

**Selected Recommendations of the
OPTN/UNOS Membership and Professional Standards Committee (MPSC) to the
Board of Directors
November 8-9, 2010
St. Louis, MO**

Summary

I. Action Items for Board Consideration

- The Board of Directors is asked to approve the following center-specific actions. (Item 1, Pages 3-4):
- The committee will ask the Board of Directors to approve the following recommendations during the November 8-9, 2010, meeting:
 - Approve one new hospital based histocompatibility laboratory;
 - Fully approve nine new programs in existing transplant centers;
 - Fully approve one new living donor kidney component program in an existing approved kidney transplant center;
 - Approve one new individual and one new business for two-year terms of membership;
 - Approve changes in program status:
 - Approve two programs to reactivate.
 - Change three conditional programs to fully approved programs.
 - Conditionally approve (12 months) one pancreas transplant program;
 - Approve a 6-month inactivation extension for a lung transplant program; and
 - Approve two intestinal transplant programs.

II. Other Significant Items

- Program-Related Actions and Personnel Changes: The committee reviewed 78 and approved 67 personnel change applications during its July meeting, and reviewed and approved two during its June conference call. The committee was also notified that six programs inactivated, eight members/programs withdrew from membership; and that two new intestinal transplant program were registered (Item 3, Page 4).
- Living Donor Related Bylaws: The committee was updated on the plans to propose amendments to the bylaws pertaining to living donor transplantation. A joint work group comprised of members from the MPSC, Living Donor, Pediatric Transplantation, Kidney Transplantation, and the Liver and Intestinal Organ Transplantation Committee's was formed to discuss this issue. Based on recommendations from the joint work group the committee agreed to submit the proposal to amend the requirements for transplant hospitals that perform living donor kidney recoveries. That proposal will be distributed for public comment in October 2010. The committee will continue to work on a similar proposal for living donor liver transplantation. (Item 5, Pages 4-5).
- Qualifications for Directors, Liver Transplant Program Anesthesiology: The committee discussed the proposal to amend the bylaws to introduce qualifications for directors of liver transplant anesthesia. This proposal was developed by a MPSC work group based on recommendations from the American Society of Anesthesiology (ASA). The MPSC

endorsed the proposed changes to the bylaws and agreed to submit the proposal for public comment in October 2010. (Item 6, Page 5).

- Update of Policy 12.8.4 (Submission of Living Donor Death and Organ Failure Data): As required in Policy 12.8.4 (Submission of Living Donor Death and Organ Failure Data), transplant programs must report all instances of live donor deaths and failure of the live donor's native organ function within 72 hours after the program becomes aware of the live donor death or failure of the live donors' native organ function. The committee reviewed four reported instances. (Item 7, Page 5).
- OPO Performance Metrics: The committee was given an update on the work of the OPO Performance Metrics Work Group, which comprises members of the OPO Committee and the MPSC. The work group is tasked with developing performance metrics to maximize the utilization of organs. (Item 8, Pages 5-6).
- Modified Flagging Methodology: The committee reviewed the SRTR simulation results regarding small volume outcome triggers and requested additional investigation into small and medium volume programs. This review will be conducted by the Performance Analysis and Improvement Subcommittee (PAIS) and reported to the MPSC during its October 2010 meeting. (Item 9, Page 6).
- Composite Pre-Transplant Metric (CPM): The committee was apprised of the CPM Work Group's progress. During the July 2010 MPSC meeting, the committee recommended piloting CPM; the work group will meet in the coming months to discuss the pilot. (Item 10, Page 7).

OPTN/UNOS Membership and Professional Standards Committee
Report to the Board of Directors
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St. Louis, MO

John R. Lake, M.D., Chair
David C. Mulligan, M.D., Vice Chair

I. Regular Committee Meetings. The Membership and Professional Standards Committee (MPSC) met on July 27-29, 2010, in Chicago, Illinois; and on June 8, 2010, by conference call and Microsoft Live Meeting. The committee's deliberations and recommendations are provided below.

1. Membership Application Issues: The committee is charged with determining that member clinical transplant programs, organ procurement agencies, histocompatibility laboratories, and non-institutional members meet and remain in compliance with membership criteria. During each meeting, it considers actions regarding the status of current members and new applicants. The committee took the actions reported below during its meetings.

The committee recommends that the Board of Directors approve one new histocompatibility laboratory, and ten new programs (including living donor) in existing member centers. In addition to considering applications for institutional membership, the committee reviewed and recommended that the Board approve applications for new and continued membership for existing non-institutional members.

