LOSING TRANSPLANTS FOR ALL THE WRONG REASONS: A STATISTICAL ANALYSIS OF THE REDUCTION IN KIDNEY TRANSPLANTS IN RESPONSE TO REPORTS OF OPO FAILURES

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Introduction

The kidney transplant waitlist has long exceeded the supply of available kidney organs. The waitlist today includes more than 94,000 Americans, with more than 28,000 deceased and living kidney transplants occurring in 2025. Even more troubling, recent events seem to have led to a decline in overall kidney transplants from 2024 to 2025, driven by a decline in deceased donor transplants. **This represents the first time in the 21st century that we see an annual isolated decline in deceased donations and deceased donor kidney transplants**, even while living donor kidney transplants increase and the kidney discard rate declines, the latter reflecting increased use of available deceased donor kidneys.

Decreases in total kidney transplants do have precedent this century, having occurred in 2007, 2008, 2011, 2012, and 2020. Both deceased and living transplants declined in 2007, 2008, and 2012 while in 2011 and 2020 only living transplants fell. The 2007-2008 decline was largely attributable to the global recession. The 2012 decrease was the result of a new allocation system impacting kidney transplant centers, resulting in a more conservative approach to organ acceptance with an increased kidney discard rate by transplant centers. Living donations fell in 2020 due to COVID.

2025 was the first year that although living kidney transplants increased, the decline in deceased kidney transplants and donations resulted in a decrease in the number of overall transplants. This disparity would have been even starker had there not been a significant improvement in the kidney discard rate which led to more completed deceased kidney transplants than would have happened under prior years with higher discard rates.

What has caused this unprecedented and isolated decline in deceased kidney donations? Multiple factors may be contributing to this shift, including broader changes in the underlying pool of potential donors. While some portion of the decline may reflect external trends, such as fewer overdose deaths, an unanticipated effect of necessary recent oversight efforts of the kidney transplant system, and accompanying negative media reports, has shaken the deceased donor landscape and may have contributed to the reduction in deceased donor rates. Given this emerging trend, the importance of increasing living donation has come into even sharper focus. Policymakers and all stakeholders in the kidney transplant process will need to focus on the impact of the recent oversight efforts and take clear measures to responsibly increase kidney transplant rates, most likely via a focus on living kidney donor supportive policy.

Longstanding Focus of the Kidney Transplant System

For multiple generations, when it comes to the kidney transplant space, congressional and general public focus has largely been related to efforts focused on increasing deceased kidney donor transplantation rates and aggregate kidney transplant figures.

For instance, over 35 years ago Congress created a national network of Organ Procurement Organizations (OPOs) to assist in the recovery of available deceased donor organs. For 25 years, Congress and the Department of Health and Human Services (HHS) ensured that the OPOs system thrived and generated results. And the effort succeeded – over the past 25 years deceased donor transplants increased by over 170% from over 8,100 kidney transplants in 2000 to over 22,000 in 2024.

Notwithstanding this initial growth, however, many potential kidney transplants were not being realized. For example, in 2020, only 10% of potential deceased donors younger than 76 years old with an inpatient death and organs suitable for transplant actually served as organ donors. Given this unrealized potential, both Congress and CMS took action. More specifically, Congress began a series of oversight hearings into OPO operations, the Organ Procurement Transplant Network (OPTN) which coordinated the OPOs, and the high discard rates of recovered organs. In parallel, CMS in December 2020 issued a controversial final rule focused on improving OPO performance, threatening to decertify the lowest performing OPOs unless deceased donor organ recoveries and transplantation rates increased.

