OPTN Membership and Professional Standards Committee
Meeting Summary
September 26, 2025
Conference Call

Cliff Miles, M.D., Chair
Scott Lindberg, M.D., Vice Chair

Introduction

Membership and Professional Standards Committee (MPSC) met virtually via Webex in open and closed session on September 26, 2025, to discuss the following agenda items:

1. Update and Improve Efficiency in Living Donor Data Collection
2. West Nile Virus Seasonal Testing for All Donors
3. Establish Comprehensive Multi-Organ Allocation Policy
4. Require Patient Notification for Waitlist Status Changes Proposal
5. Performance Monitoring Enhancement Data Request
6. Membership Issues
7. Other Significant Issues

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

1. Update and Improve Efficiency in Living Donor Data Collection

The OPTN Living Donor Committee Chair presented their public comment proposal *Update and Improve Efficiency in Living Donor Data Collection* and asked for the MPSC's feedback. The goal of the proposal is to better understand barriers to living donation and would implement a new living donor non-donation form (NDF) for potential living donors who meet in-person with transplant personnel, but who do not continue to donation. Minor data collection changes are also proposed so that data from the NDF can be compared to the data collected on the Living Donor Follow-up Forms. Also in the proposal is removal of the required two-year living donor follow-up form in favor of transferring the follow-up to SRTR which follows living donors and potential living donors long-term.

Summary of discussion:

Several members expressed the importance of education for living donors about these changes. Messaging should affirm that living donors will still be followed, and even if they do not proceed with donation, data will still be collected to understand the reason why. Further, care should be taken to convey that a trusted organization (SRTR) will follow them to collect ongoing data in the future. A member reiterates the need for communication with living donors about the proposed changes and asks whether feedback was obtained from current living donors in relation to this proposal. They further note that the inclusion of the 'opt-out' (living donor non-donation form) living donor data is a missing component of the current data collection. The group was reminded that transfer of 2-year follow-up to the SRTR is aligned with their existing living donor data collection efforts. The Chair notes that the current proposal presents a limitation for the monitoring of living donor non-donation form submission, as no true denominator data collection are planned.

In consideration of the care and safety of living donors, members also expressed concern about the SRTRs plan for management of follow-up data collection which reveals acute medical or psychosocial

concerns. Currently, the close relationship programs have with their living donors offers the opportunity for the living donor to receive necessary referrals or follow-up should an issue warranting attention or intervention arise in the course of collecting information for the Living Donor Follow-up Form (LDF). Members ask whether the SRTR has similar protocols in place to ensure referrals when necessary. It is noted that SRTR's goal is data collection, but they also have Medical Directors who can communicate directly with living donors to offer guidance. Acknowledging the diligence living donor programs currently exercise in pursuit of obtaining the 2-year living donor data, the Chair further questions whether SRTR will pursue the vital status of living donors and non-donors who are unresponsive to contact at the 2-year anniversary. Additionally, if the transplant hospital no longer owns the 2-year LDF data entry, could this unintentionally result in misses of required living donor safety event reporting to the OPTN?

2. West Nile Virus Seasonal Testing for All Donors

The Chair of the Ad Hoc Disease Transmission Advisory Committee (DTAC) presented their public comment proposal *West Nile Virus Seasonal Testing for All Donors* and asked for the MPSC's feedback. The proposal would add requirements for donor West Nile Virus (WNV) testing between July 1 and October 31 each year. The aim of this proposal is to reduce the risk of donor-derived WNV transmission, provide more consistency in practices across OPOs and living donor hospitals and improve transplant recipient safety and outcomes.

Summary of Discussion

In reviewing the proposed WNV testing timeframe for organ recoveries conducted between July 1 and October 31 each year, an MPSC member raised a question regarding whether the DTAC had considered using the hospital admission date instead of the organ recovery date to determine the testing window. This alternative approach could enhance safety at the end of the timeframe, particularly for donors admitted prior to October 31 but recovered afterward. It was also noted that this method may facilitate implementation for Organ Procurement Organization (OPO) members.

