

OPTN/UNOS Policy Notice

Retrospective Review of Clerical Changes to Policies

Policy/Bylaws Affected: Policies 10.2.B: Lung Candidates with Exceptional Cases, 10.2.B.iii: Estimated Values Approved by the LRB, and Policy 15.5.C: Transplant Program Requirements for Post-Reporting Follow-up

Public Comment: N/A

Effective Date: November 10, 2016

Problem Statement

In November 2014, the Board approved changes to the OPTN Bylaws that enable staff to make clerical, or non-substantive, changes to the Bylaws and Policies as they're identified, without prospective approval from the Executive Committee or Board of Directors as was previously required. This enables staff to make simple, clerical corrections such as:

- Capitalization or punctuation, as needed to maintain consistency with current policy
- Typographical, spelling, or grammatical errors
- Lettering and numbering of a rule or the subparts of a rule, according to style conventions in current policy
- Cross-references to rules or sections that are cited incorrectly because of subsequent repeal, amendment, or reorganization of the sections cited

The Executive Committee retrospectively reviewed and approved the clerical changes outlined below during their meeting on December 6, 2016.

Summary of Changes

The following clerical changes were made and will increase the accuracy and clarity of our Policies:

Clerical Change	Reason
Updated cross-references in Policy 10.2.B: Lung Candidates with Exceptional Cases	The Thoracic Committee's proposal to the Board in December 2015 (Modify Pediatric Lung Allocation Policy) changed headings and the allocation table captions but neglected to update one of these related cross-references.
Removed extra word "will" from Policy 10.2.B.iii: Estimated Values Approved by the LRB	A typo added an extraneous word "will" in the sentence. Grammatically incorrect.
Added missing word "is" to Policy 15.5.C: Transplant Program Requirements for Post-Reporting Follow-up	The Ad Hoc Disease Transmission Advisory Committee's proposal to the Board in June 2016 (Improving Post-Transplant Communication of New Donor Information) inadvertently omitted the word "is" even though the Committee voted on the version of the policy language that included the word "is."

What Members Need to Do

These clerical changes were implemented on November 10, 2016; members who keep printed copies of the OPTN Policies should reprint their copies for the latest updated version.

Affected Policy Language

New language is underlined (example) and language that is deleted is struck through (~~example~~).

10.2.B Lung Candidates with Exceptional Cases

The Thoracic Organ Transplantation Committee establishes guidelines for special case review by the LRB.

If a candidate's transplant program believes that a candidate's current priority or LAS does not appropriately reflect the candidate's medical urgency for transplant, the transplant program may request approval of a specific priority or LAS by the LRB. The transplant program can also ask the LRB to approve specific estimated values or diagnoses.

For lung candidates less than 12 years old, transplant programs may request classification as an adolescent candidate for the purposes of *Policy 10.4.C: Allocation of Lungs from Deceased Donors at Least 18 Years Old*, and *Policy 10.4.D: Allocation of Lungs from Deceased Donors ~~12 to~~ Less than 18 Years Old*. Candidates receiving this exception will also maintain their pediatric classification for the purposes of *Policy 10.4.ED: Allocation of Lungs from Deceased Donors Less than 12 Years Old*.

10.2.B.iii Estimated Values Approved by the LRB

Approved estimated values approved by the LRB or Thoracic Committee ~~will~~ are valid until an actual value is reported to the OPTN Contractor or a new estimated value is reported to the OPTN Contractor.

15.5.C Transplant Program Requirements for Post-Reporting Follow-Up

If the transplant program has a recipient that is involved in an OPTN Improving Patient Safety Portal report, then the transplant program must also do *all* of the following:

1. Submit any relevant test results including cultures, infectious disease testing results, imaging studies, or autopsy results to OPTN patient safety staff.
2. Respond to host OPO, living donor recovery hospital, and OPTN patient safety staff requests for information regarding the recipient and communicate updated information regarding recipient condition, test results, diagnosis, and plans for treatment and follow up.
3. Contribute to a follow up review of the event in partnership with OPTN patient safety staff.
4. Provide additional related information or specimens if requested.