SRTR Review Committee Meeting Minutes

via Zoom

July 8, 2025, 1:00 PM – 4:00 PM CDT

Voting Members:
Emily Perito, MD, MAS (Co-Chair) ('26)
Sean Van Slyck (Co-Chair) ('25)
Carli Lehr, MD, PhD ('26)
Amit Mathur, MD ('27)
Deborah Maurer ('25)
Joseph Hillenburg (PFAS) ('26)
Scott McPhee (HCDS) ('26)
William Parker, MD, PhD (AMS) ('27)

Ex-Officio Members:
Erika Lease, MD (OPTN-POC)
Carlos Martinez, MS (OPTN)
Jonah Odim, MD (ARPA-H)
Jesse Schold, PhD, MStat, MEd (OPTN-DAC)

HRSA Guests:
Sarah Laskey, PhD
Ray Lynch, MD
Luke Neureiter
Annie Tor

Ex-Officio Members Not Present:
Adriana Alvarez, MS (HRSA)
Brianna Doby, MPH (HRSA)
Shannon Dunne, JD (HRSA)

SRTR Staff:
Yoon Son Ahn, MS
Avery Cook, MPH, MSW
Earnest Davis, PhD, MHSA
Tonya Eberhard
Allyson Hart, MD, MS
Ryutaro Hirose, MD
Larry Hunsicker, MD
Amy Ketterer
Grace Lyden, PhD
Roslyn Mannon, MD
Maria Masotti, PhD
Warren McKinney, PhD
Jon Miller, PhD
Caitlyn Nystedt, MPH
Cory Schaffhausen, PhD
Sydney Kletter Sharma
Katie Siegert, MPH
Jon Snyder, PhD, MS
Bryn Thompson, MPH
Nicholas Wood, PhD
David Zaun, MS

Introductions and welcomes

Mr. Sean Van Slyck and Dr. Emily Perito called the Scientific Registry of Transplant Recipients (SRTR) Review Committee (SRC) meeting to order. Roll call for voting members was taken, with quorum met. Dr. Jon Snyder introduced Dr. Perito as the new Co-chair, stepping into Dr. John Magee's place with his transition to President of the Organ Procurement and Transplantation Network (OPTN). Dr. Snyder expressed appreciation for Dr. Magee's contributions to the SRC and shared that he is looking forward to seeing Dr. Magee in his new role. He noted that Dr. Perito will finish out Dr. Magee's term as SRC Co-chair through the end of 2026.

Voting members shared their names and roles, with introductions then given by Dr. Sarah Laskey, Dr. Ray Lynch, Mr. Luke Neureiter, and Ms. Annie Tor from the Health Resources and Services Administration (HRSA); Mr. Carlos Martinez from the United Network for Organ Sharing (UNOS), the OPTN contractor; Dr. Jonah Odim from the Advanced Research Projects Agency for Health (ARPA-H); and Dr. Erika Lease and Dr. Jesse Schold from the OPTN Policy Oversight Committee (POC) and Data Advisory Committee (DAC), respectively.

Mr. Van Slyck reviewed that all members' conflict-of-interest attestations are up to date and reminded the members to submit these annually or when there are any changes that may pose a conflict. He called for a motion to approve the minutes from the last SRC meeting on April 10, 2025. The motion was brought forth by Mr. Scott McPhee and seconded by Mr. Joseph Hillenburg. All members voted in favor of approving the minutes, with no opposition or abstentions.

SRTR contract update

Dr. Snyder provided an update on the status of the SRTR contract, which was set to be completed on September 20, 2025. He shared that SRTR received notice of HRSA's intent to seek a 6-month extension of the contract 6 weeks ago, and that SRTR received the extension request last week. He said that HRSA requested a response by yesterday, July 7, 2025, which SRTR met, and that SRTR is now awaiting further word from HRSA about the contract extension. He detailed that if approved, the contract extension would extend the current contract period through March 20, 2026.