MPSC members further discussed the operational logistics of performing WNV testing on donors, specifically the turnaround time and its impact on the donation process. The DTAC Chair clarified that commercial nucleic acid testing typically has a turnaround time of approximately four to five hours, which is not expected to cause significant delays. Additionally, another MPSC member noted that the assay used for WNV is the same as that used for HIV, HBV, and HCV, allowing it to be incorporated into the same testing panel and timeframe.

3. Establish Comprehensive Multi-Organ Allocation Policy

The Chair of the Ad Hoc Multi-Organ Transplant Committee (MOT) presented their public comment proposal *Establish Comprehensive Multi-Organ Allocation Policy* and asked for the MPSC's feedback. The proposal aims to promote equitable access to transplant among multi- and single-organ candidates and to facilitate consistent and efficient allocation by standardizing the allocation process and order of priority across different organ match runs for most deceased donors and highly prioritized candidate groups.

Summary of Discussion

An MPSC member began the discussion by acknowledging the challenges faced by highly sensitized single-organ candidates, particularly those with 100% calculated panel reactive antibody (CPRA), and

expressed support for the proposed changes aimed at improving their access. The member emphasized the importance of entering human leukocyte antigen (HLA) typing prior to executing match runs to prevent organ offers to candidates with unacceptable antigens who were not filtered out, thereby improving allocation efficiency. This practice was noted to be increasingly important for thoracic organ candidates, with a possible exception for liver match runs. Another member noted that in some cases, HLA typing may not be available until after organ recovery, however allocation for extra-renal organs may need to occur prior to recovery. In recognition of this, the member suggested that exceptions may be necessary, so additional clarity about these scenarios is desirable.

There were concerns raised about the static nature of the allocation plan, particularly for organ match runs that are executed after the allocation plan. Because the allocation plan does not include organs that do not have a match run at the time the plan is executed, members request clarity about the appropriate procedure for the possibility that the OPO later decide to allocate those organs. The MPSC member advocated for transplant centers to have visibility into the organ placement logic to promote transparency in the allocation process in these scenarios of changing circumstances. It was also suggested that the MOT committee consider a three-to-six-month implementation grace period before beginning to evaluate member compliance, due to concerns about operational challenges, unintended consequences, and the need for a substantial learning period given the complexity of the proposed changes.

Several MPSC members discussed the importance of increasing priority for pediatric kidney candidates and candidates with low Estimated Post-Transplant Survival (EPTS) scores in the multi-organ allocation tables, alongside highly sensitized and prior donor groups. Members urged the MOT Committee to elevate pediatric priority due to their vulnerability and developmental needs. It was also noted that candidates with low EPTS scores, who tend to be younger, have demonstrated better graft longevity when receiving kidneys with low KPDI scores. Given that dialysis carries its own risks, these candidates should be considered for increased priority to help maximize the gift of these organs.

The Chair asked about what considerations had been made regarding compliance and allocation out of sequence (AOOS) when utilizing the proposed multi-organ allocation plans. It was discussed that the proposed tables and system generated allocation plan would provide clear metrics for compliance with the proposed policy, and the Chair noted some concern that the proposal could potentially put members at risk for non-compliance with multiple policies for a single instance of AOOS. A member suggested using a pop-up warning feature if an allocation was going to be AOOS or outside of the multi-organ allocation table. Another member asked about candidates that do not appear on the multi-organ allocation plan, and it was clarified that it will still be permissible to allocate multi-organ combinations once the allocation plan has been completed, ensuring that other candidate groups continue to receive offers. An additional member observed lung candidates whose CAS scores don't place them on the allocation plan and it was noted that the lung committee was asked for their recommendations for scores thresholds suitable for the allocation plan and that the remaining lung CAS scores would be allocated from the lung match run.

