

OPTN Living Donor Committee Workgroup

Meeting Summary

September 10, 2025

Conference Call

Steve Gonzalez, MD, Chair

Aneesha Shetty, MD, Vice Chair

Introduction

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

1. Welcome and Announcements and Public Comment Update (Data Collection Proposal)
2. Public Comment Presentation: Require West Nile Virus Seasonal Testing for Donors
3. Public Comment Presentation: Establish Comprehensive Multi-Organ Allocation Policy Proposal

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

1. Welcome and Announcements and Public Comment Update (Data Collection Proposal)

No decisions.

Summary of Presentation:

Staff reminded committee members that public comment closes on October 1st. She emphasized the importance of regional representatives keeping presentations concise—10 minutes for presenting and 10 minutes for discussion. The presence of Scientific Registry of Transplant Recipients (SRTR) staff at meetings has been beneficial, as SRTR-related questions have arisen frequently.

The next committee meeting will be longer and focused on:

- Reviewing public comment feedback.
- Considering post-comment changes.
- Voting on whether to send the proposal to the board.
- Updates from workgroups, including psychosocial evaluation, rabies (DTAC), and a new liver committee project.

An additional meeting is tentatively scheduled for October 22nd, contingent on whether substantial proposal changes are requested after an update is provided to the OPTN Data Advisory Committee.

Summary of discussion:

The Vice Chair raised a concern from a recent presentation regarding compliance monitoring for the non-donation form. The challenge lies in verifying that all potential donors who did not proceed to donation have a completed form, especially since the denominator (total potential donors) is hard to define.

Member Quality staff explained that compliance could be monitored through routine surveys. These would involve sampling submitted forms and requesting supporting documentation from centers. However, this method does not guarantee that every eligible donor is accounted for.

The committee discussed potential strategies, including tying form submission to in-person evaluations (e.g., nephrologist visits) and auditing based on medical evaluations.

Next Steps:

Staff committed to drafting a formal response for inclusion in the updated Frequently Asked Questions document about the proposal.

2. Public Comment Presentation: Require West Nile Virus (WNV) Seasonal Testing for Donors

The Committee discussed the proposal and asked questions. A formal Committee Comment will be posted on the Public Comment Website.

Summary of Presentation:

The Centers for Disease Control (CDC) had identified 11 confirmed clusters of WNV transmission through organ donation, all occurring between July 1st and October 31st, 2024. This seasonal pattern prompted the proposal to require nucleic acid testing (NAT) for all potential living and deceased donors during this window. The rationale was clear: most WNV carriers are asymptomatic, there are no approved treatments or vaccines, and the virus can be fatal in immunocompromised transplant recipients.

The Committee member presenter emphasized that the proposed testing window aligns with the peak WNV season in the U.S. and would increase the pretest probability, thereby reducing false positives. For living donors, the NAT would need to be performed within seven days of the planned organ recovery, with results available beforehand. For deceased donors, results must be available prior to implantation. While seasonal testing would be mandatory, centers could choose to test year-round based on local epidemiology or clinical judgment.

Summary of Discussion:

The Chair asked whether all transmission cases had occurred within the proposed seasonal window, to which the presenter confirmed that they had. This supported the rationale for seasonal testing rather than year-round requirements.

A member raised logistical concerns, noting that NAT for WNV is not universally available and often requires send-out testing, which can delay results. He also questioned the feasibility of the seven-day window, especially for living donors whose pre-op labs are typically drawn 10–14 days before surgery. Another member echoed this concern, pointing out that many donors travel long distances and would be burdened by additional lab visits.

The committee also discussed the cost of NAT, which the presenter estimated to be comparable to other polymerase chain reaction (PCR) tests—potentially a few hundred dollars depending on the lab and insurance coverage. Elizabeth Thomas suggested aligning the testing window with existing protocols, such as final human leukocyte antigen (HLA) testing which is often done 10 days before surgery.

The Vice Chair and other members proposed extending the testing window to 10 days to accommodate smaller centers and reduce logistical strain. The presenter acknowledged these concerns and expressed openness to adjusting the proposal based on committee feedback.

3. Public Comment Presentation: Establish Comprehensive Multi-Organ Allocation Policy Proposal

The Committee discussed the proposal and asked questions. A formal Committee Comment will be posted on the Public Comment Website.

Summary of Presentation:

The Chair of the Multi-Organ Transplantation Committee introduced a proposal designed to address equity and efficiency challenges in multi-organ allocation. She explained that the current system lacks standardized guidance, leaving organ procurement organizations (OPOs) to make subjective decisions when multiple candidates are eligible for multi-organ transplants. This has led to inconsistencies and potential inequities, particularly for single-organ candidates who are medically urgent, highly sensitized, or pediatric.

The proposed policy would implement a system-generated, donor-specific multi-organ allocation plan within the OPTN computer system. It would direct allocation order across match runs based on medical urgency, access to transplant, and organ utilization. The plan includes seven allocation tables tailored to donor characteristics such as age and Kidney Donor Profile Index (KDPI).

One of the key changes is the prioritization of prior living donors. For kidney candidates, those who previously donated an organ and are within 250 nautical miles would be placed just below the most highly sensitized candidates. Lung candidates who are prior living donors would receive five additional KAS points. The proposal does not yet include other organs, but the framework allows for future expansion.

The presenter emphasized the importance of replacing vague “permissive” language with a clear “must/must not” framework to improve transparency and compliance. She also noted that the proposal would not apply to living donors, as multi-organ donation is rare in that group.

Summary of Discussion:

The Living Donor Chair reiterated the committee’s longstanding support for prioritizing prior living donors, noting that while they represent a small group, the impact of such prioritization is significant. He advocated for extending this priority to all organ types, not just kidney and lung.

The Vice Chair asked whether heart and liver donors would eventually be included, referencing the continuous distribution projects. Staff confirmed that continuous distribution is currently paused, but the allocation tables were designed to be adaptable for future policy changes.

Staff clarified that policy 8.4.E defines prior living donors as those who have donated kidney, liver segment, lung segment, partial pancreas, or small bowel.

The committee also discussed the placement of prior living donors within the allocation tables. The presenter explained that moving them higher would require shifting entire classification groups to maintain consistency with existing policy. She invited feedback on whether the current placement appropriately honors the donor’s gift.

Upcoming Meetings:

- October 8, 2025

Attendance

- **Committee Members**
 - Aneesha Shetty
 - Trysha Galloway
 - Frankie McGinnis
 - Elizabeth Thomas
 - Nathan Osbun
 - Laura Butler
 - Danielle Reuss
 - Anita Patel
 - Nancy Marlin
 - Steve Gonzalez
 - Tiffany Caza
- **SRTR Representatives**
 - Katie Siegert
- **HRSA Representatives**
 - N/A
- **UNOS Staff**
 - Emily Ward
 - Lindsay Larkin
 - Lauren Mooney
 - Sam Weiss
 - Sara Rose Wells
 - Carly Layman
 - Tory Boffo
 - Joel Newman
- Other attendees:
 - Lisa Stocks
 - Rachel Miller