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

Version: 3 Date: 26 March 2013

Reviewer: Elaine Morgan

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I have read the authors’ responses to my prior comments. Unfortunately I do not find their responses at all compelling and have not changed from my initial evaluation of this manuscript.

Whether they choose to accept it or not, the current standard for SCT in childrens prioritizes the use of matched sibling donors because they provide the safest transplant. Even though there are other options that are acceptable in the absence of sibling donors, transplanters nearly universally prefer the matched sibling donor for the benefit of the patient.

Furthermore, while in the minority of situations transplant can be delayed, there are additional morbidities imposed by the delay which may impact the safety of the transplant and clearly subject the patient to the risks, demands of treatment which is then followed by the risk of transplant. The authors refer to Thalassemia. However, the best results for transplantation in Thalassemia come out of Greece and Italy where transplant is actually done very early in life.

Finally they argue that a person with decisional capacity can refuse to donate and therefore we should not demand that a child be a donor. I am not sure this is relevant since an adult can refuse all kinds of things that neither parents nor medical personnel would allow a child to refuse. We assume that parents will make a decision for their minor children. The ability of the parents to decide for a child to be a transplant donor has been validated in the early years when these cases were decided in the courts. This is no longer a requirement as the decision has been delegated to the donors parents.