During the past months many things have happened. First, there were many activities related to the celebration of 40 years of Eurotransplant. Excellent speakers from all over the world added quality to our Presidential Symposium and – to crown it all - Her Royal Highness Princess Margriet of the Netherlands honored our community by paying the annual meeting a visit. After the Presidential Symposium she had very animated talks with various representatives from the Eurotransplant community. During the Assembly, elections took place for various positions in our Board. Eurotransplant welcomes Professor Xavier Rogiers, as the new chairman of the Eurotransplant Liver and Intestine Advisory Committee (ELIAC), congratulates Prof. Paul Schotsmans and Prof. Wolfgang Schareck with their reelection for respectively the Ethics Committee (EC) and the Eurotransplant Pancreas Advisory Committee (EPAC). Special thanks are directed towards Professor Jan Lerut, the past chairman of the ELIAC. Under his guidance and driving force the development and realization of Eurotransplant’s MELD system took place. Thank you very much Jan Lerut!

A few days after the Eurotransplant Annual Meeting, close to the border of Germany and Belgium, another important event took place. On invitation of the Board of Eurotransplant the ministers of health care of the Eurotransplant countries came together for a round table conference. Belgium, Austria and Slovenia were represented by highly positioned civil servants due to unavailability of their minister c.q. for not having a minister. During this meeting all ministers reconfirmed their confidence in and commitment to Eurotransplant and the way in which our collaborative framework functions. This resulted in the signing by all ministers or ministries of a special affirmation document. Furthermore, the ministers requested Eurotransplant to enhance information exchange between the seven member countries in the area of organ donation. Finally – and this was unexpected – all seven ministers committed themselves to politically support Eurotransplant’s registry activities.

Apart from the celebration there are several other topics I would like to share with you. After thorough considerations, the Board of Eurotransplant and our director of Finance & IT, Wim van Zwet, had decided in mutual consent to go their own ways in the future. As a consequence, Wim van Zwet, left our organization by November 1, 2007 after having served Eurotransplant and its community for more than twelve years. Wim van Zwet was very much involved in the organizational development and professionalization during the past years. The Board, the directors and the employees of Eurotransplant thank Wim for his constructive work and commitment over the years and wish him good luck for the future.

Another important topic to mention is the continuing effort of the European Commission in trying to regulate organ donation and transplantation within the EU member states. On July 13 and October 23, 2007 expert meetings took place in Brussels, in which Eurotransplant participated. On November 20, 2007 a similar meeting will take place after which proposals for regulation will be presented to the European Parliament in December, 2007. Eurotransplant has made a clear point that any EU regulation in the area of allocation or organ procurement carries the risk of either increasing the shortage of available donor organs or the risk of interference with medical based allocation rules thus potentially leading to decreased transplant results. Areas in which Eurotransplant can expect added value of European legislation might be reducing cross border barriers in the transport of organs and e.g. crossmatch material as well as raising barriers for organ trafficking and trade.

Arie Oosterlee
General director
### NUMBER OF POST-MORTEM ORGANS USED FOR TRANSPLANTATION

<table>
<thead>
<tr>
<th>Donor country</th>
<th>Austria</th>
<th>Belgium</th>
<th>Croatia</th>
<th>Germany</th>
<th>Luxembourg</th>
<th>Netherlands</th>
<th>Slovenia</th>
<th>Non ET</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2007 Kidney</strong></td>
<td>321</td>
<td>447</td>
<td>35</td>
<td>2165</td>
<td>2</td>
<td>425</td>
<td>42</td>
<td>2</td>
<td>3439</td>
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<tr>
<td><strong>2006 Kidney</strong></td>
<td>343</td>
<td>421</td>
<td>-</td>
<td>2037</td>
<td>12</td>
<td>343</td>
<td>48</td>
<td>6</td>
<td>3210</td>
</tr>
<tr>
<td><strong>2007 Heart</strong></td>
<td>53</td>
<td>75</td>
<td>8</td>
<td>352</td>
<td>-</td>
<td>51</td>
<td>10</td>
<td>6</td>
<td>555</td>
</tr>
<tr>
<td><strong>2006 Heart</strong></td>
<td>48</td>
<td>69</td>
<td>-</td>
<td>352</td>
<td>3</td>
<td>38</td>
<td>13</td>
<td>14</td>
<td>537</td>
</tr>
<tr>
<td><strong>2007 Liver</strong></td>
<td>115</td>
<td>231</td>
<td>19</td>
<td>957</td>
<td>1</td>
<td>149</td>
<td>16</td>
<td>9</td>
<td>1497</td>
</tr>
<tr>
<td><strong>2006 Liver</strong></td>
<td>132</td>
<td>200</td>
<td>4</td>
<td>821</td>
<td>6</td>
<td>94</td>
<td>20</td>
<td>17</td>
<td>1294</td>
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<tr>
<td><strong>2007 Lung</strong></td>
<td>62</td>
<td>157</td>
<td>4</td>
<td>445</td>
<td>2</td>
<td>110</td>
<td>14</td>
<td>80</td>
<td>874</td>
</tr>
<tr>
<td><strong>2006 Lung</strong></td>
<td>93</td>
<td>133</td>
<td>-</td>
<td>387</td>
<td>-</td>
<td>76</td>
<td>15</td>
<td>88</td>
<td>792</td>
</tr>
<tr>
<td><strong>2007 Pancreas</strong></td>
<td>26</td>
<td>40</td>
<td>4</td>
<td>130</td>
<td>-</td>
<td>36</td>
<td>3</td>
<td>-</td>
<td>239</td>
</tr>
<tr>
<td><strong>2006 Pancreas</strong></td>
<td>30</td>
<td>33</td>
<td>-</td>
<td>134</td>
<td>1</td>
<td>24</td>
<td>5</td>
<td>-</td>
<td>227</td>
</tr>
</tbody>
</table>

