ASTS
American Society of Transplant Surgeons

June 6, 2011

Charles Alexander, RN, MSN, MBA, CPTC
President
Organ Procurement and Transplantation Network (OPTN)
United Network for Organ Sharing (UNOS)
700 North 4th Street
Richmond, VA 23219

Dear. Mr. Alexander,

The American Society of Transplant Surgeons (ASTS) has reviewed and considered the following thirteen proposals out for public comment through June 10, 2011. Below is the Society's position on each proposal.

Proposal 1: Liver and Intestinal Organ Transplantation Committee: Proposal for Improved Imaging Criteria for HCC Exceptions.

ASTS **supports** this proposal. While there are potential shortcomings, the overall goals are sound. The proposal is consistent with OPTN goals and the Final Rule. The proposal does place requirements on centers with respect to hardware standards, imaging protocols, and reporting of findings. Active involvement of a transplant center radiologist will be essential. Since the policy is technologically based, it will potentially need to be altered in the future.

Proposal 2: Liver and Intestinal Organ Transplantation Committee: Proposal to Reduce Waiting List Deaths for Adult Liver-Intestine Candidates.

ASTS **supports** this proposal. There is a significant need to improve access for this patient population. Ongoing monitoring of listing and transplant rates, as well as wait list mortality for both liver alone and liver intestine candidates are vital.

Proposal 3: Liver and Intestinal Organ Transplantation Committee: Proposed Committee-Sponsored Alternative Allocation System (CAS) for Split Liver Allocation.

National Office
2461 South Clark Street
Suite 640
Arlington, VA 22202
Phone: 703 414-7870
Fax: 703 414-7874
asts@asts.org
www.asts.org

President
Mitchell L. Henry, MD
Ohio State University
The Division of Transplantation
395 West 12th Avenue, Room 130
Columbus, OH 43210
Phone: 614 293-4627
Fax: 614 293-4541
henry.6@osu.edu

President-Elect
Kim M. Olthoff, MD
University of Pennsylvania
Department of Surgery
3400 Spruce Street - 2 Dulles
Philadelphia, PA 19104
Phone: 215 662-6136
Fax: 215 662-2244
kim.olthoff@uphs.upenn.edu

Secretary
Charles M. Miller, MD
Cleveland Clinic Foundation
9500 Euclid Ave.
Mail Code A-110
Cleveland, OH 44195
Phone: 216 445-2381
Fax: 216 444-9375
millerc8@ccf.org

Treasurer
Alan N. Langnas, DO
University of Nebraska
983285 Nebraska Medical Center
Omaha, NE 68198-3285
Phone: 402 559-8390
Fax: 402 559-3434
alangnas@unmc.edu

Immediate Past President
Michael M. Abecassis, MD, MBA
Past President
Robert M. Merion, MD

Councilors-at-Large
R. Mark Ghobrial, MD, PhD
Robert S. Higgins, MD, MSHA
Elizabeth A. Pomfret, MD, PhD
Stuart M. Flechner, MD
David C. Mulligan, MD
Lewis W. Teperman, MD
Marwan S. Abouljoud, MD
Sandy Feng, MD, PhD
John C. Magee, MD

Executive Director
Katrina Crist, MBA
katrina.crist@asts.org

ASTS **supports** this proposal. However, we maintain that the remaining segment should be offered to the next most appropriate candidate regardless of whether it is an adult or pediatric patient.

Proposal 4: Thoracic Organ Transplantation Committee: Proposal to Encourage Organ Procurement Organizations to Provide Computed Tomography Scan if Requested by Transplant Programs.

ASTS **supports** this proposal that encourages an OPO to provide the result of a CT scan if it is requested by a transplant program.

Proposal 5: Thoracic Organ Transplantation Committee: Proposal to Require Updates of Certain Clinical Factors Every 14 Days for Lung Transplant Candidates with LAS of at Least 50 and to Modify Policy 3.7.6.3 for Currency and Readability.

ASTS **supports** this proposal that will require more frequent updates yet allow for more appropriate prioritization of lung transplant candidates.

Proposal 6: Thoracic Organ Transplantation Committee: Proposal to Allow Outpatient Adult Heart Transplant Candidates Implanted with Total Artificial Hearts 13 Days of Status 1A Time.

ASTS **supports** this proposal that will allow candidates with TAHs to await transplants as outpatients at Status 1A.

Proposal 7: Living Donor Committee: Proposal to Improve the Reporting of Living Donor Status.

ASTS **does not support** this proposal. Last year OPTN/UNOS established a Joint Societies Work Group consisting of members from ASTS, AST, NATCO and OPTN/UNOS to develop consensus policies on the Consent, Evaluation and Follow-up of the Living Kidney Donor. Since streamlined recommendations for the follow-up for the living donor is a prominent part of the consensus document, ASTS suggests that OPTN/UNOS wait until this document is vetted through the societies prior to adopting any preliminary changes.

Proposal 8: Living Donor Committee: Proposal to Improve the Packaging, Labeling and Shipping of Living Donor Organs, Vessels and Tissue Typing Materials.

ASTS **supports** this proposal. This policy change directed at live donor organs creates consistency in the transport, packaging, and labeling of all shipped organs. This is needed with

the expansion of shipped live donor organs related to paired donor exchanges. There will be some start up costs for each live donor center, but theses should be covered by the transplant recipient center's acquisition charges for each organ.

Proposal 9: Operations and Safety Committee: Proposal to Require Confirmatory Subtype Testing of Non-A1 andNon-A1B Donors.

ASTS **supports** this proposal that is designed to maximize transplant safety and minimize ABO typing errors. However, the cost of the repeat testing by the transplant centers for the donor cases should be recognized as a legitimate kidney acquisition charge.

Proposal 10: Organ Procurement Organization Committee: Proposal to Standardize Label Requirements for Vessel Storage and Vessel Transport.

ASTS **supports** this proposal. This proposal provides needed consistency in vessel labeling for both transport and storage of vessels. One weakness is that transplant centers will have to modify their practice and protocols if they are currently not storing vessels in the triple sterile barrier and will require some staff education.

Proposal 11: Organ Procurement Organization and Organ Availability Committees: Proposal to Update and Clarify Language in the DCD Model.

ASTS supports this proposal. The proposal will allow for consistency across OPTN/UNOS Policies and Procedures and Bylaws documents. It will align the terminology with that used in the Uniform Determination of Death Act (UDDA) and by adjacent organizations such as the Society of Critical Care Medicine.

Proposal 12: Pediatric and Liver and Intestinal Organ Transplantation Committees: Proposal to List All Non-Mestastic Hepatoblastoma Pediatric Liver Candidates as Status 1B.

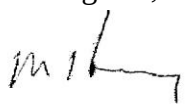
ASTS **supports** this proposal that will provide additional priority for pediatric patients with hepatoblastoma. However, ASTS suggests that monitoring of post-transplant outcomes be added to the proposal.

Proposal 13: Pediatric Transplantation Committee: Proposal to Eliminate the Requirement that Pediatric Liver Candidates Must be Located in a Hospital's Intensive Care Unit to Qualify as Status 1A or 1B.

ASTS **supports** this proposal that eliminates location as a surrogate for severity of illness.

Thank you for the opportunity to comment on these proposals. Please do not hesitate to contact me or Kim Gifford, ASTS Deputy Director, if you have any questions or require additional information.

Best regards,



Mitchell L. Henry, MD
President