

# 2022 Candidate Biographies & Optional Personal Statements

## Table of Contents

<b>President (vote for one)</b> .....	2
Jerry McCauley, MD MPH .....	3
<b>Vice President/President Elect (vote for one)</b> .....	4
Dianne LaPointe Rudow, ANP-BC, DNP, FAAN .....	4
Laura M. Stillion, MHA, FACHE .....	5
<b>Secretary (vote for one)</b> .....	6
Linda Cendales, MD .....	6
Simon Horslen, MB ChB FRCPC .....	8
<b>Immediate Past President (vote for one)</b> .....	9
Matthew Cooper, MD, FACS .....	9
<b>Vice President of Patient and Donor Affairs (vote for one)</b> .....	10
Robert Goodman, MBA .....	10
Valinda Jones, MSN, RN .....	11
<b>Regional Councillor (vote for five)</b> .....	13
Region 3: Virginia McBride, RN, MPH .....	13
Region 4: Steven R. Potter, MD, FACS .....	13
Region 5: Mark L. Barr, MD .....	14
Region 6: Willscott Naugler .....	15
Region 9: Nicole Hayde MD, MS .....	15
<b>Medical/Scientific Organization Representative: NATCO (vote for one)</b> .....	16
Wendy Garrison, MBA, BSN, CPTC .....	16
<b>Medical/Scientific Organization Representative: Histocompatibility (vote for one)</b> .....	17
ASHI: Brett D. Loehmann, CHS, CHT, BS .....	17
CAP: Manish J. Gandhi, MD, FCAP, A(ACHI) .....	18
<b>Medical/Scientific Organization Representative: AST (vote for one)</b> .....	19
Alan Langnas, DO .....	19
<b>Medical/Scientific Organization Representative: ASTS (vote for one)</b> .....	19
Stuart C. Sweet, MD, PhD .....	19
<b>At-Large: Patient &amp; Donor Affairs (vote for one)</b> .....	20
Colleen J. Reed, Ph.D. ....	20

Heather Hunt .....	20
<b>At-Large: Patient &amp; Donor Affairs (vote for one)</b> .....	21
Carolyn Light, MPA .....	21
Kelley M.K. Hitchman, MS, PhD, F(ACHI).....	22
<b>At-Large (vote for one)</b> .....	24
Maryjane Farr, MD, MSc, FAST, FACC.....	24
Shelley Hall, MD, FACC FAST FHFA .....	25
<b>At-Large (vote for one)</b> .....	26
Daniel S. Yip, M.D.....	26
Nirav Y. Raval, MD .....	27
<b>At-Large (vote for one)</b> .....	28
Clark Andrew Bonham, MD, FACS .....	28
Evelyn Hsu, MD.....	29
<b>At-Large (vote for one)</b> .....	29
Lloyd E Ratner, MD, MPH .....	29
Silas P. Norman, MD, MPH .....	31
<b>At-Large (vote for one)</b> .....	31
Bryan A. Whitson, MD, PhD .....	31
Matthew G. Hartwig, MD, MHS.....	33
<b>At-Large (vote for one)</b> .....	34
Candy Wells, BSN, MM .....	34
Meg Rogers, BSN, CPTC .....	35

## President (vote for one)

## **Jerry McCauley, MD MPH**

Jerry McCauley, M.D., M.P.H., FACP is the Chief of Nephrology and Robert Capizzi Professor of Medicine at Thomas Jefferson University Hospital in Philadelphia. He is also Medical Director for Transplantation Services at Thomas Jefferson Health System and Vice Chair for Diversity, Equity and Inclusion in the Department of Medicine.

Dr. McCauley has been involved with the OPTN almost since its inception, including committee assignments, workgroups and subcommittees. He is a past chair of the OPTN minority affairs committee and has served on the executive committee's committee governance working group and board governance subcommittee. He has also been a part of the OPTN policy oversight committee, the simultaneous liver-kidney working group, and the membership and professional standards committee, where he participated in the performance analysis and improvement subcommittee. Dr. McCauley also served on the ad hoc communications committee. He has completed a tour on the OPTN board in June 2020.

He was a trustee-at-large for the National Kidney Foundation of Western Pennsylvania as well as a member of the Quality Insights Renal Network 4 board of directors. He helped start two new multiorgan transplant programs: one of the original four US kidney and liver transplant programs at the Veterans Administration in Pittsburgh, and the Mediterranean Institute for Transplantation and Advanced Specialized Therapies in Palermo (ISMETT), a joint effort by the Italian government and the University of Pittsburgh Medical Center. He was part of the team who developed Tacrolimus from inception and provided nephrology support for the last two xenotransplants in humans (baboon to human liver transplants). He was Medical Director of Kidney, Pancreas and Islet Cell transplantation for approximately two decades at the University of Pittsburgh during its most active period. In addition to his work in the areas of his primary responsibility, he has been deeply involved in the management of liver, heart, lung and composite (hand and arm) transplants while at the University of Pittsburgh.

In addition to his clinical and administrative duties, Dr. McCauley has been active in research throughout his career. He has published more than 120 articles in peer reviewed journals and 37 book chapters. The vast majority have been in the area of transplantation. He also co-edited a book "Contemporary Kidney Transplantation" published in June of 2018 and is completing editing a second book "Approaches to Chronic Kidney Disease" which should be available by February 2021. His studies have ranged from whole animal (acid-base and electrolyte) to cell culture, registry studies, randomized control and case series. His current interests are in health policy and health equity.

Dr. McCauley earned his medical and bachelor's degrees at Dartmouth College in Hanover, NH and his master's in public health from the University of Pittsburgh. His MPH (multidisciplinary) emphasized health policy and epidemiology both of which have been very useful in developing policy and advising senior leaders in the Covid pandemic at his institution.

He has been involved in almost every area as a volunteer to the OPTN and has done this during most of the life of the OPTN. He possesses a unique "corporate memory" for the OPTN and has participated and witnessed the evolution of the organization into what it has become. The extensive experience, commitment and expertise should make him an almost ideal candidate to lead the organization as vice president and president. His guiding principles are fairness and service. He has been deeply involved in making the OPTN an "industry leader" in providing equal access for renal transplant recipients through committee work mentioned above and as an advisor. He is Vice Chairman for Diversity, Equity and Inclusion at Thomas Jefferson University. Service to the patients as individuals, transplantation as a

practice and society has been central to his professional and voluntary work. In reference to the OPTN this commitment to service has been demonstrated over many years and in many ways.

Going forward the OPTN will need to continue its excellent work in administering a national organ transplant system but new challenges will certainly develop. Recent legal and legislative actions have highlighted the importance of understanding where proactive measures can be taken to avoid outside attempts to set transplant policy. Leadership with a deep understanding of the clinical, research, policy and issues of equity will be vital in guiding the OPTN in the future.

## **Vice President/President Elect (vote for one)**

### **Dianne LaPointe Rudow, ANP-BC, DNP, FAAN**

Dianne LaPointe-Rudow ANP-BC, DNP, FAAN is Professor of Population, Health Science and Policy, and Director of the Zweig Family Center for Living Donation at the Recanati/Miller Transplantation Institute at Mount Sinai Hospital. She leads a comprehensive care team for live kidney and liver donors that provides innovative expertise in medical, surgical, and psychological health before and after live organ transplantation.

Dr. LaPointe-Rudow received her Bachelors and Masters degrees at Hunter-Bellevue School of Nursing. She was one of the first to graduate with a Doctor of Nursing Practice (Columbia University, 2005).

Dr. LaPointe-Rudow began her career as a transplant coordinator at NYU Medical Center in 1992. In 1998 she helped start the liver transplant program at New York Presbyterian Hospital-Columbia University. She joined Mount Sinai Hospital in 2010 as Director of the Living Donor Program. Under her leadership the live donor program has excelled in quality and volume of referrals, and live donor transplants.

Dr. LaPointe-Rudow has held many leadership roles in the field. As President of NATCO (2004), she focused on professional development of transplant coordinators and collaborated with other transplant-related societies to promote patient advocacy and public policy. She was a dominant presence on Capitol Hill promoting funding for the Transplant Act 2004.

Dr. LaPointe-Rudow served as the first non-physician member on the Board of Directors of the AST (2009-2012) where she made a lasting impact on the diversity of the society's leadership and its position on live donor advocacy. She was instrumental in forming the AST Live Donor Community of Practice (LDCOP), a national platform for developing position statements, educational tools and patient resources. She led the Best Practices in Live Organ Donation Consensus Conference, jointly sponsored by 11 transplant-related organizations, who's recommendations addressed transplant program efficiency, education, research, and policy, resulting in 8 publications. In recognition of her exemplary work, she received the AST Clinician of Distinction Award in 2013.

Dr. LaPointe-Rudow founded, served as first president, and is currently treasurer of NYKidney, a statewide non-profit consortium of transplant programs dedicated to collaboration, data sharing and peer-to-peer assistance.

Dr. LaPointe-Rudow has also been deeply involved in the OPTN. Since serving on the Board of Directors (2004), she has served on the Policy Oversight, Living Donor, Membership and Professional Standards, DTAC, Finance, and Executive Committees. Most recently she was Secretary of the Board of Directors (2018) and chaired the Liver Paired Exchange Pilot Project Education Subcommittee (2021). Throughout,

she has been instrumental in bringing groups with differing opinions together to develop educational programs and policies that directly impact the field.

In summary, Dr. LaPointe-Rudow has devoted her career towards education and advocacy for improved care of organ donors and transplant recipients. In addition to her committee work and leadership roles, she has published extensively and has participated in many pivotal consensus conferences in the field.

I have always viewed my career in transplantation as a privilege. Few careers allow one to witness the transformation from illness to health through a gift from another human being. In my clinical role, I have directly participated in the care of patients and the restoration of their health through the transplant process. As a national leader, I have made numerous contributions to service, practice, education, policy, and research, all focused on transplantation.

Through my leadership positions on the Boards of NATCO, AST and the OPTN, tempered by real-world situations leading an active clinical transplant program, I have developed a comprehensive understanding of all aspects of organ donation and transplantation. My values are entirely congruent with the goals of the OPTN: to maximize organ supply, increase access, maintain safety and save lives.

I am very excited about the prospect of serving as OPTN president and using my skills to lead the organization in its mission to build a more efficient, equitable allocation system. I believe that I am a consensus builder, who embraces the diversity of the OPTN board and committee structure and sees value in varied viewpoints when trying to implement positive change. I have had a great deal of experience leading groups whose members hold opposing/competing viewpoints and have a successful track record achieving compromise. My ability to listen, reason, and see things from different perspectives while keeping the overall objectives in focus are particular strengths that have helped me bring different stakeholders together to achieve our goals.

If elected, I pledge my commitment towards the mission and values of the OPTN to promote innovative strategies to improve access to life saving organ transplants in an ethical and transparent manner.

### **Laura M. Stillion, MHA, FACHE**

For more than 20 years, Laura Stillion, MHA, FACHE has been the administrative director of transplant services at The Ohio State University Wexner Medical Center in Columbus, Ohio - a solid organ transplant program performing heart, lung, liver, kidney, pancreas, islet and both living kidney and liver donor transplants. She holds a Masters of Healthcare Administration degree from the University of Kentucky and also has responsibility for the dialysis department and the histocompatibility and clinical laboratories at Ohio State.

Under her leadership, Ohio State's transplant program has successfully navigated dozens of federal and state regulatory surveys, reinitiated the lung transplant program, successfully launched a living liver donor program and grown the Comprehensive Transplant Center to a top 10 transplant program nationally.

Nationally, Laura served on the OPTN board of directors as Treasurer from 2013-15. She has also served on the OPTN finance, transplant administrator, ethics, communications and patient affairs committees and is currently serving on the membership and professional standards committee. Additionally, Laura was an executive committee member for the American Society of Transplantation, Transplant Administrator Community of Practice and has served on the Organ Donation and Transplant Alliance Leadership and Innovation Council.

Regionally, Laura is on the board of directors for Lifeline of Ohio, one of four organ procurement organizations in the state, and currently chairs their medical advisory board. She is also a member of the board of trustees for the Ohio Solid Organ Transplant Consortium (OSOTC), representing both patient and institutional needs related to transplant equity and access. In addition, Laura is past president of the Ohio chapter of the HealthCare Business Women's Association.

Locally, Laura is the past chair of the Ohio Second Chance Trust Fund and founding member of Ohio State University Wexner Medical Center's "Buckeyes for Life" team, promoting organ donation campus-wide and in the surrounding communities.

It is my honor to be considered for candidacy for Vice-President/President Elect of the OPTN board of directors. I have strong interest in serving in this capacity, as it simultaneously allows me the opportunity to support both the communities of transplantation and organ donation. It also affords me the ability to utilize and contribute my 20+ years of expertise as a transplant administrator leading and supporting transplant programs and organ procurement organizations. My experience includes leading a high volume, multi organ transplant center, within a state that encompasses four organ procurement organizations, in addition to performing regulatory compliance evaluations for transplant programs across the country. This knowledge base has developed and solidified my ability to interact and work in a collaborative manner, taking multiple perspectives into consideration to move unified solutions forward.

