

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

**June 22-23, 2009**

**Richmond, Virginia**

Dr. Higgins called the meeting to order at 4:00 p.m. on June 22, 2009. A quorum was present, and 38 of the Board members were in attendance during the meeting.

The Board approved the OPTN 2010 Operating Budget and an increase in the Registration Fee to \$557 based upon the projected level of operational activities.

The Board approved the 2008 audited financial statements for OPTN Operations and the related OMB Circular A-133 compliance audit for the year ended September 30, 2008.

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 March 2-3, 2009, Meeting of the Board of Directors in Houston, Texas.
2. The Board approved modifications to Policy 3.6.4.4 (Liver Transplant Candidates with Hepatocellular Carcinoma (HCC)) to clarify that the largest dimension of each tumor must be reported for each tumor entered into the HCC exception application.
3. The Board approved the following programming changes to improve the diagnosis listings on the lung transplant waitlist pages: Addition of the following re-transplant diagnosis codes to the existing list of diagnosis codes: Lung Re-Tx/GF Obliterative Bronchiolitis-Restrictive, Lung Re-Tx/GF Obliterative Bronchiolitis-Obstructive; Addition of usual interstitial pneumonitis as a lung disease diagnosis; and Classification of constrictive bronchiolitis as diagnosis Group D.
4. The Board approved programming modifications to allow centers to enter 3 numbers to the right of the decimal point when entering inotrope dosage amounts.
5. The Board approved modifications to inotrope programming to maintain consistency with Policies 3.7.3 (Adult Candidate Status) and 3.7.4 (Pediatric Candidate Status).

Following passage of the Consent Agenda, the Board approved modifications to Policy 3.6 (Allocation of Livers), which will combine local with regional distribution of livers for Status 1A and 1B candidates.

The Board approved convening a public forum on liver distribution, to be held in the spring of 2010.

The Board approved the addition of “current bilirubin” and “increase in bilirubin” as factors to the waitlist survival model in the lung allocation score, because analyses revealed the association between high bilirubin levels and waitlist mortality. The Board specifically approved the policy in concept but deferred adding it to the Lung Allocation Score (LAS) and referred these modifications to the Executive Committee to develop a definitive implementation plan, which would include working with staff to determine an appropriate solution, which may include: adding an LAS calculator to UNet<sup>SM</sup> for the purpose of providing guidance for the Lung Review Board; Performing a cost analysis of serial bilirubin collections via UNet<sup>SM</sup>; and development of an education plan for centers on the process to be used to award additional priority to eligible candidates.

The Board approved modifications to 3.6.4.5 (Liver Candidates with Exceptional Cases), which will provide standardized criteria and MELD/PELD scores for six diagnoses. The Board specified that candidates meeting the exceptional case criteria are eligible for additional MELD/PELD exception points. Unless the applicable RRB has a pre-existing agreement regarding point assignment for these diagnoses, an initial MELD score of 22/PELD score of 28 shall be assigned. For candidates with Primary Hyperoxaluria meeting the criteria in 3.6.4.5.5, an initial MELD score of 28/PELD score of 41 shall be assigned.

The Board approved an extension of the term of Dolph Chianchiano, J.D. on the Board of Directors representing the Patient and Donor Affairs category for the term 2009-2010.

The Board endorsed the National Kidney Foundation’s (NKF) “End the Wait Campaign.”

The Board approved a modification to the HCC exception application in UNet<sup>SM</sup> that would reinstate the “No appeal/No withdraw” button for denied exceptional case applications. The Board is also asked to approve modifications to Policies 3.6.4.3 (Pediatric Liver Transplant Candidates with Metabolic Diseases), 3.6.4.4. (Liver Transplant Candidates with Hepatocellular Carcinoma (HCC)) and 3.6.4.5 (Liver Candidates with Exceptional Cases), to reflect the requirement that a conference call must be held prior to this option being utilized.

The Board supported of the efforts of the American College of Radiology Imaging Network (ACRIN) liver cancer imaging trial.

The Board approved the relocation of existing living donation policies into a new Policy 12.0 (Living Donor Policies) specific to living donation.

The Board approved modifications to update the resource document titled, “Guidance for the Informed Consent of Living Donors.”

The Board directed that OPTN discontinue the requirement of prospective HTLV testing for deceased donors. The Board further directed that retrospective testing with confirmation shall be performed on all deceased donors. Implementation of this policy should be delayed to permit a minimum forty-five day public comment period and review by the Executive Committee and there shall be a two-year window for retrospective testing.