

EDITORIAL  
**President's Column**

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Transplant medicine has been a field characterized since its inception by a constant series of changes with each one bringing further improvements in both short- and long-term outcomes. As a scientific society, we embrace the concept of change and indeed our mandate is to seek out advances in our field, and bring them into clinical practice for the benefits of the patient. It is also true that when change is proposed, we need to ensure the data supports the change about to be broadly adopted.

On occasion, these changes have not been incremental but truly innovative. Consider the introduction of the pre-transplant cross-match, the introduction of zero mismatch sharing, and the discovery and development of cyclosporine. Each of these events in the history of the field radically shifted how clinical care was delivered. But it has not stopped today. We still see how innovation is changing practice; drug therapies continue to evolve and rejection rates are at an all time low. In parallel, we are witnessing a new revolution in laboratory practice in terms of our ability to identify HLA antibody specificities. Solid-phase platforms have greatly enhanced our tool box that can assist our clinical colleagues in the delivery of individualized care to the patient.

Recognition of the potential of these new laboratory tools is leading to increased expectation. Indeed, as the OPTN/UNOS reviews kidney allocation policies and requirements, it is clear they are looking to us in the histocompatibility community to play a pivotal role in supporting the changes. Key for us in meeting their expectations will be our ability, as experts in the field, to define as completely as possible a patient's degree of sensitization and the associated HLA antibody specificities.

So how do we, as ASHI, meet this expectation? First and foremost, it requires open and early communication. To this end, the ASHI Executive Committee has maintained an open and productive dialogue with the UNOS Histocompatibility Committee, as well as with the UNOS board. This is serving us well. Indeed, Drs. Land and Leffell, as leaders of the UNOS Histocompatibility Committee, are seeking ASHI's feedback

and advice on specific proposals (e.g. listing unacceptable antigens, calculating PRA) to ensure we are all on the same page and ASHI is in a position to endorse their proposals. The Executive Committee in turn is seeking advice from our Clinical and Scientific Affairs Committee and other individuals in our own membership who have specific expertise from which to provide comment (i.e. in population genetics).

Second, ASHI plays a major role in educating our members, as well as our clinical partners, on our technology capabilities and how these can impact practice. In this regard, the ASHI Education Committee has specifically ensured that updates on the KARS process and solid-phase based HLA antibody specificity technologies have been included in the Regional Workshops as well as in the upcoming Annual Meeting. In terms of having a dialogue with our clinical partners, several strategies are in play. Drs. Zeevi and Claas are heading up a joint ASHI/AST pre-course at the World Transplant Congress. Drs. Rosen-Bronson and Nelson are heading up plenary and breakout sessions on the topic at the HRSA-sponsored U.S. Transplant Collaborative, where a large number of OPOs and transplant programs are in attendance.

Finally, our goal is to have a white paper developed by the Clinical and Scientific Affairs Committee on the current state-of-the-art of HLA antibody specificity analysis and what current challenges exist in this field. This will be instrumental in communicating broadly what our current capabilities are, and of equal importance, what gaps still remain – opportunities for the next revolution.

What should be clear from the aforementioned is ASHI is playing a key role as histocompatibility experts facilitating change in the delivery of transplant care. Our challenge as a community is to embrace this current revolution, and as scientific leaders in the field, ensure the new technology is optimally and appropriately introduced into routine clinical practice, where it will be the patient who stands to benefit the most. To paraphrase Dr. Orosz, "We are ASHI and we are here to help."