HRSA data directives and critical comments

Dr. Snyder turned to HRSA's directives regarding allocation out of sequence (AOOS). He described HRSA's request for the OPTN to define AOOS and gave a thorough explanation of the OPTN's proposed AOOS definition, which incorporates five key match-run bypass codes: operational organ procurement organization (OPO) bypass (861); donor medical urgency bypass (862); expedited placements bypass (863); not offered expedited placement, found only in liver match runs (867); and other, with further information to be specified (799). HRSA responded positively, requesting further transparency through a dashboard and emphasizing the importance of education and oversight. SRTR, in compliance with HRSA, removed several expedited placement metrics from the Donation and Transplant System Explorer public application and has developed internal code to accommodate the AOOS definitions. Dr. Nick Wood described trends that indicated variation in the use of bypass codes across OPOs and organs, and internal analysis revealed opportunities for education and standardization. Notably, a steep decrease in AOOS rates has not coincided with a decline in transplant volumes or increased nonuse, which was positively acknowledged by HRSA representatives.

Dr. Wood shared a number of infographics that cataloged the number of bypass codes used by each OPO. Discussion ensued regarding the appropriate interpretation and use of bypass codes, particularly the "other, specify" (799) code, which lacks consistency and can hinder data clarity. Dr. Schold confirmed that the DAC supported including all such cases in AOOS tracking due to the difficulty in analyzing the free text. Dr. Perito raised questions about whether the SRTR-developed data visualizations could be leveraged for an upcoming dashboard. Dr. Lynch responded affirmatively, noting the value of SRTR's work and indicating a formal direction will be forthcoming. Additional dialogue addressed concerns about the transparency and completeness of bypass tracking, especially when decisions occur at the transplant center level after OPO allocation. Members such as Mr. Van Slyck and Dr. Will Parker raised questions on how to capture these nuances in data reporting.

Dr. Schold provided updates on two critical HRSA data directives involving collection of data on ventilated donor referrals and prewaitlist transplant candidate referrals. Dr. Schold summarized the DAC's involvement in shaping the scope and content of the new data collection. He emphasized the unprecedented scale of this initiative and the practical considerations behind the design of data variables. He said that the process is currently in a 30-day public comment window, set to close at the end of July 2025. Dr. Schold noted the DAC's goal of balancing robust data with feasibility across all transplant

centers and OPOs. The new datasets aim to increase transparency and support performance improvement, particularly for quality assurance and patient-focused insights. HRSA representatives stressed the importance of public comment in shaping these directives but did not commit to a specific implementation timeline. Mr. Van Slyck underscored the need for proactive outreach to hospitals to prepare them for the requirements, especially regarding reporting and corrective plans. Dr. Lynch responded that broader stakeholder education will follow after finalization.

[The group took a break at this time]

SRC Nominating Committee process update

Dr. Hart provided an update regarding the SRC Nominating Committee, building on what had been discussed in previous meetings, including moving the process up a quarter to allow for a longer timeline for the call for nominations. She said that applications had been received but that more would continue to be accepted through the end of the month. She also shared that the Nominating Committee would be meeting on September 12, 2025, to review and vote on the new members, before presenting them to the SRC at the October meeting. Dr. Hart recapped the number of applications that have been received: seven for the SRC, four for the Patient and Family Affairs Subcommittee (PFAS), three for the Human Centered Design Subcommittee (HCDS), and three for the Analytical Methods Subcommittee (AMS). These numbers include several cross-applications: two SRC applications also for AMS, one SRC application for HCDS, and two PFAS applications for the Co-chair role.

Dr. Hart also noted the Nominating Committee position that had opened up as a result of Dr. Perito moving to the SRC Co-chair position. She shared that as Co-chairs of the subcommittees, Mr. Hillenburg, Mr. McPhee, and Dr. Parker had already been assigned to review nominations for their respective committees, but asked for other members to volunteer to serve on the Nominating Committee. Dr. Carli Lehr and Ms. Deb Maurer volunteered their time to serve on the Nominating Committee, with Dr. Amit Mathur reiterating his willingness to volunteer.

