EUROTRANSPLANT INTERNATIONAL FOUNDATION

Annual Report 2010

Edited by

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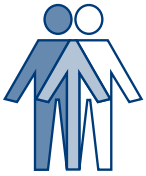

EUROTRANSPLANT
“THE PERFECT MATCH”

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as per December 31, 2010

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Drs. M. Bos, The Hague	ethics advisor (D)

The Board of Stichting Eurotransplant International Foundation consists of:
10 members A: members representing organ / tissue typing sections
6 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 2010

Definitions of transplant programs are described in the Articles of Association of Stichting Eurotransplant International Foundation, version March 4, 2010.

Program:

Any of the following transplantation areas:
kidney, heart, lungs, liver, intestine, pancreas or any part of a specific organ and/or Tissue Typing, 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 no name is indicated, then no delegate was appointed by transplant/tissue typing program or it concerns a new program in 2010).

RENAL PROGRAMS		DELEGATE
Austria		
GA	Medizinische Universitätsklinik, Graz	S. Horn
IB	Chirurgische Universitätsklinik, Innsbruck	C. Bösmüller
OE	Krankenhaus der Elisabethinen, Linz	R. Oberbauer
OL	Allgemeines Krankenhaus, Linz	E. Pohanka
WG	Universitätsklinik für Chirurgie, Wien	F. Mühlbacher
Belgium		
AN	Universitair Ziekenhuis Antwerpen, Edegem	D. Ysebaert
BJ	Universitair Ziekenhuis Brussel, Campus Jette	
BR	ULB, Hôpital Erasme, Bruxelles	D. Abramowicz
GE	Universitair Ziekenhuis, Gent	P. Peeters
LA	Cliniques Universitaires St. Luc, Bruxelles	M. Mourad
LE	Kinderdialyse Universitair Ziekenhuis Gasthuisberg, Leuven	R. Van Damme-Lombaerts
LG	Centre Hospitalier Universitaire, Liège	J-P. Squifflet
LM	Universitair Ziekenhuis Gasthuisberg, Leuven	Y. Vanrenterghem
Croatia		
OS	University Hospital, Osijek	J. Galić
RI	University Clinical Hospital, Rijeka	
ZA	University Clinical Cospital, Zagreb	
ZM	Clinical Hospital Zagreb Merkur, Zagreb	I. Kovacevic Vojtusek
Germany		
AK	Universitätsklinikum der Rheinisch-Westfälischen TH, Aachen	A. Homburg
AU	Zentralklinikum, Augsburg	H. Weihprecht
BB	Ruhr Universität, Bochum	P. Schenker
BC	Charité-Campus Virchow Klinikum der Humboldt Universität, Berlin	A. Pascher
BE	Universitätsklinikum Benjamin Franklin, Berlin	M. van der Giet
BM	Kliniken der Freien Hansestadt, Bremen	U. Kuhlmann
BO	Klinikum der Urologischen und Medizinischen Universität, Bonn	R. Woitas
DR	Technischen Universität, Dresden	J. Passauer
DU	Med. Einrichtungen der Heinrich-Heine-Universität, Düsseldorf	K. Ivens
ER/NB	Med. Einrichtungen der Universität Erlangen-Nürnberg, Erlangen	K. Pressmar
ES	Universitätsklinikum, Essen	O. Witzke
FD	Klinikum Fulda, Fulda	T. Kälble
FM	Klinikum der Johann-Wolfgang-Goethe-Universität, Frankfurt	I. Hauser
FR	Klinikum der Albert-Ludwigs-Universität, Freiburg	P. Pisarski
GI	Klinikum der Justus-Liebig-Universität, Gießen	F. Renner
GO	Klinikum der Georg-August-Universität, Göttingen	A. Obed

