

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

**June 26, 2007
Richmond, Virginia**

Dr. McDiarmid called the meeting to order at 8:05 a.m. on June 26, 2007. A quorum was present, and 36 of the Board members were in attendance during the meeting.

The Board extended the term of Edward R. Garrity, M.D. by one year to fill the vacancy created by the relocation of Dr. Rainer W. G. Gruessner, the Region 7 Councillor Representative to the Board of Directors.

The Board approved the OPTN 2008 Operating Budget with no increase in the Registration Fee based upon the current level of operational activities.

The Board approved the 2006 Audited Financial Statements for OPTN Operations and the related OMB Circular A-133 compliance audit for the year ended September 30, 2006.

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 7.3.3 (Living Donor Death and Organ Failure Data) to define living donor “native organ failure” as (1) placing living liver donors on the National Transplant Waitlist and (2) living kidney donors requiring dialysis. The proposed modifications also limit the reporting period for these events to two years.
2. The Board approved modifications to Policy 3.1.2 (Organ Distribution Definitions: Transplant Center) to provide standard procedures for verification of UNOS Donor ID number, in addition to the current ABO verification requirement, for all donor organs prior to transplant, to ensure patient safety.
3. The Board approved revisions to the Transplant Candidate Registration (TCR), Transplant Recipient Registration (TRR), and Transplant Recipient Follow-up (TRF) forms for pediatric candidates and recipients, as well as changes to how pediatric recipients are followed after five years post-transplant and through age 25.
4. The Board approved the minutes of the March 23, 2007, Meeting of the Board of Directors in St. Louis, Missouri.
5. The Board approved amendments to Policy 7.1.8 to reflect the language of the definition for “eligible death” that was previously approved by the Board.
6. The Board approved modifications to Policy 7.7 (Submission of Death Notification Information) to extend the length of time required for reporting all imminent neurological, non-consented, and

consent not recovered death notification information.

7. The Board approved recommendations that will facilitate the release of recipient information by the transplant center to the OPO. This information regarding the benefits of sharing information with donor families will facilitate communication between OPO and transplant center personnel and describes appropriate recipient information that can be shared with donor families.

Following passage of the Consent Agenda, the Board approved additional data elements to include in the Deceased Donor Registration (DDR) Form to collect information on the recovery process for individual DCD donors to assist in the development of donation and allocation policies for DCD organs. By friendly amendment, the Board also approved the addition of Pulmonary Artery Cannulation, Dose/Time of Heparin Administration (to be added to DonorNet®), and definitions of the phases, to the list of added data elements.

The Board approved modifications to Policy 7.1 (Reporting Definitions) to delete the Glasgow Coma Score (GCS) from the definition of “imminent neurological death.”

The Board approved modifications to Policy 3.3.6 (Center Acceptance of Organ Offers) to require the reallocation of organs when the Donation after Cardiac Death (DCD) donor converts to brain death and also to encourage the allocation of organs that had not previously been allocated, effective August 1, 2007. The proposal was amended by the Board to note that the Host OPO may choose not to re-allocate organs from a DCD donor who converts to brain death in the following circumstances: 1) lack of donor family approval and consent; 2) donor instability; or 3) other extraordinary circumstances. Based on the delayed effective date of these modifications, the Board extended the applicability to August 1, 2007, of a resolution approved in March 2007 that the Board will not consider reallocation in these circumstances to be a violation of OPTN policies.

The Board approved modifications to the Bylaws, Appendix A, Section 2.06A that will clarify and expand the requirement for a member to give notice to its patients when the member has been sanctioned. The approved modifications also limit notification to the specific transplant program that is responsible for the adverse action versus the entire transplant center; and will leave additional notification requirements, as well as the content of the letter, to the discretion of the Executive Committee, Board of Directors and/or the Secretary of HHS. The Board approved certain amendments to require notification to patients being evaluated and recipients as well as notification to current candidates and those candidates added to the wait list throughout the duration of the adverse action. The proposal was further amended to require that the notification be written in the patient’s spoken language and allows the Board of Directors or Executive Committee to approve the specific content of the notification.

The Board approved modifications to Policy 5.0 (Standardized Packaging and Transporting of Organs and Tissue Typing Materials) to provide standard packaging and transportation guidance for all donor organs that will enhance the efficiency of transporting the correct organ to the intended candidate. The proposed modifications provide procedures for packaging and transporting donated organs not addressed by current policy, specifically for living organ donations.

The Board resolved to establish a joint OPTN Committee to evaluate the use of living donor data.

The Board directed that the OPTN undertake a study to address geographic disparities in organ allocation.

The Board approved modifications to Policies 7.1.5 and 7.3.2 to require collection and submission of information on all living donors at the time of donation and for at least two years after the donation to provide valuable information on the experience, safety, and health implications for living donors.

The Board approved modifications to Living Donor Registration (LDR) and Living Donor Follow up (LDF) Forms to provide valuable information on the peri-operative experience and short term health and safety implications for living donors.

The Board reaffirmed that patients with disabilities should not be excluded from consideration for transplant solely by virtue of their disability.

The Board reaffirmed the 1989 position statement on anencephalic organ donation with limited modifications.

Due to the unique implications of the subject matter, the Board of Directors approved the following three resolutions solely in its capacity as the UNOS Corporate Board of Directors and not on behalf of the OPTN:

1. The UNOS Board adopted a “Statement on Transplant Tourism” as recommended by the Ethics Committee.
2. The UNOS Board adopted the following position regarding treatment of patients who have received an organ through transplant tourism: In emergent situations, patients should be evaluated and treated according to the standard of care. While there may not be an obligation on the part of individual physicians to care for such patients in non-emergent situations, the medical community has an obligation to provide care for these patients. Physicians are encouraged to provide care for these patients. In the case of conscientious objections, the physician should help the patient locate an alternative physician and may terminate the physician patient relationship, in accordance with local professional practices.
3. The UNOS Board denounced the use of organs from executed prisoners for the purpose of transplantation.