### NUMBER OF TRANSPLANTS PERFORMED

| Transplant country | Ki | BKi | Li | SLi | Pa | Ki + Pa | He | BLu | SLu | He + BLu | Li+ Ki | SLi+ Ki | Li+ Pa | He+ Ki | BLu+ Ki | He+ BLu | Li+ Ki+ Pa | He+ BLu+ Li | He+ Ki+ Li+ Pa | BKi+ Ki+ Total | Total |
|-------------------|----|-----|----|-----|----|--------|----|-----|-----|----------|-------|--------|-------|-------|--------|---------|------------|--------------|----------------|-------|
| **2007 Austria**  | 287| 1   | 102| 5   | 20 | 52     | 63 | 30  | 3   | 3        | -     | -      | 2     | -     | -      | -       | -          | -            | -               | 545   |
| **2006 Austria**  | 317| 1   | 126| 3   | 12 | 26     | 43 | 63  | 30  | 3        | 3     | 2      | -     | -     | -      | -       | -          | -            | -               | 629   |
| **2007 Belgium**  | 366| 8   | 203| 35  | 15 | 58     | 64 | 20  | 9   | 2        | -     | 4      | -     | -     | -      | -       | -          | -            | -               | 794   |
| **2006 Belgium**  | 362| 7   | 174| 20  | 19 | 58     | 44 | 33  | 5   | 3        | 1     | 1      | 1     | 1     | 1      | -       | -          | -            | -               | 743   |
| **2007 Croatia**  | 54 | -   | 19 | -   | 3  | 4      | -  | -   | -   | -        | -     | -      | -     | -     | -      | -       | -          | -            | -               | 80    |
| **2006 Croatia**  | -  | 5   | 1  | -   | -  | -      | -  | -   | -   | -        | -     | -      | -     | -     | -      | -       | -          | -            | -               | 6     |
| **2007 Germany**  | 2001| 10  | 863| 81  | 17 | 110    | 340| 197 | 47  | 17       | 41   | 3      | 1     | 3     | 1      | 7       | -          | 2            | 3               | 1374  |
| **2006 Germany**  | 1877| 8   | 758| 65  | 12 | 115    | 348| 169 | 28  | 21       | 34   | 1      | 1     | 1     | 9      | 2       | 2          | 1            | 2               | 3454  |
| **2007 Luxembourg** | 10 | -   | -  | -   | -  | -      | -  | -   | -   | -        | -     | -      | -     | -     | -      | -       | -          | -            | -               | 10    |
| **2006 Luxembourg** | 5   | -   | -  | -   | -  | -      | -  | -   | -   | -        | -     | -      | -     | -     | -      | -       | -          | -            | -               | 5     |
| **2007 Netherlands** | 391 | 3   | 126| 7   | 4  | 24     | 50 | 45  | 14  | 1        | 2     | -      | -     | -     | -      | -       | -          | 1            | -               | 668   |
| **2006 Netherlands** | 328 | -   | 78 | 6   | 3  | 17     | 35 | 31  | 17  | 1        | 3     | -      | -     | -     | -      | -       | -          | -            | -               | 519   |
| **2007 Slovenia** | 30 | -   | 10 | -   | -  | 11     | -  | -   | -   | -        | -     | -      | -     | -     | -      | -       | -          | -            | -               | 51    |
| **2006 Slovenia** | 40 | -   | 8  | -   | -  | 5      | -  | -   | -   | -        | -     | -      | -     | -     | -      | -       | -          | -            | -               | 53    |
| **2007 Non ET** | 4  | 1   | 2  | -   | -  | 6      | -  | -   | -   | -        | -     | -      | -     | -     | -      | -       | -          | -            | -               | 13    |
| **2006 Non ET** | 2  | 2   | 3  | -   | -  | 3      | -  | -   | -   | -        | -     | -      | -     | -     | -      | -       | -          | -            | -               | 10    |
| **2007 Total**   | 3143| 23  | 1235| 97 | 61 | 172    | 521| 369 | 87  | 20       | 59   | 3      | 1     | 5     | 1      | 12      | -          | 2            | 4               | 1390  |
| **2006 Total**   | 2931| 18  | 1152| 87 | 47 | 177    | 492| 307 | 108 | 28       | 45   | 1      | 1     | 2     | 1      | 14      | 3          | 2            | 1                | 5419  |
Calendar of Events

5TH JOINT MEETING OF GERMAN, AUSTRIAN AND SWISS SOCIETIES FOR THORACIC AND CARDIOVASCULAR SURGERY
February 17 – 20, 2008
Innsbruck, Austria

For information: Frau Angelika Obergolser
Medizinische Universität Innsbruck
Klinische Abteilung für Herzchirurgie
Anichstraße 35, A- 6020 Innsbruck
Tel.: +43 512 504 22349
Fax: +43 512 504 67 22349
Website: www.dach2008.org

ISHLT 28TH ANNUAL MEETING
April 9 – 12, 2008
Boston, MA, USA

For information: International Society for Heart and Lung Transplantation
14673 Midway Road, Suite 200
Addison, Texas 75001
Tel.: +1 972 490 9495
Fax: +1 972 490 9499
E-mail: ishlt@ishlt.org
Website: www.ishlt.org

AMERICAN TRANSPLANT CONGRESS 2008
May 31 – June 4, 2008
Toronto, Ontario, Canada

For information: American Transplant Congress
15000 Commerce Parkway, Suite C
Mount Laurel
NJ 08054, USA
Tel.: +1 856 439 0880
Fax: +1 856 439 0525
Website: www.atcmeeting.org

4. JAHRESTAGUNG DER DEUTSCHEN STIFTUNG ORGANTRANSPLANTATION
4th Annual Meeting of the German Organ Transplantation Foundation
June 12 – 13, 2008
Frankfurt am Main, Germany

For information visit www.dso.de
E-mail: kongress@dso.de

THE 2008 JOINT INTERNATIONAL CONGRESS OF ILTS, ELITA & LICAGE
July 9 – 12, 2008
Paris, France

For information: ILTS
15000 Commerce Parkway, Suite C
Mt. Laurel, NJ 08054, USA
Website: www.ilts.org/meetings/14th/index.cfm

XXII INTERNATIONAL CONGRESS OF THE TRANSPLANTATION SOCIETY
August 10 – 14, 2008
Sydney, Australia

For information: The Meeting Planners
GPO Box 128, Sydney
NSW 2001, Australia
Tel.: +61 2 9265 0890
Fax: +61 2 9267 5443
E-mail: tts2008@meetingplanners.com.au
Website: www.transplantation2008.org

EUROTRANSPLANT ANNUAL MEETING
October 9-10, 2008
Leiden, the Netherlands

For information: Mrs Marianne Franzen
Eurotransplant
P.O. Box 2304
2301 CH Leiden, the Netherlands
E-Mail: mfranzen@eurotransplant.nl
Website: www.eurotransplant.nl
By PD Dr. Bruno Meiser

Your Royal Highness,

On behalf of the Board of the Eurotransplant International Foundation, all employees and all people working in donor hospitals, transplant centers and tissue typing centers I would like to welcome you and thank you for giving us the honor of your presence. Your visit to Eurotransplant is felt as a moral support for all patients desperately waiting for transplantation as well as for bereaved relatives who agreed to donate organs of their beloved as an act of altruism. It is also an acknowledgment for the work that is daily done by all the people working within the framework of the foundation. I regard it as a continuation of the moral support that was given a bit more than a year ago when Eurotransplant was visited by members of the Dutch and the Luxembourg Royal families, namely Crown Prince Willem Alexander and Princess Maxima and the Grand Duke the Grand Duchess of Luxembourg.

