

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

November 16-17, 2009

Orlando, Florida

Dr. Wynn called the meeting to order at 3:00 p.m. on November 16, 2009. A quorum was present, and 37 of the Board members were in attendance during the meeting.

While meeting in a closed session, the Board of Directors approved the dissemination of DSA-specific data to each OPO.

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 modifications to Policy 5.0 (Standardized Packaging, Labeling, and Transporting of Organs, Vessels, and Tissue Typing Materials) to update terminology and clarify policy language to provide consistency with current OPO practices.
2. The Board approved the minutes of the June 22-23, 2009, Meeting of the Board of Directors in Richmond, Virginia.
3. The Board approved modifications to Policy 3.2.1.8.1 (Waiting Time Modification for Urgent Status Candidates) to address the potentially urgent need to modify a Priority 1 pediatric lung candidate's waiting time.
4. The Board approved modifications to Policy 3.7.10.1 (Sequence of Pediatric Heart Allocation) to clearly denote the match run classifications for the allocation of hearts from pediatric donors.

Following passage of the Consent Agenda, the Board approved new Policies 12.3.1 (ABO Identification) and 12.8.1.1 (Reporting Requirements) to require two separate ABO typings of living donors.

The Board approved a new patient resource document titled, "Guidance for the Medical Evaluation of Potential Living Liver Donors."

The Board approved modifications to the Bylaws Appendix B, Section II(E)(Key Personnel) and Appendix B, Attachment 1, Section III (Changes in Key Personnel) to clarify when hospitals must notify the OPTN Contractor of changes in key personnel and further clarify when members must inactivate or withdraw the membership of the affected programs.

The Board approved modifications to the Bylaws, Appendix B, Attachment I, Section XIII(D) to reconcile the patient volume requirements for full and conditional program approval when evaluating the qualifications of primary physicians at kidney, liver, and pancreas transplant programs.

The Board approved new Policy 3.4.1 (Avoidance of Conflict of Interest) to require that members must avoid conflicts of interests associated with having the same person who declares death also perform organ procurement and/or transplantation.

The Board approved modifications to the Bylaws, Appendix B, Sections I-III to require members to report to the OPTN Contractor any final adverse actions taken against any member by a regulatory agency within the member's jurisdiction.

The Board approved the slate of nominees for the 2010 Board of Directors election, as recommended by the Nominating Committee.

In the first order of business on the second day of the meeting, the Board voted to discontinue the Ohio statewide liver alternative allocation system (AAS) pending notice and programming.

The Board approved modifications to update the resource document titled, "Guidance for the Informed Consent of Living Donors" to require living donor transplant programs to disclose that it is unlawful for any person to knowingly acquire, obtain, or otherwise transfer any human organ for valuable consideration.

The Board directed that the Living Donor Committee develop and submit for public comment policy proposals that would establish a threshold for acceptable submission of living donor follow up data and requested that the Living Donor Committee identify initiatives that would provide financial coverage for Living Donor follow-up. The Living Donor Committee was also asked to develop and disseminate a document outlining best practices for submission of Living Donor follow-up data based upon on its review of high-performing programs.

The Board approved modifications to Policies 3.6.4.5 (Liver Candidates with Exceptional Cases); 3.6.4.5.1 (Liver Candidates with Hepatopulmonary Syndrome (HPS)); 3.6.4.5.2 (Liver Candidates with Cholangiocarcinoma); 3.6.4.5.3 (Liver Candidates with Cystic Fibrosis), 3.6.4.5.4 (Liver Candidates with Familial Amyloid Polyneuropathy (FAP)); 3.6.4.5.5 (Liver Candidates with Primary Hyperoxaluria); and 3.6.4.5.6 (Liver Candidates with Portopulmonary Syndrome). These modifications clarify revisions made to the policies during the June 2009 Board meeting and clarify potentially confusing language.

The Board approved modifications to the Regional Review Board Operational Guidelines that are necessary to implement Policies 3.6.4.5.1-3.6.4.5.6 without programming in UNetsm.

The Board declined the Liver and Intestinal Organ Transplantation Committee's recommendation to program Policies 3.6.4.5.1-3.6.4.5.6 in UNetsm and will rely upon an implementation plan that does not require computer programming resources.

The Board approved programming changes to add an "other" data field to the lung diagnosis data elements where centers may enter a diagnosis not already listed in UNetsm. This modification improves the accuracy of diagnosis data entered for candidates less than 12 years of age.

The Board approved programming changes to reorganize fields in the hemodynamic sections of Adult Status 1A Heart Justification Forms to make data collection requirements clearer and more logical in presentation.