Through my involvement and experiences, I have learned the transplant community is comprised of a group of passionate, dedicated professionals who work tirelessly to facilitate the gift of life! I am often inspired when considering the determination and fortitude that drove our nation's transplant pioneers, not only for their clinical advancements, but also for their forethought in setting the stage for the OPTN - a member organization for organ procurement and transplantation that has stood the test of time. To me it is evident that when a community comes together for a common purpose bigger than itself, it can achieve life-altering outcomes for those suffering from end-stage organ failure.

Though much has been accomplished, our work must continue to further patient access to transplantation. Through our continued collaboration, we will be persistent in our goal to align and maximize organ allocation and distribution and leverage the exponential growth in technological advances. As Vice President/President Elect of the OPTN, I will promote and advocate for working collaboratively to assist with the development of creative solutions that positively impact all regions, to support our mission of saving lives

I am grateful for the opportunity to extend the experience I've gained as a former OPTN board member towards successfully executing the important responsibilities of this role. It will be an honor to represent our field and continue the legacy of healthy debate and collaboration to decrease the needless lives lost while waiting for a life-saving transplant.

## **Secretary (vote for one)**

### **Linda Cendales, MD**

Dr. Cendales, the only person in the U.S. to have completed formal fellowship training in both Hand and Microsurgery and Transplant Surgery, is the Director of VCA at Duke University. She helped organize the first VCA team in the U.S. and participated in the country's first two hand transplants. She was subsequently the first surgeon accepted into the Transplant Surgery and Immunobiology Fellowship at

the National Institutes of Health (NIH). During that time, she established and published a model of VCA in nonhuman primates (NHP) and has

one of the largest experiences reported in VCA in NHPs. She organized the first international symposium on VCA histopathology at the International Banff Conferences leading to the published classification system now used for clinical reporting. She established the VCA program at Emory and led the multi-disciplinary team that performed Georgia's first hand transplant in 2011. While at Duke, she established the VCA program and led the multi-disciplinary team that performed North Carolina's first unilateral and first bilateral hand transplants in 2016 and 2018. She has co-authored numerous scientific manuscripts, abstracts, invited publications, and has made countless presentations at national and international meetings.

I am honored to be nominated to serve as Secretary. If elected, I will continue serving with dedication, commitment, forward thinking, and passion.

I have had an uninterrupted service in transplantation since I completed my fellowship in abdominal transplant surgery in 2007. I have served through the OPTN uninterruptedly since VCA was recognized as an organ in the HRSA Final Rule; I was an inaugural member of the VCA Committee (2013-2016), a vice chair of the VCA committee (2016-2018), a member of the Policy Oversight Committee (2016-2018), a chair of the VCA committee (2018-2020), I am currently a member of the Board of Directors (2020-Present) and a member of the Finance Committee (2020-Present). Additionally, I continue serving the transplant community through different organizations; the ASTS, the AST, I am a founding member and a Past-President of the International Society of VCA (2015-2017), I am the inaugural chair of the Banff-VCA consensus conference (2007-Present), I am the Past-Chair of the ATC planning committee (2020-2021), and I am an Associate Editor of the American Journal of Transplantation and of Clinical Transplantation. I am a Principal Investigator of clinical and translational studies in VCA and of a National Consortium of VCA. All of these have required a unique ability to manage, organize, gain consensus, pursue strategic partnerships and advocacy, and put in action policy matters typical of our organization.

Our fields of organ donation and transplantation stands at important and challenging moments—a time of great opportunity, countless competing priorities, restructuring, large amounts of data and of information, evolving technology, budget constraints, and infinite possibility. As managers, clinicians, administrators, staff, investigators, we share our passion to promote long, healthy and productive lives for persons with organ failure by promoting maximized organ supply, effective and safe care, and equitable organ allocation and access to transplantation. While we have achieved a great deal, there is much more to do. I want to continue serving with passion, but also with purpose. But most of all, being mindful of the reason of why I am supporting the organization.

I want to continue supporting and contributing to the role of the OPTN. Organ transplantation has progressed immensely with improvements that include surgical, immunologic, pharmacologic therapeutic abilities and organ preservation. Nonetheless, shortage continues to be a problem. The major source of organs is from deceased donors. However, a significant amount is from living donors and living donation for non-life saving organs are increasing. Innovative procedures will continue to be developed. All these involves medical ethics, society behavior and beliefs, patient safety, and public trust that will need to continue being objectively and periodically assessed.

I want to continue our efforts to optimize our regional and national organ transplantation programs, increase public awareness, encourage public opinion towards acceptance, develop novel approaches,

and educate our medical community, to reach a goal where most eligible patients consent to organ donation.

Leadership includes to carry out the vision when distinct challenges arise. In addition to providing the necessary leadership through the challenges, I also want to contribute to mapping a course to provide the necessary opportunities to reach a full potential. If given the opportunity to continue serving as Secretary, I plan to continue through collaboration at all levels, I hope to help address and help develop new approaches to unmet needs. I want to continue my service fostering national cooperation to develop and define methods for dealing with innovative approaches to organ donation and transplantation, celebrating our diversity, and fostering organizational collaborations to ensure the organization's mission.

### **Simon Horslen, MB ChB FRCPCH**

Simon Horslen MB ChB FRCPCH FAASLD FAST is a Professor in the Division of Pediatric Gastroenterology, Hepatology & Nutrition at Pittsburgh Children's Hospital, and the University of Pittsburgh. He is the Director of Pediatric Hepatology. Dr. Horslen earned his medical degree at the University of Bristol Medical School in England and trained in liver disease and transplantation at King's College Hospital, London, Birmingham Children's Hospital in UK and Brisbane Children's Hospital, Australia. He is a Fellow and Founder Member of the Royal College of Paediatrics and Child Health.

He has worked in the US for the last 24 years initially at the University of Nebraska Medical Center, then at Seattle Children's for 16 years as Medical Director of Solid Organ Transplantation before moving to Pittsburgh Children's Hospital this year. Clinical and research interests include metabolic liver disease, acute liver failure, and liver and Intestine transplantation. He has over 150 publications in the areas of gastroenterology, liver disease and transplantation. Dr Horslen participates in several multicenter studies including Society of Pediatric Liver Transplantation (SPLIT) registry studies, Pediatric Acute Liver Failure collaboratives (PALF) and the NIDDK-sponsored Children's Liver Disease Research Network (ChiLDReN). Dr Horslen is a past-Chair of the OPTN Pediatric Committee and has served as an At-Large member of the OPTN Board of Directors. He has chaired the Pediatric Community of Practice of the American Society of Transplantation (AST) is a past-President of SPLIT and immediate Past-President of IRTA (Intestinal Rehabilitation and Transplantation Association).

To have seen organ transplantation develop over the last 35 years has been the great privilege of my professional life. I entered the fray just as cyclosporin A was becoming widely available in the 1980's and through the next few years I witnessed the introduction of many major innovations in liver and intestine transplantation, from segmental liver transplantation, liver transplantation for congenital metabolic diseases and intestine transplantation to living donor liver transplantation and multivisceral abdominal transplantation.

On coming to work in the US, it became clear that to fulfil my personal mission to serve children with end stage disease, not only did I need to conduct research, pass on knowledge through teaching and, of course, be the best clinician I could be, but it was also necessary to be involved in the development of improved regional and national policy around organ allocation and distribution. I joined the OPTN Pediatric Committee in 2001 and the Liver and Intestine Committee in 2002 and have served the OPTN and SRTR almost continuously since that time, including on the MPSC and the Board of Directors, as well as multiple working groups. I have been integrally involved in policy developments including liver status 1A/1B revisions, standardized exception scores, combine liver and intestine listing priority, MELD/PELD introduction and subsequent modifications and Pediatric donors for Pediatric recipients. However, I



continue to believe we can further improve our support for all individuals who might benefit from organ transplantation. Crucially this is about greater access to transplantation and quality outcomes in terms of survival, but we also need to focus on the quality of the journey to those outcomes. It is clear that the toll of the whole process from progressive organ dysfunction, through evaluation, waiting time and transplantation is more than just a physical stress, but also an emotional and financial strain on patients and families. As we work on policy and procedures in transplant, we should always keep in mind the additional goals for easing these burdens.

I believe in advancing through consensus and my track record demonstrates leadership skills and the ability to work collaboratively to realize goals. I have the experience from working in several transplant programs, on 3 continents, and the perspective from extensive service to the OPTN and professional transplant societies to understand the issues faced by patients' families, transplant centers and organ procurement organizations to advance the mission of the OPTN. I am also fully cognizant of the fiduciary responsibilities of serving as an officer for the OPTN. I am honored to have been nominated for the post of Secretary to the Board, and if elected will carry out all duties diligently, and will aim to always keep equity and inclusivity to the fore. Although I am a Pediatric hepatologist, my intent is to work towards solutions for the whole community, all ages, all organs.

## **Immediate Past President (vote for one)**

### **Matthew Cooper, MD, FACS**

Matthew Cooper, M.D., FACS, is a Professor of Surgery at Georgetown University School of Medicine and the Director of Kidney and Pancreas Transplantation and Transplant Quality at the Medstar Georgetown Transplant Institute.

Upon receipt of a medical degree from the Georgetown University School of Medicine in 1994, Dr Cooper completed his general surgery training at the Medical College of Wisconsin followed by a fellowship in multi-organ abdominal transplantation in 2002 at the Johns Hopkins Hospital in Baltimore, MD. He joined the transplant faculty at Hopkins upon completion of his training and was appointed Surgical Director of Kidney Transplantation and Clinical Research in 2003. Dr. Cooper joined the University of Maryland in 2005 directing the kidney transplant and clinical research program until 2012 following which he assumed his current role in Washington, DC.

I have been an active clinical transplant surgeon since completing my fellowship at Johns Hopkins in 2002. I currently serve as the Director of a large volume Kidney and Pancreas Transplant Program and the Physician Director of Quality Assurance and Performance Improvement at Medstar Georgetown University Hospital. My primary research interest is in the field of ischemia/reperfusion in kidney transplantation and interventions for DGF.

I am grateful for having served as the OPTN President and honored to serve as its Past President. I have been involved in this organization immediately following the completion of training attending and actively participating in regional meetings. In 2004 I was selected as the Region 2 Representative to the Living Donor Committee followed by 4 years as its Vice Chair and Chair. During this period, I contributed to the formation of the Joint Society's Workgroup structure to allow for earlier deliberation among the transplant societies regarding policies potentially impacting clinical care. I was then invited to participate as a committee member for the inaugural Kidney Paired Donation (KPD) subcommittee followed by my first 2-year period of elected service on the Board as an ad hoc member in 2012. In 2015 I was elected an Associate Regional Councilor providing an opportunity to serve on both the Policy Oversight Committee and the Membership and Professional Affairs Committee followed by 2 years as the Region 2

Councilor and representing the region on the Board. I served as co-chair of a successful Ad hoc Systems Performance Improvement Workgroup that brought together patients, donors and professionals across the entire transplant landscape to build a framework for improved collaboration and cooperation to increase donation and transplantation. I have served as Chair of the OPTN Executive Committee.

I have served on the ATC planning committee for 6 years including the privilege of acting as Chair in 2018. I hold current leadership activities with ASTS, NKF, DLA and the AFDT. I am confident I have been either elected or chosen for these leadership positions due to my genuine interest in inclusivity and an ability to organize large diverse groups, appreciate the complex dynamics of interdependent professionals and to listen carefully to both personal requests and the overall climate of the transplant community.

I have valued my last decade and a half of experience in service. I would like to continue to introduce the diverse opportunities of the organization to even a broader, more diverse audience. My primary location alone in the District will permit my presence for the issues and collaborations that demand an immediate audience with Congress and regulatory bodies. I truly believe I am well positioned to address the needs of the organization, its members and to be its voice when called upon. I will not take my responsibility or this position for granted and thank-you in advance for your support and collaboration.

## **Vice President of Patient and Donor Affairs (vote for one)**

### **Robert Goodman, MBA**

Married since 1977, my wife Patti and I have one daughter, Stephanie, and if it were not for them, I would not have successfully maneuvered through the trials and tribulations of having a successful heart transplant in November 2013. This was preceded by several years of dealing with idiopathic cardiac-only sarcoidosis.

Professionally, I spent my entire career in the healthcare industry. First in hospital administration at 4 hospitals culminating with me being CEO of a hospital in NYC. I worked in the healthcare investment banking field twice, including now, as well as having been an executive at a healthcare focused equipment leasing and finance company. For the last 21 years I have been a healthcare strategic business consultant and advisor working with more than 100 clients. Additionally, I have had ownership and operating interests, as well as board seats, in several healthcare companies.

