biographical Statement. Annette Needham is a Transplant Quality Manager at UC Davis Transplant Center in California. She is a Certified Family Nurse Practitioner through the American Academy of Nurse Practitioners, and a Board-Certified Nurse Executive through American Nurses Credentialing Center, as well as a Certified Clinical Transplant Coordinator. Annette was originally trained and licensed as a Registered General Nurse in the United Kingdom and emigrated to the United States in 1997. She obtained her bachelor's in nursing, followed by master's in nursing in Orlando, FL, and her Doctor of Nursing Practice at George Washington University. She was proud to become an American citizen 20 years ago. Annette serves on the NATCO Executive Board, teaches as co-faculty for their CCTC® review course, and is on various committees at UC Davis Health. Outside of work, Annette enjoys spending time with her husband and three Bernese Mountain dogs, as well as participating in and volunteering at various endurance events.

Personal Statement. My transplant journey began many years ago as a bedside nurse on the transplant floor in one of my first jobs in the United States. I discovered a passion for transplantation and was determined to make a difference in my work. Over the years, I have had the privilege to work as a transplant and living donor coordinator, transplant nurse practitioner, and transplant administrator in three different transplant centers, including UCLA, Advent Health Orlando, and UC Davis.

In my current position of Transplant Quality Manager, I administer all parts of our quality and improvement program, maintain compliance with regulations, manage policies, oversee data and research, and provide excellent clinical leadership to our teams. I also facilitate our Leading an Empowered Organization (LEO) training in relationship-based care at UC Davis. I have led both CMS and OPTN audits on our liver and kidney programs and developed all policies/educational material for a new heart transplant program.

My voluntary leadership roles include being a member of the OPTN Living Donor Committee in 2007, participating in nationwide collaboratives, such as the ESRD Treatment Choice Learning Collaborative (ETCLC) and Kidney Care Partners (KCP), and teaching future coordinators through certification program preparatory courses for the past several years. I am also an Executive Board Member (Secretary) with NATCO.

My experience over the past 27 years shows dedication to the field of transplantation, not just in my paid work, but also in my volunteer activities. As I focus on opportunities to serve our transplant community, I like to remember one of our guiding principles at UC Davis, which is that "our patients and people are at the center of everything we do." I applaud the OPTN for the bold moves with the OPTN Modernization Initiative to create a better system for both transplant professionals and transplant patients.

I appreciate the opportunity to apply to serve on the OPTN Board of Directors to continue working on the modernization of our donation and transplantation system. I believe that my diverse transplant experience and unique insights will contribute to the OPTN mission to increase opportunities for transplants, optimize organ use, enhance efficiency, and support modernization initiatives.

Histocompatibility Representative (vote for one)***Valia Bravo-Egana, PhD, MBA*****Laboratory Director, Technical Supervisor, and Clinical Consultant, Histocompatibility/Immunology Laboratory, Medical College of Georgia, Augusta University**

Biographical and Personal Statement. I have been involved in the histocompatibility and transplant immunology field since 2011. Through my professional journey as laboratory director and clinical consultant in histocompatibility and transplant immunology, I have been in constant interaction with patients in need of organ transplants, as well as with professionals from different disciplines that make it possible for patients and their families to have another chance to enjoy life to the fullest, to seek new experiences and to enrich every moment with hope. It has been my honor and privilege to put my expertise toward this cause.

As a histocompatibility and transplant immunology laboratory director, I have had the opportunity to serve our community in various capacities, including being a member of the board that accredits histocompatibility laboratories to ensure that patients receive the best and more adequate services and in the Quality Assurance Committee of the American Society of Histocompatibility and Immunogenetics (ASHI). I have also devoted time to serving in the Histocompatibility Committee of the OPTN as regional representative and as a member of the OPTN Kidney Pair Donation Workgroup. As a result of my close relationship with the OPTN and its community in my region, I have a deep understanding of the challenges of the system and their impact on patients and other stakeholders.

On the other hand, I also have a master's in business administration specialized in health care management and policy. Through the optics of this training, I have a comprehensive perspective about challenges and opportunities in healthcare organizations including quality aspects, costs and access, as well as legal, ethical and regulatory topics. From this knowledge came confidence that the system can be improved and can grow out of the imperfections that have hurt some members of the community. I also believe that with continuous education, collaboration, and open discussion, we can overcome many of the problems that the OPTN currently faces. I have no doubt of the fair and noble intentions of all parties involved. However, good intentions are never enough. Actions focused on solving inequalities in access to transplant, perceived lack of transparency and accountability and inefficiencies are the order of the day.

I am very optimistic and enthusiastic about the initiative to reformulate the current questions and concerns in the context of compassion, collaboration, and openness to change. I think the new Board must include and embrace the perspective of every stakeholder. I am confident that, together, we can transform and revolutionize the system with the aim to maximize the benefits of transplant to every patient in need, despite individual characteristics that may put some in disadvantage. Histocompatibility deals with biological features that can offer advantages or disadvantages to patients and perhaps those are the most difficult to correct since they are intrinsic to the individual, but understanding these challenges can lead to finding ways to amend the disadvantages, considering them in a holistic manner. I would be honored to help in this endeavor, and look forward to providing my expertise, leadership, and passion to ensure that every transplant candidate will have the promise of a better life fulfilled.

Cathi Murphey, PhD, MS

Histocompatibility and Immunogenetics Laboratory Director, Southwest Immunodiagnostics, Inc.

Biographical and Personal Statement. I bring over 40 years of experience in histocompatibility and immunogenetics, combining deep scientific expertise with a long-standing commitment to service in the transplant community. I currently serve as the HLA Laboratory Director at Southwest Immunodiagnostics, Inc. in San Antonio, Texas.

I earned my BA in Biology from the University of Texas at Austin, followed by both a Master of Science in Biology and a PhD in Cellular and Molecular Biology from the University of Texas at San Antonio.

Throughout my career, I have been a passionate advocate for advancing the science and standards of histocompatibility. I have held numerous leadership roles within ASHI, where I currently serve as President.

My involvement with the OPTN communities is extensive. From 2011 to 2015, I represented Region 4 on the OPTN Histocompatibility Committee. I later served as Vice Chair (2016–2018) and then Chair of the same committee. My contributions extend to the OPTN Kidney Paired Donation (KPD) Subcommittee, the OPTN Advisory Committee for KPD, and the Fiscal Impact Committee.

I played a pivotal role in developing and implementing the updated cPRA calculator, a key tool in improving equity in transplant access. More recently, I have focused on strategies to expand access to kidney transplantation, including efforts to increase the use of ABO A2 donors for patients with blood types O and B.

I view the current OPTN modernization efforts as both a challenge and a critical opportunity to improve transparency, efficiency, and equity across the transplant system. With my blend of scientific acumen and collaborative leadership, I am committed to supporting policies that enhance outcomes for patients and the broader transplant community.

Non-Transplant Professionals

Governance/Finance Expert (vote for one)

Eric Briesemeister, MS, MBA, FACHE

Chief Executive Officer of UnityPoint Health—Jones Regional Medical Center, and Director of the Cedar Rapids Regional Network

Biographical Statement. I have served as Chief Executive Officer of UnityPoint Health—Jones Regional Medical Center (JRMCC) since 2010 and Director of the Cedar Rapids Regional Network since 2013. I oversee the financial and operational performance of a rural network including a critical access hospital, seven clinics, and an ambulance service. In 2013 and 2014, JRMCC was named one of Modern Healthcare's 40 fastest-growing healthcare companies—the only nonprofit on the list. JRMCC has also been recognized as a Top 20 Critical Access Hospital once and a Top 100 Critical Access Hospital by iVantage nine times.

Before joining JRMCC, I was Director of Materials Services at the University of Iowa Hospitals & Clinics, leading key logistics, lean, and supply chain improvements, including implementing a new purchasing and inventory system.

I hold an MBA from the University of Iowa and a master's in civil engineering from Iowa State University. I am a member of ACHE and served on the Iowa Donor Network Board of Directors for 12 years, including two as Chair.

Outside of work, I enjoy hunting, fishing, hiking, and making maple syrup. I am active in my community through church, Monticello Rotary, Jones County Economic Development, the Mount Vernon Schools Booster Club, and United Way of East Central Iowa. I also announce Mount Vernon Boys basketball livestreams. My wife, LeAnn, and I have three sons: Michael, Josef, and Alex.

Personal Statement. The loss of a child is unimaginable. Yet, a close friend faced that very situation where he lost not one, but two of his children in a car accident. In the midst of his grief, he chose to honor his children's lives by saying yes to organ donation. Watching him find meaning through loss changed me. It was then that I vowed to further the mission of organ/tissue donation in any way that I could from that day forward.

As the leader of one of the nation's top 20 critical access hospitals, I have seen firsthand impact of high-quality healthcare on the lives of others. During my time on the Iowa Donor Network Board of Directors, I have also seen the complexity of the organ donation system and the opportunities we have to do better—for donors, recipients, families, and care teams. My professional background is rooted in quality improvement, strategic growth, and service. In the 15 years that I have been honored to serve as the leader of my organization, our hospital has consistently delivered top-tier outcomes while navigating the unique challenges of rural healthcare.

Serving on multiple Boards of Directors throughout my career, I have learned how to unite diverse perspectives and foster collaboration across complex systems. I believe these skills are crucial to the OPTN's continued evolution. We need governance that blends deep compassion with operational excellence.

My commitment to organ donation is personal, but my approach is practical. I want to help make the OPTN stronger, more transparent, and more equitable. We owe it to every donor family who makes the courageous decision to give, and to every patient waiting for a second chance at life. I am ready to bring my rural experience, business acumen, and my heart to this work.

Jerold Mande, MPH

Chief Executive Officer of Nourish Science, Adjunct Professor of Nutrition at the Harvard T.H. Chan School of Public Health, and Non-Resident Senior Fellow at the Tisch College of Civic Life, Tufts University; guided the development of the National Organ Transplant Act (NOTA) as a legislative assistant in the U.S. House and Senate

Biographical Statement. Jerold Mande is the Chief Executive Officer of Nourish Science; Adjunct Professor of Nutrition, Harvard T.H. Chan School of Public Health; and a Non-Resident Senior Fellow, Tisch College of Civic Life, Tufts University.

Mr. Mande has a wealth of expertise and experience in national public health policy and executive leadership. He served in senior policymaking positions for three presidents at FDA, the Occupational Safety and Health Administration (OSHA), the U.S. Department of Agriculture (USDA), and the White House, helping lead landmark public health initiatives. He managed food safety and nutrition at USDA for President Obama. He helped shape national policy on nutrition, food safety, and tobacco at FDA for President Clinton. He also served on the White House staff as a health policy advisor and was deputy administrator of OSHA. During the George H.W. Bush administration he led the graphic design of the iconic Nutrition Facts label at FDA, for which he received the Presidential Design Award.

Mr. Mande began his career as a legislative assistant for Al Gore in the House and Senate, managing Gore's health and environment agenda, and helping Gore write the nation's organ donation and transplantation laws.

Prior to his current academic appointments, he served on the faculty at the Tufts, Friedman School of Nutrition and Yale School of Medicine.

Personal Statement. The OPTN is vitally important in serving donors, the patients on the organ waiting list, their families, and the health care professionals who rely on it to produce an effective transplant system. As someone who guided the development of the National Organ Transplant Act (NOTA) and has served in numerous executive-level health policy roles, I would be honored to have the opportunity to serve as an OPTN Board member. I believe that working together, we have a generational opportunity to ensure that the organ donation and transplant system reaches ever higher levels of excellence, innovation, and patient care.

I am the Chief Executive Officer of Nourish Science; Adjunct Professor of Nutrition at Harvard T.H. Chan School of Public Health; and a Non-Resident Senior Fellow at Tisch College of Civic Life at Tufts University.

I was intimately involved in the creation of the national organ donation program as a legislative assistant for Al Gore in the U.S. House and Senate, where I managed Gore's health agenda and helped him investigate and write the nation's organ donation and transplantation laws. It was a great privilege to

work with experts, luminaries in the field, and people often desperately seeking an organ to help establish this lifesaving program.

Subsequently, my professional focus turned to national public health and food policy. I have served in senior policymaking positions for three U.S. presidents at the FDA, OSHA, USDA, and the White House, helping lead landmark public health initiatives. I was appointed by President Obama as USDA Deputy Under Secretary for Food Safety, and later moved to USDA's Food, Nutrition, and Consumer Services, where I spent six years working to improve the health outcomes of the nation's \$100 billion investment in 15 nutrition programs.

During President Clinton's administration, I was Senior Advisor to the FDA commissioner helping lead our tobacco investigation and rulemaking, served on the White House staff as a health policy advisor, and served as Deputy Assistant Secretary for Occupational Health at the Department of Labor. During the George H.W. Bush administration, I led the graphic design of the iconic Nutrition Facts label at FDA, for which I received the Presidential Design Award.

I earned a Master of Public Health from the University of North Carolina at Chapel Hill and a Bachelor of Science in nutritional science from the University of Connecticut. Prior to my current academic appointments, I served on the faculty at the Tufts Friedman School of Nutrition Science and Policy and Yale School of Medicine.

Throughout my career in both government and academia, my passion for organ donation and transplantation has never wavered, and I believe now is an exceptional opportunity for me to re-engage formally. The organ donation system in America is at an important inflection point under renewed Congressional scrutiny, and I believe I am uniquely positioned to help re-ground us in the original ideals of NOTA, while working in close partnership with the next generation of innovators who can carry us all into the future.

