

President's Column

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The ASHI Board has been very busy since the annual meeting. Our first major task was to make an official response to the request for information issued by UNOS on the current draft of Kidney Allocation Score (KAS). The Kidney Committee and the Kidney Allocation Review Subcommittee (KARS) have been working for several years on the project. A blast e-mail was sent to all ASHI members with directions for reviewing the proposal and we thank all those who made individual responses.

UNOS Proposal for KAS

The KAS is based on three major components: dialysis time, donor profile index, and life years from transplant (LYFT). We were to respond to each of these items. A UNOS public forum was held Jan. 26, 2009, and your president was invited to present the ASHI response.

It was proposed that dialysis time be used instead of waiting time. This was felt to be more equitable to patients who were delayed in getting referred for transplant. ASHI responded that they supported the concept but certain patient populations who benefited from early listing would need to be considered. ASHI also agreed with the donor profile index, which presented a sliding scale for the quality of the donor kidney. This should prevent wastage of usable kidneys by eliminating characterization of kidneys as either "good" or "bad," which was the consequence of labeling them as standard criteria donor (SCD) and extended criteria donor (ECD).

The component most contentious for all groups responding was the LYFT. This is a model designed to increase utility by predicting the net benefit from kidney transplantation as the difference in life years after transplant compared to life expectancy if the patient did not receive a transplant. As can be expected, this is a very complicated model and the net result appeared to greatly favor the young, nondiabetic, non-sensitized recipient over others for the best quality kidneys. Both ASHI and the ASTS objected to this model being used without prior testing. The ASTS felt strongly that the model did not meet predictability criteria for use and the years after transplantation needed to be truncated to avoid prejudice against the older patient. Better metrics to predict cardiovascular health need to be considered and, at the present time, this information is not even being collected in the UNET database. The patient representatives felt the LYFT concept was too complex to try to explain to patients and were con-

cerned that certain age groups would never be offered an organ. A representative from the OPO suggested LYFT should just be replaced with a simple solution such as: kidneys less than 35 years of age go to recipients less than 35 year old and recipients older than 65 should be limited to kidneys from donors greater than 65 years old.

In our response, we stated utility was not only defined by patient survival, but also by graft survival. We felt improvement of graft survival was not given enough weight in the current model; this could be improved by promoting zero mismatching and discouraging the transplant of five and six antigen mismatched organs. The problem with retransplantation of sensitized patients was also discussed, and our recommendation was all potential recipients with a high probability of needing a retransplant in their lifetime should be given the opportunity to receive a zero-mismatched antigen organ. The change in UNOS bylaws to eliminate the mandatory sharing of zero-mismatched kidneys for unsensitized patients over the age of 18 went into effect in January 2009 for regional and national sharing. We are asking that the final version of KAS extend mandatory sharing to patients up to 50 years of age since this group may need retransplantation in their lifetime. In summary, all groups agree the "right kidney" should go into the "right recipient."

Proficiency Testing

We had announced previously that we intended to have our own software ready for 2009. Unfortunately, due to circumstances beyond our control, the software will not be ready as planned. AFDT has again graciously agreed to share their software with ASHI for another year for the typing and XM/PRA exchanges. Updated instructions and grading rules will accompany the sendouts. Please take time to read them as this will make entering results and accurate grading much easier for the laboratory and the database manager.

Basic HLA and Transplant Immunology

There have been several requests from physicians, transplant coordinators, blood bankers, new HLA laboratory personnel, and directors-in-training for ASHI to provide a "Basic HLA and Transplant Immunology" course. This is an excellent opportunity for ASHI to serve as the key source of HLA education for the transplant community. The Directors' Affairs Committee was given the charge to come up with a teaching module for basic HLA and transplant immunology and I

would like to see this completed by the June board meeting. This would be an excellent module to add to ASHI University so we can all direct our transplant team members to this site in the future. It would also be nice to make this module available for presentation at various meetings when a basic HLA lecture is requested. ASHI has already been asked to give such a lecture at the AABB meeting this fall in New Orleans. We are also looking to have a lecture or short course at a regional meeting. If anyone has slides or other material that might be useful for this project, please forward to Mike Gautreaux, chair of the Directors' Affairs Committee.

Moving Forward

We conducted our first board meeting for 2009 and I was pleased with the diligence the board liaisons are showing in becoming involved with their committees and offering advice and direction when needed. I have instructed the liaisons to set deadlines and monitor progress of committee projects and goals. We are all very busy, but we must remain focused on the tasks at hand before time slips away and another year has passed. I challenge all committees to clearly define their goals for this year, to make assignments, and report progress by the June board meeting. Thanks to all our wonderful volunteers!





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