HA	Klinikum der Martin-Luther-Universität, Halle	K. Weigand
HB	Klinikum der Ruprecht-Karls-Universität, Heidelberg	C. Morath
HG	Universitäts-Krankenhaus Eppendorf, Hamburg	F. Thaiss
HM	Nephrologisches Zentrum Niedersachsen, Hann. Münden	V. Kliem
HO	Klinikum der Medizinischen Hochschule, Hannover	F. Lehner
HS	Klinikum der Universität des Saarlandes, Homburg/Saar	U. Sester
JE	Klinikum der Friedrich-Schiller-Universität, Jena	U. Ott
KI	Klinikum Christian-Albrechts-Universität, Kiel	F. Braun
KL	Klinik der Universität Köln-Lindenthal, Köln	W. Arns
KM	Kliniken der Stadt Köln gGmbH, Krankenhaus Merheim, Köln-Merheim, Köln	W. Arns
KK	Klinik und Poliklinik für Kinderheilkunde der Universität Köln-Lindenthal, Köln	W. Arns
KS	Westpfalz-Klinikum, Kaiserslautern	Th. Rath
LP	Klinikum der Universität, Leipzig	M. Bartels
LU	Klinikum der Medizinischen Universität, Lübeck	M. Nitschke
MA	Klinikum der Stadt, Mannheim	P. Schnülle
MH	Klinikum Rechts der Isar der Technischen Universität, München	U. Heemann
ML	Klinikum Großhadern der Ludwig-Maximilians-Universität, München	K-W Jauch
MN	Klinikum der Westfälischen Wilhelms-Universität, Münster	H. Wolters
MR	Klinikum Lahnberge der Philipps-Universität, Marburg	J. Hoyer
MZ	Klinikum der Johannes-Gutenberg-Universität, Mainz	O. Schreiner
RB	Klinikum der Universität, Regensburg	B. Banas
RO	Klinikum der Universität, Rostock	O. Hakenberg
ST	Katharinenhospital, Stuttgart	J. Wilhelm
TU	Klinikum der Eberhard-Karls-Universität, Tübingen	S. Nadalin
UL	Klinikum der Universität, Ulm	M. Wittau
WZ	Klinikum der Julius-Maximilians-Universität, Würzburg	K. Lopau

Luxembourg

LX	Centre Hospitalier de Luxembourg	P. Duhoux

The Netherlands

AV	VU Medisch Centrum, Amsterdam	S. Nurmohamed
AW	Academisch Medisch Centrum, Amsterdam	F. Bemelman
GR	Academisch Ziekenhuis, Groningen	J. Homan van der Heide
LB	Leids Universitair Medisch Centrum, Leiden	J. de Fijter
MS	Academisch Ziekenhuis, Maastricht	M. Christiaans
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	A. van Zuilen
UW	Wilhelmina Kinderziekenhuis, Utrecht	M. Lilien

Slovenia

LO	University Medical Center, Ljubljana	D. Kovač

HEART PROGRAMS — DELEGATE

Austria

GA	Chirurgische Universitätsklinik, Graz	A. Wasler
IB	Chirurgische Universitätsklinik, Innsbruck	D. Höfer
WG	Universitätsklinik für Chirurgie, Wien	A. Zuckermann

Belgium

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

Germany

AK	Universitätsklinikum der Rheinisch-Westfälischen TH, Aachen	A. Moza
BA	Herz- & Diabeteszentrum Nordrhein-Westfalen, Bad Oeynhausen	U. Schulz
BD	Deutsches Herzzentrum, Berlin	M. Hübler
BH	Kerckhoff Klinik	M. Richter
DR	Universitätsklinikum Carl Gustav Carus, Dresden	S. Brose
ER/NB	Med. Einrichtungen der Universität Erlangen-Nürnberg	R. Tandler
ES	Universitätsklinikum, Essen	M. Kamler
FM	Klinikum der Johann-Wolfgang-Goethe-Universität, Frankfurt	M. Scherer
FR	Klinikum der Albert-Ludwigs-Universität, Freiburg	F. Beyersdorf
GI	Klinikum der Justus-Liebig-Universität, Gießen	J. Bauer
GO	Klinikum der Georg-August-Universität, Göttingen	
HB	Klinikum der Ruprecht-Karls-Universität, Heidelberg	A. Ruhparwar
HG	Universitäts-Krankenhaus Eppendorf, Hamburg	F. Wagner
HO	Klinikum der Medizinischen Hochschule, Hannover	M. Strüber
HS	Klinikum der Universität des Saarlandes, Homburg-Saar	F. Langer
JE	Klinikum der Friedrich-Schiller-Universität, Jena	T. Doenst
KI	Klinikum der Christian-Albrechts-Universität, Kiel	
KL	Klinik der Universität Köln-Lindenthal, Köln	Th. Wittwer
LP	Klinikum der Universität, Leipzig	M. Barten
ML	Klinikum Großhadern der Ludwig-Maximilians-Universität, München	B. Meiser
MN	Klinikum der Westfälischen Wilhelms-Universität, Münster	J. Sindermann
MZ	Klinikum der Johannes-Gutenberg-Universität, Mainz	U. Mehlhorn
RB	Klinikum der Universität, Regensburg	S. Hirt
WZ	Universittsklinikum, Würzburg	J. Hoffmann

