

**EXECUTIVE SUMMARY
OF THE
OPTN/UNOS BOARD OF DIRECTORS MEETING
December 5-6, 2016
St. Louis, MO**

Stuart Sweet, MD, OPTN/UNOS President, called the meeting to order at 2:45 p.m. on December 5, 2016. A quorum was present, and 41 of the Board members were in attendance in person or by electronic means of communications.

During the first day of the meeting, the Board approved several resolutions contained in the Consent Agenda in a single vote. The subject of the individual resolutions approved in the Consent Agenda follows here:

1. The Board approved the minutes of the June 6-7, 2016 meeting of the Board of Directors held in Richmond, VA, the July 21, 2016 Board of Directors conference call, and the September 29, 2016 Board of Directors conference call.
2. The Board approved the white paper entitled *The Ethics of Deceased Donor Organ Recovery without Requirement for Explicit Consent or Authorization*.
3. The Board approved the white paper entitled *Split Versus Whole Liver Transplantation*.
4. The Board approved the white paper entitled *Ethical Considerations of Imminent Death Donation*.
5. The Board approved changes to Bylaws Appendices F.4 (Primary Liver Transplant Physician Requirements), F.4.C (Three-year Pediatric Gastroenterology Fellowship Pathway), F.4.D (Pediatric Transplant Hepatology Fellowship Pathway), F.4.E (Combined Pediatric Gastroenterology/Transplant Hepatology Training and Experience Pathway), and H.3 (Primary Heart Transplant Physician Requirements) that update the board certification requirement for primary liver transplant physician applicants and primary heart transplant physician applicants.
6. The Board approved changes to Bylaws Appendices D.2 (Designated Transplant Program Requirement), D.11.F (Veteran's Administration (VA) Dean's Committee Hospitals), and M (Definitions) that update the definition of transplant hospital.
7. The Board approved changes to Policies 2.15.B (Pre-Recovery Verification), 5.8.A (Pre-Transplant Verification Prior to Organ Receipt), 5.8.B (Pre-Transplant Verification Upon Organ Receipt), and 14.7 (Living Donor Pre-Recovery Verification) that will help the transplant community more immediately with ABO implementation as required by the June 2016 proposal.
8. The Board approved the OPTN Data Vision Statement.
9. The Board approved changes to Bylaws Appendices E.2.A (Formal 2-year Transplant Fellowship Pathway), E.2.B (Clinical Experience Pathway), E.6.D (Primary Open Living Donor Kidney Surgeon), E.6.E (Primary Laparoscopic Living Donor Kidney Surgeon), F.3.A (Formal 2-year Transplant Fellowship Pathway), F.3.B (Clinical Experience

Pathway), F.8.A (Living Donor Surgeon Requirements), G.2.A (Formal 2-year Transplant Fellowship Pathway), G.2.B (Clinical Experience Pathway), H.2.A (Cardiothoracic Surgery Residency Pathway), H.2.B (Twelve-month Heart Transplant Fellowship Pathway), I.2.A (Cardiothoracic Surgery Residency Pathway), and I.2.B (Twelve-month Lung Transplant Fellowship Pathway) that update the requirements to perform a set number of transplants and procurements as the “primary surgeon or first assistant.”

10. The Board approved changes to Bylaws Appendix E.3 (Primary Kidney Transplant Physician Requirements) to better align these requirements with transplant nephrology fellowship requirements.
11. The Board approved changes to Bylaws Appendices E.2 (Primary Kidney Transplant Surgeon Requirements), E.3 (Primary Kidney Transplant Physician Requirements), E.5.C (Conditional Approval for a Pediatric Component), F.3 (Primary Liver Transplant Surgeon Requirements), F.4 (Primary Liver Transplant Physician Requirements), F.7.C (Conditional Approval for a Pediatric Component), F.11.(Primary Intestine Transplant Surgeon Requirements), G.2.A (Formal 2-year Transplant Fellowship Pathway), G.2.B (Clinical Experience Pathway), G.3.A (Twelve-month Transplant Medicine Fellowship Pathway), G.3.B (Clinical Experience Pathway), G.3.D (Conditional Approval for Primary Transplant Physician), H.2 (Primary Heart Transplant Surgeon Requirements), H.3 (Primary Heart Transplant Physician Requirements), I.2 (Primary Lung Transplant Surgeon Requirements), I.3.A (Twelve-month Transplant Pulmonary Fellowship Pathway), I.3.B. (Clinical Experience Pathway), and I.3.D (Conditional Approval for Primary Transplant Physician) that eliminate the requirement that the “location of the donor” must be included in the logs that document primary transplant physician donor evaluations and primary transplant surgeon donor procurements.