Ethics Expert (uncontested)

Mary E. Homan, DrPH, MA, MSCHE

Mountain Region Vice President of Theology and Ethics, CommonSpirit Health

Biographical Statement. Mary E. Homan, DrPH, MA, MSCHE serves as the Mountain Region vice president of theology and ethics for CommonSpirit Health. Mary's responsibilities include organizational and clinical ethics with an emphasis on discernment, formation, governance, and education, as well as development of ethics policies and processes. Mary maintains an adjunct associate professor role in the department of community Health at the Medical College of Wisconsin and had a permanent faculty role in the Center for Bioethics and Medical Humanities before joining Providence as the Puget Sound senior director of ethics during the height of COVID-19. Mary has held clinical ethics roles with Mercy and SCL Health as well as community-engaged research roles with Saint Louis University and the Missouri Institute of Mental Health. Mary has published in *The Journal of Heart and Lung Transplantation*, *The American Journal of Transplantation*, *Journal of Medical Ethics*, *The American Journal of Bioethics*, *Journal of Healthcare Management*, *Public Health Ethics*, *The Journal of Medicine & Philosophy*, *HealthCare Ethics USA*, *The National Catholic Bioethics Quarterly*, the *Wisconsin Medical Journal*, and

Narrative Inquiry in Bioethics. Homan earned degrees at Saint Louis University, Aquinas Institute of Theology, Creighton University and the University of Oklahoma. She lives in Milwaukee, WI.

Personal Statement. I am so excited about the possibility to serve the OPTN and influence the important work in organ transplantation. I am the vice president of theology and ethics at the largest nonprofit healthcare organization in the United States, with over 2,200 care sites (140+ hospitals) in 24 states. Three of the active transplant hospitals are in our health system, as well as a donor care unit and a procurement suite on one of our campuses. We engage with almost all of the OPOs across the United States, and I see my potential role with OPTN as bringing an important stakeholder to the conversation to help modernize and provide transparency in the organ transplantation process.

As a bioethicist for over 15 years, I have interfaced routinely with OPOs, donors, and hospitals in academic settings, community hospitals, and at a children's hospital where I have provided clinical and organizational ethics consultation. I have seen the consequences of effective and compassionate donation requests and equally have dealt with those adverse consequences when there is family disagreement with a donor's wishes. My unique perspective as a clinical ethicist will be helpful to the OPTN Board of Directors to better serve the interests of patients and families.

As a community engaged researcher, I have heard first-hand the mistrust of the organ donation process in communities who have felt overstudied and over-researched but under-served and under-treated for chronic conditions resulting in a need for organ transplantation. I served on a NIH workshop in March 2023 examining xenotransplantation and donation after cardiac death with numerous publications resulting from that workshop identifying the current knowledge gaps and research opportunities in the scientific, conceptual, and ethical understanding of organ donation after the circulatory determination of death and its technologies such as TA-NRP. My knowledge and experience in research ethics will also be an asset.

Another unique skill set I bring is from my doctoral studies in health administration where I focused my dissertation research not only on patient outcomes but also conducted an economic evaluation. My expertise in reading budgets (and having to write many for grant funding proposals!) will hopefully be an asset to the board of directors. I also bring strong leadership formation and governance development skills from the numerous in-kind projects I have provided over the years as non-profits looked to me for guidance in those areas.

In conclusion, I envision a more transparent, just, and equitable transplant process for all those who are hoping for this life-saving gift as well as improving the donation process to increase the number of donors from a variety of backgrounds and ethnicities. I envision a board of directors that listens to the concerns vulnerable communities raise as well as those working with patients at the bedside following a devastating prognosis. I want to help with the commitment to a modernized, transparent, and innovative organ procurement transplant network operating at its full potential, avoiding unnecessary deaths or delays.

Regional Councillors

Region 1: Nahel Elias, MD (uncontested)

Medical Director for Quality, Division of Transplantation, Massachusetts General Hospital

Biographical Statement. Dr. Nahel Elias is a nationally recognized kidney, liver, and pancreas transplant surgeon. He graduated from the University of Damascus/Faculty of Medicine, completed research fellowship at McGill University (Montreal), surgical residency at the North Oakland Medical Center/Wayne State University (Michigan) in 2002, and Transplant Surgery Fellowship at Massachusetts General Hospital (MGH)/Harvard University in 2004 before joining the faculty.

Dr. Elias brings over two decades of leadership experience to this role, including the MGH Kidney Transplant surgical directorship and the medical directorship of quality for transplant surgery. He fostered the kidney transplant program growth and improved equity through collaborative, multidisciplinary care and quality assurance and performance improvement focus, as well as grant-funded improvement of care transitions related work. His innovative work expanded the donor pool providing organ shortage solutions and options to patients awaiting transplantation. A couple examples were a collaborative project with the intensive care units, operating room, and the New England Organ Bank on DCD expansion in Region 1 going back 20 years, and most recently performing the first clinical porcine kidney xenotransplant in a living human.

Nationally, Dr. Elias serves on the OPTN MPSC and Living Donor Committee, which he chaired until 2024, and on the ASTS NSQIP Steering and Business Practice Committees.

Personal Statement. I am honored to be a candidate for the OPTN Board of Directors. I seek your support as a dedicated advocate for the world's best organ transplantation system, committed to addressing its challenges and optimistic about our ability to overcome them.

I graduated from the University of Damascus Faculty of Medicine and completed a research fellowship at McGill University's transplant surgery research laboratory. Following my general surgery residency and abdominal transplant surgery fellowship, I joined the faculty at MGH. Currently, I serve as the Surgical Director of Renal Transplantation and the Medical Director for Quality. I am privileged to practice transplant surgery and have a strong academic interest in clinical transplantation, expanding the donor pool (including xenotransplantation), and improving candidates' access to transplantation. I have authored over 110 scientific manuscripts.

I have volunteered on OPTN committees for about a decade, as well as on ASTS and AST committees. I chaired the OPTN Living Donor Committee (2022–2024) and currently serve as *ex officio* on it, and as a "member-at-large" on the MPSC, participating in multiple working groups within these committees.

Transplantation is unique in its limitation to provide the best-known care to every patient in need, primarily due to organ supply constraints. This supply depends on the generosity of deceased and living donors, the efficiency of OPOs, and the processes at transplant centers. Recent advancements in organ preservation and function, particularly from expanded criteria donors, and algorithms for optimizing allocation, including paired donation, have increased the available organ pool. However, we still haven't

met the current demand, let alone the total need if every organ failure patient had access to transplantation.

Eliminating these gaps should be the top priority for the OPTN Board. Leveraging these technologies, enhancing implementation processes, and improving access to transplantation are crucial tasks for the Board, especially under the new structure of OPTN contracts with multiple contractors. The new Board must ensure that contractors consistently support the community, its needs, the OPTN infrastructure, and its priorities to best serve our patients and the community.

The OPTN's public-private partnership with multiple stakeholders is a model for patient service organizations, particularly in serving patients with organ failure. Its leadership and Board should ensure that patients' and communities' voices are heard and understood, discussions are fact-based, and patients' needs are always prioritized through collaboration, commitment to listening, full transparency, and bidirectional trust with the community.

I am uniquely positioned as an ideal Board candidate, ready to leverage my experience, collaborative spirit, enthusiasm, positive leadership style, and commitment to the system and community. I look forward to contributing to the advancement of the best organ transplantation system and enhancing the lives and livelihoods of patients awaiting transplantation.

Region 2: Kenneth Chavin, MD, MBA, PhD (uncontested)

Director of Abdominal Organ Transplant, Temple University Health System

Biographical Statement. I am a clinically active abdominal transplant surgeon and am currently Professor and Vice Chair of Research at the Lewis Katz School of Medicine at Temple University. I trained in General Surgery at the Medical University of South Carolina and Transplant Surgery at Johns Hopkins. I have held faculty positions at Johns Hopkins University, the Medical University of South Carolina, and Case Western Reserve prior to assuming my current position in 2022. I have held leadership positions including Institute Director and Division Chief and served as the primary surgeon for living donor, kidney, pancreas, and liver transplants in my programs. I have been active in several OPOs and currently am on the Medical Advisory Board for Gift of Life Donor Program in Philadelphia. My clinical expertise includes multi-organ transplantation, laparoscopic donor nephrectomy, and treatment options for patients with nutcracker vein phenomenon, which includes the option of therapeutic nephrectomy with altruistic donation.

Personal Statement. I have an interest in clinical and translational research with experience in cell transplantation for the treatment of diabetes and new immunosuppressive agents, as well as methods of improving organ preservation and utilization specifically related to hepatic steatosis relating to organ availability in liver transplantation, as well as basic science research into the mechanisms of development of hepatic steatosis and inflammation.

I have been an active member of the ASTS and the OPTN, serving on many committees throughout my career. This is a critical time for transplantation in the United States and it is important to have leadership experience to effect changes that will be lasting and transformative to help achieve the maximum benefit of transplantation for all.

Region 3: Ari Cohen, MD, MBA (uncontested)

Director, Ochsner Transplant Institute, and Director of Transplant Research and Surgical Director, Liver Transplant Section, Ochsner Health System

Biographical Statement. In 1992, I received my medical degree from the University of Manitoba. There, I also finished my training in general surgery, and in 1997, I earned my Master of Science in Surgery. I started training as an ASTS fellow in abdominal transplant surgery at the Mayo Clinic in Rochester, Minnesota, in 1998, and I finished my training there in 2001.

Today, I am the Director of Ochsner Transplant Institute and Director of Transplant Research at Ochsner Clinic Foundation in New Orleans. I am also a Professor of Surgery at both Louisiana State University Health Sciences Center and The University of Queensland School of Medicine. I began my career at Ochsner in 2002. From 2010 to 2019, I helped create and run the country's largest liver transplant program. As I have progressed in my career, my administrative and financial responsibilities have expanded across various roles. Acknowledging the importance of further education, I completed my master's in business administration in 2023. Apart from my administrative responsibilities, I still work as a transplant surgeon and clinical physician.

After 12 years as Board President, I am currently serving as Past Board President for the Louisiana Organ Procurement Agency in 2025. In 2018, we completed the construction of a stand-alone donor care center. In 2023, I led this agency to restructure its leadership. These changes allowed LOPA to change from a Tier 3 organization to a Tier 1 rating in a single year. These changes in donation and transplant rates have continued into 2025.

Personal Statement. While it is natural to hold differing opinions on how ethical and legal principles should shape organ allocation policies, there's a shared understanding at the core of our work: serving individuals with organ failure is our ultimate responsibility. The OPTN's role is inherently complex and often contentious. Even so, its leadership bears a clear duty—to actively listen to and consider all viewpoints. Meaningful, evidence-driven dialogue that challenges assumptions is essential. Above all, these conversations must remain centered on what best serves our patients. The most significant and pressing challenges include long wait times, unequal access, and systemic inefficiencies. To overcome these obstacles, decisive action and a collective commitment to progress are essential.

I am an excellent choice for the OPTN Board because I bring a proven ability to identify thoughtful, practical solutions to complex challenges. I approach each issue with a clear, solution-oriented mindset, always prioritizing both the integrity of the system and the well-being of those it serves. My commitment is to help move the network forward with strength and purpose—without disrupting the current volume of transplants or compromising the position of those already waiting. I believe progress should be both compassionate and strategic, and I am ready to contribute to a future that is equitable, efficient, and grounded in care.

Region 4: Ryan Davies, MD (uncontested)

Clinical Director of Pediatric Heart Transplantation and Mechanical Circulatory Support, and Interim Chief of Pediatric Solid Organ Transplantation, UT Southwestern Medical Center/Children's Medical Center

Biographical Statement. Dr. Ryan R. Davies is a Professor and Surgical Director of Pediatric Heart Transplant and Mechanical Circulatory Support at UT Southwestern Medical Center/Children's Medical Center in Dallas, TX, where he also is the interim leader of the Pediatric Solid Organ Transplant Program. Dr. Davies is a graduate of Yale University School of Medicine and has dedicated a significant portion of his career to improving outcomes in organ transplantation.

A leader in the field, Dr. Davies has been actively involved with the OPTN. He previously served as Chair of the OPTN Thoracic Organ Transplantation Committee and as a member of multiple OPTN committees and workgroups. This experience has provided him with a unique perspective on organ allocation policy and the challenges facing patients awaiting transplantation. His research interests include optimizing donor organ utilization, improving access to transplantation for children, and long-term outcomes following transplantation. He has been honored with awards such as the UT Southwestern Leaders in Clinical Excellence Program Development Award for leadership of the heart transplant program and is widely published in the field.

Personal Statement. It has been the privilege of my career to care for children facing some of the most complex cardiac conditions—patients for whom heart transplantation is often the only hope. As a congenital cardiac surgeon and transplant physician, I have witnessed both the extraordinary success stories and the heartbreaking realities of a system still marked by inequities in access and underutilization of donor organs. I am committed to helping build a transplant system where every candidate—regardless of age, geography, or background—has a fair opportunity to receive a life-saving organ, and where every viable donation is used to its fullest potential.

I currently serve as Professor of Cardiovascular and Thoracic Surgery at UT Southwestern Medical Center and Director of Pediatric Heart Transplantation and Mechanical Circulatory Support at Children's Health in Dallas. I also serve as the Interim Chief of the Pediatric Solid Organ Transplant Program, working across heart, liver, and kidney transplant teams to improve integration and outcomes. My clinical work focuses on the care of children with advanced heart failure and congenital heart disease, including those supported with mechanical circulatory devices. My academic interests center on outcomes-based research and national data analysis, with over 130 peer-reviewed publications on pediatric and congenital cardiac surgery and transplantation.