The Netherlands

GR	Academisch Ziekenhuis, Groningen	J. Brügemann
RD	Erasmus Medisch Centrum, Rotterdam	A. Maat
UT	Universitair Medisch Centrum, Utrecht	N. de Jonge

Slovenia

LO	University Medical Center, Ljubljana	I. Knezević

Croatia

ZA	University clinical hospital, Zagreb	
ZD	Clinical Hospital Dubrava, Zagreb	

LUNG PROGRAMS

		DELEGATE

Austria

IB	Chirurgische Universitätsklinik, Innsbruck	L. Müller
WG	Universitätsklinik für Chirurgie, Wien	

Belgium

AN	Universitair Ziekenhuis Antwerpen, Edegem	P. Van Schil
BR	ULB, Hôpital Erasme, Bruxelles	B. Rondelet
LA	Cliniques Universitaires St. Luc, Bruxelles	P. Evrard
LM	Universitair Ziekenhuis Gasthuisberg, Leuven	D. Van Raemdonck

Germany

BD	Deutsches Herzzentrum, Berlin	C. Knosalla
DR	Universitätsklinikum Carl Gustav Carus, Dresden	S. Brose
ES	Universitätsklinikum, Essen	M. Kamler
FR	Klinikum der Albert-Ludwigs-Universität, Freiburg	A. Kirschbaum
GI	Klinikum der Justus-Liebig-Universität, Gießen	R. Schulz
HG	Universitäts-Krankenhaus Eppendorf, Hamburg	F. Wagner
HO	Klinikum der Medizinischen Hochschule, Hannover	G. Warnecke
HS	Klinikum Universität des Saarlandes, Homburg/Saar	F. Langer
JE	Klinikum der Friedrich-Schiller-Universität, Jena	M. Breuer

KI	Klinikum der Christian-Albrechts-Universität, Kiel	
LP	Klinikum der Universität, Leizpig	H. Bittner
ML	Klinikum Großhadern der Ludwig-Maximilians-Universität, München	B. Meiser
MN	Klinikum der Westfälischen Wilhelms-Universität, Münster	K. Wiebe
MZ	Klinikum der Johannes-Gutenberg-Universität, Mainz	Ö. Senbaklavaci

The Netherlands

GR	Academisch Ziekenhuis, Groningen	M. Erasmus
RD	Erasmus Medisch Centrum, Rotterdam	J. Bekkers
UT	Universitair Medisch Centrum, Utrecht	E. van de Graaf

LIVER PROGRAMS — DELEGATE

Austria

GA	Chirurgische Universitätsklinik, Graz	F. Iberer
IB	Chirurgische Universitätsklinik, Innsbruck	W. Mark
WG	Universitätsklinik für Chirurgie, Wien	R. Steininger

Belgium

AN	Universitair Ziekenhuis Antwerpen, Edegem	D. Ysebaert
BR	ULB, Hôpital Erasme, Bruxelles	V. Donckier
GE	Universitair Ziekenhuis, Gent	X. Rogiers
LA	Cliniques Universitaires St. Luc, Bruxelles	J. Lerut
LG	Centre Hospitalier Universitaire, Liège	O. Detry
LM	Universitair Ziekenhuis Gasthuisberg, Leuven	J. Pirenne

Germany

BC	Charité-Campus Virchow Klinikum der Humboldt Universität, Berlin	A. Pascher
BO	Chirurgische Universitätsklinik, Bonn	J. Kalff
ER/NB	Chirurgische Klinik der Universität Erlangen-Nürnberg, Erlangen	V. Müller
ES	Universitätsklinikum, Essen	A. Paul
FM	Klinikum der Johann-Wolfgang-Goethe-Universität, Frankfurt	C. Mönch
GO	Klinikum der Georg-August-Universität, Göttingen	A. Obed
HB	Klinikum der Ruprecht-Karls-Universität, Heidelberg	J. Schmidt
HG	Universitäts-Krankenhaus Eppendorf, Hamburg	L. Fischer
HO	Klinikum der Medizinischen Hochschule, Hannover	F. Lehner
HS	Klinikum Universität des Saarlandes, Homburg/Saar	O. Kollmar
JE	Friedrich Schiller Universität, Jena	M. Heise
KI	Klinikum der Christian-Albrechts-Universität, Kiel	F. Braun
KL	Klinik der Universität Köln-Lindenthal	D. Stippel
LP	Klinikum der Universität, Leipzig	S. Jonas
MB	Klinikum Otto-von-Guericke Universität, Magdeburg	H. Lippert
MH	Klinikum Rechts der Isar der Technischen Universität, München	P. Büchler
ML	Klinikum Großhadern der Ludwig-Maximilians-Universität, München	M. Guba
MN	Klinikum der Westfälischen Wilhelms-Universität, Münster	H. Wolters
MZ	Klinikum der Johannes-Gutenberg-Universität, Mainz	M. Heise
RB	Klinikum der Universität, Regensburg	M. Scherer
TU	Klinikum der Eberhard-Karls Universität, Tübingen	S. Nadalin

