Jason Wellen, MD, surgical director of the Barnes-Jewish Hospital kidney and pancreas transplant program in St. Louis, helped perform the Crowder kidney transplant. “Every transplant program should have a tremendous interest in joining a paired exchange program,” Dr. Wellen said.

Fewer than 17,000 kidney transplants are performed annually in the U.S.
Nearly 90,000 patients are on the UNOS waiting list for kidneys.

and Crowder transplants. The second run was in early December 2010, and of 62 donor-recipient pairs listed, 12 were matched in four three-way matches, Dr. Andreoni said. The coordinating centers have been notified and are doing further testing to assure that the transplants can come to fruition.

Even more transplant programs should be willing to participate once the UNOS project moves out of the pilot phase, said Jason Wellen, MD, surgical director of the Barnes-Jewish Hospital kidney and pancreas transplant program in St. Louis. He helped perform the Crowder transplant.

"I think most programs, once the pilot program is complete and shown successful, will be extremely eager to enter into the UNOS program," Dr. Wellen said. "Many centers that have never participated in regional exchanges will be willing to do so as part of the UNOS program."

**Aiming for routine**

Improving the participation rate will be a major challenge for the project, said Alvin E. Roth, PhD, one of the founders and designers of the New England Program for Kidney Exchange, a UNOS pilot coordinating center and in 2004 the first regional exchange to be launched.

"It's nice that the [UNOS program] got going in a preliminary way, but it's got a long way to go before it's a big exchange," Roth said. "They're working now on a very small scale. They had 40 donor-patient pairs in October and 60-plus in December -- that's fewer than one per participating hospital. The promise of a national exchange is there will be really lots of donor-patient pairs. ... We have to work to make that happen; it won't just happen automatically."

**Nearly 90,000 patients are on the UNOS waiting list for kidneys.**

The barriers to participating include funding, with payers unwilling to fund the expensive work-ups potential donors require unless they know the kidney will be going to the patient they cover. That is impossible, by definition, to guarantee in an exchange arrangement, said Michael Rees, MD, PhD, director of renal transplantation at the University of Toledo Medical Center in Ohio.

"We haven't worked out a way in America to finance paired donation," said Dr. Rees, CEO of the Alliance for Paired Donation, another coordinating center for the UNOS project.

He estimates that an initial pool of $8 million could become a self-perpetuating fund to help finance the cross-matching costs along the lines of what organ procurement organizations do for cadaveric donation. The costs for the UNOS program, which include the expense of flying donor kidneys from one part of the country to another, are being paid for by the Organ Procurement and Transplantation Network and philanthropy.

"I'm in favor of there being a national system, and it is best run by UNOS," Dr. Rees said. "But they will build a national system based on consensus, and consensus takes time."

He said the goal is to transform living kidney exchange -- whether a two-way swap or an extended chain -- from a relatively rare event to something commonplace. "It has to become boring and routine," he said.

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