OPTN Organ Procurement Organization Committee
Meeting Summary
August 21, 2025
Conference Call

PJ Geraghty, MBA, CPTC, Chair
Lori Markham, RN, MSN, CCRN, Vice Chair

Introduction

The OPTN Organ Procurement Organization (OPO) Committee (the Committee) met via Teams teleconference on 08/21/2025 to discuss the following agenda items:

1. Welcome and Agenda
2. Rabies Directive Update
3. Data Collection on Normothermic Regional Perfusion (NRP) and Machine Perfusion Proposal Announcement
4. Health Resources and Services Administration (HRSA) Directive for OPTN Donation after circulatory Death (DCD) Policy Development Workgroup: Update and Discussion

The following is a summary of the Committee's discussions.

1. Welcome and Agenda

The Chair welcomed the members to the meeting and reviewed the agenda.

2. Rabies Directive Update

Presentation Summary

In 2024, there was a case of rabies transmission from a donor to four recipients, in which one of the recipients died because of the transmission. In April 2025, HRSA directed the OPTN Disease Transmission Advisory Committee (DTAC) to propose improvements to OPTN policy aimed at reducing the risk of donor-derived rabies. The Centers for Disease Control and Prevention (CDC) as part of its work with the DTAC suggested that rabies should be an absolute contraindication for organ donation, that there should be a standardized approach to the assessment of rabies risk among organ donors, and that the OPTN should establish guidance for OPOs and transplant programs when high-risk rabies exposures are identified in a potential organ donor. DTAC has begun drafting a series of questions to assess rabies risk. DTAC is considering a requirement for OPOs to consult with public health authorities and document the consultation if they identify any risk factors for rabies in a possible organ donor. DTAC also reviewed a risk exposure tool from the CDC that estimates rabies exposure risk to indicate when rabies post-exposure prophylaxis (PEP), a treatment for rabies, should be administered.

DTAC is looking for initial feedback as they develop their policy proposal and they asked OPO Committee the following questions:

- Is information in the new data collection obtainable in the donor interview/current Uniform Donor Risk Assessment Interview (UDRAI) questions?
- Are there concerns or recommendations around wording or content of new rabies risk questions?

- What feedback does the OPO Committee have on the requirement to contact DCD, health department and/or transplant program ID specialists when rabies risk factors are identified? How would OPOs likely operationalize this?
- Would OPOs have the information needed to use the CDC tool? What guidance would OPOs require to use this tool?
- Does the OPO Committee have any additional feedback on balancing risk among and between all providers involved in the procurement, shipment, and implantation of an organ at risk for rabies?
- Does the OPO Committee have any additional feedback on balancing the risk of organ non-use and potential patient mortality on the waitlist?

Summary of discussion:

No decisions were made regarding this agenda item.

The Vice Chair suggested that the rabies screening question asking if the potential donor is a veterinarian may be better if there were a differentiation between regular veterinarians that work with domesticated cats and dogs and veterinarians that work with wildlife at high-risk for rabies. One member inquired about the requirement to consult with the health department or CDC, specifically whether this consultation included testing by the CDC or was merely advisory. The presenter confirmed that the requirement would be to consult with the CDC or the health department. The Chair suggested integrating the CDC tool into the OPTN Donor Data and Matching System, allowing it to automatically run a screen based on the information the OPOs entered into the system. Another member noted that if a person answered yes to the question of whether an animal had scratched them, it might not be a concern since the scratch could have come from their cat, which does not have rabies.

3. Data Collection on NRP and Machine Perfusion Proposal Announcement

Presentation Summary

The Chair announced that the Data Collection on NRP and Machine Perfusion proposal would not be going out for public comment due to the outstanding critical comment on NRP. The OPTN is awaiting HRSA's response to their proposed plan to address the critical comment.

Summary of discussion:

No decisions were made regarding this agenda item.

There was no discussion regarding this agenda item.

4. HRSA Directive for OPTN DCD Policy Development Workgroup: Update and Discussion

Presentation Summary

The Chair reviewed the timeline for the HRSA Directive for OPTN DCD Policy Development project and provided a list of workgroup members on the project. The Workgroup has split into two subgroups to address different portions of the project. One subgroup focused on the requirement for family education, while the other subgroup focused on the requirement for stakeholders to be able to pause the DCD donation process. Currently, the family education subgroup is compiling a list of elements regarding DCD donation for OPOs to share with patients' families. The pause subgroup is considering questions involving the ability of any stakeholder to call for a pause during the DCD donation process. These questions include who is considered a stakeholder for the purpose of calling a pause, whether

there should be any conditions that automatically trigger a pause in the DCD process, how OPOs would be required to report pauses to the OPTN, and what is needed to resolve a pause.

Summary of discussion:

No decisions were made regarding this agenda item.

The Chair pointed out that the Deceased Donation Registration (DDR) may not be the best form for collecting pause data because OPOs only fill out the DDR when a patient donates an organ. A HRSA representative suggested the use of the ventilated patient form (VPF), which is currently pending OMB approval, as a possible tool for collecting pause data. The Chair pointed out that OPOs are required to report a pause within 24 hours, and both the DDR and VPF have a longer timeframe in which OPOs are to complete them.

One member had a question regarding the designated timeframe in which a stakeholder could call a pause, which the workgroup had decided would be from authorization for DCD donation to cross clamp time during organ recovery. The member wanted to know why the workgroup chose cross clamp time rather than the declaration of patient death, as at that point, there is no possibility of neurological improvement or potential for the patient to experience pain. The Chair clarified that the workgroup elected to use cross clamp time in the event a patient was declared dead inappropriately.

Upcoming Meetings

- September 18, 2025

Attendance

- **Committee Members**
  - Dan DiSante
  - Doug Butler
  - Donna Smith
  - Greg Veenendaal
  - Kerri Jones
  - Lee Nolen
  - Lori Markham
  - Micah Davis
  - PJ Geraghty
  - Rachel Markowski
  - Shane Oakley
  - Sharyn Sawczak

- **HRSA Representatives**
  - Joni Mills
  - Luke Neureiter
  - Sarah Laskey

- **SRTR Staff**
  - David Zaun
  - Jon Miller
  - Katie Siegert

- **UNOS Staff**
  - Alina Martinez
  - Carly Rhyne
  - Delany Nilles
  - Ethan Studenic
  - Kevin Daub
  - Matt Cafarella
  - Ross Walton
  - Susan Tlusty
  - Taylor Michalski
  - Tory Boffo

- **Other**
  - Lara Danziger-Isakov
  - Rachel Miller