

**EXECUTIVE SUMMARY  
OF THE MINUTES  
OPTN/UNOS BOARD OF DIRECTORS MEETING**

**June 19-20, 2008**

**Richmond, Virginia**

Dr. Pruett called the meeting to order at 3:00 p.m. on June 19, 2008. A quorum was present, and 33 of the Board members were in attendance during the meeting.

The Board appointed Dolph Chianchiano, J.D. to fill the vacancy created by the passing of Flora Solarz, M.P.S., ATR, representing the General Public category on the Board of Directors.

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 the Bylaws Appendix B, Attachment I, Section XIII (Transplant Programs), D (2) and (4) (Designated Transplant Program Criteria), to require written notification (or disclosures) to living kidney and liver donors from recipient transplant programs.
2. The Board approved the minutes of the February 20-21, 2008, Meeting of the Board of Directors in Orlando, Florida.
3. The Board approved modifications to Policy 3.6.4.1 (Adult Candidate Status) to clarify that CVVHD (continuous veno-venous hemofiltration) is a "form of dialysis" for the purpose of calculating MELD score.
4. The Board approved modifications to the Bylaws, Appendix B, Attachment I, Section XIII, D, (4) (Liver Transplant Programs that Perform Living Donor Liver Transplants) to clarify that a center is expected to inactivate or stop performing living donor transplants if the applicable Bylaw requirements are not met by the end of the conditional approval period.
5. The Board approved modifications to Policy 5.5 (Standard Organ Packaging Specifications) to define "a plastic bag" as "a red plastic biohazard bag" and to promote consistency within the policies.

Following passage of the Consent Agenda, the Board approved the OPTN 2009 Operating Budget and an increase in the Registration Fee to \$547 based upon the projected level of operational activities.

The Board approved the 2007 audited financial statements for OPTN Operations and the related OMB Circular A-133 compliance audit for the year ended September 30, 2007.

The Board approved modifications to Policy 3.5.3 (Mandatory Sharing of Zero Antigen Mismatch Kidneys) that will eliminate mandatory sharing of kidneys at the regional and national levels for adult candidates who have a sensitization level (PRA or CPRA) less than 20%.

The Board approved modifications to Policies 3.5.3.5 (Time Limit); 3.8.1.7.1 (Organ Offer Limit); and 7.6.1.2 (Validation of Offers) to clarify the time limits for offering zero antigen mismatched kidneys, with additional amendments to specify that the Host OPO must, rather than may, either allocate the organ according to the standard geographic sequence of kidney and pancreas allocation or allocate the organ(s) for the remaining zero antigen mismatched potential recipients.

The Board approved modifications to Policy 3.8.8 (Waiting Time Reinstatement for Pancreas Recipients) to allow the Organ Center to reinstate a pancreas recipient's waiting time after the recipient's graft had failed but before a pancreatectomy was performed.

The Board of Directors approved modifications to the Bylaws Appendix A, Sections 3.01A and 5.05A, and new Section 5.07A, regarding restoration of full membership privileges following an adverse action, with additional amendments to Section 5.07A to clarify the section further. The purpose of the proposal is two-fold: to better define how a Member may be considered for restoration of full membership privileges, and to clarify the way to move from "Member Not in Good Standing" to a lesser action, such as Probation.

The Board approved modifications to Policies 3.6 (Allocation of Livers) and 3.11.4.2 (Combined Liver-Intestinal Organs from Donors 0-10 Years of Age), which will extend offers nationally to all 0-11 year old Status 1A pediatric liver and combined liver-intestine candidates before making local adult Status 1A offers for the 0-10 donor age group in order to reduce pediatric waiting list mortality.

The Board approved modifications to Policies 3.7.6.2 (Candidates Age 0-11), 3.7.11 (Sequence of Adult Donor Lung Allocation), and 3.7.11.1 (Sequence of Pediatric Donor Lung Allocation), which will allow the creation of a stratified allocation system for 0-11 year-old lung candidates to improve access to organs for the sickest candidates by more broadly sharing young pediatric donor lungs to reduce pediatric waiting list mortality.

The Board approved modifications to Policies 3.7.5 (Allocation of Adolescent Donor Hearts to Pediatric Heart Candidates) and 3.7.10.1 (Sequence of Adolescent Donor Heart Allocation), which incorporate all pediatric donor hearts into the current adolescent algorithm and share these hearts more broadly to the sickest candidates to reduce pediatric waiting list mortality.

