

OPTN/UNOS Board Broadens Options for KPD Pilot

Also approved pancreas allocation revisions

The OPTN/UNOS board of directors met Nov. 8 and 9 in St. Louis, taking action on a number of items. Key decisions are described below.

KIDNEY PAIRED DONATION

The board approved a proposal to allow matching for non-directed donors and donor chains in the recently established national pilot program for kidney paired donation (KPD) transplantation.

The pilot program initially was approved for operation to match only two to three pairs of transplant candidates with potential donors who had intended earlier to direct their donation to a specific candidate. After the newly approved protocol is implemented, pairs can be matched with a “non-directed donor”—a person who chooses to be a living donor but does not come forward to help a specific patient.

By including one non-directed donor and a series of other donor/candidate pairs, a chain of transplants can be performed that ends with the transplantation of a candidate who had been awaiting a deceased donor transplant.

For additional resource information about the paired donation process, visit the OPTN website, <http://optn.transplant.hrsa.gov> (*resources > kidney paired donation pilot project*).

PANCREAS ALLOCATION

The board adopted significant revisions to pancreas allocation policy to promote equitable and efficient placement of pancreas offers from deceased donors.

To give both simultaneous pancreas–kidney (SPK) and pancreas-only candidates an equal opportunity to receive high-quality organ offers, the match run for all pancreas offers under the new policy will combine pancreas-only and SPK candidates onto a single list.

In addition, the new policy establishes minimum medical criteria relating to pancreatic function for SPK candidates to accrue waiting time priority.

SCREENING FOR POTENTIAL DONOR-TRANSMITTED DISEASE

The board accepted a series of modifications to policies relating to screening of potential deceased donors for transmissible disease and the communication of test results among OPOs, transplant centers and potential recipients. The policy amendments are intended to enhance patient safety by reflecting current clinical practice, organizing content more logically for members to follow and further defining elements for informed consent of transplant recipients.

BOARD NOMINATIONS

The board approved a slate of nominees for open positions for the 2011–2012 term. A list of all nominees, along with brief biographical sketches of each, will appear in the next *Update*. **U**

ONLINE An executive summary of all OPTN/UNOS board of directors actions is available on the OPTN website, <http://optn.transplant.hrsa.gov> (*members > board of directors > executive summary.asp*).

2011 UPDATE DEADLINES

March–April	Feb. 2	May–June	April 6
July–Aug.	June 1	Sep.–Oct.	Aug. 3
Nov.–Dec.	Oct. 5		

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The more action-oriented your photo, the better. It is best to send a digital image in 300 dpi in a tiff or high-resolution jpeg format. Please identify the individual(s) in the photo and include that information with the release.