Most recently, in May 2025, Congress doubled down on its OPO related oversight efforts related to kidney transplantation rates, receiving testimony and reviewing evidence describing recurring problems within the OPO system, including organs lost during transport, conflicts of interest among OPO leadership, and concerns about the use of federal Medicare funds.[1] More recent bipartisan investigations by the Senate Finance Committee have concluded that these concerns may be systemic, finding that multiple OPOs nationwide exploit regulatory loopholes while failing to adequately address accountability, safety precautions, and conflicts of interest.[2]

2025 and the Change in Oversight Focus

In mid-2025, however, Congress shifted focus away from how OPOs could increase productivity to highlighting individual patient incidents that have rightfully raised serious safety questions about the safeguards governing deceased donor procurement.[3] More specifically, in July 2025, the House Energy and Commerce Subcommittee on Oversight and Investigations held a hearing examining a widely reported incident in Kentucky in which an OPO attempted to recover a kidney from a patient who had been declared dead after cardiac arrest but later

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[1] https://www.finance.senate.gov/ranking-members-news/wyden-grassley-report-exposes-how-organ-procurement-organizations-game-the-system-fail-to-adequately-address-conflicts-of-interest

[2] https://www.grassley.senate.gov/news/news-releases/grassley-wyden-report-exposes-how-organ-procurement-organizations-game-the-system-fail-to-adequately-address-conflicts-of-interest

[3] https://www.nytimes.com/2024/11/14/us/organ-transplants-donation-death.html

showed signs of life in the operating room.[4] The incident, first detailed by The New York Times, drew national attention.

Unreported until now, however, is the negative impact that this recent Congressional focus may be having on kidney transplant levels themselves. The impact is measurable – from 2024 to 2025, there were 116 *fewer* kidney transplants. This is due to 218 fewer deceased donor kidney transplants and an increase of 102 living donor kidney transplants for 2025 as compared to 2024 – the first time this century that there appears to be an isolated decline of deceased kidney donations driving the decrease in overall kidney transplants. This analysis does not claim that oversight-related factors are the only driver of the 2024-2025 change, and external shifts in mortality patterns, including fewer overdose deaths, may also contribute to year-over-year changes in donor volume.

Interestingly, this drop off in deceased kidney donations would have been even more marked had it not been for a sizable decrease in deceased kidney discards from the year prior, shown as a significant improvement in kidney discard rate from attempted deceased donations. This paper posits that this marked new trend could be due to the effect of recent revelations and national spotlight on Americans' willingness to serve as a deceased donor, the withdrawal of consent by Americans who previously were willing to be deceased donors, and/or new levels of OPO operational restraint in light of resoundingly enhanced congressional oversight and pressure.

The purpose of this paper is not to question either the validity of investigating and correcting for the Kentucky incident and others, or the subsequent diligent oversight over the nation's OPOs. That said, policymakers and the media should be aware of the potential unintended negative consequences of their efforts on the continued supply of deceased donor kidneys, and the attendant need to advance other policies to responsibly increase the supply of living kidney donations, which remains the most effective and reliable way to increase the number of kidney transplants.[5] In short, what has been missing from recent national attention is a continued focus on the ever expanding kidney waitlist and America's persistent inability to meet this crisis of demand via a combination of living and deceased donations.

Revelations of an Organ Recovery "Close Call" and the Fallout that Followed

In 2021, the Kentucky Organ Donor Affiliates,[6] a non-profit OPO authorized by the federal government to work with families to facilitate the recovery of organs from eligible deceased donors, initiated the recovery of viable organs from a donor who was declared to have cardiac death but not brain death. Just before the surgery began, however, the deceased donor who'd been declared dead days earlier woke up on the way to the operating room for organ-donation surgery. The OPO was initially reluctant to recognize and respond to the incident. While the potential donor survived and was not harmed, it became evident that the donor had been

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[4] https://energycommerce.house.gov/events/o-and-i-subcommittee-ensuring-patient-safety-oversight-of-the-u-s-organ-procurement-and-transplant-system

[5] https://www.hhs.gov/press-room/hrsa-to-reform-organ-transplant-system.html

[6] KODA is today known as the Network of Hope, and continues to serve as the OPO for the Kentucky region.

inaccurately pronounced dead at the time of attempted organ recovery[7] and the event raised serious questions regarding whether OPOs had appropriate internal procedures in place when recovering organs from so-called “donation after cardiac death” or “DCD” patients who had been declared to be eligible for organ recovery following cardiac death.

