

**EXECUTIVE SUMMARY  
OF THE MINUTES  
OPTN/UNOS BOARD OF DIRECTORS MEETING**

**November 8-9, 2010**

**St. Louis, Missouri**

Mr. Alexander called the meeting to order at 2:30 p.m. on November 8, 2010. A quorum was present, and 37 of the Board members were in attendance during the meeting.

The Board approved several resolutions contained in the Consent Agenda in a single vote. The subject of the various individual resolutions follows here:

1. The Board approved the minutes of the June 21-22, 2010, meeting of the Board of Directors in Richmond, Virginia.
2. The Board approved modifications to update UNOS Policy Appendix 3A ((HLA A, B and DR Antigen Values and Split Equivalences) to reflect changes in HLA typing practice and improve the utility of unacceptable antigens.
3. The Board approved modifications to Policies 12.8.5 (Reporting of Non-Utilized Living Donor Organs) and 12.8.6 (Reporting of Redirected Living Donor Organs) to require the organ recovery center to report all instances of living donor organs recovered but not utilized; or living donor organs redirected and transplanted into a recipient other than the intended recipient.
4. The Board approved modifications to Policy 5.0 (Standardized Packaging, Labeling and Transporting of Organs, Vessels and Tissue Typing Materials) to require OPOs and transplant centers to use the standardized internal labels that are distributed by the OPTN Contractor for organ and vessel transport and vessel storage.

Following passage of the Consent Agenda, the Board approved extensive modifications to Policy 3.8 (Pancreas Allocation System) to create a more efficient and uniform national pancreas allocation system.

The Board approved a proposal to include donor chains into the Kidney Paired Donation Pilot Program.

The Board approved modifications to the Tiedi® forms to add important data elements that are not currently collected; to clarify or modify questions on the forms; and to eliminate data elements that are redundant or no longer needed.

The Board approved modifications to Policies 2.0 (Minimum Procurement Standards for an Organ Procurement Organization (OPO)) and 4.0 (Acquired Immune Deficiency Syndrome (AIDS) and Human Pituitary Derived Growth Hormone), including additional language, to clarify and improve current OPO and transplant center screening requirements for communicating and reporting potential or confirmed donor-related disease transmission events.

The Board declined to approve a request from LifeBanc of Ohio, Life Connection of Ohio, and LifeCenter Organ Donor Network for a new Alternative Local Unit (ALU) in the State of Ohio to create a single waiting list within the ALU for liver allocation.

The Board approved a request from Region 2 for a Split Liver Alternative Allocation System (AAS). The AAS would allow a center that accepts a liver offer for an adult candidate (the “index patient”) to split the liver, using the right lobe in the index patient, and the left lateral segment in a pediatric candidate at that center or an affiliated pediatric center with the additional modification that an automatic hold would be placed on the procedure if the retransplant rate exceeds  $\frac{3}{20}$  of the 20 grafts.

The Board approved a request from OneLegacy for a Split Liver AAS. The AAS allow a center that accepts a liver offer for an adult candidate to split the liver, using the right lobe in the index patient, and the left lateral segment in a pediatric candidate at that center or an affiliated pediatric center.

The Board directed the Liver and Intestinal Organ Transplantation Committee to develop a committee-sponsored AAS to incorporate the foregoing split liver proposals to facilitate the testing of this potential modification to the national liver allocation system in other Regions and DSAs.

The Board approved modifications to Policies and Bylaws to require deceased donor HLA typing to be performed by DNA methods and identify HLA antigens before making any kidney, kidney-pancreas, pancreas, or pancreas islet offers.

The Board approved new Policy 12.5.6 (Placement of Non-Directed Living Donor Kidneys), which will require that non-directed living donor kidneys be allocated to the organ recovery center’s patient waiting list, instead of to the deceased donor waiting list.

The Board approved Strategic Objectives and Key Indicators for the OPTN Strategic Plan.

In the closed session, the Board approved the following specific membership actions: approved one new hospital-based histocompatibility laboratory; fully approved nine new programs in existing transplant centers; fully approved one new living donor kidney component program in an existing approved kidney transplant center; approved one new individual and one new business for two-year terms of membership; and approved several changes in program status including: two programs to reactivate; changed three conditionally approved programs to fully approved programs; conditionally approved one pancreas transplant program; approved a 6-month inactivation extension for a lung transplant program; and approved two intestinal transplant programs.

The Board approved the slate of nominees for election of members of the Board of Directors.

After extended discussion, the Board tabled a proposal to extend the Region 8 “Share 29” AAS that would permit the collection and review of more data.

The Board approved a change to Policy 3.7.3 (Adult Candidate Status) to address the appropriate status for candidates who have received a total artificial heart and have been discharged from the hospital while awaiting transplant.