I have had the honor of serving in multiple leadership roles within the OPTN. I was Chair of the Thoracic Organ Transplantation Committee from 2018–2020 and Vice Chair prior to that. I also served as Region 2 Representative and as the Thoracic Committee representative to the Policy Oversight Committee. My OPTN experience spans critical national initiatives, including the Ad Hoc Geography Committee, Strategic Planning Collaborative, and Systems Performance Metrics Summit. I have also contributed to the Lung Continuous Distribution Workgroup and participated as an ex-officio member of both the Heart and Lung Committees. Across these roles, my focus has been on developing equitable allocation policies,

optimizing donor organ utilization, and improving national transplant performance through thoughtful, data-informed policy.

These experiences have given me a comprehensive understanding of the transplant system's complexity and the importance of broad stakeholder collaboration. If elected to the OPTN Board of Directors, I will bring a perspective grounded in clinical care, data-driven analysis, and a deep belief in the need for continual system improvement.

My priority will be to advocate for policies that increase access to transplantation and ensure that we use every available donor organ wisely and justly. We owe it to our patients—and to the families who give the gift of life—to build a system that is both fair and effective. I would be honored to serve and to help guide the next chapter of the OPTN's essential work.

Region 5: Andrew M. Courtwright, MD, PhD (uncontested)

Associate Professor of Clinical Medicine, Department of Pulmonary and Critical Care Medicine, and Adjunct Associate Professor of Philosophy, University of Utah

Biographical Statement. Andrew M. Courtwright, MD, PhD, is a transplant pulmonologist and clinical ethicist joining the University of Utah as an Associate Professor of Medicine and Adjunct Associate Professor of Philosophy. He completed his MD and PhD in philosophy at the University of North Carolina at Chapel Hill, followed by clinical training at Massachusetts General Hospital, Brigham and Women's Hospital, and the Hospital of the University of Pennsylvania. Dr. Courtwright's academic work has focused on three areas: the care of highly sensitized lung transplant candidates, pre-and post-transplant considerations for patients with telomere biology disorders and advanced lung disease, and the impact of allocation policy changes on lung transplant program behavior. He has also served on the ISHLT Ethics Committee, chaired the AST Conflict of Interest Committee, and represented Region 2 on the OPTN Ethics Committee. As a non-directed kidney donor, Dr. Courtwright remains committed to ensuring that transplant policy is supported by clinical evidence and adheres to foundational ethical principles.

Personal Statement. As a transplant pulmonologist, clinical ethicist, and non-directed kidney donor, I have developed a unique perspective on organ transplantation that reflects the responsibilities of a modern OPTN board. After completing my PhD in philosophy and MD at UNC Chapel Hill, I trained at Massachusetts General Hospital, Brigham and Women's Hospital, and the Hospital of the University of Pennsylvania, where I served as a transplant pulmonologist for eight years. Alongside my clinical work, I have remained deeply engaged in transplant ethics. I have led a hospital ethics consult service; contributed to the International Society for Heart and Lung Transplantation Ethics Committee position statements on donation after circulatory death and xenotransplantation; and collaborated on position papers involving normothermic regional perfusion and out-of-sequence allocation as a member of the OPTN Ethics Committee. I also chaired the AST Conflict of Interest Committee, navigating policy revisions around disclosable relationships, disqualifying conflicts, and conflict of interest management mechanisms.

In 2024, I became a non-directed living kidney donor. Based on my experience trying to match highly sensitized lung transplant candidates, I requested that my kidney be allocated to a high PRA patient, if possible. I was fortunate to initiate a five-person paired exchange that included several sensitized recipients. I remain profoundly grateful to my coordinator and the transplant team. Through the donor

process and recovery, I felt, in a small way, the vulnerability of patients and the extraordinary faith they place in us. This experience has enhanced my ability to support patients and their families in my own practice and reinforced the importance of having a system that is worthy of patient trust.

Ultimately, I believe the OPTN Board bears responsibility not only for promoting transplant growth but for upholding ethical standards across all aspects of allocation and governance. Having experienced the organ transplant network as a clinician, ethicist, and donor, I would like to use my skills in support of OPTN Modernization through Board service.

Region 6: Gina-Marie Barletta, MD (uncontested)

Medical Director, Pediatric Kidney Transplantation, and Associate Professor, Department of Pediatrics, Division of Pediatric Nephrology, Oregon Health & Science University

Biographical Statement. *Education & Training.* Arizona State University, Honors College (Undergraduate); University of Arizona (Medical School); University of Arizona; University of Michigan (Pediatric Nephrology Fellowship)

After completing fellowship in pediatric nephrology at the University of Michigan in 2003, Dr. Barletta joined Helen DeVos Children's Hospital in Grand Rapids, MI, playing a pivotal role in establishing their Pediatric Kidney Transplant Program and served as Medical Director from 2005 to 2010. She later transitioned to Phoenix Children's Hospital, serving as Medical Director of Pediatric Kidney Transplant from 2015 to 2024. She most recently joined Oregon Health & Science University in April 2024 and currently serves as Medical Director of Pediatric Kidney Transplantation. Dr. Barletta also holds the position of Secretary of ASPN.

Personal Statement. Drawing upon over two decades of leadership and dedicated service in pediatric kidney transplantation, my experiences have deeply influenced and strengthened my commitment to the transplant community. Caring for so many children and their families has not only reinforced my dedication to improving patient outcomes but has also sparked my interest in national efforts to enhance kidney health in children. Through advocacy, education, clinical care, and collaborative initiatives, I strive to make a meaningful impact both locally and nationally.

After completing my fellowship in pediatric nephrology at the University of Michigan, I joined Helen DeVos Children's Hospital in Grand Rapids, Michigan, where I played a pivotal role in establishing their Pediatric Kidney Transplant Program and served as the Medical Director from 2005 to 2010. I later transitioned to Phoenix Children's Hospital, where I led as Medical Director of Pediatric Kidney Transplant from 2015 to 2024. Most recently, I joined Oregon Health & Science University in April 2024, where I now serve as Medical Director of Pediatric Kidney Transplantation. In each role, I have collaborated closely with multidisciplinary teams, patients, and families to deliver the highest standards of care and innovation in kidney transplantation.

Beyond my institutional leadership, I have been deeply committed to advancing the field at a national level. I currently serve as Secretary of the American Society of Pediatric Nephrology, a role that will matriculate to President over the next five years. Additionally, I have contributed my expertise in financial stewardship and organizational strategy through service as Secretary-Treasurer of the Improving Renal Outcomes Collaborative and as a member of the National Kidney Foundation of Arizona

Board of Directors. My involvement on these boards has included securing and allocating funding to successfully execute community initiatives aimed at improving outcomes and patient support.

My career reflects a passion for driving quality improvement, fostering collaborative teamwork, and supporting the long-term well-being of transplant patients and their families. I bring a wealth of organizational, analytical, and communication skills that I am eager to apply to this endeavor to ensure success and equity.

Thank you for considering my nomination for this opportunity to contribute meaningfully to our shared mission of excellence and equity for successful transplantation and I would like to ensure that pediatric transplant patients are represented.

Region 7: Reynold Lopez-Soler, MD, PhD (uncontested)

Professor of Surgery, Division of Transplant, Loyola University Medical Center, and Section Chief of Renal Transplant, Edward Hines Jr. VA Medical Center

Biographical Statement. My current clinical position allows me to work in two distinct environments; I am a Professor of Surgery in the Division of Transplantation at Loyola University Medical Center and the Section Chief of Renal Transplant at the Hines VA Medical Center. The initial reason for my hire in Chicago was to start and develop the program at Hines. At the time, the program did not exist. In the last four years, we have grown from nothing to the biggest transplant program in the VA system, performing approximately 100 transplants/year. These accomplishments highlight what transplant can and should be: a “Total Team Sport.” Every aspect of the Hines VA Hospital came together to make this reality happen even in the challenges of COVID and changing politics. This has been the best training one could receive to understand the challenges that the OPTN Board will face in the coming years.

Personal Statement. I believe that transplantation provides an incredibly fertile ground for research endeavors. I have developed a basic science research programs at Loyola focused on the biological changes leading to renal fibrosis post-transplant, and at Hines focused on Hepatitis B/C transplants, elderly transplantation, frailty assessment, and access to transplant for veterans.

Transplant policy is an important component that allows and improves transplant access for all patients. I am a member of the Medical Advisory Board of the local OPO, Gift of Hope, as well as have been a member of the Minority Affairs committee of the OPTN, ASTS, and the Association of VA Surgeons (AVAS). However, it is my work as the current chair of Transplant Surgery Advisory Board for the National Surgery Office that has allowed me to influence and direct transplant policy for all VA transplantation. In this capacity, I have been in proximity with legislators as well as the VA Secretary’s Office as transplant policy has been developed for not only VA, but nationally.

We have a responsibility to train the next generation of physicians and surgeons and therefore I am actively involved in Resident and Fellow teaching/training at Loyola and Hies VA and am also the Assistant Director of the MD/PhD program at Loyola. This experience has been invaluable in not only preparing the next generation of doctors, educators, and scientists, but also honing the way in which we talk about and teach the art and medicine of transplant.

This is a critical time for transplantation. In the next 5-10 years, policy, scientific, and clinical changes will undoubtedly reshape the face of what we do. The OPTN Board stands at the nexus of this change. I see the OPTN Board as the way to combine the art of transplant, the rapid progress of information and scientific discovery, and the changing policy with all the strong winds that drive it with the equipoise and compassion needed to continue providing not only the best care but best outcomes for our patients. I look forward to being part of the team as we move into the future.

Region 8: Mark Wakefield, MD (uncontested)

Director and Primary Surgeon of Renal Transplant Program, University of Missouri Health Care

Biographical Statement. I am the director of the renal transplant program at the University of Missouri Health Care. I have endeavored to improve organ donation and transplantation by representing all and especially the vulnerable rural and midwestern donors and patients with end stage organ disease. Not naive to the challenges that face organ donation and transplantation, I will be a deliberative, optimistic, and collaborative member of the committee, seeking to represent the entirety of transplant community.

Personal Statement. I am experienced and qualified to be a director on the OPTN Board. Locally, I have assisted with the successful adoption of circulatory of death donor program and normothermic regional perfusion at our donor hospital while partnering with Midwest Transplant Network. I am familiar with the valuable efforts of the OPTN committee system, having served on operation and safety committee, the vascularized composite allograft committees, and most recently membership and professional standards committee.

I will serve with integrity. The OPTN has an opportunity to enhance its role in improving and saving lives through organ donation and transplantation. The modernization opportunity continues the transformation of the wonder of organ transplantation, though we must continue balancing justice and utility. The OPTN and its Board of Directors must ensure trust during modernization to ensure the best utilization of cherished gifts as we increase the number of transplants. I will strive to be an excellent board member and represent all communities.

Region 9: Meelie DebRoy, MD (uncontested)

Section Chief, Kidney Transplant, Department of Surgery, Westchester Medical Center

Biographical Statement. I am honored to submit my candidacy for the OPTN Board of Directors. With a career devoted to advancing equity, ethics and innovation in healthcare, I bring a deep commitment to improving our nation's transplantation system for the benefit of all patients in need.

I completed my surgical residency at Rutgers University in New Jersey and subsequently completed my Transplant Surgery Fellowship at the University of Michigan. Early in my career, I witnessed firsthand the impact that a group of dedicated volunteers could bring about with thoughtful discussion and access to data. Having previously served the OPTN in numerous capacities such as the Minority Affairs Committee (Chair), Simultaneous Liver-Kidney Allocation working group, Pediatrics Committee, I have seen the profound impact that timely and equitable transplantation can have—not only on individual patients, but on entire families and communities.

Personal Statement. To be able to witness the miracle of transplantation on an almost daily basis is a true privilege. We have a responsibility to be judicious stewards of a scarce resource while also promoting transparency, reducing disparities in access to transplantation and fostering collaboration among all stakeholders. This is truly a transformational time for the OPTN. If elected, I will prioritize policy initiatives that enhance donor registration, improve organ utilization and ensure that every patient—regardless of race, socioeconomic status, or geography—has a fair chance at life-saving care.

Serving on the OPTN Board is both a profound responsibility and an extraordinary opportunity to contribute to meaningful, lasting improvements in the health of patients in need. We have an obligation to restore public trust in the processes and policies that govern transplantation in our country. I am eager to bring my experience, perspective, and dedication to support the mission of this transformed OPTN and to help guide our national system with compassion, accountability and integrity.

The patients at the center of our efforts deserve no less.

Region 10: John C. Magee, MD (uncontested)

Attending Surgeon, Division of Transplantation, Jeremiah & Claire Turcotte Professor of Transplantation Surgery, University of Michigan Health Systems

Biographical Statement. I am a Professor of Transplant Surgery at the University of Michigan, where I have been a faculty member for 27 years. My clinical and research career has focused on improving the care of children and adults needing kidney, pancreas, and liver transplantation. I have held multiple leadership positions within my transplant center, as well as within regional and national organizations focused on organ donation and transplantation.

Personal Statement. I am stepping forward as a candidate for the OPTN Board from a position of hope and possibility. Transplantation in the U.S. is at a critical inflection point. We have an incredible record of accomplishment. We also must continue to evolve if we are to solve longstanding issues that have been difficult to address. The challenges are immense and ever changing, but the only path is forward. The current Special Election for the OPTN Board represents the next step in this journey.