The Board tabled a proposed statement acknowledging that living-related organ donation from persons currently incarcerated is ethical and should be permissible under certain circumstances pending review by the Living Donor Committee.

The Board approved non-substantive modifications to the OPTN Charter to remove language that unnecessarily referenced expired OPTN contracts.

The Board ratified Executive Committee-approved modifications to Policies 4.6 (Screening Potential Organ Donors for Transmission of Diseases or Medical Conditions, Including Malignancies) and 2.2 (Evaluation of Potential Donors) to specify that donors may be tested for transmissible diseases using FDA-licensed, approved, or cleared serological tests capable of determining whether the donor is or has been infected with these specific diseases.

The Board ratified Executive Committee-approved modifications to Policy 3.2.1.2 (Prohibition of Access by Non Members) to clarify appropriate access to UNet<sup>sm</sup>, including the requirement to have a data use agreement with third parties to whom the member has granted access to UNet<sup>sm</sup>.

The Board resolved to support efforts by the Association of Organ Procurement Organizations (AOPO) to encourage the Centers for Disease Control and Prevention (CDC) to develop an updated and comprehensive definition of “high risk donor” for organs recovered for transplantation.

The Board approved modifications the Bylaws Article I (Members), Article II (Board of Directors), and Article VI (Officers) that would permit each Histocompatibility Laboratory and Medical/Scientific Member to receive one vote in the OPTN/UNOS matters and remove the need for separate national elections for both the Histocompatibility Member and Medical/Scientific Member electors. The MPSC will consider whether to retain the elector system that remains for Public Organization Members and Individual Members.

The Board approved a pilot program for a national Kidney Paired Donation System (KPD).

The Board approved modifications to Policies 3.11.4 (Combined Intestine-Liver Candidates); 3.9.3 (Organ Allocation to Multiple Organ Transplant Candidates); and 3.6.4.8 (Combined Liver-Intestine Allocation) to eliminate potential confusion about which match run to use for the allocation of combined liver-intestine grafts.

The Board referred a proposed Statement on Organ Trafficking back to the Ethics Committee for further review in light of the recent Istanbul conference on organ transplantation.