As a volunteer, prior to transplant, I sat on the board of directors of my synagogue, was an active member of the development committee of my daughter's private school, and participated in committee work for the American Heart Association (AHA).

Since transplant, I am an active member of the Patient & Family Advisory Council at the Hospital of the University of Pennsylvania where I had my heart transplant. I re-engaged with the AHA and will roll-off as Board Chair for the Central/Southern New Jersey Region of the AHA at the end of June 2022. I am also a current member of the board of the Philadelphia Chapter of Transplant Recipients International Organization (TRIO). I also actively compete as a member of Team Philadelphia in the Transplant Games.

Last, but by no means least, I have been active with the OPTN since July 1, 2015. Initially, I was an At-Large Member of the MPSC for two years. Subsequently I became an advisor to the Finance Committee, was asked to finish out the term of an OPTN patient board member who resigned (December 2017 until June 30, 2019). As a result of the latter, I transitioned from advisor to full voting member of the Finance Committee. I participated in the evaluation of the Patient Affairs Constituent Council as one of its

members. I was elected Treasurer of the OPTN starting on July 1, 2019, for a two-year term. Since rolling off of the board on June 30, 2021, I once again became an advisor to the Finance Committee.

I hold a bachelor's degree from Rutgers University and an MBA in Healthcare Administration from Wagner College.

I decided to go into the healthcare industry as a teenager as a result of the death of father of heart disease at age 57 (I was 12). It did not take long after college for me to decide to become a hospital administrator. Ultimately, the business side of healthcare made more sense to me and that's where I have been for the vast majority of my career. During the hospital-based part of my career, I was involved in organ transplant twice. The first time was when part of my job was to be the administrator for the kidney dialysis and transplant program at St. Barnabas Medical Center in NJ. The second time was when I was a senior administrator at Albert Einstein Medical Center in Philadelphia and was instrumental in getting its liver transplant approved. Both of these experiences predated the implementation of NOTA and the OPTN. Six days after receiving my transplant, once out of an induced coma, a strong sense of gratefulness came over me and I knew I had to answer the call to "give back". I have type O+ blood and thought I'd be in the hospital for months. It turned out to be only days once I made it to the top of the transplant list. In summary, I believe that my healthcare related administrative skills and experience, including as a former OPTN board member and executive committee member, coupled with my patient experiences, qualify me to become a fierce advocate for patients, donors and donor families. I would be proud and honored to rejoin the board of the OPTN in the capacity of Vice President for Patient and Donor Affairs. Please grant me that opportunity to serve our community and I will not disappoint you.

### **Valinda Jones, MSN, RN**

The OPTN Board of Directors indicate they are looking for a break from the "status quo" and desire to increase the diversity of its board, committees, and leadership members. Valinda Jones MSN, RN considers herself to be the "poster child" for accomplishing this goal. She is seeking the opportunity to SERVE the donation and transplant community as the Board of Directors VP Patient & Donor Affairs. Outlined below are her qualifications and experience she brings to the table and will utilize in service as the VP Patient & Donor Affairs if elected.

Valinda is a firm believer of the notion that patients (transplant candidates, recipients, living donors and deceased donor families) are their own best advocate! However, the majority of these patient groups struggle to navigate the complex OPTN landscape and advocate for themselves and/or their family members. Valinda considers herself to be their advocate whenever she participates on the Board and its Committees, and other OPTN Specific Committees or Workgroups. She exemplified this belief when she spoke as their advocate on Capitol Hill in 2020 as the patient member of an Expert Panel that spoke to members of Congress regarding issues of concern for the donation and transplantation community.

By being elected as the VP Patient & Donor Affairs, Valinda provides an opportunity for the Board of Directors to demonstrate their commitment to have members of the board reflect the diverse and underrepresented patient populations they serve. Valinda has been a member of the transplant community for the past 15+ years in the following capacities:

1. Kidney Transplant Candidate/Recipient
  - A kidney transplant candidate 2004-2009.
  - A voluntary KPD transplant recipient 06/09/09.
  - A CKD/peritoneal dialysis/kidney transplant peer mentor.

- A CKD/dialysis modalities/kidney transplant support group facilitator.
2. OPTN Board of Directors and Committee membership and participation:
    - The only black transplant recipient and transplant professional member serving on the OPTN Kidney Transplant Committee 2016 - 2019.
    - A Board of Directors member 2018 - 2022.
    - A Board of Directors visiting member of the OPTN Transplant Administrator Committee 2019 - 2021.
    - A Board of Directors voluntary participant of the OPTN Patient Advisory Committee 2019-2021.
    - A Board of Directors Nominating Committee member 2020-2021.
    - A Board of Directors Executive Committee member 2020 - 2022.
    - A Policy Oversight Committee visiting Board member 2021-2022.
  3. Transplant Professional
    - A retired transplant quality professional/coordinator who also took primary call for organ offers for a kidney-only transplant program.
    - An owner of a transplant education business that focuses on transplant team member's orientation and competency validation learning pathways and materials, CKD/dialysis options/kidney transplant peer mentor training and materials, and CKD/dialysis options/kidney transplant support group facilitator training and materials.
    - A clinical program consultant for The Organ Donation and Transplantation Alliance (The Alliance) supporting their Transplant Mentorship Program, OnboardingU Program, Transplant Webinar Planning Faculty, Transplant Resource Toolbox's - Transplant Resource Guide, Community Hospital Resource Guide, Terminology & Data References, and their Education Corner (Spotlight Series) Articles.

As a voluntary KPD transplant recipient, she was and still would be considered by all OPTN standards to be a minority member of the following patient groups while being on the Wait List:

1. Identifies as belonging to the Black ethnicity group which represents the second highest ethnicity of kidney transplant recipients behind White.
2. Identifies as being female which represents the minority gender for receiving a kidney transplant.
3. Wait listed at UCLA for 5 years - average deceased donor transplant waiting time then, through One Legacy's OPO DSA was 5-7 years, now 10+ years
4. CPRA 85% - the second highest CPRA group,
5. Blood type O - one of the two blood groups that waits the longest to receive a transplant
6. Her highest level of education is Master of Nursing Science (MSN), and she is currently pursuing a Nursing Education PhD, which for OPTN purposes is considered post-college and represents a minority of transplant recipients, most of who have high school or unknown education levels.
7. At the time of her transplant, her primary insurance was Medicare-T with private insurance from her employer as secondary. This also represents a minority of transplant candidates/recipients, most of whom are insured by Medicare and Medicaid.
8. 55 at transplant, placed her in the most common transplant age group which affords her their perspective.

Valinda is uniquely qualified to serve as the VP Patient & Donor Affairs and would be honored to receive your organization's vote to continue serving on the OPTN Board advocating for the donation and

transplantation community at large and especially on behalf of transplant candidates, recipients, living donors and deceased donor families.

## **Regional Councillor (vote for five)**

### **Region 3: Virginia McBride, RN, MPH**

Ginny McBride is the executive director of OurLegacy, the organ procurement organization (OPO) in east central Florida. Ginny entered the organ donation community of practice in 1987 as an organ procurement coordinator at the Gift of Life Donor Program in Philadelphia and in 1990 became Director of Recovery Services at Louisiana Organ Procurement Agency. Subsequently, Ginny was a public health analyst at the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Division of Transplantation (DoT). Ginny's time at DoT was notable for leading the Breakthrough Collaborative Initiatives. Additionally, Ginny was the Project Officer for HRSA's contract with the United Network for Organ Sharing (UNOS) to operate the Organ Procurement and Transplantation Network (OPTN). She is the recipient of the HHS Secretary's Award for Distinguished Service and a finalist for the Partnership for Public Service award (known as the "Sammies") which honors the achievements of our country's outstanding public servants who inspire excellence and innovation throughout the federal workforce.

Ginny is a graduate of the Lankenau Hospital School of Nursing in Philadelphia and the University of St. Francis. Her MPH is from the Johns Hopkins University Bloomberg School of Public Health in Baltimore, MD.

It has been 20 years since implementation of the OPTN Final Rule and nearly 40 years since the passage of the National Organ Transplantation Act (NOTA), the foundational frameworks for organ donation and transplantation in the U.S. What worked for the community of practice then may not be what works best for our present, or our future. The OPTN, working with Federal and private partners, can be reinvented to better leverage technology, policy, data, quality and human resources to achieve the goals of equality, equity, efficiency and effectiveness. It will be a privilege to draw from my deep clinical and public policy experience to serve the OPTN, organ donors and their families and transplant patients in this effort.

### **Region 4: Steven R. Potter, MD, FACS**

I have loved every opportunity I have had to volunteer for the OPTN. Over the past 10 years of OPTN service, I have learned a great deal and always felt it an enormous privilege to be allowed to give back to the community via OPTN service. I feel a strong fiduciary duty to serve the transplant community as a whole, and service on the Board is a vehicle with which to effect change and serve stakeholders throughout the transplant ecosystem.

This is a fascinating and challenging time for the OPTN. The development and roll-out of continuous distribution-based allocation systems, and the post-implementation monitoring of outcomes for those systems, will require enormous, collaborative effort. OPOs will face ongoing scrutiny over performance and monitoring regimes, and the MPSC will be called upon to take an active role in shaping that debate and the outcomes of policy changes in that arena. Transplant programs have an immense opportunity to shape a new transplant outcome monitoring structure. All these projects, and many others, require Board Members with a broad skill set, a strong fiduciary duty to the OPTN, an ability to think strategically and to forge consensus efficiently. We have an ethical and fiduciary responsibility to work as a community to meet those challenges, and the Board needs servant leaders that thoroughly understand the transplant environment, the incentives of stakeholders, and the consequences of policy

changes. As a Board Member, I will act for the good of the organization, rather than for myself, my employer, my region, or any other external stakeholder. I want to help forge consensus and move policy development, policy implementation, and regulation forward for the benefit of the patients and greater transplant community that we all serve.

Steven Potter is an abdominal transplant surgeon at Baylor Scott & White Memorial Hospital in Temple, Texas. Dr. Potter received his M.D. from UCLA School of Medicine, his residency training at The Johns Hopkins University Hospital, and his transplant surgery fellowship training at the University of Cincinnati. Dr. Potter has served as the OPTN Region 4 representative to the Living Donor Committee (2 years), the Kidney Transplantation Committee (3 years), the MPSC (4 years), and the OPTN Board. He has served on the OPTN Finance Committee, and on the Collaborative Improvement and Innovation Network (COIIN) advisory board.

Dr. Potter is currently the Region 4 representative to the MPSC, on the Performance Monitoring Enhancement subcommittee of the MPSC, the MPSC representative to Member, OPTN Operations and Safety Committee Match Run Rules Work Group, and the Associate Councillor for OPTN Region 4.

Dr. Potter is currently the Co-Chair of the American Society of Transplant Surgeons (ASTS) Legislative and Regulatory Committee, a member of the ASTS-CMS Learning Collaborative, a member of the Systems Metrics Work Group the ASTS representative to the Uniform Law Commission Study Committee on Updating the Uniform Determination of Death Act, and a member of the ASTS Business Policy and Advocacy Winter Symposium planning committee. He currently serves on the Texas Transplantation Society (TTS) Board of Directors, Program Committee and as the TTS Kidney Councillor. Dr. Potter is a Past President of the Texas Transplantation Society as well as a former Treasurer, President-Elect, and Program Committee Chair amid other roles for that organization.

### **Region 5: Mark L. Barr, MD**

Dr. Mark Barr is Co-Director of the USC Transplant Institute and Chair of the Appointments, Promotions, and Tenure Committee in the Department of Surgery at the University of Southern California. He has served as Chair of the OPTN Thoracic Committee, President of the International Society for Heart and Lung Transplantation (ISHLT), Chair of the Thoracic Committee of the American Society of Transplant Surgeons (ASTS), on the Board of Directors of the ISHLT, the ASTS, and the American Society of Transplantation, and Chair of the Advisory Committee on Transplantation (ACOT) in the Department of Health and Human Services. He is an author / co-author on more than 150 publications and book chapters in the fields of cardiothoracic surgery and heart and lung transplantation, has served on multiple scientific review boards for NIAID, NHLBI, and the NCRR of the National Institutes of Health, and was a Deputy Editor of the American Journal of Transplantation for 15 years. Dr. Barr's OPTN work over the past 18 years has included serving on the Thoracic Organ Committee, Living Donor Committee, Ad Hoc Operations Committee, DSA Productivity Task Force, DCD Consensus Task Force, Technology Subcommittee, Tiered Acceptance Work Group, Policy Oversight Committee, Ad Hoc Data Management Work Group, Regional Review Board Streamlining Work Group, Ex Vivo Lung Perfusion Work Group, Organ Perfusion Membership Standards Work Group, Membership and Professional Standards Committee, and the Scientific Technical Advisory Committee of the SRTR.