The newly seated OPTN Board will help chart our course forward and set the tone in our community. Throughout my career, I have actively engaged in multiple opportunities to work collaboratively with diverse stakeholders to define the current state and establish a path forward to fulfill a shared mission and values. Through these interactions I have had the opportunity to gather perspectives across organ donation and transplantation, as well as understand the critical need for partnership with patients, donor families, payors, and federal agencies.

I believe I will bring an informed, balanced, and collaborative approach to the Board. I am a Professor of Transplant Surgery at the University of Michigan. My clinical and research career has focused on improving the care of children and adults requiring kidney, pancreas, and liver transplantation. I have a robust appreciation of the challenges facing patients, families, faculty and staff within transplant programs. I have served as the Surgical Director of the Pediatric Liver and Kidney Transplant Programs, as well as our Adult Kidney Transplant Program. I previously served as the Director of our Transplant Center as well as Section Head of Transplant Surgery. I also have a solid appreciation of the challenges facing the organ donation community. Throughout my career I have been actively involved in

collaborative efforts with our local OPO, including serving on the Governing Board for the last 7 years. I have participated in efforts to increase both living and deceased organ donation. I have provided leadership for three Health Resources and Services Administration, Division of Transplantation (HRSA-DoT) grants, studying innovative approaches to increase donation in the community. I have also collaborated with leaders in OPOs across our country through my engagement in the Organ Donation & Transplantation Alliance for the last 14 years. I am active within the ASTS and have participated in many initiatives over my career. I have served as chair of the Surgery and Liver Transplantation Committee of the AASLD. I have also partnered with patient advocacy groups for 23 years, including the National Kidney Foundation of Michigan where I have been the Board Chair. I am familiar with data collection and analysis to guide policy development. I served as a Principal with the Scientific Registry of Transplant Recipients (SRTR) from 2003 to 2010. In this role I worked with multiple OPTN committees. I am currently the co-chair of the SRTR Review Committee.

I have had the privilege of Board service in many organizations. I understand the critical need for effective, inclusive governance. I am committed to the principles of representation, collaboration, transparency, and accountability. Thank you.

Region 11: Vincent Casingal, MD (uncontested)

Chief, Division of Abdominal Transplant, and Surgical Director, Adult and Pediatric Kidney Transplant, Atrium Health-Carolinas Medical Center

Biographical and Personal Statement. As a transplant surgeon caring for a critically ill patient, the best course of action for a single patient is usually obvious: a low-risk organ, expertly procured and promptly transplanted. In those moments, clinical urgency and ethical clarity tend to align. As a local procurement surgeon helping an OPO place higher-risk organs, the situation becomes more challenging. It takes sound judgment, clear communication, and attention to clinical nuance to ensure successful placement. As a volunteer contributing to OPTN policy, the path forward becomes more complex, and decision-making becomes less obvious.

Through my work with the OPTN and ASTS, I have gained a deeper understanding of the broader challenges we face as a community. These conversations highlight just how difficult it is to shape policies that balance outcomes, donor intent, logistics, financial realities, and the goal of maximizing organ use. At the same time, we must hold fast to equity and fairness—principles that demand collaboration, consensus, and a long-term view.

In my role as Chief of the Division of Abdominal Transplant at Atrium Health Carolinas Medical Center, I work across pediatric and adult kidney and liver transplantation, living kidney donation, and organ procurement. Every day, I see just how complex and high-stakes this field is—not only for our patients and their families, but for the entire transplant community.

Serving on the OPTN Board would be a meaningful opportunity to help shape a system that's transparent, inclusive, and forward-thinking. We need to bring together diverse voices—surgeons, physicians, coordinators, ethicists, donor families, and patients—and work toward common goals. Innovation must be paired with equity, and outcomes with access.

Our field is not static. We are always learning—both from what goes well and from where we fall short. Policy should reflect that same mindset. It should evolve, guided by data, grounded in experience, and committed to continuous improvement.

Ultimately, this work must be rooted in humility and purpose. I would be honored to bring my clinical, surgical, and policy experience to the Board, and to contribute to the OPTN’s mission of expanding access, improving outcomes, and building a system that serves patients and families with integrity, compassion, and excellence.

Associate Regional Councillors

Region 1 (vote for one)

Michael F. Daily, MD, MS, FACS

Section Chief of Transplant and Surgical Director, Solid Organ Transplantation Surgery, Dartmouth-Hitchcock Medical Center

Biographical Statement. Michael Daily is the Section Chief of Transplant at Dartmouth Hitchcock. He has over 20 years of experience in solid organ transplantation. He graduated from Carroll College in Helena, MT, and went on to get a Master's in Cell Biology before attending Medical School in Utah. His initial career path was toward "General Practice" to get back to Montana, but he got lost along the way and wound-up training for transplant in Pittsburgh. He has practiced liver, kidney, and pancreas transplants at UC Davis and the University of Kentucky, but came to Dartmouth to return to a more rural setting. He lives in Lebanon, NH, where he and his wife raise 12-year-old twins. He works to bring transplant to rural New Hampshire and Vermont. It is not lost on Dr. Daily that, in the end, there is considerable overlap between "General Practice" and transplant regarding the longitudinal relationships and the continuity of the care. He feels he has come full circle.

Personal Statement. It is an honor to have been selected as a nominee for Associate Regional Counselor for Region 1. The OPTN Modernization Initiative will bring significant changes, and I want to be a part of them.

It is no secret that transplantation is growing and changing. We are transplanting sicker patients and using more marginal donors. Change is inevitable, but unexpected consequences are not.

I was outspoken about the unintended consequences related to KAS250. I still do not think all the downsides of the broader sharing of kidneys have been identified. Proponents hype that there have been more kidney transplants year after year since this change, but that was true in previous years as well. We must address problems such as delays in allocation, increased complexity, increased cost, and delayed organ function. The solutions to this point are post-hoc and siphon equity while adding complexity to the process (e.g., out of sequence allocation).

Areas like New England, with robust organ donation, have become suppliers for regions with better access to nephrology and transplant. Shouldn't our goal have been to improve access to care (e.g., nephrology and transplant) for those not living in big cities? Instead, we move organs away from people already disadvantaged by not living near the established medical infrastructure of those big cities.

Roughly half of the kidney transplants in 2024 were done by centers doing 80 or fewer kidney transplants annually. In Region 1, that is 10 of the 14 programs. Many smaller centers lack the capacity to allow their providers to participate in these committees or make these decisions. The result is under-representation of both the programs that are doing much of the transplants, and of the transplant patients who live in rural America. I want to participate in modernization initiatives to let these voices be heard. I appreciate your consideration.

Nicole Valenzuela, PhD, F(ACHI)**HLA Laboratory Director, NorDx Clinical Laboratories, MaineHealth**

Biographical Statement. I spent eight years of my career at UCLA, as an HLA Laboratory Director at the UCLA Immunogenetics Center, and principal investigator of a research laboratory focused on transplant rejection. I have served multiple comprehensive transplant programs, with experience consulting on complex cases across organ transplant types. I also have in-depth basic science expertise in transplantation immunology and clinical trials. In 2024, I moved to direct the NorDx HLA Laboratory, which supports patients under the Maine Transplant Program. My passion is to bolster access for the most hard-to-match candidates and promote rigor in histocompatibility assessment. I am a member of ASHI and AST, chair the Science and Technologies Initiatives Committee, and volunteer for the Sensitization in Transplantation: Assessment of Risk (STAR) Working Group.

Personal Statement. I entered the transplant field as a graduate student at UCLA, investigating the biological mechanisms of endothelial cell injury during antibody-mediated rejection or organ transplants. After obtaining my PhD in 2012, I went on to post-doctoral training and a clinical fellowship in Histocompatibility and Immunogenetics, ultimately attaining board certification as an HLA Laboratory Director in 2016. I spent the next eight years at UCLA, as dual research/clinical faculty. There, I served as an Assistant and then Associate HLA Laboratory Director at the UCLA Immunogenetics Center and led a research laboratory focused on the transcriptional control of vascular inflammation during transplant rejection. In 2024, I moved on to direct the NorDx HLA Laboratory, which supports the unique population of patients under the Maine Medical Center Transplant Program.

I am an active member of ASHI, currently chairing the Science and Technologies Initiatives Committee. I also contribute to the STAR Working Group, an international group of histocompatibility and clinical experts that formulates best practice guidelines for immunologic risk assessment in organ transplants.

My professional journey has given me a wide breadth of experience and knowledge. I served multiple comprehensive transplant programs and have experience consulting on complex cases across organ transplant types. I also have in-depth basic science expertise in transplantation immunology and clinical trials in organ transplantation. My main passion in clinical research and policy making is to bolster access to transplant for the most challenging, hard-to-match patients. A particular strength is my capacity to see the system-wide view and foresee the multiple areas a potential system change might affect. Lastly, I am a constant witness to the benefits and challenges of organ transplantation from the patient and donor perspective, with close family members who are transplant recipients, living kidney donors, and deceased donors. Their daily experiences shape my approach to clinical practice, and I advocate for optimal graft placement to both extend patient well-being and honor the donor's gift of life.

Key priority areas:

- Ensure allocation system promotes both graft longevity and transplant expediency.
- Advance alignment of allocation system histocompatibility algorithms with current scientific knowledge.
- Actively monitor changes post-implementation for unforeseen adverse effects on special populations.

Region 2 (vote for one)***Stephen Gray, MD, MSPH*****Surgical Director, Liver Transplant Program, and Associate Professor of Surgery, George Washington University**

Biographical Statement. As a transplant surgeon, educator, and health services researcher, I have devoted my career to improving access, equity, and outcomes in solid organ transplantation. I am honored to apply for the OPTN Board of Directors, a role through which I hope to help shape the future of organ transplantation in the United States.

My journey in transplant has spanned over a decade across leading academic institutions. I currently serve as the Surgical Director of Liver Transplantation at George Washington University, where I was recruited to lead and develop a new liver transplant program. Prior to this, I held leadership roles at UAB and the University of Maryland, where I served as Medical Director for transplant quality and regulatory compliance, and trained the next generation of transplant surgeons as the fellowship director.

Personal Statement. Throughout my career, I have actively contributed to the OPTN community. I served on the Liver Transplant Review Board (Region 3), the Pediatric Transplantation Committee (Region 3), and the Minority Affairs Committee (Region 2). Most recently, I have been honored to serve as Member-at-Large on the OPTN OPO Committee, where I have worked to improve organ procurement processes and ensure equitable distribution. These experiences have given me a deep understanding of the OPTN's mission and the complex policy and operational challenges our field faces.

My commitment to this work is also personal. My sister is a living kidney donor, and I have witnessed firsthand the transformative impact of donation and transplantation. Her selfless act motivates me daily to advocate for both donors and recipients, and to ensure that every patient—regardless of background—has a fair opportunity for transplant.

I am particularly passionate about addressing health disparities in transplantation. My research has focused on waitlist outcomes among underserved populations, and I have received NIH support for work related to minority aging and transplant access. I believe the OPTN Board must lead efforts to improve transparency, trust, and accountability, especially for historically marginalized communities.

I bring to the Board a blend of clinical expertise, academic insight, operational leadership, and personal investment. I aim to be a collaborative, thoughtful, and strategic voice, committed to optimizing the transplant system for all stakeholders—patients, families, donors, and providers.

It would be a privilege to contribute my experience and perspective to the OPTN Board of Directors at this critical time in the evolution of organ transplantation.

Michael Marvin, MD, FACS

Professor of Surgery and Chair, Department of Transplantation and Liver Surgery, Geisinger Medical Center

Biographical Statement. As a transplant surgeon for nearly 25 years, I have developed a deep appreciation and respect for the complexities of the OPTN. In addition to my role as a liver/kidney transplant and living donor surgeon, I have served as chair of the OPTN Operations and Safety Committee, been a member of the OPO Committee, and currently serve on the Data Advisory Committee. I have served on the medical boards and/or Board of Directors for three separate OPOs including NYODN (LiveOnNY), KODA (KY), and with Gift of Life (PA), where I currently serve as chair of the Medical Advisory and Policy Board. I have also served on the ASTS Legislative and Regulatory, Standards, and Business Practice Committees.

Having lived through multiple changes to the organ allocation system, I have seen that some policy decisions, while made with good intentions, can lead to unintended adverse outcomes, and these negative outcomes, in many ways, outweigh the benefits of the policy change. It is for this reason that I look forward to the opportunity to serve as the Associate Regional Councillor, to serve on the MPSC, and to help the OPTN during this challenging modernization effort. I would be honored to serve as Associate Regional Councillor.

Personal Statement. As a transplant surgeon for nearly 25 years, I have lived through multiple changes to the organ allocation system. In addition to my role as a liver/kidney transplant and living donor surgeon, I have served on the medical boards and/or the Board of Directors for three separate OPOs including NYODN (LiveOnNY), KODA (KY) and with Gift of Life (PA), where I currently serve as chair of the Medical Advisory and Policy Board. I have served as chair of the OPTN Operations and Safety Committee, been a member of the OPO Committee, and currently serve on the Data Advisory Committee. I have served on the ASTS Legislative and Regulatory, Standards, and Business Practice Committees.

This experience has provided me with a deep knowledge and appreciation of the complexities of the OPTN. I have seen that policy decisions, while made with good intentions, very often have led to unintended, but clearly foreseeable, adverse outcomes, and these negative outcomes, in many ways, outweigh the benefits of the policy change.

