

EUROTRANSPLANT INTERNATIONAL FOUNDATION

# Annual Report 2004



**EUROTRANSPLANT**

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# Board of Eurotransplant International Foundation

as per December 31, 2004

Prof.Dr. Y.F.C. Vanrenterghem	president + on behalf of the kidney / pancreas section (A)
Prof.Dr. A.P.W.P. van Montfort, Amstelveen	secretary / treasurer (D)
Prof.Dr. U. Frei, Berlin ( <i>until October 2004</i> )	vice-president + on behalf of the kidney / pancreas section (A)
Prof.Dr. J.P. van Hooff, Maastricht	on behalf of the kidney / pancreas section (A)
Prof.Dr. W. Schareck, Rostock ( <i>as of October 2004</i> )	on behalf of the kidney / pancreas section (A)
Prof.Dr. G. Laufer, Innsbruck	on behalf of the thoracic section (A)
Dr. B. Meiser, Munich	president-elect + on behalf of the thoracic section (A)
Prof.Dr. W. Bechstein, Frankfurt	on behalf of the liver section (A)
Prof.Dr. J.P.M. Lerut, Brussels (LA)	on behalf of the liver section (A)
Prof.Dr. W. Mayr, Vienna	on behalf of the tissue typing section (A)
Dr. J. Mytilineos, Ulm	on behalf of the tissue typing section (A)
Prof.Dr. P. Schotsmans, Leuven	ethics advisor (D)
Prof.Dr. F. Mühlbacher, Vienna	on behalf of the Austrian Transplant Society (B)
Prof.Dr. D. Ysebaert, Antwerp ( <i>as of October 2004</i> )	on behalf of the Belgian Transplant Society (B)
Prof.Dr. J. Vanhaecke, Leuven ( <i>until October 2004</i> )	on behalf of the Belgian Transplant Society (B)
Dr. J.W. de Fijter, Leiden	on behalf of the Dutch Transplant Society (B)
Prof.Dr. J. Hauss, Leipzig	on behalf of the German Transplant Society (B)
Dr. J. Vončina, Ljubljana	on behalf of the Slovenian Transplant Society (B)
Prof.Dr. F.H.J. Claas, Leiden	on behalf of the Eurotransplant Reference Laboratory (C)

The Board of Stichting Eurotransplant International Foundation consists of:

9 members A: members representing organ / tissue typing sections

5 members B: members representing national transplant societies

1 member C: head of the Eurotransplant Reference Laboratory

2 members D: one member being financial expert, one member representing society (ethicist)

## TRANSPLANT PROGRAMS AND THEIR DELEGATES IN 2004

### Definitions

(according to Articles of Association of Stichting Eurotransplant International Foundation, version November 16, 2004)

### Program:

Any of the following transplantation areas:

kidney, thoracic organs, liver, tissue typing, pancreas and islets, which have the approval of the competent and relevant authorities. (Article 2)

### Delegate:

Each center shall have the right to delegate one natural person in the Assembly for each program in which it performed transplantations during a year. On each reference date, the number of persons delegated (the 'delegates') by a center in the Assembly shall be reviewed. (Article 5.1)

(If left open: no delegate appointed by transplant/tissue typing program or new program in 2004.)

## RENAL PROGRAMS

## DELEGATE

### Austria

GA	Medizinische Universitätsklinik, Graz	H. Holzer
IB	Chirurgische Universitätsklinik, Innsbruck	C. Bösmüller
OE	Krankenhaus der Elisabethinen, Linz	H.-K. Stummvoll
OL	Allgemeines Krankenhaus, Linz	G. Biesenbach
WG	Universitätsklinik für Chirurgie, Wien	F. Mühlbacher

### Belgium

AN	Universitair Ziekenhuis Antwerpen, Edegem	D. Ysebaert
BJ	Academisch Ziekenhuis der Vrije Universiteit, Brussel	J. Sennesael
BR	ULB, Hôpital Erasme, Bruxelles	K. Wissing
LA	Cliniques Universitaires St. Luc, Bruxelles	J.-P. Squifflet
GE	Universitair Ziekenhuis, Gent	P. Peeters
LE	Kinderdialyse Universitair Ziekenhuis Gasthuisberg, Leuven	R. Van Damme-Lombaerts
LM	Universitair Ziekenhuis Gasthuisberg, Leuven	Y. Vanreenterghem
LG	Centre Hospitalier Universitaire, Liège	

### Germany

AK	Universitätsklinikum der Rheinisch-Westfälischen TH, Aachen	A. Homburg
AU	Zentralklinikum, Augsburg	H. Weihprecht
BB	Ruhr Universität, Bochum	R. Viebahn
BC	Charité-Campus Virchow Klinikum der Humboldt Universität, Berlin	U. Frei
BE	Universitätsklinikum Benjamin Franklin, Berlin	G. Offermann
BM	Kliniken der Freien Hansestadt, Bremen	F. Zantvoort
BO	Klinikum der Urologischen und Medizinischen Universität, Bonn	H-U. Klehr
DR	Technischen Universität, Dresden	S. Leike
DU	Med. Einrichtungen der Heinrich-Heine-Universität, Düsseldorf	K. Ivens
ES	Universitätsklinikum, Essen	M. Malagó
FM	Klinikum der Johann-Wolfgang-Goethe-Universität, Frankfurt	E. Scheuermann
FR	Klinikum der Albert-Ludwigs-Universität, Freiburg	P. Pisarski
FD	Klinikum Fulda, Fulda	R. Werner
GI	Klinikum der Justus-Liebig-Universität, Gießen	E. Feuring
GO	Klinikum der Georg-August-Universität, Göttingen	F. Schulze
HA	Klinikum der Martin-Luther-Universität, Halle	A. Hamza
HG	Universitäts-Krankenhaus Eppendorf, Hamburg	H. Heinzer
HM	Nephrologisches Zentrum Niedersachsen, Hann. Münden	V. Kliem
HO	Klinikum der Medizinischen Hochschule, Hannover	T. Becker
HB	Klinikum der Ruprecht-Karls-Universität, Heidelberg	J. Schmidt
HS	Klinikum der Universität des Saarlandes, Homburg/Saar	M. Girndt
JE	Klinikum der Friedrich-Schiller-Universität, Jena	U. Ott

## RENAL PROGRAMS

## DELEGATE

KS	Westfal-Klinikum, Kaiserslautern	T. Rath
KI	Klinikum Christian-Albrechts-Universität, Kiel	F. Fändrich
KK	Klinik und Poliklinik für Kinderheilkunde der Universität Köln-Londenthal, Köln	W. Arns
KL	Klinik der Universität Köln-Lindenthal, Köln	W. Arns
KM	Städtische Krankenanstalten Köln-Merheim, Köln	W. Arns
LP	Klinikum der Universität, Leipzig	J. Fangmann
LU	Klinikum der Medizinischen Universität, Lübeck	L. Fricke
MZ	Klinikum der Johannes-Gutenberg-Universität, Mainz	E. Wandel
MA	Klinikum der Stadt, Mannheim	P. Schnülle
MR	Klinikum Lahnberge der Philipps-Universität, Marburg	H. Ebel
MH	Klinikum Rechts der Isar der Technischen Universität, München	U. Heemann
ML	Klinikum Großhadern der Ludwig-Maximilians-Universität, München	H. Arbogast
MN	Klinikum der Westfälischen Wilhelms-Universität, Münster	C. Krieglstein
NB	Med. Einrichtungen der Universität Erlangen-Nürnberg, Nürnberg	B. Nonnast-Daniel
RB	Klinikum der Universität, Regensburg	B. Krämer
RO	Klinikum der Universität, Rostock	H. Seiter
ST	Katharinenhospital, Stuttgart	C. Olbricht
TU	Klinikum der Eberhard-Karls-Universität, Tübingen	W. Steurer
UL	Klinikum der Universität, Ulm	D. Henne-Bruns
WZ	Klinikum der Julius-Maximilians-Universität, Würzburg	K. Lopau

### Luxembourg

LX	Centre Hospitalier de Luxembourg	P. Duhoux
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### The Netherlands

AW	Academisch Medisch Centrum, Amsterdam	S. Surachno
GR	Academisch Ziekenhuis, Groningen	J. Homan van der Heide
LB	Leids Universitair Medisch Centrum, Leiden	J. de Fijter
MS	Academisch Ziekenhuis, Maastricht	J. van Hooff
NY	Universitair Medisch Centrum St. Radboud, Nijmegen	A. Hoitsma
RD	Erasmus Medisch Centrum, Rotterdam	W. Weimar
RS	Sophia Kinderziekenhuis, Rotterdam	K. Cransberg
UT	Universitair Medisch Centrum, Utrecht	R. Hené
UW	Wilhelmina Kinderziekenhuis, Utrecht	M. Lilien

### Slovenia

LO	University Medical Center, Ljubljana	D. Kovač
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## HEART PROGRAMS

## DELEGATE

### Austria

GA	Chirurgische Universitätsklinik, Graz	A. Wasler
IB	Chirurgische Universitätsklinik, Innsbruck	G. Laufer
WG	Universitätsklinik für Chirurgie, Wien	A. Zuckermann

### Belgium

AS	Onze Lieve Vrouw Ziekenhuis, Aalst	M. Walravens
AN	Universitair Ziekenhuis Antwerpen, Edegem	I. Rodrigus
BR	ULB, Hôpital Erasme, Bruxelles	M. Antoine
LA	Cliniques Universitaires St. Luc, Bruxelles	A. Poncelet
GE	Universitair Ziekenhuis, Gent	F. Caes
LM	Universitair Ziekenhuis Gasthuisberg, Leuven	J. Vanhaecke
LG	Centre Hospitalier Universitaire, Liège	

### Germany

AK	Universitätsklinikum der Rheinisch-Westfälischen TH, Aachen	S. Brose
BA	Herz- & Diabeteszentrum Nordrhein-Westfalen, Bad Oeynhausen	G. Tenderich

## HEART PROGRAMS

BD	Deutsches Herzzentrum, Berlin
DR	Universitätsklinikum 'Carl Gustav Carus', Dresden
ES	Universitätsklinikum, Essen
FM	Klinikum der Johann-Wolfgang-Goethe-Universität, Frankfurt
FR	Klinikum der Albert-Ludwigs-Universität, Freiburg
FD	Klinikum Fulda, Thorax-, Herz- und Gefäßchirurgie, Fulda
GI	Klinikum der Justus-Liebig-Universität, Gießen
GO	Klinikum der Georg-August-Universität, Göttingen
HA	Klinikum der Martin-Luther-Universität, Halle
HG	Universitäts-Krankenhaus Eppendorf, Hamburg
HO	Klinikum der Medizinischen Hochschule, Hannover
HB	Klinikum der Ruprecht-Karls-Universität, Heidelberg
HS	Klinikum der Universität des Saarlandes, Homburg-Saar
JE	Klinikum der Friedrich-Schiller-Universität, Jena
KI	Klinikum der Christian-Albrechts-Universität, Kiel
KL	Klinik der Universität Köln-Lindenthal, Köln
LP	Klinikum der Universität, Leipzig
MZ	Klinikum der Johannes-Gutenberg-Universität, Mainz
MD	Deutsches Herzzentrum, München
ML	Klinikum Großhadern der Ludwig-Maximilians-Universität, München
MN	Klinikum der Westfälischen Wilhelms-Universität, Münster
NB	Med. Einrichtungen der Universität Erlangen-Nürnberg
RB	Klinikum der Universität, Regensburg

## DELEGATE

N. Franz
S. Tugtekin
M. Kamler
H.-G. Fieguth
J. Martin
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J. Bauer
M. Voss
I. Friedrich
F. Wagner
M. Strüber
F.-U. Sack
H. Lausberg
Th. Wittwer
S. Hirt
F. Kuhn-Régnier
A. Rahmel
W. Kasper-König
M. Overbeck
B. Meiser
C. Schmid
R. Tandler
W. Götz

### The Netherlands

GR	Academisch Ziekenhuis, Groningen
RD	Erasmus Medisch Centrum, Rotterdam
UT	Universitair Medisch Centrum, Utrecht

M. Erasmus
J. Bekkers
E. van de Graaf

### Slovenia

LO	University Medical Center, Ljubljana
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R. Blumauer

## LUNG PROGRAMS

### Austria

GA	Chirurgische Universitätsklinik, Graz
IB	Chirurgische Universitätsklinik, Innsbruck
WG	Universitätsklinik für Chirurgie, Wien

A. Wasler
G. Laufer
A. Zuckermann

### Belgium

AN	Universitair Ziekenhuis Antwerpen, Edegem
BR	ULB, Hôpital Erasme, Bruxelles
LA	Cliniques Universitaires St. Luc, Bruxelles
LM	Universitair Ziekenhuis Gasthuisberg, Leuven

I. Rodrigus
M. Antoine
A. Poncelet
J. Vanhaecke

### Germany

BD	Deutsches Herzzentrum, Berlin
DR	Universitätsklinikum 'Carl Gustav Carus', Dresden
ES	Universitätsklinikum, Essen
FM	Klinikum der Johann-Wolfgang-Goethe-Universität, Frankfurt
FR	Klinikum der Albert-Ludwigs-Universität, Freiburg
GI	Klinikum der Justus-Liebig-Universität, Gießen
HG	Universitäts-Krankenhaus Eppendorf, Hamburg
HO	Klinikum der Medizinischen Hochschule, Hannover
HS	Klinikum Universität des Saarlandes, Homburg/Saar
JE	Klinikum der Friedrich-Schiller-Universität, Jena
KI	Klinikum der Christian-Albrechts-Universität, Kiel
LP	Klinikum der Universität, Leipzig
MZ	Klinikum der Johannes-Gutenberg-Universität, Mainz

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H.-G. Fieguth
J. Martin
J. Bauer
F. Wagner
M. Strüber
H. Lausberg
Th. Wittwer
S. Hirt
A. Rahmel
W. Kasper-König



## LUNG PROGRAMS

## DELEGATE

ML Klinikum Großhadern der Ludwig-Maximilians-Universität, München  
MN Klinikum der Westfälischen Wilhelms-Universität, Münster

B. Meiser  
C. Schmid

### The Netherlands

GR Academisch Ziekenhuis, Groningen  
RD Erasmus Medisch Centrum, Rotterdam  
UT Universitair Medisch Centrum, Utrecht

M. Erasmus  
J. Bekkers  
E. van de Graaf

## LIVER PROGRAMS

## DELEGATE

### Austria

GA Chirurgische Universitätsklinik, Graz  
IB Chirurgische Universitätsklinik, Innsbruck  
WG Universitätsklinik für Chirurgie, Wien

F. Iberer  
H. Bonatti  
R. Steininger

### Belgium

AN Universitair Ziekenhuis Antwerpen, Edegem  
BR ULB, Hôpital Erasme, Bruxelles  
GE Universitair Ziekenhuis, Gent  
LA Cliniques Universitaires St. Luc, Bruxelles  
LG Centre Hospitalier Universitaire, Liège  
LM Universitair Ziekenhuis Gasthuisberg, Leuven

D. Ysebaert  
V. Donckier  
R. Troisi  
J. Lerut  
O. Detry  
J. Pirenne

### Germany

AK Universitätsklinikum der Rheinisch-Westfälischen TH, Aachen  
BC Charité-Campus Virchow Klinikum der Humboldt Universität, Berlin  
BO Chirurgische Universitätsklinik, Bonn  
NB Chirurgische Klinik der Universität Erlangen-Nürnberg, Erlangen  
ES Universitätsklinikum, Essen  
FM Klinikum der Johann-Wolfgang-Goethe-Universität, Frankfurt  
GO Klinikum der Georg-August-Universität, Göttingen  
HG Universitäts-Krankenhaus Eppendorf, Hamburg  
HO Klinikum der Medizinischen Hochschule, Hannover  
HB Klinikum der Ruprecht-Karls-Universität, Heidelberg  
HS Klinikum Universität des Saarlandes, Homburg/Saar  
KI Klinikum der Christian-Albrechts-Universität, Kiel  
KL Klinik der Universität Köln-Lindenthal  
LP Klinikum der Universität, Leipzig  
MZ Klinikum der Johannes-Gutenberg-Universität, Mainz  
MB Klinikum Otto-von-Guericke Universität, Magdeburg  
MH Klinikum Rechts der Isar der Technischen Universität, München  
ML Klinikum Großhadern der Ludwig-Maximilians-Universität, München  
MN Klinikum der Westfälischen Wilhelms-Universität, Münster  
RB Klinikum der Universität, Regensburg  
RO Klinikum der Universität, Rostock  
TU Klinikum der Eberhard-Karls Universität, Tübingen  
WZ Klinikum der Julius-Maximilians-Universität, Würzburg

S. Müller  
S. Jonas  
M. Wolff  
T. Meyer  
M. Malagó  
W. Bechstein  
T. Lorf  
X. Rogiers  
T. Becker  
T. Kraus  
O. Kollmar  
A. Müller  
T. Beckurts  
J. Hauss  
G. Otto  
H. Lippert  
M. Stangl  
R. Schauer  
C. Krieglstein  
A. Obed  
E. Klar  
W. Steurer  
H.-J. Gassel

### The Netherlands

GR Academisch Ziekenhuis, Groningen  
LB Leids Universitair Medisch Centrum, Leiden  
RD Erasmus Medisch Centrum, Rotterdam

M. Slooff  
B. van Hoek  
H. Tilanus

### Slovenia

LO University Medical Centre, Ljubljana

D. Hermann

## PANCREAS (\*ISLET) PROGRAMS

## DELEGATE

### Austria

GA Chirurgische Universitätsklinik, Graz  
IB Chirurgische Universitätsklinik, Innsbruck  
WG Universitätsklinik für Chirurgie, Wien

F. Iberer  
W. Steurer  
F. Mühlbacher

### Belgium

AN Universitair Ziekenhuis Antwerpen, Edegem  
BP Academisch Ziekenhuis der Vrije Universiteit, Brussel  
BR ULB, Hôpital Erasme, Bruxelles  
GE Universitair Ziekenhuis, Gent  
LA Cliniques Universitaires St. Luc, Bruxelles  
LM Universitair Ziekenhuis Gasthuisberg, Leuven  
LG Centre Hospitalier Universitaire, Liège