Through a whistleblower, the incident was first revealed in public during the July 2025 Congressional hearing noted above. Immediately, Congress called for further investigation, and dozens of newspapers published stories about the event.[8,9] While this analysis will not address the veracity or accuracy of the reporting, the further Congressional hearings[10] and media articles kept the story alive.

Building on the ongoing media articles and Congressional efforts, HHS, through the Health Resources and Services Administration (HRSA) also began an investigation and on March 24, 2025, provided an extensive report on the issue. This report was followed by HHS on September 18, 2025 “decertifying” an OPO in the Florida region for understaffing, poor management, and potentially initiating organ recovery on another patient who was not yet deceased.[11] Further building on the HRSA Report, Congress re-engaged, with the U.S. House Ways & Means Committee issuing a scathing letter to a New Jersey OPO regarding its handling of a DCD case in which an organ recovery allegedly continued despite signs that the donor had reanimated after being declared dead. The Committee cited whistleblower allegations that senior leadership authorized proceeding over hospital objections and later attempted to conceal the incident through incomplete or manipulated records, raising serious concerns about patient safety, transparency, and compliance with federal DCD safeguards.[12] And most recently, on December 1, 2025, the American Society for Transplant (AST) along with the American Society of Transplant Surgeons (ASTS) released a joint statement concerning the recovery of DCD kidneys for use in transplantation strongly supporting the combined actions of the U.S. government and the federal governmental agencies involved in transplantation oversight. The joint statement noted that the government’s actions were critical

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[7] HEALTH RESOURCES AND SERV. ADMIN., REPORT FROM THE DIVISION OF TRANSPLANTATION, to Suma Nair, PhD, MS, RD, Associate Admin., HSB, 2 (Mar. 24, 2025).
[8] Brian M. Rosenthal, Mark Hansen and Jeremy White, *Organ Transplant System ‘in Chaos’ as Waiting Lists Are Ignored*, THE NEW YORK TIMES (Feb. 26, 2025), https://www.nytimes.com/interactive/2025/02/26/us/organ-transplants-waiting-list-skipped-patients.html.
[9] Lenny Bernstein, Mark Johnson and Lisa Rein, *U.S. launches probe into possible fraud by organ collection groups*, The Washington Post (Feb. 26, 2024), https://www.washingtonpost.com/politics/2024/02/26/us-launches-probe-into-organ-collection-organizations/.
[10] House Energy & Commerce Committee, Oversight and Investigations &I Subcommittee: ensuring patient safety: oversight of the U.S. Organ Procurement and Transplant System. *Energy & Commerce–Chairman Brett Guthrie*. July 22, 2025. Accessed September 15, 2025. https://ener gycommerce.house.gov/events/o-and-i-subcommittee-ensuring-patient-safety-oversight-of-the-u-s-organ-procurement-and-transplant-system.
[11] HHS to close University of Miami’s failing organ agency. U.S. Department of Health and Human Services; September 18, 2025. Accessed September 19, 2025. https://www.hhs.gov/press-room/hhs-decertifies-miami-organ-agency-reforms-transplant-system.html.
[12] November 19, 2025, Letter from House Ways and Means Committee to the New Jersey Organ and Tissue Sharing Network (NJTO), available at 11.19.2025-New-Jersey-Follow-Up-Letter_Redacted.pdf

to supporting the organ transplant network and to fostering public trust to increase life-saving transplants.[13]

