

OPTN Executive Committee Meeting Summary

Meeting Information: Agenda and Attendees

Friday, December 5, 2025 | 1:30–2:30 p.m. ET | Location of Event: Zoom

The following is a summary of the OPTN Executive Committee meeting, which took place on **December 5, 2025, 1:30–2:30 p.m. ET**.

Agenda

Open Session

- Welcome
- Call to Order
- Approval of Meeting Summaries - **VOTE**
- Final Policy Proposal on Requiring Seasonal West Nile Virus Testing
- Other/New Business
- POC Policy Project Recommendations
 - **Project #1:** Increase Priority for Multivisceral Transplant Candidates, Liver & Intestinal Transplantation Committee
 - **Project #2:** Clarify ABO Typing and Subtyping Determination, Histocompatibility Committee
 - **Project #3:** Optimizing Liver Allocation, Liver and Intestine Transplantation Committee

Closed Session

- The Board met in a closed session.

Attendees

Attendee Name(s)	Affiliation
John Magee (President), Shelley Hall (Vice President), William (Bill) Ryan (Vice President of Patient Donor Affairs), Alan Reed (Treasurer), Justin Wilkerson (Secretary), George Bayliss, Jen Benson, Nahel Elias, Samantha Endicott, Annette Needham	OPTN Executive Committee
Brianna Doby, Amy Harbaugh, Raymond Lynch	HRSA Representatives
Doug Fesler	OPTN Executive Director
Christine Jones, Rachel Shapiro, Vanessa Amankwaa, Tennille Daniels, Jady Dunning, Samuel Hoff, Anthony LaBarrie, Mary Lavelle, Markus Louis, Christina Sledge	OPTN Board Support Staff
Lindsay Larkin, Meghan McDermott, Jamie Panko, Carly Rhyne	OPTN Operations Contractor Staff

Attendee Name(s)	Affiliation
Scott Biggins, Erika Lease, Gerald Morris, Stephanie Pouch	OPTN Committee Representatives

Meeting Summary

Open Session

Call to Order

The OPTN Executive Director, Doug Fesler, convened the open session and confirmed quorum. The OPTN Board President (“President”) John Magee convened the meeting and underscored that the session served as a preparatory review for key presentations to the Board of Directors. The meeting began in open session and moved into a brief closed session.

Approval of Meeting Summaries

The Executive Committee moved a motion to approve the August 15 and September 12, 2025 meeting summaries. Fesler confirmed that the Board Support Contractor will make one non-substantive correction to the August 15 summary as requested by an attendee.

Following the discussion, the Executive Committee voted on the following:

RESOLVED, that the meeting summaries for the Executive Committee meetings held on August 15 and September 12, 2025 be and hereby are approved, as presented, with authority granted to the Secretary to make any non-substantive corrections as may be necessary.

Final Vote: 10 approve, 0 reject, 0 abstain.

Final Policy Proposal: Seasonal West Nile Virus (WNV) NAT Testing

Dr. Stephanie Pouch, Chair of the Disease Transmission Advisory Committee (DTAC) presented an overview of the proposal. The committee developed the policy following the CDC’s request for additional seasonal NAT testing due to the risk of donor-derived WNV transmission. Transplant recipients face high morbidity and mortality from WNV-related neuroinvasive disease, and 80% of infections are asymptomatic, making symptom-based screening unreliable.

Key Elements of the Proposal

- Seasonal NAT testing (July 1–October 31) for all living and deceased donors.
- Living donor testing required within 14 days of recovery, with results available pre-recovery.
- Deceased donor results may be entered as pending but must be finalized before implantation.
- Testing outside the seasonal window remains permissible based on local epidemiology.

Public Comment Themes and DTAC Responses

- Testing Window: Living donor testing extended from 7 to 14 days to align with operational workflows.

- Turnaround Times: NAT results generally available within hours; OPOs reported no significant delays.
- Accuracy Concerns: High specificity of NAT mitigates concerns about false positives.
- Seasonal/Geographic Variability: Year-to-year fluctuations make tailored regional policy impractical.

OPO and transplant hospital representatives requested clarity regarding key dates, test timing requirements, and acceptable use of pending statuses. The committee discussed flexibility for testing logistics, including access to commercial laboratories where internal NAT platforms are unavailable.

Other / New Business

No additional items were raised.

Policy Oversight Committee (POC) Project Recommendations

Dr. Erika Lease, Chair of the Policy Oversight Committee (POC), presented three project proposals reviewed by the POC. These projects reflect ongoing committee work and system needs, although timelines and feasibility remain subject to financial and operational constraints.

[Increase Priority for Multivisceral Transplant Candidates, Liver and Intestine Transplantation Committee](#)

This project revisits multivisceral transplant candidate prioritization following data showing persistent waitlist mortality despite previous policy adjustments.

- Refining NLRB guidance to improve prioritization pathways.
- Addressing increased candidate removals due to death or deterioration.
- Requesting eligibility for the Expedited Actions Pathway for future NLRB updates.

POC Vote: 12 approve, 0 reject, 0 abstain.

Cost/Benefit: Low cost / low–moderate benefit.

[Clarify ABO Typing and Subtyping Determination, Histocompatibility Committee](#)

This patient-safety–driven project focuses on reducing risk from inaccurate blood typing in transfused donors, where serologic testing may be unreliable. OPOs often default donors to Type AB, reducing organ acceptance and utilization.

- Define when molecular typing should replace serologic methods.
- Improve subtyping accuracy to reduce discrepancies (reported at ~5% in some regions).
- Add structured data fields to improve monitoring and ensure compliance.

POC Vote: 11 approve, 0 reject, 0 abstain.

Cost/Benefit: High cost / high benefit.

[Optimizing Liver Allocation, Liver and Intestine Transplantation Committee](#)

This proposal includes three separate but operationally related issues, acknowledging ongoing gaps in equity and efficiency within liver allocation.

- Reevaluate Status 1A criteria involving pre-existing cirrhosis.

- Reassess MELD ≥ 25 lab update frequency to improve clinical accuracy.
- Enable small-stature adults to specify lower donor-weight limits.

POC Vote: 13 approve, 0 reject, 0 abstain.

Cost/Benefit: Medium cost / low benefit.

Committee members suggested exploring project separation, phased development, or prioritization based on cost and benefit. Concerns were noted regarding budget constraints and competing system demands.

Closed Session

The Board met in a closed session.