

ASTS Statement Concerning Eligibility for Solid Organ Transplant Candidacy

End stage organ disease results in extensive suffering, death, and cost in the United States and the world.

Presently, sufferers of many types of organ disease may be helped or saved by transplantation:

- kidney
- pancreas
- liver
- small intestine
- heart
- lung
- uterus
- face, limb, other portions of body lost to injury or disease

There is a longstanding discrepancy between the supply of transplantable organs and the numbers of people who need them.

- There are presently over 108,000 patients wait listed for a solid organ transplant in the United States.
- Over recent years, approximately 55,000 – 60,000 new patients have been added to the nation’s waitlist, annually.
- In 2019 and 2020, approximately 39,000 solid organ transplants were performed per year, with lesser numbers in years prior.
- Annually, between 5000 and 6000 patients die waiting for a solid organ transplant.ⁱ

These figures show that transplantable organs are a precious resource, in short supply, and that many people die before having an opportunity to receive this gift.

The American Society of Transplant Surgeons advocates transplanting as many of these patients, as quickly as possible, while also making the most responsible use of our nation’s organ supply. Limiting a transplanted organ’s life expectancy due to placing it with a patient, or in a situation, in which it cannot be adequately supported can deprive another waitlisted patient of a better outcome with the same organ.

To this end, we feel that any medically eligible patient, with sufficient support in place to allow for their adequate care following surgery, should be supported in their pursuit of transplantation.



ASTS

American Society of
Transplant Surgeons

When a patient presents to a transplant center for evaluation, the center makes a judgement concerning the patient's medical fitness to undergo the procedure, and also the patient's expected ability to capably care for themselves and a new organ.

If the patient has cognitive, physical, or financial limitations that would preclude them from being able to adequately care for themselves, then appropriate social supports or other compensatory mechanisms which would remediate the situation should be identified. If these can be found, then the patient's candidacy for transplantation should be supported. If, however, they cannot be identified, proceeding with transplantation could threaten both the patient's health and safety, and the longevity of a donated organ. In such a case, further evaluation should be deferred until the limiting issue can be corrected.

As such it is the recommendation of the ASTS that no patient will be discriminated against or precluded from transplant listing solely due to the presence of a disability or handicap whether physical or psychological. However, if these disabilities lead to a clinical reality where the patient will suffer a great risk of morbidity or mortality from the transplant surgery itself, or the subsequent placement on lifelong immunosuppression, then transplantation would not be recommended. This decision would be made due to the clinical risk benefit analysis for the specific patient, and not on any external factors.

ⁱ OPTN National Data: <https://optn.transplant.hrsa.gov/data/view-data-reports/national-data/>. Accessed February 2021.