We are delighted that you came here today to join us celebrating our fortieth anniversary. 40 years of Eurotransplant, what a success story. It was created in 1967 based on the assumption that good donor recipient matches could be realized if unrelated kidneys - and at that time it were kidneys only - were matched against a large pool of donors. Over time, all transplantable organs were included into the system and besides the founding countries Austria, Belgium, West Germany, Luxembourg and The Netherlands, the community grew by the re-unification of Germany, by Slovenia and recently by the joining of Croatia.

In the past 40 years Eurotransplant has served more than 122,000 patients on the waiting list by allocating more than 79,000 kidney-, 21,000 liver-, 14,000 heart-, 4,200 pancreas and 4,000 lung - grafts.

The man who had this vision was Prof. Johannes Joseph van Rood, who was also the first president of Eurotransplant from 1967 to 1996. I have been told that you got the idea for the name of the organization by driving behind a truck which had a notice Eurotransport on the back. I have to admit looking back from a today’s perspective, choosing that name was as genius as your entire idea.

You have earned many scientific merits based on your groundbreaking research activities regarding the recognition and the role of the HLA-system. You have received numerous awards and honors, I counted seven honorary doctorates. You received some of the highest orders in each of the countries which were a member of the community during your active Years: You are commander of the Order of Orange Nassau, Commander of the Order of
the Crown of Belgium, Commander of the Order of Merit of the Grand Duchy of Luxembourg, you received the Order of Merit of the Federal Republic of Germany and the Honorary Cross for Science and Art of the Republic of Austria.

But I think the best prove for the outstanding success of your idea is the fact that we are here today to celebrate 40 years of trust and solidarity between the transplant centers, 40 years of service to the patients – the transplant candidates and 40 years of excellence in the office in Leiden, the different scientific communities and in the tissue typing laboratories.

I would also like to thank your successor, Prof. Vanrenterghem, who commanded the ship for the following nine years, I would like to thank the former and the current directors, the entire staff of Eurotransplant and all the voluntary former and current members of the Eurotransplant Board and the Advisory Committees for their joined efforts to make this success story possible.

In addition to the royal visit today, it is certainly an affirmation and recognition of the role Eurotransplant has gained over the years that the seven Ministers of Health will join the Board of Eurotransplant on September 24, 2007 to discuss options to promote organ transplantation in Europe and to affirm the continuation of our mission.

I would like to thank the speakers for their utmost interesting presentations and our royal guest for giving us the honor of her presence. At the end of this Presidential Symposium, I would like to quote Prof. Van Rood. We wrote on the occasion of the tenth anniversary of Eurotransplant in 1977 something which is as true today as it was then: “It is customary at such an occasion to look in the future with confidence – and there is every reason to do so.”
A highly important event during the last year was the signing of the agreement between the Republic of Croatia and Eurotransplant on May 26, 2007. The entire board was present in Zagreb since we combined the occasion with our regular Board Meeting. In addition, many distinguished members of the Croatian Health Community joined the event, invited by the Ministry of Health.

This ceremony occurred one year after the preliminary cooperation agreement was signed – a year in which trainings were given, information was exchanged, support was offered, and the tissue typing center of the clinical hospital of Zagreb gained its merits by acquiring accreditation by the European Federation of Immunogenetics. I would like to use this opportunity to thank again publicly the Eurotransplant Directors and staff, Prof. Ilias Doxiadis from the Eurotransplant Reference Laboratory, the staff of the Croatian Transplant Centers and of the Tissue Typing laboratories, Dr. Mirela Bušić and last but not least the Croatian Minister of Health, Prof. Neven Ljubičić, all of which were promoting and supporting this project with a lot of energy and devotion. For Eurotransplant, it was and it is a unique opportunity to increase the chances of all patients in the seven countries to receive a well matched or an urgent organ. For Croatia, which is preparing for joining the European Union, it represented an important step towards integration of their Healthcare System. The membership also promoted and stimulated a new enthusiasm not only of healthcare professionals but also of the public to support organ donation and transplantation in Croatia.

I am also delighted to be able to report some positive developments regarding the intention of Hungary to sign a preliminary cooperation agreement with Eurotransplant.

One of the major hurdles was a legal regulation which made it impossible to transport an organ outside of the country if there was a suitable recipient within the borders of Hungary. This regulation was certainly meant to prevent organ drainage but in fact it made any international exchange impossible. The good news is that the Parliament amended “the act on health” on July 1, 2007. This amendment allows export of organs as a return obligation for a previous import. This is certainly only a first step opening the rigid Hungarian regulations – and there are certainly more changes necessary to allow a complete international exchange system. We should, however, take the opportunity and use the duration of a preliminary agreement to build a mutual trust and to convince the Hungarian colleagues about the advantages of becoming a part of a system based mainly on solidarity rather than on national considerations only.

Ladies and gentlemen, I have to inform you about a change in the Eurotransplant Management. After 12 years of having actively contributed to the development and the growth of the Eurotransplant organization, the Director of Finance Mr. Wim van Zwet and the Board decided to separate as of November 1st this year. I have to admit that this was not an easy decision for all involved. It was based on many considerations and discussions, but I am convinced that the solution found is in the best interest of both parties. The Board and I personally wish Mr. van Zwet all the best for his personal and professional future and we would like to thank him again for the skills he has devoted to the Organization during the past years.

I would also like to comment briefly on a topic which cannot be neglected since it poses a potential danger for the public willingness to donate organs in our community. We do not have to tell you about the problem of the continuing shortage of organ donors. As a result the waiting lists are growing and unfortunately many patients are dying before transplantation. There is recent interest by the media particularly in Germany suggesting that this problem is aggravated by the acceptance of so-called non-resident-patients. Non-resident-patients by definition are patients who are not domiciled in one of the seven ET-countries.

When discussing this issue, we have to differ between two aspects:

- There is on the one side the devastating suspicion, that certain organizations, particularly patient brokers, are earning enormous sums of money by attracting desperate patients in need of organ transplantation to the European Health Care System.
- The second aspect, we also have to consider, is that organ allocation has to be independent from factors like sex, age, nationality, religion or social status. It should only be based on medical criteria.

And we should not forget that Eurotransplant is an organization based on international solidarity. In order to show you the true magnitude of the “problem”, I would like to give you some figures: In 2006, 88 non-residents were transplanted within the Eurotransplant region – which is 1,3 (1,1) percent considering the total of 6681 (7695) transplantations from deceased donors that year. The Eurotransplant countries did, however, import a net of 118 organs from countries outside of the organization.