Task 5 project updates

Dr. Cory Schaffhausen provided an overview of the ongoing website unification effort—consolidating srtr.org and the patient-friendly website (preview.srtr.org) into a single, streamlined platform. The design aims to enhance usability and simplify maintenance. The professional content, including organ-specific reports (OSRs) and technical model information, is being migrated and restyled to align with the new interface. Dr. Schaffhausen shared that the timeline for this migration is within the next few months. He also addressed traffic tracking and challenges in differentiating between patient and professional users. Dr. Earnest Davis from PFAS highlighted their joint work in raising patient awareness and making the tools more accessible earlier in the transplant journey. The goal is to help patients discover and benefit from the SRTR resources before patients are deep into the transplant process.

Dr. Mathur raised a question about the actual reach of the patient-facing site and whether it attracts unique users or repeat visitors. Dr. Schaffhausen confirmed that traffic to the preview site is currently lower but expected to rise postlaunch. Dr. Schaffhausen also noted the lack of systematic user identification on the site, which is also a topic being explored by the HCDS. Dr. Davis emphasized the need to equip PFAS with tools for promoting the site and asserted that patients often learn of SRTR too late in their transplant journey. He also stressed that patient priorities should not be constrained by data collection challenges, and he advocated for full transparency. Mr. Hillenburg echoed these sentiments and reinforced the value of new patient voices in SRC efforts.

Dr. Schaffhausen showed mock-ups of new concepts available for SRC review of the patient-specific search updates, emphasizing the separate journeys available for patients and professionals. He reviewed that this is an adaptation of work done by Dr. Ajay Israni for the website transplantcentersearch.org. He shared that a patient-specific search tool is being developed to include a personalized decision guide using medical profile options such as body mass index (BMI), age, and other factors. Dr. Parker questioned whether this tool would use historical data and emphasized the importance of stressing in the decision guide that patients should discuss options with their centers. Dr. Lehr questioned how frequently the information would be updated to reflect the current practice, to which Dr. Schaffhausen replied that underlying data would be updated with the PSR cycle, but that a disclaimer about data updates may need to be added. Dr. Schaffhausen said that preparation for implementation of this tool is underway.

Dr. Jon Miller provided an update on changes that have been made to the Long-Term Outcomes calculator, which is a tool he developed and shared with the SRC previously. The tool is in final stages of development, and preparation for launch is underway, with continuing updates following the public release. He said that the committee's previous feedback has been invaluable and shared the most updated application with the group. He walked through the most recent changes, which include a landing page with disclosures on the outcomes, a calculator that allows different organs to be selected, as well as defaults for age, diagnosis, etc. He shared that the tool has been expanded beyond the previously proposed 10-year outcomes to 15-year outcomes, and that a methods tab has been included to discuss suggestions for predictor variables. The underlying statistical method has not been changed and still uses the survival model, but the graph shows the survival curve, while a table presents the data in numerical format. Dr. Miller reviewed that, based on feedback, a 50% survival line has been added, and he sought to solicit feedback on the presentation of the line and detailed characteristics about donor choices, which can be toggled to view how different characteristics can change outcomes and help aid decision-making.

The group engaged in a thoughtful discussion about the tool and commended Dr. Miller on his work and attention to detail. Dr. Schold questioned the level of appropriateness for patient-facing tools; he noted there being different ways to explore measure of confidence and emphasized the need to find a happy medium between confidence intervals for professional use and useful data for patient decision-making. He encouraged the release of the tool to solicit further feedback and updates after launch. Dr. Lehr echoed Dr. Schold's thoughts regarding helping patients feel better about the statistics and proposed that the confidence bands around the survival curve could be adjusted to assuage concerns. Mr. Hillenburg questioned the difference in adult and pediatric outcomes, and he suggested including a note that the adult and pediatric expectations may be variable. Dr. Parker proposed that the absolute transplant numbers be contrasted with survival rates for those who did not receive transplant to emphasize the importance of transplantation. Dr. Snyder called for a vote to approve launching the Long-Term Outcomes calculator pending the minor adjustments discussed. Mr. Hillenburg motioned for a vote, which was seconded by Mr. McPhee. The committee members unanimously voted in favor of launching the application, with no opposition or abstention.