The Netherlands

GR	Academisch Ziekenhuis, Groningen	R. Porte
LB	Leids Universitair Medisch Centrum, Leiden	J. Ringers
RD	Erasmus Medisch Centrum, Rotterdam	G. Kazemier

Slovenia

LO	University Medical Centre, Ljubljana	S. Markovič

Croatia

ZA	University Clinical Hospital, Zagreb	
ZM	Clinical Hospital Merkur, Zagreb	B. Kocman
ZP	University Clinical Hospital Pediatric, Zagreb	

PANCREAS (ISLET) PROGRAMS

		DELEGATE
Austria		
GA	Chirurgische Universitätsklinik, Graz	F. Iberer
IB	Chirurgische Universitätsklinik, Innsbruck	W. Mark
WG	Universitätsklinik für Chirurgie, Wien	F. Mühlbacher
Belgium		
AN	Universitair Ziekenhuis Antwerpen, Edegem	D. Ysebaert
BR	ULB, Hôpital Erasme, Bruxelles	A. Hoang
BP	Academisch Ziekenhuis der Vrije Universiteit, Brussel	D. Pipeleers
GE	Universitair Ziekenhuis, Gent	C. Randon
LA	Cliniques Universitaires St. Luc, Bruxelles	L. De Pauw
LG	Centre Hospitalier Universitaire, Liège	J-P. Squifflet
LM	Universitair Ziekenhuis Gasthuisberg, Leuven	J. Pirenne
Germany		
BB	Knappschaftskrankenhaus, Bochum	P. Schenker
BC	Charité-Campus Virchow Klinikum der Humboldt Universität, Berlin	A. Kahl
DR	Universitätsklinikum Carl Gustav Carus, Dresden	S. Kersting
ER/NB	Chirurgische Klinik der Universität Erlangen-Nürnberg, Erlangen	V. Müller
ES	Universitätsklinikum, Essen	A. Paul
FM	Klinikum der Johann-Wolfgang-Goethe-Universität, Frankfurt	C. Mönch
FR	Klinikum der Albert-Ludwigs-Universität, Freiburg	P. Pisarski
HB	Klinikum der Ruprecht-Karls-Universität, Heidelberg	J. Schmidt
HG	Universitäts-Krankenhaus Eppendorf, Hamburg	T. Tsui
HO	Klinikum der Medizinischen Hochschule, Hannover	F. Lehner
JE	Friedrich Schiller Universität, Jena	C. Malessa
KI	Klinikum der Christian-Albrechts-Universität, Kiel	F. Braun
KL	Klinik der Universität Köln-Lindenthal	D. Stippel
KM	Kliniken der Stadt Köln gGmbH, Krankenhaus Merheim, Köln-Merheim, Köln	D. Stippel
LP	Klinikum der Universität, Leipzig	D. Uhlmann
LU	Klinikum der Medizinischen Universität, Lübeck	M. Nitschke
MH	Klinikum Rechts der Isar der Technischen Universität, München	S. Thorban
ML	Klinikum Großhadern der Ludwig-Maximilians-Universität, München	H. Arbogast
MR	Klinikum Lahnberge der Philipps-Universität, Marburg	J. Hoyer
RB	Klinikum der Universität, Regensburg	S. Farkas
RO	Klinikum der Universität, Rostock	W. Schareck
TU	Klinikum der Eberhard-Karls-Universität, Tübingen	S. Nadalin
The Netherlands		
GR	Academisch Ziekenhuis, Groningen	R. Ploeg
LB	Leids Universitair Medisch Centrum, Leiden	J. Ringers
Croatia		
ZM	Clinical Hospital Merkur, Zagreb	S. Jadrijević
Slovenia		
LO	University Medical Centre, Ljubljana	A. Tomazic

