OPTN

Thank you to everyone who attended the Region 4 Winter 2025 meeting. Your participation is critical to the OPTN policy development process.

Regional meeting presentations and materials

Public comment closes March 19th! Submit your comments

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

Clarify Requirements for Reporting a Potential Disease Transmission
Disease Transmission Advisory Committee

Sentiment: 6 strongly support, 9 support, 2 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: Region 4 supported the proposal. During the discussion, one attendee raised concern about how this change might affect insurance for patients. Other attendees commented from an OPO perspective that they support efforts to define reportable events more clearly, as this could help reduce unnecessary reporting. They added that currently, they receive follow-up requests for events that are unlikely to be donor-related but are reported by the center, so greater clarity would be beneficial. Additionally, they commented that there should be a straightforward way to identify pathogens of special interest with clear definitions, as the lack of clarity has previously led to non-reporting.

Escalation of Status for Time on Left Ventricular Assist Device
Heart Committee

Sentiment: 6 strongly support, 6 support, 5 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: Region 4 supported the proposal. Several attendees commented that they agreed with using the time since implantation of the LVAD so there is a specific point in time, and it will not create a necessity for listing too early. There was also support for staggering the waiting times by 18 months.

Modify Lung Donor Data Collection
Lung Committee

Sentiment: 3 strongly support, 10 support, 4 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: Region 4 supported this proposal and commented that improving efficiency through these changes is promising, though data collection may be challenging for smaller hospitals. They added that community members are encouraged to communicate with donor hospital colleagues about the importance of this effort. Also, the timing of implementation could present challenges, including the addition of fields to electronic donor records, file transfer protocols for uploading data, and integration into DonorNet. From an OPO perspective, streamlining communication is highly desirable. The inclusion of vaping, marijuana, and other inhalational sources is a welcome addition. Additionally, OPOs must have real-time access to the accepting physician, as delays caused by third-party coordinator companies can be significant. The current system often causes delays for OPOs in obtaining physician contact information, underscoring the need for a more efficient and streamlined process.

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

Comments: Attendees provided several suggestions for the committee to consider as they refine the multi-organ allocation policy. There was significant concern raised about how the proposed allocation changes could negatively impact pediatric patients, who are already at a disadvantage in receiving single kidneys. Pediatrics often rank lower on the list for kidney allocation and struggle to access kidneys with a KDPI of 0-35%, frequently losing them to kidney-pancreas (K/P) candidates. Despite computational models suggesting otherwise, the small number of pediatric patients means their disadvantage may not be fully captured in the data. Many children face vascular access limitations, making timely kidney transplantation crucial, yet they are often deprioritized in favor of adult K/P candidates who may not be as urgent. There was broad agreement that a more standardized and transparent policy for multi-organ allocation is necessary, ensuring fairness and consistency across all OPOs. However, concerns remain about whether new policies will be properly enforced, given the increasing frequency of out-of-sequence allocations. Some commented that pancreas transplants are not life-saving in the same way kidney transplants are for pediatric patients, making it even more critical to prioritize children appropriately. They added that simultaneous liver-kidney transplants (SLK) are sometimes used to protect liver transplant metrics rather than to meet true clinical need, leading to the unnecessary use of otherwise viable kidneys. They added that while the ongoing efforts to improve allocation are commendable, the system remains overly complex, particularly for multi-organ transplants. Also, the process needs to be more intuitive for users. Progress is being made, and submitting changes now with the ability to modify based on real-time experience may be the best path forward. However, ensuring that policy changes truly benefit pediatric patients and prevent unnecessary kidney waste should remain a priority.

Barriers Related to the Evaluation and Follow-Up of International Living Donors
Ad Hoc International Relations Committee

Sentiment: 6 strongly support, 6 support, 5 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: Region 4 supported this guidance document commenting that the document is a valuable resource for facilitating the evaluation of international donors, emphasizing the importance of visa procedures, preventing coercion or exploitation, and ensuring post-donation follow-up is established beforehand. They added that inclusion of suggested best practices in this area is a positive step forward. One attendee commented that the OPTN must place greater focus on living donors and living donation, as increasing living donation is essential to addressing the national transplant need.

Monitor Ongoing eGFR Modification Policy Requirements
Minority Affairs Committee
Sentiment: 3 strongly support, 12 support, 1 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: None

Updates to National Liver Review Board Guidance and Further Alignment with LI-RADS
Liver & Intestinal Organ Transplantation Committee
Sentiment: 3 strongly support, 6 support, 7 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: None

Continuous Distribution Updates

Continuous Distribution of Kidneys, Winter 2025
Kidney Transplantation Committee

Comments: Attendees commented that they support the continuation of this initiative but believe greater transparency is needed for those waiting, particularly regarding changes to waiting times and organs that are not accepted. Also, the OPTN should balance both equity and utility as ethical considerations. While the new 250nm radius may enhance equity, it could come at the cost of utility. Open offers and similar tools can improve utility and should not be removed when used appropriately. Smaller centers must have a voice in the allocation process to ensure kidneys are not disproportionately directed to the largest centers. I am willing to contribute to efforts that optimize kidney utilization while maintaining equity within the constraints of the current 250nm system.

Continuous Distribution of Pancreata, Winter 2025
Pancreas Transplantation Committee

Comments: None

Updates

Councillor Update

- **Comments:** None

OPTN Patient Affairs Committee Update

- **Comments:** None

OPTN Update

- **Comments:** None

MPSC Update

- **Comments:** Several attendees commented that the increased rate of allocations out of sequence (AAOS) may be due to lower quality organs being offered, late turndowns and significant cold ischemic times. One attendee raised concern about reporting the performance of third party (non-member) companies that result in organ loss.

OPTN Modernization Update

- **Comments:** None

Feedback Session on OPTN Modernization

- In lieu of a feedback session during the meeting, HRSA will follow up with meeting attendees with questions about the OPTN Modernization