

**EXECUTIVE SUMMARY
OF THE MINUTES**

OPTN/UNOS BOARD OF DIRECTORS MEETING

**November 14-15, 2011
Atlanta, Georgia**

John R. Lake, M.D., OPTN/UNOS President called the meeting to order at 2:00 p.m. on November 14, 2011. A quorum was present, and 39 of the Board members were in attendance during the meeting.

The Board appointed Dr. Maryl R. Johnson and Dr. Robert M. Merion to fill two vacancies on the Board of Directors.

The Board approved modifications to Policy 3.7.12.3 (Essential Information for Lung Offers) and 3.7.12.4 (Desirable Information for Lung Offers) for currency and readability, and to add non-contrast computed tomography (CT) scan of the chest to Policy 3.7.12.4.

The Board approved modifications to Policy 3.7.6.3 (Candidate Variables in UNetSM) that require transplant programs to update in no more than 14 days, any observed changes in certain clinical values most important to determining a candidate's Lung Allocation Score for high-LAS candidates.

The Board extended interim approval of modifications to Policy 3.7.3 (Adult Candidate Status), which were approved in November 2010, to permit these modifications to remain in effect through December 1, 2012. These modifications permit listings at Status 1A or 1B for outpatient adult candidates implanted with total artificial hearts.

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

1. The Board approved the minutes of the June 28-29, 2011, meeting of the Board of Directors in Richmond, Virginia.
2. The Board approved modifications to Policy 8.0 (Travel Expense and Reimbursement Policy) to update and clarify the policy language to reflect current practices in travel expense and reimbursement, with minor technical amendments.
3. The Board approved modifications to Policy 12.7 (Responsibility for the Transport of Living Donor Organs) to improve the packaging, labeling, and shipping of living donor organs, vessels, and tissue typing materials, with minor technical amendments.
4. The Board approved three new programs in existing transplant centers; conditionally approved one transplant program for 12 months; conditionally approved one and fully approved two new living donor kidney component programs in existing approved kidney transplant centers; and approved several changes in status based on program inactivation and termination of membership.

5. The Board approved modifications to multiple Policies and Bylaws to require OPOs to perform a second ABO subtyping test when a donor is identified as non-A₁ or non-A₁B.
6. The Board approved modifications to Policies 5.4.3 (Vessels) and 5.10.2 (Vessel Storage) to require the vessel container to be labeled, and to clarify language regarding the placement of the OPTN distributed label.

Following passage of the Consent Agenda, the Board approved the slate of nominees for the Board of Directors, as recommended by the Nominating Committee.

The Board approved modifications to Policy 3.6.4.4 (Liver Transplant Candidates with Hepatocellular Carcinoma (HCC)) that more clearly define the imaging characteristics of HCC.

The Board approved modifications to Policy 3.6 (Adult Donor Liver Allocation Algorithm) to provide broader access to deceased donor organs for candidates awaiting a combined liver-intestine transplant.

The Board approved a Committee-sponsored alternative allocation system for split liver allocation to allow a transplant center that accepts a right lobe for transplantation into a candidate on its list to transplant the left lobe/left-lateral segment into any other medically suitable patient who is listed at that institution or an affiliated pediatric institution.

The Board approved modifications to Policies 5.10.1 (Vessel Recovery and Transplant) and 5.10.2 (Vessel Storage) that restrict storage of hepatitis C antibody positive and hepatitis B surface antigen positive extra vessels when they are not transplanted during the original transplant procedure.

The Board approved modifications to Policy 3.6.4.2 (Pediatric Candidate Status). The changes eliminate the requirement that a pediatric Status 1A or Status 1B liver candidate must be located in the hospital's intensive care unit.

The Board approved modifications to Policy 3.6.4.2 (Pediatric Candidate Status) and the deletion of Policy 3.6.4.4.1 (Pediatric Liver Transplant Candidates with Hepatoblastoma). These changes will permit Status 1B listings for all candidates with hepatoblastoma proven by biopsy, and without evidence of metastatic disease at the time of listing.

Secretary's Note: A proposal from the OPO Committee to modify the OPTN Bylaws (Model Elements for Controlled DCD), as well as other modifications, was withdrawn and will be redistributed for additional public comment.