# HEART TRANSPLANTATION

## Pediatric Recipients



ISHLT

2009

J Heart Lung Transplant 2009;28: 989-1049

### PEDIATRIC HEART TRANSPLANTS (1/1995-6/2007)

#### Risk Factors for 1 Year Mortality Donor Age



ISHLT

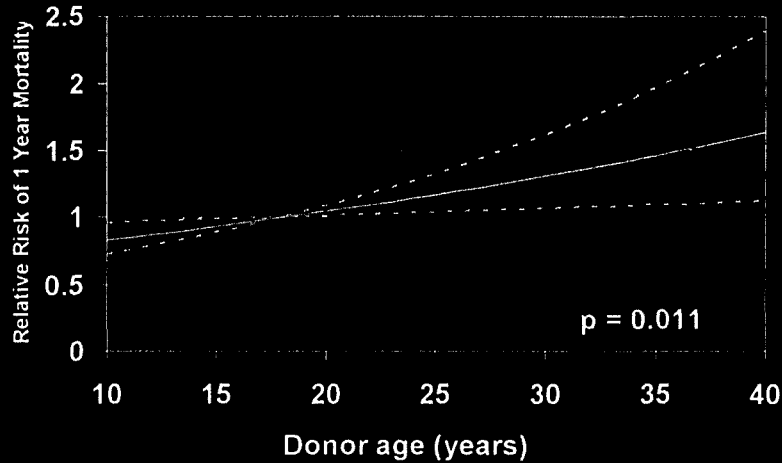
2009

J Heart Lung Transplant 2009;28: 989-1049

N=3,756

## PEDIATRIC HEART TRANSPLANTS (1/1995-6/2007)

### Risk Factors for 1 Year Mortality in Age = 11-17 Years Donor Age



ISHLT

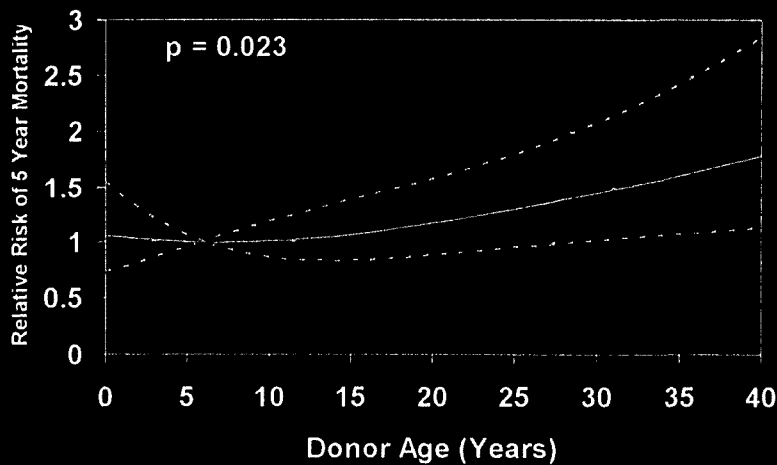
2009

J Heart Lung Transplant 2009;28: 989-1049

N=1,330

## PEDIATRIC HEART TRANSPLANTS (1/1995-6/2003)

### Risk Factors for 5 Year Mortality Donor Age



ISHLT

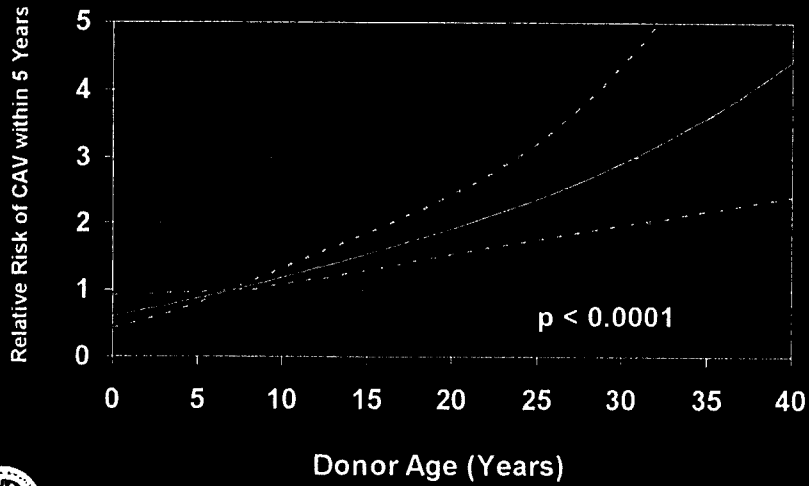
2009

J Heart Lung Transplant 2009;28: 989-1049

N=2,364

## PEDIATRIC HEART TRANSPLANTS (7/1996-6/2003)

### Risk Factors for the Development of CAV within 5 Years Donor Age



ISHLT

2009

N=697

J Heart Lung Transplant 2009;28: 989-1049

## HEART TRANSPLANTATION

Adult Recipients

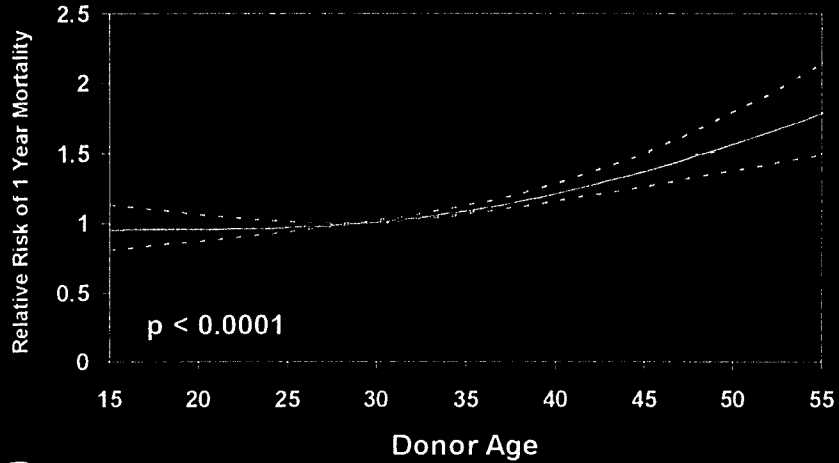


ISHLT

2009

J Heart Lung Transplant 2009;28: 989-1049

**ADULT HEART TRANSPLANTS (1/2002-6/2007)**  
**Relative Risk of 1 Year Mortality with 95% Confidence Limits**  
**Donor Age**