I have found that terms and phrases that are frequently used lack definition to the degree that their true meaning is unclear. Specifically, what is the definition of a “successful” transplant? Is it one, three, or five-year graft and/or patient survival? Should the definition consider the age and level of illness of the recipient? Is there a definition of organ-specific futility, which would indicate that it would be inappropriate to recover, or even offer, a given organ for transplant? A transplant program focused on increasing volume and organ acceptance rates might be more willing to accept an organ for a patient who might not optimally benefit. Moreover, the current organ offer filters are not granular enough to allow for optimal decision-making. Progress is clearly being made, but there is much work to be done. This is the reason why I would like to have a place on the new OPTN Board.

There are multiple stakeholders in the OPTN, many of which are overseen by HRSA, but also independent groups of patients and donor families. Initiatives should be guided by the opinions of the

transplant candidates/recipients. Leadership at HRSA and the transplant-focused organizations can help realize their goals, but those required to implement policies, and those most affected by them, should have key roles in the decision-making process. Initiatives should not be solely driven by HRSA in a “top down” fashion. Communication is key and improving communication between HRSA and the OPTN is of the utmost importance.

I believe the OPTN should develop a clear list of priorities with a precise and clearly delineated order. My first priority would be efficient because if the system is efficient, there will be more successful results and less non-use of organs. The second priority would be to develop a system whereby each individual patient defines what a successful transplant is for them, as an individual, and this gets considered during the organ allocation process. The patient gets to decide the definition of a successful transplant, not the transplant center, the OPTN, or SRTR.

Region 3 (vote for one)

Douglas Keith, MD, FAST

Medical Director, Kidney Transplant Program, Ascension Sacred Heart

Biographical Statement. The persistent challenges in organ allocation—namely the imbalance between donor organs and transplant candidates, geographic disparities in access, and the efficient utilization of available organs—remain central concerns in transplantation policy. Our guiding principle is the OPTN Final Rule, which advocates for equitable access to transplantation regardless of geography, race/ethnicity, gender, or age.

Importantly, access disparities are shaped not only by allocation policy but also by broader systemic factors such as socioeconomic status and the lack of universal health coverage in the U.S. I believe that OPTN policy development must be informed by—and responsive to—these external barriers. Our collective responsibility is to craft allocation systems that not only distribute organs fairly but also attempt to mitigate inequities in access wherever possible.

Historically, OPTN Board positions have been dominated by representatives from large academic centers, even though over half of U.S. kidney transplant programs perform 50 or fewer transplants annually. I believe it is essential to include voices from these smaller programs. Doing so will ensure the Board reflects the diversity of experiences across the national transplant landscape and makes more pragmatic policy decisions.

I am honored to be considered for this role and would welcome the opportunity to serve the transplant community through the OPTN Board.

Personal Statement. Organ transplantation has been one of the great achievements in modern medicine and has provided countless individuals with a new lease on life, and my participation in that endeavor as a physician has been one of the highlights of my career. I graduated from Mayo Medical School in 1987 and then did my Internal Medicine and Nephrology Fellowship at the Mayo Graduate School of Medicine in Rochester, MN. Following this, I was a General Nephrologist in Portland, OR for nine years, caring for patients with end-stage renal disease. In 2002, I returned to training and did a one-year fellowship at Oregon Health and Science University in Portland, OR in Transplant Nephrology. In 2003, I then joined the faculty as an Assistant Professor of Nephrology at McGill University in Montreal,

Canada. In 2008, I was recruited to be the Medical Director of the Kidney Transplant Program at the University of Virginia and was promoted to Associate Professor. In 2016, I was recruited to be the Medical Director of a new kidney transplant program in Pensacola, FL, at Ascension Sacred Heart Hospital, which is my current post. I believe I provide a unique perspective as a potential OPTN Board Member. I have had a longstanding interest in and authored multiple publications about the kidney allocation system. I have experience with the direct care of dialysis patients, have been a member of several large academic transplant programs, and now have the experience of starting a new kidney transplant program in an area underserved by transplant services

The supply and demand imbalance between organ donors and transplant candidates and the efficiency of organ use continue to be the biggest impediment to improved access to transplants. The OPTN Board, as stewards of the system, play a critical role in creating equitable access for all to transplantation. Although policy decisions about the management of the transplant system are a political process, I believe it needs to be driven by clearly articulated goals for each organ and supported by data from the system. As a potential OPTN Board Member, I will seek to continue the previous efforts of the Board to improve access, efficiency, and equity. Over my career, the landscape of transplantation has changed dramatically and will continue to change, as advances in the field of transplantation occur and the demands on the system shift. As a potential OPTN Board Member, I believe we need to continue to monitor the performance of the organ allocation system as it pertains to our goals of providing as many people as possible the benefits of an organ transplant and adapt our policies to best accomplish that goal, realizing that given the current shortage of organs difficult trade-off will need to be made.

Kenneth Newell, MD, PhD

Professor of Surgery, Division of Transplantation, and Vice Chair for Academic Affairs, Emory University School of Medicine

Biographical Statement. I am honored to be considered for the position of Associate Regional Councillor for Region 3. I received my undergraduate and medical degrees from Kalamazoo College and the University of Michigan, respectively. After completing a residency in General Surgery at Loyola University, I completed a fellowship in transplant surgery and earned a PhD in Immunology at the University of Chicago. In 1994, I joined the faculty of the University of Chicago as a kidney, liver, and pancreas transplant surgeon. In 2001, I joined the Emory Transplant Center focusing on kidney and pancreas transplantation and living kidney donation.

My clinical practice and research focus have always been solely on organ transplantation. For over a decade, I directed the Emory Living Donor Kidney Transplant Program. For many years I directed a NIH-funded basic science laboratory investigating the immune response to transplanted organs. Gradually, my research focus shifted to translational studies and clinical trials.

By way of leadership experience, I have served the transplant community in a variety of roles. I have served as the President of the AST, on the SRTR Visiting Committee, on the OPTN Vascularized Composite Allograft Transplantation Committee, on the *American Journal of Transplantation* editorial board, and as a standing member of a NIH study section. For over a decade, I held numerous leadership roles for the NIH-sponsored Clinical Trials in Organ Transplantation (CTOT) consortium and served as a principal investigator for the Immune Tolerance Network. For the past decade I have served as the co-

leader of the Transplant Therapeutics Consortium (TTC). The TTC is a private-public partnership between the transplant community and the FDA, with the goal of facilitating regulatory changes that accelerate the approval of new immunosuppressive therapeutics for transplant recipients. Through this initiative, I have been able to work closely with patients and patient organizations. Related to this work, I was awarded the Medal of Excellence from the American Association of Kidney Patients in 2024.

Personal Statement. My motivation in volunteering to serve as an Associate Regional Councillor stems from my experience as a kidney transplant surgeon who regularly takes call for organ offers. I consistently observe that organs suitable for transplantation are not utilized or experience delays in their transplantation due to the policies and practices in place at transplant centers, OPOs, and the OPTN. While recently enacted changes have significantly improved the number of organs available for transplantation, I am of the strong conviction that additional changes to optimize the current processes and policies are both necessary and feasible. As a transplant community our commitment is to honor the gifts of donors, meet the individualized goals of the recipients, and optimize the benefits to society. To achieve this, transplant recipients, transplant professionals, and the OPTN will need to work together to develop and implement policies and practices to ensure that the correct organ is offered to the correct patient in the timeliest manner. I believe that this is the mandate to the OPTN and am passionate about having the opportunity to help achieve this mission.

Region 4 (vote for one)

Brad Adams, JD

President and Chief Executive Officer, Southwest Transplant Alliance

Biographical Statement. Brad Adams serves as President and Chief Executive Officer of Southwest Transplant Alliance (STA), the organ procurement organization headquartered in Dallas, TX, serving over 10.5 million Texans. He regularly champions efforts to provide for a reliable and effective donation framework at both the state and national levels, and he helps drive healthcare policies and decisions to ensure the entire donation and transplantation ecosystem in the United States is transparent, accountable, and equitable.

Since joining STA in 2015, Brad has led and helped champion several initiatives to increase donation across Texas, including the launch of automated electronic referrals, the promotion of normothermic regional perfusion as a standard of care, the advancement of centralized DCD donation practices, and the development of systems to leverage artificial intelligence and machine learning algorithms to increase efficiency without compromising equity or patient safety. He is a consensus builder focused on developing effective and collaborative teams to achieve record-setting outcomes. Among other accomplishments, STA now leads all OPOs in the country in the number of thoracic organs recruited and placed for transplant.

Brad is a 1993 cum laude graduate of Southern Methodist University, where he earned a Bachelor of Business Administration in Accounting. He worked in the audit practice of Price Waterhouse while earning his license as a certified public accountant. Thereafter, Brad attended Baylor University School of Law, where he earned a Juris Doctorate in 1997 and served as the Lead Articles Editor of the Baylor Law Review. Before first joining STA as its General Counsel, he practiced law at two different national law firms and served as General Counsel of two different privately held enterprises. Among numerous

volunteer roles over his career, Brad has served the donation and transplantation community through the American Society of Transplantation, the Organ Donation and Transplantation Alliance, Donate Life Texas, the Texas Transplantation Society, and the Southwestern Diabetic Foundation.

Personal Statement. Thank you for your consideration of me as your OPTN Region 4 Associate Regional Councillor. Today's Modernization Initiative presents our shared community an opportunity to help shape the future of our work. I see the OPTN flourishing as a forward-thinking, integrated, transparent, collaborative, and independent network that protects the gift of life by shepherding it honorably, equitably, efficiently, and safely on behalf of organ donors and their loved ones to those who await a life-saving transplant. If given the opportunity to serve in this role, I would work to help build consensus as a community around solutions that remove barriers and eliminate disparities in donation and transplantation, expand capacity in our system, build trust in our work, modernize our systems, and promote continuous improvement and innovation among all stakeholders.

As an OPO executive, in particular, it is my hope that all of us recognize and always remember that transplantation is only possible because of the selfless gifts of others, and that all OPTN policies are designed to ensure we honor those gifts. In absolute deference to medical professionals focused on the safety of their patients, we must ensure that our policies, strategies, systems, and infrastructure give every selfless gift a chance to save a life.

Joel Adler, MD, MPH

Assistant Professor, Department of Surgery and Perioperative Care, Dell Medical School at the University of Texas at Austin, and Staff Surgeon, Dell Seton Medical Center

Biographical Statement. Dr. Joel Adler is a transplant surgeon and Assistant Professor of Surgery and Perioperative Care at Dell Medical School at The University of Texas at Austin. He completed his general surgery residency at Massachusetts General Hospital (2017) and his abdominal transplant surgery fellowship at the University of Wisconsin (2019). He currently practices in Austin, TX, where he helped establish a new kidney and pancreas transplant program that has been in operation for the past three years.

Dr. Adler is a health services researcher focused on access to transplantation, policy evaluation, and system-level performance. He serves on the SRTR Analytic Methods Subcommittee and has been active in national transplant policy development through the ASTS and the AST. His research is supported by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the Agency for Healthcare Research and Quality (AHRQ), and multiple private foundations.

His recent work evaluating the 2021 Kidney Allocation System changes and out of sequence allocation practices underscores his commitment to transparent, data-driven governance and positions him to contribute meaningfully to the OPTN's oversight and modernization efforts.

Personal Statement. I am honored to be nominated as Associate Regional Councillor for Region 4. As a transplant surgeon and health services researcher, my career combines clinical care of transplant patients with research aimed at improving access to transplantation. My interest in serving as an Associate Regional Councillor arises from a deep commitment to rigorous policy analysis, data-driven research, and collaborative efforts to ensure effective and fair transplantation practices.

Currently, I practice at Dell Seton Medical Center in Austin, TX, where I have helped to establish a new kidney and pancreas transplant program over the past three years. This experience has provided me with firsthand insight into the regulatory complexities and operational challenges that transplant centers face—particularly newer programs seeking to grow while maintaining compliance and excellent patient outcomes. These experiences position me well to support the work of the MPSC, where sensitivity to national policy goals, center variation, and regulatory balance is critical.

My research focuses on evaluating national transplant policies through causal inference methods. I have studied the impacts of the March 2021 Kidney Allocation System changes and published widely about out-of-sequence organ allocation practices—an emerging area directly relevant to OPTN oversight functions.

I have been actively engaged in national transplant policy through service on ASTS and AST committees, as well as the SRTR Analytic Methods Subcommittee. This work has involved close attention to OPTN policy development, implementation, and evaluation—particularly as it relates to allocation changes, center performance, and public accountability. I believe my experience brings a constructive and policy-informed perspective to OPTN service, particularly during a time of significant transition.

Finally, I have been a participant in Region 4 meetings and value the importance of strong regional representation in OPTN governance. If elected, I will work closely with colleagues across Region 4 to represent our shared experiences and ensure that new and established programs alike are supported through fair and transparent policy. I would be honored to contribute during this important period of modernization and reform.

Region 5 (vote for one)

Anand Annamalai, MD, FACS

President and Director of Organ Transplant and Cancer Surgery, House Medicine

Biographical Statement. Dr. Annamalai is a visionary transplant surgeon and healthcare executive with 15 years of experience designing and implementing seven OPTN-approved transplant programs from the ground up in historically underserved regions. His work encompasses every facet of program development, including recruiting and training multidisciplinary teams, developing and implementing the complexities of transplant policies and procedures, securing financial sustainability through creation of transplant revenue cycle systems, partnerships with health plans to support quality outcomes and improve care coordination, and forging partnerships with community providers to close critical care gaps.

By addressing systemic barriers, Dr. Annamalai has transformed transplant care delivery—tripling transplant listing in low-access areas, increasing awareness of living donation and deceased donation, reducing waitlist mortality, and implementing value-based models that simultaneously improve outcomes and reduce costs. Dr. Annamalai’s model for transplant centers has served as national and international scaffolds for scalable, equity-focused care, integrating data-driven workflows with deep community engagement to ensure underserved populations receive timely access.