The committee reviewed the following changes in status and recommends approval by the Board of Directors:

- Approve two programs to reactivate;
 - Approve three conditional programs as fully approved programs;
 - Conditionally approve (12 months) a pancreas transplant program;
 - Approve an extension of inactive status for a lung transplant program; and
 - Approve two newly registered intestinal transplant programs.
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2. Overview of Annual Committee Projects: Updates were provided to the committee on the projects that were approved to be undertaken in 2010-2011. A list of the projects is provided below, and most are addressed in more detail later in this report.
 - OPO Performance Metrics – Completion of publication of initial model, dissemination to broader community improvement, use by MPSC for OPO evaluation (Item 8).
 - Review the living donor program requirements for currency and relevance and to determine if the original goal of the requirements (to improve the process of living donation and transplantation through standardized levels of experience and quality) is being met (Item 7).
 - Develop and consider use of pre-transplant program performance metrics for flagging (Item 10).

- Develop criteria for Directors of Liver Transplant Anesthesiology (Item 6).
 - Revise bylaws to better define “transplant hospital” (Item 12).
 - Develop qualification criteria for Pediatric Organ Transplant Program approval.
 - Develop and implement Intestinal Transplant Program requirements in conjunction with the Liver and Intestinal Transplantation Committee (Item 11).
 - Modify bylaws related to flagging methodology (Item 9).
 - Review bylaws pertaining to program certification and key personnel for currency and relevance (Items 5, 6, 11, and 13).
 - Create a pathway for kidney transplant programs to qualify as the primary kidney physicians who have completed a transplant nephrology research fellowship (Item 13).
3. Program-Related Actions and Personnel Changes: The committee reviewed and accepted programs ‘changing status by voluntarily inactivating or withdrawing from designated program status. Additionally, the committee reviewed 78 and approved 67 Key Personnel Changes.
 4. Interviews and Informal Discussions: The committee conducted interviews and informal discussions with seven member transplant hospitals.
 5. Living Donor Related Bylaws: The committee was updated on the review of the bylaws related to living donor transplantation. A joint work group comprised of members from the MPSC, Living Donor, Pediatric Transplantation, Kidney Transplantation (Kidney), and the Liver and Intestinal Organ Transplantation (Liver) Committee’s had been formed to discuss this issue.

The committee was given a status report by the work group that has been developing a proposal to amend the bylaws pertaining to living donor kidney and liver transplantation. The committee agreed to move forward with a proposal to amend the kidney bylaws that will align the bylaws with current practice. The committee reviewed the final proposal during its July meeting, and agreed to submit the proposal to amend the requirements for transplant hospitals that perform living donor kidney recoveries to public comment in October 2010. The committee will continue to work on a similar proposal for living donor liver transplantation.

The committee also reviewed the draft proposal to “*Clarify which Transplant Program has Responsibility for Elements of the Living Donation Process and to Reassign Reporting Responsibility for Living Donation from the Recipient Transplant Program to the Transplant Program Performing the Living Donor Nephrectomy or Hepatectomy.*” The committee had no further changes to the proposal, sponsored by the both the MPSC and the Living Donor committee. This proposal will clarify and, in some cases, change which transplant program is responsible for specific elements of the living donation process. Under this proposal, the transplant program that performs the donor nephrectomy (surgical removal of a kidney) or hepatectomy (surgical removal of a portion of the liver) will be responsible for that process, which includes the consent, medical and psychosocial evaluations, peri-operative care, and required follow-up reporting of the donor. The intended goals for this policy include improving living donor follow-up by shifting the responsibility for living donor follow-up to the hospital that has an established relationship with the living donor. Additionally, the revisions may lead to

improved living donor safety by requiring that transplant hospitals can only accept living donor organs from transplant programs that have the appropriate protocols and staff in place to recover that type of living donor organ.

6. Qualifications for Directors, Liver Transplant Program Anesthesiology: The MPSC received a memorandum from the American Society of Anesthesiology (ASA), which suggested specific qualifications for the directors of liver transplant anesthesia. This recommendation was based on peer reviewed papers that showed that liver transplant programs have better outcomes when they utilize an anesthesiologist experienced in liver transplantation. The committee used the recommendations provided by the ASA as the basis for the proposal that was developed by a MPSC work group. The executive committee of the ASTS also considered a draft of the work group's proposal and made suggestions regarding which items might be mandatory versus suggested qualifications.