Trends in Deceased Donations Since Investigations

Other than decreases in living and deceased donations during the global financial crisis of 2008 and in 2012, deceased donor transplants had been increasing year over year without fail for each of the past 25 years.[14] From 2000 to 2024, the number of annual deceased kidney transplants increased by 172%. This was in significant part due to the fact that the number of transplantable kidneys recovered from donation after circulatory death (DCD) had risen sharply over the preceding two decades. A donor can be declared deceased after cardiac death or brain death, and the movement towards recovering more kidneys after just cardiac death and not after brain death has been marked, increasing from approximately 7% of deceased donor kidney transplants in 2005, to 18% in 2015 to roughly 45% of all deceased donations in 2024.[15]

Given this new and unprecedented isolated decline in deceased kidney donations in 2025, a critical question emerges: what has happened to the dialysis patients on the transplant waitlist hoping to receive a transplant? Alarmingly, 2025 did present a reversal in the prospects for kidney transplant after multiple decades of increasing hope for these individuals to find a viable kidney.

Recent, highly publicized revelations involving OPOs have had a serious and harmful effect on public trust in organ donation. As a result, fewer individuals and families appear willing to consent to organ donation after death. Data from the OPTN Transplant Metrics National Dashboard[16] shows that the number of kidneys recovered from deceased donors remained steady during the first half of 2025. However, beginning in June 2025, the number of deceased donors began to decline, and that decline has continued to accelerate. In 2025, a total of 15,274 deceased donors underwent kidney recovery, compared to 15,937 during 2024 for a net percentage change of negative 4.2%.

A similar drop is seen in the number of kidney transplants performed. In 2024, there had been 28,493 total kidney transplants, of which 22,074 used kidneys from deceased donors and 6,419 came from living donors. Conversely, in 2025, there were 28,377 total kidney transplants, including 21,856 from deceased donors and 6,521 from living donors.[17] 2025 was the first year since COVID in which the total number of kidney transplants declined compared to the prior year. The difference being the 2025 decline was not the result of a once in a lifetime pandemic, but rather a structural decrease in deceased donor kidney transplants. 2025 was thus the first year this century where deceased kidney donations declined while living donations increased. This disparity would have been even starker had there not been a significant improvement in the kidney discard rate which led to more completed deceased kidney transplants than would have happened under prior years with higher discard rates.

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[13] AST-ASTS Statement on DCD
[14] https://www.hrsa.gov/optn/data/dashboards-metrics
[15] https://www.organdonationalliance.org/wp-content/uploads/2020/11/DCD-Gill-KOC.pdf
[16] http://optn.transplant.hrsa.gov
[17] http://optn.transplant.hrsa.gov

Notably, the kidney discard rate has actually decreased in 2025 compared to 2024 with utilization of deceased donor kidneys improving by 7.2%. This represents the first improvement of the kidney discard rate since at least 2020.

	2024	2025	% Change
Total Kidney Transplants	28,493	28,377	-0.4%
Total Deceased Kidney Donors	15,937	15,274	-4.2%
Deceased Donor Kidney Transplants	22,074	21,856	-1%
Living Donor Kidney Transplants	6,419	6,521	+1.6%
Kidney Discard Rate	29.2%	27.1%	-7.2%

Potential Causes

We support rigorous oversight and accountability for OPOs, and we recognize that scrutiny is essential to protecting patients and maintaining public trust. This analysis is not meant to undermine oversight, but rather to assess whether the current oversight environment may be affecting behavior, consent, and recovery practices in ways that could reduce transplant volume.

Now that we have identified this unprecedented isolated decline in deceased kidney donations, what could have caused this new trend?