As a nominee for Associate Regional Councillor for OPTN Region 5, Dr. Annamalai brings unparalleled hands-on experience in policy design, OPO collaboration, and operationalizing OPTN mandates at the

institutional level. His priorities include standardizing best practices for emerging programs, optimizing organ utilization in rural areas, and aligning financial incentives with patient-centered outcomes. With a proven track record of turning vision into reality, Dr. Annamalai is poised to support the OPTN needs on the national stage.

Personal Statement. For me, transplantation has always been about people. Over my 20-year career, whether I am working with patients in underserved communities, collaborating with transplant teams, or developing programs to expand access, I am continually inspired by the resilience of those we serve and the dedication of those who make this work possible. It is with this spirit of service and partnership that I want to be an Associate Regional Councillor—to help shape policies that reflect both the profound humanity of our mission and the practical realities of delivering life-saving care.

Building Bridges to Care. Some of my most meaningful work has been establishing transplant centers in California’s underserved communities and abroad. These experiences taught me that expanding access is not just about clinical expertise—it is about listening to communities, understanding their barriers, and designing solutions that are both sustainable and compassionate. I have seen how financial pressures, insurance complexities, and systemic gaps can leave patients behind, even when clinical resources exist. These lessons drive my belief that OPTN policies must balance idealism with pragmatism, ensuring fairness without unintended consequences for patients or providers.

Understanding the Full Picture. My work with CMS’ Kidney Care CMMI pilot gave me a unique window into how policy changes ripple through every layer of transplant care—from the patient worrying about out-of-pocket costs, to the hospital navigating Medicare reimbursement, to the provider striving to deliver high-quality care within complex systems. I have learned that good policy requires empathy for these intersecting perspectives. As someone who has worked clinically, administratively, and financially in transplantation, I would bring this whole-system perspective as an Associate Regional Councillor, always asking: How will this impact the patient at the bedside? The nurse coordinator? The small transplant program trying to stay afloat? How do costs of care affects patients, providers, hospitals, insurance companies, and the community at large?

A Collaborative Approach to Change. What excites me about the OPTN’s work is its potential to bring people together. In my own leadership roles, I have found that the best solutions emerge when we create space for diverse voices—patients, frontline staff, administrators, and policymakers—to be heard. If appointed, I would prioritize this collaborative approach, seeking common ground on tough issues like equitable allocation, financial sustainability, and innovation adoption. My style is not about having all the answers but about asking the right questions and working with others to find solutions that stand the test of real-world implementation.

Why This Matters to Me. At heart, I believe transplantation is one of medicine’s most profound acts of hope. Serving as an Associate Regional Councillor would be an opportunity to honor that hope by ensuring our system works fairly and effectively for all. I would be grateful for the chance to contribute my experiences—both the successes and the hard-won lessons—to this vital mission. Thank you for your time and consideration.

Abbas Ardehali, MD, MPH, FACS

Professor of Surgery in the Division of Cardiac Surgery, Vice Chair of Transplantation, William E. Connor Chair in Cardiothoracic Transplantation, and Director of Heart, Lung, & Heart-Lung Transplant Programs, UCLA Medical Center

Biographical Statement. Dr. Ardehali is a Professor of Surgery in the Division of Cardiac Surgery and Vice Chair of Transplantation at UCLA. He also holds the William E. Conner Chair in Cardiothoracic Transplantation and serves as the Director of Heart, Lung & Heart-Lung Transplant Programs at UCLA.

After obtaining his MD degree from Emory University, Dr. Ardehali completed an internal medicine residency and one year of Cardiology fellowship at UCSF before starting his Surgery and Cardiothoracic Surgery residency at UCLA. He remained on the faculty at UCLA and has been the director of both Heart and Lung transplant programs for the past 25 years.

Dr. Ardehali has devoted his career to heart and lung transplantation. His research has focused on experimental and clinical transplantation as well as transplantation policies. He has served as the principal investigator for several ex-vivo perfusion platforms, and has received funding from NIH, the American Heart Association, Veterans' Affairs, and American Association for Thoracic Surgery (AATS), all for transplantation related sciences. He has been the recipient of the Alfred Blalock Award from AATS, Breath of Life Award from the Cystic Fibrosis Foundation, and the Ellis Island Medal of Honor. Dr. Ardehali has served on ASTS and ISHLT Committees at a variety of leadership roles, as well as on the OPTN Membership and Professional Standards Committee and the OPTN Thoracic Committees. He also currently serves on the Board of multiple for-profit and non-profit organizations.

Personal Statement. I am deeply honored to be considered for the role of Associate Councillor for Region 5. Our region includes a diverse array of transplant programs, OPOs, and other stakeholders—each with unique needs, geography, volume, population, and scope. As an Associate Councillor, I am committed to listening to and advocating for all voices across our region. I hope to help harness Region 5's broad expertise to positively influence national policies in organ allocation, patient safety, program evaluation, and clinical practice.

In my current position as Vice Chair of Transplantation, I work closely with medical, surgical, and allied health colleagues to advance our shared mission. If elected, I will focus on optimizing organ allocation, improving patient safety, enhancing public trust, and ensuring transparency within the OPTN. Above all, I will strive to represent the perspectives of all stakeholders with fairness and integrity.

I look forward to the opportunity to serve the Region 5 transplant community with a balanced, informed, and inclusive perspective.

Region 6 (vote for one)**Kevin Koomalsingh, MD**

Surgical Director, Heart Transplantation and Mechanical Circulatory Support, Providence St. Vincent's Medical Center

Biographical Statement. I would like to thank the committee for considering my application for the OPTN Board of Director position. I feel that I am a suitable candidate for this position based on my interest, passion, experience and unique perspective. Firstly, I am a relatively young transplant surgeon, having completed my thoracic transplant training just eight years ago at Cedar Sinai Medical Center. In my short career, I have been junior faculty and interim surgical director at a large university hospital and now founder of a new heart transplant program in a transplant naïve hospital. It has been a remarkable experience thus far, being immersed in thoracic transplantation in these various settings. It has allowed me to gain a broad scope of view of thoracic transplantation and an opportunity to learn the intricacies of maintaining and growing a program. We are now planning on becoming a Transplant Institute by expanding to multi-organ transplant. I will be Surgical Director of our Transplant Institute. I look forward to this new venture. Additionally, I have become very familiar with Regions 5 and 6.

Personal Statement. Over the past 11 years, I have gotten to know a majority of the transplant programs and OPOs on the West Coast from procurement runs as well as professional and clinical collaborations. I serve on the Advisory Board for both Region 6 OPOs. I feel confident that I can build on these relationships. I have been involved with the OPTN for several years now. I served on the OPO Committee for two years and now serve on the MPSC. I am also the Associate Regional Councillor for Region 6. Transplantation is very special to me. I fell in love with it during my general surgery training and remain committed to spending an entire career learning, contributing and improving upon transplantation practices. I admire the bold initiative of the OPTN and would be honored to help lead this charge. My peers would consider me an effective leader. They have described me as personable, mature, reliable and extremely family oriented. Outside of work, my wife and five kids are the center of my universe. I spend any and all of my free time with them. I coach most of my kids' youth sports. Thankfully, they remain extremely supportive of my professional endeavors. I look forward to lifelong contributions in the field of transplantation and would be honored for an opportunity to serve on the OPTN Board of Directors.

Mary C. Smith, MD, FACS

Surgical Director of OHT/MCS/Adult ECMO, Providence Sacred Heart Medical Center

Biographical Statement. Mary Cristy Smith MD, FACS, is the Surgical Director for OHT/MCS at the Providence Heart Institute in Spokane, WA, at Sacred Heart Medical Center. Sacred Heart Medical Center is a community-based transplant program that has served the Inland Northwest for 30 years, with Dr. Smith assuming the Surgical Director role seven years ago. She graduated from Eastern Virginia Medical School (MD, 1998), where she also completed her General Surgery training before making her way to University of Arizona in 2003. She completed her cardiothoracic and transplant training at the University of Arizona and remained for 10 years, eventually becoming the Surgical Director of Cardiac Critical care and then Surgical Director of Thoracic Transplant and MCS. Dr. Smith was blessed by two beautiful children and chose to pursue a nonacademic role at PeaceHealth St. Josephs in Bellingham to

spend more time with her small children but still launched a stand-alone DT LVAD and ECMO program. She subsequently made the move to the community program at Providence Heart Institute as Surgical Director, where she has continued to expand transplant and MCS availability to a wide multistate region making heart transplant a viable option even for patients in critical access areas.

Personal Statement. Serving on the OPTN Board would offer an opportunity to bring forward a commitment to optimism, accountability, and transparency. With recent technological advancements in donor availability, such as the increased use of donation after cardiac death and expanded organ sharing capabilities, we have a unique opportunity to achieve long-standing goals of improved donor utilization, availability, and equitable distribution. As a transplant community, we must honor the trust placed in us by patients and the broader community by developing policies that ensure fair donor sharing while keeping pace with innovation.

In collaboration with our communities through public comment, we can harness diverse experiences and perspectives to adapt and create policies that emphasize program accountability, fair organ distribution, ethical decision-making, and the development of data usage tools to support program growth and outcome improvement. My experience as Surgical Director at both an academic program at the University of Arizona and a community program in Spokane, Washington, provides me with a unique dual perspective. I have successfully expanded interdisciplinary collaboration between academic services and built diverse teams for strategic growth in community settings.

I have actively participated on OPTN committees such as the Minority Affairs Committee and the Heart Transplant Committee, driving policy evolution that reflects the current needs of the transplant community. My practice on both coasts has given me a deep appreciation for the geographic variations and ethnic diversity that influence donor and patient decision-making. The policies and decisions of the OPTN should balance the needs of national patient distribution with regional, ethical, and fiscal responsibilities. I am eager to contribute to this balance and support the growth and success of the Pacific Northwest region.

Region 7 (vote for one)

Alan Betensley, MD

Medical Director of Transplant Informatics, Outpatient Director of Lung Transplant Services, and Medical Director of Lung Transplant North Region, Canning Thoracic Institute, Northwestern University, Feinberg School of Medicine

Biographical Statement. Dr. Alan Betensley is the Medical Director of Transplant Informatics, the Outpatient Director of Lung Transplant Services, and the Medical Director of Lung Transplant North Region at Northwestern University's Canning Thoracic Institute.

Personal Statement. In 1989, I enrolled in the Duke University School of Engineering, choosing Biomedical Engineering as my major. At that time, it had only been about five years since the first successful lung transplant, and the general public, myself included, was largely unaware that such a procedure was even possible.

By the time I began my pulmonary fellowship at the University of North Carolina in 1999, lung transplantation had become an established treatment for end-stage disease, with UNC emerging as a

leading center for lung transplants, particularly for young individuals with cystic fibrosis. I witnessed firsthand how a lung transplant could dramatically change the lives of those born with debilitating illnesses.

During medical school, I was diagnosed with IGA Nephropathy, a condition I learned was slowly progressive and could lead to renal failure within twenty years. In 2015, after serving two years as the medical director of lung transplant at the Nazih Zudhi Transplant Institute in Oklahoma City, I began experiencing symptoms of uremia. I started dialysis three times a week, managing to see outpatients in the mornings before spending my afternoons from 4 p.m. to 8 p.m. connected to a machine. My wife would occasionally bring our 8-month-old son to visit me at the dialysis unit.

Fortunately, my sister was willing and able to donate a kidney to me, and after just four weeks of dialysis, I underwent a successful kidney transplant. I was fortunate to return to work a month post-transplant and have not missed any work since due to kidney transplant-related illness.

Since then, I have volunteered on the OPTN Lung Transplantation Committee, contributing to the development of the continuous allocation system. I have also served on the MPSC, participating in the leadership committee during 2023–2024. As a founding member of the ISHLT Advocacy Committee, where I currently serve as Chair, the committee's primary role is to develop public comments for the ISHLT regarding OPTN proposals related to thoracic transplantation.

While my expertise lies in lung transplantation, I also empathize with the experience of being a patient in need of a kidney. As Associate Regional Councillor in Region 7, I aim to leverage my training in biomedical engineering and healthcare informatics to enhance the quality and efficiency of organ transplants in the United States, while also seeking ways to ensure that more individuals in need of organs can successfully receive transplants.

Paul A. Stahler III, MD, FACS

Surgical Director, Kidney Transplant Program, Hennepin County Medical Center

Biographical Statement. Paul Stahler, MD, FACS, is the current surgical director of the kidney transplant program at Hennepin County Medical Center in Minneapolis, MN, and Assistant Professor (affiliate) of Surgery at the University of Minnesota. Upon receipt of a medical degree from the University of Minnesota Medical School in 2009, Dr. Stahler completed his general surgery residency at Hennepin County Medical Center followed by fellowships in surgical critical care at the University of Hawaii and abdominal transplant surgery at the University of Wisconsin-Madison. After completing his training, Dr. Stahler returned to Hennepin County Medical Center in 2017, where he is an active member in the divisions of Transplant Surgery, Trauma and Acute Care Surgery, and Surgical Critical Care. Dr. Stahler assumed the role of surgical director the kidney transplant program at Hennepin County Medical Center in 2021.

Personal Statement. The field of transplantation is at a crossroads. We are faced with a rapidly growing population of older and sicker recipients and donors while transplant program and OPO outcome metrics and organ allocation policies have not adequately evolved. Public trust in the transplant system is decreasing with concerns about access to transplant, transparency regarding out of sequence allocation, non-use of transplantable organs, and logistics of organ transportation to name a few.

