

**EXECUTIVE SUMMARY
OF THE MINUTES
OPTN/UNOS BOARD OF DIRECTORS MEETING
September 20, 2006
Richmond, Virginia**

Dr. McDiarmid called the meeting to order at 8:00 a.m. on September 20, 2006. A quorum was present, and 38 of the Board members were in attendance during the meeting.

The Board approved the OPTN/UNOS Strategic Plan established for 2006-2007.

The Board approved the OPTN/UNOS Committee Goals established for 2006-2007.

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 guidelines regarding Donation after Cardiac Death (DCD) that update the DCD guidelines adopted by the Board in November 2000.
2. The Board approved modifications to Policy 3.2.4 (Match System Access), regarding the current documentation requirements for donor ABO data verification. These changes will standardize and clarify the verification process across all OPOs; reduce the risk of discrepancy between UNetsm system logs and separate OPO documentation; and support the efficiency and safety of the verification and documentation process.
3. The Board approved modifications to Policy 7.1.1 (REPORTING DEFINITIONS – Organ Transplant) that will permit the calculation of organs transplanted per donor to include pancreas islet cell transplants, and thereby align OPTN/UNOS policies with CMS guidance to facilitate counting transplanted organs for purposes of CMS, OPTN, and Collaborative initiatives.
4. The Board approved the minutes of the June 29-30, 2006, Meeting of the Board of Directors in Atlanta, Georgia.
5. The Board affirmed the position that it is the transplant community's collective responsibility to develop and maintain the public trust in the deceased donor transplant system.
6. The Board approved membership changes including two new programs in existing member centers and two new live donor liver programs.
7. The Board approved an application to renew the membership of one non-institutional member that desired to continue its membership for another two-year term.
8. The Board approved applications to grant full approval to one program that now fully meets the membership requirements and to grant conditional approval to one existing program that experienced a change of status due to a change in key personnel.

9. The Board resolved to encourage collaboration among agencies that require data from transplant centers as part of the institution and/or transplant program approval process.

Following passage of the Consent Agenda, the Board approved modifications to the Bylaws Appendix B, Attachment I, Section XIII, “Live Donor Transplant Programs” Section B “Live Donor Liver Transplant Programs” that will provide a conditional approval status for programs that do not have on site a second surgeon who can meet the required experience levels for a period that may exceed one year to permit the second surgeon to acquire the required experience and during which conditional approval period, both surgeons must be present at the donor’s operative procedure.

The Board approved a definition of “imminent neurological death” for the sole purpose of OPTN data collection. The first step in fulfilling an OPTN contract requirement to collect patient level data on all eligible and imminent deaths is the development and approval of a reporting definition for imminent death. The second step is the completion and implementation of the data collection system. The design of the data collection system is currently in development; finalizing and implementing a reporting definition for imminent death is necessary in order to finalize data elements for collection.

The Board approved modifications to Policy 3.7.8 (ABO Typing for Heart Allocation) to extend the age from 1 to 2 years for listing pediatric candidates for heart transplantation from donors with blood types for which the recipient does not yet have type-specific antibodies.

The Executive Committee directed that reports to the Board contain a summary page specifying action items for Board consideration and informational items.

The Board approved a resolution to clarify that previously approved modifications to Policy 3.5.11.3 (PRA) shall apply to OPOs operating with approved alternative systems for allocating kidneys as well as to the national system for kidney allocation, except Kentucky Organ Donor Alliance (KYDA). OPOs may maintain the parts of their alternative system that are incongruent with the modifications to Policy 3.5.11.3.

The Board approved modifications to Policies 3.4.6 (Receiving and Responding to Organ Offers) and 7.5 (Submission of Donor Information) to change the effective date from January 1, 2007, to April 30, 2007, for when OPOs must have the ability to enter required donor information electronically, and transplant centers must have the ability to view the donor information and respond electronically to organ offers.

The Board resolved to support the World Health Organization and the international societies in improving the safety of transplantation worldwide and eliminating the exploitation of organ donors.

The Board affirmed the position that it is the transplant community’s collective responsibility to develop and maintain the public trust in the living donor transplant system.