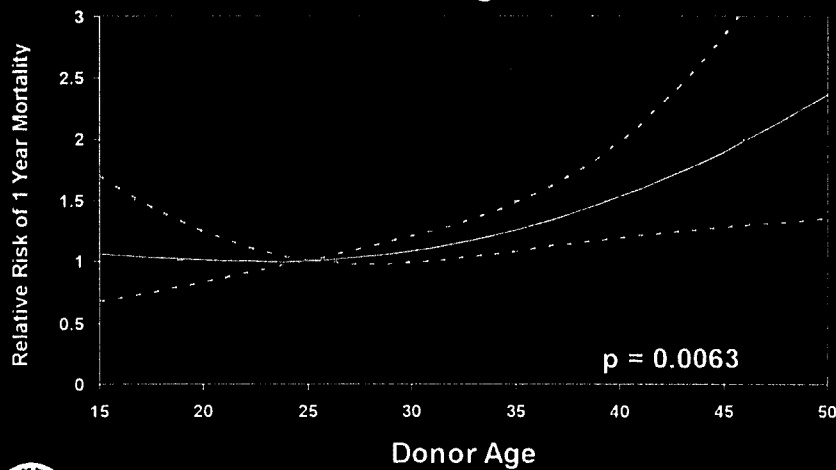
ISHLT

2009

J Heart Lung Transplant 2009;28: 989-1049

(N=10,705)

**ADULT HEART TRANSPLANTS (1/2002-6/2007)**  
**Recipients: Age=18-30 Years**  
**Relative Risk of 1 Year Mortality with 95% Confidence Limits**  
**Donor Age**



ISHLT

2009

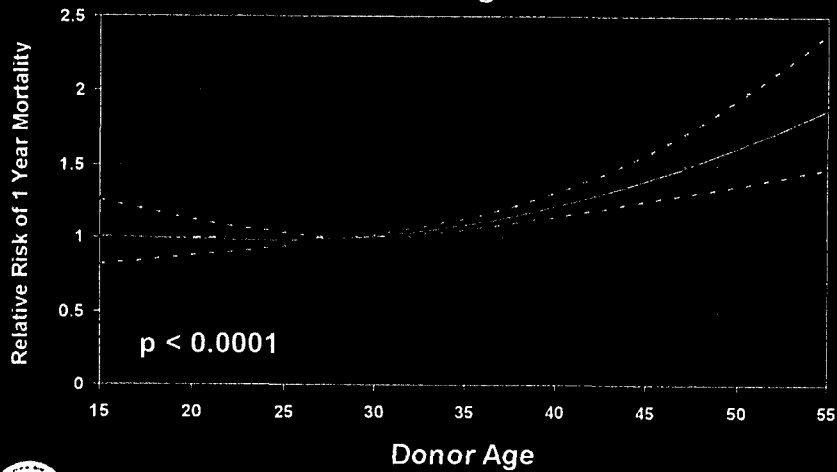
J Heart Lung Transplant 2009;28: 989-1049

(N=932)

## ADULT HEART TRANSPLANTS (1/2002-6/2007)

Recipients: Age=31-60 Years

Relative Risk of 1 Year Mortality with 95% Confidence Limits  
Donor Age



ISHLT

2009

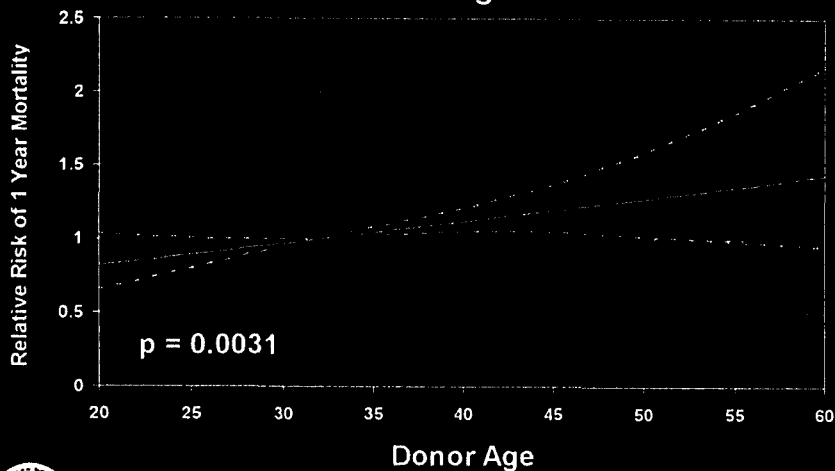
J Heart Lung Transplant 2009;28: 989-1049