Without significant course correction, I fear the future of the field is uncertain. Now is the time to hear from the stakeholders at the front lines regarding what is working and what is not to overcome these and many other obstacles our field currently faces and restore trust among our patients, our providers, and the public.

I am a transplant surgeon at Hennepin County Medical Center (HCMC) in Minneapolis, a community, urban, safety-net hospital, and level 1 trauma center where I am the surgical director of the transplant program, a trauma surgeon, and surgical intensivist. HCMC is a medium-sized, single organ program which began in 1963. Additionally, I perform kidney transplants at Abbott Northwestern Hospital in Minneapolis, which is a smaller volume heart and kidney transplant center. After graduating medical school from the University of Minnesota, I completed my general surgery training at HCMC and completed additional fellowships in surgical critical care at the University of Hawaii and abdominal transplant surgery at the University of Wisconsin-Madison.

Patient care has been my primary professional focus. While I have and continue to serve my hospital, local OPO, and the ASTS in various boards and committees, my primary effort has been to improve patient access to transplant at HCMC. The importance of this became clear to me after watching my mother struggle with kidney disease and receive two living donor kidney transplants from members of my family during my training and early career. It is in this same spirit that I feel called to serve as a member on the OPTN as an Associate Regional Councillor for Region 7.

Broad and new representation is critical. My professional experience of caring for largely underserved patients along the continuum of kidney disease from dialysis initiation to kidney transplant and caring for patients in the intensive care unit, some of whom go on to become organ donors offers a broad experience that inform my views. My personal journey with family members undergoing kidney transplant and living donation provide a unique perspective to the field and is an enduring reminder on the importance of improving our transplant system. I eagerly await the opportunity to collaboratively navigate the future of transplantation as Associate Regional Councillor for Region 7.

Region 8 (vote for one)

Ryan Fischer, MD

Section Chief of Hepatology and Transplant Medicine, Children's Mercy Kansas City

Biographical Statement. Ryan Fischer, MD, is a board-certified Pediatric Gastroenterologist and Transplant Hepatologist and Section Chief of Hepatology and Transplant Medicine at Children's Mercy Kansas City. He has a strong interest in clinical and translational research related to liver disease and transplantation, and novel therapeutics to treat disordered inflammation in the liver. His background in the lab includes basic research in dendritic cell biology, antigen presentation and cell-based immunotherapy. In collaboration with investigators at the Children's Mercy Research Institute and the University of Kansas Medical Center's Department of Microbiology, Immunology and Genetics, he is working to better understand liver transplant rejection and tolerance, and to harness the potential of engineered regulatory T cells in transplantation and other diseases. Clinically, he focuses on the diagnosis and treatment of liver disease in children, with a great deal of time devoted to children that need or have undergone liver transplantation or combined heart-liver transplantation. The Children's Mercy team specializes in liver disease related to congenital heart disease and Fontan physiology,

steatotic liver disease, complications of advanced fibrosis and portal hypertension, and inherited causes of cholestasis.

Personal Statement. I “entered” transplant medicine in my third year of medical school. I was dating (and soon to marry) a pediatric intensive care nurse working at the University of Nebraska Medical Center (UNMC) in Omaha. We would often see her patients and their families on evening walks of her dog. Our apartments were close to the local Ronald McDonald House and the kids that she had cared for would run out to greet us as we strolled. Her dog would zig-zag with the patients and their siblings while we joined in play or chatted with the parents. Their stories were equal parts amazing and heartbreaking. The science behind it almost unbelievable. In a time of textbooks and tests and uncertainty about where medicine would take me, I was certain I would work with kids who had received—or still needed—a life-saving organ transplant.

I completed my medical degree at UNMC and went on to a residency in Pediatrics at Nationwide Children’s Hospital. This was followed by fellowships in Pediatric Gastroenterology and Pediatric Transplant Hepatology at the Children’s Hospital of Pittsburgh, PA. I am currently the Section Chief of Hepatology and Transplant Medicine at Children’s Mercy Kansas City. I have strong clinical and translational research interests in liver transplantation and transplant immunology.

In applying to serve on the OPTN Board of Directors, I want to ensure that the pediatric voice is clear in policy development as we seek to utilize one of society’s most precious resources. While children make up less than 10% of all organ transplant recipients, we know that the potential years of life gained from a successful pediatric transplant are significant. I will seek to balance justice in organ allocation with the continued recognition of the power of transplantation in children.

Organizationally, I will bring my experience in the development of a high-volume pediatric transplant program and my service history to the OPTN Board. Since 2022, Children’s Mercy has been in the top 10 both number of pediatric liver transplants performed and outcomes. Our growth stems from a willingness to build networks with providers and families across the region with open and accessible lines of communication. Beyond the walls of the hospital, I engage in the OPTN’s Pediatric Transplantation Committee where I participate in policy review, and in AST’s Public Policy Committee where I advocated with members of Congress for the Living Donor Protection Act. I have also served as a member of the Board of Directors for the Ronald McDonald House Charities in Kansas City, and I currently serve on the Board of Directors for Gift of Life Kansas City, an organization dedicated to educating the community about organ donation.

My clinical work, my research, my volunteer time, and even my marriage intertwines with transplantation. I would be honored to serve the needs of the OPTN—whether on the Board or in a separate capacity—in any way going forward.

Anthony Panos, MD, MSc

Professor of Surgery and Director of Heart Transplant and Mechanical Circulatory Support Programs, University of Iowa Hospitals and Clinics

Biographical Statement. Anthony Panos is Professor of Surgery, and Director of Heart Transplant and Mechanical Circulatory Support programs at the University of Iowa Hospital and Clinics in Iowa City, IA. He earned his MD degree from the University of Toronto and then trained in the Surgeon-Scientist Program of the University of Toronto, earning an MSc degree and completing training in General Surgery, followed by training in Cardiovascular and Thoracic Surgery. His first faculty appointment was at the University of Washington. Through his career, he has been faculty at several universities, including the University of Wisconsin and the University of Miami, and he joined the University of Iowa in 2019. He has been involved with faculty governance, academic administration, research, education, community outreach, and is experienced with regulatory aspects of transplantation.

Dr Panos is clinically active as a Cardiothoracic Surgeon and is the Surgical Director and primary surgeon of the Heart Transplant, and Mechanical Circulatory Support Programs at the University of Iowa. He continues to serve as Region 8 Representative on the Minority Affairs Committee. His personal statement contains details of his extensive involvement, and dedication to, all aspects of transplantation.

Personal Statement. Thank you for the opportunity to introduce myself. I am an academic cardiothoracic surgeon with an extensive transplant background. My career has given me an exceptionally wide breadth of experience in the entire transplant system, from education, training, research, clinical work, patient perspective, philanthropy, governance, and interdisciplinary collaborations. Participating in the first successful lung transplant in Toronto during my residency inspired me to pursue the field. I trained in heart and lung transplant, mechanical circulatory support, LVADs (from pneumatic to current), ECMO, and newer technologies (temporary devices). I was OPTN primary surgeon for several heart and lung transplant programs, and I continue to lead our heart transplant program in Iowa. My research in myocardial protection/cardioplegia led to development of organ perfusion systems experimentally and clinically.

I have research experience in myocardial protection, physiology, MRI, and computer science. I have done clinical research in device trials (e.g., LVADs, TAVR, valves, stents) and stem cell trials. I am a grant reviewer for national organizations, (e.g. the American Heart Association), and an active journal reviewer.

My entire career has been spent teaching, from medical students, to residents, nurses and allied professionals. I have been residency program director. I have trained residents and fellows in all aspects of cardiothoracic surgery, including heart and lung transplant, LVAD, and ECMO. I was chief of cardiac surgery at multiple VA Medical Centers, including Madison, WI, which does heart and lung transplants (1 of 4 doing heart transplants, and 1 of 2 doing lung transplants in the VA system). I served on the VA transplant board, gaining unique experience with administration of the VA transplant system. I am involved with faculty governance at the University, served as vice-speaker of the Medical School, and was Senator at the University level serving on the executive committee of the Faculty Senate. I have been involved with administration at several universities. I worked with people from outside of

Medicine, in the other parts of the University. We worked together in truly interdisciplinary teams. I currently serve on the OPTN Minority Affairs Committee, STS and Council of Science Editors committees.

I was part of OPO medical boards in Florida, Mississippi, and Iowa. I have done transplants from the west coast to the east coast, and Midwest. I did organ procurement from Alaska to Puerto Rico, the Bahamas and Panama. I was honored to be part of the Transplant Guild in Mississippi where we provided support to transplant recipients and their families. This gave me experience with philanthropy to support transplant patients. I learned about patients and their journeys.

I have been an active member of Region 8 since 2019 and have served as Region 8 Representative on OPTN Minority Affairs Committee. I have worked with my colleagues throughout Region 8, and valued the experience gained from working with Dr Andrew Kao and all of you.

I will bring my extensive experience with transplantation to the work of Region 8 as Associate Councillor. I will work to represent Region 8 and our needs as a Midwest region, with less dense, rural, populations, and our special needs for access to transplantation. I will work to assist the Regional Councillor in whatever is needed for our Region.

I believe that the Modernization Initiative is an opportunity to build upon the transplant system and make improvements. New technologies are coming that we need to harness for the good of our patients. These include the obvious areas, such as new methods of allocation/distribution, organ preservation, xenotransplantation, stem cells, and artificial intelligence. However, I am sure that there will be even more advances that we cannot foresee at this time. We need to be open to new ideas and collaborations. I believe that the OPTN can, and should, learn from others, in other industries and parts of society. We need to be open-minded as we move forwards with innovations that need to occur. I believe that my strength working with others, across disciplines, will serve Region 8 and the OPTN as we move forwards into the future. In the end, we all want to make the transplant system work for the good of our patients.

Region 9 (vote for one)

Niraj M. Desai, MD

Director, Center for Kidney and Pancreas Transplantation, North Shore University Hospital

Biographical Statement. Niraj Desai, MD, is the Director of the Center for Kidney and Pancreas Transplantation at North Shore University Hospital. He is a graduate of Williams College (1988) and The University of Pennsylvania Perlman School of Medicine (1993). He completed a General Surgery residency at Penn in 2000. During this training period, he spent additional time as a research fellow in the Transplantation Immunobiology laboratory at Penn performing basic science research. Following completion of residency, Dr. Desai completed an Abdominal Transplant Surgery Fellowship at Penn in 2002.

Dr. Desai was previously a faculty member at Washington University in St. Louis, where he was Surgical Director of the Pancreas Transplant Program. He subsequently moved to Johns Hopkins University, where he served as the Director of the Kidney and Pancreas Transplant Program and the Surgical Director of the Pediatric Kidney Transplant Program. In addition to having a very busy clinical practice,

he has had an active role in numerous areas of research. He has published nearly 150 original research articles. He has served on several committees for OPTN and ASTS.

Personal Statement. I have been a clinically active abdominal transplant surgeon for over 22 years with a focus on kidney and pancreas transplantation. I am currently the Director of the Center for Kidney and Pancreas Transplantation at North Shore University Hospital. Prior to my current position, I was a faculty member at Johns Hopkins University and at Washington University in St. Louis. In addition to having a very active clinical role, I have focused on translational research and clinical trials, with several publications related to the transplantation of kidneys from hepatitis C positive and HIV positive donors.

Transplantation is at crossroads—no time has been more exciting due to numerous emerging technologies. However, greater public scrutiny presents a challenge. The OPTN Board needs to help govern the field in a fair manner while anticipating future challenges in a nimble and progressive manner. We need a board that is not only focused on current policy and regulations, but also one that fosters and supports innovation.

I would be greatly honored to serve as Associate Regional Councillor for Region 9. I have a tremendous amount of “real world” experience and will bring energy, enthusiasm, and an open mind to the position so that we can best serve everyone that can benefit from the everyday miracle that is transplantation.

Deirdre Sawinski, MD

Associate Professor of Medicine, Weill Cornell Medical College

Biographical Statement. Deirdre Sawinski, MD, is Associate Professor of Medicine and the Associate Medical Director for the NYP-Weill Cornell Kidney Transplant Program. She is a native New Yorker, having received her BA in Art History at New York University and her medical degree from Columbia University College of Physicians and Surgeons. She completed her Internal Medicine training at Columbia, followed by a general nephrology and transplant nephrology fellowship at Mount Sinai. She was a faculty member at the University of Pennsylvania from 2010–2021 and was recruited to Weill Cornell in the Fall of 2021.

Dr. Sawinski is a well-published clinical researcher with over 150 peer reviewed publications and NIH funding. She routinely lectures at the national and international level. She is an active member of several professional societies (AST, ASN, The Transplantation Society [TTS]) and received the AST’s Clinical Science Investigator Award in 2019

Personal Statement. I am excited to be considered for Associate Regional Councillor for Region 9. I am Associate Professor of Medicine at Weill Cornell Medical College, a practicing transplant nephrologist and a NIH-funded clinical researcher. My research has focused on improving outcomes and addressing health disparities in kidney transplantation; I employ large registry datasets in my work (SRTR, OPTN, and USRDS) and am well-acquainted with the strengths and limitations contained therein.

I have applied to serve on the OPTN Board of Directors because I am deeply committed to transplantation and the transplant community. I have wanted to work in transplant long before I ever wanted to be a nephrologist—I was inspired by the journeys of transplant recipients and the close relationships they have with the physicians and team that cares for them. I am excited by the

opportunity to modernize the U.S. transplant system, the prospect of finding greater efficiencies in our practice and the ability to grow the number of transplants we can provide.

