EDITORIAL

President's Column

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In this letter, I would like to discuss an important effort in organ transplantation. Included in the latest round of contracts between HRSA and the OPTN/UNOS was a charge to evaluate the system we use for allocating kidneys in the U.S. Goals were set for the expected increase in life years gained as a result of an improved system. There are many elements that need to be considered in the design of a program to offer donated kidneys to the patients who need them. HRSA prioritized their mandate: achieve the best use of organs, avoid wastage, base priority on objective and measurable medical criteria, and de-emphasize wait time. In 2004, the OPTN/UNOS Kidney Committee accepted the charge from their board and formed the Kidney Allocation Review Subcommittee (KARS) to carry out this mandate.

One of the parallel projects was the creation of a model for kidney and pancreas allocation (KPSAM) by the Scientific Registry of Transplant Recipients. The analyses for KARS were based on data from candidates and recipients from 1987 through 2004. Statistical prediction of transplant outcomes were provided for candidates stratified by ABO, age, HLA match with donor, degree of sensitization, ethnic background, original disease, etc. The model can show the effect of different elements of allocation policy on the overall utilization of kidneys and on the total years of functioning kidney life. Analyses have also been provided for the factors contributing to increased survival of transplants in the KPSAM data. Matching for HLA was identified as one of the critical factors, ranked just after the age of the candidate or donor and the presence of diabetes. During deliberations, KARS requested input from our community and heard presentations on the power of our testing to facilitate transplant of sensitized candidates and to overcome some of the biological barriers to transplantation.

The KARS group is now communicating the results to date of their modeling and deliberations, and asking for feed back from the transplant community. The "roll out," so to speak, was in February in Dallas at a forum to solicit feedback from patients and other members of the community. Slides from that forum can be viewed at http://www.unos.org/news/newsDetail.asp?id=804. Another forum is anticipated later this year. The OPTN/UNOS Regional meetings this spring and next fall will be another chance to hear the plans and provide feedback. Geof Land has been providing a summary of the proposals at ASHI's Regional Education Workshops. The last one will be in San Antonio in June. We will also have a forum at the next Annual Meeting in Minneapolis.

It is very important that we speak up for the sensitized patient and for the advantage in transplant survival provided by shared HLA. The KPSAM analyses clearly identify the benefit of HLA matching; we need to advocate that A, B and DR matching remains in the algorithm.

The current proposals drastically curtail the zero-mismatch sharing program locally and nationally. We need to advocate that the proposed program be expanded at the very least to young adults and to sensitized candidates on a local and national level.

Contact your regional OPTN/UNOS Histocompatibility representative to make your views known and to hear what the committee is proposing in collaboration with KARS. Written comments can be sent directly to KARS and the Kidney Committee. Join with your clinical colleagues in formatting your responses. What changes would you advocate to serve the needs of our patients?

This is a critical time to speak up and an opportunity for our community to be heard and to advocate that an allocation policy incorporating histocompatibility fulfills the mandate of "base priority on objective and measurable medical criteria."