



ASHI supports the following proposals:

Proposal: Improving post-transplant communication of new donor information.

ASHI Response: ASHI supports the view that clear communications regarding donor-derived infections is imperative. ASHI also supports the inclusion of toxoplasmosis screening on all deceased donors.

Proposal: Adding HLA DQA1 unacceptable antigen equivalences table

ASHI Response: ASHI supports the Histocompatibility Committee proposal to add HLA-DQA1 to the equivalency table to improve the donor selection for sensitized patients incorporating the DQA unacceptable antigens/alleles. We agree that this proposal will minimize human error by simplifying entry of unacceptable antigens for DQA1, removing concerns about patient safety due to human error and incorrect data entry. In addition, it will provide valuable information when virtual crossmatches are performed. ASHI suggests giving similar consideration to DPA1 in proposal 2 since the issues associated with DPA1 are similar to those with DQA1.

Proposal: Changes to HOPE Act open variance

ASHI Response: ASHI supports this proposal but has no comments.

Proposal: KAS clarifications

ASHI Response: ASHI supports the following proposed areas for changes to kidney allocation policy: a) clarifying informed consent requirements for multi-organ candidates for kidney based on KDPI>85%; b) maintaining consistency throughout kidney allocation policy with regard to policy 5.9; c) correcting redundant match classifications in Table 8-5, and d) clerical changes. However, it should be noted that there are concerns outside the scope of the laboratory regarding “changing policy on mandatory sharing” and that these concerns need to be addressed before this proposal is ready for approval.

Proposal: Simultaneous liver-kidney allocation 2016

ASHI Response: ASHI supports this second round of public comment proposal for providing more clarity and consistency in the rules for liver-kidney allocation. We also agree that it is important to fix the inconsistency that exists between deceased donor liver allocation policy and liver-kidney allocation policy.

Proposal: Adult heart allocation changes 2016

ASHI Response: ASHI supports the concept of requiring CPRA to be entered for candidates upon registration and removal from listing. However, it should be noted that there are concerns outside the scope of the laboratory regarding modifications of the geographic sharing scheme and that these concerns need to be addressed before this proposal is ready for approval.

ASHI supports, but has no comments on the following proposals:

- List covered body parts for VCA
- National liver review board
- Standardize organ coding and tracking system
- Performance metrics concept paper