Meeting Summary

OPTN
Organ Procurement & Transplantation Network

OPTN Kidney Transplantation Committee Meeting

Date: 6/15/2026
Time: 12:00 – 1:00 PM ET
Host: HRSA OPTN Meetings
Purpose: The Kidney Transplantation Committee met to discuss unintended consequences of Policies 1.2 and 3.7.D pertaining to estimated glomerular filtration rate (GFR) wait time modifications.

Meeting Attendees

Organization	*Name(s)*
HRSA	Ray Lynch Brianna Doby Mesmin Germain Annie Tor
OPTN Committee Members	Jim Kim Arpita Basu Prince Anand Alejandro Diez Christine Hwang John Lunz Saidi Reza Jason Rolls Eloise Salmon Aparna Sharma Curtis Warfield
OPTN Board Members	John Magee
OPTN Board Support Contractor	Doug Fesler
OPTN 360 Contractor	Manasvini Gaggenapalli Roozbeh Ghanizada Richard Kim
OPTN Meeting & Logistics Contractor	Hammad Aslam Erin Kannan Lindsey McEntee Andrea Soong

Action Items

Action Item	*Owner*	*Due Date*
Follow up with Minority Affairs Committee (MAC) and Kidney Committee leadership to coordinate drafting the policy clarification	Doug Fesler	6/16/2026
Send MAC and Kidney Committee members a guidance email for accessing the voting documents in OPTN 360	OPTN 360 Contractor	6/16/2026
Work asynchronously to draft policy clarification language	MAC and Kidney Committees	6/21/2026
Schedule a joint call with MAC and Kidney Committee in one week to discuss the clarification language	HRSA	6/22/2026

Meeting Notes and Key Decisions

Meeting Notes

Announcement and Opening Remarks

- HRSA expressed that the ability to work asynchronously in OPTN 360 will benefit committee workflow productivity as asynchronous votes legally require unanimity to be complete
- The OPTN Board President thanked participants for their commitment to the OPTN and informed them that HRSA will select the new operations contractor soon
- The OPTN Board President noted that OPTN 360 supports the OPTN's public-private partnership through improved, contractor-agnostic records retention and security

eGFR Wait Time Modification Discussion

- A committee member introduced himself as Chair of the MAC and the topic of discussion is the unintended consequences of eGFR wait time modifications, specifically as related to Policy 1.2 and Policy 3.7.D, as outlined below

  Prior to 2022, the two criteria to list a candidate were either registration date in which estimated creatinine clearance (CrCl) or glomerular filtration rate (GFR) is less than or equal to 20

  - At that time, the OPTN was not prescriptive about specific formulas programs could use, so hospitals could include or exclude race as a qualification for wait time accrual, based on their discretion and the four-variable Modification of Diet for Renal Disease (MDRD) formula, which did include race as a variable, was the standard of care
  - In 2022, the OPTN recognized a new standard of care that included Cystatin C and established a requirement for a race-neutral formula for estimated GFR (eGFR) calculations
  - OPTN Policy 1.2 states with prospective intent that formulas used to calculate an eGFR must not use a race-based variable, but did not specify how to measure or estimate GFR
  - Policy 3.7.D established a wait time adjustment for kidney transplant candidates that were affected by the prior race-based formula
- A committee member explained that last year, MAC was informed of a case in which the transplant team used the current formula to establish a waitlist start date of December, but when they followed the intent of Policy 3.7.D and used a race-inclusive formula to find a date in which the GFR was less than 20, the only date was in June 2023 – post-implementation of the new policy
- This led the transplant team to use the old, race-inclusive formula to establish an earlier waitlist start date, which is out of compliance with Policy 1.2
- A committee member added that due to confusion about how to adjudicate these wait time modification requests, the OPTN still approves them, which creates the unintended consequence of inappropriately adjusted modification dates in a cohort of the cases
- A committee member noted that if the OPTN does not correct the issue, the member expects the number of patients with inappropriate adjusted wait times and the amount of time added will grow and create a prospective inequity in future listings for deceased donor kidneys
- A committee member explained that the Minority Affairs and Kidney Transplantation committees reviewed the possible conflicts with existing policies in September 2025 and issued a request for guidance to the Board of Directors (Board), but a government shutdown and the cessation of committee meetings during the HRSA bridge period prevented further discussion

- The committees presented two options to the Board in the request for guidance:
  - **Option 1:** Update educational materials related to eGFR modifications on the OPTN website, to provide a swift solution without alteration of policy
  - **Option 2:** Pursue a formal policy change, which requires significant time and may further impact patient wait times
- Leadership of both committees recommended option 1, pending committee approval, but have outstanding questions:
  - Are the two options allowed under OPTN and HRSA bylaws?
  - Are there any other options they did not consider?
  - What happened to those patients or programs that received additional time, contrary to the policies' intent?
  - Is this an issue for the Membership and Professional Standards Committee (MPSC)?
  - What is the guidance for interpretation of these policies, in reference to the two proposed options?
- A committee member explained the goals for today's call as:
  - Discuss if implementation of an operational clarification is immediately necessary
    - If so, is it appropriate to issue a corresponding update to the materials?
    - Are the members of both committed to working on the final wording for a recommendation to the Board and subsequent Board collaboration?
  - Hold a vote
- A committee member expressed concern at the length of time between presentation of this issue and today's discussion and that regarding the two options for discussion, monitoring and enforcement is more consequential than the policy language
  - The committee member also noted that it would be controversial to retroactively correct cases that received additional wait time and doing so would require public comment
- The OPTN Board President responded that the primary concern is to come up with a solution that is consistent with the policy's intent
- A committee member informed the Chair that the MAC will meet at 3:00pm today to discuss this issue
- HRSA advised that the issue regarding corrections for inappropriately adjusted wait times requires a Board discussion and public comment, and that action would be fraught
- The OPTN Board President approved of HRSA's suggestion for the committee chairs to draft a recommendation for committee members to review asynchronously, present to the Board once they have reached a consensus, and then send out as a communication from the President that clarifies the application of the policy
- The OPTN Board President asked a Board member if this would require a Board vote; the Board member advised that committees typically issue this sort of guidance and the Board does not need to take a vote for guidance, but does require vote on new policy
  - The Board member added that committees typically vote on guidance, but it is not mandatory
- The Chair confirmed that the committee leadership's intent was to provide an expedient clarification of the policy

- The meeting did not meet quorum to hold a vote on the waitlist modifications
- HRSA demonstrated to attendees how to find the votes in OPTN 360 and the Chair requested HRSA email the committee guidance as well
- Committee members expressed that the OPTN should communicate this issue to the community rather than make decisions without their knowledge or input
- The OPTN Board President and the Chair agreed but recommended to move forward with the clarification language first

Key Decisions

- The committee agreed to work asynchronously with the MAC to draft policy clarification language for Policy 1.2 and Policy 1.3.D and collaborate with the Board of Directors to finalize the language
- The committee agreed to develop educational resources such as a FAQ document to provide policy guidance to transplant centers