

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

**November 12-13, 2012
St. Louis, Missouri**

John Roberts, M.D., OPTN/UNOS President called the meeting to order at 1:45 p.m. on November 12, 2012. A quorum was present, and 38 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 individual resolutions follows here:

1. The Board approved the minutes of the June 25-26, 2012, meeting of the Board of Directors in Richmond, Virginia.
2. The Board approved modifications to Policies 3.5.11.6 (Donation Status) and 12.9.3 (Priority on the Waiting List) to clarify the allocation priority assigned to prior living organ donors who later require a kidney transplant.
3. The Board approved programming of proposed enhancements to the patient safety situation reporting portal of the Improving Patient Safety electronic reporting system.
4. The Board approved modifications to Policies 5.4.2 (Tissue typing materials) and 12.7.4.2 (Tissue typing materials) to require that all locally assigned unique identifiers be documented in the donor record.

Following passage of the Consent Agenda, the Board approved changes to Policies 3.7.6 (Lung Allocation) and 3.7.9.2 (Waiting Time Accrual for Lung Candidates Age 12 and Older Following Implementation of Lung Allocation Scores Described in Policy 3.7.6). The revisions include: 1) modifications to the covariates in the waiting list urgency and post-transplant survival models, coefficients of the covariates, and baseline waiting list and post-transplant survival rates used in the LAS calculation; and 2) revisions to the LAS system to prioritize candidates using data derived from a candidate population transplanted due to their LAS, instead of their waiting time.

The Board approved formal policies for the KPD Pilot Program as Policy 13 (Kidney Paired Donation) and existing related OPTN Bylaws Appendix E.

The Board approved the inclusion of bridge donors in the KPD Pilot Program and related changes to Policy 13 (Kidney Paired Donation).

The Board considered but *declined* to approve changes to Policy 3.6.4.4 (F) (Extensions of HCC Exception Applications) that would have allowed transplant programs to voluntarily place candidates with stable or well-treated hepatocellular carcinoma (HCC) in inactive status without losing accumulated exception points.

The Board approved new Policy 12.8.3.1 (Living Kidney Donor Reporting Requirements); and modifications to Policies 7.2 (General Submission of Forms), 12.8.3 (Reporting Requirements), and 12.10 (Required Protocols for Kidney Recovery Hospitals) to establish minimum requirements for living kidney donor follow-up.

The Board approved changes to Policies 12.2 (Informed Consent of Living Kidney Donors), 12.4 (Independent Donor Advocates), 12.7.10.1 (Vessel Recovery and Transplant), and 12.10 (Required Protocols for Kidney Recovery Hospitals) to establish policies for the informed consent of living kidney donors.

The Board approved new Policies 12.3.3 (Psychosocial Evaluation of the Living Kidney Donor) and 12.3.4 (Medical Evaluation of the Kidney Living Donor); and modifications to Policy 12.10 (Required Protocols for Kidney Recovery Hospitals) to establish policies for the medical evaluation of living kidney donors.

The Board approved changes to Policies 4.5 (Post-Transplant Reporting of Potential Transmission of Disease or Medical Conditions, Including Malignancies) and 12.2 (Informed Consent of Living Donors) to require reporting of unexpected potential and proven disease transmission involving living organ donors.

Based on concerns over potential conflicts with the OPTN Final Rule, the Policy Oversight Committee *withdrew* its proposed rewrite and consolidation of Policies 9 and 10 into a single Policy 9 (Release of Data), pending further review.

The Board approved a resolution recognizing that the existing geographic disparity in allocation of organs for transplant is unacceptably high, and directing the organ-specific committees to define the measurement of fairness and any constraints for each organ system by June 30, 2013.

The Board approved modifications to Policy 5.10.2 (Vessel Storage) that require transplant hospitals to report extra vessels disposition within seven calendar days of the use or disposition of such vessels.

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

The Board approved a waiver of the requirement regarding employment in the transplant community for not more than 50% of the Board members (and nominees) representing transplant candidates, recipients, organ donors, and family members.

The Board approved “Guidance for Reporting Potential Deceased and Living Donor-Derived Disease Transmission Events.”

The Board approved “Guidance for Identifying Risk Factors for *Mycobacterium tuberculosis* (MTB) During the Evaluation of Potential Living Kidney Donors.”