I have been actively involved with the OPTN at a national level and in Region 5 beginning in 1993. As a member of the HHS/HRSA Leadership Coordinating Council and Yield Expert Panel of the Organ Donation Breakthrough Collaborative, I helped to educate the Region 5 membership on the mission and goals of that HRSA initiative. Having previously served as the Region 5 representative for the Living

Donor, Thoracic, and MPSC Committees, I know what is involved in communicating work to my regional colleagues and interested stakeholders. My hope is to represent the broad and varied interests of the Region 5 membership having had diverse clinical and regulatory experience at a transplant center level, with a balanced understanding of the issues that OPOs regularly deal with. I would hope to assist in ongoing initiatives to update and improve organ allocation, clarify and improve combination organ allocation, identify strategies to increase organ utilization and decrease organ wastage in an era that now includes ex vivo organ perfusion, identify methods to decrease the administrative work load for transplant centers and the OPO community, and contribute to changes in policies and regulations needed to improve risk adjustment methodologies for recipient outcomes and methods for assessing OPO yield measures.

### **Region 6: Willscott Naugler**

Scott Naugler earned a B.A. in Creative Writing from Rhodes College in Memphis, later graduating from the University of Arkansas for Medical Sciences with honors in Molecular Biology. He completed an internship at Barnes-Jewish Hospital in St. Louis, then finished his Internal Medicine residency (and later as Chief Resident) at Oregon Health & Science University in Portland, OR. After residency he trained in Gastroenterology & Hepatology at UC San Diego, and while on a T32 training grant studied the relationship between inflammation and hepatocarcinogenesis.

After completing his fellowship Scott joined the faculty at OHSU as one of the Transplant Hepatologists (2007), and in 2011 became the Medical Director of Liver Transplantation and director of the multidisciplinary liver tumor clinic. In collaboration with the Surgical Director of Transplant, Dr. Susan Orloff, Scott has helped to increase liver transplants at OHSU, and has established the OHSU Multidisciplinary Liver Tumor group as one of the leaders in Hepatocellular Carcinoma (HCC) management and outcomes research in the Pacific NW. He has been a vocal and constant leader in the Region 6 Liver Working Group for many years, and served as the regional representative on the Liver & Intestine Committee from 2016-19, during which time he helped to craft HCC allocation policy and the National Liver Review Board. He continues to work on translational research to understand HCC diagnosis and management.

I am passionate about the work the OPTN does to bring life-changing and life-saving solid organ transplants to those in need. We in the field must work with the highest ethical standards in order to help the most patients in need, responsibly allocate resources in the best interests of the common good, and bolster the public trust as a necessary step in increasing organ donation rates. In addition to my experience in the field, my greatest strength lies in my desire and ability to collaborate and compromise, perhaps qualities of most urgent need in our presently divisive organization. While advocating for the patients and providers in our region, I see as our greatest challenge coming together as a national organization to help all patients in need. My tenure on the MPSC has been challenging due to the impact of the COVID19 pandemic, but I have been so grateful to be part of how our transplant community has come together to keep transplants successfully and safely going during these troubling times. I look forward to serving my region as Councilor representative to the OPTN Board of Directors, as well as engaging and supporting our regional interests while forming partnerships with other regions as we work together for the good of our national solid organ transplant effort.

### **Region 9: Nicole Hayde MD, MS**

Nicole Hayde, MD, MS, is a pediatric nephrologist at Children's Hospital at Montefiore (CHAM), Medical Director, Pediatric Kidney Transplant Program, Associate Director, Pediatric Nephrology Fellowship

Program and Associate Professor, Pediatrics at Montefiore-Einstein. Dr. Hayde's clinical focus is pediatric renal transplantation, with a particular interest in the role of antibodies in allograft injury.

After earning her Doctor of Medicine from the University of the West Indies, Mona, Jamaica in 2003, Dr. Hayde completed her residency and chief residency in pediatrics at the University of Miami in 2009. She went on to complete her fellowship in pediatric nephrology at CHAM in 2012. During her fellowship, she was also enrolled in the clinical research training program at Einstein, earning her Master of Science in clinical research methods in 2012.

Dr. Hayde's research focus is on the role of donor-specific antibodies in pediatric kidney transplantation and methods to decrease antibody mediated injury. Her findings have been published in several peer-reviewed journals, and have been shared through book chapters, posters and presentations. She is on the editorial board of *Frontiers in Pediatrics* and is a peer reviewer for several journals including *Transplantation*, *Pediatric Transplantation* and *Human Immunology*. She also serves as a research mentor for fellows interested in kidney transplant research.

Dr. Hayde is board certified in pediatrics and pediatric nephrology. She has several national roles including the associate councilor of region 9 of the OPTN and the executive committee of the pediatric community of practice of the American Society of Transplantation. She is co-chair of the equity, diversity and inclusion (EDI) committee of the American Society of Pediatric Nephrology (ASPN) and a member of the IDEAL task force of the American Society of Transplantation. She is also a member of several professional organizations including the AST, ASPN and the ASHI.

As a pediatric transplant nephrologist in the Bronx, I have witnessed the advantages and disadvantages that patients experience due to their race/ethnicity and socio-economic status. This fueled my passion to work on several national committees whose mandate is to ensure that changes in policy do not unfairly affect minority or vulnerable populations. I previously served as the Region 9 representative on the Minority Affairs Committee (OPTN).

Using the skills gained from my committee work, if chosen to serve as on the OPTN board, I will eagerly perform my duties (including ensuring that our region's specific concerns/interests are heard) serving both my region (as councilor) and the national interests of the transplant community. Region 9 has some of the longest wait times in the United States and it is imperative that new strategies are designed to increase the donor pool while ensuring that there is equity in transplantation.

I also believe that it is crucial that there is continued pediatric representation within OPTN leadership. Additionally, as a female immigrant from an underrepresented minority in medicine, my personal experiences have provided me with a unique voice.

## **Medical/Scientific Organization Representative: NATCO (vote for one)**

### **Wendy Garrison, MBA, BSN, CPTC**

Wendy Garrison is Director of Organ and Tissue Family Services at Lifesharing, the hospital-based organ procurement organization (OPO) in San Diego, California. Lifesharing is a top-performing OPO serving a diverse population of just over 3.5 million in San Diego and Imperial Counties.

Wendy began her career as a Trauma nurse at the Elvis Presley Memorial Trauma Center in Memphis Tennessee, one of the busiest trauma centers in the country. Her work as a registered nurse in the Trauma ICU led to a long-standing relationship with organ donation. It was here that Wendy discovered her passion working with families who were experiencing trauma and end-of-life simultaneously. To



further fulfill her passion, she joined the Memphis-based OPO as an organ procurement coordinator in 2007. Being recognized for her leadership skills and dedication to the mission, she was offered the Manager of Clinical Services position in just three short years of joining the OPO. In this position, Wendy helped the organization reach record high organs transplanted per donor by focusing on her employees recognizing longevity of a procurement coordinator's career meant more experienced donor management and increased organs transplanted. Wendy began working at a national level by participating as a leader for the OPTN Regional Collaborative meetings and participating on the NATCO Annual Planning Committee, which led to her involvement on NATCO's Board of Directors beginning in 2016. She is currently the President of NATCO.

In 2014, Wendy moved to San Diego California. Here, she was able to continue her work in the donation community after being offered a position to serve as a clinical specialist taking Administrator-on-Call for the local OPO, Lifesharing. Within a year she began managing the organ and tissue family services teams where she now oversees 15 passionate and dedicated employees. In this position, Wendy has worked to uncover the difficulties with obtaining authorization specifically with DCD opportunities. She is a co-author of an article published in Progress in Transplantation titled "Study of Concerns of Families of Potential DCD Donors and Recommendations for Raising Donation Rates."

Wendy holds a Bachelor's of Nursing degree University of Memphis Loewenburg School of Nursing and a Master's in Executive Business from Bethel University in Nashville.

My knowledge and experience in organ donation and transplantation spans more than 14 years. Serving on the NATCO Board for the last 6 years has shown me how important it is for our community on the OPO and Transplant side to both feel heard and equally represented. OPOs and Transplant are together part of a greater community that in order to meet the needs of donor families, recipients, and those on the waitlist, OPOs and Transplant Centers have to gain a better understanding of each other by broadening our perspective. I would be honored to represent the OPO and Transplant Community by serving on the Board. Thank you for your support.

## **Medical/Scientific Organization Representative: Histocompatibility (vote for one)**

### **ASHI: Brett D. Loehmann, CHS, CHT, BS**

Brett is honored to be nominated for the Histocompatibility position on the OPTN Board of Directors. The field of HLA, along with ASHI and the OPTN have been his professional career for the last 31 years while working in Organ Procurement Organizations' solid organ HLA accredited laboratories.

For the last 21 years, Brett has been the Manager of the HLA/Immunogenetics OPO Laboratory at Mid-South Transplant Foundation (MSTF) in Memphis, TN where he lives with his wife Lisa and daughter Ruby. He served on the ASHI Board of Directors from 2018-2021 and on the ASHI Accreditation Review Board from 2015-2018. He has authored/co-authored multiple abstracts in the field of Histocompatibility in publications such as Human Immunology, the American Journal of Transplantation, the American Society of Transplant Physicians and the ASHI Quarterly.

He received a BS in Biology and Chemistry with a Math minor in 1990 from Grand Canyon University in Phoenix, AZ. He started training in histocompatibility at Donor Network of Arizona OPO HLA lab in 1990. In 1993, he accepted a position at MSTF OPO HLA lab and in 1994 he was the first individual to be certified by the state of Tennessee as a Special Analyst in the field of Immunogenetics. In 1998, the state of Tennessee certified him as a laboratory supervisor/manager. Since 1999, he has volunteered as

an ASHI inspector, served as a voting member of the Tennessee Transplant Society and served on various ASHI committees such as Technologist Affairs, Web/IT, Workshop Planning, and Finance.

Over these many years, I have witnessed many changes to the healthcare industry and the field of HLA. I have been privileged to witness the OPTN's growth and will be dedicated to the mission and vision if elected to the Board of Directors. I hope to advance the organization to better serve our donors and patients awaiting and following transplantation.

**CAP: Manish J. Gandhi, MD, FCAP, A(ACHI)**

Dr. Manish J. Gandhi is a Professor of Laboratory Medicine and Pathology at the Mayo Medical School, Rochester MN. He is board certified in clinical pathology and transfusion medicine and also ASHI certified Histocompatibility Laboratory Director. He is currently the director of the histocompatibility laboratory and associate director of the component processing and blood product testing laboratory. He was also the director of the blood donor services from 2007 to 2013.

Dr. Gandhi is the Vice Chair of the Histocompatibility and Identity Testing Committee of the College of American Pathologists, Chair of the Advisory Council on Blood Stem Cell Transplantation of the United States Department of Health and Human Services (HHS), Editor in chief of ASHI Quarterly and has been a member of multiple committees of American Society of Histocompatibility and Immunogenetics (ASHI), AABB and International Society of Blood Transfusion.

He has been actively involved with the OPTN. He served two terms as the Region 7 Histocompatibility representative from 2012 to 2016. During this time he chaired the Policy Rewrite/Discrepant HLA Typing Subcommittee. He then served as the histocompatibility member-at-large on the Membership and Professional Standards Committee (MPSC) from 2015 to 2017.

Dr. Gandhi has mentored multiple residents and fellows in pathology, transfusion medicine, histocompatibility, and transplantation. Dr Gandhi is responsible for the teaching histocompatibility to pathology residents, transfusion medicine fellows, hematology/oncology fellows, bone marrow transplant fellows, nephrology fellows, and abdominal organ transplantation fellows. He has >100 peer-reviewed publications in the field of histocompatibility, transfusion medicine and transplantation. He has been invited faculty both nationally and internationally and lectured on histocompatibility and transfusion medicine.

It is truly an honor to be nominated for a position on the OPTN Board of Directors. OPTN is a unique public-private partnership that links all professionals involved in the U.S. organ and tissue donation and transplantation system. The board of directors plays an essential role as they establish and maintain transplant policies and bylaws that govern the OPTN.

Three Mayo clinic sites in the United States combined are one of the largest transplant services in the United States with a robust successful three-site paired kidney donation program and desensitization programs for highly alloimmunized recipients. As the director of the histocompatibility laboratory it has been an honor and privilege to be an integral part of the team that performs these transplants.

My experience as OPTN histocompatibility representative especially as the chair of the Policy Rewrite/Discrepant HLA typing sub-committee has provided me a greater understanding of how the policies are developed and maintained by OPTN. My experience on the MPSC committee provided me a detailed understanding of how OPTN routinely reviews member compliance and performance using a group of individuals with diverse experiences and expertise.

As the vice-chair of the College of American Pathologist's Histocompatibility and Identity testing committee, I have significant experience in developing and maintaining policies that are used to accredit histocompatibility laboratories world-wide. As the chair of the Advisory Council on Blood Stem Cell Transplantation of Health Resources & Services Administration, I have significant experience working with various individuals with diverse experience and expertise to develop a consolidated, comprehensive source of expert, unbiased analysis and recommendations to the Secretary on the latest advances in the science of blood stem cell transplantation.