4. Require Patient Notification for Waitlist Status Changes Proposal

The Vice Chair of the Transplant Coordinators Committee (TCC) presented their public comment proposal *Require Patient Notification for Waitlist Status Changes* and asked for the MPSC's feedback. The proposal aims to update to *OPTN Policy 3.5: Patient Notification* to add a requirement for notification related to patient activation and inactivation. Transplant programs would be responsible for communicating to candidates whenever their waitlist status has changed. The project aims to alert

patients who are moved to active from inactive status, or inactive from active status, adding transparency and empowering patients to work with their transplant team to ensure their listing status is accurate.

Summary of Discussion

An MPSC member began the discussion by emphasizing the importance of patient empowerment and engagement in the transplant process. The member noted that the most appropriate method of communication between patients and clinicians should be determined by the transplant care team, as letters may not always be the optimal approach. In some cases, a direct conversation may be more suitable, and compliance could be monitored through a requirement to document the interaction in the candidate's medical record. Another member suggested that communication via electronic medical record (EMR) systems could be a convenient and efficient option for both patients and care teams. This method may reduce administrative burden while allowing patients to engage in documented conversations or follow-up phone calls to clarify any concerns. Several members agreed that direct conversations are the most effective and reliable method of communication. This approach is already standard practice at many centers, and documentation in the medical record is considered a legal and sufficient means of compliance.

Concerns were raised regarding potential unintended consequences of the policy, particularly the possibility of increased burden on the MPSC due to significant non-compliance. This could stem from delays in delivering formal letters or patients missing notifications sent through EMR platforms. A member recommended establishing a data-informed minimum time threshold during which centers would not need to notify patients of inactivity. The Chair agreed, noting that requiring notifications for short-term changes could be burdensome and confusing.

Another member highlighted the risk of centers using informal "internal hold" mechanisms to avoid sending notification letters, especially for short-term inactivation. This practice could impact allocation out of sequence and reduce transparency with patients. It was noted that in the case of a candidate's hospitalization, it does make sense to promote transparency and inform the patient of their short-term status changes, if conversations are allowed to be documented in the candidate record.

The Chair commented that a patient portal would be the most effective tool for informing patients about their listing status and several members concurred. However, the presenter clarified that the time and financial resources required to build such a portal are substantial, and the TCC was tasked with proceeding with a version of the current proposal without that feature.

5. Performance Monitoring Enhancement Data Request

Decision: The MPSC Committee approved proceeding with an OPTN data request on the frequency and size of range refusals, specifically for kidney offers.

Background: While reviewing allocation cases, the OPTN Membership and Professional Standards Committee (MPSC) brought up the topic of "range refusals", a practice in which a transplant program can decline a particular organ offer for multiple candidates at their center, even if the organ was not offered to all of those candidates. More specifically, concerns were raised that after implementation of the organ offer acceptance metric in July 2023, transplant programs might be using range refusals less frequently and range refusals might be covering fewer registrations than in previous years out of concern that such declines might negatively impact their program's offer acceptance performance. If

true, such reductions in range refusals may decrease the efficiency of organ allocation, as Organ Procurement Organizations (OPOs) may need to work through more registrations before reaching the final acceptor.

Decision: To better understand the scope of this issue, the MPSC Committee approved proceeding with an OPTN data request on the frequency and size of range refusals, specifically for kidney offers. The Committee supported the proposed analysis plan with the following recommendations: 1) focus on kidney matches; 2) stratify range refusal metrics by distance between each transplant program and donor hospital; and 3) explore sensitivity analyses that incorporate bypassed offers and/or matches with no final acceptances if computationally feasible.

Next Steps: Research drafted a written analysis plan per the Committee's recommendations and sent this plan to MPSC Leadership for their approval. Once approved, Research will submit this data request to HRSA.

6. Membership Issues

Decision #1: The Committee approved the consent agenda.

Decision #2: The Committee discussed an application for a change in primary pediatric lung surgeon and approved the application under the Alternative Pathway for Predominantly Pediatric Programs.

