

**EXECUTIVE SUMMARY  
OF THE  
OPTN/UNOS BOARD OF DIRECTORS MEETING  
December 4-5, 2017  
Atlanta, GA**

Yolanda Becker, MD, OPTN/UNOS President, called the meeting to order at 2:45 p.m. on December 4, 2017. A quorum was present, and 40 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 modified 2018 OPTN Operating Budget.
2. The Board approved the minutes of the June 5-6, 2017 meeting of the Board of Directors held in Richmond, VA; and the October 3, 2017 Board of Directors conference call.
3. The Board approved proposed changes to Policies 5.3 (Additional Acceptance and Screening Criteria), 8.5 (Kidney Allocation Classifications and Rankings), and 8.6 (Double Kidney Allocation), regarding the allocation of dual kidneys.
4. The Board approved a change in the expiration date for the HOPE Act Variance as outlined in Policy 15.7 (Open Variance for the Recovery and Transplantation of Organs from HIV Positive Donors).
5. The Board approved The Board approved the guidance document entitled *Review Board Guidance for Adult Congenital Heart Disease (CHD) Exception Requests*.
6. The Board approved the guidance document entitled *Guidance for Transplant Program Participation in the Transplantation of non-A1/non-A1B (A<sub>2</sub>/A<sub>2</sub>B) Donor Kidneys into Blood Group B Candidates*.
7. The Board approved changes to Policy 4.10 (Reference Tables of HLA Antigen Values and Split Equivalences) that update existing equivalency tables, add a new DPB1 unacceptable antigen equivalency table that includes G allele equivalences, and update the nomenclature in the tables.
8. The Board approved changes to Bylaws Appendices F.7.E (Emergency Membership Exceptions for Candidates Less than 18 Years Old) and H.4.E (Emergency Membership Exceptions for Candidates Less than 18 Years Old) that modify the emergency membership exception pathways for heart and liver transplant programs.
9. The Board approved changes to Bylaws Appendices E.2.A (Formal 2-year Transplant Fellowship Pathway), E.3.A (Transplant Nephrology Fellowship Pathway), E.3.C (Three-year Pediatric Nephrology Fellowship Pathway), E.3.D (Twelve-month Pediatric Transplant Nephrology Fellowship Pathway), E.3.E (Combined Pediatric Nephrology

Training and Experience Pathway), E.4.A (Transplant Surgeon Fellowship Training Programs), E.4.B (Transplant Physician Fellowship Training Programs), E.5.C (Conditional Approval for a Pediatric Component), E.6.D (Primary Open Living Donor Kidney Surgeon), F.3.A (Formal 2-year Transplant Fellowship Pathway), F.6 (Approved Liver Surgeon Transplant Fellowship Programs), F.11.A (Full Intestine Surgeon Approval Pathway), F.14 (Approved Intestine Surgeon Transplant Fellowship Programs), G.2.A (Formal 2-year Transplant Fellowship Pathway), G.3.A (Twelve-month Transplant Medicine Fellowship Pathway), G.7 (Approved Pancreas Transplant Surgeon Fellowship Training Programs), J.3.A (Additional Primary Surgeon Requirements for Upper Limb Transplant Programs), and J.3.B (Additional Primary Surgeon Requirements for Head and Neck Transplant Programs) that address the disparity between the Bylaws and what the MPSC actually does when considering the transplant training program of key personnel applicants.

Following passage of the consent agenda, the Board approved the white paper entitled *Living Organ Donation by Persons with Certain Life-Limiting Illness* with clarifying amendments.

Dr. Becker then gave an update to the Board on modifications to lung allocation policy that were emergently approved by the Executive Committee on November 24, 2017, at the direction of the representatives of the Secretary of the Department of Health and Human Resources pursuant to the OPTN final rule and utilizing the emergency policy approval pathway. The proposed changes to lung allocation policies replaced DSA with a 250-mile radius circle around the donor hospital within policy. The modifications were effective immediately and have already been implemented in the OPTN computer match system. These interim policy modifications will be distributed for public comment and will be reconsidered by the Board of Directors as permanent changes to lung allocation policy within 12 months.

Dr. David Reich, Treasurer, gave a report of the Finance Committee and presented two recommended actions for consideration by the Board. Thereafter, the Board approved the transfer of \$2,000,000 from the OPTN Primary Account to the OPTN Reserve Account.

The Board approved the OPTN Investment Policy for the investment of cash held in the OPTN Reserve Account.

UNOS CEO Brian Shepard provided a report on the OPTN strategic planning process. In addition, Mr. Shepard announced the formation of an ad hoc committee to develop principles for the appropriate consideration of geography in organ allocation policies.

Dr. Julie Heimbach, Chair of the Liver and Intestinal Organ Transplantation Committee gave an extensive presentation on the development of substantial proposed modifications to the liver allocation policies, which the Committee has recommended for approval by the Board. Several amendments were proposed to the proposal for consideration separately. Three of the proposed amendments were withdrawn and in separate votes, the Board declined to approve each of the seven other proposed amendments. Thereafter, the Board voted on the proposed modifications to liver allocation policy as originally recommended by the Committee without amendment, and approved changes to Policies 1.2 (Definitions), 5.4.B (Order of Allocation), 9.1.D (MELD Score), 9.8 (Liver Allocation, Classifications, and Rankings,) and 9.11 (Variances) that modify liver distribution to better match organs with urgent liver candidates.

In the first item of the second day of the meeting, the Board approved the slate of nominees for the election of members of the Board of Directors for the term beginning July 1, 2018.

The Board filled a vacancy on the Board of Directors by appointing Robert Goodman, MBA as a Patient and Donor Affairs Representative on the Board of Directors for a two-year term expiring on June 30, 2019, to fill the vacancy created by the resignation of Elizabeth Schumacher, JD, effective December 6, 2017.

The Board approved changes to Policies 2.11.A (Required Information for Deceased Kidney Donors), 5.3 (Additional Acceptance and Screening Criteria), and 8.6 (Double Kidney Allocation) that aim to improve the allocation of *en bloc* kidneys.

The Board approved changes to Policies 1.2 (Definitions), 2.2 (OPO Responsibilities), 2.11 (Required Deceased Donor Information, and 2.12 (Requested Deceased Donor Information), 5.6.B (Time Limit for Acceptance), and 5.6.C (Effect of Acceptance) that increase the efficiency of organ placement.

After extensive discussion, the Board *declined* to approve changes to Policies 8.5.D (Allocation of Kidneys by Blood Type), 11.4.A (Kidney-Pancreas Allocation Order), 11.4.D (Blood Type for Kidney-Pancreas Allocation), 11.4.F (Deceased Donors 50 Years Old and Less with a BMI Less Than or Equal To 30 kg/m<sup>2</sup>), and 11.4.G (Deceased Donors More than 50 Years Old or with a BMI Greater than 30 kg/m<sup>2</sup>) that loosen restrictions on blood type compatibility for kidney-pancreas (KP) and pancreas alone (PA) allocation.

The Board approved the guidance document entitled *Guidance on the Benefits of Pancreas After Kidney (PAK) Transplantation*.

The meeting adjourned at 1:05 p.m. on December 5, 2017.

*Secretary's Note: The Board met in closed session on December 5, 2017, to consider a member action recommended by the Membership and Professional Standards Committee. The Board released an OPO from Member Not in Good Standing and restored it to full membership.*