From the Editor's Desk

July 18th, 2006

By Jim Warren
Editor & Publisher

At its meeting several weeks ago in Atlanta, the Organ Procurement and Transplantation Network (OPTN)/ United Network for Organ Sharing (UNOS) Board of Directors passed a what some might call a mild resolution condemning the practice of "medical tourism" around the world.

The resolution reads: "Resolved, that the OPTN and UNOS are strongly opposed to practices in which patients in need of transplantation travel abroad to purchase an organ in exploitative situations."

The resolution deliberately avoided criticizing US citizens who do choose to seek a transplant out of the country, however. It also did not identify specific countries that transplant patients from other countries.

The board emphasized the statement does not affect the status of individual transplant candidates in the US who may seek transplants in other countries. It is intended as the organization's position to address ongoing public and professional attention to the issue. The board also directed the OPTN/UNOS Ethics Committee to study the issue further and offer additional recommendations.

The board's action reminded me of a news article I had saved that appeared in The Independent in London, UK in early May. The headline was: "The International Health Service: Dental Work, IVF, Even a New Kidney – All Are Available Cheaper and Quicker Abroad But is Medical Tourism Ethical? And is it Safe?"

Here is what the article, which was written by Maxine Frith, had to say about transplant tourism as it relates to the need for donated kidneys in the UK. It provides a very interesting "let the medical tourist beware" angle that gives a precise perspective of both the lure and the possible consequences.

KIDNEY TRANSPLANTS
"Where do they go – Moldova, China, India

Why?

About 400 people a year die while on the official list for a kidney transplant. The average wait is 506 days.

It is illegal to buy or sell organs in the UK and nearly everywhere else in the world, but in some countries, recipients can pay donors for expenses and loss of earnings incurred, so more kidneys may be more widely available where desperately poor people are prepared, in effect, to sell them for money.

Rates of kidney problems are high in the Asian community in Britain, and donor organs from this group are also especially low.

A 2002 survey of British transplant units found that 29 patients had traveled abroad for the surgery.

Pros

Waiting for a new organ must be psychologically and physically debilitating at end-stage renal failure, it's a life and death matter.

Some wealthy patients who've gone abroad argue that by coming off the UK transplant list, they area helping someone else.

Cons

Huge ethical considerations. By traveling abroad patients are probably buying a kidney that means a desperately poor person is putting their health at risk with little certainty of any aftercare.

Last year, it was reported that up to 10 British patients had traveled to China, where it is known that organs are taken from executed prisoners, for a kidney transplant.

Then there's the risk of infection from the operation or the kidney itself if stringent screening of the organ is not carried out.

Of the 29 patients from the 2002 survey who went abroad, more than half the organs failed and one-third of the patients died."

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Senate Passes Stem Cell Bill

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The Senate on Tuesday approved legislation that would expand federal funding of embryonic stem cell research, a measure President Bush has vowed to veto immediately.

Senators voted 63-37 to approve a House-passed bill that would pour millions of dollars into a field of medical research that is promising but also controversial because it would lead to the destruction of unused embryos from fertility clinics, the Washington Post reports. Bush announced five years ago that he would allow no further government funding for such stem cell colonies.

The Senate bill fell four votes short of the two-thirds majority needed to override a veto. The House, which passed the embryonic stem cell bill last year, appears well short of achieving that majority. The House override attempt, expected within hours of Bush's likely veto, will kill the issue as a legislative matter for the 109th Congress but not as a point of debate in congressional elections this November, the Post reports.

Backers of the legislation included several prominent Republicans, including Nancy Reagan, Sen. Orrin G. Hatch of Utah and California Gov. Arnold Schwarzenegger. Proponents said expanded stem cell research could find cures for conditions such as Parkinson's and Alzheimer's diseases.

Along with the funding bill, the Senate approved by unanimous votes two additional bills, one encouraging research into creating stem cell lines without destroying human embryos, and the other banning the creation of human fetuses solely for the purpose of harvesting body parts.

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First Revision of Uniform Anatomical Gift Act in 20 Years Approved by NCCUSL

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For the first time in almost 20 years the Uniform Anatomical Gift Act (UAGA) has undergone a major revision in order to facilitate organ donation by making the donation process uniform in all 50 US states.

The revised act is the result of two years of collaboration between major stakeholders in transplantation and a drafting committee of representatives from the National Conference on Uniform State Laws (NCCUSL). It was formally approved July 13 by NCCUSL members during their 115th Annual Meeting in Hilton Head. SC.

Efforts to overcome the donor shortage date back nearly 40 years to the promulgation of the first UAGA of 1968, which was subsequently adopted by all 50 states and the District of Columbia. The original act stipulated, for the first time, that an individual, upon death, could irrevocably donate his or her organs for medical purposes by signing a simple document before witnesses. Although that sounds simple, it represented a radical departure from centuries of common-law precedent, which held that a body immediately after death became the property of the next-of-kin.

Unlike the original act, the revision approved in 1987 in an effort to help narrow the growing gap between the supply and demand of organs was only adopted by 26 states. Consequently, for the past 20 years there has been significant non-uniformity between states. In addition, neither the 1968 or 1987 version of the UAGA comports with changes in federal law providing for an allocation working through hospitals and organ and tissue procurement organizations in procuring organs and tissues for transplantation.