To meet its stated goals, OPTN requires individuals with diverse backgrounds, training, and experiences to come together and help lead it in the present and into the future. With the recent changes in organ allocation criteria, I believe that we are at a stage to make a significant impact on the future of these policies and provide greater opportunities to the patients that need these organs. That is why, as a laboratory professional trained and experienced in histocompatibility, transfusion medicine and policy making, I bring unique qualities to the table. I plan to use my knowledge in policy making to help bring about changes that will positively impact the goals of OPTN. I am excited about the opportunity to serve as a member of the Board of Directors.

### **Medical/Scientific Organization Representative: AST (vote for one)**

#### **Alan Langnas, DO**

Professor of Surgery and Chief of Transplantation Surgery at the University of Nebraska Medical Center. Director Nebraska Center for Transplant Medicine. I have spent the past 30+ years of my professional career dedicated to the care of adults and children in need of, and receiving Transplant care. I have been committed to developing innovative strategies and providing high quality care to improve the health of our patients. I have had a long term involvement with ASTS and was previously the President of the organization.

### **Medical/Scientific Organization Representative: ASTS (vote for one)**

#### **Stuart C. Sweet, MD, PhD**

Stuart C. Sweet, MD, PhD, is medical director of the St. Louis Children's Hospital pediatric lung transplant program and the W. McKim Marriott Professor of Pediatrics at Washington University in St. Louis, MO. He received his medical degree and a PhD in cellular and molecular biology from the University of Michigan in Ann Arbor. Stuart's professional interests include organ allocation, clinical outcomes in lung transplantation, health policy and the role of information technology in medicine. He served as PI of two multicenter trials operated under the auspices of the NIH Clinical Trials in Organ Transplantation for Children Program (CTOT-C), one evaluating the impact of respiratory viral infections on pediatric lung transplant outcomes and the other evaluating the impact of rituximab induction on pediatric lung transplant outcomes. He is currently a co-PI of a clinical trial of itacitinib prevention of CLAD in adults and children. Stuart has held multiple national and international leadership roles including chair/co-chair of the CTOT-C/CTOT steering committees, Board President of the Missouri Chapter of the American Academy of Pediatrics, Board President of the International Society for Heart and Lung Transplantation, and OPTN Board President in 2016-17. Stuart is currently vice-chair of the American Society of Transplantation OPTN Policy Committee.

The OPTN has been an important component of my professional life for nearly 20 years, and I'm honored to have the opportunity to return to the OPTN board as the AST representative. I look forward

to bringing both my previous OPTN experiences and the AST perspective to Board discussions and helping to support the important role the OPTN plays in support of organ donation and transplantation.

## **At-Large: Patient & Donor Affairs (vote for one)**

### **Colleen J. Reed, Ph.D.**

Dr. Colleen Reed is a longtime social worker, consultant, researcher, academic, and active community member. She is a family member of two organ donors and is a grateful recipient of a liver transplant. Living fully into the extra days of a lifesaving transplant, Colleen has volunteered with the OPTN Ethics Committee for nearly three years. She has over a decade of collaborations with donor family members, OPO personnel, transplant center care providers and waiting recipients. Dr. Reed has spoken across several states and nationally about organ donation and transplantation to increase awareness and education.

Touched by both donation and transplantation, Dr. Reed's professional experience in health/mental health research informs her enthusiastic participation across the organ donation and transplantation system with specific attention to policy development. Contributing to the strength of the OPTN stands as an amazing opportunity to bring her professional and personal experience to the important scientific, social, and policy environments.

My life is possible today, because each of you carries forward a commitment to save and enhance lives through organ donation and transplantation. I honor all organ donors and their families. Those who work for OPOs care for families and for the amazing gifts from heroic organ donors. Providers give excellent care for patients and for our heroic living donors. Transplant center personnel leverage expertise and heart to give all of us a new opportunity for life and cheer us on clinically as we live, anew. This is all accomplished inside the dynamic systems of the OPTN. You all participate in the saving of lives each day. It is my greatest hope that I might be part of saving lives by serving the community as a member of the OPTN Board of Directors.

Dr. Reed's education and professional background include long-term healthcare administration, a MSW from Portland State University, and a Ph.D. in Social Welfare from the University of Kansas.

### **Heather Hunt**

Heather Hunt, a liver donor and attorney, is Chair of the OPTN Living Donor Committee, on which she has served since 2015. Heather is also the living donor representative on the Scientific Registry of Transplant Recipients Task Five Steering Committee, which is identifying metrics to assess the national transplant system performance.

Heather participated actively in developing "Strategies for Increasing Knowledge, Communication, and Access to Living Donor Transplantation: an Evidence Review to Inform Patient Education", Hunt, H.F., Rodrigue, J.R., Dew, M.A. et al. *Curr Transpl Rep* (2018) 5: 27.

Heather received the Annette C. and Harold C. Simmons Transplant Institute at Baylor University Medical Center Barry and Ceil Newman Award in 2016 for efforts to raise organ donation awareness.

After donating, Heather and her recipient formed a small, all-volunteer non-profit to help living donors with their non-medical expenses. It's no longer active due to the difficulty of fund-raising.

Professional Experience: Heather has served as the Executive Director of the New England States Committee on Electricity since 2009. From 2003 through 2008 she was an attorney and had a regulatory law practice. From 2001 to 2003, she was Director of State and Local Government Affairs at United

Technologies Corporation and before that she was with the Southern Connecticut Gas Company in regulatory and public policy capacities, ultimately serving as Vice President. Heather served as a Commissioner of the Maine Public Utility Commission from 1995 - 1998 and as a Commissioner of the Connecticut Department of Public Utility Control from 1993 - 1995. She began her career in the legal office of a Connecticut Governor. In 2015, Heather received the New England Women and Energy and the Environment Achievement Award.

Corporate Board Experience: Heather has served on the Board of Directors of Connecticut Water Service, Inc. from 2006 through 2019, and currently is a Director of the San Jose Water Group.

Education: Heather has a Juris Doctorate from the Western New England University School of Law, and a Bachelor of Arts in Politics from Fairfield University.

Personal Statement and Expression of Interest: I volunteered to serve on an OPTN Committee after transplantation kept my family whole. I did that out of gratitude and acknowledgement that my family had various advantages others do not. That is the basis of my strong interest in reducing disparities in access to transplantation, and in translating current data into accessible, culturally appropriate education for whole families.

On the Living Donor Committee, I work with extraordinarily committed medical professionals who regularly advocate more strenuously to protect living donors than we advocate for ourselves. They make me want to continue to spend time and energy with the OPTN.

I believe in collaboration. I believe transplant professionals - and the system - benefit from an informed patient voice in the room and that patients require education by transplant professionals to be effective as that voice.

My work experience as an adjudicator in complex, technical public utility cases has equipped me for patient service to the OPTN. I am comfortable asking question or offering a view in a room where everyone knows infinitely more than I do. I am comfortable reserving judgment until I hear all facts, sides and points of view. I am comfortable with the need to do lots of homework to compensate for what I don't know.

I'd like to continue to collaborate on system improvements with transplant professionals to keep more families whole through more transplantation.

Thanks for taking the time to read about me and for considering supporting me.

## **At-Large: Patient & Donor Affairs (vote for one)**

### **Carolyn Light, MPA**

Carolyn Light is both a living kidney donor and a seasoned healthcare professional with over 16 years of experience in transplantation. She currently serves as the Executive Director for Transplant Services at UCSF Health; UCSF is the 4th largest transplant center in the country performing just shy of 700 solid organ transplants per year. She oversees a team of 140 employees who care for both pediatric and adult transplant patients as well as living kidney and liver donors.

While her professional experience is extensive, one of her most meaningful accomplishments was becoming a kidney donor herself. Carolyn gave a non-directed donation of her kidney in October of 2017, and was included in a paired exchange transplant chain facilitated by the National Kidney Registry, allowing her gift to impact even more lives. Not only has this enriched her life but it contributes to her

effectiveness as a professional in Transplant on many levels; giving her the chance to experience the transplant world through the eyes of a patient, and deepening her appreciation for the tremendous work of her clinical colleagues and for the generous donors who make our lifesaving work possible. Her attributes and experience combine to make Carolyn a well-rounded example of leadership within the transplant community.

Following completion of her Master's Degree in Public Administration with a healthcare concentration at Western Michigan University in 2004, Carolyn relocated to the Bay Area where she began her career in transplant at UCSF. Over the past 16 years she has held various roles focusing on finance, data, quality and operations and has served on the OPTN Living Donor Committee as the Region 5 Representative. In 2014 Carolyn became the Director of Clinical Operations and in 2017 assumed her current position as Executive Director of Transplant Services.

Under Carolyn's leadership over the last 7 years, the UCSF Transplant Program has seen a 20% growth in the number of solid organ transplants performed (record of 690 in FY2021) and expanded the use of technology and digital health solutions in care delivery. Additionally, she led the expansion of operations in a new, state of the art ambulatory clinical space to serve the nearly 13,000 transplant patients that travel to UCSF for care each year.

Driven by a commitment to saving lives through transplantation, Carolyn strives to increase access to care, improve quality and safety, and improve pre and post-transplant outcomes. In addition to her primary job functions, she serves on the Board of Directors for the Bay area's organ procurement organization, Donor Network West. She has further served the transplant community through volunteer activities such as leading Team UCSF in the annual NKF Kidney Walks and Donor Network West's Donate Life Run/Walks.

When I was a child my older brother David became very ill. At the age of 5, he underwent open heart surgery after a strep infection traveled to his pericardium. Over the years his lung function declined and by his 21st birthday he was diagnosed with pulmonary hypertension and told he would need a heart and lung transplant to survive. Unfortunately, his health deteriorated, and he passed away without being added to the waitlist.

As a result of this experience, I always knew I would work in healthcare. While my family's miracle never materialized, by serving the transplant community and donating one of my kidneys, I've been able to give other families that second chance at life for their loved one.

As a potential Board member, I bring a wealth of knowledge and experience as a transplant administrator as well as that of a patient. I am deeply committed to furthering the important work of the OPTN. Each year we witness the advancements and improvements made within the transplant system and it is due to the collaboration of our community members and our commitment to excellence that has allowed us to get this far. There is more work to be done and I look forward to participating in our continuous improvement.

### **Kelley M.K. Hitchman, MS, PhD, F(ACHI)**

Dr. Kelley Hitchman became an altruistic kidney donor in July of 2021.

Since 2016, Dr. Hitchman has been an Assistant Professor in the Department of Pathology and Laboratory Medicine at the University of Texas in San Antonio, and is the Section Chief, Director and Clinical Consulting Scientist of the Histocompatibility and Immunogenetics Laboratory at University Health in San Antonio, TX. Dr. Hitchman consults for adult and pediatric kidney, liver and adult lung

transplantation for the University Transplant Institute in San Antonio, TX and has previously served as the HLA consultant for the adult kidney transplant program at Renaissance Transplant Institute in Edinburg, TX.

Dr. Hitchman holds a PhD in Immunobiology. She completed fellowship in Hematology, Oncology and Immunology at H. Lee Moffitt Cancer Center and Research Institute in Tampa, FL and completed fellowship in Histocompatibility and Immunogenetics at Northwestern University in Chicago, IL.

Dr. Hitchman is a former at-large member of the MPSC and has served on several OPTN special projects and subcommittees. Dr. Hitchman has had the privilege of serving her local/regional transplant community on the Texas Transplant Society Program Planning Committee, the Texas Organ Sharing Alliance Advisory Board and the OPTN Region 4 Nominating Committee. She has been honored to serve the national transplant community as the former Chair of the ASHI Proficiency Testing Committee; as the current Chair of the ASHI Communication, Engagement and Marketing Committee; as Co-chair of the ASHI Annual Meeting Abstract Committee and serves on the ASHI Directorship Portfolio Committee; the 2022 ASHI Annual Meeting Planning Committee and the National Clinical Affairs Committee. In addition to ASHI, Dr. Hitchman is a current member of the International Society for Heart & Lung Transplantation, Texas Transplantation Society, the American Society of Transplant Surgeons, and the American Society of Transplantation.

Dr. Hitchman is a published research and clinical scientist with current research projects in HLA considerations of COVID-19 infection and outcomes, non-HLA antibody contributions to solid organ transplant outcomes, assay optimization, pediatric solid organ transplant outcomes and staff satisfaction in high complexity testing and on-call environments. Dr. Hitchman is co-host of the monthly ASHI Podcast, "Coffee & Compatibility". From her professional perspective, and now her perspective as a living kidney donor, Dr. Hitchman wishes to expand initiatives that will increase living donation and overall transplant access and equity.

I believe in rising above, with an active optimization approach for positive adaptive change.