The committee contemplated whether the requirements should be made mandatory and the director role treated the same as a primary transplant surgeon, physician, or laboratory director. After discussing the resources required (i.e. programming, monitoring, etc), it was agreed that the proposal should be a mix of mandatory requirements and recommendations or guidelines that would provide guidance to the liver transplant programs. The committee agreed that it might consider proposing that all of the director qualifications become required in the future and that it would consider similar proposals for cardiothoracic organs if the community were in support. When the committee met in July, it endorsed the final draft of the proposed changes to the bylaws and agreed to submit the proposal for public comment in October 2010.

This proposal would require liver transplant programs to designate a director of liver transplant anesthesia with expertise in the area of peri-operative care of liver transplant patients who could serve as an advisor to other members of the team. The proposal also requires that the director have the appropriate board certification. The proposal also outlines certain administrative and clinical responsibilities that should be handled by the Director; and the minimum qualifications needed for the position.

7. Update on Policy 12.8.4 (Submission of Living Donor Death and Organ Failure Data): As required in Policy 12.8.4 (Submission of Living Donor Death and Organ Failure Data), transplant programs must report all instances of live donor deaths and failure of the live donor's native organ function within 72 hours after the program becomes aware of the live donor death or failure of the live donors' native organ function.

The committee reviewed four reported living donor kidney adverse events and made the recommendation of no further action for each one.

8. OPO Performance Metrics Work Group: The OPO Performance Metrics Work Group comprising members from the OPO Committee and the MPSC is tasked with developing performance metrics to maximize the utilization of organs. The group has been meeting since April 2008. An ordinal logistic regression model was based on OPTN/UNOS data from June 1, 2000 to May 30, 2007, and included data on donors from whom at least one organ was transplanted. Factors in the model were derived from the deceased donor registration form. Factors that were considered to reflect OPO practices were deliberately excluded from the model. The model concordance was 0.8. From the model, 15 of 58 DSAs were identified as having an actual number of organs transplanted per donor that was significantly below expected ($p < 0.05$). Enhanced analyses have been provided to include more recent data as well as donors from whom no organs were transplanted.

To facilitate this project, the work group distributed DSA specific data to each OPO executive director in December. During the January 2010 AOPO Executive Directors meeting, the SRTR presented analyses. Additionally, an educational forum was convened on May 27, 2010, to facilitate broader sharing of the data and discussions.

While the work group continues to work to identify potential flagging mechanisms for use by the MPSC, the committee recommended the bylaw language codifying the expectation for OPTN review of OPO performance be distributed for public comment in October. Once the flagging mechanism has been identified, the committee will distribute for public comment as well. The MPSC recommended the specific parameters that trigger committee review not be defined within the bylaws, but be detailed within the OPTN Evaluation Plan.

9. Modified Flagging Methodology: Continuing the Performance Analysis and Improvement Subcommittee's (PAIS) goal to review existing performance metrics and the ongoing work with the SRTR staff in modifying post-transplant outcome flagging methods, UNOS staff conducted several retrospective analyses of the modified flagging criteria proposed by the SRTR. In summary, the analysis showed that using the proposed method, the committee would flag fewer programs overall, while flagging more medium and high volume programs. The analysis also showed that the proposed method would flag >80% of the programs considered "true positives" using the current flagging method and would flag fewer of the current false positives.

The MPSC reviewed the recent retrospective analysis and recommended before adoption that the SRTR conduct a simulation analysis. The modified flagging method, while capturing some of the small volume programs, will not capture all small volume programs. Five programs that would not have been reviewed if the modified flagging were in use were considered "true positives." As such, the committee wishes to identify a hybrid flagging model that would utilize the modified flagging methodology with some sort of small volume flag. The SRTR reported the simulation might take up to six months.

The committee reviewed the SRTR simulation results regarding small volume outcome triggers. The committee requested additional investigation into small and medium volume programs; this review will be conducted by the PAIS and reported to the committee during its October 2010 meeting.

Based upon the ongoing review of the triggers that result in MPSC/PAIS review of member performance and the potential for further enhancements to the statistical models, the committee approved the following resolution by a vote of 31 For, 2 Against, 0 Abstentions:

RESOLVED, that the specific parameters defining transplant program outcome reviews be removed from the bylaws.

In an effort to facilitate transparency and understanding, the committee recommended that information regarding the specific parameters that result in PAIS review, be defined within the OPTN Evaluation Plan. Additionally, the committee approved the following resolution with a vote of 33 For, 0 Against, 0 Abstentions.