D. Ysebaert  
D. Pipeleers  
A. Hoang  
J. De Roose  
J.-P. Squifflet  
W. Coosemans  
A. Deroover

### Germany

BC Charité-Campus Virchow Klinikum der Humboldt Universität, Berlin  
BB Knappschaftskrankenhaus, Bochum  
BO Chirurgische Universitätsklinik, Bonn  
NB Chirurgische Klinik der Universität Erlangen-Nürnberg, Erlangen  
ES Universitätsklinikum, Essen  
FM Klinikum der Johann-Wolfgang-Goethe-Universität, Frankfurt  
FR Klinikum der Albert-Ludwigs-Universität, Freiburg  
GI Klinikum der Justus-Liebig-Universität, Gießen  
HG Universitäts-Krankenhaus Eppendorf, Hamburg  
HO Klinikum der Medizinischen Hochschule, Hannover  
HB Klinikum der Ruprecht-Karls-Universität, Heidelberg  
KI Klinikum der Christian-Albrechts-Universität, Kiel  
KL Klinik der Universität Köln-Lindenthal  
KM Städtische Krankenanstalten Köln-Merheim, Köln  
LP Klinikum der Universität, Leipzig  
LU Klinikum der Medizinischen Universität, Lübeck  
MZ Klinikum der Johannes-Gutenberg-Universität, Mainz  
MR Klinikum Lahnberge der Philipps-Universität, Marburg  
MH Klinikum Rechts der Isar der Technischen Universität, München  
ML Klinikum Großhadern der Ludwig-Maximilians-Universität, München  
MN Klinikum der Westfälischen Wilhelms-Universität, Münster  
RB Klinikum der Universität, Regensburg  
RO Klinikum der Universität, Rostock  
TU Klinikum der Eberhard-Karls-Universität, Tübingen  
UL Klinikum der Universität, Ulm  
WZ Klinikum der Julius-Maximilians-Universität, Würzburg

A. Kahl  
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T. Meyer  
A. Paul  
W. Bechstein  
P. Pisarski  
D. Winter  
X. Rogiers  
R. Lück  
J. Schmidt  
F. Fändrich  
T. Beckurts  
T. Beckurts  
H. Witzigmann  
M. Birth  
G. Otto  
E. Dominguez  
M. Stangl  
H. Arbogast  
C. Kriegelstein  
E. Klar  
W. Steurer  
D. Henne-Bruns  
H.-J. Gassel

### The Netherlands

GR Academisch Ziekenhuis, Groningen  
LB Leids Universitair Medisch Centrum, Leiden

R. Ploeg  
J. Ringers

## TISSUE TYPING LABORATORIES

## DELEGATE

### Austria

GA Universitätsklinik, Abteilung für Transfusionsmedizin und Immunohämatologie, Graz  
IB Universitätsklinik, HLA Labor, Innsbruck  
OL Allgemeines Krankenhaus, Blutzentrale, Linz  
OW Allgemeines Krankenhaus, HLA Labor, Wels  
WG Institut für Blutgruppenserologie, Wien

U. Posch  
H. Schennach  
C. Gabriel  
R. Loizenbauer  
W. Mayr

### Belgium

AN Bloedtransfusiecentrum Antwerpen, Belgische Rode Kruis, Edegem  
BJ Academisch Ziekenhuis der Vrije Universiteit, Bloedtransfusiecentrum Jette, Brussel

A. De Smet  
C. Demanet

## TISSUE TYPING LABORATORIES

## DELEGATE

BR	Hôpital Erasme, Tissue typing laboratory, Bruxelles	M. Andrien
GE	Universitair Ziekenhuis, Tissue typing laboratory, Gent	B. Vandekerckhove
LA	Université de Louvain, Tissue typing laboratory, Bruxelles	D. Latinne
LG	Laboratoire des Groupes Sanguins, Liège	G. Maggipinto
LM	Bloedtransfusiecentrum, Belgische Rode Kruis, Leuven	M.-P. Emonds

### Germany

BC	Charité-Campus Virchow Klinikum der Humboldt Universität, Berlin	C. Schönemann
BE	Universitätsklinikum Benjamin Franklin, Labor für Gewebetypisierung, Berlin	V. Mansmann
DU	Institut für Blutgerinnung und Transfusionsmedizin, Düsseldorf	R. Wassmuth
ER	Institut für Klinische Immunologie, Erlangen	B. Spriewald
ES	Universitätsklinikum, Institut für Immunologie, Essen	F. Heinemann
FM	Immunohaematologie, Blutspendedienst Hessen, Frankfurt	C. Seidl
FR	Blutspendedienst, Labor für Gewebetypisierung, Freiburg	
GI	Institut für Klinische Immunologie und Transfusionsmedizin, Gießen	K. Barth
GO	Klinikum der Universität, HLA Labor, Göttingen	H. Neumeyer
HA	Institut für Pathologische Biochemie, Interdisziplinäres Typisierungslabor, Halle	W. Altermann
HG	Universitäts-Krankenhaus Eppendorf, HLA Labor, Hamburg	T. Binder
HO	Klinikum der Medizinischen Hochschule, Immunohaematologie/Blutbank, Hannover	M. Hallensleben
HB	Institut für Immunologie und Serologie, Heidelberg	S. Scherer
KS	Institut für Rechtsmedizin, Transplantationsimmunologie, Kaiserslautern	B. Thiele
KI	Klinikum der Christian-Albrechts-Universität, HLA Labor, Kiel	S. Jenisch
KM	Institut für Transfusionsmedizin, Köln-Merheim	G. Brand
LU	Institut für Immunologie und Transfusionsmedizin, Lübeck	S. Müller-Steinhardt
MZ	Klinikum der Johannes-Gutenberg Universität, HLA Labor, Mainz	W. Hitzler
ML	Kinderklinik der Ludwig-Maximilians-Universität, HLA Labor, München	
RO	Klinikum der Universität, Abteilung für Transfusionsmedizin, HLA Labor, Rostock	V. Kiefel
TU	Klinikum der Eberhard-Karls-Universität, Abt. für Transfusionswesen und Blutbank, Tübingen	D. Wernet
UL	DRK Blutspendezentrale, Transplantationsimmunologie, Ulm	J. Mytilineos

### Luxembourg

LX	Centre Hospitalier, HLA Lab, Luxembourg	F. Hentges
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### The Netherlands

AW	Centraal Laboratorium Bloedtransfusiedienst, Nederlandse Rode Kruis, Amsterdam	N. Lardy
GR	Laboratorium voor transplantatie-immunologie, Groningen	S. Lems
LB	Leiden University Medical Centre, Immunohaematologie, Leiden	G. Schreuder
MS	Academisch Ziekenhuis, Laboratorium voor weefseltypering, Maastricht	P. van den Berg-Loonen
NY	Academisch Ziekenhuis St. Radboud, Bloedtransfusiedienst, Nijmegen	W. Allebes
UT	Academisch Ziekenhuis, Bloedbank, Utrecht	H. Otten

### Slovenia

LO	Tissue Typing Centre, Blood Transfusion Centre, Ljubljana	B. Vidan-Jeras
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### ETRL

Eurotransplant Reference Laboratory, Leids Universitair Medisch Centrum, Leiden, The Netherlands		
		F. Claas, I. Doxiadis, G. Schreuder



# Foreword

It is a great pleasure to present the Eurotransplant Annual Report 2004. Traditionally, this report includes a wealth of information on the various organ waiting lists, which are maintained by Eurotransplant, the number of organ donors reported and transplants effectuated in the year 2004. Although the Report does not include further explanatory texts an extended version of the Annual Report, including data per country and per transplant center is available via our website [www.eurotransplant.nl](http://www.eurotransplant.nl).

The year 2004 was characterized by an unfortunate and significant decrease of almost 5% in the number of deceased donors (2003: 1804; 2004: 1718). As a result, the total number of transplanted recipients diminished with 0,7% (2003: 6234; 2004: 6190) and an increase of the total waiting list of 3% was unavoidable (2003: 15528; 2004: 15995). The total number of new and re-registrations on the waiting lists rose by almost 3% as well (2003: 9625; 2004: 9900), whereas overall mortality on the waiting list further increased to no less than 4,4%!

These data and much more can be found in this Annual Report, which witnesses the ongoing and successful commitment and dedication of many people involved in the very complicated process of organ donation and transplantation. All these individuals are working together internationally to save the life of desperately ill patients, who are awaiting an organ transplant. The role of Eurotransplant's Advisory Committees remains crucial in the fulfilment of our mission. The Committees met 15 times in total and submitted 16 recommendations to the Board. Without the willingness of each individual committee member, the development of policy in our complex organization would not be possible. The Board and Directors are grateful for the contributions of all those who are voluntary collaborating with Eurotransplant.

The year 2004 was marked by a number of decisions, which will lead to important changes within the Eurotransplant organization. First, in October 2005 Yves Vanrenterghem, Professor and Chairman of the Department of Nephrology at the University of Leuven, will resign from the Presidency of the Foundation. Prof. Vanrenterghem was the second President of Eurotransplant, which was founded by Prof. Van Rood in 1967. He served as President elect and as President for 10 years and had a pivotal role in guiding the foundation into the new century. He will be succeeded by Dr. Bruno Meiser from the Department of Cardiac Surgery of the Ludwig Maximilians University in Munich. Furthermore, on September 1, 2005, Bernard Cohen and Guido Persijn will both retire from their current positions as Director and Medical Director of the Eurotransplant International Foundation. Both Directors have been with Eurotransplant for over 30 years.

In order to guarantee that Eurotransplant continues to function optimally, the Board decided to reorganize the Board of Directors as follows. In the future, there will be a General Director with the final responsibility of the day-to-day management of the organization, a Director of Medical Affairs, who will be responsible for the operational management of medical issues, and a Director of Financial Affairs, who will be responsible for the financial aspects of the organization and, for the time being, for the IT Department. After an evaluation period the Board will decide if there is a need to split the latter two responsibilities and seek an additional Director of IT.

Thus, the Annual Report 2004 witnesses the definitive end of a period in which many changes have taken place, much has been accomplished but even more still needs to be done. As long as patients on the waiting list are unnecessary dying while too many potential donors are simply not reported and their organs are wasted, many initiatives can still be undertaken to alleviate this situation. Still, we are grateful to all of those who have been working with Eurotransplant and supported us in our aim to achieve the goal to serve the patients who are in great need of an organ.

We acknowledge the special efforts of Mike Smith, who has provided all the data and the tables for this Annual Report. We sincerely hope that you will enjoy reading this Report and will continue to join Eurotransplant in its efforts to foster organ donation and transplantation.

*Prof. Dr. Yves Vanrenterghem*  
President

*Dr. Bernard Cohen*  
Director

*Dr. Guido G. Persijn*  
Medical Director

Leiden, July 2005

# 1. Report of the Board and the central office of Stichting Eurotransplant International Foundation

*V.C. Diepeveen-Huijsman, G.C. Wiesenhaan-Stellingwerff, and K. Dijkstra, Eurotransplant International Foundation, the Netherlands*

The Board of Stichting Eurotransplant International Foundation met on January 21, June 7, October 6 and 8, 2004. One new Board member A was elected by the Assembly: Prof. Dr. W. Schareck (Rostock) was elected in the kidney/pancreas section in succession to Prof. Dr. U. Frei (Berlin) whereas Prof. Dr. J. Lerut (Brussels - LA) was re-elected in the liver section. Prof. Dr. P. Schotsmans (Leuven) was re-elected by the Board as a Board member D, being an ethicist / representative from the society. The Board said goodbye to Prof. Dr. U. Frei who stepped down as a Board member and as Vice-President. Due to the fact that the current President, Prof. Dr. Y. Vanrenterghem (Leuven), will step down by October 2005, the Board elected Dr. B. Meiser (Munich) as President-Elect.

## 1.0 General

As the ET Articles of Association (AoA) were passed for the first time in 1994 and situations changed since that time, the Board discussed and approved a revision of the AoA. Some articles to be revised needed approval from the Assembly, which was given during the Assembly meeting in October. This AoA revision concerns among others the constitution of the Board and the Advisory Committees. On advice from the notary public, a previous Board decision to have elections of new Board members A during the annual 'Users Meetings' was withdrawn since this would imply a too complicated adaptation of the AoA.

The Board was informed that both Directors, Dr. Guido Persijn and Dr. Bernard Cohen, will retire as of September 1, 2005. The succession and the future topstructure, having become very urgent matters, were extensively discussed by the Board. In order to guarantee that Eurotransplant will continue to function optimally, the Board decided on a reorganization of the Board of Directors.

Listing of non-resident patients was again topic of discussion in the year 2004. The Board decided to maintain the 5% rule for non-renal patients which means that centers are not allowed to register more than 5% non-resident patients of the total number of transplantations in the preceding year.

Following the Board discussion on changing the location of the annual ET meeting in Leiden and the subsequent survey among the ET users, it was decided not to change the location of the ET meeting.

The Board judged the applications for the Henk Schippers Young Investigators Award and invited the candidate chosen, Dr. Paulo Martins from Berlin, to give a presentation at the annual Presidential Symposium in October.

The Board was informed on good progress with regard to data exchange with the Collaborative Transplant Study (CTS). CTS and ET decided to extend the data exchange from German to non-German centers.

Finally, the Board took good notice of the discussions and subsequent approval in the Kidney Advisory Committee, The Ethics Committee and the Organ Procurement Committee, regarding a prospective randomized multicenter trial to evaluate the effect of machine perfusion versus cold storage on delayed graft function.

## 1.1 Policy

The main part of the Board discussions concentrated on the proposed recommendations by the various Advisory Committees. Obviously, the work done in these committees contributes to improve the core of the business. The Board is grateful for all the time and efforts the Committee members have provided to this important part of the work of Eurotransplant. **A complete list of all recommendations approved in 2004 is published under section 1.4 of this chapter.**

The following main topics were discussed and approved:

### *Eurotransplant Kidney Advisory Committee (ETKAC)*

A careful analysis by the ET office made clear that there are still EDTA codes missing for which reason translation of ICD-10 codes into EDTA codes could not be realized. The ET office offered several options for solving this problem which are under consideration.

In order to solve the problem of long waiting Belgian non-resident patients from Italy as quick as possible, a proposal by the Belgian Transplant Council to transplant 5 single listed patients per year was discussed and agreed upon. It was furthermore discussed that double listed patients should be informed by their Belgian center that they will be removed from the ET waiting list.

With regard to pediatric allocation, the ETKAC discussed a proposal to offer kidneys from <16 years of age donors preferably to pediatric recipients. Only donor kidneys with less than 3 HLA-ABDR mismatches should be accepted and waiting times of at most one year should be aimed at. The ETKAC was however reluctant towards implementation of this proposal since children already receive extra points for sharing HLA antigens and for waiting time. Moreover, it was not expected to achieve a considerable yield by changing the pediatric allocation rules as proposed, for which reason it was decided not to change the rules for the time being.

### *Eurotransplant Liver Advisory Committee (ELAC)*

Main topic of discussion was the implementation of the MELD score. An ad hoc MELD working group presented a cost estimation for implementation of the MELD score in which several models were considered. The ELAC chose the so-called 'modified UNOS MELD model' implying that the current UNOS allocation system would be extended with a computerized monitoring module. This module could, on the basis of criteria to be defined by the ELAC, continuously analyze the allocation procedures in order to identify centers deviating from the average in high MELD scores, e.g. exceptionally high number of registrations and transplants. Such deviating centers could then be visited to check the patients' charts for data validity and consistency.

The ELAC furthermore decided to replace the PELD score by an alternative that would allow pediatric patients to be incorporated in the MELD score without putting them at a disadvantage.

The ELAC discussed diseases to be accepted c.q. denied as a 'standard exception' for the T2 status. The following diseases were denied: PBC & PSC, Wilson's disease and hepatoblastoma whereas polycystosis was accepted as a 'standard exception' (RLAC01.04).

### *Eurotransplant Pancreas Advisory Committee (EPAC)*

The ET office organized a meeting for representatives of current and potential new islet transplant centers. The proposals that resulted from this meeting were subsequently discussed by the EPAC. Some islet centers indicated to accept >65 years and <5 years old donors. For implementation of this procedure it is only needed that centers put their extended age requirements into their specific patient profiles and to instruct the ET duty desk officers to actively request donor centers to also offer donors with extended ages. This procedure was in the meantime implemented.

Another proposal concerns islet allocation to another patient than the intended patient by overruling the blood group rules, in case of insufficient islet yield (RPAC01.04).



On instigation of the islet allocation group, the EPAC formulated a proposal to solve the problem of long waiting islet patients. The Board did not accept the proposal for the time being as it was felt that more analysis was required. The ET office investigated the distribution of offers made to non-sensitized long waiting islet patients and concluded that a distinction can be made between violating and non-violating centers in terms of declining pancreas offers to an intended patient. In the group of violating centers, a distinction was seen regarding reasons for declining a pancreas offer to an intended patient: organizational reasons and transplantation into a lower ranked patient in the same center. It was decided not to establish sanctions for violating centers for the time being but to take care of close monitoring of violating centers, to send them letters and possibly publish them in the ET Newsletter. Moreover, the body weight of lower ranked transplanted patients will be investigated.

The EPAC formulated a recommendation with regard to assigning the SU status for islet patients who are in need of a 2nd or a 3rd islet injection (RPAC03.04).

As of May 2002, for a trial period, kidney+pancreas and pancreas-only patients have the same priority in the ranking list. This allocation rule was evaluated and accepted as a permanent rule that will be closely monitored (RPAC04.04).

#### *Eurotransplant Thoracic Advisory Committee (EThAC)*

The report of the ET thoracic allocation system (EThAS) showed that the proportion of German HU patients and HU transplants had again increased in comparison to previous years. As a consequence, countries with small waiting lists and with more strict criteria for the HU status can hardly obtain an organ in time for their HU patients. Furthermore, the net country balances are negative for countries with small waiting lists. The EThAC extensively discussed this problem and formulated a recommendation which was in first instance approved by the Board but later withdrawn in a second instance. The reason for withdrawal was that the recommendation only increased solidarity between countries with small waiting lists and not between all countries. A new / revised recommendation is currently being discussed.

The refinement of the donor specific patient profile was another issue of discussion in the EThAC (RThAC02.04).

The re-evaluation procedure for heart and lung HU patients was extended from 7 resp. 14 days to 28 days for both patient categories.