In my mind, the internally developed Eurotransplant regulation of allowing the centers to list a maximum of five percent non-residents of the number of hearts, lungs or livers transplanted the year before is certainly not perfect, it is, however, a working compromise between our obligation to help all patients independent from their origin and the danger to compromise the solidarity of the people in our member countries.
As I mentioned before, I will make a few remarks about our 40th anniversary when I have the privilege to welcome our guest of honor. However, when our founding father, Prof. Van Rood, initiated Eurotransplant as a cooperation between scientists and clinicians, the European setting looked quiet different than it does in our days. In the meantime, the Cold War ended and many Eastern European Countries became a part of the European Community. In parallel, the European Commission became more and more influential, starting to harmonize but also to regulate more and more aspects of our national laws. With regard to medicine, I would like to remind you about the directives regarding blood products as well as the more recent tissue donation and processing regulations.

In order to learn more about similar initiatives regarding organ transplantation, we invited two representatives of the Health Measures Unit of the European Commission to our Winter-meeting in Fügen. Dr. Piha and Dr. Fernandez Zincke gave a report on the “open consultation about policy options for organ donation and transplantation at the EU-level”. In conclusion, the major issues currently being translated into a policy proposal are the improvement of quality and safety of organ transplantation, the increase of organ availability, the Europe wide implementation of an efficient and accessible transplantation system and the combat of organ trafficking. Furthermore the EU representatives suggested the support of the European commission for a cooperation between the existing European supranational organ exchange organizations. In the meantime, Eurotransplant took the initiative and started negotiations with Scandia Transplant with the intention to cooperate regarding EU legislative regulations and quality criteria. I hope that in the future we will have a chance for similar contacts with UK transplant as well.

As part of the celebration of Eurotransplant’s 40th anniversary, the Board of the Eurotransplant International Foundation has invited the seven Ministers of Health to a round table setting in order to discuss common initiatives regarding organ donation, allocation and transplantation within Europe. This meeting will take place on September 24, 2007 in Maastricht. The Board hopes to achieve together with the seven Ministers an exploration of possibilities to develop common strategies for improvement of donation rates. We intend to emphasize the importance of the international cooperation in order to further optimize the use of available organs, to provide a transparent and objective selection system, to sustain a comprehensive quality assurance system and to assess factors influencing transplant outcome by an international data collection system.

Furthermore, in 2000, six Ministers of Health signed a Joint Declaration on cooperation within the framework of the Eurotransplant International Foundation. In light of the continuing success of the cooperation and with regard to the new membership of Croatia, we will ask all Ministers to sign an affirmation of the declaration.
WELCOME BY THE DUTCH MINISTER OF HEALTH, WELFARE AND SPORT, DR. AB KLINK

After welcoming the participants to the fortieth anniversary of Eurotransplant Foundation minister Klink points out that Eurotransplant is not only important because it promotes the best possible use of donor organs but also because it ensures an objective selection system based on medical criteria for potential organ recipients. He adds that the foundation also works to improve the transplant success rate, for example, by analysing transplant data and that it seeks to increase donor rates by raising public awareness and organizing training for medical staff.

Minister Klink points out that the shortage of donors remains a major problem and has actually worsened in recent years. He refers to the hoax television show in the Netherlands that received worldwide attention, in which a terminally ill woman was given the opportunity to choose who would receive one of her kidneys.

Minister Klink mentions that in the Netherlands the campaign is continuing to raise awareness of people of the importance of organ donation, but that it is also looking for alternatives to organ donations, such as implanting artificial kidneys. Minister Klink remarks that he is also working on a Dutch organ donation master plan but that it is not expected that these efforts will solve the donor shortage anytime soon and that therefore Eurotransplant will remain important especially for the smaller member countries like Luxembourg, Croatia and the Netherlands.

WELCOME BY EUROTRANSPLANT PRESIDENT PD DR. BRUNO MEISER

The President of Eurotransplant points out that since Eurotransplant was created in 1967 all transplantable organs were included and that the community group increased, by Slovenia and recently by the joining of Croatia.

He emphasizes that the purpose of the meeting is not only to celebrate and affirm the achievement, but also to discuss possible improvements regarding the organ donation and transplantation system within the Eurotransplant area. He points out that the Board of Eurotransplant would like to explore with the participants the possibilities to develop common strategies for an increase of donation rates and for support of donor procurement.

The President says that it is hard to understand that distinct discrepancies exist regarding the attitude of the public and potential donor hospitals towards organ donation between countries with a very similar social and cultural background. This has resulted in significant variations in donation rates within the Eurotransplant area. He points out that the reason for this is not a lack of suitable organ donors but rather the failure to identify them, obtain consent and procure the organs. The President states that in order to determine the best practices for these issues and to establish a positive social atmosphere as well as adequate media relations it is suggested by Eurotransplant to create and host a common platform, where existing experience and information can be exchanged.

The President mentions that the second topic of the discussion relates to the importance of international cooperation. He refers to the recent publishing by the Health Measures unit of the European Commission of the results of the so-called open consultation about policy options for organ donation and transplantation at the EU level. He points out that all policy topics currently discussed are already included in the mission of the Eurotransplant foundation and he calls for the support and endorsement of these policies. The President of Eurotransplant draws the attention to the example of the so-called non-resident patients. He points out that this cannot be solved on a national level and that it is a good example of a topic where the support of the participants is needed for regulating this issue.

Finally the President mentions the joint declaration signed in 2000 by the Ministers of Health on cooperation within the framework of the foundation and he asks all ministers to sign an affirmation of that declaration at the end of the meeting.

PRESENTATIONS BY THE MINISTERS OF HEALTH

The Croatian Minister Ljubišić states that patients in Croatia have shown a high degree of satisfaction with Eurotransplant. He mentions that the relevant legal framework in Croatia has been based on presumed consent. He points out that the donor card project was started in 1996 and that the donor card is now used just for promotion. He mentions that a major improvement happened in 2006 with appointment of transplantation coordinators in most hospitals. He points out that in 2006 the financing of transplants was taken off hospital budgets and that this lead to significant increase of transplant patients.

The Croatian minister emphasizes the importance of educating transplant coordinators on the method of declaration of brain-dead and on the process of donor maintenance and he points out that the best way to do this is that
the national coordinators, the anaesthesiologists, are the main part of intensive care units.

Minister Schmidt of Germany points out that it is important not only to encourage people’s willingness to become organ donors but also to actually make use of the existing willingness to donate. Mrs Schmidt believes that the three points discussed by the attendees are important in taking a step forward. She emphasises that the legal solution is not decisive and that it is more important to have good systems for talking openly with the families.