RESOLVED, that all flagging methodologies must be distributed for public comment prior to implementation.

10. Composite Pre-Transplant Metric (CPM): Work continues on assessing the value of using data from the SRTR organ and offer acceptance analysis, in conjunction with published transplant program waitlist mortality and transplant rate, to craft a useful pre-transplant performance metric which can be used to identify transplant programs not transplanting at expected rates. If identified, further review of the programs practices will occur with improvement assistance provided when necessary. The committee recommended piloting CPM; the work group will meet in the coming months to discuss the pilot.

11. Intestinal Transplant Program Requirements: The committee agreed to ask the Liver and Intestinal Organ Transplantation Committee (Liver Committee) for input regarding activity levels for intestinal transplant programs as discussed by the Performance Metrics and Certification work group and for an update regarding their efforts to develop membership criteria for intestinal transplant programs. At present, intestinal transplant programs are not evaluated on an ongoing basis for activity, performance, or staffing.

The Liver Committee developed a draft proposal of qualifications for an intestinal transplant program and sought the MPSC's input. The committee had previously reviewed a first draft of the proposal and provided comments back to the Liver Committee. During the July meeting, the MPSC listened to a presentation from a representative of the Liver Committee and asked questions about the current draft proposal.

12. Separate Transplant Hospitals Seeking Single Program Approval Together: UNOS staff reported to the committee that several inquiries had been received for two separate transplant hospitals to be recognized as a single OPTN/UNOS member rather than two. During the July meeting, a work group was asked to review this issue and develop a proposal for the committee's consideration.

13. Referral from AST/ASN Fellowship Requirements: A work group is discussing a general broadening of fellowship opportunities with the AST and ASN for kidney transplant physicians to qualify as primary transplant physicians at approved OPTN kidney transplant programs. A proposal is being drafted for the committee's eventual review.

14. Patterns and Trends of Member Compliance and MPSC Actions: UNOS staff presented summaries of trends of policy violations on OPO and transplant center site surveys. Site survey information included top policy violations found during site surveys broken down by program, and whether the violations remained during the follow up site survey.

15. Living Donor Pilot Program: The committee was briefed on the DEQ pilot survey of five living kidney donor programs conducted in February and March 2010. DEQ staff used a newly developed survey plan including review of the programs' living donor protocols and compliance with the same, review of data, staff interviews, and tracer methodology to verify awareness of program protocols. Observations and findings from the first five pilot surveys were reported to the MPSC. Site surveyors are conducting an additional five pilot surveys in May, June, and July 2010, which will be reported to the MPSC.

16. Proposals to Amend Bylaws and Policies: During its June meeting, the committee considered the following proposals to amend the bylaws and policies that were distributed for public comment on March 19, 2010:

- Proposal 8: Placement of Non-directed Living Donor Kidneys: This proposal would establish procedures for the placement of non-directed living donor kidneys. Under the

proposal, transplant centers would select the recipient of non-directed living donor kidneys based on a match run. No policy currently directs the placement of these organs.

The policy proposal does not specifically indicate that it does not apply to kidney paired donation (KPD). The committee supported the proposal but suggested that it should be specifically stated in the policy, not just in the proposal text, that it does not apply to KPD. (No vote was taken.)

- Proposal 9: Require Reporting on Non-Utilized and Redirected Living Donor Organs: These proposals require that the organ recovery center report all instances of: living donor organs recovered but not utilized for transplant; living donor organs recovered but then redirected and transplanted into a recipient other than the intended recipient.

These events would be reported through the UNetsm Patient Safety System. If a living donor organ is transplanted into a recipient other than the intended recipient, all required donor and recipient information must still be submitted through Teidi®.

The committee unanimously agreed to support this proposal as presented by a vote of 23 For, 0 Against, 0 Abstentions.

- Proposal 10: Modify 5.0 (Labeling and Packaging): Current policy only requires that the external label distributed by the OPTN contractor be used for transporting organs and vessels. This proposed policy change would require OPOs and transplant centers to also use standardized, internal labels that are distributed by the OPTN contractor for organ and vessel transport and for vessel storage. This change will make both internal and external labeling consistent throughout the U.S.

The committee unanimously agreed to support this proposal as presented by a vote of 21 For, 0 Against, 0 Abstentions.

The committee was concerned about labels for vessels that are tied to the bag as opposed to having a label that adheres to the container, but this issue is separate from the above proposal to require internal labeling in the policy. The committee asked that this issue be considered by the OPO Committee in the future.

