STATEMENT ON PAIRED KIDNEY DONATION
May 29, 2007

Recent advances in organ allocation in response to the growing donor organ shortage have allowed for the institution of living kidney donor-recipient pairs that manifest in two ways; 1) ‘Live Paired Donation’ and 2) ‘List Paired Donation’.

Live Paired Donation
The ASTS supports “Live Paired Donation” programs where donor-recipient pairs exchange donors due to incompatibility of blood type or resulting from immunologic sensitization.

The ASTS supports amending the National Organ Transplant Act (NOTA) to clarify that kidney paired donation does not involve the transfer of a human organ for valuable consideration and establishing a national paired donation program supported by the Organ Procurement and Transplantation Network (OPTN).

List Paired Donation
The ASTS supports “List Paired Donation” programs where an ABO-incompatible live donor donates to the deceased donor waiting list, in accordance with the local OPO and/or institutional guidelines for allocation. This donor’s incompatible recipient is termed the ‘original intended recipient’ and is elevated on the OPTN/UNOS deceased donor waiting list.

The ASTS recognizes legitimate concerns regarding the effect of these programs on patients of O blood type and supports periodic reviews of outcomes to assess the benefit of these programs for all transplant recipients.

Benefits of Kidney Paired Donation
Both of these programs offer the potential of expanding the pool of living kidney donors that would result in a net increase in the number of kidney transplants performed annually.

Each successful living kidney donation enables the removal of a potential recipient from the deceased donor wait list thus allowing expedited access to deceased donor organs for others uninvolved in the paired donation.

Recipient outcomes from living kidney donors exceed those of deceased donors both in terms of graft longevity and surgical complications.

Paired kidney donation has the potential to increase the availability of donor organs for patients with blood types that are difficult to match.

The overall cost of kidney transplantation is less for Medicare over time than maintenance dialysis.