Reviewer’s report

Title: A critique on the Policy Statement of the American Academy of Pediatrics - Children as Hematopoietic Stem Cell Donors - conditions too easy to fulfill

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Reviewer: Joerg Halter

Reviewer’s report:

TK Chan critically discusses the policy statement of the AAP concerning children as hematopoietic stem cell donors and pleads for more stringent criteria to allow stem cell donation (or harvest - a term preferred by the author) to increase the protection of the donor’s interest.

During the last decade there has been increasing interest in donor safety and donor outcome. Therefore, the current paper meets an ongoing debate.

Major revisions:

Ad 3. risk-benefit assessment: In the risk-benefit assessment for the “saviour” potential psychological harm is mentioned under the title well-documented risks. As the authors conclude by themselves in the next two sentences it is unclear if this harm is real. Therefore this issue should be mentioned in a separate chapter “speculative risks”.

Ad 4. Balance of interests: this chapter is the core of the manuscript and of the whole issue. I would like to raise/add several issues to the discussion.

- The role of an independent donor advocate should be introduced and discussed
- I am not sure if the court case Re A really meets the point in this situation as it is also discussed by the authors in the next section. Several issues needs to be considered when assessing the proposal of the authors, that, “the only circumstances where the balance could fall in favour of the sick sibling, would be that (i) it must be impossible to preserve the life of the sick sibling without harvesting tissues from a ‘saviour’ sibling; and (ii) without the transplantation, the sick sibling will inevitably die within a short period of time”:
  - The chance to survive with transplantation is highly variable depending on the diagnosis, disease status (which is among other factors also time-dependent) and the type of transplantation (HLA-identity, stem cell source, etc.), i.e. there is never a 100% guarantee for success - or failure.
  - For many diseases there is also a chance to survive without transplantation but this chance is usually very much lower. Therefore in practice it would be impossible to decide if “a sick sibling will inevitably die within a short period of time” (what would be the definition of “short period of time”?).
  - For most patients a transplant could be performed with an adult haploidentical donor, for many patients with a cord blood transplantation or with an unrelated
donor. However, in many situations results are inferior compared with a HLA-identical related donor transplantation – as they are for treatments without transplantation (see above). Therefore, in daily practice the statement that “it must be impossible to preserve the life of the sick sibling without harvesting tissues from a ‘saviour’ sibling” is not helpful for decision-making. At the end it is always an evaluation of the higher interest between donor and patient – but in my view the most important question—which is not addressed by the authors yet—would be: who makes the final decision? This should not be the parents or the treating physicians of the patient.

Since – in my view – the suggested circumstances are not feasible in daily practice, the final conclusion from the author’s statement for daily practice would be that no pediatric donors should be allowed to donate. This is a reasonable conclusion if it meets the legal and ethical fundamentals of a society/the general public but it is also evident that these fundamentals will differ between different societies and populations and lead to different policies.

Minor revisions:
- The author uses the term “saviour sibling” in two ways, which might be a little bit confusing for the reader. To my understanding a saviour sibling is a child who is born after pre-natal selection (normally preimplantation genetic diagnosis) and conceived most often through IVF to provide a transplant to a sibling who is affected with a disease. However the focus of the paper is on pediatric donors in general, where again the term “saviour sibling” is used repeatedly. I think the term pediatric sibling donor would be more appropriate in this situation because the debate is not the same, i.e. in this second case the debate about pros and cons of creating a saviour sibling is not applicable.
- Cord blood: In some cases there is an additional bone marrow harvest performed later to increase the total cell dose for transplantation. Therefore CB may also “includes” the risk to become a bone marrow donor later in life.
- Numbering of titles: the number of the title “conclusion” should be 5, not 7 (there is no 5 and 6)

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests