



PROFESSION

UNOS to publicly report transplants involving foreigners

Organ recipients who are not U.S. citizens will get closer attention following transplants involving wealthy foreigners, including Japanese gangsters.

By KEVIN B. O'REILLY, amednews staff. Posted July 18, 2012.

Transplants involving recipients who are not U.S. citizens or residents will get closer scrutiny under new rules adopted by the organizations that set American transplantation policy.

The move comes after high-profile controversies over wealthy foreigners who received deceased-donor transplants in the U.S. A *Los Angeles Times* investigation in 2008 uncovered four Japanese gangsters who got liver transplants at the University of California, Los Angeles Medical Center.

Previously, centers where more than 5% of transplants involved foreigners could be audited by the Organ Procurement and Transplantation Network. OPTN is administered by the United Network for Organ Sharing under contract with the U.S. Dept. of Health and Human Services.

Under the policy adopted by the OPTN/UNOS board of directors in late June, any transplant involving a recipient who is not a U.S. citizen or resident can be reviewed by the OPTN.

Transplant centers will have to provide data to the OPTN. That information will include a recipient's country of origin, the reason for seeking transplantation in the U.S. and how the procedure is being financed. Data on transplantation by citizenship status will be publicly reported.

Centers will be barred from entering contracts with foreign agencies or governments to provide transplantation services. Transplant centers must abide by OPTN/UNOS rules in order to be paid by Medicare.

"The rationale behind this policy is to try to increase transparency with regard to transplanting non-U.S. citizens and non-U.S. residents," said John Lake, MD, immediate past president of OPTN/UNOS. "The goal is to increase our trust with the citizens of this country who donate their organs so generously."

The OPTN/UNOS board adopted a separate policy allowing livers to be shared at a regional level with patients who have an end-stage liver disease score exceeding 35 before they are offered to patients with scores of 15 or lower. The 35-plus patients are likely to die within three months without a transplant, while few of the 15-or-lower patients die within that time frame.

The new policy will give the 35-plus score patients a better chance of receiving a liver. Even though these patients are very sick, data show they have good outcomes posttransplant, said Dr. Lake, director of the Liver Transplant Program at the University of Minnesota Medical Center in Fairview, Minn. About 19% of deceased-donor liver transplants go to these patients over the course of a year, according to UNOS.

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