In 2021, the trajectory of national transplantation services has shown swift growth, despite an ongoing global pandemic. Professionally, this has intensified my focus on lean laboratory and institutional projects, and development of new educational initiatives through UT Health San Antonio programs and national programs in Histocompatibility and Immunogenetics. Enhanced transplantation also has allowed me to initiate new research collaborative efforts with local and national clinical partners to find new ways for the HLA scientific community to adapt to higher practice volumes and new accreditation initiatives. The OPTN is vital to national traction in new initiatives involving transplant quality and efficiency, which I can contribute to and wish to enhance.

Most important to my candidacy is my dedication to the practice of transplantation; to honor and optimize utility of the donor gift to the benefit of transplant patients and caregivers. Professionally, I have served on many committees in support of transplantation advocacy, but that was not enough for me. With the loving support of my family and colleagues, I decided to become an altruistic living kidney donor. I was able to initiate a 3-way kidney paired donation chain. As a donor it is now my mission to advocate for donation, to advocate for patients seeking transplantation and to advocate for caregivers of transplant patients. I am in the process of co-founding, and will co-chair, a San Antonio area chapter of Donate Life America WELD (WoMen Encouraging Living Donation). I have utilized my Chair positions in ASHI committees to initiate patient and donor partnerships within the ASHI and transplant science communities. I helped to organize ASHI's first Transplant Patient Forum in November of 2020 and

supported inclusion of a patient forum within the 2021 ASHI Annual Meeting in September of 2021. I am currently working to form patient, donor and caregiver focus groups to aid in compilation of educational materials for transplant support. This is the dedication I will bring to the OPTN Board of Directors service as a representative for Patient and Donor Affairs.

## **At-Large (vote for one)**

### **Maryjane Farr, MD, MSc, FAST, FACC**

Maryjane Farr is a Professor of Medicine and Section Chief of Heart Failure, MCS and Transplant at the University of Texas Southwestern Medical Center. Previously she was the Irene and Sidney B. Silverman Associate Professor of Medicine and Medical Director of the Adult Heart Transplant Program at Columbia University Irving Medical Center. Dr. Farr is a graduate of Barnard College, Columbia University (BA'89), Columbia College of Physicians & Surgeons, AOA ('98) and the Columbia Mailman School of Public Health (MSc'12). Dr. Farr was the Director of Clinical Trials in Heart Failure and Transplant at Columbia from 2007-12, received an NIH training grant for her master's degree (2010-12), and was awarded the Shorin Silverstein Research in Transplantation Award (at Columbia) for 2012-14. Dr. Farr directed the Adult Heart Transplant Program at Columbia for 6 years, and she has authored more than 100 peer-reviewed manuscripts in the field of heart failure, VAD or transplant. She has participated in scholarly work and education with the ACC, AHA, HFSA, ISHLT and AST. She has been an active member and leader in the OPTN serving three years on the Thoracic Committee including Heart Subcommittee Chair, two years on the Membership and Professional Standards Committee, two years as region 9 Associate Councilor and was recently appointed to the OPTN Board of Directors. She is an Associate Editor of Transplantation and Content Editor for Circulation. Her key areas of expertise are in organ allocation, primary graft failure, minimization of immunosuppression and overall long-term survival of heart transplant recipients.

I am interested in the OPTN Board of Directors At Large position for the following reasons:

**Vocation:** My early interest in transplant as a career choice was based on having multiple relatives undergo renal transplant or spend years on dialysis waiting, because of polycystic kidney disease in my large family from upstate New York. Long before I considered medical school, there was always talk in my family about transplant and the scarcity of kidneys and how hard it was for a few of my cousins to live on dialysis in their younger years, avoid pregnancy and how different their lives were than mine. While I ultimately became a heart transplant cardiologist, my perspective on transplant is much broader than end-stage heart disease, including more recent personal experiences with one of my cousins with a second renal transplant who died of COVID - despite vaccinations, but in the setting of augmented immunosuppression for rejection. These experiences underscore for me that transplant is absolutely the gift of life, and that it is totally reliant on people and families who are committed to helping others whom they may never meet.

**Effectiveness in collaborative decision-making:** As a mid-career, academic transplant cardiologist, I have had the opportunity to take multiple leadership roles - as Medical Director of Heart Transplant Programs (now at a second institution), a Section Chief, multiple roles with the OPTN and with the State of New York, serving on the Certificate of Need Committee and the New York State Transplant Council. I have great subject matter expertise in solid organ transplant and policy development. I also have good skills in effective negotiation, and the appropriate temperament to be collaborative and see all sides of a



complex situation. Much of my growth and maturity as a transplant physician occurred in the context of OPTN volunteering.

Transplant career self-actualization: There are some transformative initiatives underway in organ transplant right now. In my mind, continuous distribution represents our collective "best work", in its incorporation of ethical principles such as broader sharing and that organs are a national resource, alongside more practical and safety issues of local donor-recipient pairs to limit procurement team travel and facilitate maximal use of organs. I can remember when we did not have broader sharing in heart or lung transplant - these were critically important mandates that became policy, and I was a part of those early discussions. Thus, the opportunity to serve on the Board provides me the opportunity to draw on all my prior experiences on the Heart Subcommittee, its Chair, Region 9 Associate Councilor, the MPSC, countless Regional and National Meetings and now with a one-year BOD position, truncated because I moved to another Region for a career opportunity. Thus, the opportunity to remain on the board serves as a vocational capstone to my OPTN volunteering over the last six years.

### **Shelley Hall, MD, FACC FAST FHFS**

Dr Hall completed her entire medical training at UTSW culminating in specialization in advanced heart failure and cardiac transplantation. She is board certified in heart failure/cardiac transplant and is the Chief of Transplant Cardiology, MCS and Advanced Heart Failure at Baylor Dallas, part of Baylor Scott and White. Dr. Hall has published more than 100 papers and conducted over 100 trials to advance her field. She serves on multiple national organizations, including chair of the OPTN Heart Committee, chair of the American Society of Transplantation Thoracic and Critical Care Council, and President Elect for the Texas Chapter of the American College of Cardiology, the first woman to serve in that position.

As a transplant cardiologist for nearly 25 years, I have learned and developed the skills important for the OPTN Board. As a leader, I rose from a busy practicing clinician raising five children to the Chief of a large, busy program that is consistently high ranked in the country and in Texas. I have done this through a collaborative approach with all persons involved in the program - cardiologists, surgeons, coordinators, nurse practitioners, intensivists. When a new issue needs to be addressed - whether a challenging patient dilemma or a new drug or device - I gather all parties together to discuss and debate, review the data and ultimately develop a decision or a protocol or a process that reflects the knowledge available and creates a structure which the team can follow. While I am a strong believer in structure and process, I also acknowledge that the world is fluid and anything developed yesterday may no longer be applicable tomorrow and thus enforce continual review, reflections and revisions with input from my team. I have historically worked well with all professionals - my coordinators are appreciative that I listen and utilize their input; my nurse practitioners thrive as independent members of my team. Great ideas can come from anyone and I was always proud to acknowledge this among my team and foster leadership at any level. A pivotal point in my program was expanding from two to eight cardiologists in three years while switching to a new surgical director and separating from a prior surgical organization. This type of drastic change could have produced chaos and adverse outcomes with staff turnover. However, by garnering administrative support for the change, recruiting energetic surgeons and including the coordinators in the big question - "How can we do it better?" - I was able to grow our program to the success it is today in only 2 years. I brought cardiologists from different programs and training, each with the engrained thought process "my way is the best way" and immediately sat down to gather consensus, modifying my original protocols to garner trust and collaboration, and getting all members of the team involved from the beginning so that it was their program, not my program. I can

interface with administrators and clinicians despite the different "language" often needed. My CV speaks for itself for my dedication to this field and the leadership opportunities I have had so far and continue to work towards. I truly believe that we need proactive individuals in national organizations to help our field and I am such a person. Despite being a "later career" professional, I have a progressive attitude and have always looked for ways for us to do better, be better in the field. Resting on "this is how we always did it" is counterproductive to growth and evolution in my opinion. I am outspoken and passionate and would be a strong addition to the board.

I see the same leadership approach would be effective on the Board as we review data, reflect on the impact to transplant programs and patients and create or modify policy.

My experience with the OPTN over the past decade during the development and implementation of the current heart allocation policy places me as a valuable asset for the Board.

## **At-Large (vote for one)**

### **Daniel S. Yip, M.D.**

Daniel S. Yip, M.D. is a transplant cardiologist and consultant in the Department of Transplantation at Mayo Clinic in Florida. He is an assistant professor of medicine at the Mayo Clinic College of Medicine. A native of California, Dr. Yip obtained his undergraduate degree at University of California, Los Angeles ('85, microbiology). He obtained his medical degree from American University of the Caribbean ('89). He completed his Internal Medicine Residency ('92), Cardiovascular Diseases Fellowship ('97), and Advanced Heart Failure and Transplantation Fellowship ('98) at St. Louis University School of Medicine.

He joined Mayo Clinic in 2001 to be part of the team to start the heart transplant program at Mayo Clinic in Florida. He served as the inaugural medical director for Advanced Heart Failure, Mechanical Circulatory Support, and Transplantation until 2019, and is an integral member of a busy advanced heart failure and transplantation practice. He currently serves on the OPTN heart review board for Region 3. Dr. Yip's other roles include medical director for Patient Experience Research at Mayo Clinic and medical director for the Department of Pharmacy at Mayo Clinic in Florida. Dr. Yip is a member of the Mayo Clinic Communication in Health Care faculty and Mayo Clinic Patient Experience Committee.

I am honored to be considered as a candidate for the OPTN Board of Medical Directors as an At-Large member. I believe there is need to ensure that patients are being transplanted in the most equitable manner so that organs are utilized in a way that provides the best outcome. Disparities within health care and transplant communities, particularly in vulnerable populations, continue to present challenges to transplant professionals and those in need of transplantation. This is often due to the inequity of resources for these patients and families. Providing tools and opportunities for vulnerable populations is necessary to ensure that individuals who need transplantation can be successfully transplanted. We need to continue to optimize our organ allocation systems to ensure the limited number of organs are used effectively and recipients are not disadvantaged. We are in an era of demand generation where expectations of the transplant experience from recipients, families, and providers have changed over time. As a part of the transplant community, we need to ensure that any change that is implemented is being done to improve the experience of all recipients, families, and providers, not only from a medical outcome standpoint, but also from a transplant experience standpoint. More work still needs to be done to expand the donor pool and to promote donor awareness.

My long-term experience serving as a heart transplant medical director has provided me with the opportunity to work with different transplant programs to develop consensus guidelines. My experience as medical director of patient experience has allowed me to work to improve the experience of not only patients but also families and staff. If elected as an At-Large Board member, I stand ready to bring my life and professional experiences to collaborate with board members, operations team, the transplant community, and those interested in making it possible for any individual who can benefit from transplantation is afforded the opportunity to be successful.

### **Nirav Y. Raval, MD**

Nirav Y. Raval, MD is a highly skilled, board-certified advanced heart failure and transplant cardiologist who is currently the Thoracic Transplantation Director at Advent Health Transplant Institute in Orlando, Florida (FLFH 2013-present). Dr. Raval came to the Advent Health Transplant Institute from the Piedmont Heart Institute in Atlanta, GA, where he helped found the Heart Transplant and Mechanical Circulatory Support Programs. He served as Medical Director of the program (GAPH 2008-2013) and as Medical Director of Critical Care at the Piedmont Heart Institute. He was involved initially in clinical transplantation and with the formation of the Heart Failure Center at Saint Joseph's Hospital, also in Atlanta (GASJ 2004-2008).

He is a collegiate graduate of Kent State University (BS 1994) and medical school graduate of Northeastern Ohio Universities College of Medicine (MD 1998). After completing Internal Medicine residency at Washington University in St. Louis, he fulfilled both Cardiovascular Diseases and Advanced Heart Failure and Heart Transplantation fellowships at Tulane University School of Medicine in New Orleans, Louisiana.

In addition to directing one of the fastest growing heart transplant programs in the country, Dr. Raval has contributed to the advanced heart failure and transplant community by authoring and reviewing numerous abstracts and papers in multiple societies. His heart failure research interests have been predominantly in device therapy for heart failure. Donor recipient matching, donor management, and non-invasive assessment of graft injury are also areas of his transplant research interest. He is a national board member of Mended Hearts, Inc. since 2020. A patient advocacy group, Dr. Raval's board focus has been on increasing patient awareness of heart failure and its therapies including transplantation, mechanical support, and the role of clinical research. He was the OPTN Region 3 Thoracic Committee member from 2016 to 2019 and participated on several writing and white paper working groups. Dr. Raval is a 2015-2016 graduate of the Physician Leadership Development Course led by Lt. General Mark Hertling (U.S. Army Ret.).

It is my sincere honor to have the opportunity to join the the OPTN Board of Directors. I am excited by this prospect and realize the significant work that such a position entails. My career in transplant medicine has been one of building. I have re-invigorated two heart transplant programs (GASJ 2004-2008 / FLFH 2013-current), and I also started a de novo heart transplant program in my career as well (GAPH 2009-2013). I have a unique knowledge of OPTN and CMS requirements as well as a servant leadership style that allowed success in these endeavors. This unique vantage point allows me to see alternative viewpoints rather than a singular legacy center position.