(N=7,113)

## ADULT HEART TRANSPLANTS (1/2002-6/2007)

Recipients: Age=61-75 Years

Relative Risk of 1 Year Mortality with 95% Confidence Limits  
Donor Age



ISHLT

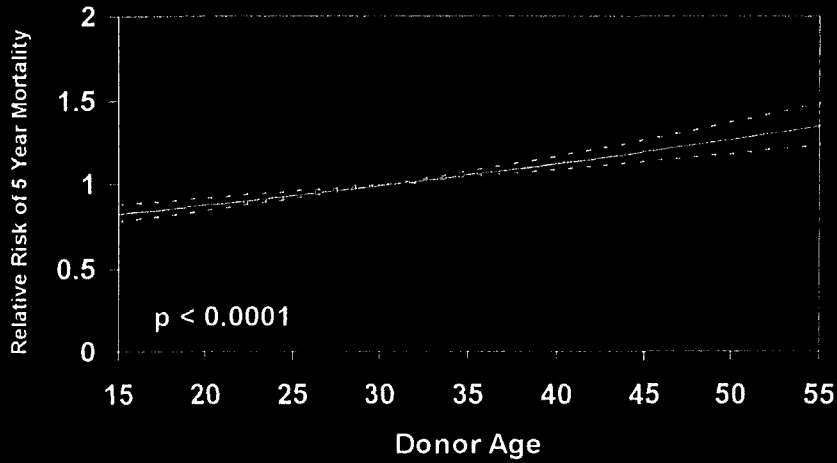
2009

J Heart Lung Transplant 2009;28: 989-1049

(N=2,646)



**ADULT HEART TRANSPLANTS (1/2000-6/2003)**  
**Relative Risk of 5 Year Mortality with 95% Confidence Limits**  
**Donor Age**



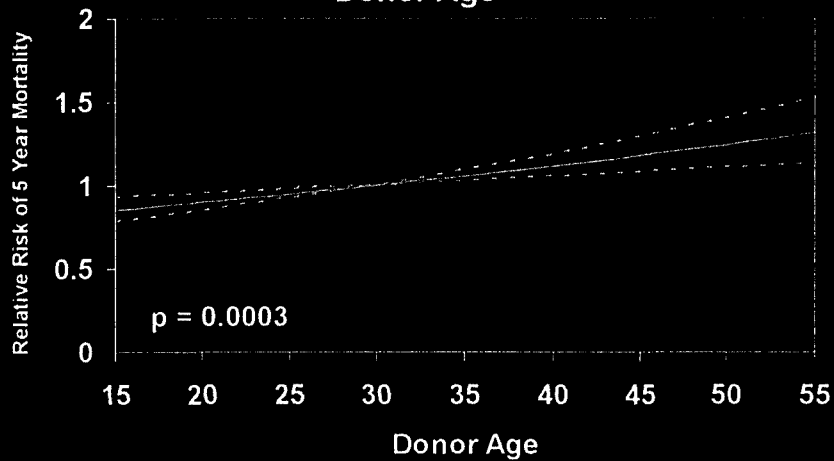
ISHLT

2009

J Heart Lung Transplant 2009;28: 989-1049

(N=7,171)

**ADULT HEART TRANSPLANTS (1/2000-6/2003)**  
**Relative Risk of 5 Year Mortality with 95% Confidence Limits**  
**Conditional on Survival to 1 Year**  
**Donor Age**



