

February 20, 2025

The Honorable Robert F. Kennedy, Jr.  
Secretary  
U.S. Department of Health and Human Services  
200 Independence, Avenue, S.W. 20201

Dear Mr. Kennedy,

As the largest professional transplant society in North America, we are writing to express our concern regarding the proposed reductions in NIH medical research grants and their support. The planned cuts to "indirect costs," which support essential infrastructure and administrative functions, threaten to undermine the progress of life-saving research across all areas of medicine, including solid organ transplantation.

Despite its ability to save lives, solid organ transplantation is associated with substantial morbidity and mortality that arises from transplant-related comorbidities, including cardiovascular and metabolic disease, nephrotoxicity, malignancies, and infectious complications. Almost 20 people on waiting lists are dying each day waiting for a transplant that could have saved their lives. Several new strategies and technologies are in the pipeline to increase the number of organs available for transplantation of patients with end-stage organ disease, but much more research is needed to improve these technologies. Importantly, the current lifespan of the transplanted patient is decreased from that of a normal life by a decade or more. Strategic improvements to increase the numbers and quality of organs available for transplant, increased awareness of the availability of transplantation, and increased duration of transplant function and survival will increase access to life-saving therapy and decrease morbidity and mortality.

NIH-funded research has historically been the key instrument driving advancements in transplantation, leading to significant improvements in patient and graft survival. Through this funding, researchers have developed innovative therapies, including novel immunosuppressants and strategies for immune tolerance to the allograft that decrease

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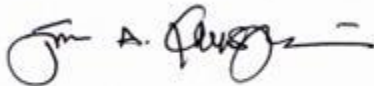
toxic effects of current immunosuppression. NIH-supported studies have also paved the way for cutting-edge developments in stem cell therapy, organ regeneration, and xenotransplantation, offering new hope for patients suffering from end-stage organ failure.

Reducing the cap on indirect costs from an average of 27% to 15% would create substantial financial strain on the institutions conducting this critical research. These institutions rely on this portion of the funding to pay real costs in order to maintain laboratory equipment, research cores, information technology and internet, and administrative support staff for mandatory regulatory compliance. Without adequate support, some institutions will decide it is no longer financially viable to continue these research programs. This will undoubtedly slow the pace of scientific discovery in transplantation, potentially putting a brake in progress to improve outcomes for transplant patients.

For these reasons, we urge the Administration to reconsider these harmful funding reductions and prioritize sustained and increased investment in transplant research. The future of transplantation and the lives of countless patients who have been transplanted or are waiting for a transplant depend on our nation's commitment to advancing medical science. We respectfully request your support in ensuring that NIH and other federal research programs continue to receive the resources necessary to drive innovation and save these lives.

Thank you for your leadership and commitment to medical research. We welcome the opportunity to discuss these concerns further and provide any additional information that may assist in shaping policies that best serve patients needing organ transplantation.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon A. Kobashigawa". The signature is fluid and cursive, with a horizontal line extending from the end.

Jon Kobashigawa, MD  
President, American Society of Transplantation