The EThAC members were informed on the status of the heart waiting list package (MrQ-heart) and the status of the heart post transplantation package (EOTR-heart). Furthermore, the EThAC discussed the design for a lung waiting list package (MrQ-lungs) and the design of the lung post transplantation package (EOTR-lungs).

#### *Eurotransplant Organ Procurement Committee (OPC)*

The OPC installed a working group that will provide proposals how to deal with marginal donors.

The return rate of quality forms was again topic of discussion. Since the current information on the quality forms was felt to be outdated, the OPC was presented with the quality forms in use at UK Transplant. Since these forms are computerized and the lay-out of these forms were well received by the OPC, it was decided to further investigate possibilities to turn to computerized quality forms.

With regard to the poor return rate of quality forms the OPC decided to publish poor as well as very compliant centers in the ET Newsletter (ROPC01.04).

The OPC decided that decision times for acceptance / refusal of organ offers for all ET countries should remain 30 minutes for non-renal organs and 60 minutes for renal organs.

It was decided that time frames of reporting and provisional allocation of non heart beating (NHB) donor organs should be compatible with the respective national law regarding NHB donors.



### *Eurotransplant Tissue Typing Advisory Committee (TTAC)*

In order to ascertain the good functioning of all tissue typing centers within ET and to prevent graft losses due to misunderstanding, the TTAC formulated RTTAC03.04.

For sake of a reduced cold ischemia period, the TTAC decided that laboratories must start donor HLA typing and crossmatching using peripheral blood (RTTAC01.04).

The TTAC decided that an EFI accreditation is a prerequisite for reporting histocompatibility data to ENIS (RTTAC02.04).

The TTAC was informed on the use of new barcode labels for the crossmatch sera. A first study is running in Frankfurt; after having received all information on the study, the ETRL will consider acceptance as well as centrally printing of the labels.

The TTAC again decided on measures for proper identification of donor material (RTTAC04.04).

### *Eurotransplant Ethics Committee (EC)*

The EC discussed organ donation to a designated patient and concluded that the law prohibiting this, should not be changed. The donor family should be convinced that donation is an act of charity to the community as a whole. However, if a family insists on direct donation to a relative, this can be discussed on a case by case basis.

The role and function of the EC in the context of ET was another topic of discussion. The EC discussed that there are three main functions for the EC: educational function on ethics within the community, drafting of institutional policies on ethic questions and ethic consultation on difficult cases. With regard to the third function it was suggested to have EC members invited at organ specific Advisory Committee meetings if ethic issues will be discussed (REC01.04).

### *Eurotransplant Financial Committee*

The FC discussed and approved the Annual Accounts 2003 (RFC01.04) as well as the budget proposal 2005 (RFC02.04). Further topic of discussion was the financial consequence of the implementation of the MELD score.

# Joint declaration regarding cooperation within the framework of Eurotransplant International Foundation

The Minister of Consumer Affairs, Public Health and Environment of the Kingdom of Belgium,  
The Federal Minister of Health of the Federal Republic of Germany,  
The Minister of Health of the Grand Duchy Luxembourg,  
The Minister of Health, Welfare and Sport of the Kingdom of the Netherlands,  
The Federal Minister of Labour, Health and Social Affairs of the Republic of Austria and  
The Minister of Health of the Republic of Slovenia

issue the following joint declaration regarding cooperation within the framework of Eurotransplant International Foundation

## 1. Introduction

As ministers of health we express our appreciation of the activities of Eurotransplant International Foundation (ETI) in Leiden, the Netherlands. ETI is a foundation that has arisen from private initiative. We take the view:

- that the importance of international cooperation on organ transplantation within the ETI framework has been demonstrated and should be continued;
- that distribution of the allocated donor organs as fairly as possible within a transparent and objective allocation system according to medical criteria is crucial for the acceptance of transplantation medicine in the participating countries;
- that a less voluntary form of cooperation on organ exchange within the ETI framework is necessary to retain public confidence and to bring about the required strengthening in ETI's position;
- that government responsibility within the existing regulatory framework for this area is unequivocal, as witnessed also by the legislation passed in the various countries recently;
- that the time is ripe to shape government involvement, also given the background of a possible broadening in cooperation within the ETI framework;
- that there is a need for ETI to be strengthened and for a clear and unambiguous framework for ETI to operate within, as this will enable it to perform its duties responsibly.

## 2. Framework

Given the above, we have agreed on the following framework. It incorporates the criteria that are essential for ETI to continue to operate responsibly and has the following components:

- objective allocation system according to medical criteria;
- safety and quality requirements;
- transparency and follow-up;
- government involvement.

## 3. Framework details

*An objective allocation system according to medical criteria*

All postmortal organs that become available for implantation (donor organs) in the participating countries are - taking account of the respective domestic legislation - reported to ETI<sup>1</sup>. Using the allocation criteria arrived at on the basis of consensus, ETI's task is to ensure optimum allocation of the donor organs.

The donor organs are allocated according to the following criteria:

- the most important factor is to maximize equality of opportunity for patients, and to do so by taking into account objective medical criteria (e.g. compatibility of organ with recipient, the expected transplantation result, medical urgency and how long a recipient has been waiting) as well as individual differences;
- the allocation system must be patient oriented;
- the allocation procedures must be transparent and objective;

Procedures must ensure justified, genuine distribution across the participating countries in a manner that takes account of the solidarity principle within each country.

<sup>1</sup> Within the framework of the twinning agreements between the participating countries' transplantation centers and similar institutions in other countries the same principles are applied as those included in the present document.

The objective is transparency of the medical criteria applied to transplantation and the moment of registration on the waiting list. The placing of patients on the waiting list and the determination of the criteria applied here are matters primarily for the doctors concerned and must take place in accordance with the most recent advances in medical science.

#### *Safety and quality requirements*

The state of a donor organ eligible for allocation by ETI must comply with those safety and quality requirements that can be imposed in accordance with the most recent advances in medical science. ETI must ensure that they do so comply.

#### *Transparency and follow-up*

Given the need for the allocation procedures to be transparent and objective, government in the participating countries must receive current and reliable information periodically - and, if necessary, on request - in order to facilitate monitoring of the entire organ allocation process and ensure that the allocation criteria and the safety and quality requirements are being applied.

#### *Government involvement*

This involvement will be constituted by ETI's answerability to government in the participating countries under conditions still to be elaborated; these will include a periodic evaluation of how ETI is working.

## **4. Action items**

Given the above considerations and the need to take account of national regulatory frameworks, as well as the efforts directed at the implementation of appropriate measures to improve the existing opportunities for post-mortal organ donation, we as ministers of health:

- promote the reporting within the respective domestic regulatory frameworks of all donor organs to ETI as the organization responsible - on the basis of the allocation criteria arrived at by consensus - for ensuring optimum allocation of donor organs;
- request ETI - assuming a patient oriented allocation system within the respective domestic regulatory frameworks, in cooperation with experts and in line with the most recent advances in medical science - to present to government in the participating countries a set of basic principles for organ allocation internationally;
- agree with ETI on what information, in what form, and how, government in the participating countries is to be supplied with;
- enter discussion with ETI on how to shape government involvement;
- promote discussion with and between the expert and professional organizations (in the first instance medical professional organizations) in the participating countries in order to achieve further clarity for patients eligible for transplantation;
- request that ETI, operating according to the general principles and criteria specified in this document, cooperates with experts from the participating countries and, in close consultation with them, generates directives for the twinning agreements between the transplantation centers in the participating countries and similar institutions in other countries.

This declaration was signed in November 2000 by:

Brussels, The Minister of Consumer Affairs, Public Health and Environment of the Kingdom of Belgium,  
Magda Aelvoet

Bonn, The Federal Minister of Health of the Federal Republic of Germany,  
Andrea Fischer

Luxembourg, The Minister of Health of the Grand Duchy of Luxembourg,  
Georges Wohlfahrt

The Hague, The Minister of Health, Welfare and Sport of the Kingdom of the Netherlands,  
Els Borst-Eilers

Vienna, The Federal Minister of Labour, Health and Social Affairs of the Republic of Austria,  
Lore Hostasch

Ljubljana, The Minister of Health of the Republic of Slovenia,  
Andrej Bručan

## 1.2 Central office

### General

In 2004, the development of the ENIS-i project was further confirmed. This led to the introduction of the new module for immunological results of recipients on the waiting list in January 2005.

This project furthermore involves a revision of the waiting list and transplant registration module of ENIS. Besides the allocation / registration department as well as the information department a lot of transplant centers are involved in this major project. The ENIS-i project will be finished in 2006, resulting in a modern ENIS, with up-to-date technology used.

A start has been made with electronic donor information supply:

The Deutsche Stiftung Organtransplantation (DSO) in Germany in close collaboration with the Eurotransplant office is setting up a modern transmission system to send donor data to Eurotransplant in an electronic way.

The Dutch Transplant Foundation (NTS) is working on an electronic transmission system called DPA (Donor Procedure Application), also in collaboration with the Eurotransplant office.

At the end of 2004 the Eurotransplant office was audited again for the maintenance of the ISO 9001:2000 certificate. This audit ended with the positive finding that Eurotransplant is compliant with the ISO standards.

In 2004, the medical administration has seen a reshuffling of tasks. A helpdesk was implemented and is manned daily from 8 AM till 5 PM. This helpdesk was implemented to answer to all the questions of the centers on the use of ENIS. Varying from questions regarding registration of recipients, registration of transplantations and the possibility to extract certain data from ENIS, run several reports and use the of the datawarehouse. If questions are of a more technical aspect, the helpdesk will refer the customer to the technical supportdesk of Eurotransplant.

## Quality management system

The Eurotransplant quality management system describes all processes within the Eurotransplant office. These processes are subdivided into different categories. In brief these are:

Customer-related processes	Prognostic processes	General processes
Waiting list management Donor registration Allocation procedures Information supply Relation (client) management Remote users support	Recipient Follow up Education of personnel Selection of suppliers Purchase of resources	Legal requirements Strategy and policy Innovation Internal auditing Quality management

During 2004, Eurotransplant was again audited by the Dutch health inspection and by the German Prüfungskommission of the Bundesärztekammer. Both authorities had some suggestions for improvement but were overall satisfied with the Eurotransplant quality of work. Most questions regarded possible deviations of the allocation rules. Agreements have been made as to under what circumstances deviant allocations are allowed and how these must be documented.

In 2004, 42 internal audits were performed. This resulted in many initiatives for smaller adjustments and / or improvements and some initiatives for larger projects. These projects are still ongoing.

The registration of non conformities (as introduced in 2001) was continued in 2004. Non conformities include 'mistakes' made by our own coworkers and violations of the Eurotransplant allocation rules by the transplant centers. Also, problems during the allocation process with tissue typing, donor management and procurement and transportation are registered in the system.

In 2004, a total of 261 non conformities were registered. These non conformities can be subdivided into the following categories:

- 116 were mistakes performed by our own coworkers (mostly problems with registration of certain laboratory values etc into the ENIS system).
- 60 were non conformities of transplant centers. These non conformities vary from violation of the allocation rules in some cases to cases of very late reaction on an organ offer (more than 3 hours).
- 75 were non conformities of donor centers. These include a too short allocation time (less than 6 hours) and errors in supplied donor information.

- 6 non conformities were performed by tissue typing laboratories In some cases problems with the length of time of cross match results reporting was registered. The centers in question were contacted if the problems did occur regularly.

The rest of the non conformities (4 cases) included transportation problems (with airlines and taxis). Thirty-two of the non conformity cases were considered to be serious. Therefore, a letter has been written to the center involved. A more detailed analysis of these data is performed twice a year.

Overall when looking at the year 2004, the quality system operated well. As compared to 2003, the number of reported non conformities has been stable (256 in 2003).

### 1.3 Advisory Committees

In 2004, the various Advisory Committees met 15 times and submitted 16 recommendations of which 13 were approved, 1 was rejected and 2 were withdrawn by the Board. The composition of the various Advisory Committees as per December 31, 2004 was as follows:

#### KIDNEY ADVISORY COMMITTEE (ETKAC)

Name	As of	Remarks
VACANCY		chairman, representative Board
Prof.Dr. G. Mayer, Innsbruck	12.2000	representative Austria
Prof.Dr. F. Mühlbacher, Vienna	09.1994	representative Austria
Dr. P. Duhoux, Luxembourg	09.1994	representative Luxembourg
Dr. K. Wissing, Brussels (BR)	01.2004	representative Belgium
Prof.Dr. J-P. Squifflet, Brussels (LA)	09.1999	representative Belgium
Prof.Dr. G. Offermann, Berlin	09.1994	representative Germany
Dr. J. Küster, Hann. Münden	11.2004	representative Germany
Prof.Dr. U. Heemann, Munich	01.2002	representative Germany
Prof.Dr. U. Kunzendorf, Kiel	01.2002	representative Germany
Dr. R. Hené, Utrecht	03.1998	representative the Netherlands
Dr. J. de Fijter, Leiden	01.2002	representative the Netherlands
Dr. D. Kovač, Ljubljana	12.1999	representative Slovenia
Prof.Dr. F.H.J. Claas, Leiden (ETRL)	09.1994	representative TT Assembly
Dr. G.G. Persijn, Eurotransplant	09.1994	secretary

#### LIVER ADVISORY COMMITTEE (ELAC)

Name	As of	Remarks
Prof.Dr. J. Hauss, Leipzig	11.2001	chairman, representative Board
Prof.Dr. R. Steininger, Vienna	11.2004	representative Austria
Dr. O. Detry, Liège	01.2000	representative Belgium
Prof.Dr. M. Adler, Brussels (BR)	05.2004	representative Belgium
Prof.Dr. P. Neuhaus, Berlin	09.1994	representative Germany
Prof.Dr.N. Senninger, Münster	01.2004	representative Germany
Prof.Dr. X. Rogiers, Hamburg	01.2002	representative Germany
Dr. B. van Hoek, Leiden	07.2001	representative the Netherlands
Prof.Dr. S. Markovič, Ljubljana	01.2004	representative Slovenia
Dr. T. Gerling, Eurotransplant	03.2001	secretary

#### PANCREAS ADVISORY COMMITTEE (EPAC)

Name	As of	Remarks
Prof.Dr. J.P. van Hooff, Maastricht	06.1998	chairman, representative Board
Prof.Dr. P. Hengster, Innsbruck	11.2004	representative Austria
Prof.Dr. J-P. Squifflet, Brussels (LA)	08.1994	representative Belgium
Prof.Dr. R. Viebahn, Bochum	11.2004	representative Germany
Prof.Dr. R.G. Bretzel, Giessen	09.1996	representative Germany
Prof.Dr. W. Schareck, Rostock	01.2000	representative Germany
Dr. J. Ringers, Leiden	04.1998	representative the Netherlands
Prof.Dr. F.H.J. Claas, Leiden (ETRL)	08.1994	representative TT Assembly
Dr. K. Dijkstra, Eurotransplant	01.2001	secretary

## THORACIC ADVISORY COMMITTEE (EThAC)

Name	As of	Remarks
Prof.Dr. G. Laufer, Innsbruck	10.2001	chairman, representative Board
Prof.Dr. A. Wasler, Graz	11.2001	representative Austria
Prof.Dr. W. Klepetko, Vienna	05.2000	representative Austria
Dr. M. Antoine, Brussels (BR)	01.2000	representative Belgium
Dr. P. Evrard, Brussels (LA)	01.2004	representative Belgium
Dr. B. Meiser, Munich	01.2000	representative Germany
Prof.Dr. W. Mohr, Leipzig	01.2000	representative Germany
Prof.Dr. H-G. Fieguth, Frankfurt	04.2002	representative Germany
Prof.Dr. R. Hetzer, Berlin	04.2002	representative Germany
Dr. N. de Jonge, Utrecht	01.2004	representative the Netherlands
Dr. W. van der Bij, Groningen	06.2001	representative the Netherlands
Dr. R. Blumauer, Ljubljana	07.2002	representative Slovenia
Dr. J. Smits, Eurotransplant	07.2002	secretary

## ORGAN PROCUREMENT COMMITTEE (OPC)

Name	As of	Remarks
Prof.Dr. W.O. Bechstein, Frankfurt	12.2003	chairman, representative Board
Dr. P. Wamser, Vienna	03.1995	representative TC's Austria
Mr. L. Colenbie, Gent	01.2002	representative TC's Belgium
Prof.Dr. G. Kirste, Neu-Isenburg	03.2004	representative DSO Germany
Dr. D. Bösebeck, Munich	01.2002	representative TC's Germany
Mr. W. Hordijk, Nijmegen	11.1998	representative TC's NL
Dr. M. Špan, Ljubljana	01.2004	representative Slovenia
Prof.Dr. J-P. Squifflet, Brussels (LA)	01.2002	representative ETKAC
Dr. O. Detry, Liège	01.2000	representative ELAC
Dr. J. Ringers, Leiden	04.2002	representative EPAC
Dr. M. Antoine, Brussels (BR)	06.1998	representative ThAC
Prof.Dr. I. Doxiadis, Leiden (ETRL)	02.1998	representative TTAC
Dr. J. de Boer, Eurotransplant	09.1995	secretary

## COMPUTER SERVICES WORKING GROUP (CSWG)

Name	As of	Remarks
Prof.Dr. F. Mühlbacher, Vienna	09.1995	chairman, representative Board + ETKAC
Dr. R. Kramar, Wels	09.1995	representative Austria
Mr. D. Van Hees, Leuven	03.2004	representative Belgium
Dr. L. Fritsche, Berlin	01.2004	representative Germany
Dr. A. Hoitsma, Nijmegen	09.1995	representative the Netherlands
Dr. B. van Hoek	04.2002	representative ELAC
Dr. W. van der Bij, Groningen	05.2002	representative EThAC
Dr. S. Lems, Groningen	06.1996	representative TTAC
Mr. W. van Zwet, Eurotransplant	11.2000	secretary

## TISSUE TYPING ADVISORY COMMITTEE (TTAC)

Name	As of	Remarks
Prof.Dr. F.H.J. Claas, Leiden (ETRL)	09.1995	chairman, representative Board
Prof.Dr. W. Mayr, Vienna	09.1995	representative Austria
Prof.Dr. D. Latinne, Brussels (LA)	01.2000	representative Belgium
Dr. F. Hentges, Luxembourg	09.1995	representative Luxembourg
Prof.Dr. R. Wassmuth, Düsseldorf	01.2000	representative Germany
Dr. C. Schönemann, Berlin	11.2002	representative Germany
Dr. S. Lems, Groningen	09.1995	representative the Netherlands
Dr. B. Vidan Jeras, Ljubljana	12.1999	representative Slovenia
Prof.Dr. I.I.N. Doxiadis, Leiden (ETRL)	09.1995	secretary

## ETHICS COMMITTEE (EC)

Name	As of	Remarks
Prof.Dr. P. Schotsmans, Leuven	01.2001	chairman, representative Board
Drs. M. Bos, The Hague	05.1995	vice-chairman, representative the Netherlands
Dr. I. Kerremans, Gent	03.2004	representative Belgium
Prof.Dr. B. Grabensee, Düsseldorf	11.2004	representative Germany
Dr. W. Schaupp, Vienna	04.1998	representative Austria
Dr. D. Rigler Pleterški, Ljubljana	01.2000	representative Slovenia
Dr. G.C. Wiesenhaan-Stellingwerff, ET	04.2001	secretary



## FINANCIAL COMMITTEE (FC)

Name	As of	Remarks
Prof.Dr. A.P.W.P. van Montfort	31.2003	chairman, representative Board
Mag. O. Postl, Vienna	05.1995	representative Austria
Prof.Dr. D. Ysebaert, Antwerp	05.1995	representative Belgium
Prof.Dr. U. Albert, Kaiserslautern	01.22002	representative Germany
Dr. B. Cohen, Eurotransplant	05.1995	secretary 1
W. van Zwet, Eurotransplant	01.1999	secretary 2

### 1.4 Recommendations approved

In 2004, the following recommendations were submitted by the Advisory Committees and approved by the Board of Eurotransplant International Foundation:

#### Liver Advisory Committee

##### RLAC01.04

In order to be eligible for status T2, patients with polycystic liver disease must have been listed actively on the liver waiting list for 365 days. After one year of active waiting on the ET liver waiting list, the transplant center can send a T2 request to the ET office. The T2 status can then be granted by the ET medical staff on the basis of an 'exceptional case'.