ISHLT

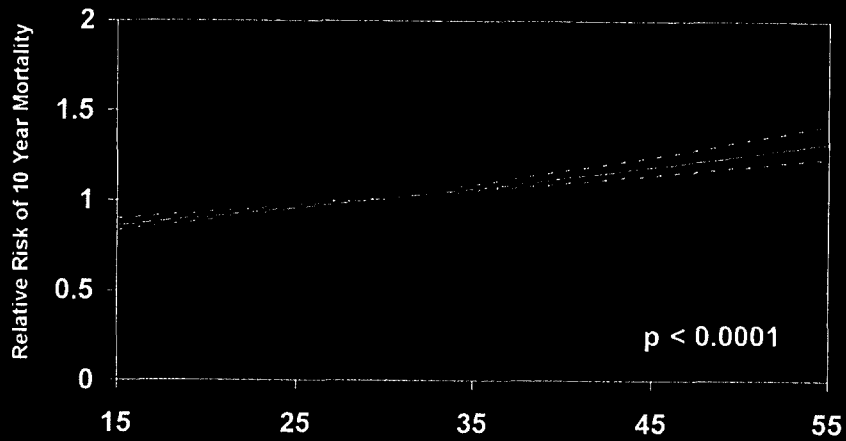
2009

J Heart Lung Transplant 2009;28: 989-1049

(N=5,857)

## ADULT HEART TRANSPLANTS (7/1994-6/1998)

Relative Risk of 10 Year Mortality with 95% Confidence Limits  
Donor Age



ISHLT

Donor Age

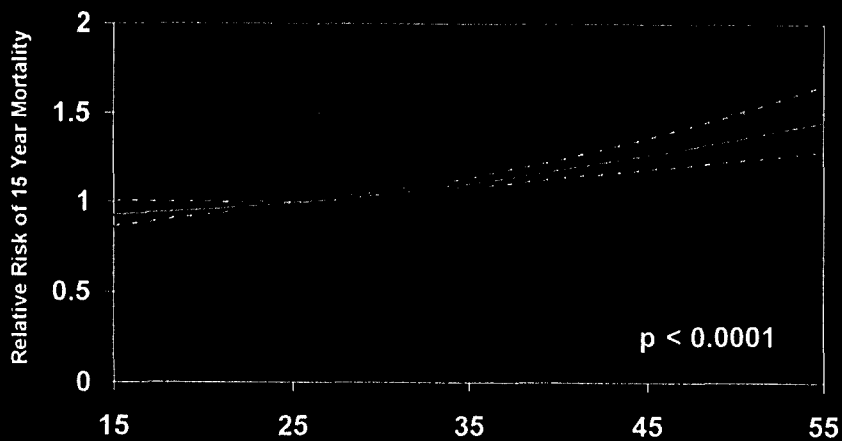
2009

(N=8,818)

J Heart Lung Transplant 2009;28: 989-1049

## ADULT HEART TRANSPLANTS (1989-6/1993)

Relative Risk of 15 Year Mortality with 95% Confidence Limits  
Donor Age



ISHLT

Donor Age

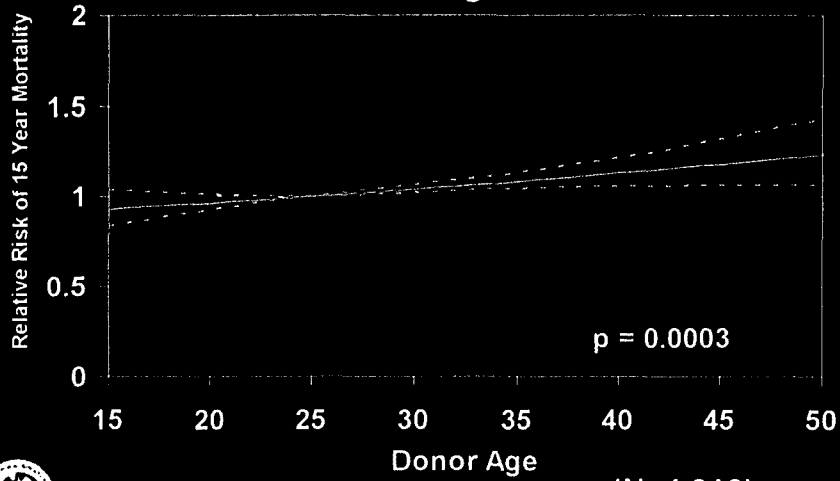
2009

(N=7,478)

J Heart Lung Transplant 2009;28: 989-1049

# ADULT HEART TRANSPLANTS (1989-6/1993)

Relative Risk of 15 Year Mortality with 95% Confidence Limits  
Conditional on Survival to 5 Years  
Donor Age



ISHLT

2009

(N=4,816)

J Heart Lung Transplant 2009;28: 989-1049