Minister di Bartolomeo of Luxembourg points out that a small country like Luxembourg standing alone could not do anything in the field of transplantation and therefore needs the Eurotransplant network which is an applied example of solidarity and the European spirit. He agrees that the legislation is secondary and that the practical behaviour is the most important.

The representative of Austria, Mr Schlögel, mentions that Eurotransplant is a very important organization for quality insurance, safety and transparency in the field of transplantation in Europe.

The Belgian representative, Mr Decoster mentions that Belgium supports the whole set of actions set out by Eurotransplant. He points out that in Belgium the transplantation activities are based on the opting-out system. He mentions that the legal framework has been regularly adapted to the practice and existing needs, but that there nevertheless is a lack of organs. To make up for it, in June 2005 a national information campaign was launched on donation of organs for the public and that towards the end of 2006 the activities focused in particular on professionals from intensive care units. He points out that this campaign has been very successful and that the number of organ donors has increased from 23 per million inhabitants in 2005 to 26 in 2006 and that in 2007 a number of 30 organ donors per million inhabitants can be achieved.

The representative for Slovenia, Mr Remškar, welcomes the initiative to sign the joint declaration on cooperation and reconfirms the common goals of strengthening an effective and equitable transplant system through good cooperation.

EXCHANGE OF IDEAS BY THE PARTICIPANTS ON THE TOPIC OF DONOR SHORTAGE

The President of Eurotransplant summarizes that lots of good ideas have been heard. He agrees that the option of opt-in is worse than the option of opt-out but that one can also work with the option of opt-in. He emphasizes that the main issue is professionalism and that the solution lies in the organization in hospitals and not so much in the public.

The President of Eurotransplant suggests creating a platform or a working group, which would have to set up an agenda to define benchmarks and try to learn from each other. Minister Klink speaking on behalf of colleagues from the ministries agrees that it is very important to cooperate and learn from each other and supports the suggestion of Eurotransplant.

EXCHANGE OF IDEAS BY THE PARTICIPANTS ON THE TOPIC OF INTERNATIONAL COOPERATION

It is remarked that adding the data together can make it easier to analyse and assess whether allocation algorithms were fair enough.

It is emphasized that it is important to have guidelines and regulations, but that it should be based on evidence and that it should be for quality and safety. Good guidelines have to be evidenced by data of Eurotransplant itself. It is pointed out that Eurotransplant now often depends on American data. It is mentioned that there is a unique chance within Eurotransplant to combine the data sets and have a data warehouse, but that currently political support for this is lacking.

Minister Schmidt of Germany states that she is in favour of an international database and that she sees the limitations of national databases. She points out, however, that often when a proposal to deregulate is made, the end result is something more complicated. Minister Schmidt also emphasizes that it should be agreed that the guidelines presented should be reviewed so that what has been achieved to date is not made more difficult as a result.

The President of Eurotransplant emphasizes the importance not to increase the bureaucracy for the doctors. He points out that warehouses already exist and that what is required is just an exchange of the data, to make a link.

The President concludes that the participants support Eurotransplant with international cooperation and support the cooperation regarding the international registry.

The President concludes this item on the agenda and then asks the participants to sign the affirmation of the joint declaration.
Part one

We made it to become 40 years of age. Congratulations! This means that we have maintained an added value towards each other. And it also means we are a stable organization. As a result the world around us can and does depend on us. Examples are:

- Croatia joining Eurotransplant: The cooperation resulting in their new membership to Eurotransplant has been an experiment that went very well.
- The request for advice from the EU: We have been very much involved in discussions in Brussels on their intention to regulate organ transplantation. The way Eurotransplant functions in relation to national authorities in the different members states complies with a large extent to the ideas of the European Commission. I do not believe that this is a coincidence. European regulation can, and in the past has often lead, to bureaucracy, which can be annoying for the people that have to do the job. Regulating the quality of organ donation can easily lead to increasing the shortage. Both these points should be prevented!

What did Eurotransplant do last year to sustain and improve the quality of its services? I will go through some of the activities, all of which are also mentioned in our annual report.

As always, many people have worked systematically to achieve our mission to encourage organ transplantation and to reach the goals associated with its mission. To produce our services, Eurotransplant manages its three core processes:

- Allocation;
- Algorithm development;
- Registry.

Allocation

In 2006, Eurotransplant was involved in the allocation of 6681 organs for 5956 transplant patients. Our Medical Director, Dr. Axel Rahmel, will undoubtedly go into more details. Also important is that the number of registrations increased yet again.

Algorithm development

The Board authorized 17 recommendations and in doing so laid the basis for 9 new allocation algorithms.

Registry

Eurotransplant’s registry acted upon 500 information requests, which involved data-analysis for organ advisory committees, national authorities and individual transplant centers. The formal relationship with the CTS-registry in Heidelberg and the ELTR in Paris was reconfirmed. Centers within Eurotransplant authorized its directors to exchange (anonymized) data with these registries, so as to enhance data completeness.

Obviously, the good work was done by YOU: the doctors and nurses of the donor hospitals and by the transplant centers, the tissue typers, the transplant coordinators and many others.

Who helped?

We did: the people working at the Leiden office.

We realized this with the following activities – a brief summary

In 2006, a total of 431 improvements, bugs and new features where realized in the different Eurotransplant applications. In March 2006, a major upgrade of our Oracle database was successfully completed. The database is a vital and critical element for our services.

With the release of the final waiting list modules in December 2006, the ENISi project was completed (started in 2004). All waiting list management screens in ENIS now have a new “look and feel” and are technically revised.

Some of the new features are a user-friendly recipient registration wizard and the Immunological, Recipient and Waiting list reports which can be directly accessed through the menu. These reports where used in September 2006 to make recipient information directly available during donor offers through the donor reports application.

At the same time the possibility to attach pictures to donor reports and the new direct link to donor reports (www.donordata.eu) was introduced.

The new Eurotransplant candidate membership of Croatia meant that some necessary adaptations had to be made to our applications starting from September 2006.

From April 2006 until December 2006 a lot of effort went in to the realization of the new Liver Allocation System. The old system was adapted to include the Model for End-stage Liver Disease (MELD) scoring system, based on which the elective Liver recipients are ranked. The MELD application was created to support the end-users in their daily waiting list management. The MELD application is the first application that utilizes e-mails as a way to remind the end-users on upcoming changes.

In the IT-department a comprehensive plan was developed to make the ENIS system more flexible for adaptations requested by National Authorities and to reduce the complexity of programmed system. For this, a proof of concept in using a new promising technology was started.

A new tracking and monitoring system for issues in the area of software applications was implemented.