"I'm really excited about the new act and if it is adopted by all 50 states it will have done as much as the law can do to increase donation by reducing impediments to donation," Christina Strong, Esq., told Transplant News.

Strong, who provided legal counsel for the Association of Organ Procurement Organizations (AOPO) during the revision process, said the key to its success now lies in getting it adopted. "Now we need to get the states to adopt it. Everyone's goal, including the NCCUSL, is to get 25 states to adopt it in the next two years," she said.

Strong singled out one provision that was added at the last meeting of the drafting committee in June as an example of how hard the committee worked to bring the law into sync with changes in the donation system.

"At the last meeting we got language added to require hospitals to maintain the donor to improve the organ suitability of the donor," Strong said. "The provision provides time by ordering the hospital that it can't remove people prematurely from ventilators while a recipient is found. This will have a great impact if states adopt the law."

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USC Latest Medical Center to Face Transplant Woes

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The liver transplant program at USC University Hospital in Los Angeles has one of the highest death rates in the nation, with twice as many patients as expected dying after their surgeries, according to data released last week and reported in the Los Angeles Times.

Thirty-eight USC patients who received new livers between January 2003 and June 2005 died within a year of surgery — 19 more than expected, according to the Scientific Registry of Transplant Recipients. The agency determines the expected rate for each center after adjusting for such factors as patient age, condition and organ quality.

A review by The Times shows that the one-year survival rate at USC's liver transplant center — the third-largest in the state — steadily dropped since at least 2002, hitting a low of 75.8 percent in the new report. That is far below the U.S. average of 86.6 percent. Just four adult centers nationally had lower survival rates over the same period.

USC's rate also falls below federal and state standards to receive certification and funding from government programs. The Medicare program requires a raw survival rate of 77 percent, and the Medi-Cal program demands 80 percent.

Dr. Rick Selby, director of USC's liver transplant program, said in the Times article that patients should not be alarmed by its survival rate: "It's clearly not because we don't know what we're doing," he said, noting that the transplant team has remained virtually unchanged in recent years. In fact, for a period, USC's survival rate was above the national average.

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T Cells Change Fate of Stem Cells in Transplantation

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Researchers from the University of Illinois at Chicago College of Medicine suggest there may be a way to prevent transplant complications such as graft rejection or graft-versus-host disease before they occur. Their study was published July 1 in the journal Blood.

Previous studies by these researchers found that immune system T cells are stimulated by blood stem cells. The new study reports finding unexpected two-way communication and stimulation between blood stem cells and T cells.

In laboratory and animal models, the UIC researchers showed that alloreactive T cells change the fate of blood stem cells and may themselves stimulate a strong immune response.

"Knowing what mechanisms cause this change in stem cells would allow us to test immunosuppressive drugs and different T-cell subsets, potentially preventing or reducing graft-versus-host disease or rejection," said Dr. Damiano Rondelli, associate professor of hematology at UIC and lead author of the study, in a medical school press release.

Rondelli suggests that a loop occurs between stem cells and the donor T cells, causing them to grow and become immune-stimulating cells, called antigen-presenting cells. These new cells stimulate more T cells and recruit new stem cells to become more antigen-presenting cells. The more they activate each other, the more the T cell response grows.

"The idea that graft-versus-host disease and rejection can be related to stem cell function is intriguing," Rondelli said in the press release. "We know that by blocking some molecules we might stop these complications, which may translate into better outcomes for transplant patients."

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Molecule May Help Transplant Patients

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The same molecule expressed during pregnancy that turns down the immune system to accept a growing fetus may also play a role in the body's acceptance of transplanted organs, according to new research from the Medical College of Georgia.

Human leukocyte antigen G, or HLA-G, is a member of the gene family called major histocompatibility

complex that provokes an immune response. HLA-G promotes tolerance, and researchers led by Dr. Anatolij Horuzsko have found it can make other gene family members more accepting. Dr. Horuzsko presented his research last week during the Fourth International Conference on HLA-G in Paris. The work also is featured in the August issue of the European Journal of Immunology.

The placenta expresses HLA-G from the earliest stages of embryo implantation. Growth factors and cytokines – signaling compounds involved in the development and function of the immune system – bring to the surface inhibitory receptors previously buried inside immune cells so they can interact with HLA-G, according to a medical school press release.

Scientists also have documented this natural immunosuppression, to a lesser extent, when an organ is transplanted. Dr. Horuzsko wants to augment this natural process so transplant patients won't require a lifetime of generalized immune suppression that puts them at risk for many other diseases.

According to the press release, Dr. Horuzsko envisions giving cytokines and growth factors to patients so targeted cells will express inhibitory receptors, then delivering a sort of HLA-G manufacturing plant, probably blood-derived stem cells modified to produce it. In patients who already express inhibitory receptors, it may be enough to give only HLA-G. Dr. Horuzsko plans to further investigate this expression that occurs soon after an organ transplant in some patients. These natural approaches would be used to prepare a patient for transplant and activated when problems with rejection emerge.

"I believe this natural mechanism is a very powerful tool for protecting tissue allografts from rejection," Dr. Horuzsko said in the release.

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