

President's Column

Deborah Crowe, PhD, D(ABHI)

Midway through the year, I am pleased to report that ASHI is on track to meet our goals for 2009. The regional meetings have gotten very positive feedback and the preparation for the annual meeting in San Francisco is on schedule. The requirements for the new proficiency testing program are being finalized and the programming should be complete this fall. ASHI University (ASHI-U) has many new modules under final review. The inspection training modules will also be made available on ASHI-U. The information in these modules may be helpful to laboratories preparing for inspection as well as to the inspectors. In addition to this, Mike Gautreaux, with the Directors' Affairs Committee, has outlined a very exciting training program that will consist of a series of modules for ASHI-U, starting from the very basic principles of transplant immunology and developing to more advanced interpretations and case studies. This will be a wonderful addition to the ASHI library and can serve as a source of educational materials for anyone in the transplant field. Hopefully, this will also help bring nonmembers to our site. If you have not visited the ASHI Web site lately, please do. The new design was launched with updated information and a more dynamic look.

ASHI has been working to strengthen our liaisons with other professional societies. We are excited about increasing the number of liaison positions this year. Maria Bettinotti is working with the Serious Adverse Events Consortium (SAEC) on the role of HLA in pharmacogenomics and Marcelo Fernandez-Vina is serving as liaison to the American Society for Blood and Marrow Transplantation (ASBMT) and the Foundation for Accreditation of Cellular Therapy (FACT) to strengthen our ties with human stem cell transplantation professionals. We are also attempting to improve our interactions with UNOS, NMDP, AST, FOCIS, GAT, AABB, and ABHI.

I mention these liaison positions because it is vital to ASHI's success that we interact with other professionals and educate them about the role of the HLA laboratory, especially in transplantation. Currently, the UNOS Kidney Committee is working on a new kidney allocation system that will have a huge impact on how kidneys will be distributed in this country. ASHI needs to be visible at all levels with all professional societies to maintain its credibility as the authority on histocompatibility and immunogenetic issues. While we do have representation on the UNOS board, we are just two votes among many. Communication with other societies increases our exposure and helps educate other professionals about transplant immunology. Knowledge is power, and we can hope to influence the direction that allocation is going only if we can first explain our views through communication with other professions and by educating them about the importance of immunology in the long-term success of transplantation.

A public forum was held in January to discuss the new kidney allocation system. Most of the representatives who attended the meeting agreed on the concept of using dialysis time instead of waiting time, a sliding scale for assigning points for sensitization, and a sliding scale for donor profile index. Using dialysis time will even the playing field for all potential recipients and prevent disadvantages to patients who were not referred for transplant by their nephrologist. Using the donor profile index, instead of SCD vs. ECD, will hopefully decrease wastage of organs by increasing acceptance of more donors. The main controversy was with the life-years-from-transplant (LYFT) portion of the model. Even though there was much criticism for LYFT, everyone did seem to agree on the idea of putting the right kidney into the right recipient, and we agreed on the major problems with the current allocation scheme. Many have suggested that, instead of having a model that is imperfect at best that gives a score to each recipient-donor pair, we instead use the dialysis time and donor profile index, along with some simple allocation rules, to avoid the problems that plague the kidney allocation program. Some of the ideas being suggested are:

- Limit older recipients (ex. >60 y/o) to donors >60 or to a pre-determined donor profile index corresponding to an ECD donor.
- Donors <35 y/o should match to recipients <35 y/o unless over a pre-determined donor profile index.
- Expand 0mm mandatory sharing to all recipients who have a high probability of needing a second transplant to take advantage of increased graft survival, and to prevent sensitization and increase the chance of being re-transplanted.
- Give positive HLA points for 0-1 mm and negative points for 5-6 mm donors.
- Establish cardiovascular risk factors and limit access to donors with higher risk for those individuals with lower life expectancies.

Please become involved in what is going on in UNOS if you are connected with a renal transplant program. Transplant professionals need to discuss the pros and cons of the different elements that will go into the kidney allocation system. UNOS is asking for input from everyone so we can get this "right" for the patients. This is a chance for us to be part of the solution.