TISSUE TYPING LABORATORIES

		DELEGATE
Austria		
GA	Universitätsklinik, Abteilung für Transfusionsmedizin und Immunohämatologie, Graz	A. Helmberg
IB	Universitätsklinik, HLA Labor, Innsbruck	A. Mühlbacher
OL	Allgemeines Krankenhaus, Blutzentrale, Linz	C. Gabriel
OW	Allgemeines Krankenhaus, HLA Labor, Wels	R. Loizenbauer
WG	Institut für Blutgruppenserologie, Wien	W. Mayr

Belgium

BJ	Universitair Ziekenhuis Brussel, Bloedtransfusiecentrum Jette	C. Demanet
BR	Hôpital Erasme, Tissue typing laboratory, Bruxelles	M. Andrien
LA	Université de Louvain, Tissue typing laboratory, Bruxelles	D. Latinne
LG	Laboratoire des Groupes Sanguins, Liège	G. Maggipinto
ME	Rode Kruis Vlaanderen, Laboratory for Histocompatibility & Immunogenetics (HILA), Mechelen	M-P. Emonds

Germany

BC	Charité-Campus Virchow Klinikum der Humboldt Universität, Berlin	C. Schönemann
DU	Institut für Transplantationsdiagnostik und Zelltherapeutika, Düsseldorf	J. Rox
ER/NB	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	F. Emmerich
GI	Institut für Klinische Immunologie und Transfusionsmedizin, Gießen	S. Wienzek-Lischka
GO	Klinikum der Universität, HLA Labor, Göttingen	H. Neumeyer
HA	Institut für Phathologische Biochemie, Interdisziplinäres Typisierungslabor, Halle	W. Altermann
HB	Institut für Immunologie und Serologie, Heidelberg	C. Süsal
HG	Universitäts-Krankenhaus Eppendorf, HLA Labor, Hamburg	T. Binder
HO	Klinikum der Medizinischen Hochschule, Immunohaematologie/Blutbank, Hannover	M. Hallensleben
KI	Klinikum der Christian-Albrechts-Universität, HLA Labor, Kiel	M. Marget
KM	Institut für Transfusionsmedizin, Köln-Merheim	U. Bauerfeind
KS	Institut für Rechtsmedizin, Transplantationsimmunologie, Kaiserslautern	B. Thiele
LU	Institut für Immunologie und Transfusionsmedizin, Lübeck	M. Ziemann
ML	Kinderklinik der Ludwig-Maximilians-Universität, HLA Labor, München	T. Kauke
GMN	Institut für Transfusionsmedizin, Münster	R. Kelsch
MZ	Klinikum der Johannes-Gutenberg Universität, HLA Labor, Mainz	W. Hitzler
RO	Klinikum der Universität, Abteilung für Transfusionsmedizin, HLA Labor, Rostock	
ST	Klinikum Stuttgart, Zentralinstitut für Transfusionsmedizin und Blutspendedienst	A. Ender
TU	Klinikum der Eberhard-Karls-Universität, Abt. für Transfusionswesen und Blutbank, Tübingen	B. Schmid-Horch
UL	DRK Blutspendezentrale, Transplantationsimmunologie, Ulm	J. Mytilineos

Luxembourg

LX	Centre Hospitalier, HLA Lab, Luxembourg	F. Hentges

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	F. Claas
MS	Academisch Ziekenhuis, Laboratorium voor weefseltypering, Maastricht	M. Tilanus
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

Croatia

RI	Clinical Hospital Center, Tissue Typing Laboratory, Rijeka	M. Fucak
ZA	University Clinical Hospital, Zagreb	V. Balog
ETRL	Eurotransplant Reference Laboratory, Leids Universitair Medisch Centrum, Leiden, The Netherlands	F. Claas, I. Doxiadis

Foreword

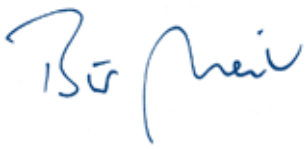
We hereby present to you the Annual Report of 2010 of the Eurotransplant (ET) International Foundation. The objective of this report is to be accountable for the activities and initiatives that were undertaken in 2010 in Austria, Belgium, Croatia, Germany, Luxembourg, the Netherlands and Slovenia towards the internal and external parties with a vested interest in the Foundation such as:

- our community of transplant professionals;
- the national transplant authorities;
- the national representatives of the transplant societies;
- the financing authorities;
- the donor hospitals;
- the transplant centers;
- the tissue typing laboratories;
- the employees of the ET office;.
- the European Union.

