



American Society of Transplant Surgeons

September 3, 2008

James J. Wynn, MD  
Chairman  
Membership and Professional Standards Committee  
Organ Procurement and Transplantation Network  
United Network for Organ Sharing  
P.O. Box 2484  
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Richmond, VA 2371

Dear Dr. Wynn:

The American Society of Transplant Surgeons (ASTS) appreciates this opportunity to comment on the proposal to modify the bylaws pertaining to conditional approval status for liver transplant programs that perform living donor transplants. While the ASTS supports the concept that there should always be two UNOS-qualified transplant surgeons involved in living donor liver transplantation, the basis of the requirement of having two surgeons who have performed seven living donor operations in order to increase donor safety seems to be arbitrary and not evidence-based. These requirements appear to be a reaction to the few reported living donor deaths in centers that actually already met these requirements.

If a program has one qualified surgeon, any liver transplant surgeon otherwise meeting the requirements of UNOS to be a liver transplant surgeon would be qualified to be an assistant. There is also no data to support the requirement of 20 hepatic resections over the time period of five years as a means of improving patient safety or decreasing morbidity or mortality. This policy would actually allow living donor operations to be performed by two new fellowship graduates with seven live donors each, while preventing one experienced surgeon who had performed 50 live donor operations from performing live donor liver transplants with an experienced UNOS qualified transplant surgeon as assistant (if he/she had not also performed 20 hepatic resections).

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In a time when patients are being added to the list at a greater rate than deceased donors are increasing, we should be trying to provide greater access to live-donor liver transplantation rather than restricting access as this policy does. Data from the A2ALL multi-center consortium have demonstrated a benefit to patients on the waiting list who receive live-donor liver transplants even at lower MELD scores. We have an opportunity to increase the benefit of liver transplantation by providing greater access to live-donor liver transplantation. If there are centers with one experienced surgeon who meets the qualifications to be a live-donor liver surgeon, the conditional approval or even full approval should be continued provided that there is another UNOS-qualified liver transplant surgeon on site.

We appreciate the opportunity to provide input on this process. If you have any questions, please contact the ASTS Executive Director, Katrina Crist, at 703-414-7870 or [katrina.crist@asts.org](mailto:katrina.crist@asts.org).

Sincerely,

A handwritten signature in dark ink, appearing to read 'JPR', with a stylized flourish at the end.

John P. Roberts, MD  
President

CC: Robert S. Higgins, MD, MSHA  
Walter K. Graham, JD  
Clifton E. McClenney