In my term as Region 3 Thoracic (Heart) Committee member, I felt that communication was paramount as we were refining and implementing the new heart allocation strategy. I was able to start thoracic committee breakout sessions at our Region 3 meetings, as well as ad hoc conference calls for allocation and topical issues such as exception requests. As part of Thoracic Committee work, I was able to

contribute to and help build consensus around the companion guidance documents for special populations such as patients with restrictive cardiomyopathy and congenital heart disease. Finally, it was my pleasure to also join and work with a diverse ethics white paper group as a committee member. My position on OPTN policies and other aspects of national transplant operations is based on a foundational belief that organs are a national resource. Our paramount responsibility is for the "return to health" and safety of all transplant recipients. My participation in this multidisciplinary ethics group was a meaningful and particularly powerful summation to all the qualities required as a Thoracic Committee member.

I understand the responsibilities of the Board of Directors position, and I am committed to serve the transplant community once again. Collaboration, communication, and evolutionary growth underpin my leadership qualifications in the transplant community. This will be particularly important in the near future as the OPTN seeks to refine heart allocation further. Understanding of previous thoracic committee work in creation and implementation of the current allocation strategy will be needed to create a Heart Allocation Score. As an OPTN board member I would assist in bringing this nuanced knowledge forward to true understanding by all board members. It would be the most remarkable honor of my 20 years in the transplant community to join the Board to ensure performance, equity, education, and access for future generations requiring transplantation.

### **At-Large (vote for one)**

#### **Clark Andrew Bonham, MD, FACS**

Dr. Bonham is an abdominal transplant surgeon at Stanford Medical School, with more than 25 years of experience. He performed his surgical residency at Cornell and Texas Tech under Tom Shires, followed by a transplant fellowship at Pittsburgh under Tom Starzl, where he remained on faculty until his move to Stanford in 2002. He is currently Director of the Live Donor Liver Transplant Program as well as the Intestinal Transplant Program. He has served as Medical Director of the California Transplant Donor Network (now Donor Network West), and currently serves on the Board of Directors. He has served continuously on the Region Review Board for Region 5 followed by the National Liver Review Board (NLRB) for the last 15 years. He has been a member of the OPTN Liver/Intestine, Pediatric, and Operations and Safety Committees, and the Liver Status 1 Subcommittee and PELD/Status 1B Workgroup. He has served on the Awards, Fellowship Training, Business Practice, and Pediatric Committees, as well as the Program Review Committee of the Transplant Accreditation and Certification Council of the ASTS. He chairs the Education Committee for the International Pediatric Transplant Association (IPTA). At Stanford and Lucile Packard Hospitals he directs the Solid Organ Transplant Quality Councils for both adult and pediatric transplant programs. He has served on the Physicianship and Leadership Curriculum Reform Working Group and the Knowledge Access Collaboration and Learning Technologies Working Group, tasked with reforming and enhancing the medical school curriculum at Stanford. He collaborates with a number of academic and industry researchers on immune tolerance, stem cell and organ regeneration, liver cancer, and pediatric transplantation. He has developed the combined heart/liver transplant program in conjunction with a very busy congenital heart disease center caring for over 1000 Fontan patients with single ventricle physiology. Lucile Packard Hospital is one of the busiest pediatric transplant programs in the country, serving a referral base that spans the globe, offering complex transplant care for all organs, including some of the more esoteric transplants such as intestine and lung.

Policy can and does impact lives. Nowhere is this more evident than in transplantation. I have been a strong advocate for wider sharing for Region 5 patients, as well as pediatric patients, a population that is

relatively under-represented. I have expertise in intestinal and multi-visceral transplantation, as well as pediatric transplantation at one of the busiest pediatric programs in the country. Serving on the Liver/Intestine Committee for Region 5 has provided an invaluable experience into the debates surrounding changes to organ allocation. Ultimately, everyone can agree that the final policy outcome should be what is best for patients. Indeed, this is required to be compliant with the final rule. Many of the arguments would become moot points if other solutions can be found. In that light, better OPO performance and accountability could improve organ donation as well as quality. Breakthroughs in research could allow prolonged preservation and even rehabilitation of organs. One could imagine a time when organs are procured by a central clearing house (something like Amazon?) wherein they are maintained and delivered on an as-needed basis. In the meantime, improving organ utilization and recipient outcomes should remain paramount. The best measures of these outcomes should be determined and continuously refined if they are to drive policy changes. Reducing the administrative workload for OPOs and transplant centers, and creating an environment that fosters innovation with a goal towards increasing transplants should be supported by the OPTN. Outcomes measures must be carefully assessed lest they have an adverse impact on center behavior by discouraging programs from taking on higher risk patients or utilizing less optimal grafts. The drive for improved performance may ultimately restrict access of complex patients to the list. Finally, policy change should be flexible such that minor adjustments can be made in a more timely fashion, with greater transparency, keeping it simple enough that the lay public can actually understand the "math" behind the process.

### **Evelyn Hsu, MD**

Evelyn Hsu, MD is the Division Chief of Gastroenterology and Hepatology at Seattle Children's Hospital, where she has also held positions as the Medical Director of Liver Transplantation and Transplant/Advanced Hepatology Fellowship Program Director. She is an Associate Professor of Pediatrics at University of Washington School of Medicine. She completed her medical school training at the University of Wisconsin School of Medicine and Public Health, and went on to complete residency and fellowship training at Seattle Children's Hospital and the Children's Hospital of Philadelphia, respectively.

Dr. Hsu has committed her career to research and advocacy in the realm of Pediatric organ allocation. She is currently vice-president of the Society of Pediatric Liver Transplantation (SPLIT), and created the SPLIT Advocacy Committee.

I have been a volunteer within the OPTN since 2015, when I had the privilege of joining the Pediatric Transplantation Committee. As a pediatric transplant hepatologist, a citizen, and an advocate, I have been active and engaged in conversations around liver allocation and around pediatric allocation.

I believe strongly that participation in the formation in organ allocation policy requires that we: 1) do the right thing as much as we can, and 2) we discuss and participate collaboratively. It is society and our patients that are best to advise us, particularly if we have done our due diligence to assure a racial and socioeconomic diversity in our ranks. If elected to the Board of Directors, I will work tirelessly to uphold the principles as laid out in Ethical Principles, The Final Rule and NOTA.

### **At-Large (vote for one)**

#### **Lloyd E Ratner, MD, MPH**

Dr. Ratner is Professor of Surgery (with tenure) and Director of Renal and Pancreatic Transplantation at Columbia University. Prior to joining the faculty at Columbia, Dr. Ratner was on the faculty of Johns

Hopkins University in Baltimore, and served as the Chief of Solid Organ Transplantation at Thomas Jefferson University in Philadelphia.

Access to organ transplantation has been Dr. Ratner's major academic interest. Dr. Ratner has been a leading innovator in transplantation for nearly three decades. In 1993, he performed the world's first dual renal transplant. In 1995 (with Dr. Louis Kavoussi) he performed the first laparoscopic donor nephrectomy, and set the stage for its widespread adoption, which resulted in a profound increase in living donor kidney transplantation. Dr. Ratner has made significant contributions in overcoming immunologic incompatibilities that prohibited transplantation. He devised the plasmapheresis/IVIg protocol for alloantibody desensitization in 1998. In 2001, Dr. Ratner orchestrated the second paired-kidney exchange in the U.S. Subsequently, he arranged the first paired kidney exchanges in both Pennsylvania and New York. Dr. Ratner was one of the first proponents of including compatible donor/recipient pairs in kidney exchanges. His more contemporary work has looked at the organizational, operational, and regulatory barriers to access to care. With this work, Dr. Ratner and colleagues have demonstrated that there are organizational and operational reasons for the discard or non-utilization of both kidneys and livers. All these strategies have increased organ availability and access to transplantation. Additionally, he has made important contributions to improve living donor safety. For his work, Dr. Ratner has received numerous awards and honors. And, he has been invited to speak and operate at various venues around the world. Dr. Ratner has authored or co-authored over 220 peer-reviewed publications and has been a federally funded investigator. His publications have been cited over 17,000 times.

Dr. Ratner served on the Board of Directors of three Organ Procurement Organizations and was the Chairman of the Board of Directors of the LiveOnNY (formerly the New York Organ Donor Network). He has been a member of numerous national committees and working groups including the Membership and Professional Standards Committee and the Board of the OPTN. He is currently the Past-President of the American Society of Transplant Surgeons, and previously served as that Society's Treasurer and President.

Dr. Ratner originally hails from Brooklyn, NY. He received his undergraduate education at the State University of New York at Buffalo. He received his M.D. from Hahnemann University. His general surgery training was obtained at Long Island Jewish Medical Center. He completed a Fellowship in Transplantation Surgery and Immunology at Washington University. In 2011 Dr. Ratner completed a Master of Public Health with a focus on health care policy, administration and management.

#### Personal Statement:

Organ transplantation is a miracle of modern medicine. Yet many individuals that would benefit from a transplant are never able to receive one. This is a tragedy. The aspirational goal of the OPTN should be to provide transplants to any patients that could benefit. There are a lot of obstacles to this goal. Transplantation requires a complex 'ecosystem' of transplant centers, OPOs, the OPTN, donor hospitals, regulators, third party payers, industry, etc. The OPTN needs to serve as the central hub that aligns the diverse stakeholders in the transplant enterprise, for the benefit of patients. Throughout my career, having functioned in various capacities and in diverse localities, I have gained an understanding of the perspectives of the various stakeholders within the transplant ecosystem. I have demonstrated my ability to come up with novel solutions to complex problems, and to see these solutions through to be adopted and widely disseminated. I have the passion, commitment, experience, knowledge, and proven

leadership ability to well serve the OPTN, the transplant community, and ultimately patients, donors, and their families.

My passion for this work comes from witnessing the miracle of transplantation thousands of times, and from seeing the hope it inspires. But this passion is driven even more so by first-hand knowledge of those individuals who are left behind and never benefit from transplantation. The OPTN must be creative, flexible, and inclusive to effectively meet present and future challenges. I am optimistic about the future of transplantation. I hope to be able to contribute to that future on the national and policy level. Please give me the opportunity to serve.

### **Silas P. Norman, MD, MPH**

Dr. Norman is a transplant nephrologist at the University of Michigan and currently is the Co-Medical Director of Kidney and Pancreas Transplantation as well as the Director of the Transplant Multi-Specialty Clinics. Dr. Norman received his medical degree from Wayne State University School of Medicine and completed his Internal Medicine residency at Baylor College of Medicine before returning to the University of Michigan for Nephrology and Transplant Nephrology fellowships as well as a master's degree in Public Health. Dr. Norman has been involved in transplant policy since 2004 when he joined the OPTN Minority Affairs Committee, serving as Chair from 2011-2013. Dr. Norman has also served on the Policy Oversight and Kidney Transplantation Committees as well as previously the OPTN Board of Directors as Minority Representative, from 2009-2011.

Dr. Norman is the current Chair of the American Society of Transplantation's Inclusion Diversity Equity and Access (to Life) [IDEAL] taskforce as well as being a member of the Minority Organ Tissue Transplant Education Program (MOTTEP) Detroit Foundation Board, Vice-Chair of the American Kidney Fund Board of Trustees as well as serving on the Board of Directors for the National Kidney Foundation of Michigan.

Dr. Norman is an active clinician and researcher. Dr. Norman's research focuses on medical frailty, health disparities, access to transplantation and the care of HIV+ transplant patients.

I have interest in joining the OPTN Board of Directors as I believe I can bring value to the organization and benefit to the people the OPTN serves. I have been involved in transplantation for over 20 years and with OPTN policy for over a decade. In that time, I have come to appreciate the impact of transplant policy on patients and programs. I believe in the OPTN strategic goals of increasing transplantation, equity, efficiency in transplantation as well as promotion of donor and recipient safety and of course promoting improved outcomes. I believe good transplant policy has made great improvements in each of these areas and I know I can contribute to continuing this great policy work on behalf of patients. I have over 10 years of policy experience, and over 20 years clinical and research experience that I can bring to the Board as we partner to achieve the OPTN strategic goals and continue to improve patient lives.

### **At-Large (vote for one)**

#### **Bryan A. Whitson, MD, PhD**

Over the last 4 years we have seen tremendous changes in organ allocation policies, geographic distribution, expanded use of machine perfusion for organ assessment and resuscitation and rapid growth in extended criteria donors such as donation after circulatory arrest and hepatitis C virus positive donors. In the next 5-10 years, the transplant community as a whole will need to address approaches to the introduction and integration of new technology. As we grasp the impact of the recent past and look to future advances we, as a transplant community, need to be able to 1) ensure high quality outcomes at the center and organ procurement organization (OPO) level for the recipients and to honor the

donor's gift; 2) embrace growing the donor pool further through organ resuscitation and assessment and donors traditionally no thought to be able to be utilized; and 3) continue to work with donor families and their loved ones to improve our advocacy for them and help support them.