[Dr. Mathur had to leave the meeting during this discussion]

Dr. Grace Lyden shared her updates to the Kidney Predicted Waiting Times application, which has been modified in direct response to patient feedback. She reviewed the language updates that were implemented. She walked members through use of the application, highlighting the ability to enter patient characteristics and a specific transplant program, with the national patient average showing as a default. The app now shows a "typical" predicted waiting time for 40% to 60% of patients, as well as a range from the 20th to 80th percentile of waiting time. A new feature noted was the ability to compare

centers or compare a center with the national average in a table displaying the 20th, 50th, and 80th percentiles of predicted waiting time. Dr. Lyden also shared that the formatting has been changed for viewing on a mobile device.

Dr. Lyden asked the committee to share their feedback on the application. Dr. Parker asked about the approach to competing events, and Dr. Lyden said that the predicted waiting times were from a cumulative incidence curve, where death is treated as a competing event and living donor transplant recipients are censored. Dr. Parker also raised concerns about minor differences in race and ethnicity and whether that affects the waitlist time, and Dr. Lyden shared that this patient characteristic was included for transparency following feedback from PFAS. Dr. Davis proposed ways for the users to understand the information being put forth by the application in interactive format, such as videos or animations, which Dr. Hart saw as facing financial and technical constraints but would still continue to push for. Dr. Snyder called for the committee to vote to approve launching the Kidney Predicted Waiting Time calculator pending a data update. Dr. Parker motioned for a vote, which was seconded by Mr. McPhee. The committee members voted unanimously in favor of launching the application, with no opposition or abstentions.

[Dr. Lease had to leave the meeting during this discussion]

Ms. Yoon Son Ahn presented a Multiorgan Transplant Explorer tool that is in early stages of development and highlighted the options to choose a transplant combination, age group, zip code, and other selections for personalization. She said that the tool explains which centers perform simultaneous transplant and aids with finding a center that fits a patient's needs. Ms. Ahn noted that the national number of transplants and national outcomes are integrated into the application, with likely outcomes to be added in the future under another tab. As this tool is still in early stages of development, no vote was taken on its launch.

Dr. Snyder shared that a date has been proposed for the Task 5 Town Hall Webinar following the 2022 consensus conference: August 13, 2025. He said that HRSA is providing feedback as to whether this date would be appropriate.

SRC subcommittee informational reports

Dr. Snyder asked for a representative of each of the subcommittees to provide an update for the SRC about their meetings:

Dr. Schaffhausen reported that the most recent HCDS meeting was held on June 13, 2025. There was discussion about the call for nominations and strategizing about how to increase applications, which seems to have worked as there are more applications than last year. He reviewed the website updates and concepts for navigation, as well as an analytic summary of website users by Mr. McPhee. The next HCDS meeting is scheduled for September 10, 2025.

Dr. Lyden said that the latest AMS meeting was held on April 23, 2025. She reported that there was discussion of the minimum sample size needed to display program tier ratings, as well as the potential for use of historical priors in program evaluations. She noted that the call for nominations is still active and asked for committee members to solicit applications from interested parties. The next AMS meeting is scheduled for July 22, 2025.

Dr. Davis reported that the ongoing collaboration among PFAS members for website development continues, with their upcoming meeting scheduled for July 24, 2025. Their most recent meeting was on April 17, 2025, and many focus groups for website feedback have taken place since that date.

Closing business

Dr. Snyder said that Mr. Van Slyck might have a conflict with the October meeting date and so a new date may be explored to better align with his schedule. He advised attendees that Ms. Avery Cook may be reaching out with another poll to find a better date. The next meeting is currently scheduled for October 16, 2025, from 2:00-5:00 pm CT via Zoom. Hearing no further business, Mr. Van Slyck and Dr. Perito thanked the members for their engagement and discussion and adjourned the meeting.