Meeting Summary

OPTN
Organ Procurement & Transplantation Network

OPTN Kidney Transplantation Committee Meeting

Date: 6/15/2026
Time: 3:00PM – 4:00PM ET
Host: HRSA OPTN Meetings
Purpose: Members of the OPTN Minority Affairs Committee (MAC) met to discuss unintended consequences of Policies 1.2 and 3.7.D pertaining to estimated glomerular filtration rate (eGFR) wait time modifications.

Meeting Attendees

Organization	*Name(s)*
HRSA	Raymond Lynch
MAC Voting Members	Alejandro Diez Oscar Serrano Christina Baune Donna Dennis Obi Ekwenna Hilda Fernandez Mary Homan Tatia Jackson Adrian Lawrence Hector Madariaga Anthony Panos Cody Reynolds April Stempien-Otero Ruben Quieros-Tejeira Catherine Vascik
OPTN Board Members	John Magee 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(s)*	*Due Date*
Follow up with MAC and Kidney Committee leadership to coordinate drafting policy clarification	Doug Fesler	6/16/2026
Coordinate with IT Contractor to send MAC and Kidney Committee members guidance email for accessing 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 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

- The Chair welcomed participants to the call and noted that today's meeting is a special session to discuss an urgent agenda item

eGFR Wait Time Modification Discussion

- The Chair explained that 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 (outlined below)
  - Prior to 2022, the two criteria to list a candidate were either registration date in which measured or calculated creatine clearance or glomerular filtration rate (GFR) is less than or equal to 20, or date after registration on which the candidate's measured or calculated creatinine clearance or GFR became less than or equal to 20
  - At that time, OPTN was not prescriptive about specific formulas programs could use, so hospitals could utilize a formula that included or excluded race as a qualification for wait time accrual, the four-variable Modification of Diet for Renal Disease (MDRD) formula, which did include race as a variable, was the most commonly used formula
  - In 2022, 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
- The Chair discussed an example case that the leadership of the Kidney Transplantation and Minority Affairs Committees reviewed in September last year, 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
- The Chair added that due to confusion about how to adjudicate these wait time modification requests, OPTN still approves them, which creates the unintended consequence of inappropriately adjusted modification dates in a cohort of the cases
- The Chair noted that if the OPTN does not correct the issue, the Chair 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
- The Chair explained to the Minority Affairs and Kidney Transplantation Committees 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?
- The Chair explained the goals for today's call as:
  - Item 1A: Is the implementing of operational clarifications immediately necessary; in accordance with the original intent of Policies 1.2 and 3.7.D?
  - Item 1B: Is issuing corresponding updates to educational materials and FAQs related to eGFR waiting time modifications on the OPTN website appropriate?
    - 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; members can determine the exact wording of the recommendation offline in OPTN 360
- A committee member asked if the bad interpretation of the policy is on the part of the transplant program or the approval of the adjusted wait time and the Chair replied that it is both a case of programs' misinterpretation of policy and of the OPTN acting without enough guidance or clarity
  - The Chair noted this issue warrants a full committee discussion and that the Chair's preference is for the OPTN to institute an operational guideline to clarify that modifications based on a race-inclusive formula do not apply to post-2022
- A committee member suggested the confusion arises from unclear policy language and the OPTN should simplify the language; the Chair agreed and noted that an FAQ document would be a helpful reference for centers
- The Vice Chair agreed there should be standard guidance from the OPTN to align all programs with the policy and added he would vote in the affirmative to an agreement to commit to work on the language and collaborate with the Board
- A committee member asked if there is a way to know which formula was used prior to 2022 for the cases in which the OPTN approved wait time modifications and the Chair was unsure how granular the approval process was, but the best check and balance is the July 2022 cut-off time for use of a race-based formula

- A committee member asked about the implications for the current cohort with inappropriately approved wait times and the Chair replied that the size of the cohort is unknown and a method for adjudicating the cases has not yet been determined, as the situation is complicated and some members of the cohort may have already received a transplant
  - The Chair noted that the more pressing issue is clarification of the policy language and perhaps issuance of educational documents such as an FAQ
- A committee member asked if there is any current action to address this issue and the Chair replied this is the first time it is being addressed in committee since the 2025 government shutdown and expiration of the prior contractor's contract prevented the committees from taking action earlier
- The Chair confirmed this committee's preference to address the issue through an operational correction at the OPTN level and development of educational materials for centers
  - The Chair added that the effort required of the committee would be to work offline over the next two weeks and that HRSA will brief members on how to work in OPTN 360
  - The Chair noted that the same presentation was provided today to the Kidney Transplantation Committee and they agree with MAC's decisions; the two committees must work jointly since the two committees produced the original policy
  - The Chair explained that the next step is for committee leadership to send the recommendations to the Board for review and then committees will collaborate with them on any modifications
- The Chair called for a motion for discussion items 1A, 1B, 2, 3, and 4
  - The Chair motioned a vote and a committee member seconded the motion
  - The vote passed unanimously

Closing

- The Chair explained the next steps will be for leadership to send a draft recommendation to the group to review and make modifications as they deem necessary; then the committees will vote on the language
- The OPTN Board President thanked everyone for their work on this issue and noted that the goal is for the two committees to work together to develop clarifications, ideas, educational content, and guidance that would not require a change of policy, and which the Board can vote to approve if a vote is required
- The OPTN Meeting & Logistics Contractor passed the floor to the IT Contractor to conduct an onboarding for OPTN 360

Key Decisions

- The committee agreed to work asynchronously with the Kidney Transplantation Committee to draft policy clarification language for Policy 1.2 and Policy 3.7.D and collaborate with the Board to finalize the language
- The committee agreed to develop educational resources such as an FAQ document to provide policy guidance to transplant centers

OPTN Policy 3.7.A Applications for Modifications of Waiting Times

- HRSA provided overview of a waiting time modification request for a specific candidate who received a liver transplant and was listed under a safety net protocol, and shared detailed applicable policy references
  - HRSA clarified that this was not a policy vote, but a vote on the specific case
  - **Vote:** The Kidney Transplantation Committee votes to approve waitlist modification request

- **Results:**
  - **Approve:** 11
  - **Reject:** 0
  - **Abstain:** 0

Closing Remarks

- The OPTN Board President provided comments on ongoing committee work related to patient safety and OPTN 360 improvements, emphasizing transparency and information security
- The OPTN Board President asked committee leadership if there were any emergency issues to address; the Chair responded there were none but acknowledged there were outstanding discussion topics from various projects that are currently on hold
- The OPTN Board President opened the floor for questions and urgent actions, and closed the meeting after the committee confirmed they did not have anything further to share