#### Pancreas Advisory Committee

##### RPAC01.04

In case the islet cell yield is insufficient (<5.000 islet equivalents per kg body weight of the intended patient), it is proposed to allow to transplant another suitable patient (with a lower body weight) in the same center. This should be done first according to TPG rules and subsequently AB0 compatible. Sending detailed documentation to the ET office is a prerequisite. The procedure will be evaluated after 1 year.

##### RPAC03.04

After a first islet injection, centers will reregister patients and immediately thereafter put these patients on NT until they are ready to receive the next islet injection. At the moment the next injection is needed, centers can send a fully documented request for the SU status to the ET office which will be audited approved by two PAC members. The procedure is limited to maximally 3 injections. The procedure will be evaluated after 1 year.

##### RPAC04.04\*

Kidney+pancreas and pancreas-only patients have the same priority and are sorted according to waiting time. There will be an ongoing monitoring of this rule.

#### Thoracic Advisory Committee

##### RThAC02.04\*

A gender donor specific recipient profile in relation to height should be established for heart transplant patients.

#### Organ Procurement Committee

##### ROPC01.04\*

Centers returning less than 50% as well as centers returning more than 95% of quality forms concerning all organs received, will be published in the ET Newsletter.

## **Tissue Typing Advisory Committee**

### **RTTAC01.04**

In order to reduce the cold ischemia period the laboratories must start donor HLA typing and crossmatching using peripheral blood, provided that blood is available in the laboratory.

### **RTTAC02.04**

The EFI accreditation is a prerequisite for reporting histocompatibility data to ENIS. The TTC must have renewed their accreditation not longer than 6 months after expiration in order to be considered as an accredited laboratory affiliated to Eurotransplant.

### **RTTAC03.04\***

In case of a kidney and/or pancreas offer the final decision on the histocompatibility, including the interpretation of the crossmatch, must be taken by the tissue typing center appointed by the recipient transplant center.

### **RTTAC04.04\***

For a proper identification of the blood, spleen and /or lymphnode samples that are sent to the tissue typing laboratories for donor typing and crossmatching, the ET number of the organ donor must be written on the accompanying forms.

## **Ethics Committee**

### **REC01.04\***

EC members should be invited to participate in meetings of the ET organ specific Advisory Committees in case ethics issues will be under discussion.

## **Financial Committee**

### **RFC01.04**

The FC recommends to approve the ET Annual Accounts 2003.

### **RFC02.04**

The FC recommends to approve the Eurotransplant budget proposal 2005.

*\*Submitted by the end of 2004, but accepted by the beginning of 2005.*





## 2. Eurotransplant: donation, waiting list and transplants

**Table 2.1** Number of cadaveric organ donors, per country of origin and used for a transplant, from 2000 to 2004

donor country	population (millions)	2000	2001	2002	2003	2004	pmp	2003/2004
Austria	8.2	186	189	195	187	181	22.1	-3.2%
Belgium	10.4	258	222	223	248	220	21.2	-11.3%
Germany	82.4	995	1051	1001	1110	1052	12.8	-5.2%
Luxembourg	0.5	7	5	3	8	1	2.0	-87.5%
Netherlands	16.3	202	187	202	223	228	14.0	2.2%
Slovenia	2.0	22	23	35	28	36	18.0	28.6%
total ET	119.8	1670	1677	1659	1804	1718	14.3	-4.8%
non ET	--	78	55	88	91	75		-17.6%
total		1748	1732	1747	1895	1793		-5.4%

**Table 2.2** Number of cadaveric organ donors, used for a transplant, by organ from 2000 to 2004

year of registration	2000	2001	2002	2003	2004	2003/2004
organ donors, total	1748	1732	1747	1895	1793	-5,4%
organ donors, by organ						
kidney	1649	1641	1596	1756	1650	-6,0%
heart	646	601	605	594	570	-4,0%
lung	257	249	354	381	407	6,8%
liver	1116	1077	1095	1200	1192	-0,7%
pancreas	334	313	343	378	346	-8,5%

Number of cadaveric organ donors, used for a transplant, by organ and donor country from 2000 to 2004

kidney	2000	2001	2002	2003	2004	2003/2004
Austria	185	182	192	179	177	-1.1%
Belgium	249	206	196	231	197	-14.7%
Germany	969	1021	972	1083	1013	-6.5%
Luxembourg	7	5	3	8	1	-87.5%
Netherlands	200	186	194	219	220	0.5%
Slovenia	22	23	33	28	35	25.0%
total ET	1632	1623	1590	1748	1643	-6.0%
non ET	17	18	6	8	7	-12.5%
total	1649	1641	1596	1756	1650	-6.0%
heart	2000	2001	2002	2003	2004	2003/2004
Austria	88	70	79	70	69	-1.4%
Belgium	116	91	95	92	83	-9.8%
Germany	369	374	348	341	355	4.1%
Luxembourg	1	4	0	5	1	-80.0%
Netherlands	48	42	49	58	37	-36.2%
Slovenia	11	12	21	12	7	-41.7%
total ET	633	593	592	578	552	-4.5%
non ET	13	8	13	16	18	12.5%
total	646	601	605	594	570	-4.0%
liver	2000	2001	2002	2003	2004	2003/2004
Austria	142	126	143	133	129	-3.0%
Belgium	195	192	176	206	180	-12.6%
Germany	589	608	609	701	724	3.3%
Luxembourg	4	4	3	7	1	-85.7%
Netherlands	129	106	112	108	115	6.5%
Slovenia	17	18	21	21	24	14.3%
total ET	1076	1054	1064	1176	1173	-0.3%
non ET	40	23	31	24	19	-20.8%
total	1116	1077	1095	1200	1192	-0.7%

**Table 2.2** Number of cadaveric organ donors, used for a transplant, by organ from 2000 to 2004 (continued)

year of registration	2000	2001	2002	2003	2004	2003/2004
lung	2000	2001	2002	2003	2004	2003/2004
Austria	44	40	62	51	50	-2.0%
Belgium	54	47	47	63	64	1.6%
Germany	113	124	175	181	209	15.5%
Luxembourg	0	0	0	1	0	-100.0%
Netherlands	29	24	28	34	47	38.2%
Slovenia	4	6	12	9	4	-55.6%
total ET	244	241	324	339	374	10.3%
non ET	13	8	30	42	33	-21.4%
total	257	249	354	381	407	6.8%
pancreas	2000	2001	2002	2003	2004	2003/2004
Austria	31	27	44	32	36	12.5%
Belgium	56	56	75	93	62	-33.3%
Germany	209	190	181	198	205	3.5%
Luxembourg	2	4	1	3	0	-100.0%
Netherlands	28	33	26	30	32	6.7%
Slovenia	8	3	4	9	5	-44.4%
total ET	334	313	331	365	340	-6.8%
non ET	0	0	12	13	6	-53.8%
total	334	313	343	378	346	-8.5%

**Table 2.3 Demographic data on cadaveric organ donors, used for a transplant from 2000 to 2004**

age	2000	2001	2002	2003	2004	%	2003/2004
0-15	102	98	91	103	75	4.2%	-27.2%
16-55	1158	1133	1141	1225	1152	64.2%	-6.0%
56-64	312	280	290	305	303	16.9%	-0.7%
>=65	176	221	222	262	263	14.7%	0.4%
<b>total</b>	<b>1748</b>	<b>1732</b>	<b>1747</b>	<b>1895</b>	<b>1793</b>	<b>100.0%</b>	<b>-5.4%</b>
sex	2000	2001	2002	2003	2004	%	2003/2004
female	756	756	746	858	825	46.0%	-3.8%
male	992	976	1001	1037	968	54.0%	-6.7%
<b>total</b>	<b>1748</b>	<b>1732</b>	<b>1747</b>	<b>1895</b>	<b>1793</b>	<b>100.0%</b>	<b>-5.4%</b>
blood group	2000	2001	2002	2003	2004	%	2003/2004
A	740	743	781	858	751	41.9%	-12.5%
AB	77	91	79	85	100	5.6%	17.6%
B	184	192	191	192	194	10.8%	1.0%
O	747	706	696	760	748	41.7%	-1.6%
<b>total</b>	<b>1748</b>	<b>1732</b>	<b>1747</b>	<b>1895</b>	<b>1793</b>	<b>100.0%</b>	<b>-5.4%</b>
cause of death	2000	2001	2002	2003	2004	%	2003/2004
accident	518	545	495	498	443	24.7%	-11.0%
natural	1124	1102	1160	1289	1257	70.1%	-2.5%
suicide	72	63	71	69	51	2.8%	-26.1%
other	34	22	21	39	42	2.3%	7.7%
<b>total</b>	<b>1748</b>	<b>1732</b>	<b>1747</b>	<b>1895</b>	<b>1793</b>	<b>100.0%</b>	<b>-5.4%</b>

**Table 2.4a Type of cadaveric organ donation, used in a transplant, from 2000 to 2004**

		2000	2001	2002	2003	2004	%	2003/2004
kidney donor	SOD	473	504	475	515	454	27.5%	-11.8%
	MOD	1176	1137	1121	1241	1196	72.5%	-3.6%
kidney donor	<b>total</b>	<b>1649</b>	<b>1641</b>	<b>1596</b>	<b>1756</b>	<b>1650</b>	<b>100.0%</b>	<b>-6.0%</b>
non-kidney donor	SOD	83	78	126	115	115	80.4%	0.0%
	MOD	16	13	25	24	28	19.6%	16.7%
non-kidney donor	<b>total</b>	<b>99</b>	<b>91</b>	<b>151</b>	<b>139</b>	<b>143</b>	<b>100.0%</b>	<b>2.9%</b>
<b>total</b>		<b>1748</b>	<b>1732</b>	<b>1747</b>	<b>1895</b>	<b>1793</b>	<b>100.0%</b>	<b>-5.4%</b>

**Table 2.4b Type of cadaveric organ donation, used in a transplant, by country of donor origin for 2004**

	SOD	kidney donor			SOD	non-kidney donor			total	total	%
		MOD	% MOD	total		MOD	% MOD	total			
Austria	42	135	76.3%	177	3	1	25.0%	4	181	10.1%	
Belgium	27	170	86.3%	197	19	4	17.4%	23	220	12.3%	
Germany	260	753	74.3%	1013	27	12	30.8%	39	1052	58.7%	
Luxembourg	0	1	100.0%	1	0	0	0.0%	0	1	0.1%	
Netherlands	106	114	51.8%	220	4	4	50.0%	8	228	12.7%	
Slovenia	12	23	65.7%	35	1	0	0.0%	1	36	2.0%	
non ET	7	0	0.0%	7	61	7	10.3%	68	75	4.2%	
<b>total</b>	<b>454</b>	<b>1196</b>	<b>72.5%</b>	<b>1650</b>	<b>115</b>	<b>28</b>	<b>19.6%</b>	<b>143</b>	<b>1793</b>	<b>100.0%</b>	

SOD- single organ donor  
 MOD - multiple organ donor

**Table 2.4c Non-heart beating donors 2004**

NHB Category	Donor country			total
	Austria	Belgium	Netherlands	
I - dead on arrival	0	0	1	1
II - unsuccessful resuscitation	3	0	21	24
III - awaiting heart arrest	0	5	106	111
IV - heart arrest in brain death donor	0	0	1	1
<b>total</b>	<b>3</b>	<b>5</b>	<b>129</b>	<b>137</b>

**Table 2.4d Kidney transplants from NHB donors 2004**

Recipient country	Donor country			Total
	Austria	Belgium	Netherlands	
Austria	6	5	3	14
Belgium	0	5	2	7
Netherlands	0	0	171	171
Slovenia	0	0	0	0
Other	0	0	2	2
<b>total</b>	<b>6</b>	<b>10</b>	<b>178</b>	<b>194</b>

**Table 2.4e Liver transplants from NHB donors 2004**

Recipient country	Donor country			Total
	Austria	Belgium	Netherlands	
Austria	0	0	0	0
Belgium	0	4	1	5
Netherlands	0	0	8	8
Slovenia	0	0	0	0
<b>total</b>	<b>0</b>	<b>4</b>	<b>9</b>	<b>13</b>

**Table 2.5 Size of the active Eurotransplant waiting list, by organ, as per December 31, from 2000 to 2004**

waiting list type	composition	2000	2001	2002	2003	2004	2003/2004
<b>heart</b>	heart	485	419	418	556	713	28.2%
	heart + liver	0	0	1	0	0	0.0%
	heart + liver + lung	0	0	1	0	0	0.0%
	heart + lung	42	43	42	45	54	20.0%
	kidney + heart	4	5	4	12	15	25.0%
<b>total</b>		<b>531</b>	<b>467</b>	<b>466</b>	<b>613</b>	<b>782</b>	<b>27.6%</b>
<b>kidney</b>	kidney	12293	12268	12371	12132	11960	-1.4%
	kidney + heart	4	5	4	12	15	25.0%
	kidney + liver	28	32	58	60	70	16.7%
	kidney + liver + pancreas	3	0	1	2	2	0.0%
	kidney + pancreas	195	144	219	176	203	15.3%
	kidney + lung	1	1	0	0	1	0.0%
<b>total</b>		<b>12524</b>	<b>12450</b>	<b>12653</b>	<b>12382</b>	<b>12251</b>	<b>-1.1%</b>
<b>liver</b>	liver	765	1042	1296	1644	1959	19.2%
	heart + liver	0	0	1	0	0	0.0%
	heart + liver + lung	0	0	1	0	0	0.0%
	kidney + liver	28	32	58	60	70	16.7%
	kidney + liver + pancreas	3	0	1	2	2	0.0%
	liver + lung	3	7	3	4	2	-50.0%
	liver + pancreas	4	12	6	4	2	-50.0%
<b>total</b>		<b>803</b>	<b>1093</b>	<b>1366</b>	<b>1714</b>	<b>2035</b>	<b>18.7%</b>

**Table 2.5 Size of the active Eurotransplant waiting list, by organ, as per December 31, from 2000 to 2004 (continued)**

waiting list type	composition	2000	2001	2002	2003	2004	2003/2004
lung	lung	373	422	459	513	589	14.8%
	heart + liver + lung	0	0	1	0	0	0.0%
	heart + lung	42	43	42	45	54	20.0%
	kidney + lung	1	1	0	0	1	0.0%
	liver + lung	3	7	3	4	2	-50.0%
<b>total</b>		<b>419</b>	<b>473</b>	<b>505</b>	<b>562</b>	<b>646</b>	<b>14.9%</b>
waiting list type	composition	2000	2001	2002	2003	2004	2003/2004
pancreas	pancreas	87	70	64	75	74	-1.3%
	kidney + liver + pancreas	3	0	1	2	2	0.0%
	kidney + pancreas	195	144	219	176	203	15.3%
	liver + pancreas	4	12	6	4	2	-50.0%
<b>total</b>		<b>289</b>	<b>226</b>	<b>290</b>	<b>257</b>	<b>281</b>	<b>9.3%</b>
<b>total</b>		<b>14566</b>	<b>14709</b>	<b>15280</b>	<b>15528</b>	<b>15995</b>	<b>3.0%</b>

**Table 2.6 Registrations on the Eurotransplant waiting list, by organ from 2000 to 2004**

All registration events	2000	2001	2002	2003	2004	2003/2004
kidney	5295	5183	5340	5132	5409	5.4%
heart	969	921	894	1083	1050	-3.0%
lung	463	481	603	626	695	11.0%
liver	1912	2025	2195	2419	2369	-2.1%
pancreas	418	327	372	316	344	8.9%
pancreatic islets	18	32	67	49	33	-32.7%
New registrations	2000	2001	2002	2003	2004	2003/2004
kidney	4536	4412	4525	4362	4569	4.7%
heart	947	896	865	1052	1018	-3.2%
lung	442	455	566	586	660	12.6%
liver	1685	1766	1974	2131	2087	-2.1%
pancreas	384	301	336	277	307	10.8%
pancreatic islets	16	21	37	23	18	-21.7%
Re - registrations	2000	2001	2002	2003	2004	2003/2004
kidney	759	771	815	770	840	9.1%
heart	22	25	29	31	32	3.2%
lung	21	26	37	40	35	-12.5%
liver	227	259	221	288	282	-2.1%
pancreas	34	26	36	39	37	-5.1%
pancreatic islets	2	11	30	26	15	-42.3%

