



American Society of Transplant Surgeons

Saving and improving lives with transplantation.

ASTS Responses to UNOS Proposals Open for Public Comment

October 3, 2018

1. [Addressing HLA Typing Errors](#)

The American Society of Transplant Surgeons (ASTS) appreciates the opportunity to comment on the current OPTN/UNOS public comment proposal to address HLA typing errors. ASTS supports this proposal as written to ensure the safety and integrity of the organ allocation process. The requirement to accurately enter and validate HLA and tissue typing is a minimal requirement for all OPOs, taking additional steps to improve the process is recommended.

2. [Changes to Islet Bylaws](#)

The American Society of Transplant Surgeons (ASTS) appreciates the work of the OPTN/UNOS Pancreas Transplantation Committee in promoting transplant recipient safety. ASTS supports and acknowledges the importance of requiring islet-specific experience from its team members. We consider it imperative, however, that the policy must require a transplant surgeon with expertise in solid organ procurement of the pancreas, and with experience in managing immune suppression and complications of the immune suppressed state on the islet team. ASTS does not support the proposal to permit islet programs to function as free-standing entities apart from UNOS approved pancreas transplant programs.

3. [Frameworks for Organ Distribution](#)

The American Society of Transplant Surgeons (ASTS) applauds the efforts of the OPTN/UNOS Ad Hoc Geography Committee in creating new guiding principles and models by which organ allocation may ultimately be determined. ASTS supports four fundamental aspects of these various proposals: 1) there can be no fixed geographic boundaries 2) the framework should take into account numerous components and be able to apply them in an organ specific manner, 3) the criteria that define the actual model must be simple and

objective to best achieve transparency and garner public trust, and 4) that cost and logistical considerations be applied.

4. Change to Hospital-Based OPO Voting Privileges

The American Society of Transplant Surgeons (ASTS) supports this proposal to allow HOPOs the privilege to have an independent vote providing that they comply with regulations that establish a firewall between the transplant center and OPO leadership. If the HOPO is fully under the leadership and control of a transplant center, a second vote should not be permitted. ASTS recognizes that OPOs need to ensure adequate communication between OPOs and the OPTN on key issues. We recommend a policy that requires OPOs to provide documentation of an independent decision making process.

5. Pancreas Program Functional Inactivity

Overall, the American Society of Transplant Surgeons (ASTS) supports the pancreas transplantation committee proposal to amend program requirements designed to reduce unnecessary reviews and focus on programs presenting low volume and longer waiting times. The need for continued access to pancreas transplantation for the occasional child needs to be preserved; therefore, pancreas programs at purely children's hospitals should be excluded from general pancreas activity requirements due to their intrinsically lower volumes.

6. Pediatric Transition and Transfer Guidance Document

The Pediatric Task Force of the ASTS supports the OPTN Guidance on Pediatric Transplant Recipient Transition and Transfer proposal. The transition of pediatric patients into adult transplant programs is mired with challenges that vary from the condition of the patient at the time of the transfer, type of organ transplant, geographic location and characteristics of receiving teams. Most large pediatric transplant programs do have existing processes for the transfer of their patients when they reach adulthood. Because of the circumstances during the transfer may be highly variable, a 'one fits all' approach may not work.

Regardless of the model used for the transfer of pediatric patients into adult programs, the Task Force identified some potential areas of improvement.

1. The emphasis has resided on the Pediatric Transplant team to arrange all the steps necessary for the transfer such as creating a teen clinic, counseling sessions with the adolescents about taking ownership of their care, counseling sessions for the parents among others; however, details of the acceptance process on the adult side has been limited. A suggestion is to get the adult team involved early in the process. In one of our institutions, the transition is staged.

Our recommendation is to have 2-4 “acceptance” clinics on site at the adult center where the “pediatric patient” is brought to the clinic by the pediatric center staff, and they attend the clinic with the pediatric patient along with the adult providers. This has been done for several years at one of our centers with good results. Also the accepting adult center should have a formal process for integrating the adolescent into their program, i.e., follow the same process as a new patient transplant evaluation.

2. An effort should be made to only transfer patients when they are stable, not during an acute illness, unless the adult team is more familiar with managing such an acute illness. An example would be a de novo hepatitis C in a teen recipient.
3. Perhaps there shouldn't be a prescribed age cutoff when adolescent patients are transferred. We all know that teenagers reach maturity at different speeds. The heart transplant program in one of our institutions transfer patients to the adult services when their patients reach the age of 25. Perhaps at that age, patients may be more mature and therefore may be more responsible for their care, albeit we know of no current data to support this assumption.

The Task Force applauds the OPTN's efforts to develop guidelines for transferring pediatric patients to the adult programs. The goal to decrease the rate of 'lost to follow up' is very important, and collecting such information is a must to design systems for better transition of adolescents into adult programs and allocate resources to make such transfer successful.
