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National Transplant Medical Experts Insist Arizona Transplant Cuts are Based on Flawed Data
ASTS provides expert opinion to the Arizona Governor and Legislature that the evidence base used to deny Arizona Residents access to certain organ transplants is flawed and outdated.

Arlington, VA – December 9, 2010: The American Society of Transplant Surgeons (ASTS) has reviewed the evidence base used by Governor Jan Brewer (R-AZ) and the Arizona Legislature to deny coverage for specified transplants and determined the data is both flawed and outdated. In addition, the recommendations of designated medical consultants were ignored in many instances.

“The exclusion of coverage for these specified transplants is baseless”, says ASTS President Michael M. Abecassis, MD, MBA. “We have made the case convincingly, yet several patients awaiting transplants are still being denied coverage, putting the lives of Arizona citizens in serious peril”.

As one of the major medical societies representing transplant professionals, the ASTS calls on Governor Brewer and the Arizona state legislature to act immediately and rectify the fact that attempts to balance the budget have led to coverage decisions with no medical justification.

“This is not a political issue, but a life and death issue for medically approved transplant candidates who are being denied standard of care treatment (i.e., transplantation) for their end stage organ failure” states Dr. Abecassis. “We cannot knowledgeably comment on Arizona’s financial situation, nor do we desire to be involved in any of the politics that surround the decision. Instead, as a primary society in the United States representing the field of organ transplantation, we have a responsibility to set the record straight regarding the flawed and outdated evidence used to deny life-saving transplants for patients with organ failure.”

“This decision should be condemned on humanitarian and egalitarian grounds and focuses our attention on the health care rationing debate. It is a legitimate debate that our nation will

inevitably be forced to have, but these important and necessary decisions should not be based on faulty medical evidence”, adds Dr. Abecassis.

The ASTS in collaboration with other primary transplant organizations has compiled the information below to compel the Arizona legislature and Governor Brewer to reconsider this decision expeditiously, so that patients who would have enjoyed a longer and more productive life with transplantation will not die unjustly:

- Liver transplantation for hepatitis C may not be curative of hepatitis C, but it is curative of end-stage liver disease, it is life saving, and it results in excellent long-term survival exceeding 80% at 1 year and 60% at 5 years. In addition, with new antiviral therapies for hepatitis C, sustained viral response (curative of hepatitis C) can now be achieved in the majority of patients (>70%) and the current long-term survival rates will improve as a result.
- Lung transplantation is life saving, not palliative, for the majority of patients with end stage lung disease that receive lung transplants today. Indeed, the current system for organ allocation in the United States allocates donor lungs based on a scoring system designed to decrease the number of patients who die on the waiting list and to maximize survival following transplantation.
- The exclusion of heart transplantation for non-ischemic cardiomyopathy is not based on an accepted medical definition of non-ischemic cardiomyopathy. Instead, the definition used by the legislature is unique to the Arizona legislature, hardly a medical expert. As a consequence, this exclusion remains confusing to the transplant community. We have offered our assistance to clarify exactly what is being excluded and why. However, from a practical standpoint, only patients who have failed all known beneficial therapies are considered appropriate transplant candidates by the heart transplant community. In addition, since the priority for allocation of hearts to candidates on the waiting list is based on the likelihood of dying on the waiting list, it is rare that patients other than those being supported with mechanical support (heart assist pumps) or intravenous medications to support heart function even receive heart transplants in today’s era of donor organ shortage.
- Pancreas after kidney transplant is clearly effective for highly selected recipients and, in fact, encourages living donor kidney transplantation followed by deceased donor pancreas transplantation in appropriate candidates. With the kidney donor waiting list currently exceeding 80,000 candidates, the use of living donor kidneys followed by pancreas transplantation, when needed, is better stewardship of the nation’s limited donor organ supply. Recent data show that the results of pancreas after kidney are similar to those of combined kidney and pancreas transplantation suggesting that the decision made by the State of Arizona was based on outdated information.

“Transplantation is not experimental - it is accepted, beneficial care for patients with end stage organ failure, states Dr. Abecassis. We cannot dictate what the Arizona lawmakers will ultimately decide, however we can unequivocally state that the cuts in transplant coverage will result in the unjustified and needless death of Arizona citizens. If this is not enough to justify reconsideration of coverage for these specified transplants, at least we will have provided Arizona lawmakers with accurate and current information so that their decisions can no longer be portrayed as having any medical basis.”

About ASTS

Established in 1974, the American Society of Transplant Surgeons (ASTS) is the oldest transplant society serving over 1750 surgeons, physicians, scientists, pharmacists, coordinators, and advanced transplant providers. ASTS is committed to fostering the practice and science of transplantation and guiding those who make policy decisions by advocating for comprehensive and innovative solutions to the needs of our members and their patients. The ASTS is a nonprofit organization located in Arlington, VA. For more information, go to www.astso.org.