**Table 2.7 Number of transplanted organs, by organ, by donor type from 2000 to 2004**

cadaver	2000	2001	2002	2003	2004	2003/2004
kidney	3185	3154	3067	3385	3206	-5.3%
heart	646	601	604	593	571	-3.7%
lung	465	469	666	715	773	8.1%
liver	1171	1114	1136	1264	1262	-0.2%
pancreas	338	311	344	378	346	-8.5%
<b>total</b>	<b>5805</b>	<b>5649</b>	<b>5817</b>	<b>6335</b>	<b>6158</b>	<b>-2.8%</b>
living	2000	2001	2002	2003	2004	2003/2004
kidney	570	619	698	655	796	21.5%
heart *	1	2	0	0	1	0.0%
liver *	117	124	129	133	106	-20.3%
<b>total</b>	<b>688</b>	<b>745</b>	<b>827</b>	<b>788</b>	<b>903</b>	<b>14.6%</b>

\* including domino

**Table 2.8 Transplants from 2000 to 2004**

Cadaveric Donors	2000	2001	2002	2003	2004	2003/2004
Heart	622	573	572	562	537	-4.4%
Kidney	2810	2813	2787	3053	2888	-5.4%
Single lung	94	79	94	97	99	2.1%
Both lungs	164	170	258	282	316	12.1%
Liver	1014	1004	1007	1086	1058	-2.6%
Split liver	113	72	81	129	146	13.2%
Heart + kidney	4	7	8	7	13	85.7%
Heart + both lungs	18	21	24	21	18	-14.3%
Heart + liver	0	0	0	1	3	200.0%
Kidney + both lungs	0	1	1	0	1	--
Kidney + liver	31	29	37	32	42	31.3%
Kidney + split liver	3	3	2	8	5	-37.5%
Liver + both lungs	2	3	2	4	2	-50.0%
Split liver + both lungs	0	0	1	0	0	--
Heart + both lungs + kidney	0	0	0	1	0	-100.0%
Heart + both lungs + liver	1	0	0	1	0	-100.0%
Heart + single lung	1	0	0	0	0	--
Pancreas	16	19	39	35	34	-2.9%
Pancreas + kidney	302	264	208	247	229	-7.3%
Pancreas + liver	4	2	5	2	6	200.0%
Pancreas + split liver	1	0	0	0	0	--
Pancreas + liver + kidney	0	0	0	1	0	-100.0%
Pancreas islets	9	18	46	32	23	-28.1%
Pancreas islets + liver	0	1	1	0	0	--
Pancreas islets + kidney	4	5	4	3	4	33.3%
Pancreas + both kidneys	0	2	0	0	1	--
Pancreas + liver + kidney	2	0	0	0	0	--
<b>Total (cadaveric donors) transplants</b>	<b>5215</b>	<b>5086</b>	<b>5177</b>	<b>5604</b>	<b>5425</b>	<b>-3.19%</b>
<b>Living Donors</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2003/2004</b>
Heart	1	2	0	0	1	--
Kidney	570	619	698	655	796	21.5%
Partial Liver	117	124	129	133	106	-20.3%
<b>Total (living donors) transplants</b>	<b>688</b>	<b>745</b>	<b>827</b>	<b>788</b>	<b>903</b>	<b>14.6%</b>
<b>All donors</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2003/2004</b>
<b>Total transplants</b>	<b>5903</b>	<b>5831</b>	<b>6004</b>	<b>6392</b>	<b>6328</b>	<b>-1.0%</b>

Please note:

Number of transplants in 2.8 may not equal number of transplanted organs from 2.7, use the following method for cross referencing:

- sum all number of transplants using a particular organ in 2.8.

Adjust this number where appropriate, for example:

*Kidney:* if type of transplant is ...‘both kidneys’ - double the number of transplants to get correct number of kidney organs.

*Lungs:* if type of transplant is ...‘both lungs’ - double the number of transplant to get correct number of lung organs.

If type of transplant is ‘Pancreas islets...’ increase result by difference of ‘number of donors used’ and ‘number of transplants’ (ref: table 6.4b)

NOTE: Type of transplant in 2.8 for ‘Kidney’ for 2004 contains 22 ‘both kidneys’ - increase number of these transplants by 22 when cross referencing to table 2.7.

**Table 2.9 Mortality on the Eurotransplant Waiting List, from 2000 to 2004**

	2000	2001	2002	2003	2004	2003/2004
kidney	618	594	621	646	669	3.6%
heart	182	203	178	194	223	14.9%
lung	107	122	112	118	147	24.6%
liver	279	304	363	410	388	-5.4%
pancreas	32	29	26	20	22	10.0%
<b>total</b>	<b>1218</b>	<b>1252</b>	<b>1300</b>	<b>1388</b>	<b>1449</b>	<b>4.4%</b>

### 3. Kidney: donation, waiting lists, and transplants

**Table 3.1 Cadaveric donors / kidneys in Eurotransplant in 2004**

Donors									
Cadaveric Donors	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total
all donors	192	239	1095	1	265	39	1831	240	2071
not kidney donors	3	14	29	0	4	0	50	203	253
kidney donors	189	225	1066	1	261	39	1781	37	1818
kidney donors not used	12	28	53	0	41	4	138	30	168
total kidney donors used	177	197	1013	1	220	35	1643	7	1650
	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total
one kidney used	9	14	37	0	21	3	84	3	87
two kidneys used	168	183	976	1	199	32	1559	4	1563
total	177	197	1013	1	220	35	1643	7	1650
Kidneys									
Donor country	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total
potential kidneys	378	450	2132	2	522	78	3562	74	3636
kidneys not reported	0	1	4	0	1	1	7	11	18
kidneys reported	378	449	2128	2	521	77	3555	63	3618
kidneys not procured	16	34	60	0	44	7	161	33	194
kidneys procured	362	415	2068	2	477	70	3394	30	3424
kidneys not transplanted	17	35	79	0	58	3	192	19	211
kidneys transplanted	345	380	1989	2	419	67	3202	11	3213

**Table 3.2 Active cadaveric kidney transplant waiting list as per December 31, 2004 - characteristics**

Type of transplant	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total	%
kidney	782	894	9080	14	1130	60	11960	97.6%
kidney+heart	2	2	11	0	0	0	15	0.1%
kidney+liver	3	14	49	0	4	0	70	0.6%
kidney+liver+pancreas	1	0	1	0	0	0	2	0.0%
kidney+lung	0	0	1	0	0	0	1	0.0%
kidney+pancreas	17	26	128	0	32	0	203	1.7%
total	805	936	9270	14	1166	60	12251	100.0%

**Table 3.3 Active cadaveric kidney only transplant waiting list as per December 31, 2004 - characteristics**

year	blood group				% PRA current				sequence		time waiting (dialysis) (years)				
	A	AB	B	O	not reported	0-5%	6-84%	85-100%	not reported	first	repeat	pre emptive	0-1	2-4	5+
2004	4626	249	1346	5739	0	10698	1108	113	41	10057	1903	257	2911	5783	3009
%	38.7%	2.1%	11.3%	48.0%	0.0%	89.4%	9.3%	0.9%	0.3%	84.1%	15.9%	2.1%	24.3%	48.4%	25.2%
2003	4677	270	1306	5879	0	10851	1141	117	23	10248	1884	226	3021	5895	2990
%	38.6%	2.2%	10.8%	48.5%	0.0%	89.4%	9.4%	1.0%	0.2%	84.5%	15.5%	1.9%	24.9%	48.6%	24.6%
2002	4861	275	1297	5938	0	11004	1196	110	61	10449	1922	196	3236	6040	2899
%	39.3%	2.2%	10.5%	48.0%	0.0%	88.9%	9.7%	0.9%	0.5%	84.5%	15.5%	1.6%	26.2%	48.8%	23.4%
2001	4887	283	1258	5839	1	10921	1194	101	52	10396	1872	205	3226	6032	2805
%	39.8%	2.3%	10.3%	47.6%	0.0%	89.0%	9.7%	0.8%	0.4%	84.7%	15.3%	1.7%	26.3%	49.2%	22.9%
2000	4844	264	1268	5917	0	10880	1286	104	23	10355	1938	144	3430	5972	2747
%	39.4%	2.1%	10.3%	48.1%	0.0%	88.5%	10.5%	0.8%	0.2%	84.2%	15.8%	1.2%	27.9%	48.6%	22.3%



**Table 3.4 Kidney transplants characteristics - 2004**

**Cadaveric donor kidney transplants**

type of transplant	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total	%
kidney only	306	316	1773	10	401	55	2861	5	2866	90.0 %
kidney en bloc	4	2	17	0	1	0	24	0	24	0.8 %
kidney + pancreas	31	18	166	0	18	0	233	0	233	7.3 %
kidney + heart	2	2	9	0	0	0	13	0	13	0.4 %
kidney + both lungs	0	1	0	0	0	0	1	0	1	0.0 %
kidney + split liver	0	1	4	0	0	0	5	0	5	0.2 %
kidney + whole liver	5	13	21	0	3	0	42	0	42	1.3 %
kidney en bloc + pancreas	0	0	1	0	0	0	1	0	1	0.0 %
<b>total</b>	<b>348</b>	<b>353</b>	<b>1991</b>	<b>10</b>	<b>423</b>	<b>55</b>	<b>3180</b>	<b>5</b>	<b>3185</b>	<b>100.0 %</b>

**Kidney only transplant (including kidney en bloc)**

HLA - A, B, DR mismatches	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total	%
0	33	39	356	1	54	2	485	0	485	16.8 %
1	22	14	133	0	51	4	224	0	224	7.8 %
2	67	108	425	1	129	16	746	0	746	25.8 %
3	106	125	432	7	118	27	815	0	815	28.2 %
4	60	23	237	1	39	6	366	1	367	12.7 %
5	13	8	149	0	9	0	179	0	179	6.2 %
6	2	1	38	0	1	0	42	0	42	1.5 %
not calculated	7	0	20	0	1	0	28	4	32	1.1 %
<b>total</b>	<b>310</b>	<b>318</b>	<b>1790</b>	<b>10</b>	<b>402</b>	<b>55</b>	<b>2885</b>	<b>5</b>	<b>2890</b>	<b>100.0 %</b>

blood group	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total	%
A	132	131	717	7	176	22	1185	5	1190	41.2 %
AB	32	21	123	1	18	2	197	0	197	6.8 %
B	24	28	220	0	42	8	322	0	322	11.1 %
O	122	138	730	2	166	23	1181	0	1181	40.9 %
<b>total</b>	<b>310</b>	<b>318</b>	<b>1790</b>	<b>10</b>	<b>402</b>	<b>55</b>	<b>2885</b>	<b>5</b>	<b>2890</b>	<b>100.0 %</b>

PRA	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total	%
0-5%	250	294	1623	9	346	45	2567	1	2568	88.9 %
6-84%	53	24	155	1	52	8	293	0	293	10.1 %
85-100%	7	0	12	0	4	2	25	0	25	0.9 %
not reported	0	0	0	0	0	0	0	4	4	0.1 %
<b>total</b>	<b>310</b>	<b>318</b>	<b>1790</b>	<b>10</b>	<b>402</b>	<b>55</b>	<b>2885</b>	<b>5</b>	<b>2890</b>	<b>100.0 %</b>

wait (months) (dialysis)	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total	%
0-5	6	8	12	0	8	0	34	2	36	1.2 %
6-11	30	28	37	0	18	1	114	0	114	3.9 %
12-23	69	76	145	4	36	3	333	0	333	11.5 %
24-59	163	169	466	5	203	28	1034	0	1034	35.8 %
60 +	36	29	1117	1	131	23	1337	0	1337	46.3 %
pre emptive	6	8	13	0	6	0	33	3	36	1.2 %
<b>total</b>	<b>310</b>	<b>318</b>	<b>1790</b>	<b>10</b>	<b>402</b>	<b>55</b>	<b>2885</b>	<b>5</b>	<b>2890</b>	<b>100.0 %</b>

sequence	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total	%
first	251	276	1518	9	336	54	2444	5	2449	84.7 %
repeat	59	42	272	1	66	1	441	0	441	15.3 %
<b>total</b>	<b>310</b>	<b>318</b>	<b>1790</b>	<b>10</b>	<b>402</b>	<b>55</b>	<b>2885</b>	<b>5</b>	<b>2890</b>	<b>100.0 %</b>

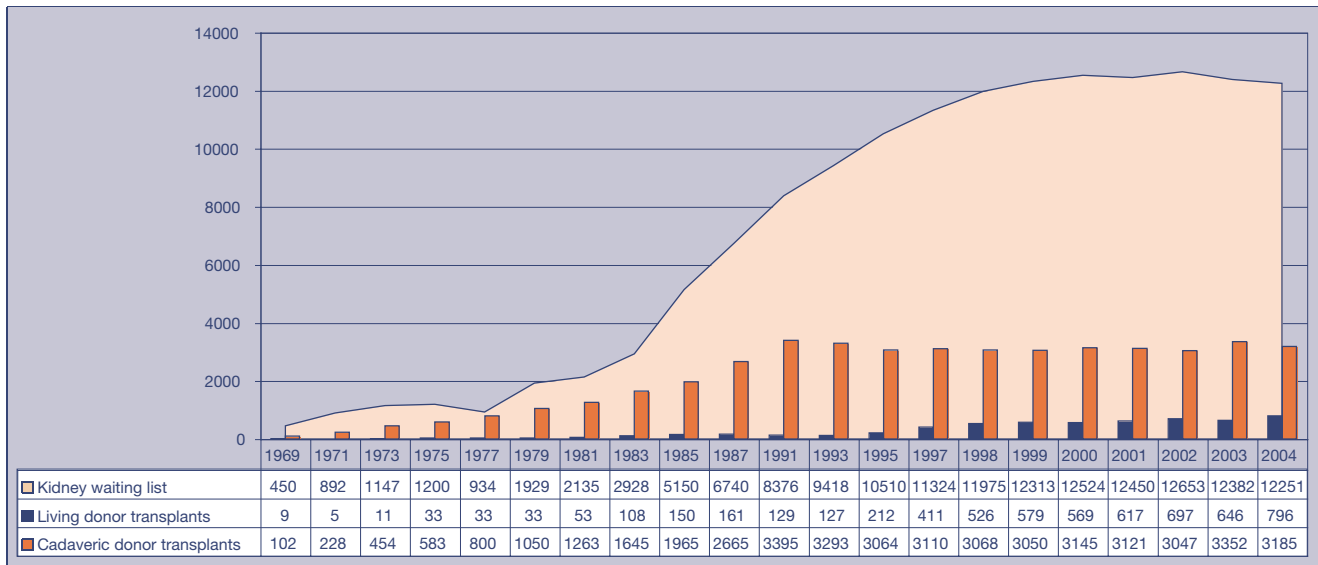


Figure 3.1 Dynamics of the Eurotransplant kidney transplant waiting list and transplants between 1969 and 2004

Table 3.5 Living donor kidney transplants - kidney only - 2004

kidney only	Austria	Belgium	Germany	Netherlands	total	%
related	29	15	283	147	474	59.5 %
non related	9	4	206	103	322	40.5 %
<b>total</b>	<b>38</b>	<b>19</b>	<b>489</b>	<b>250</b>	<b>796</b>	<b>100.0 %</b>

Related	Austria	Belgium	Germany	Netherlands	total	%
blood related: NOS *	0	0	2	0	2	0.4 %
brother / sister	10	9	74	64	157	33.1 %
father	8	4	69	24	105	22.2 %
grand father / - mother	0	0	1	2	3	0.6 %
mother	7	1	115	40	163	34.4 %
nephew / niece	2	0	7	3	12	2.5 %
son / daughter	0	1	8	14	23	4.9 %
uncle / aunt	2	0	7	0	9	1.9 %
<b>total</b>	<b>29</b>	<b>15</b>	<b>283</b>	<b>147</b>	<b>474</b>	<b>100.0 %</b>

Non related	Austria	Belgium	Germany	Netherlands	total	%
other	2	0	22	46	70	21.7 %
spouse	7	4	184	57	252	78.3 %
<b>total</b>	<b>9</b>	<b>4</b>	<b>206</b>	<b>103</b>	<b>322</b>	<b>100.0 %</b>

\* Not otherwise specified

## 4. Thoracic organs: donation, waiting lists, and transplants

Table 4.1 Cadaveric donors / hearts in Eurotransplant in 2004

Donors									
Cadaveric Donors	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total
all donors	192	239	1095	1	265	39	<b>1831</b>	240	<b>2071</b>
not heart donors	87	96	554	0	159	13	<b>909</b>	142	<b>1051</b>
heart donors	105	143	541	1	106	26	<b>922</b>	98	<b>1020</b>
Hearts									
Donor country	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total
heart reported	105	143	541	1	106	26	<b>922</b>	98	<b>1020</b>
heart not procured	23	30	92	0	12	14	<b>171</b>	76	<b>247</b>
hearts procured	82	113	449	1	94	12	<b>751</b>	22	<b>773</b>
hearts not transplanted	13	30	94	0	57	5	<b>199</b>	4	<b>203</b>
hearts transplanted	69	83	355	1	37	7	<b>552</b>	18	<b>570</b>

Table 4.2 Cadaveric donors / lungs in Eurotransplant in 2004

Donors									
Cadaveric Donors	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total
all donors	192	239	1095	1	265	39	<b>1831</b>	240	<b>2071</b>
not lung donors	114	147	760	1	189	23	<b>1234</b>	146	<b>1380</b>
lung donors	78	92	335	0	76	16	<b>597</b>	94	<b>691</b>
lung donors not used	28	28	126	0	29	12	<b>223</b>	61	<b>284</b>
total lung donors used	<b>50</b>	<b>64</b>	<b>209</b>	<b>0</b>	<b>47</b>	<b>4</b>	<b>374</b>	<b>33</b>	<b>407</b>
Lungs									
Donor country	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	Non ET	total
one lung used	3	8	18	0	6	1	<b>36</b>	5	<b>41</b>
two lungs used	47	56	191	0	41	3	<b>338</b>	28	<b>366</b>
total	<b>50</b>	<b>64</b>	<b>209</b>	<b>0</b>	<b>47</b>	<b>4</b>	<b>374</b>	<b>33</b>	<b>407</b>
Lungs									
Donor country	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total
potential lungs	156	184	670	0	152	32	<b>1194</b>	188	<b>1382</b>
lungs not reported	1	3	15	0	2	3	<b>24</b>	7	<b>31</b>
lungs reported	155	181	655	0	150	29	<b>1170</b>	181	<b>1351</b>
lungs not procured	54	56	232	0	56	22	<b>420</b>	113	<b>533</b>
lungs procured	101	125	423	0	94	7	<b>750</b>	68	<b>818</b>
lungs not transplanted	4	5	23	0	6	0	<b>38</b>	7	<b>45</b>
lungs transplanted	97	120	400	0	88	7	<b>712</b>	61	<b>773</b>