Following passage of the consent agenda, the Board approved technical modifications to Policy 1.2 (Definitions) to incorporate changes to the OPTN “eligible death” definition in order to align with CMS regulations.

Brian Shepard, OPTN Executive Director gave a report of OPTN strategic plan updates.

The Board approved the transfer to \$2,000,000 from the OPTN Primary Account to the OPTN Reserve Account, as recommended by the Finance Committee.

The Board received presentations from UNOS staff on the kidney allocation system, and on the Collaborative Improvement and Innovation Network (COIIN) Project. The Board also viewed a public service announcement created by UNOS to promote organ donation.

In the final order of business for the first day of the meeting, the Board approved changes to Policies 3.7.B (Required Expedited Modifications of Waiting Time), 6.1 (Status Assignments and Update Requirements), 6.1.A (Adult Heart Status 1A Requirements), 6.1.B (Adult Heart Status 1B Requirements), 6.1.C (Adult Heart Status 2 Requirements), 6.2 (Status Updates), 6.3 (Adult and Pediatric Status Exceptions), 6.3.A (RRB and Committee Review of Exceptions), 6.3.B (Exceptions to Allocation for Sensitized Candidates), 6.4 (Waiting Time), 6.5.C (Sorting Within Each Classification), 6.5.D (Allocation of Hearts from Donors at Least 18 years Old), 6.5.E

(Allocation of Hearts from Donors Less Than 18 Years Old), 6.5.F (Allocation of Heart-Lungs), Bylaws Appendix K.5 (Transition Plan during Long-term Inactivity, Termination, or Withdrawal), and Appendix M (Definitions) that modify the adult heart allocation system to better stratify the most medically urgent heart transplant candidates, reflect the increased use of mechanical circulatory support devices (MCS) and increased prevalence of MCS complications, and address geographic disparities in access to donors among heart transplant candidates.

In the second day of the meeting, the Board met in closed session to consider member actions recommended by the Membership and Professional Standards Committee. The Board placed an OPO on Probation, and released a transplant hospital from Probation and restored it to full membership.

The Board approved the slate of nominees for the election of members of the Board of Directors for terms beginning July 1, 2017.

The Board approved changes to Policies 13.4 (Informed Consent for KPD Donors), 14.1.A (Living Donor Psychosocial Evaluation Requirements), 14.2.A (ILDA Requirements for Living Donor Recovery Hospitals), 14.2.B (ILDA Protocols for Living Donor Recovery Hospitals), 14.3 (Informed Consent Requirements), and Bylaws E.6 (Kidney Transplant Programs that Perform Living Donor Recovery) and F.8 (Liver Transplant Programs that Perform Living Donor Recovery) that update and add requirements for informed consent of potential living donors, but specifically did not approve amendments to require disclosure of living donor follow-up rates. The Board declined to approve the proposal as originally written, and approved the proposal as amended to remove the provisions regarding living donor follow up rates.

The Board received a report from the MPSC on its recommendations for improving the OPTN transplant program performance measures selection and review process.

The Board approved changes to Policy 9.3.F (Candidates with Hepatocellular Carcinoma (HCC)) that make the national policy regarding HCC patient exceptions more consistent.

The Board received a presentation from the Liver and Intestinal Organ Transplantation Committee on liver distribution redistricting, the National Liver Review Board, and related projects.

The meeting adjourned at 2:00 p.m. on December 6, 2016.