As always many people have worked systematically to achieve our mission to encourage organ transplantation and to reach the goals associated with its mission. Obviously the good work was done by doctors and nurses of the donor hospitals and the transplant centers, the tissue typers, the transplant coordinators and many others such as people working at the ET office. Our Advisory Committee members put a lot of time and effort in setting organ allocation standards.

ET conducted many activities in line with the steps as described in the ET Policy Plan 2009 – 2013. Our objectives were to address the organizational issues and risks that were identified in this plan in order to prepare our organization adequately for the future.

Finally, we hope – with support from all of you – to realize as many as possible challenging achievements in the year 2011!



Prof.Dr. Bruno Meiser
President

Dr. Axel Rahmel
Medical Director

Arie Oosterlee, MD MBA
General Director

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

E. Houwaart, W. van Bommel and A. Oosterlee, Eurotransplant International Foundation, the Netherlands

The Board of Stichting Eurotransplant International Foundation met on January 27, May 31 and September 22, 2010. Two Board members A were re-elected by the Assembly, Prof.Dr. Xavier Rogiers in the liver section and Prof.Dr. Wolfgang Schareck in the pancreas section. The Board took leave of Prof. Dr. Paul Schotsmans as Board member D in the field of ethics and welcomed Mr. Mike Bos, MSoc, as his successor.

In succession of Prof.Dr. Uwe Heemann, Prof.Dr. Bernhard Banas had been appointed as ad interim Board member B representing Germany. As of October 2010, Prof.Dr. Wolf Bechstein assumed the position of Board member B representing Germany.

1.1 Report of the Eurotransplant Board

Adjustment of the allocation sequence

During its first meeting, the Board approved recommendation RET01.09. In 2009, there had been discussion on the position of the intestine in relation to the other organs in the allocation sequence. At this it had been decided to give priority to intestine over pancreas allocation and transplantation in pediatric organ donors only. During a joint meeting of the Board and the Advisory Committees it was concluded that procurement of intestine should have priority over pancreas for all donors. Whenever possible both organs should be transplanted, in adult donors it is expected that this will almost always be the case. To see whether this expectation will be met in the daily practice, it was decided to closely monitor the consequences of this change in the allocation sequence. As a consequence every case of a pancreas not transplanted in an intestine donor has to be reviewed in detail. The change of the allocation sequence was realized in 2010.

Adaptation of the Articles of Association

In the course of 2010, several decisions were taken by the Board which resulted in adjustment of the Articles of Association.

First of all, it was decided to adjust the selection procedure for candidate Board members A and B in such a way that:
- Candidates proposed for the position of a Board member B have to be approved by the majority of the current Board members for their position.
- Candidates for Board member A positions have to be approved by the majority of votes of the current Board members prior to the elections in the Assembly.

Next, the Board discussed and approved the proposal by the ET Liver Intestine Advisory Committee (ELIAC) to institute substitute members, who are to be appointed by the national transplant societies. They can step in at meetings in case the full member is not able to attend the meeting. Close cooperation between all members of Advisory Committees will be important. The experiences of the ELIAC with this new composition will be evaluated. In case of a positive evaluation, the institution of substitute members might be implemented in the other ET Advisory Committees.

Inspired by this ELIAC proposal, the Board decided to institute substitute Board members B, who will have to be appointed by the national transplant societies as well. The institution of substitute members would prevent the situation that decisions are made without the representation of an ET country.

Furthermore, it was decided to change the composition of the ET Ethics Committee (ETEC) in such a way that it is in line with the other ET Advisory Committees. This means that in the future the nationality of the chairman of the ETEC does not affect the composition.

During the last meeting in 2010, the Board expressed the wish to give the President to the Board a more independent position unrelated to a specific organ. In this regard, the Board approved the amendment of article 6.6:
The Board shall elect a President from the current or former members A for a period of three (3) years. If and when the Board appoints a member A as President, he renounces his capacity as member A and - with due observance of the provisions in article 6, paragraph 3 - a new member A will be elected by the Assembly.

Finally, the Board approved minor textual changes in the Articles of Association and the ET Basic Mandate in order to harmonize the wordings of the two documents. The up to date text of the Articles of Association is available on the ET website (www.eurotransplant.org).