Table 4.3 Active cadaveric heart transplant waiting list as per December 31, 2004 - characteristics

type of transplant	Austria	Belgium	Germany	Netherlands	Slovenia	total	%
heart	71	31	558	38	15	713	<b>91.2 %</b>
heart+lung	2	1	44	7	0	54	<b>6.9 %</b>
kidney+heart	2	2	11	0	0	15	<b>1.9 %</b>
total	<b>75</b>	<b>34</b>	<b>613</b>	<b>45</b>	<b>15</b>	<b>782</b>	<b>100.0 %</b>

**Table 4.4 Active cadaveric heart only transplant waiting list as per December 31, 2004 - characteristics**

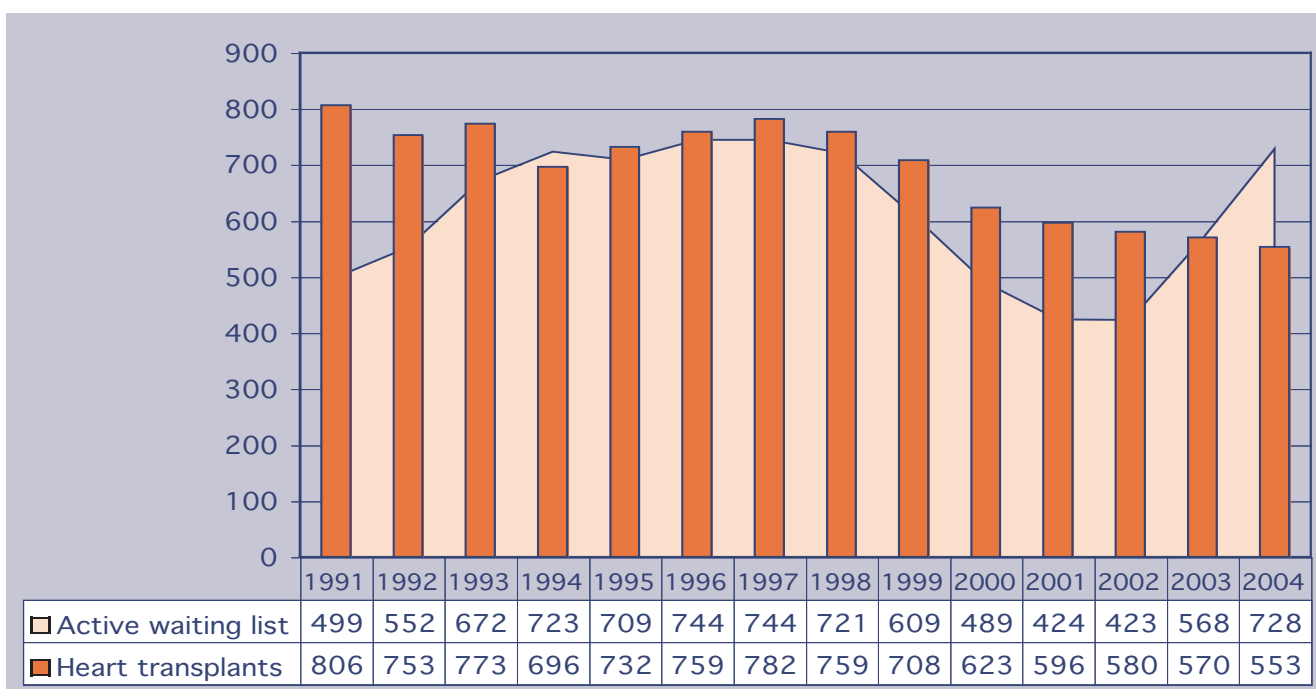
year	blood group					sequence		time waiting (registration months)			
	A	AB	B	O	not reported	first	repeat	0-5	6-11	12-23	24 +
2004	360	7	77	269	0	700	13	321	179	168	45
%	50.5%	1.0%	10.8%	37.7%	0.0%	98.2%	1.8%	45.0%	25.1%	23.6%	6.3%
2003	270	12	60	214	0	538	18	319	144	80	13
%	48.6%	2.2%	10.8%	38.5%	0.0%	96.8%	3.2%	57.4%	25.9%	14.4%	2.3%
2002	215	16	44	143	0	404	14	255	110	48	5
%	51.4%	3.8%	10.5%	34.2%	0.0%	96.7%	3.3%	61.0%	26.3%	11.5%	1.2%
2001	214	21	35	149	0	408	11	238	123	45	13
%	51.1%	5.0%	8.4%	35.6%	0.0%	97.4%	2.6%	56.8%	29.4%	10.7%	3.1%
2000	205	15	56	209	0	476	9	283	107	78	17
%	42.3%	3.1%	11.5%	43.1%	0.0%	98.1%	1.9%	58.4%	22.1%	16.1%	3.5%

**Table 4.5 Active heart + lung transplant waiting list as per December 31, 2004 - characteristics**

type of transplant	Austria	Belgium	Germany	Netherlands	total	%
heart+lung	2	1	44	7	54	100.0 %
total	2	1	44	7	54	100.0 %

**Table 4.6 Active cadaveric heart + lung only transplant waiting list as per December 31 - characteristics**

year	blood group					sequence		time waiting (registration months)			
	A	AB	B	O	not reported	first	repeat	0-5	6-11	12-23	24 +
2004	24	2	4	24	0	54	0	17	11	15	11
%	44.4%	3.7%	7.4%	44.4%	0.0%	100.0%	0.0%	31.5%	20.4%	27.8%	20.4%
2003	16	2	3	24	0	45	0	11	14	9	11
%	35.6%	4.4%	6.7%	53.3%	0.0%	100.0%	0.0%	24.4%	31.1%	20.0%	24.4%
2002	12	3	4	23	0	42	0	8	11	9	14
%	28.6%	7.1%	9.5%	54.8%	0.0%	100.0%	0.0%	19.0%	26.2%	21.4%	33.3%
2001	18	0	2	23	0	43	0	18	6	6	13
%	41.9%	0.0%	4.7%	53.5%	0.0%	100.0%	0.0%	41.9%	14.0%	14.0%	30.2%
2000	15	1	2	24	0	42	0	13	8	4	17
%	35.7%	2.4%	4.8%	57.1%	0.0%	100.0%	0.0%	31.0%	19.0%	9.5%	40.5%



**Figure 4.1 Dynamics of the Eurotransplant heart waiting list and transplants between 1991 and 2004**

**Table 4.7 Active lung transplant waiting list as per December 31, 2004 - characteristics**

type of transplant	Austria	Belgium	Germany	Netherlands	total	%
lung	55	45	410	79	589	91.2 %
heart+lung	2	1	44	7	54	8.4 %
kidney + lung	0	0	1	0	1	0.2 %
liver+lung	0	0	2	0	2	0.3 %
<b>total</b>	<b>57</b>	<b>46</b>	<b>457</b>	<b>86</b>	<b>646</b>	<b>100.0 %</b>

**Table 4.8 Active cadaveric lung only transplant waiting list as per December 31, 2004 - characteristics**

year	blood group					sequence		time waiting (registration months)			
	A	AB	B	O	not reported	first	repeat	0-5	6-11	12-23	24 +
2004	208	13	71	297	0	567	22	240	130	119	100
%	35.3%	2.2%	12.1%	50.4%	0.0%	96.3%	3.7%	40.7%	22.1%	20.2%	17.0%
2003	158	15	64	276	0	496	17	198	124	124	67
%	30.8%	2.9%	12.5%	53.8%	0.0%	96.7%	3.3%	38.6%	24.2%	24.2%	13.1%
2002	151	8	39	261	0	449	10	201	114	92	52
%	32.9%	1.7%	8.5%	56.9%	0.0%	97.8%	2.2%	43.8%	24.8%	20.0%	11.3%
2001	149	9	38	226	0	410	12	146	112	94	70
%	35.3%	2.1%	9.0%	53.6%	0.0%	97.2%	2.8%	34.6%	26.5%	22.3%	16.6%
2000	139	15	26	193	0	363	10	143	81	107	42
%	37.3%	4.0%	7.0%	51.7%	0.0%	97.3%	2.7%	38.3%	21.7%	28.7%	11.3%

**Table 4.9 Heart transplants 2004 - characteristics**

**Cadaveric donor heart transplants**

type of transplant	Austria	Belgium	Germany	Netherlands	Slovenia	non ET	total	%
heart only	60	68	372	32	3	2	537	94.0 %
kidney + heart	2	2	9	0	0	0	13	2.3 %
heart + both lungs	1	3	14	0	0	0	18	3.2 %
heart + whole liver	0	0	3	0	0	0	3	0.5 %
<b>total</b>	<b>63</b>	<b>73</b>	<b>398</b>	<b>32</b>	<b>3</b>	<b>2</b>	<b>571</b>	<b>100.0 %</b>

**Heart only transplant**

blood group	Austria	Belgium	Germany	Netherlands	Slovenia	non ET	total	%
A	22	30	136	14	0	1	203	37.8 %
AB	7	1	37	2	1	1	49	9.1 %
B	6	3	44	4	1	0	58	10.8 %
O	25	34	155	12	1	0	227	42.3 %
<b>total</b>	<b>60</b>	<b>68</b>	<b>372</b>	<b>32</b>	<b>3</b>	<b>2</b>	<b>537</b>	<b>100.0 %</b>

wait (months - registration)	Austria	Belgium	Germany	Netherlands	Slovenia	non ET	total	%
0-5	43	48	226	16	1	2	336	62.6 %
6-11	9	17	75	12	1	0	114	21.2 %
12-23	5	3	54	3	1	0	66	12.3 %
24-59	3	0	15	1	0	0	19	3.5 %
60 +	0	0	2	0	0	0	2	0.4 %
<b>total</b>	<b>60</b>	<b>68</b>	<b>372</b>	<b>32</b>	<b>3</b>	<b>2</b>	<b>537</b>	<b>100.0 %</b>

sequence	Austria	Belgium	Germany	Netherlands	Slovenia	non ET	total	%
first	57	66	359	32	3	2	519	96.6 %
repeat	3	2	13	0	0	0	18	3.4 %
<b>total</b>	<b>60</b>	<b>68</b>	<b>372</b>	<b>32</b>	<b>3</b>	<b>2</b>	<b>537</b>	<b>100.0 %</b>

Table 4.10 Heart + lung transplants 2004 - characteristics

**Heart + lung only transplant**

blood group	Austria	Belgium	Germany	total	%
A	1	0	7	8	44.4 %
AB	0	0	1	1	5.6 %
O	0	3	6	9	50.0 %
<b>total</b>	<b>1</b>	<b>3</b>	<b>14</b>	<b>18</b>	<b>100.0 %</b>

wait (months - registration)	Austria	Belgium	Germany	total	%
0-5	1	1	4	6	33.3 %
6-11	0	2	2	4	22.2 %
12-23	0	0	2	2	11.1 %
24-59	0	0	3	3	16.7 %
60 +	0	0	3	3	16.7 %
<b>total</b>	<b>1</b>	<b>3</b>	<b>14</b>	<b>18</b>	<b>100.0 %</b>

sequence	Austria	Belgium	Germany	total	%
first	1	3	14	18	100.0 %
<b>total</b>	<b>1</b>	<b>3</b>	<b>14</b>	<b>18</b>	<b>100.0 %</b>

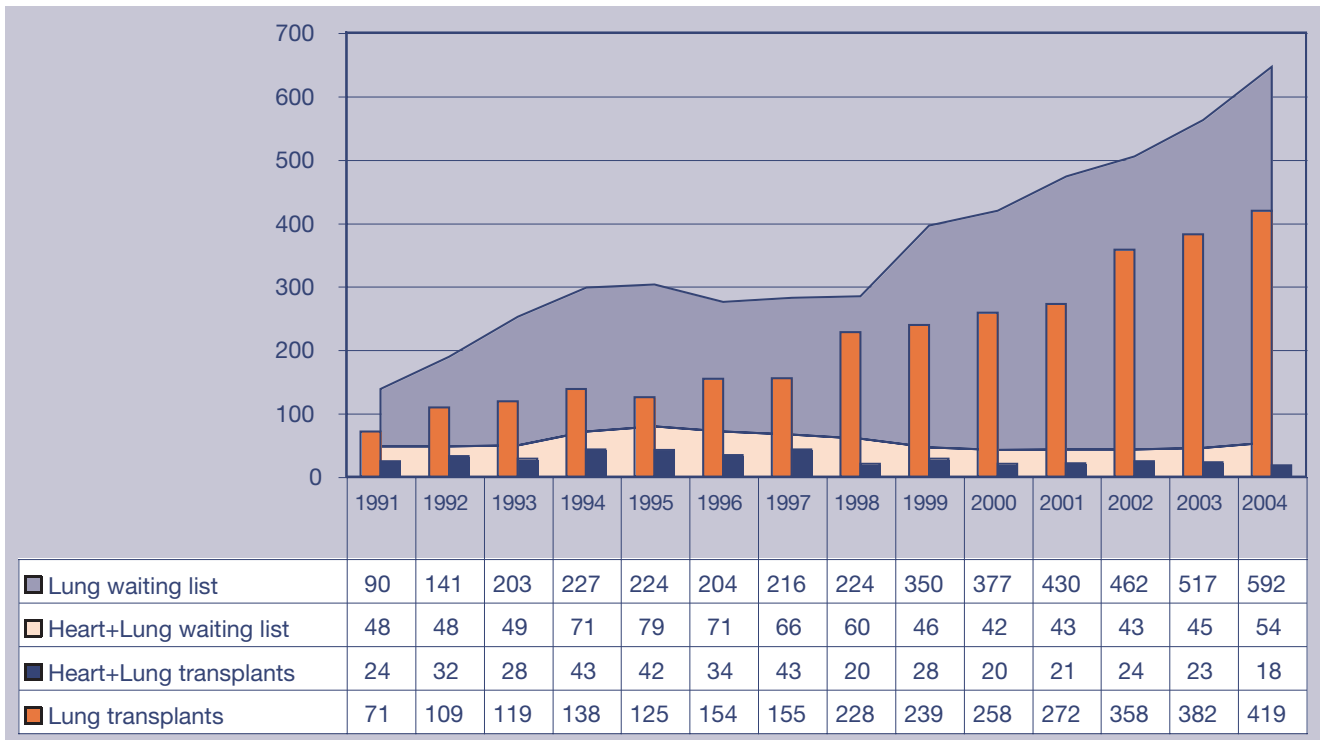


Figure 4.2 Dynamics of the Eurotransplant heart + lung waiting list and heart + lung transplants and Eurotransplant lung waiting list and lung transplants between 1991 and 2004

**Table 4.11 Lung transplants 2004 - characteristics**

<b>Cadaveric donor lung transplants</b>						
<b>type of transplant</b>	<b>Austria</b>	<b>Belgium</b>	<b>Germany</b>	<b>Netherlands</b>	<b>total</b>	<b>%</b>
Single lung	20	28	44	7	99	22.7 %
Both lungs	57	32	182	46	317	72.5 %
Kidney + both lungs	0	1	0	0	1	0.2 %
Both lungs + whole liver	0	0	1	1	2	0.5 %
both lungs + heart	1	3	14	0	18	4.1 %
<b>total</b>	<b>78</b>	<b>64</b>	<b>241</b>	<b>54</b>	<b>437</b>	<b>100.0 %</b>

<b>Lung only transplant</b>						
<b>blood group</b>	<b>Austria</b>	<b>Belgium</b>	<b>Germany</b>	<b>Netherlands</b>	<b>total</b>	<b>%</b>
A	30	25	94	25	174	41.8 %
B	6	1	24	3	34	8.2 %
AB	10	6	23	4	43	10.3 %
O	31	28	85	21	165	39.7 %
<b>total</b>	<b>77</b>	<b>60</b>	<b>226</b>	<b>53</b>	<b>416</b>	<b>100.0 %</b>

<b>wait (months - registration)</b>	<b>Austria</b>	<b>Belgium</b>	<b>Germany</b>	<b>Netherlands</b>	<b>total</b>	<b>%</b>
0-5	59	28	93	23	203	48.8 %
6-11	13	10	49	12	84	20.2 %
12-23	5	18	52	14	89	21.4 %
24-59	0	3	30	4	37	8.9 %
60 +	0	1	2	0	3	0.7 %
<b>total</b>	<b>77</b>	<b>60</b>	<b>226</b>	<b>53</b>	<b>416</b>	<b>100.0 %</b>

<b>sequence</b>	<b>Austria</b>	<b>Belgium</b>	<b>Germany</b>	<b>Netherlands</b>	<b>total</b>	<b>%</b>
first	70	60	217	50	397	95.4 %
repeat	7	0	9	3	19	4.6 %
<b>total</b>	<b>77</b>	<b>60</b>	<b>226</b>	<b>53</b>	<b>416</b>	<b>100.0 %</b>

## 5. Liver and intestine: donation, waiting lists, and transplants

**Table 5.1 Cadaveric donor livers in the Eurotransplant region in 2004**

<b>Donors</b>									
donor country	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total
cadaveric donors	192	239	1095	1	265	39	<b>1831</b>	240	<b>2071</b>
not liver donors	36	11	162	0	102	7	<b>318</b>	188	<b>506</b>
cadaveric liver donors	156	228	933	1	163	32	<b>1513</b>	52	<b>1565</b>
<b>Donor procedures</b>									
donor country	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total
whole liver procedure	151	216	879	1	158	32	<b>1434</b>	51	<b>1485</b>
split liver procedure	5	12	57	0	5	0	<b>79</b>	1	<b>80</b>
<b>total</b>	<b>156</b>	<b>228</b>	<b>933</b>	<b>1</b>	<b>163</b>	<b>32</b>	<b>1513</b>	<b>52</b>	<b>1565</b>
<b>Whole livers</b>									
donor country	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total
reported	151	216	876	1	158	32	<b>1434</b>	51	<b>1485</b>
not procured	22	34	131	0	39	7	<b>233</b>	30	<b>263</b>
procured	129	182	745	1	119	25	<b>1201</b>	21	<b>1222</b>
not transplanted	5	13	78	0	9	1	<b>106</b>	2	<b>108</b>
transplanted	124	169	667	1	110	24	<b>1095</b>	19	<b>1114</b>
<b>Split livers</b>									
donor country	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total
potential split livers	10	24	114	0	10	0	<b>158</b>	2	<b>160</b>
split liver not used	1	3	4	0	1	0	<b>9</b>	2	<b>11</b>
split liver transplanted	9	21	110	0	9	0	<b>149</b>	0	<b>149</b>