The Committee met in closed session and discussed the following issues. The Committee is charged with determining whether member clinical transplant programs, organ procurement organizations, histocompatibility laboratories, and non-institutional members meet and remain in compliance with membership criteria. During each meeting, it considers actions regarding the status of current members, and new applicants and applications are presented to the MPSC members as either a consent or discussion agenda. The Committee reviewed and approved the consent agenda by a vote of 25 Yes, 0 No, and 0 Abstentions.

The Committee considered the applications and other actions listed below and will ask the Board of Directors to approve the following recommendations during the December 2025 meeting.

- Approve 1 New Hospital
- Approve 2 New Transplant Programs/Components
- Approve 1 New Non-Institutional Membership
- Approve 2 Non-Institutional Membership Renewals

The Committee reviewed and approved the following personnel changes:

- 1 application for Program/Component Inactivation Extensions
- 33 applications for new and changed key personnel for Transplant Programs or Components
- 12 applications for changes in key personnel for Histocompatibility Laboratories

The Committee also received notice of one program inactivation. In addition, the Committee discussed an application for a change in primary pediatric lung surgeon and approved the application under the Alternative Pathway for Predominantly Pediatric Programs.

7. Other Significant Issues

No decisions were made.

- Report of Investigative Activities

  Contractor staff supplied a written summary of investigative activity for August 2025. The report included the number of reports staff received, reporting and subject, member type, general classification of the issue, how many cases staff referred to the MPSC were closed without sending them to the MPSC or are still actively investigating. The reports are received mostly through the patient safety portal. During the month of August 2025, the OPTN received 58 reports. There are 29 active reports still pending, which means those reports are still under active staff investigation. Future reports will provide an update on the status of pending cases from this report.

- Public Forum

  No requests were received from the public to address the Committee during open forum.

Upcoming Meeting

- October 17, 2025, 2-4pm, ET, Virtual
- November 5-7, 2025, Details Virtual
- December 5, 2025, 3-4pm, ET, Virtual
- December 19, 2025, 3-5pm, ET, Virtual

Attendance

- **Committee Members**
  - Kamyar Afshar
  - Megan Bell
  - David Bruno
  - Michael Daily
  - Chad Denlinger
  - Amishi Desai
  - Chad Ezzell
  - Roshan George
  - Dipankar Gupta
  - Richard Hasz
  - Nicole Hayde
  - Kyle Herber
  - Dean Kim
  - Lindsay King
  - Varvara Kirchner
  - Kevin Koomalsingh
  - Kevin Korenblat
  - Pete Lalli
  - Scott Lindberg
  - Maricar Malinis
  - Michael Marvin
  - Deborah Maurer
  - Clifford Miles
  - Saeed Mohammad
  - Kenneth Newell
  - Anthony Panos
  - Deirdre Sawinski
  - Paul Stahler
  - Carrie Thiessen
  - James Yun
- **HRSA Representatives**
  - James Bowman
  - Marilyn Levi
  - Arjun Naik
- **SRTR Staff**
  - Jonathan Miller
  - Bryn Thompson
- **UNOS Staff**
  - Sally Aungier
  - Jadia Bruckner
  - Elinor Carmona
  - Nadine Cahalan
  - Houlder Hudgins
  - Elias Khalil
  - Lindsay Larkin

- Delaney Nilles
- Jamie Panko
- Tina Rhoades
- Carly Rhyne
- Susan Roache
- Liz Robbins Callahan
- Erin Schnellinger
- Sharon Shepherd
- Kaitlin Swanner
- Betsy Warnick
- Emily Womble

- **Other Attendees**
  - Heather Bastardi, Vice Chair, Transplant Coordinators Committee
  - Stevan Gonzalez, Chair, Living Donor Committee
  - Stephanie Pouch, Chair, Disease Transmission Advisory Committee
  - Lisa Stocks, Chair, Multi-Organ Transplantation Committee