

**OPTN Kidney Transplantation Committee Meeting
Meeting Summary
November 24, 2025
Conference Call**

**Jim Kim, MD, Chair
Arpita Basu, MD, Vice Chair**

Introduction

The Kidney Transplantation Committee met via Microsoft Teams on November 24, 2025 to discuss the following agenda items:

1. Welcome
2. Project Prioritization Updates
3. Feedback Request: Deceased Donor Testing Requirements

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

1. Welcome

The Chair welcomed the Committee, as well as newly joined Visiting Board members, who introduced themselves.

Summary of discussion:

There were no questions or comments.

2. Project Prioritization Updates

The Committee reviewed the status of their recent projects and updates on the prioritization of new projects discussed in July, 2025.

Presentation summary:

The "Hard to Place" Kidney Definition effort was folded into the Kidney Expedited Placement Project, where it was utilized as initiation criteria for kidney expedited placement.

The Continuous Distribution of Kidneys was paused in July of 2025.

Kidney Expedited Placement:

- May and June, 2025: Kidney Committee votes to send proposal to OPTN Policy Oversight Committee for public comment
- July, 2025: the Health Resources and Services Administration (HRSA) submits notification to the OPTN requesting revision of the developed proposal
- August, 2025: Committee reviews and discusses the HRSA notification
- September, 2025: OPTN Board of Directors (the Board) Allocation Out of Sequence (AOOS) Workgroup initiates expedited placement subgroup
 - Vice Chair of the Kidney Committee presents Committee proposal to the AOOS Expedited Placement Subgroup

The Committee emphasized several projects in July, 2025:

- Update Kidney Patient Education Requirements and Remove High Kidney Donor Profile Index (KDPI) Consent
- Removal of the Kidney Minimum Acceptance Criteria (KiMAC) and National Kidney Allocation Requirements
- Update Estimated Post Transplant Survival and KDPI Calculations
- Re-evaluate Requirements for Waiting Time Reinstatement Due to Primary Non-Function
- Develop Definition of “Non-Transplantable”

Kidney Committee Leadership further prioritized two projects:

- Update Kidney Patient Education Requirements → aiming for January POC review
- Removal of the KiMAC and National Kidney Allocation Requirements → aiming for February POC review

In December, the Committee will review the 6-month monitoring report for the Refit KDPI without Race and Hepatitis C Virus (HCV) policy, and continue discussions regarding updating KDPI.

Summary of discussion:

The Committee had no questions or comments.

3. Feedback Request: Deceased Donor Testing Requirements

A Committee member who represented the Kidney Committee on the Deceased Donor Testing Requirement Workgroup presented, and the Committee reviewed and provided feedback on the Operations and Safety Committee’s Deceased Donor Testing Requirements project.

Presentation summary:

Organ Procurement Organizations (OPOs) sometimes face challenges in obtaining certain testing. Transplant Programs sometimes need to request additional information from OPOs to make a decision on offer acceptance.

The purpose of this project is to re-evaluate policies related to donor testing requirements to determine:

- What testing requirements (if any) are outdated or no longer relevant
- Better understand processes related to donor testing and propose modifications to current policy

This proposal will re-evaluate the following policies related to deceased donor testing:

- Deceased Donor General Risk Assessment (Policy 2.8)
- Deceased Donor Infectious Disease Testing (Policy 2.9)
- Additional Deceased Donor Testing (Policy 2.10)
- Required information for deceased kidney, liver, heart, and pancreas donors* (Policies 2.11 A, B, C, and E)

The OPTN Lung Transplantation Committee addressed requirements for deceased lung donors in their Promote Efficiency of Lung Donor Testing Policy proposal, which was approved by the OPTN Board.