**Table 5.2 Active cadaveric liver transplant waiting list as per December 31, 2004 - characteristics**

type of transplant	Austria	Belgium	Germany	Netherlands	Slovenia	total	%
liver	104	229	1471	151	4	<b>1959</b>	<b>96.3 %</b>
liver + kidney	3	14	49	4	0	<b>70</b>	<b>3.4 %</b>
liver + kidney + pancreas	1	0	1	0	0	<b>2</b>	<b>0.1 %</b>
liver + lung	0	0	2	0	0	<b>2</b>	<b>0.1 %</b>
liver + pancreas	0	0	2	0	0	<b>2</b>	<b>0.1 %</b>
<b>total</b>	<b>108</b>	<b>243</b>	<b>1525</b>	<b>155</b>	<b>4</b>	<b>2035</b>	<b>100.0 %</b>



**Table 5.3 Active cadaveric liver only transplant waiting list as per December 31, 2004 - characteristics**

year	blood group					sequence		time waiting (registration months)				
	A	AB	B	O	not reported	first	repeat	0-5	6-11	12-23	24 +	not reported
2004	871	57	242	789	0	1847	112	739	466	531	223	0
%	44.5%	2.9%	12.4%	40.3%	0.0%	94.3%	5.7%	37.7%	23.8%	27.1%	11.4%	0.0%
2003	720	60	233	631	0	1555	89	728	532	313	71	0
%	43.8%	3.6%	14.2%	38.4%	0.0%	94.6%	5.4%	44.3%	32.4%	19.0%	4.3%	0.0%
2002	566	38	194	498	0	1219	77	717	367	179	25	8
%	43.7%	2.9%	15.0%	38.4%	0.0%	94.1%	5.9%	55.3%	28.3%	13.8%	1.9%	0.6%
2001	461	36	171	374	0	986	56	613	321	97	9	2
%	44.2%	3.5%	16.4%	35.9%	0.0%	94.6%	5.4%	58.8%	30.8%	9.3%	0.9%	0.2%
2000	322	30	122	291	0	728	37	545	163	43	12	2
%	42.1%	3.9%	15.9%	38.0%	0.0%	95.2%	4.8%	71.2%	21.3%	5.6%	1.6%	0.3%

**Table 5.4 Liver transplants 2004 - characteristics**

**Cadaveric donor liver transplants**

Type of transplant	Austria	Belgium	Germany	Netherlands	Slovenia	non ET	total	%
split liver	8	19	113	6	0	0	146	11.6 %
whole liver	111	169	665	96	15	2	1058	83.8 %
kidney + split liver	0	1	4	0	0	0	5	0.4 %
kidney + whole liver	5	13	21	3	0	0	42	3.3 %
both lungs + whole liver	0	0	1	1	0	0	2	0.2 %
pancreas + whole liver	2	1	3	0	0	0	6	0.5 %
heart + whole liver	0	0	3	0	0	0	3	0.2 %
<b>total</b>	<b>126</b>	<b>203</b>	<b>810</b>	<b>106</b>	<b>15</b>	<b>2</b>	<b>1262</b>	<b>100.0 %</b>

**Liver only (cadaveric donor) transplant**

blood group	Austria	Belgium	Germany	Netherlands	Slovenia	non ET	total	%
A	50	74	315	45	4	1	489	40.6 %
AB	9	17	65	6	2	0	99	8.2 %
B	11	25	107	13	5	0	161	13.4 %
O	49	72	291	38	4	1	455	37.8 %
<b>total</b>	<b>119</b>	<b>188</b>	<b>778</b>	<b>102</b>	<b>15</b>	<b>2</b>	<b>1204</b>	<b>100.0 %</b>

wait (registration months)	Austria	Belgium	Germany	Netherlands	Slovenia	non ET	total	%
0-5	74	120	456	44	10	2	706	58.6 %
6-11	32	35	130	24	2	0	223	18.5 %
12-23	11	32	148	29	2	0	222	18.4 %
24-59	2	1	41	5	1	0	50	4.2 %
60 +	0	0	3	0	0	0	3	0.2 %
<b>total</b>	<b>119</b>	<b>188</b>	<b>778</b>	<b>102</b>	<b>15</b>	<b>2</b>	<b>1204</b>	<b>100.0 %</b>

sequence	Austria	Belgium	Germany	Netherlands	Slovenia	non ET	total	%
first	108	161	674	90	14	2	1049	87.1 %
repeat	11	27	104	12	1	0	155	12.9 %
<b>total</b>	<b>119</b>	<b>188</b>	<b>778</b>	<b>102</b>	<b>15</b>	<b>2</b>	<b>1204</b>	<b>100.0 %</b>

**Table 5.5 Living donor liver transplants - liver only 2004**

**Liver only**

	Austria	Belgium	Germany	Netherlands	total	%
domino	0	1	7	0	8	7.5 %
non related	0	3	12	0	15	14.2 %
related	6	22	52	3	83	78.3 %
<b>total</b>	<b>6</b>	<b>26</b>	<b>71</b>	<b>3</b>	<b>106</b>	<b>100.0 %</b>

**Table 5.5 Living donor liver transplants - liver only 2004 (continued)**

related	Austria	Belgium	Germany	Netherlands	total	%
brother / sister	0	0	7	1	8	9.6 %
father	1	7	8	1	17	20.5 %
grand father / mother	1	0	0	0	1	1.2 %
mother	3	7	13	0	23	27.7 %
nephew / niece	0	1	4	0	5	6.0 %
son / daughter	1	7	20	1	29	34.9 %
<b>total</b>	<b>6</b>	<b>22</b>	<b>52</b>	<b>3</b>	<b>83</b>	<b>100.0 %</b>

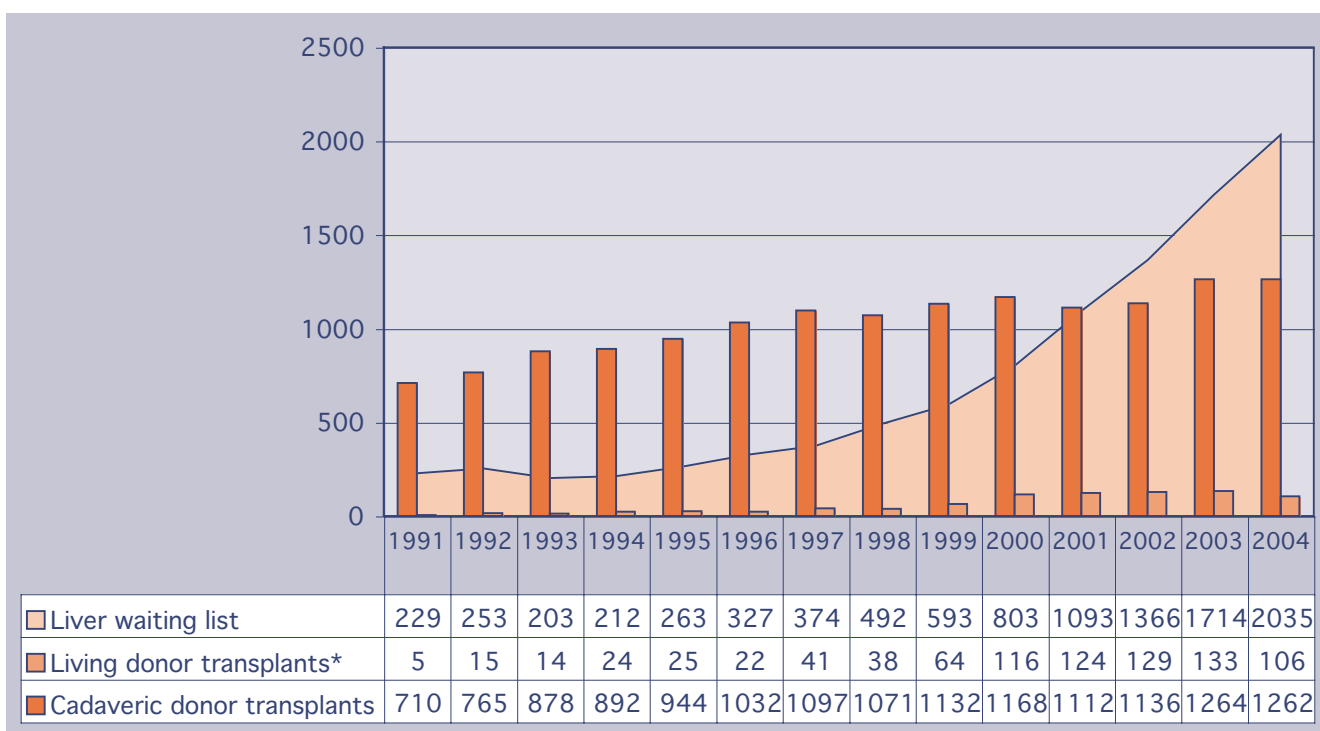
non related	Belgium	Germany	total	Percent:
other	0	5	5	33.33 %
spouse	3	7	10	66.67 %
<b>total</b>	<b>3</b>	<b>12</b>	<b>15</b>	<b>100.00 %</b>

### Intestine transplants in 2004

On January 1, 2004, 15 patients were on the waiting list for an intestinal transplant. (8 in Germany, 5 in Belgium and 2 in Austria). During the year 2004, 13 patients were registered for either an intestinal transplant (N=7) or for a combined intestinal transplant (N=6).

As per December 31, 2004, 16 patients were awaiting either for an isolated intestinal transplant (N=11) or in combination with another organ (N=5).

In 2004, 7 intestinal transplants were performed. (BC:1; IB:1; BO:1; LG:1; KI:1, LM:2). Three transplants were isolated intestinal transplants and 4 were combined intestinal transplants. In 2003, 8 isolated intestinal transplants were performed as well as 4 combined intestinal transplants. All of these were obtained through sharing, thus not from local donors. Five patients died while awaiting a transplant.



**Figure 5.1. Dynamics of the Eurotransplant liver waiting list and liver transplants between 1991 and 2004**

\* including domino transplants

## 6. Pancreas and islets: donation, waiting lists, and transplants

**Table 6.1 Cadaveric donors / pancreas in Eurotransplant in 2004**

<b>Donors</b>									
Cadaveric Donors	Austria	Belgium	Germany	Luxembourg	Netherlands	Slovenia	total ET	non ET	total
all donors	192	239	1095	1	265	39	<b>1831</b>	240	<b>2071</b>
not pancreas donors	116	95	551	0	178	9	<b>949</b>	200	<b>1149</b>
pancreas donors	76	144	544	1	87	30	<b>882</b>	40	<b>922</b>
pancreas donors not used	40	82	339	1	55	25	<b>542</b>	34	<b>576</b>
<b>Pancreas</b>									
total pancreas donors used	<b>36</b>	<b>62</b>	<b>205</b>	<b>0</b>	<b>32</b>	<b>5</b>	<b>340</b>	<b>6</b>	<b>346</b>
Pancreas	36	35	173		21	4	<b>269</b>	1	<b>270</b>
Pancreatic islets	0	27	32		11	1	<b>71</b>	5	<b>76</b>
total	<b>36</b>	<b>62</b>	<b>205</b>		<b>32</b>	<b>5</b>	<b>340</b>	<b>6</b>	<b>346</b>
<b>Pancreas</b>									
Donor country	Austria	Belgium	Germany		Netherlands	Slovenia	total ET	non ET	total
pancreas reported	76	144	544	1	87	30	<b>882</b>	40	<b>922</b>
pancreas not procured	31	50	244	0	38	24	<b>387</b>	24	<b>411</b>
pancreas procured	45	94	300	1	49	8	<b>495</b>	16	<b>511</b>
pancreas not transplanted	9	32	95	1	17	1	<b>155</b>	10	<b>165</b>
pancreas transplanted	36	62	205	0	32	5	<b>340</b>	6	<b>346</b>

**Table 6.2 Active cadaveric pancreas transplant waiting list as per December 31, 2004 - characteristics**

type of transplant	Austria	Belgium	Germany	Netherlands	total	%
kidney+liver+pancreas	1	0	1	0	<b>2</b>	<b>0.7 %</b>
kidney+pancreas	17	26	128	32	<b>203</b>	<b>72.2 %</b>
liver+pancreas	0	0	2	0	<b>2</b>	<b>0.7 %</b>
pancreas	18	27	27	2	<b>74</b>	<b>26.3 %</b>
total	<b>36</b>	<b>53</b>	<b>158</b>	<b>34</b>	<b>281</b>	<b>100.0 %</b>

**Table 6.3a Active cadaveric pancreas only transplant waiting list as per December 31, 2004 - characteristics**

year	blood group					sequence		time waiting (registration months)			
	A	AB	B	O	not reported	first	repeat	0-5	6-11	12-23	24 +
2004	34	0	3	37	0	45	29	25	10	13	26
%	45.9%	0.0%	4.1%	50.0%	0.0%	60.8%	39.2%	33.8%	13.5%	17.6%	35.1%
2003	30	1	4	40	0	49	26	19	18	18	20
%	40.0%	1.3%	5.3%	53.3%	0.0%	65.3%	34.7%	25.3%	24.0%	24.0%	26.7%
2002	26	1	3	34	0	46	18	32	9	9	14
%	40.6%	1.6%	4.7%	53.1%	0.0%	71.9%	28.1%	50.0%	14.1%	14.1%	21.9%
2001	26	1	6	37	0	41	29	20	7	15	28
%	37.1%	1.4%	8.6%	52.9%	0.0%	58.6%	41.4%	28.6%	10.0%	21.4%	40.0%
2000	34	1	9	43	0	48	39	17	13	20	37
%	39.1%	1.1%	10.3%	49.4%	0.0%	55.2%	44.8%	19.5%	14.9%	23.0%	42.5%

**Table 6.3b Active cadaveric kidney + pancreas transplant waiting list as per December 31, 2004 - characteristics**

year	blood group					sequence		time waiting (registration months)			
	A	AB	B	O	not reported	first	repeat	0-5	6-11	12-23	24 +
2004	67	1	36	99	0	193	10	105	57	26	15
%	33.0%	0.5%	17.7%	48.8%	0.0%	95.1%	4.9%	51.7%	28.1%	12.8%	7.4%
2003	56	4	22	94	0	166	10	77	50	45	4
%	31.8%	2.3%	12.5%	53.4%	0.0%	94.3%	5.7%	43.8%	28.4%	25.6%	2.3%
2002	82	3	17	117	0	208	11	96	86	29	8
%	37.4%	1.4%	7.8%	53.4%	0.0%	95.0%	5.0%	43.8%	39.3%	13.2%	3.7%
2001	43	7	12	82	0	137	7	77	36	28	3
%	29.9%	4.9%	8.3%	56.9%	0.0%	95.1%	4.9%	53.5%	25.0%	19.4%	2.1%
2000	65	3	15	112	0	183	12	81	76	34	4
%	33.3%	1.5%	7.7%	57.4%	0.0%	93.8%	6.2%	41.5%	39.0%	17.4%	2.1%

**Table 6.4a Pancreas transplants 2004 - characteristics**

**Cadaveric donor pancreas transplants**

type of transplant	Austria	Belgium	Germany	Netherlands	total	%
pancreas	5	5	20	4	34	11.4 %
islets	3	18	2	0	23	7.7 %
kidney + pancreas	30	18	163	18	229	77.1 %
kidney + islets	1	0	3	0	4	1.3 %
pancreas + liver	2	1	3	0	6	2.0 %
both kidneys + pancreas	0	0	1	0	1	0.3 %
<b>total</b>	<b>41</b>	<b>42</b>	<b>192</b>	<b>22</b>	<b>297</b>	<b>100.0 %</b>

**Pancreas only (cadaveric donor) transplant**

blood group	Austria	Belgium	Germany	Netherlands	total	%
A	2	1	3	3	9	26.5 %
AB	0	0	2	0	2	5.9 %
B	2	0	1	0	3	8.8 %
O	1	4	14	1	20	58.8 %
<b>total</b>	<b>5</b>	<b>5</b>	<b>20</b>	<b>4</b>	<b>34</b>	<b>100.0 %</b>

wait (registration months)	Austria	Belgium	Germany	Netherlands	total	%
0-5	1	2	8	0	11	32.4 %
6-11	2	1	7	1	11	32.4 %
12-23	1	2	4	1	8	23.5 %
24-59	1	0	1	2	4	11.8 %
<b>total</b>	<b>5</b>	<b>5</b>	<b>20</b>	<b>4</b>	<b>34</b>	<b>100.0 %</b>

sequence	Austria	Belgium	Germany	Netherlands	total	%
first	2	3	10	0	15	44.1 %
repeat	3	2	10	4	19	55.9 %
<b>total</b>	<b>5</b>	<b>5</b>	<b>20</b>	<b>4</b>	<b>34</b>	<b>100.0 %</b>

**Table 6.4b Number of pancreas islet transplantations 2004**

	AIBTP	BBCTP	BLATP	GGITP	total
recipients transplanted	3	12	1	4	20
number of transplants	4	17	1	5	27
number of donors used	4	66	1	5	76

Table 6.4c Pancreas transplants 2004 - characteristics

Pancreas (whole ) + Kidney only (cadaveric donor) transplant

blood group	Austria	Belgium	Germany	Netherlands	total	%
A	13	7	69	8	97	42.4 %
AB	1	1	10	1	13	5.7 %
B	5	0	18	0	23	10.0 %
O	11	10	66	9	96	41.9 %
total	30	18	163	18	229	100.0 %
wait (registration months)	Austria	Belgium	Germany	Netherlands	total	%
0-5	13	10	44	1	68	29.7 %
6-11	10	5	60	7	82	35.8 %
12-23	7	2	47	6	62	27.1 %
24-59	0	1	12	3	16	7.0 %
60 +	0	0	0	1	1	0.4 %
total	30	18	163	18	229	100.0 %
sequence	Austria	Belgium	Germany	Netherlands	total	%
first	30	18	154	18	220	96.1 %
repeat	0	0	9	0	9	3.9 %
total	30	18	163	18	229	100.0 %