Directive of the European Parliament and of the Council on standards of quality and safety of human organs intended for transplantation

On July 24, 2010 a round table meeting on the subject of the *EU Directive on standards of quality and safety of human organs intended for transplantation* took place in presence of the EU Commissioner for Health and Consumer Policy, Mr. John Dalli. The meeting was also attended by Mrs. Dr. Beate Merk, Bavarian State Minister for Justice, Prof. Robert Langer, Director of the Department of Transplantation and Surgery at the Semmelweis University in Budapest, Hungary, Dr. Hans Neft, Official of the Bavarian State Ministry of the Environment and Public Health and the Board members B. A report of this meeting was published in Newsletter 218.

Expansion of the ET region

The Board approved an accession procedure for new ET member countries. The earlier determined prerequisites for new ET member countries are included in this accession procedure, which can be found on the ET website.

Several consultations took place with three possible new ET member states: Estonia, Hungary and Serbia.

At the beginning of 2010, the progress of establishing cooperation with Estonia looked promising. Some issues still needed to be addressed in view of setting up cooperation, such as adaptation of the kidney allocation rules, logistics in regard to the shipment of organs and compliance to the prerequisites as set by ET for HLA laboratories and HLA typing. But the intention was to organize the spring Board meeting in Estonia and to sign a preliminary cooperation agreement.

Unfortunately, the establishment of cooperation with Estonia came to a halt due to political, procedural and logistical hindrances. The Board expressed the hope that the consultations will be resumed in the future.

With regard to Serbia, the Board was informed that the transplantation and donation situation in Serbia improved rapidly. The donation rates continuously increased. ET and Serbia exchanged ‘Letters of Intent’ to confirm the intentions of both parties to establish cooperation.

Negotiations with Hungary regarding a possible membership in ET are quite advanced. After some exploratory talks and visits back and forth, it is hoped that a preliminary cooperation agreement can be signed in the near future.

ET will continue setting up and maintaining relationships with other European countries and assess the possibility for collaboration.

Twinning agreement

A liver twinning agreement (model B) between Vienna, Austria and Budapest, Hungary became operational. In this regard, it was pointed out that the situation could occur that a liver, which is allocated to Vienna, will be transported to Budapest. This is due to the fact that selected patients defined in the twining agreement can be registered in the framework of this twinning agreement on the Vienna waiting list. If a transport of the patient to Vienna is not feasible the transplant will take place in Budapest and the donor organ will be transported to the Budapest transplant center for this purpose.

Belgian-Dutch patient migration issue

On several occasions, the Board discussed the issue of migration of Dutch patients to Belgium in order to get transplanted there. The Board was informed that ET is working on a solution together with the Belgian Ministry of Health and the involved transplant centers.

European FRamework for the EvaluaTion of Organ transplantS (EFRETOS) project

During all meetings, the Board was informed on the progress of the EFRETOS project of which ET is the project leader.

The project is progressing well and in the course of 2010 several Deliverables were completed. Two of the most challenging tasks had been setting definitions for the data sets of the future umbrella registry and to determine ways of data collection.

The project will come to an end in the course of 2011.

Registry activities

The Board discussed and adopted a registry policy, which was developed to give more structure to the registry activities by ET. The policy describes three kinds of data sets and ways to collect data. The aim of the three data sets and a corresponding flexible system for collecting and storing data is to reach a high data completeness.

Furthermore, the Board was informed on the progress of the development of a liver follow-up registry. A trial has been set up during the summer of 2010. The Board was informed that it is expected that an ET-wide new liver follow-up data base could be made available in 2011.

Planning & Control

Improvement and professionalization of the planning & control system, which was started in 2009, continued in 2010. The Directors presented a concept which contained clear procedures and information on prioritization of projects. The Board appreciated and accepted the concept.

In short the concept implies that the portfolio of projects is actively maintained on a daily basis by the program management and changes are quarterly decided on by the Directors. This is essential in order to manage expectations regarding the throughput time of new projects. Urgent requests or obligations from the Board or national authorities require reprioritization of existing plans.

Finance

Concerning the finances of ET, the Board was informed that the financial situation of ET improved significantly.

In the course of 2010, the Board approved the Annual Accounts 2009 as well as the budget proposal for 2011.

Housing issue & disentanglement of shared services

In view of the termination of the leasing agreement for the premises of ET, the Board discussed the housing issue. Furthermore, possible disentanglement of the services which ET shared with the Dutch Transplantation Foundation (NTS) and Bio Implant Services (BIS) was discussed.