For one, heightened focus on individual transplant cases involving donors who were wrongfully suspected to be deceased, combined with inevitable negative media attention, has likely unsettled participants in the deceased donor process. Rather than reinforcing confidence, this environment may be contributing to hesitation among donors, families, and institutions at a moment when continued growth in deceased donation is critical. Sadly, there is evidence that the number of individuals and families willing to allow their organs to be recovered and used for transplant after their death is decreasing and more are actually withdrawing consent to be considered as a deceased donor. In August 2025, Newsweek, following reporting by The New York Times on the Kentucky patient who “woke up” prior to surgery,[18] reported a dramatic spike in donor withdrawals. Between July 20 and August 10, 5,423 removals occurred in California alone, including a single-day record of 841 withdrawals on July 22.[19] Donate Life California noted that this marked a sharp departure from 2024, when an average of only 36 people per

[18] https://www.nytimes.com/2025/06/06/us/kentucky-organ-donations.html
[19] Seeing Growing Exodus, State Organ Donor Registries Urge ‘Perspective’ - Newsweek

day removed themselves from donor consideration; by August 2025, the state was on track to average approximately 71 removals per day.[20] There is little reason to doubt that other states are not also following California's alarming trend line in willing deceased organ donor participation and buy-in.

It is also highly conceivable that the OPOs, fearing further incidents and negative media or Congressional scrutiny, have quickly grown far more conservative in pursuing organ recoveries from cardiac death patients, a trend that would not be represented in aggregate transplant center discard rates. Should this be true, this would represent a reversal of the OPO's focus on increasing cardiac death transplants which they had previously undertaken after being urged by regulators and Congress to increase aggregate deceased kidney donations. Again conceptually, this collective decision to wait until brain death to conduct kidney recovery would likely reduce the number of available deceased kidney donors, as patients are more likely to experience kidney failure and kidney non-usability in the period between cardiac and brain death.

In no way, shape, or form is this paper advocating for irresponsible policies that result in a greater likelihood of organs being extracted from individuals against their will who are not yet fully deceased. Incidents where this has occurred are representative of reckless leadership and warrant all of the oversight, negative media attention and policy solution consideration that they have received. With that said, it would also be harmful for Congress and the public at large to ignore the likely negative impact that this recent oversight and focus has had on aggregate deceased kidney donation levels. Something needs to be done to fill the gap. Something needs to be done to ensure that we don't go backward in our collective effort to ensure that the supply of transplantable kidney organs meets the more than 94,000 person kidney waitlist demand. Lives are on the line.

Where Do We Go From Here

The United States is facing an increasing organ shortage that will only worsen with an aging population, the continued growth in the kidney transplant waitlist and now this more recent isolated decline in annual deceased kidney donations and aggregate kidney donations. In contrast to the data shown above that demonstrates an isolated decrease in the recovery of deceased donor kidneys and overall kidney transplants, the weekly additions to the kidney transplant waitlist continue to increase with 94,326 patients on the waitlist.[21]

Several responses are needed. First, while Congressional oversight of OPO practices is critical to restoring trust in the deceased donor system, Congress should return to the original goal of its investigation and refocus on how our country can increase kidney transplants. Second, while the efforts underway to restore trust and confidence in the United States organ donation and transplantation system are critical, stakeholders must recognize that in the short term the oversight efforts have led to a decrease in deceased donors. Regardless of whether part of the decline reflects external mortality trends (such as fewer overdose deaths) or changes in consent and recovery practices, the result is the same: fewer kidneys available for transplant

[20] https://www.newsweek.com/organ-donor-registries-exodus-new-york-times-reporting-2112030
[21] National data - OPTN

and a widening gap between supply and need. Given that reality, the only immediate solution to this crisis is an increase in living kidney donation. Living kidney donors save lives, yet there is no specific or coordinated federal support system to help patients find a donor or guide potential donors through the complex transplant process from start to finish. Only seven out of 100 individuals willing to donate complete the journey – others cannot because they lack help navigating a complex medical, logistical, and financial system.[22]

Increasing living donation can be achieved through a national focus on the use of transplant facilitators in both assisting the potential recipient in the identification of a living kidney donor and in assisting that living donor to successfully complete their evaluation to serve as a living kidney donor.