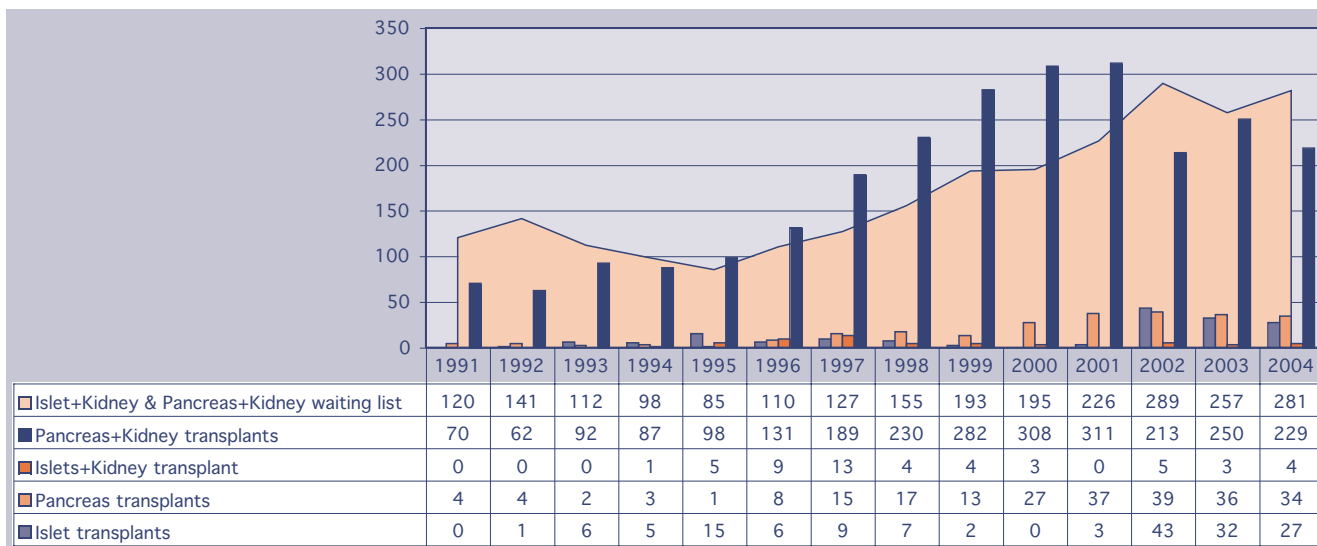


Figure 6.1. Dynamics of the Eurotransplant pancreas+kidney and islet+kidney waiting list, pancreas+kidney, islet+kidney, pancreas and islet-only transplants between 1991 and 2004

# 7. Histocompatibility Testing

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## 7.1 Introduction

An ongoing task of the Eurotransplant Reference Laboratory (ETRL) is the improvement and maintenance of the high quality of HLA typing, screening for transplantation relevant antibodies and crossmatching within Eurotransplant and its affiliated centers. This task is addressed by organising Proficiency testing schemes (External Proficiency Testing Exercises) for the Tissue Typing Centers (TTC) collaborating with Eurotransplant (ET). Furthermore, the ETRL initiates studies and promotes discussions for possible new recommendations with the help of the Tissue Typing Advisory Committee (TTAC). In addition, in the past 19 years the ETRL has addressed the problem of highly sensitised patients, by organising and promoting the Acceptable Mismatch (AM) program. Furthermore, visits to the affiliated TTC belong to its duties. A 24 hours a day, 7 days a week duty for all transplantation relevant immunological aspects for all patients within ET rounds up the tasks of the ETRL.

## 7.2 Eurotransplant External Proficiency Testing Schemes

The EPT Schemes applied in 2004 to determine the individual performance of the TTC's are reported below:

### 7.2.1 External Proficiency Testing on HLA typing

In 2004, each participating laboratory received eight blood samples for typing and was asked to report the results before a certain deadline. For the analysis of the results the typing performed by the ETRL was taken as correct, as proposed by the External Proficiency Testing Committee of the European Federation for Immunogenetics. The results based on the report of the split HLA specificities are summarised in the Table 1 below

**Table 7.1: External Proficiency Testing Exercises on HLA typing (N=56 participants; 405 typing reports)**

	Discrepant (N)*	%Discrepancy
HLA-A,B	4	1.0
HLA-DR	4	1.0

\* Including the use of erroneous nomenclature

Since the TTC use serological and molecular methods for HLA typing no differentiation with respect to the method was done. The discrepancies were presumably due to clerical errors and not to misinterpretation of the results.

### 7.2.2 External Proficiency Testing Exercises on molecular typing

For the EPT on molecular typing two sets of 5 DNA samples each (DNA#24 and DNA#25) were sent to the participants. The DNA was isolated from spleen cells of organ donors, peripheral blood cells from healthy blood donors or cell lines. Rare alleles or haplotypes were included. The participants reported results on MHC class I and class II typing on the two-digit resolution level. In the table 2 the total number of typings reported and the number and type of discrepancies is showed:

**Table 7.2: Report of molecular typing results**

MHC	Locus	Typings N	Discrepancies	
			N	%
Class I	HLA-A	495	2	0.4
	HLA-B	495	4	0.8
	HLA-A,B	495	6	1.2
Class II	HLA-DRB1	520	1	0.2
	HLA-DQB1	485	3	0.6

The number of discrepancies for HLA-A, B is significantly lower than in the past years due to commercial kits and awareness of the participants. Nomenclature problems are still present but a better accommodation presumably due to the EFI Accreditation and Certification procedure is obvious.

### 7.2.3 External Proficiency Testing on Crossmatching

As in the past, TTC participating in this External Proficiency Testing Exercise were asked to perform cross-matches using the cells provided for the Proficiency Testing Exercise on serological typing and the sera of four different Eurotransplant patients selected by the ETRL. The TTC used the local crossmatch techniques using dithiothreitol to destroy IgM specific antibodies to simulate the day-to-day practice (table 3). In total 32 sera had to be crossmatched per TTC. For the centers not receiving the sera of the patients on the waiting list, as Scandia Transplant and German centers performing patient histocompatibility work only eight sera were selected and sent to the participants. These TTC had to perform 64 crossmatches in total. The results of this EPT are not as satisfactory as for the other EPT. It is obvious that only when the complete history of the patient is known a cross-match results can be interpreted.

**Table 7.3: Report of the crossmatch results**

	Total	Discrepant	%
With dithiothreitol	810	43	5.3
Without dithiothreitol	794	40	5.0

### 7.2.4 External Proficiency Testing Exercise on Screening

The scheme of the EPT Exercises on screening consists of a send out of 4 serum samples from multiparous women 4 times per year. The HLA typing of the serum donor, the immunising partner and of one of the children is known in almost all instances, but not reported to the participants beforehand. The ETRL received results from 66 participants working in the field of transplantation. All but one (flow cytometry) performed CDC as their routine screening procedure, with addition or not of dithiothreitol. Results of solid phase assays (generic ELISA) are now also reported by almost 50% of the participants. Here the discrepancy rate is almost negligible. The % PRA value as obtained by CDC remains unreliable. The report of HLA specific antibodies in this period is continuously evolving and is significantly better than in previous years.

## 7.3 Programmes for the highly sensitised patients in Eurotransplant

In 2004, the Acceptable Mismatch Programme (AM) program organised and controlled by the ETRL has been an efficient tool to a number of highly sensitized patients. This program is open for all patients of Eurotransplant. Information for participation can be obtained from the ETRL or the Eurotransplant Administration. A comparison between the years 2002, 2003, and 2004 is depicted in figure 7.1. While the number of transplanted AM patients increased in Germany and the Netherlands a decreased is observed in Austria and Belgium. The AM list currently includes more than 175 patients from Eurotransplant (figure 7.2).

## 7.4 Other activities

### *Annual Tissue Typers Meeting*

The Annual Tissue Typers Meeting was held in October 2004 in Leiden. Over a hundred participants from the different TTC were present. The major topic was the relevance of HLA specific and other antibodies in kidney transplantation.

### *Tissue Typing Advisory Committee (TTAC)*

The minutes of the meetings of the TTAC and the accepted recommendations have been published in the ET Newsletter. Throughout 2004 the TTAC discussed the problems related to the situation in Germany, where the TTC were divided into those performing donor and recipient activities and those performing patient specific tasks only.

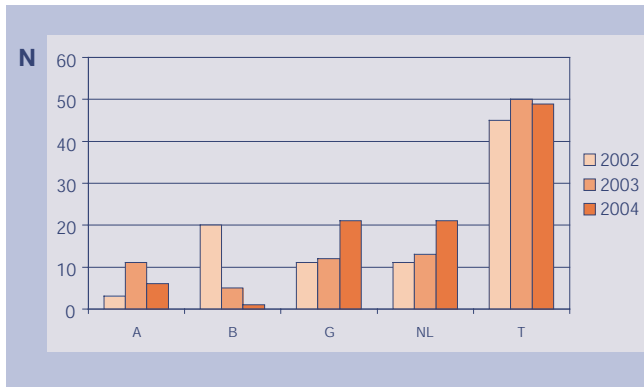


Figure 7.1: Number of transplantations of AM patients

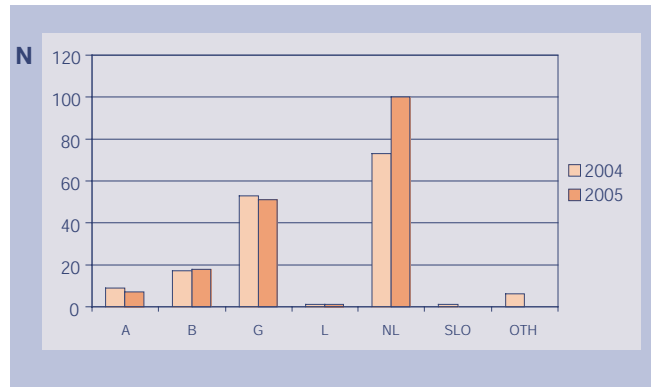


Figure 7.2: Number of patients in the AM program



## 8. Publications in 2004

The names of authors who work at the Eurotransplant central office or Eurotransplant Reference Laboratory are in *Italic*.

### Articles

Duquesnoy RJ, Witvliet MD, *Doxiadis IIN*, de Fijter H, Claas FHJ

**HLA Matchmaker-based strategy to identify acceptable HLA class I mismatch for highly sensitized kidney transplant candidates**

In: *Transpl Int.*, January 2004, 17(1): 22-30

Dankers MK, Roelen DL, Nagelkerke NJ, Lange de P, *Persijn GG*, *Doxiadis IIN*, Claas FHJ

**The HLA-DR phenotype of the responder is predictive of humoral response against HLA class I antigens**

In: *Hum Immunol.*, January 2004; 65(1): 13-9

*Doxiadis IIN*, *Smits JMA*, *Persijn GG*, Frei U, Claas FHJ

**It takes six to boogie: allocating cadaver kidneys in Eurotransplant**

In: *Transplantation*, February 27, 2004; 77(4):615-7

Pape L, Offner G, Ehrich JH, *Boer de J*, *Persijn GG*

**Renal allograft function in matched pediatric and adult recipient pairs of the same donor**

In: *Transplantation*, April 27, 2004; 77(8): 1191-4

Dankers MK, Witvliet MD, Roelen DL, Lange de P, Korfage N, *Persijn GG*, Duquesnoy R, *Doxiadis IIN*, Claas FHJ

**The number of amino Acid triplet differences between patient and donor is predictive for the antibody reactivity against mismatched human leukocyte antigens**

In: *Transplantation*, April 27, 2004; 77(8): 1236-9

Baan C, Peeters A, Lemos F, Uitterlinden A, *Doxiadis IIN*, Claas FHJ, IJzermans J, Roodnat J, Weimar W

**Fundamental role for HO-1 in the self-protection of renal allografts**

In: *Am J Transplant*, May 2004; 4(5): 811-8

Dankers MK, Heemskerk MB, Duquesnoy RJ, *Doxiadis IIN*, Oudshoorn M, Roelen DL, Claas FHJ

**HLA Matchmaker algorithm is not a suitable tool to predict the alloreactive cytotoxic T-lymphocyte response in vitro**

In: *Transplantation*, July 15, 2004; 78(1): 165-7

Roels L., Gachet C., *Cohen B.*

**Comparing countries' performance in organ donation: time to focus on their potential**

In: *Transplantation*, 2004; 78: 2(1): 183-184

Claas FH, Witvliet MD, Duquesnoy RJ, *Persijn GG*, *Doxiadis IIN*

**The acceptable mismatch program as a fast tool for highly sensitized patients awaiting a cadaveric kidney transplantation: short waiting time and excellent graft outcome**

In: *Transplantation*, July 27, 2004; 78(2): 190-3

Iniotaki-Theodoraki A, Kalogeropoulou E, Apostolaki M, *Doxiadis IIN*, Stavropoulos-Giokas G

**Humoral sensitization against rejected grafts: Specific antibodies to graft immunogenic amino acid triplets**

In: *Transplant. Proc.*, July-Aug 2004; 36(6): 1728-31

Varnavidou-Nicolaidou A, *Doxiadis IIN*, Iniotaki-Theodoraki A, Patargias T, Stavropoulos-Giokas C, Kyriakides GK

**HLA class I donor-specific triplet antibodies detected after renal transplantation**

In: *Transplant. Proc.*, July-Aug 2004;36(6):1732-4

*Cohen B*, *Smits JM*, Haase B, *Persijn G*, Vanrenterghem Y, Frei U

**Expanding the donor pool to increase renal transplantation**

In: *Nephrol Dial Transplant*. 2004 Nov 2; [Epub ahead of print]

Arnold ML, Zacher T, Dechant M, Kalden JR, *Doxiadis II*, Spriewald BM

**Detection and specification of noncomplement binding anti-HLA alloantibodies**

In: *Hum Immunol.* 2004 Nov; 65(11): 1288-96

Roels L., Gachet C., *Cohen B.*

**Choosing the right moment to approach relatives about donation: the Donor Action experience**

In: *Transplant Proc* 2004; Vol. 36, Issue 10, Suppl. 1, Pages S585-S636

Roels L., Gachet C., *Cohen B.*

**Impact of requestors' profile on the consent process: lessons from the Donor Action Database**

In: *Transplant Proc* 2004; Vol. 36, Issue 10, Suppl. 1, Pages S585-S636

*Cohen B.*, Roels L., Gachet C

**Comparing countries' performance in organ donation with a Donation Efficiency Index based on their real potential**

In: *Transplant Proc* 2004; Vol. 36, Issue 10, Suppl. 1, Pages S585-S636

# 9. Abbreviated Financial Statements

## Balance sheet

Assets	31.12.2004 x € 1000	31.12.2003 x € 1000
Fixed assets	2,533	2,218
Short term receivables	1,479	1,361
Liquid assets	1,393	1,347
	<u>5,405</u>	<u>4,926</u>
<b>Liabilities</b>	<b>31.12.2004 x € 1000</b>	<b>31.12.2003 x € 1000</b>
Equity	235	235
Reserve funds	2,980	2,974
Provisions	367	0
Short term liabilities	1,823	1,717
	<u>5,405</u>	<u>4,926</u>

## Statement of income and charges

Income	2004 x € 1000	2003 x € 1000
Registration fees	4,353	4,115
Procurement fees	2,613	2,360
Miscellaneous	67	95
Extra-ordinary income	823	
	<u>7,856</u>	<u>6,570</u>
<b>Charges</b>	<b>2004 x € 1000</b>	<b>2003 x € 1000</b>
Salaries	2,769	2,574
Procurement charges	2,612	2,185
General expenses	702	739
Medical expenses	63	62
Transport	42	42
Housing	195	181
Depreciation	313	312
Miscellaneous	331	267
Extra-ordinary expenses	823	
	<u>7,850</u>	<u>6,362</u>
Exploitation balance	<u>6</u>	<u>208</u>
<b>Appropriation of Results</b>		
Addition Reserve Fund explanation costs	2	175
Addition Tariff Equality Reserve	4	33
	<u>6</u>	<u>208</u>

## **Abbreviated financial statements of Stichting Eurotransplant International Foundation, derived from the audited financial statements of Stichting Eurotransplant International Foundation for the year ended December 31, 2004**

For an understanding of the Foundation's financial position and results and for an adequate understanding of the scope of our audit, the abbreviated financial statements should be read in conjunction with the financial statements from which the abbreviated financial statements have been derived and our unqualified auditors' report thereon issued on April 28, 2005.

## **ACCOUNTING POLICIES**

### *General*

The accounts are prepared under the historical cost convention. Unless stated otherwise, assets and liabilities are stated at face value. Amounts in foreign currencies have been converted into Euro at the rate of the balance date. Income and expenses are accounted for on accrual basis. Profit is only included when realised. Losses and risks originating before the end of the financial year are taken into account if they have become known before preparation of the financial statements.

## **Principles of valuation of assets and liabilities**

### *Fixed assets*

Fixed assets are stated at book value. For intangible assets amortization is charged as a percentage of cost. For tangible fixed assets the depreciation is based on the estimated useful life and calculated as a percentage of cost, taking into account any residual value. The financial fixed assets are stated at redemption value.

### *Accounts receivable*

Receivables are included at face value, less any provision for doubtful accounts.

### *Reserve Funds*

Reserve Funds are formed for future expenditures which should be covered out of the current available assets.

### *Provisions*

For obligations and losses, which can be reasonably estimated and which originate From the current bookyear, provisions are being formed.

## **Principles for the determination of the result.**

### *Registration fees*

Registration fees are taken into account as of the date of entry on the waiting list of Eurotransplant.

### *Charges*

The general expenses of Stichting Eurotransplant International are stated on the basis of transaction costs.

Certain general expenses of Nederlandse Transplantatie Stichting and Stichting Eurotransplant International Foundation are made for common account. Such costs are divided between the two foundations on the basis of activity-levels.

### *Exploitation Balance*

The exploitation balance is defined as the difference between income and related charges, based on above mentioned policies.