Customer focus

In order to enhance dissemination of IT-products, developed by our central office, a delegation of employees of the IT-department and the duty desk manned an interactive stand at the annual meetings of the Transplant Societies of
Belgium, Austria and of Germany. In 2007, this practice will be continued in the other Eurotransplant countries.

**Accounting**

During 2006, Eurotransplant was audited by several institutions as well as performing several internal audits. The German Prüfungskommission of the Bundesärztekammer and Veritas, the agency responsible for auditing and licensing our ISO status, assessed our quality assurance system. The Prüfungskommission as well as Veritas were satisfied with the Eurotransplant quality of work and the system of quality assurance.

**Financial Results**

The income of Eurotransplant is directly related to the number of new registrations. With a slight increase of the number of new registrations, our total income matches almost all expenses. As a result, financial year 2006 has been closed with a small net deficit, caused by unforeseen overspending in a number of costs categories like salaries, housing and consultancy.

**Present and future**

For the present and coming period the following goals are aimed at improving cooperation and communication within the Eurotransplant community, within the Leiden office, with national communities & authorities and last but not least with Croatia.

Actions relating directly to you directly or indirectly:

1. Strengthening ET’s internal organization by increasing efficiency and the introduction of activity based costing;

2. Improvement of the transparency and quality of ET’s services;
   - Quality Assurance and Safety management systems throughout ET: We hired a quality manager, Rik Cranendonk, who is currently preparing the organization for recertification of our ISO certificate;
   - Roll out of DPA in Belgium, Luxemburg, Austria and Slovenia. During the coming Austrotransplant Meeting, it is the intention to finalize Austria’s functional specifications.
   - Introduction of general conditions, in which ET’s relation to transplant centers, tissue typing centers and donor hospitals, is clarified

3. Investigation of possibilities to increase ET’s donorpool;
   - Active expansion policy towards former “Eastern” Europe; Croatia has become a member; Hungary has stated that it wants to become a member; they adapted their national legislation to the criteria stated in the preliminary agreement

4. Acceleration of the development process of allocation-algorithms
   - Upgrading and making our ENIS-system more flexible:
     - A faster and less labor intensive way of automating allocation rules;

5. Enhancement of ET’s legislative and political position
   - During this year’s Winter Meeting in Fügen, Austria, two highly placed civil servants of the European Commission were invited to inform us on the plans of the European Union concerning regulation of organ transplantation. At the time, there were just ideas. Eurotransplant was advised to develop and where possible join forces with other international Organ Exchange Organizations. Since then, Eurotransplant and Scandiatransplant have met and have expressed the intention to share best practices, develop key performance indicators and to develop common strategy towards the emerging EU regulation.

In a draft plan presented during an expert meeting in Brussels in July, it was stated by civil servants of the European Commission that approximately 4 – 6 actions out of a list of 20 would be decided upon. These are actions of defining standards in various aspects of organ donation. It also became clear that many countries within Europe were in favor of such regulation; several countries with established transplant system like France were strongly against. The Eurotransplant framework seems to comply with most of the proposed standards

**Ladies & Gentlemen,**

Today is a special day, it is our fortieth anniversary, it is the first day of the next forty years. The main problem has been and will be to do diminish the shortage of donor organs. If more people would be willing to be a donor after they die, waiting lists would decrease.

In my view, the community we belong to, the health care workers in transplant centers are in a way the key to achieve that more people are willing to donate an organ after life. Why am I of this opinion?

The general public is very much influenced by the leadership provided by the medical community. A sober doctor will probably have more success convincing a patient to stop drinking than a drunken one. A non-smoking doctor, more influence than a smoking one, and a doctor who openly states he is a (potential) organ donor after life, more impact than a doctor who states that he or she does not want to donate.

In my experience, health-care workers active in other areas of medicine are influenced by the attitude of and information provided by the transplant community. So the transplant workers are the leaders. If everyone in the health-care community would be a convinced advocate of organ donation, one would expect that the rest of the transplant community would be a better advocate for organ donation to the public.

That is why I am convinced that if everyone of this audience would be an advocate for organ donation, by proclaiming he or she is committed to become a donor after life from now onwards, tomorrow would see more people in the general public willing to become an organ donor.
Directors Report, ET Meeting

By Dr. Axel Rahmel

Part two

Topics
- Waiting list
- Donation
- Transplantation

Kidney Waiting List and Transplants
Eurotransplant 1969 - 2006

Liver Waiting List and Transplants
Eurotransplant 1995 - 2006

Heart Waiting List and Transplants
Eurotransplant 1995 - 2006

Pancreas Waiting List and Transplants*
Eurotransplant 1995 - 2006

Topics
- Waiting list
- Donation
- Transplantation

Donors reported in Eurotransplant

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Organ donation - Eurotransplant 2006

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The Board was informed that Hungarian law has changed in such a way that cooperation with ET has become possible. Establishment of a preliminary agreement within two years is aimed at. The Board was furthermore informed that negotiations with Scandia Transplant about cooperation regarding EU legislative regulations and quality criteria are going on.

Implementation of the Eurotransplant Senior DR-compatible Program (ESDP) is still pending due to the requirement to implement a standardized immunosuppressive protocol as a consequence of which most German centers might not be willing to participate.

The cooperation agreement with Nederlandse Transplantatie Stichting (NTS) has been prolonged; a new agreement has been signed.

The selection committee of the Henk Schippers Young Investigators Award selected Dr. Sinda Bigenzahn from the University Hospital, Vienna as the winner of the 2007 award.

The Board further discussed the establishment of Stichting Friends of Eurotransplant (FoE), which purpose it is to raise funds in order to financially support ET and its goals. The ET Board appointed Oosterlee and Vanrenterghem in the Board of FoE. In addition, two influential persons in society will be appointed in the Board of FoE.
Prof. Paul Schotsmans was re-elected as a Board member D and chairman of the Ethics Committee for a term of another three years.

As his term of office as president will end by October 2008, Priv. Doz. Dr. Bruno Meiser was elected as president-elect.

The Board again discussed the current situation regarding non-resident registrations and transplantations. The situation remains complicated. Despite extensive discussions, both in the Board and in the Ethics Committee (EC), no clear description of and regulations for this category of patients could be realized. The Board therefore installed a working group, consisting of Board members, the chairman of the EC as well as a lawyer, which will work on a final solution for this complicated matter. It was also decided to organize a session on this issue at the ET winter meeting in Fügen, January 2008.

After the previous Board meeting, the Board members received a translation of the general conditions in their own language. Based on received comments a new draft of the general conditions was established. The Board maintained a previous opinion that the contents of the general conditions were formulated in a too complicated way (‘lawyers language’). The discussion resulted in the following decision:

1. approval of the contents after which a final version, based on the current contents but in a revised format and simple language, will be provided for final approval;
2. approval to use the English language for discussion purposes and daily use;
3. approval of the fact that the Dutch version, which will be a translation of the English version, will prevail in case of legal disputes.