A growing body of clinical evidence demonstrates that transplant facilitators materially increase the number of successful living donor transplants, often at minimal cost and with rapid impact. For patients with end-stage kidney disease or advanced chronic kidney disease, the expectation that they can independently identify and approach a potential donor is frequently unrealistic. Programs that introduce a trained facilitator, someone who guides recipients and their families in identifying potential donors and developing the language needed to make the ask, have produced dramatic improvements. The Johns Hopkins “Champions” model[23], for example, found that nearly half of participants identified a living donor with facilitator support, whereas no living donors were identified among matched controls without such assistance. These findings underscore that structured facilitation can unlock opportunities for transplantation that would otherwise remain out of reach.

Equally significant is the impact facilitators have on individuals who volunteer to become living donors but face a complex evaluation process that deters even the most motivated candidates. As noted above, only seven out of every 100 potential donors who begin initial screening ultimately complete the donation process. Facilitators help prospective donors navigate medical testing, coordinate appointments, and overcome logistical barriers that often have nothing to do with medical fitness. Evidence from the University of Alabama at Birmingham[24] shows that participants in a facilitator program were nine times more likely to complete donor screening and seven times more likely to become approved donors than those receiving standard care. When applied nationally, such support could convert thousands of willing volunteers into actual donors—an especially critical need in a year when deceased donor recoveries are declining for the first time in decades.

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[22] Holin LK, Schold JD, Arrigain S, Poggio ED, Sedor JR, O'Toole JF, Augustine JJ, Wee AC, Huml AM. Characteristics of Potential and Actual Living Kidney Donors: A Single-center Experience. Transplantation. 2023 Apr 1;107(4):941-951. doi: 10.1097/TP.0000000000004357. Epub 2022 Nov 21.

[23] Garonzik-Wang JM, Berger JC, Ros RL, Kucirka LM, Deshpande NA, Boyarsky BJ, Montgomery RA, Hall EC, James NT, Segev DL. Live donor champion: finding live kidney donors by separating the advocate from the patient. Transplantation. 2012 Jun 15;93(11):1147-50. doi: 10.1097/TP.0b013e31824e75a5. PMID: 22461037; PMCID: PMC3374007.

[24] Locke, J., et al. Enhanced Advocacy and Health Systems Training through Patient Navigation Increases Access to Living Donor Kidney Transplantation, Transplantation. 2020 Jan; 104(1): 122–129. doi: 10.1097/TP.0000000000002732.

Finally, adopting a national framework for transplant facilitation would bring consistency and federal support to interventions that have already proven successful in isolated programs and community organizations. Several non-profit programs across the country, for example, have demonstrated that structured outreach and donor navigation can support hundreds of additional living donor transplants each year. Yet, despite these successes, Medicare provides no clear reimbursement mechanism for transplant hospitals to support facilitators, even as it funds far higher costs associated with deceased organ acquisition, including high-priced organ recovery logistics and private aviation transport for recovered kidney organs. Establishing facilitator expenses as reimbursable organ acquisition costs would align federal policy with existing practice and deliver a cost-effective, scalable solution capable of offsetting the sudden decline in deceased donation. In an era where lives are at stake, transplant facilitators represent the most immediate and practical strategy to ensure that more Americans receive timely, life-saving transplants, most especially as the nation is withstanding an overall decline in kidney transplants in 2025.

About the Author

Andy Howard is the Chairman of Kidney Transplant Collaborative. He is a nationally recognized nephrologist with over 30 years of practice. KTC's core mission is to increase living donation and ensure that every donor is treated with dignity, transparency, and long-term care. We urge policymakers to build a system worthy of their sacrifice.

About the Kidney Transplant Collaborative

The Kidney Transplant Collaborative (KTC) is a 501(c)(4) nonprofit organization dedicated to increasing kidney transplants and removing financial and logistical barriers for kidney patients, donors, and their families. Unlike other initiatives, KTC is specifically focused on increasing the number of living donor transplants in the United States through policy advocacy, education, and community organizing. For more details, visit www.kidneytransplantcollaborative.com.