Progress to date:

- The Deceased Donor Testing Workgroup (the Workgroup) has reviewed the policies and finalized recommendations that included:
 - Policy modifications

- Updates to guidance
 - Data collection
- The Workgroup has reviewed and finalized cross reference of policy and system requirements and provided policy and system recommendations

The Workgroup recommends the following modifications to Kidney-specific deceased donor testing requirements:

- OPTN Policy 2.11.A: Required Information for Deceased Kidney Donors:
 - Modify first paragraph to read: “the host OPO must ensure that all the following additional information for all deceased kidney donors is obtained and provided with the kidney donor offers”
 - Add language “blood urea nitrogen (BUN)” to mirror system requirements
- Guidance:
 - Include clinical examples of scenarios where biopsies are needed for donors 18 years or younger
 - Encourage or recommend high resolution imaging of biopsies if available
- System Requirements Recommendation:
 - Blood urea nitrogen (BUN) is currently required in the OPTN Computer System, but not required in policy. The Workgroup recommends aligning policy requirements with the current system requirements

Policy recommendations made will be sent to the Operations and Safety Committee for their review and discussion. The Operations and Safety Committee will develop and finalize policy language. The proposal is targeted for Winter 2026 public comment cycle.

Summary of discussion:

One member asked if there is any genetic testing done on deceased donors. The member shared that standard testing would not have picked up on autosomal dominant tubulointerstitial kidney disease-UMOD (ADTKD-UMOD). The member explained that if young donor unknowingly had ADTKD-UMOD, it could be passed on to the recipient. Another member explained that the only genetic testing currently done for deceased donors is for the APOL1 gene, as part of the Apollo study. The member added that occasionally polycystic kidney disease is tested for if there is a genetic risk in the family, it may be done, but ADTKD-UMOD is rare. The member added that there are specific markers on a biopsy that can point to ADTKD UMOD, but that because it is so rare, genetic testing for UMOD is rarely performed. The member explained that because genetic testing is rare, kidneys with immunologic genetic diseases are transplanted; however, these diseases tend to dissipate by the time the kidney begins to function because they are immunologic diseases. The member concluded that donors are not tested for all kinds of kidney disease currently.

A member asked if genetic testing is ever performed in the years after kidney transplant, to see if any genetic diseases have developed and to advise recipients on how to proceed in the case of diseases like ADTKD-UMOD. The member explained that even in end stage ADTKD-UMOD, there are things that patients can do to live longer. Another member offered to talk about genetic testing further offline.

One member expressed support for the changes related to biopsy. The member asked why there was a focus on BUN, noting that is something that isn't much considered when evaluating a kidney donor. The presenting member explained that the BUN recommendation was to align policy with current system requirements. OPTN contractor staff reiterated this point, noting that BUN was required in the system to make offers on a kidney match run, but was not required in OPTN policy.

The Chair asked how this proposal would impact the minimum criteria for biopsy, particularly related to age requirements. The Chair asked if the policy itself should be updated to include these criteria. OPTN contractor staff explained that the Workgroup considered removing the mention of donors aged 18 and older from the minimum biopsy criteria, but ultimately decided to update guidance, acknowledging that this policy was recent and evidence-based. OPTN contractor staff continued that OPO representatives on the Workgroup mentioned that it would be helpful to include specific scenarios where a biopsy would be appropriate for a pediatric donor.

The Chair explained that the biopsy criteria was developed with a lot of debate from OPO and pathologist professionals, and now that it's implemented, OPOs do generally perform biopsies according to the policy. The Chair continued that these recommendations sound reasonable, but offered that it might be better to modify or add to the criteria. OPTN contractor staff explained that the Workgroup felt it would be very rare that a biopsy would be necessary on pediatric donor kidneys, and that removing the age-related language from the minimum biopsy criteria could result in unnecessary biopsies. OPTN contractor staff noted that this proposal will go through public comment as well.

OPTN contractor staff added that the Operations and Safety Committee will discuss this feedback at their December 18th meeting, and vote on final policy language.

Upcoming Meetings

- December 15, 2025

Attendance

- **Committee Members**
 - Jim Kim
 - Arpita Basu
 - Leigh Ann Burgess
 - Christine Hwang
 - John G. Lunz
 - Kristen Adams
 - Prince Anand
 - Jason Rolls
 - Eloise Salmon
 - Jim Cason
 - Marc Melcher
- **HRSA Representatives**
 - Sarah Laskey
- **SRTR Staff**
 - Bryn Thompson
- **UNOS Staff**
 - Kayla Temple
 - Kaitlin Swanner
 - Joann White