



Saving and improving lives with transplantation.

American Society of Transplant Surgeons®

August 23, 2022

Jon Snyder, PhD
Director
Scientific Registry of Transplant Recipients
701 Park Avenue, Suite S-4.100
Minneapolis, MN 55415

Dear Dr. Snyder:

On behalf of the American Society of Transplant Surgeons (ASTS), I want to take this opportunity to thank you and your SRTR colleagues for organizing an extremely productive Task 5 Consensus Conference. ASTS very much appreciates your solicitation of our formal comments on the issues raised by the Task 5 initiative and the inclusion of several transplant surgeons who serve in ASTS leadership positions on the Consensus Conference agenda.

As indicated in our formal comments, ASTS continues to believe that the current five-star transplant center rating system's focus on relatively small differences in patient and graft survival inadvertently increases risk aversion among transplant programs, thereby exacerbating waitlist times. Consensus Conference comments suggest that the patient community agrees that the five-star rating system should be significantly reformed or eliminated. Patient representatives generally expressed substantially less interest in small percentage points difference in outcomes than in information that would allow them to compare how living and deceased transplantation outcomes compare with each other and with the outcomes of alternative treatment modalities (e.g., dialysis in the case of kidney transplantation). We encourage the SRTR to proceed in the direction suggested by these commenters, thereby ensuring that patients can meaningfully take part in their care.

Based on the comments given by patients at the Consensus Conference, it appears that patients need more information displayed in a clear manner regarding access to transplantation. Patients expressed strong interest in obtaining easily understandable information to assess whether a transplant program is likely to waitlist a patient "like them" and whether, once on the list, they are likely to get transplanted. Along these lines, there is strong interest in ensuring that each transplant center's candidate listing criteria is clearly displayed online, along with information regarding whether, and to what extent, each center waitlists patients with specific risk factors (e.g., high BMI, age, various pre-existing medical conditions). Other factors that appear relevant to patients include information regarding each transplant center's testing practices (e.g. whether the transplant center generally accepts the results of tests performed at other transplant centers) and any limitations imposed by the transplant center (e.g., whether the transplant center requires recipients to stay near the hospital for a specific period of time post-transplant). We have at this time an amazing opportunity to transform the way data is collected so that SRTR can provide patients with access to standardized

President

William C. Chapman, MD
Washington University

President-Elect

Elizabeth A. Pomfret, MD, PhD
University of Colorado

Secretary

Ginny L. Bumgardner, MD, PhD
The Ohio State University

Treasurer

James F. Markmann, MD, PhD
Harvard Medical School

DEI Officer

Henry B. Randall, MD, MBA
SSM Health Saint Louis University

Immediate Past President

A. Osama Gaber, MD
Houston Methodist Hospital

Past President

Marwan S. Abouljoud, MD, CPE, MMM
Henry Ford Transplant Institute

Councilors-at-Large

Kenneth A. Andreoni, MD
Devin E. Eckhoff, MD
Irene K. Kim, MD
Linda C. Cendales, MD
Ty B. Dunn, MD, MS
Jayme E. Locke, MD, MPH
André A. S. Dick, MD
Majella B. Doyle, MD, MBA
Sunil K. Geevarghese, MD, MSCI
Ashley H. Seawright, DNP, ACNP-BC

Executive Director

Maggie Kebler-Bullock, CFRE

National Office

1401 S. Clark St.
Suite 1120
Arlington, VA 22202
703-414-7870
asts@asts.org
ASTS.org

American Transplant Congress

June 3–7, 2023
San Diego, California

transplant center practices.

ASTS shares the considerable interest expressed by patients and others in strengthening the focus on equity in access and increased access to transplantation for all. We also share the interest expressed by other speakers in reducing the number of organs procured but not transplanted and fully support the view that the term “organ discard” should be avoided in SRTR’s public-facing website. One idea expressed at the conference that ASTS strongly supports is that SRTR should base metrics around the goal of increasing use of available organs. Reducing organ discard falls in line with ASTS’ mission to increase access to transplantation for more patients.

Finally, the ASTS believes that all information needed to facilitate our patients’ journey across the “transplant subway” should be made publicly available. We would urge, however, that in redesigning the SRTR website, SRTR would clearly define a set of quality improvement measures and remove technical data that is not useful to patients. Additionally, we suggest that collected data be kept within the realm of quality improvement. By design such quality data requires examination, validation, action plans and outcomes from reviews, and the interference by publishing this data would be harmful to reporting, sharing and working on issues of quality. SRTR should begin the process by clearly distinguishing between the types of information that can and should be publicly displayed and more sensitive quality-related information that should be released only to the transplant center involved. Public release of the latter has the potential to result in a myriad of unanticipated consequences that may jeopardize access to high quality care.

Again, congratulations on a pulling together an important and highly productive conference, and we look forward to working with you on next steps.

Sincerely yours,

A handwritten signature in black ink that reads "William C. Chapman". The signature is written in a cursive style with a large, stylized "W" and "C".

William Chapman, MD, FACS
President
American Society of Transplant Surgeons