Appendix

	Total Kidney Transplants (% Change from Prior Year)	Deceased Kidney Donors (% Change from Prior Year)	Deceased Donor Kidney Transplants (% Change from Prior Year)	Living Kidney Transplants (% Change from Prior Year)	Total Kidney Discard Rate (% Change from Prior Year)
2000	13,641 (+6.8%)	5,489 (+1.9%)	8,126 (+1.0%)	5,505 (+16.6%)	
2001	14,279 (+4.7%)	5,528 (+0.7%)	8,234 (+1.3%)	6,045 (+9.8%)	
2002	14,781 (+3.5%)	5,638 (+2.0%)	8,540 (+3.7%)	6,241 (+3.2%)	
2003	15,138 (+2.4%)	5,752 (+2.0%)	8,668 (+1.5%)	6,470 (+3.7%)	
2004	16,007 (+5.7%)	6,325 (+10.0%)	9,359 (+8.0%)	6,648 (+2.8%)	
2005	16,485 (+3.0%)	6,700 (+5.9%)	9,913 (+5.9%)	6,572 (-1.1%)	
2006	17,095 (+3.7%)	7,176 (+7.1%)	10,660 (+7.5%)	6,435 (-2.1%)	
2007	16,634 (-2.7%)	7,240 (+0.9%)	10,591 (-0.6%)	6,043 (-6.1%)	
2008	16,521 (-0.7%)	7,188 (-0.7%)	10,553 (-0.4%)	5,968 (-1.2%)	
2009	16,829 (+1.9%)	7,248 (+0.8%)	10,442 (-1.1%)	6,387 (+7.0%)	
2010	16,900 (+0.4%)	7,241 (-0.1%)	10,622 (+1.7%)	6,278 (-1.7%)	
2011	16,816 (-0.5%)	7,434 (+2.7%)	11,043 (+4.0%)	5,773 (-8.0%)	
2012	16,487 (-2.0%)	7,421 (-0.2%)	10,868 (-1.6%)	5,619 (-2.7%)	
2013	16,896 (+2.5%)	7,548 (+1.7%)	11,163 (+2.7%)	5,733 (+2.0%)	
2014	17,108 (+1.3%)	7,763 (+2.8%)	11,570 (+3.7%)	5,538 (-3.4%)	
2015	17,868 (+4.4%)	8,250 (+6.3%)	12,250 (+5.9%)	5,628 (+1.6%)	
2016	19,060 (+6.7%)	9,116 (+10.5%)	13,431 (+9.6%)	5,629 (+0.02%)	
2017	19,849 (+4.1%)	9,401 (+3.1%)	14,038 (+4.5%)	5,811 (+3.2%)	
2018	21,167 (+6.6%)	9,867 (+5.0%)	14,725 (+4.9%)	6,442 (+10.9%)	

2019	23,401 (+10.6%)	11,152 (+13.0%)	16,534 (+12.3%)	6,867 (+6.6%)	
2020	22,817 (-2.5%)	11,925 (+6.9%)	17,853 (+8.0%)	5,234 (-23.8%)	21.2%
2021	24,670 (+8.1%)	13,215 (+10.8%)	18,699 (+4.7%)	5,971 (+14.1%)	24.5% (15.6%)
2022	25,500 (+3.4%)	14,227 (+7.7%)	19,636 (+5.0%)	5,864 (-1.8%)	26.6% (8.6%)
2023	27,332 (+7.2%)	15,471 (+8.7%)	21,042 (+7.2%)	6,290 (+7.3%)	27.8% (4.5%)
2024	28,493 (+4.2%)	15,937 (+3.0%)	22,074 (+4.9%)	6,419 (+2.1%)	29.2% (5.0%)
2025	28,377 (-0.4%)	15,274 (-4.2%)	21,856 (-1.0%)	6,521 (+1.6%)	27.1% (-7.2%)[25]

[25] https://insights.unos.org/OPTN-metrics/