17. **UNOS Actions**: The committee members unanimously agreed during both the June and July meetings that actions regarding Bylaws, Policy, and program-specific decisions made during the OPTN session would be accepted as UNOS actions.

** RESOLVED, that the committee accepts those program specific determinations made during the meeting as UNOS recommendations. FURTHER RESOLVED, that the committee also accepts the recommendations made relative to Bylaw and Policy changes.

**Participation at the Membership and Professional Standards Committee Meetings
June 8, 2010, Conference Call**

NAME	Committee Position	July 22-23, 2009	Sept 25, 2009 Conf Call	Dec 9-10, 2009	Jan. 25, 2010 conf call	Mar 24-25, 2010	Apr 28, 2010	June 8, 2010 Conf Call
Charles Alexander RN, MSN, MBA, CPTC	Chair	X	X	X	X	X	X	X
David Mulligan, MD	Vice Chair	X	X	X	X	X	X	X
Elizabeth Pomfret, MD, PhD	Regional Rep.	X	X	X	X		X	X
David Klassen, MD	Regional Rep.	X			X	X	X	X
Christopher Hughes, MD	Regional Rep.	X	X	X		X		X
David Nelson MD	Regional Rep.	X	X	X		X		X
Christopher Marsh MD	Regional Rep.	X	X	X		X	X	X
Karen Nelson Ph.D., D(ABHI)	Regional Rep.	X	X	X	X	X	X	X
Yolanda Becker MD, FACS	Regional Rep.	X *	X	X			X	X
Susan Dunn, MBA, RN, BSN	Regional Rep.	X	X	X	X	X	X	X
David Conti MD	Regional Rep.		X	X	X			
Steven Rudich, MD, PhD	Regional Rep.	X*	X	X	X	X	X	X
Prabhakar Baliga, MD	Regional Rep.	X	X	X		X	X	
Abbas Ardehali, MD	At Large	X		X		X	X	
Sharon Bartosh MD	At Large	X	X	X	X		X	X
Elaine Berg, MPA, FACHE	At Large	X	X	X	X	X		X
Jonathan Chen MD	At Large	X	X	X		X*	X	X
Todd Dewey MD	At Large	X						
Udeme Ekong, MBBS, MRCP	At Large	X		X		X	X	
Barry Friedman RN, BSN, MBA, CPTC	At Large	X	X	X	X	X	X	X
Benjamin Hippen M.D.	At Large	X	X	X	X	X		X
Marjorie Hunter, ESQ	At Large	X	X	X		X	X	X
Ian Jamieson MBA, MHA	At Large	X	X		X	X	X	X
David Marshman, CPTC, BS	At Large	X	X	X	X	X	X	X
Jerry McCauley MD, MPH	At Large	X	X	X	X	X	X	X
Michael Mulligan MD	At Large	X						X
Claus Niemann M.D.	At Large	X		X	X	X	X	X
Todd Pesavento, MD	At Large	X	X	X	X	X	X	X
Shirley Schlessinger, MD	At Large	X	X	X	X	X		X
Roshan Shrestha, MD	At Large	X		X		X		X
Betsy Walsh, JD, MPH	At Large	X	X	X	X	X		X
Mark Zucker, MD, JD	At Large	X	X	X		X	X	X
Christopher McLaughlin	HRSA	X		X	X	X	X	X
Robert Walsh	HRSA	X	X	X	X	X	X	X
Charlotte Arrington MPH	SRTR Liaison	X	X	X		X	X	X

