

February 4, 2011

Charles Alexandar, RN, MSN, MBA, CPTC President Organ Procurement and Transplantation Network (OPTN) United Network for Organ Sharing (UNOS) 700 North 4th Street Richmond, VA 23219

Dear. Mr. Alexander,

The American Society of Transplant Surgeons (ASTS) has reviewed and considered the following six proposals out for public comment through February 5, 2011. Below is the Society's position on each proposal.

Proposal 1: Thoracic Organ Transplantation Committee - Proposal to Require Collection of Human Leukocyte Antigen (HLA) Type for Thoracic Organs

The ASTS is supportive of this proposal.

Proposal 2: Thoracic Organ Transplantation Committee - Proposal to Clarify Adult Heart Status 1A Language to Enable Consistent Interpretation of Policy and Reflect Current Programming in UNetSM

The ASTS is supportive of this proposal.

Proposal 3: Living Donor Committee and Membership and Professional Standards Committee - Proposal to Clarify which Transplant Program has Responsibility for Elements of the Living Donation Process and to Reassign Reporting Responsibility for Living Donation from the Recipient Transplant Program to the Transplant Program Performing the Living Donor Nephrectomy or Hepatectomy.

The ASTS is supportive of this proposal.

Proposal 4: Membership and Professional Standards Committee -Proposal to Establish Qualifications for a Director of Liver Transplant Anesthesia in the OPTN Bylaws. National Office 2461 South Clark Street Suite 640 Arlington, VA 22202 Phone: 703 414-7870 Fax: 703 414-7874 asts@asts.org www.asts.org

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The ASTS is supportive of this proposal.

Proposal 5: Membership and Professional Standards Committee - Proposal to Modify the Requirements for Transplant Hospitals that Perform Living Donor Kidney Recoveries.

The ASTS is supportive of this proposal.

Proposal 6: Operations and Safety Committee - Proposal to Prohibit Storage of Hepatitis C Antibody Positive and Hepatitis B Surface Antigen Positive Extra Vessels.

The ASTS does not support this proposal. This is a reaction to a single case of transmission which occurred prior to implementation of new labeling policies. As long as transplantation of HCV + organs is allowable then storage of the vessels should be allowable. These vessels are needed in some cases to rescue the organ or patient when there is a vascular complication.

The new labels mandated by UNOS designate serology as well as ABO type. There are multiple cases where patients have been in the situation of needing vessels and not having them, whereas the situation of disease transmission has occurred once by UNOS records. This is one proposal designed to improve patient safety which may actually create more common situations where patient safety is at greater risk.

Thank you for the opportunity to comment on these proposals. Please do not hesitate to contact me or Katrina Crist, ASTS Executive Director, if you have any questions or require additional information.

Best regards,

Michael M. Abecassis, MD, MBA President