



American Society of Transplant Surgeons

November 28, 2012

John P. Roberts, MD
President
Organ Procurement and Transplantation Network (OPTN)
United Network for Organ Sharing (UNOS)
700 North 4th Street
Richmond, VA 23219

Dear Dr. Roberts,

The American Society of Transplant Surgeons (ASTS) appreciates the opportunity to comment on the six OPTN policy proposals out for public comment through December 14, 2012. Each proposal was reviewed by the appropriate ASTS committee and at least one councilor-at-large. The reviewers made recommendations to the ASTS council which subsequently discussed each proposal at its October 25, 2012 meeting. Below is the Society's position on each proposal.

Proposal #1: Proposal to Substantially Revise the National Kidney Allocation System.

ASTS supports this proposal that seeks revise the national kidney allocation system. The proposal is not perfect as there will likely never be a perfect allocation system; yet this proposal represents an improvement over the current allocation policies. It will improve access to transplantation for highly sensitized individuals and blood group B patients, award points on a continuous scale for PRA, eliminate variances, provide for recipients/graft longevity matching, and expand the definition of waiting time to include length of time on dialysis. However, ASTS is concerned that this policy proposal makes virtually no attempt to reconcile large geographic disparities in waiting time and access to deceased donor kidneys. Additionally, there is concern that paybacks are forgiven and elderly patients will be disadvantaged.

Most importantly, the proposal needs to provide a timetable for reassessment. ASTS supports a reassessment plan that addresses the policy as a whole as well as the weight given to the various risk factors that define both the kidney donor profile index (KDPI) and the estimated post-transplant survival (EPTS). The reassessment plan must also include reconsideration for currently unmeasured factors that would be important in allocation such as cardiac disease and frailty.

There is one wording issue that needs to be addressed. The proposed policy states "Verification that the HLA Laboratory Director and Transplant Physician approve of the listed unacceptable antigens....." The wording should instead read ".....Transplant Physician **or Transplant Surgeon**" (emphasis added) so there is no ambiguity.

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ASTS commends OPTN for designing a revised kidney allocation policy that allows incremental, evidence-based adjustments over time and thanks the countless individuals involved in this process over the last nine years for their time, dedication and efforts.

Proposal #2: Proposal to Require Reporting of Every Islet Infusion to the OPTN Contractor within 24 Hours of the Infusion.

ASTS supports this proposal that provides for accurate and timely reporting of islet infusions to the OPTN contractor. The proposed policy provides improved safety measures and allows for better outcomes information.

Proposal #3: Proposal to Remove the OPTN Bylaw for the Combined Heart-Lung Transplant Program Designation.

ASTS supports this proposal to remove an OPTN bylaws designation for a single combined heart-lung program. The proposal will remove duplicative processes and relieve the OPTN contractor of unnecessary programming requirements.

Proposal #4: Proposal to Change the Composition of the OPTN Finance Committee.

ASTS supports this proposal which is designed to improve the efficient management of the OPTN by changing the composition of the OPTN Finance Committee from a permanent standing committee with regional and at-large appointments to members of the OPTN board of directors. It is a basic board responsibility to provide diligent financial oversight and ASTS supports this proposal to amend the committee composition to better exercise such oversight.

Proposal #5: Proposal to Change the OPTN/UNOS Bylaws to Better Define Notification Requirements for Periods of Functional Inactivity.

ASTS supports this proposal to better define the notification requirements for periods of functional inactivity.

Proposal #6: Proposal to Modify the Imminent and Eligible (I&E) Neurological Death Data Reporting Definitions.

ASTS supports this proposal to clarify the data collection definitions for whether a death can be classified as "imminent" or "eligible" and provide greater consistency between OPO reporting.

Thank you for the opportunity to comment on these six proposals. If ASTS can be of further assistance, please contact Kim Gifford, Executive Director, at kim.gifford@asts.org or 703-414-1609.

Sincerely yours,

A handwritten signature in blue ink, appearing to read "Kim Olthoff", is positioned above the printed name.

Kim M. Olthoff, MD
President