

**EXECUTIVE SUMMARY
OF THE MINUTES
OPTN/UNOS BOARD OF DIRECTORS MEETING
March 23, 2007
St. Louis, Missouri**

Dr. McDiarmid called the meeting to order at 8:00 a.m. on March 23, 2007. A quorum was present, and 38 of the Board members were in attendance during the meeting.

The Board approved two 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 December 13-14, 2006, Meeting of the Board of Directors in Tucson, Arizona.
2. The Board approved modifications to Policy 7.1 (Reporting Definitions) to add the definitions for “imminent death” and “eligible death” that were previously approved by the Board.

Following passage of the Consent Agenda, the Board approved modifications to require a limited set of data elements for validation of the Transplant Recipient Follow-up (TRF) form after 5 years post-transplant.

The Board approved new Policy 3.5.9.2 (Desirable Information for Kidney Offers) that specifies as desirable, but not required, information to accompany donor kidneys, including a biopsy sample that contains at least 25 glomeruli and suggests utilization of other procedures in order to standardize renal transplant biopsy procedures.

The Board approved modifications to Policy 3.7.6.1 (Lung Allocation - Candidates Age 12 and Older) to include PCO₂ in the Lung Allocation Score using the lower 90% confidence limits for the hazard ratios associated with the most recent values of PCO₂, and an increase in PCO₂ greater than or equal to 15% in the previous six-month period.

The Board approved modifications to the Bylaws Appendix B, Attachment III to further define model elements required to be addressed in OPO and Transplant Hospital DCD Recovery Protocols. The Board also approved amendments to the proposal to clarify “legal next of kin” and to standardize the language within the model elements.

The Board approved modifications to the Bylaws, Appendix B, Section II, “Transplant Hospitals,” “Investigation of Personnel;” Appendix B, Attachment 1, Section IV “Investigation of Personnel;” Section VII “Transplant Surgeon and Physician;” and Appendix B, Attachment I, Section XII (C) to enhance OPTN review of individual physicians and surgeons.

The Board approved modifications to the Bylaws, Appendix B, Attachment I, Section VI “Transplant Surgeon & Physician,” and Section XII(C) “Transplant Programs,” to clarify what “on site” means with relation to the availability of transplant surgeons and physicians to provide service to their patients in need of organ transplantation. The objective is to make existing

criteria regarding physician and surgeon availability more specific. The Board also approved additional amendments to this proposal to require transplant programs to provide a copy of the Program Coverage Plan to patients and to require that programs have a surgeon and physician available 24/7/365 unless specifically exempted from this requirement by the MPSC for specific causal reasons.

The Board resolved to modify the current Board and committee meeting cycles such that the Board will now meet three (3) times annually instead of 4 times effective in 2008. The Board will focus largely on the report and policy issue of only one organ specific committee as well as the Membership and Professional Standards Committee (MPSC) and Policy Oversight Committee, which will continue to report to the Board at every Board meeting. The remaining committees will report to the Board at the appropriate meeting on a twelve month cycle and at such other times as may be requested based on the activities undertaken by the committees.

In response to concerns arising from a potential inconsistency between certain allocation policies in the case of DCD donation, the Board resolved that until the Board reconsiders policies regarding reallocating organs when a DCD donor progresses to brain death, the Board will not consider reallocation to be a violation of OPTN policy.

In Executive Session, the Board approved membership changes including one new transplant center; two new programs in existing member centers; and nine existing live donor liver transplant programs; the continued membership of Medical/Scientific Member organizations and one public organization member for two-year terms; and one existing program that now meets the full membership requirements for that organ transplant program.