With regard to speeding up the (external) decision making process in ET, the Board discussed the fact that implementation of recommendations is often delayed due to the fact that national authorities need a long time to approve/disapprove these recommendations.

In order to speed up the procedure, it will be considered to discuss issues with national health care insurance companies first. This has the advantage that if they are willing to financially support certain projects, ET will be able to already start implementation for that specific country.

The Board is of the opinion that the format of the ET winter meeting needs to be changed. One of the ideas already suggested is to organize several parallel workshops followed by plenary reports and special lectures. A working group was installed which will investigate the feasibility of this concept and to come up with other ideas for the 2009 and further winter meetings. The 25th ET winter meeting will be organized in the old fashioned way from January 23 – January 25, 2008 in Fügen.

FRIDAY, SEPTEMBER 21, 2007

The Board welcomed Prof. Xavier Rogiers from Ghent who was elected by the Assembly as the new Board member A in the liver section. Rogiers was also elected as the new chairman of the ELIAC. Prof. Wolfgang Schareck was congratulated with his re-election as a Board member A in the pancreas section.

The Board evaluated ET’s 40th anniversary in the framework of the annual ET meeting. The attendance rates at all meetings, except for the Heart / Lung and Pancreas users meetings increased in comparison to the year 2006. The presentations at all users meetings as well as the Presidential Symposium / Assembly were of excellent quality. The presence of Her Royal Highness Princess Margriet of the Netherlands was of course the highlight of the 40th anniversary celebration.

The chairman of the EC, Schotsmans, gave a report of the EC meeting which took place on September 20, 2007. Besides the non-resident issue, the EC discussed the issue of living donation. A third rephrase of REC01.06 was submitted to and accepted by the Board:

**REC01.06 (3rd rephrase)**

In case of a living donation a thorough evaluation of the donor is required in order to take maximal care. The following has to be done:

1. Evaluation of the donor should be done separately from the intended recipient and by involving another physician.
2. The donor must undergo a thorough psychosocial evaluation in which the freedom of choice (informed consent) and the freedom to withdraw from the donation process at any time are guaranteed. **The goals of the psychological evaluation are threefold:**
   * Evaluation of psychosocial stability
   * Evaluation of the competence of the donor to give informed consent for donation
   * Evaluation and discussion of the possibility of coercion of the potential donor.
3. Besides the psychosocial evaluation, the usual medical evaluation must be performed; medical judgment and decision making concerning the suitability of the donor and the risk profile of the operation by the transplant team prevails over the donors insistence to donate.
4. A thorough and well documented follow-up of the donor is obligatory.
5. Centers performing living donation, should adhere to a local protocol.
The Board previewed the conference of the ET Board and the health care ministers of the seven ET countries that was to take place on September 24, 2007 in a village near Maastricht. The conference was co-hosted by the Dutch Minister of Health, Welfare and Sport, Dr. Ab Klink. The conference was to be followed by a dinner in Aachen on invitation of the German Federal Minister of Health, Mrs. Ulla Schmidt.

Two important issues were prepared to be discussed: shortage of donor organs and benefits of international cooperation. All ministers had agreed to conclude the conference by signing a document affirming their commitment to cooperating in the area of organ transplantation.

The last topic of discussion in the Board was the need to set-up ET standards. The Board was provided with an overview of already existing recommendations / standards which was divided into three parts: donor oriented, recipient oriented and allocation oriented. The initiator of this initiative, Dr. J. Mytilineos, favors a structured general guideline book in which all these recommendations / standards are listed aiming at being prepared prior to getting regulations imposed by the EU. In order to avoid an overlap, it was decided to check whether or not the ET manual already serves as such guideline book.

NOTE: due to the fact that the reports of the meetings of the Ethics Committee (September 20, 2007) and the Financial Committee (August 29, 2007) are sufficiently covered in the above summary, no separate reports of these meetings are published in this Newsletter.

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Laudation Dr. Jasna Vončina

By PD. Dr. Bruno Meiser

The Eurotransplant International Foundation awards every five years a special distinction, the Eurotransplant Award. This year, the Board has chosen a special laureate. It is

- A person who does not yet know about the coming mention.
- A person who is representing one of the member states and is executing this function in a way that has generated a lot of respect and admiration.
- A person with extreme perseverance in pursuing objectives - to get things done in the past, hospital directors were mobilized, in certain cases the minister and if necessary even the president.
- A person with a very precise attitude, a fine sense of humor and an abundance of energy

Ladies and Gentlemen,
There is of course only one board member – one person in this hall - that fits all these attributes,

The Board of Eurotransplant wishes to thank and honor Dr. Jasna Vončina for all her efforts and dedication to encourage organ transplantation in Slovenia. She has represented her country so well in the past and we hope that she will do that for many years to come.

Dr. Jasna Vončina receives the Eurotransplant Award from Dr. Bruno Meiser
The meeting is attended by 280 participants.

Opening
The chairman opens the meeting and welcomes all participants. He emphasizes that the time schedule of this meeting is very tight due to the visit of Her Royal Highness Princess Margriet of the Netherlands later on this afternoon.

Election of two Board members A

Pancreas section
According to the Eurotransplant Articles of Association, the current Board member A in the pancreas section, Prof. Wolfgang Schareck from Rostock (Germany) has to be (re)-elected. Since no other candidates applied for this position and Prof. Schareck had declared to be available for another term, he is re-elected by the Assembly.

Liver section
According to the Eurotransplant Articles of Association, the current Board member A in the liver section, Prof. Jan Lerut from Brussels UCL (Belgium) has to be (re)-elected. Since Prof. Xavier Rogiers from Ghent (Belgium) and Dr. Olivier Detry from Liège (Belgium) also applied for the position, a voting procedure takes place. Since the majority of votes are cast in his favor, Prof. Rogiers is elected by the Assembly as the new Board member A in the liver section.

Announcement of the winner of the Henk Schippers Young Investigators award

The Assembly chairman invites Eurotransplant’s president, Dr. Bruno Meiser to announce the 2007 winner. Dr. Meiser together with Mrs. Hanneke Siebers, the widow of the late secretary/treasurer, Henk Schippers, present Dr. Sinda Bigenzahn from the Department of Transplantation of the University Hospital, Vienna, Austria with the 2007 Henk Schippers Young Investigators award. Dr. Bigenzahn is congratulated with this prize and is invited to present her data during the Eurotransplant winter meeting in Fügen (Austria), January 2008.