Having had the privilege of serving on the AST's Board of Directors as Councilor-at-Large, I understand what is required for effective board service and the importance of being able to look beyond one's own perspective to advocate for the needs of the larger organization. I have a reputation for being a person of action and working collaboratively with others to accomplish our goals. I have been fortunate to have prior OPTN experience, having been a past member of the Kidney Committee and am currently serving as a member of the Membership and Professional Standards Committee. Therefore, I believe I can help the OPTN Board strike the right balance between innovation and experience while incorporating the perspectives of all stakeholders in modernizing transplantation in the U.S.

Region 10 (vote for one)

Paul Lange, MD, FCCP

Intensivist, Ascension Borgess Hospital, and Clinical Professor, Department of Medicine, Western Michigan University, Homer Stryker M.D. School of Medicine

Biographical Statement. Dr. Paul Lange is a critical care physician and physician executive with over 25 years of experience in academic medicine, organ donation, and transplant leadership. He has served as Chief Medical Officer and Medical Director within leading organ procurement organizations, collaborating with intensive care units, transplant programs, and national stakeholders to improve donor management and transplant outcomes. Dr. Lange is a Clinical Professor of Medicine at Western Michigan University and has held prior academic appointments at Case Western Reserve University. He has played a key role in advancing donor management goals and quality improvement initiatives through work with the National Donor Management (DMG) Workgroup. Dr. Lange brings deep clinical expertise, operational insight, and a strong commitment to ethically grounded, patient-centered policy. His leadership is guided by collaboration, innovation, and a shared mission to advance equity and excellence in transplantation.

Personal Statement. We are at a transformative moment in the history of the American donation and transplantation system. With the launch of the OPTN Modernization Initiative, there is an unprecedented opportunity to redefine how we deliver equitable, transparent, and patient-centered organ allocation. This is a time to modernize not only our infrastructure and oversight, but also to renew our collective commitment to serving donors, recipients, and the public with integrity and purpose. I am fully committed to this vision and to supporting the Modernization Initiative as a path to meaningful and lasting reform.

I bring over 25 years of experience as a critical care physician with a focused expertise in organ donor management, transplantation science, and clinical systems leadership. My professional journey has spanned both academic and operational domains, allowing me to contribute meaningfully across the full continuum of donation and transplantation. I have served as a medical director and Chief Medical Officer within OPOs, where I have led initiatives to improve donor evaluation, clinical protocols, lead innovation, and multidisciplinary collaboration. Academically, I hold a clinical professorship at Western Michigan University Homer Stryker M.D. School of Medicine, where I have been actively involved in medical education, mentoring, and curriculum development. Additionally, I have served as a lung

transplant program medical director, providing oversight and strategic guidance to ensure optimal recipient outcomes and compliance with regulatory and quality standards. This combination of hands-on clinical experience and system-level leadership has shaped my commitment to advancing a high-performing, patient-centered national transplant system.

Throughout my career, I have remained deeply committed to improving the quality and consistency of donor care, optimizing transplant outcomes, and promoting ethically sound, patient-centered policies. As the medical director of the Donor Management Goals (DMG) Workgroup, I have led national efforts to standardize evidence-based practices that enhance donor stability and organ viability. My work has brought together multidisciplinary teams across transplant centers, OPOs, and critical care units to align clinical protocols and ensure seamless transitions from donor identification to organ recovery. In this era of rapid advancement, I believe we must also embrace innovation and technology—from predictive analytics to AI-driven decision support—to elevate the science and systems behind donation and transplantation. By fostering collaboration and harnessing innovation, we can build a more responsive and equitable transplant system that honors both donors and recipients.

I believe the OPTN Board has a critical responsibility to guide this system forward, ensuring that policy is grounded in data, responsive to the needs of all stakeholders, and aligned with the ethical foundations of medicine and public service. If selected to serve, I will bring a pragmatic, collaborative, and evidence-informed perspective to the Board's work. Above all, I will remain committed to the OPTN's mission of saving lives through organ transplantation and strengthening public trust in the system we are entrusted to uphold.

Austin Schenk, MD, PhD, FACS

Quality and Patient Safety Officer, Comprehensive Transplant Center, and Associate Professor of Surgery, Division of Transplantation Surgery, Ohio State University

Biographical Statement. Dr. Schenk graduated from Dartmouth College in 2000 with a degree in bioinorganic chemistry. After two years of research, including a Cancer Research Training Award Fellowship at the NIH, he completed the Medical Scientist Training Program at Case Western Reserve University earning his MD as well as his PhD in transplantation immunology. He went on to complete general surgery residence at Dartmouth's Mary Hitchcock Memorial Hospital and then completed the abdominal transplant surgery fellowship at Emory University. He is currently an associate professor of surgery at The Ohio State University Wexner Medical Center. Dr. Schenk maintains an active surgical practice including liver, kidney and pancreas transplantation. He directs a transplantation immunobiology laboratory and is an adjunct professor in the division of microbiology, immunology and infection. He is an MPI on R01-funded research investigating access to transplant for patients with intellectual and developmental disabilities, and he currently serves as the Quality and Patient Safety Officer for the Comprehensive Transplant Center at Ohio State.

Personal Statement. Transplantation has been at the center of my professional life since 2002. My first exposure to the field was a research opportunity in bone marrow transplantation, and I was later exposed to solid organ transplant as well as transplant surgery and medicine. I cherish our field and I am devoted to transplant surgery, science, policy, and most importantly to our patients and donors. Sweeping changes are happening in our field. New organ preservation technologies, progress in

xenotransplantation, allocation policy changes, payment and regulatory restructuring, and modernization of the OPTN are just several examples. Rapid progress is exciting and offers tremendous promise for our patients, but every step forward requires forethought. While strategizing to maximize lives saved through organ transplantation the OPTN must also anticipate behavioral responses to policy change. The path forward must be data-driven, transparent, innovative, and must preserve public trust in our system. We must collectively solve our own problems before solutions are provided to us. My experiences as a surgeon, basic scientist, health services researcher, and my oversight responsibilities for quality within the transplant program at Ohio State give me a well-rounded perspective on strengths and weaknesses within the current system. If selected to serve as an Associate Regional Councillor for the OPTN I will work creatively and tirelessly to help our field adapt and evolve and I will use the best interests of our recipients and donors as a guiding compass.

Region 11 (vote for one)

David Bruno, MD, FACS

Director of Transplant Service Line and Chair of Division of Transplant, Hume-Lee Transplant Center, Virginia Commonwealth University

Biographical Statement. Dr. Bruno oversees liver transplantation at Virginia Commonwealth University (VCU) Health Hume-Lee Transplant Center. He specializes in liver and kidney transplantation, and leads all aspects of liver transplants, including deceased-donor transplantation and Hume-Lee's reinvigorated living liver transplant program. In addition to treating acute liver failure, Dr. Bruno also treats chronic, viral, or autoimmune hepatitis, fatty liver disease, liver damage, primary and bile duct cancer, metabolic liver disease, Primary Sclerosing Cholangitis (PSC), and Primary Biliary Cirrhosis (PBC). His current research interests include finding clinical therapies for both liver and kidney transplant surgery. He joined VCU from the University of Maryland School of Medicine, where he was on faculty and served as director of the affiliated medical center's transplant fellowship program. Dr. Bruno received an MD from the Georgetown University School of Medicine, did his residency at MedStar Georgetown University, and had fellowships at NIH (research) and Emory University (liver, kidney, and pancreas transplant).

Personal Statement. In 2000, during my third year of medical school, I experienced a transformative moment that would forever shape my career: my first encounter with transplant surgery. I can still recall the patient vividly—their name, their medical history, and the dire circumstances surrounding their condition. What resonates most with me is the extraordinary journey from the brink of death to witnessing their remarkable recovery just 10 days later, leaving the hospital with renewed vigor and hope. It was as if the light that had nearly gone out was reignited through the transplant team's clinical intervention. This experience filled me with profound awe and humility that echoes in my heart even 25 years later.

As I navigated my career, I came to recognize a critical aspect of transplantation that transcends the individual patient: the undeniable strength of teamwork. In my role as director and chair of a top 20 transplant center, my priority is fostering collaboration across our organization. By building resilient teams, we maximize our potential to impact lives. While perfection may be unattainable, our collective pursuit of excellence through teamwork brings us closer to that ideal, enhancing our ability to provide exceptional care.

Currently, over 100,000 individuals in the United States await organ transplantation and, each day, more than 15 lives are lost while waiting for this vital intervention. We have a responsibility to do better. As transplant professionals, we stand at the forefront of a groundbreaking era defined by technological and medical advancements. Tools such as data analytics, artificial intelligence, and innovative surgical techniques promise to elevate transplant rates, improve survival outcomes, and enhance the overall patient experience. The OPTN is the national vehicle to improving transplantation and saving more lives.

Moreover, the spirit of teamwork extends far beyond clinical walls. Engaging with our communities to raise awareness about the critical importance of organ donation is vital. Educational initiatives and community outreach can mobilize support and advocacy, inspiring individuals to become champions of this cause. We must equip teams with the resources and knowledge to facilitate life-saving transplants.

While my interaction with the OPTN has mainly been on a regional level, I have kept myself abreast of the work of this vital organization as it monumentally effects my patients lives. Nevertheless, I do have experience in creating and supporting teams that do quality and complex work. I believe that we have an opportunity through careful change management, appreciative inquiry, and technological embracement to make the most efficient and successful organ procurement and transplantation network in the world.

Malay Shah, MD

Surgical Director of Liver Transplantation, University of Kentucky

Biographical Statement. Malay B. Shah, MD, FACS, is a Professor of Surgery and Surgical Director of Liver Transplantation at the University of Kentucky. He received his undergraduate degree from the University of Cincinnati and his MD from the Medical College of Ohio. He completed his general surgery training at the Medical College of Georgia and then an abdominal transplant surgery fellowship at UAB. After completion of his training, he joined the University of Kentucky in 2011 and has been on faculty there since that time. He is board certified in both general and transplant surgery.

He currently holds multiple leadership roles, including the current Associate Councillor for Region 11 of the OPTN, as well as the Chair of the ASTS Wellness Committee. He currently serves as a member of the Membership and Professional Standards Committee of the OPTN. His research has been published in high impact journals including the *American Journal of Transplantation* and *JAMA Surgery*, and focuses on equity in organ allocation, eliminating race-based metrics, and improving transparency in organ donation. He is actively involved in philanthropic endeavors that have helped raise \$700,000 to support transplant patients and health equity initiatives. With his clinical expertise, unwavering dedication to education, and influential leadership, he has become an inspiring role model and mentor, guiding numerous general surgery residents—several of whom have gone on to pursue careers in transplantation.

Driven by the personal loss of his mother-in-law to ESRD, combined with his early start in transplantation in 1993 while in high school, Dr. Shah is committed to a collaborative process to help ensure a fair, equitable, data-driven and patient centered national transplant system.

Personal Statement. I have been involved in the field of transplantation since 1993, when I began working in a transplant research lab as a high school student. That early exposure sparked a lifelong

commitment to organ donation and transplantation that has shaped every step of my journey. Now, as a transplant surgeon with many years of clinical, academic, and policy experience, I have devoted my career to improving patient lives through innovation in transplant care, advancing equity in organ allocation, and supporting the modernization of our national organ system. I seek the position of Region 11 Associate Councillor to support and work with our Regional Councillor and you to further our goals of ensuring that the OPTN evolves in a transparent, data-driven, and patient- and donor-centered way.

Currently serving as Surgical Director of Liver Transplantation at the University of Kentucky, I have led initiatives that expanded access to transplant care in underserved populations, including rural Appalachia. As the OPTN Representative for my institution and current Associate Councillor for Region 11, I have seen firsthand the disparities in access, organ recovery practices, and performance variation across OPOs and transplant centers. These challenges have motivated my deep engagement in national efforts to address inefficiencies and inequities in organ procurement, allocation, and transplantation.

My commitment to this work is not just professional—it is deeply personal. My mother-in-law spent 20+ years on dialysis, ultimately succumbing to end-stage renal disease. Watching her endure the burdens of ESRD without ever being offered the chance at a life-changing transplant fortified my belief that our system can—and must—do better. Her experience fuels my advocacy for a system that is more accountable, equitable, and responsive to the needs of patients and families.

As a long-standing advocate for OPTN modernization, I have co-authored publications in the *American Journal of Transplantation*, *JAMA Surgery*, and *Liver Transplantation* that promote data-driven accountability and challenge outdated practices. My work has focused on eliminating race-based adjustments in donor performance metrics, addressing geographic disparities, and improving transparency in the donation process. I believe every donor gift must be honored with the highest standard of stewardship, and every patient must be given a fair opportunity to receive a transplant.

Beyond clinical and policy work, I bring extensive leadership experience. I serve on the MPSC of the OPTN and chair the ASTS' Wellness Committee. I am also a board member of the Medicinal Whiskey Charity, which has raised approximately \$700,000 in the last three years to support transplant patients as well as health equity initiatives.

I am particularly excited about the OPTN modernization initiative and the opportunity it presents to fundamentally improve how we manage organ donation and transplantation in the United States. This is a pivotal moment for our field, and I am eager to be a part of building a more efficient, equitable, just, and patient-centered system. I hope to bring to the OPTN a voice grounded in clinical experience, informed by evidence and policy, and shaped by personal understanding. I am committed to building a national system that works better—for patients, donors, and the future of transplantation.