



American Society of Transplant Surgeons

January 3, 2012

John Lake, MD  
President  
Organ Procurement and Transplantation Network (OPTN)  
United Network for Organ Sharing (UNOS)  
700 North 4<sup>th</sup> Street  
Richmond, VA 23219

**Re: Recently approved modifications to Policies 5.10.1 (Vessel Recovery and Transplant) and 5.10.2 (Vessel Storage) that restrict storage of hepatitis C antibody positive and hepatitis B surface antigen positive extra vessels when they are not transplanted during the original transplant procedure.**

Dear Dr. Lake,

The American Society of Transplant Surgeons is deeply concerned by the recent OPTN/UNOS Board of Directors action to prohibit storage of extra vessels from donors that are hepatitis C antibody and hepatitis B surface antigen positive if they are not used during the original transplant procedure. This action by the board passed only after extensive discussion, and represented a strongly divided vote.

**We urge you to immediately reopen this issue for consideration.**

As stated in our original written response during the Public Comment period, and reiterated at the recent board meeting, these vessels may be the only means available to rescue the patient and/or organ in the event of a vascular complication. Data presented by the Operations and Safety Committee at the November 14-15, 2011 board meeting reported that such vessels were recovered and used in the original recipient in 175 cases from 2008 to 2009.

In addition to ASTS opposition to this proposal, seven of the eleven OPTN regions opposed it, as did both the OPTN/UNOS Liver/Intestine and OPTN/UNOS Pancreas Committees, and four additional OPTN/UNOS committees.

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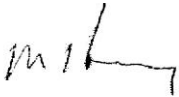
Executive Director  
Kimberly Gifford, MBA  
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Given the extensive discussions at the board meeting, we believe it is critical to separate the storage and use issue from the separate problem of incomplete vessel disposition information. ASTS urges the committee to define the problems and opportunities for improvement for each issue separately. As it currently stands, the new policy will likely cost lives by eliminating access to vessels after the initial transplant, yet it will do nothing to improve the completeness of vessel disposition information. As pointed out by Dr. Marlon Levy at the board meeting, the proposal passed by the board is similar to eliminating airplane crashes by grounding all airplanes.

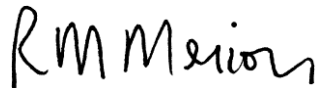
Given the sharply divided vote by the board and widespread opposition amongst those responsible for the surgical care of transplant recipients, we believe that a re-examination of this policy revision is warranted. At the very least, these vessels should be permitted to be stored for use for the original recipient.

Thank you for consideration of this request. If we can be of further service, please contact Kim Gifford, ASTS Executive Director, via phone, 703-414-1609, or email, [kim.gifford@asts.org](mailto:kim.gifford@asts.org), and she will facilitate additional discussions.

Sincerely,



Mitchell L. Henry, MD  
ASTS President



Robert M. Merion, MD  
ASTS Representative, OPTN/UNOS Board of Directors

Cc: Kim M. Olthoff, MD, Chair, Liver/Intestine Committee  
David A. Axelrod, MD, MBA, Chair, Pancreas Committee  
Stuart C. Sweet, MD, Chair, Policy Oversight Committee