My experiences volunteering in OPTN service have been eye opening to me. My perspective changed markedly from one of being leery of the system to one of embracing the process which truly geared to improve outcomes, increase organ utilization, and work with our policy makers to expand the gift of life through transplantation.

I am currently a Professor of Surgery at Ohio State University specializing in thoracic transplant, mechanical circulatory support and adult cardiac surgery. At OSU I serve as the Vice-Chair for Innovation and Translational Research and the Jewel and Frank Benson Family Research Professor. I have an active extramurally funded research lab focused on ex vivo organ perfusion and transplant ischemia reperfusion injury. Additionally, I am Director of Thoracic Transplantation and Mechanical Circulatory Support at OSU. I completed my general surgery, surgical infectious diseases, and cardiothoracic surgery training at the University of Minnesota after medical school and undergraduate in mechanical engineering at Indiana and Purdue, respectively.

During my tenure here I have started our lung transplant and heart/lung transplant programs. We have initiated lung/liver, lung/kidney, and heart/lung transplantation and developed a 4-organ ex vivo perfusion clinical center. This has required collaborating with multiple stakeholders in the institution, at the university, with our OPO and in the community to garner resources, time, talent, and space. I have worked to develop our thoracic transplantation programs. Additionally I have advocated for donor and transplantation awareness with our local OPO. I have served on the medical advisory board for Lifeline of Ohio OPO since 2014. In serving on MPSC, OPTN subcommittees, and on Society of Thoracic Surgery and American Society of Transplant Surgeons committees and chairing, I have learned how to communicate across large organizations, electronically, and garner consensus to develop meaningful committee output and influence policy.

Organ transplantation is incredible and the impact that it has on the lives of recipients, their friends and families and donor families is profound. Our success as a field has been largely in part to the structured oversight that the OPTN provides and the inherent accountability and continuous ongoing process improvement. Thoracic transplantation has different perspectives and needs from abdominal transplantation and my experience in thoracic transplantation and both institutional administration and my time involved with the OPTN would bring a unique combination of skills which are valuable.

As an OPTN Board member, I would serve as a link between the Board and the community based on my understanding of new technology and advocate for them when appropriate, understanding the perspectives of abdominal and thoracic transplant programs. My experience with multidisciplinary national organizations and networks to help expand transplant mission and advocacy, and from my work with my local OPO for transplant awareness with donors, their families, the OPO's and hospitals provides a broad perspective of how an organization such as the OPTN interfaces with the greater medical community and with government.

To address these emerging techniques and new clinical trials mentioned above, the greater transplant community will need to increase transparency, expand OPO and center accountability, and emphasize donor and family advocacy. My time as a thoracic transplant surgeon and working with our local OPO has provided a perspective of the positive impact we have on patients' lives and the respect and honor we need to continue to demonstrate to the donor's and donor's families' gifts. These are how I'd



meaningfully, positively contribute to the transplant mission if elected to serve on the OPTN Board of Directors.

### **Matthew G. Hartwig, MD, MHS**

Biography: Matthew Hartwig received his secondary education in Hattiesburg, Mississippi, before attending Birmingham-Southern College where he graduated magna cum laude and was awarded the William Raines Battle Award, an honor that distinguishes a leading senior in scholarship and campus leadership. He was accepted at Duke University for medical school but elected to defer in order to accept a teaching position at Kodolanyi Janos Foiskola college, the first private college to open in Hungary after the Communist government was overturned. He then returned to Durham and matriculated to the Duke University School of Medicine where he was awarded a Howard Hughes Medical Research Award, the William Anlyan Scholarship for exceptional academic work as a medical student, and was elected to AOA. Dr. Hartwig is currently an Associate Professor of Surgery with tenure at Duke University School of Medicine. Over the last two decades he has been a member of the Duke Lung Transplant Program, serving as the Surgical Director of the Lung and Heart-Lung Program, prior to taking a role within the Executive Committee for the Duke Transplant Center. Duke has one of the largest lung transplant programs in the world and a leading transplant center and these roles provide both operational and strategic planning experience. He recently served on the OPTN Thoracic Committee, is co-chair of the ASTS Thoracic Organ Transplant Committee, and has supported several different organ procurement organizations through their medical advisory boards. While on the OPTN Thoracic Committee he took part in responding to the urgent change in the allocation policy in the fall of 2017 and the subsequent development of the continuous distribution allocation system for lungs. His academic interests focus on multiple different aspects of organ transplantation, including health services outcomes research, health economics, and policy leading to multiple publications highlighting organ allocation and equity, OPO and transplant center performances, and enhancing recipient outcomes. He also founded and co-directs the Duke Ex Vivo Organ Perfusion Lab, which is a collaborative effort between abdominal and thoracic organ specialists committed to expanding and enhancing the availability of all solid organs for transplantation. Dr. Hartwig also serves on the editorial board of several leading thoracic surgery and transplant journals.

Personal Statement: It is an honor to be considered by the transplant community to serve on the Board of Directors for the OPTN. This is clearly a critical moment in time for the OPTN and the transplant community it serves for a variety of reasons. The current strategic plan for the OPTN emphasizes four main goals: 1) increase the number of transplants, 2) provide equity in access, 3) enhance outcomes, and 4) promote safety for our donors and recipients. These four goals need to be accomplished in the shadow of the on-going pandemic that can potentially adversely affect all of strategic goals of the OPTN. In addition to managing Covid-19 impacts, the transplant community has the opportunity to develop and implement new allocation schema for all the organs, beginning with lungs. It is vitally important for current and future members of our community that the OPTN monitors closely the introduction of continuous distribution to ensure that it is providing smarter sharing of donor organs across the country. Lessons learned from the initial introduction in lungs, of which I have been a part of on the OPTN Thoracic Committee, will inform other organs moving forward and provides the framework to increase the principle of equity in organ allocation. This is also an "age of machines" as our community works towards determining the optimal utilization of ex situ organ preservation in order to increase the number of transplants, while being mindful of resource expenditures. I have spent my entire career working towards the four separate, but intertwined pillars of the current strategic plan. I believe my prior experiences will be beneficial as the OPTN implements these strategic goals. If selected to serve, I

am committed to providing impartial guidance, minimizing biases, accomplishing the current strategic goals, and setting the framework for the future.

## **At-Large (vote for one)**

### **Candy Wells, BSN, MM**

Candy Wells, BSN, MM is the Director of Organ Utilization at LifeCenter Northwest, overseeing organ allocation, surgical recovery, and kidney perfusion, along with transplant center strategic partnerships and organ utilization initiatives. Wells earned a bachelor's degree in nursing from Washington State University and a master's degree in Organizational Management from the University of Phoenix.

Candy Wells has a personal mission to save more lives with each passing year. She is a dynamic and results-driven professional with long record of success in shaping and leading non-profit medical operations with particular focus and expertise in organ and tissue donation. Wells notes that she is humbled by the opportunity to lead and work alongside an inspiring, dedicated group of people driven by the mission of offering hope and solace to grieving families, and hope and life to the recipients of their loved one's precious gifts. Her personal goal is to find a home for every transplantable organ to save more lives, focusing on the vision of a future where no one dies on the organ transplant waiting list.

Candy Wells has the commitment and industry knowledge and expertise, necessary to be an active contributing member if elected to the OPTN Board of Directors. Wells will use her skills, positive attitude, and tireless energy to contribute together with her fellow Board members to create and refine policy; with a focus on achieving the key strategic plan goals while shaping the current system.

Candy Wells has spent her career dedicated to creating the structure, culture, and process efficiencies leading to LifeCenter Northwest experiencing significant growth over the last 10 years (69% increase in the number of organ donors and 64% increase in the number of organs transplanted).

Candy Wells is actively involved with issues pertaining to donation and organ utilization and has served on national committees, councils, and workgroups. She had the privilege of serving on the OPTN Organ Procurement Committee representing Region 6 and is excited about the opportunity to serve again. Wells was an active member of the OPTN Collaborative Innovation and Improvement Network (COIIN) project, AOPO Procurement Council, AOPO Annual Meeting Faculty, and has served on The Alliance Transplant-OPO Communication Initiative and is currently a member and moderator for the Alliance Conversation Series Workgroup.

She has lectured at numerous national meetings on donation and transplantation and will be presenting at the upcoming ASTS Annual Winter Symposium. Her international work includes consulting for Provincial Operations for Health Canada on a final report "Surgical Organ Recovery Services in Canada: Current State and Future Options" providing the framework for adjustments to the current service models and collaborative efforts with the Canadian Society of Transplantation.

Wells co-authored an article published in the American Journal of Transplantation: "Expedited SARS-CoV-2 screening of donors and recipients supports continued solid organ transplantation" explores how a winning combination of science and collaboration helped LifeCenter Northwest honor the decisions of donors and save more lives during the COVID-19 pandemic.

Candy Wells joined LifeCenter Northwest as a consultant in late 2011, focusing on process improvement and compliance within the organ donation work system. She was promoted to Director in early 2012,

charged with full responsibility of organ donation services and surgical services for LifeCenter Northwest. Wells established and fostered strong strategic partnerships with medical and transplant professionals, hospitals, transplant institutions, and donation organizations.

Prior to joining LifeCenter, Candy worked in tissue donation and transplantation for 12 years. During that time, she served as donation services manager for the Northwest Tissue Center / Puget Sound Blood Center, and later as a surgical donation consultant for the Musculoskeletal Transplant Foundation. She gained vast experience in tissue donation and continued her track record of establishing effective leadership and strategic partnerships with hospital leadership and physicians to grow donation and tissue transplant programs.

She started her career in organ donation in the 1990s as an organ procurement coordinator and joined LifeCenter Northwest the first time in 1997 and is privileged to be back. Initially at LifeCenter Northwest she served as an organ procurement coordinator but was rapidly promoted to hospital services supervisor to oversee daily operations of the hospital services program throughout the four-state service area.

Wells aims to demonstrate service and courage in her work. She notes that the industry is based on the altruism of donors and their families and often requires people to step outside their comfort zone to be courageous when we are advocating for those we serve, always considering what we can do better and differently to save more lives.

### **Meg Rogers, BSN, CPTC**

Meg Rogers, BSN, CPTC has dedicated the last 26 years of her career to the field of organ donation and transplantation at LifeSource, the Organ Procurement Organization serving the Upper Midwest. She currently serves as Director of Transplant Center Relations with a focus on driving improvement in organ utilization. Prior to this position, she was Director of Organ Procurement Services for 15 years. Rogers earned her Bachelor of Science degree in Nursing from Villanova University in Villanova, Pennsylvania and worked as a Registered Nurse at Thomas Jefferson University Hospital in Philadelphia, Pennsylvania and Hennepin County Medical Center in Minneapolis, Minnesota before joining LifeSource.

Currently, Rogers is a Regional Representative on the OPTN Organ Procurement Organization Committee. She has served on multiple other OPTN Committees since 2003 including: Liver/Intestine Transplantation Committee (2003-2005); Organ Procurement Organization Committee (2006-2008 & 2010-2012); Pancreas Transplantation Committee (2008-2010 & 2015-2017); Ad Hoc Organ Tracking Committee (2012-2013); Membership and Professional Standards Committee (2013-2015); and the Transplant Administrators Committee (2017-2020).

Rogers was also appointed to the Minnesota & South Dakota Malcom Baldrige Performance Excellence Network Board of Evaluators (2018-2020), served as faculty member of the HRSA Organ Transplantation Breakthrough Collaborative (2005-2006), and is a Past-Chair of the Association of Organ Procurement Organization's Procurement Directors Council. She has authored or co-authored abstracts for publication and/or presentation both nationally and internationally focused on innovations to improve organ utilization. In 2019, she served on the American Society of Transplant Surgeons Safety and Transportation Summit panel. Rogers is a past recipient of the AOPO President's award.

I am honored to be nominated for an OPTN Board of Directors At-Large seat. With 26 years of experience in Organ Procurement Organization operations and executive leadership, I would bring my deep commitment to the mission of donation and transplantation to the Board.

I've contributed to the donation and transplantation community through service on multiple OPTN committees. This service, along with my depth and breadth of experience working in the field, has given me an invaluable perspective on the complexity of the OPTN ecosystem. The annual increases in organ donation are encouraging, especially over the past decade, yet there's much more to be done to ensure each patient who needs an organ transplant, receives the life-saving gift. Improvement will happen through a bold approach to process improvements in organ utilization and systems efficiency.

I have always been humbled by the strength of donors, donor families, and the patients who await and embrace these life-saving gifts. They will benefit from the OPTN's continued work to leverage synergies among the many constituents in the cycle of donation to grow in focused, inclusive, and innovative ways. If elected to the Board of Directors, I will collaborate with this visionary leadership team to strengthen our collective systems and drive continued improvement on behalf of the communities we serve.