

To editors of The Washington Post:

We are a group of transplant surgeons, doctors, researchers, ethicists, and legal specialists with an interest in advancing knowledge about China's system of organ procurement and transplantation.

The Washington Post's September 14, 2017 story "China used to harvest organs from prisoners. Under pressure, that practice is finally ending" makes the claim that immunosuppressant drug sales data provided by the American medical data company Quintiles IMS supports the Chinese government's claims of transplant volume.

This statement is presented as a major piece of evidence undercutting the fact that China's hospitals have performed many more transplants than they officially claim to have performed, and that non-death row prisoners have been utilized as an organ source for these transplants.

The article says: "Transplant patients must take immunosuppressant drugs for life to prevent their bodies from rejecting their transplanted organs. Data compiled by Quintiles IMS, an American health-care-information company, and supplied to *The Post*, shows China's share of global demand for immunosuppressants is roughly in line with the proportion of the world's transplants China says it carries out."

This statement has been made before. Dr. Huang Jiefu, China's most senior transplant spokesperson, and Dr. Michael Millis, a long-term supporter of China's transplantation establishment, have both made this claim in interviews with Chinese state-run media. The claims are made as part of an effort to dismiss evidence of state-sponsored extrajudicial killing for the acquisition of organs.

This is the first time the claim has been presented as fact in a respected publication. Thus, we request that *The Washington Post* clarify the basis for the statement and the methodology by which it was reached. If the statement cannot be substantiated, a correction is warranted.

Making this calculation is by no means a simple procedure. There are multiple sources of uncertainty and a number of key variables that need to be controlled for when estimating transplant volume from immunosuppressant sales figures.

Quintiles IMS's own sources of uncertainty in its China data include:

1. The data does not capture unofficial pharmacy activity (nearly all major Chinese hospitals have such unofficial pharmacies for tax evasion and gray income);
2. It is based on a projection from a small sample of hospitals and a very small sample of pharmacies;
3. Data collection at hospitals did not begin until 2009 and collection at retail pharmacies did not begin until Q4 2011, meaning that the national series does not begin until 2012;
4. Data is in at least some cases provided by municipal government intermediaries; and
5. It does not capture transplant tourism.

Variables that must be controlled for when making the calculation include: the type of drugs, the

brand of drugs (China's domestically manufactured immunosuppressants being much cheaper than foreign brands), the difference in cost of drugs between countries (immunosuppressants are much cheaper in China than in the U.S.), and different patient survival rates between countries. Precisely what is measured by Quintiles IMS data differs between countries. In China it captures sell-in data from hospitals and sell-out data for retail pharmacies, which will obviously exhibit price differentials. It also captures different types of data in different countries (sell-in/sell-out/consumption for retail and hospital). This is a vast array of variables, some of which could change transplant estimates by hundreds of percent.

Despite these complexities, *The Post* article made the simple statement: "data... shows China's share of global demand for immunosuppressants is roughly in line with the proportion of the world's transplants China says it carries out." It appears that none of the variables were controlled for, and that China's proportion of global transplants was directly induced from China's proportion of global immunosuppressant sales.

To illustrate an obvious pitfall in the method of induction that may have been used by *The Post*, consider Quintiles IMS's global sales figures provided to pharmaceutical companies in June 2015 (the relevant slide, with alterations to protect the source, is available upon request). Japan's immunosuppressant sales are \$ [REDACTED] million, 38% higher than China's \$ [REDACTED] million for the 12 months ending June 2015. Yet it is known that Japan has one of the lowest organ donation rates in the world, performing between 1801-2224 transplants annually from 2009-2015, according to the Global Observatory on Donation and Transplantation (www.transplant-observatory.org). Using the inductive logic of *The Post* in the article, Japan should have performed 38% more transplants than China (slightly over 10,000 annually, according to the Chinese government) — yet this is obviously untrue.

Thus, we request the data *The Washington Post* used, as well as an explanation of the methodology, including the years to which it pertains (Quintiles IMS's China data series only begins in 2012), and the assumptions made for the key variables necessary to support the factual claim.

If *The Washington Post* did not perform this calculation, and instead simply made a straightforward induction from drug sales quantity to transplant volume, it has now been demonstrated that any such assumption is mistaken.

Thank you for your consideration.

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