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Announcement of the winner of the Eurotransplant 40th anniversary award

Dr. Meiser announces that the Board of Eurotransplant had decided to grant the ET’s 40th anniversary award to Prim. Dr. Jasna Vončina from Ljubljana, Slovenia. She was honored with this prize for her outstanding efforts to realize Slovenia’s full membership of ET, her dedication to the field of organ donation, allocation and transplantation as well as for her valuable contributions as a member of the Eurotransplant International Board.

Prof. Laufer closes the meeting at 16:25 hrs by thanking all attendants for their participation in this informative meeting.
Regular procedure for discarded organs

By Dr. Marjan Slot

After some recent incidents, we would like to draw your attention to the following:

When an organ offer is accepted by a transplant center and the organ is shipped to the center, in rare instances the transplant center considers the organ “not transplantable” at arrival due to “poor organ quality”. In some recent cases the organ was immediately discarded after this decision by the transplant center. Eurotransplant was only contacted after the organ had already been discarded.

We would kindly remind you that the Eurotransplant duty office should be contacted immediately after the decision to discontinue transplantation of the organ has been taken. Eurotransplant will then decide together with the transplant center and -depending on the individual situation - the donor center, whether or not to continue the organ allocation.

If you have any questions regarding this procedure, please do not hesitate to contact us.

The acceptable mismatch program of Eurotransplant

By Prof. Dr. Ilias I.N. Doxiadis and Prof. Dr. Frans H.J. Claas

Eurotransplant Reference Laboratory

The aim of the acceptable mismatch program is to enhance transplantation of highly sensitized patients, who otherwise will remain on the waiting list without receiving a proper offer. Extensive analysis of the HLA-antibody status of the patients, leads to the definition of HLA-mismatches towards patients, who never made antibodies. This knowledge is used for the donor selection. When a suitable donor becomes available for a highly sensitized patient in the AM program, the ETRL immunologist on duty is contacted by the allocation office. The histocompatibility data are controlled and if everything is according to the rules the organ can be offered. No cross-match is done at the donor center. The decisive cross-match is done at the recipient center where the relevant sera, current and if available historical are available.

Although the mean waiting time to receive a suitable organ via the AM program is about 12 months, not all patients can equally profit from this program (1). The main reason is the HLA-phenotype of the patient and the specific antibodies produced. In order to be able to calculate the chance a patient has to obtain an organ via the AM program first checks whether this donor is compatible with an AM patient. In case an AM patient is selected, the ETRL immunologist on duty is contacted by the allocation office. The histocompatibility data are controlled and if everything is according to the rules the organ can be offered. No cross-match is done at the donor center. The decisive cross-match is done at the recipient center where the relevant sera, current and if available historical are available.

Once a tissue typing laboratory has identified a candidate for the acceptable mismatch program, relevant serum samples are sent to the Eurotransplant Reference Laboratory (ETRL) for control purposes. The applying center receives the application back with the results of the tests performed at the ETRL. In case the patient was found eligible for the AM program the form must be signed and sent back. Then the patient is entered into the program.

When a donor becomes available within Eurotransplant, the AM program first checks whether this donor is compatible with an AM patient. In case an AM patient is selected, the ETRL immunologist on duty is contacted by the allocation office. The histocompatibility data are controlled and if everything is according to the rules the organ can be offered. No cross-match is done at the donor center. The decisive cross-match is done at the recipient center where the relevant sera, current and if available historical are available.

By October 30, 2007, 58 highly sensitized patients were transplanted this year within Eurotransplant, 49 of them via the AM and 9 via the ET kidney allocation system. At present > 210 patients are on the AM waiting list but still centers are not applying to have their patients entered the
program. By the present report we would like to encourage the centers to control their waiting list and ask their affiliated tissue typing lab for help. In case of any problem or information needed please contact the ETRL (etrl@lumc.nl or doxiadis@lumc.nl).


Tribute to former ELIAC secretary Dr. Till Gerling

By Prof. Dr. J.P. Lerut, Chairman of the ELIAC

In January 2007, Doctor Till GERLING left the ET office after having been secretary of the former ET Liver Advisory Committee (ELAC) and current ET Liver Intestine Advisory Committee (ELIAC) during the period March 2001 to February 2007.

During the recent years, the ELIAC has been confronted with several important problems in relation to liver transplantation and allocation. Many of them led to endless, sometimes superfluous discussions. The most important problems related to the status of the paediatric recipient on the waiting list (in comparison with the ever growing adult waiting list), the status of the small adult recipient (being in competition with adolescents and children having a similar or even higher body weight), the optimization of the high urgent liver recipient, the start of the ET split liver transplant program and finally the improvement of the prioritization system of the adult recipient.

After several years of hard working, the priority position of small paediatric recipients was confirmed and the Model for End stage Liver Disease (MELD) could be implemented smoothly without any major problem.

All these modifications and improvements were based on a thorough examination not only of thousands of patient charts but also on the analysis of different outcome parameters of the liver recipients. Such analyses were necessary in order to counteract objectively many criticisms which were frequently put forward by several transplant centers even before really starting up the projects. The modifications implemented during the last four years within the ELAS, not only led to a more rapid transplantation of children as well as of very sick adults but also to a reduction of the mortality of the potential recipients on the waiting list.

The introduction of the 50/50 rule (donor less than 50 years old and more than 50 kg body weight) was able to temporarily rise the numbers of split liver transplantation within the ET community. Unfortunately, this trend could not be pursued during the last two years due to interfering regulations put forward by some health authorities.

Without any doubt, the success story of ELIAC during the last six years is greatly due to the relentless and continuous efforts made by the ELIAC secretary Doctor Till GERLING. His contribution and input had always one goal: improving the allocation of the liver graft within the ET area thereby improving the survival chances of paediatric and adult recipients on the waiting list. All this (administrative) work also resulted not only in a better insight into liver allocation policies within ET but it also led to a better understanding of rules and regulations introduced during the same time period by other allocation organisms in different parts of the world. Keeping track and gathering of all these information led to multiple privileged contacts and collaborations with e.g. UNOS and ELTR, and resulted in many important communications at national and international transplant congresses as well as in the publication of many papers, several of them in internationally recognized, peer reviewed journals. These activities allowed to bring the MELD system in a very efficient and cost effective way to ET.

Beginning 2007, Doctor Till GERLING decided to redirect his professional career to the ‘real’ patient again. On behalf of the ELIAC, the ET Board and last but not least the ET ‘liver users’, I would like to thank Doctor Till GERLING for the great job he has fulfilled during the recent years in the interest of the ET community.

I wish him all the best for a successful future medical career.
The 2008 Eurotransplant annual Meeting

Mark your calendar!

will take place on
October 9 – 10, 2008
Leiden, the Netherlands