NAME	Committee Position	July 22-23, 2009	Sept 25, 2009 Conf Call	Dec 9-10, 2009	Jan. 25, 2010 conf call	Mar 24-25, 2010	Apr 28, 2010	June 8, 2010 Conf Call
Jack Kalbfleisch	SRTR Liaison	X						
Robert Wolfe, Ph.D.	SRTR Liaison	X		X				X
Emily Messersmith	SRTR representative				X			
Sally Harris Aungier	Committee Liaison	X	X	X	X	X	X	X
David Kappus MAS	Committee Liaison	X	X	X	X	X	X	X
Lee Bolton	Support Staff							X
Manny Carwile	Support Staff			X		X	X	
Franki Chabalewski	Support Staff							X
Elizabeth Coleburn	Support Staff	X	X	X	X	X		X
Susan Duerkson	Support Staff			X		X		
Rosey Edmunds	Support Staff	X	X		X			X
Erick Edwards Ph.D.	Support Staff	X	X	X	X	X	X	X
Mary D Ellison, Ph.D.	Support Staff	X		X	X	X	X	X
Suzanne Gellner JD, CHC	Support Staff	X	X	X	X	X	X	X
Linda Gobis, BS, MN, JD	Support Staff	X		X	X	X	X	X
Diana Marsh	Support Staff	X						
Karl McCleary Ph.D., M.P.H.	Support Staff	X	X	X	X	X	X	
Kevin Myer	Support Staff	X	X	X	X	X	X	
Heather Neil	Support Staff	X			X		X	X
Joel Newman	Support Staff			X		X		
Jacqueline O'Keefe MBA	Support Staff	X	X	X	X	X	X	X
Anne Paschke	Support Staff	X						
John Persons	Support Staff						X	
Amy Putnam	Support Staff	X		X		X	X	X
Sharon Shepherd	Support Staff			X	X	X	X	X
Mariam Siddiqui	Support Staff			X				
Leah Slife	Support Staff		X		X	X		X
Darren Stewart	Support Staff	X					X	
Robyn Zernhelt	Support Staff		X	X	X		X	X
Thomas Hamilton, CMS	Guest	X						

* Participated by conference call

**Participation at the Membership and Professional Standards Committee Meetings
July 28-29, 2010, Meeting**

NAME	Committee Position	July 28-29, 2010
John Lake MD	Chair	X
David Mulligan MD	Vice Chair	X
Elizabeth Pomfret MD, PhD	Regional Rep.	X
David Klassen MD	Regional Rep.	X
Christopher Hughes MD	Regional Rep.	X
Marlon Levy MD, FACS	Regional Rep.	X
David Douglas MD	Regional Rep.	X
Michael Mulligan MD	Regional Rep.	X
Dixon Kaufman MD, PhD	Regional Rep.	X
Sue Dunn MBA,RN, BSN	Regional Rep.	X
Mark Orloff MD	Regional Rep.	X
Steven Rudich MD, PhD	Regional Rep.	X
Prabhakar Baliga MD	Regional Rep.	
Patricia Adams MD	At Large	X
Abbas Ardehali MD	At Large	X
Sharon Bartosh MD	At Large	X
Elaine Berg MPA, FACHE	At Large	X
A. Michael Borkon MD	At Large	X
Udeme Ekong MBBS, MRCP	At Large	
Richard Hasz Jr., MFS	At Large	X
Marjorie Hunter Esq.	At Large	X
Diane Jakobowski MSN, CRNP	At Large	X
Lori Markham RN, MSN, CCRN, CPTC	At Large	X
David Marshman CPTC,BS	At Large	X
Jennifer Milton RN,BSN, MBA, CCTC	At Large	X
Claus Niemann M.D.	At Large	X
Todd Pesavento MD	At Large	X
Sean Pinney MD	At Large	X
Mark Robbins MD	At Large	X
Dianne LaPointe Rudow ANP, DrNP, CCTC	At Large	X
Shirley Schlessinger MD	At Large	X
Roshan Shrestha MD	At Large	
Dolly Tyan PhD	At Large	X
Betsy Walsh J.D., M.P.H.	At Large	X
Brenda Welsch BSN, CPTC	At Large	X
David Zaas M.D., MBA	At Large	X

NAME	Committee Position	July 28-29, 2010
Christopher McLaughlin	Ex Officio	X
Robert Walsh	Ex Officio	X
Charlotte Arrington MPH	SRTR Liaison	X
Robert Wolfe Ph.D.	SRTR Liaison	X
Sally Harris Aungier	Committee Liaison	X
David Kappus MAS	Committee Liaison	X
Manny Carwile	Support Staff	X
Elizabeth Coleburn M.S.	Support Staff	X
Rosey Edmunds	Support Staff	X
Erick Edwards Ph.D.	Support Staff	X
Mary D Ellison, Ph.D.	Support Staff	X
Suzanne Gellner JD, CHC	Support Staff	X
Linda Gobis B.S., M.N., J.D.	Support Staff	X
Diana Marsh	Support Staff	X
Jacqueline O'Keefe MBA	Support Staff	X
Anne Paschke	Support Staff	X
Amy Putnam	Support Staff	X
Brian Shepard	Support Staff	X
Sharon Shepherd J.D., M.S.N., R.N.	Support Staff	X
Guests for special presentations only (by phone):		
Matt Cooper, M.D.	Living Donor Committee Presentation	X
Deb Sudan, M.D.	Liver and Intestinal Organ Transplantation Committee Presentation	X