

[Society Feedback Regarding Guidance on PHS Increased Risk Donor Organs](#)

The American Society of Transplantation has reviewed the proposed DTAC Guidance on Explaining Risk Related to Use of U.S. PHS Increased Risk Donor Organs and supports it in concept. It is evidence based and intended to use evidence to help clinicians inform their patients about PHS increased risk organs, so that in turn, the patients can have the information that they need to make an informed choice. What the proposal does not do is replace clinicians' judgment by creating more regulations prescribing how the resource is used.

The AST does recommend that the proposal may benefit from the inclusion of a description of the risk associated with organ refusal versus the risks/outcomes of an organ transplant with HCV/HBV/HIV; specifically, the risk of death associated with remaining on the wait list versus risk of death associated with organ transplantation from a PHS high risk organ donor. The comparison to the risk of death in traffic accidents may not be appropriate. Additional input on the actual numbers in the risk models may be helpful.

1. Finally, the Society wishes to share the following specific comments for consideration: Figure 2 shows the low "Risk of getting HIV or HCV from a "PHS increased risk" organ versus risk of dying from a traffic accident" (0.4 % vs 0.9%). We would suggest changing the phrase to "lifetime risk of dying from a traffic accident". The 0.4 % infection risk is a one-time event. The 0.9% risk of dying in traffic is a lifetime risk.
2. We understand that the hemophiliac community prefers the term "person with hemophilia" to the term "hemophiliac" and we would suggest making that change in this document.
3. This guidance document specifically relates to deceased donation, and includes the words "when considering organ offers" in the title. There is insufficient data to determine whether there should be different standards for live and deceased donors, but we recognize that there may be some value in familiarity with this document when working with potential recipients of living donors.