

**EXECUTIVE SUMMARY
OF THE MINUTES**

OPTN/UNOS BOARD OF DIRECTORS MEETING

**June 25-26, 2012
Richmond, Virginia**

John R. Lake, M.D., OPTN/UNOS President called the meeting to order at 2:20 p.m. on June 25, 2012. A quorum was present, and 36 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 November 14-15, 2011, meeting of the Board of Directors in Atlanta, Georgia.
2. The Board approved changes to the UNOS Bylaws Appendix B, Attachment IIA (Standards for Histocompatibility Testing) to clarify and update laboratory testing requirements.
3. The Board approved a request from Finger Lakes Donor Recovery Network to remove its intended candidate alternative allocation system from the programming queue.
4. The Board approved changes to Policy 3.2.1.8 (Waiting Time Modification), which clarify the requirements for submitting waiting time modification requests.
5. The Board approved the liver biopsy form and resource documents developed by the Organ Availability Committee.
6. The Board: approved two new transplant hospital members, including approval of three new programs and one living donor program component in these hospitals; approved one new independent histocompatibility laboratory; fully approve five new programs in existing transplant hospitals; fully approved three new program components in existing transplant hospitals; granted two-year terms to 13 non-institutional members; recognized one new pancreas program approved under the multi-visceral program criteria; granted full approval to 19 programs and living donor program components that reactivated; and changed the status of three conditionally approved programs or living donor program components to full approval.
7. The Board approved relocating items from the UNOS Bylaws into OPTN Policies as part of the OPTN Bylaws Plain Language Rewrite project.
8. The Board approved changes to the OPTN Bylaws, including Appendices A-K and M.
9. The Board approved modifications throughout the policies to change the term “consent” to “authorization.”

10. The Board approved changes to Policy 5.0 (Standardized Packaging, Labeling and Transporting of Organs, Vessels, and Tissue Typing Materials) to no longer permit the use of an alternate label for perfusion machines.
11. The Board approved extensive revisions to the policies to clarify and improve variance policies, which make it easier for members to comply with variance policies; enable the OPTN to evaluate the variance for potential national policy; create uniformity; and promote reliability in the information provided with variance applications.
12. The Board approved changes to Policies 3.7.3 (Adult Candidate Status) and 3.7.4 (Pediatric Candidate Status). The changes include: 1) technical edits to policy; and 2) the requirement that heart transplant programs record in UNetSM changes to a heart transplant candidate's status or criterion within 24 hours.
13. The Board approved guidance for recognizing Meningoencephalitis in potential deceased organ donors.

Following passage of the Consent Agenda, the Board approved the 2011 audited financial statements for OPTN Operations and the related OMB Circular A-133 compliance audit for the fiscal year ended September 30, 2011.

The Board approved the write-off of unpaid OPTN fees from a member who was undergoing bankruptcy liquidation.

The Board approved the OPTN 2013 Budget and an increase in the Registration Fee from \$603 to \$651, and corresponding modification to Policy 11.0 (Registration Fee), based upon the projected level of operational activities, and with the acknowledgement that the budget may need to be reconsidered based upon the requirements of the next OPTN Contract.

The Board approved a proposal to include HLA-C in the CPRA calculation, update the HLA frequencies used to calculate CPRA, and add a mandatory field to WaitlistSM for reporting of anti HLA antibodies.

The Board approved substantive changes to the OPTN Bylaws, Appendix A, addressing reviews, actions, and due process, and reorganized those changes into Appendix L of the recently approved plain language rewrite of the OPTN Bylaws.

The Board approved changes to Policy 3.6 (Allocation of Livers, Adult Donor Liver Allocation Algorithm) that will offer adult deceased donor livers to all candidates in Status 1A and Status 1B and those with MELD/PELD scores of 15 or higher locally, regionally, and nationally before being offered to candidates with lower MELD/PELD scores.

The Board approved changes to Policy 3.6 (Allocation of Livers, Adult Donor Liver Allocation Algorithm) that will offer adult deceased donor livers to local and regional candidates with MELD/PELD scores of 35 or higher before being offered to candidates with lower MELD/PELD scores.

Secretary's Note: Three separate proposals from the Living Donor Committee were withdrawn from present consideration based upon feedback received from the public and the Joint Societies Working Group (JSWG). These proposals will be reviewed to give professional societies additional opportunities to provide feedback, and will be considered by the Board of Directors at its November 2012 meeting.

The Board approved changes to Policy 6.0 (Transplantation of Non-Resident Aliens). The changes include: 1) technical edits to Policy 6; 2) removal of the audit policy that allows the OPTN to review transplants of organs from deceased donor non-resident aliens if the transplant rate at a given program exceeds 5% annually; 3) new definitions for citizenship categories approved by the Board in June 2011; 4) a policy that allows the OPTN to review listings and transplants of non-US citizens/non-US residents; and, 5) new requirement that the OPTN provide transplant-by-citizenship data to the public.

The Board approved the OPTN Strategic Plan with the following six key goals: 1. Increase the number of transplants; 2. Increase access to transplants; 3. Improve survival for patients with end stage organ failure; 4. Promote transplant patient safety; 5. Promote living donor safety; and 6. Promote the efficient management of the OPTN.