One matter played a significant role in these discussions: since Bio Implant Services (BIS) merged with the Netherlands Bone bank Foundation, it became a tissue bank potentially with commercial interest (NBF-BIS, later on renamed BISLIFE).

In this regard, it was concluded that the cooperation with NBF-BIS could not be continued. In 2011, NBF-BIS will search for new premises and move out of the building in which the foundations have shared one floor in the past years.

At the same time, it was decided to start to disentangle the shared services between ET, NTS and NBF-BIS in order to underline the independency of the different foundations. The disentanglement was started in 2010 and will be completed in 2011.

Friends of ET Foundation

The Board of the Foundation had been reinforced with a new member, Prof. Dr. Yves Vanrenterghem.

During one of its meetings, the following goals for the Friends of ET Foundation were formulated:
- to support ET in strengthening its scientific image by supporting research in this area;
- to support ET by promoting and stimulating communication of the benefits of ET towards different stakeholders.

In addition, a list of research projects appropriate for fund raising was developed.

Henk Schippers Young Investigator (HSYI) Award 2010

Six applications from four different countries were received. The members of the HSYI Award committee unanimously declared Dr. Robin Vos, Leuven, Belgium, as the winner of the 2010 HSYI Award with his manuscript entitled: 'Bronchiolitis Obliterans Syndrome: new risk factors and role of azithromycin for treatment and prevention'.

1.2 Report of the Eurotransplant office

In this section, ET accounts for its activities as well as the execution of its plans in 2010. Secondly, external developments relevant to ET are described. Finally, based on its midterm policy a framework is given for ET's 2011 plans.

Concerning the activities taken place in 2010 the following can be said about ET's basic services (see chapter 2.2 Basic Mandate).

Allocation services

24 hours a day, 7 days a week, 365 days a year allocation services are performed by our duty desk. The core services can be summarized as management of the waiting list of transplant patients and the allocation of donor organs to these patients.

The activities of the duty desk contributed to the results as shown in chapter 3 of this annual report. In 2010 a start was made with the reinforcement of the duty desk staff, aiming especially at increasing presence during the weekend shifts.

A major step forward was made in the documentation of allocation activities of the duty desk officers allowing online documentation of all allocation events and decisions. In addition software was developed and implemented that provides process support to the duty desk officer for complex steps in liver allocation. Another application developed and implemented in 2010 enables electronic data exchange between transplant centers and auditors related to high urgency requests for patients waiting for a heart transplant. This development helps to reduce the manual administrative workload for all partners involved.

Allocation development

ET's Advisory Committees developed various recommendations to the Board that were – after approval by the Board – subsequently forwarded to the different national authorities of the ET member countries for authorization (see chapter 1.5 'Recommendations'). In the following section some of the recommendations implemented in 2010 are highlighted due to their relevance to the ET community.

ETKAC: a recommendation that is expected to affect other organ allocation systems in the future is the extension of the definition of the 'pediatric' status. Since 2010 adolescents 'proven to be in maturation' still can be assigned with the pediatric status. Other changes addressing the special needs of pediatric patients are the uniform bonus of a 100 points for all 'pediatric' patients and the introduction of preferred allocation to pediatirc patients in case of pediatric donors.

In 2010 a committee was formed consisting of representatives from the ETKAC and the TTAC with the task to evaluate and further develop where necessary the current ETKAS point system for kidney allocation.

TTAC: the recommendation to adopt the new HLA nomenclature according to WHO standards within ET was implemented in 2010.

OPC: position statements and recommendations were made on the following topics:
- traceability of discarded organs;
- improvement of reporting and tracing of organs in which transmissible risks were detected during or after procurement;
- electronic process support for transplant centers in accepting donor organ offers.

EThAC: both the heart and the lung allocation algorithms were modified. While the change in heart allocation is limited to a modification of the current allocations system, the lung allocation will be modified substantially introducing the 'lung allocation score' (LAS) for ranking the patients. This new allocation system considering both urgency and expected outcome of the lung transplantation will be introduced in Germany only. As this constitutes a major change, implementation is planned for the end of 2011.

ETEC: a discussion was started within the ETEC aiming at the development of an ethics charter for the ET community, in which ET's guiding ethical principles are laid down.

ELIAC: a recommendation developed by the ELIAC together with the ETKAC to tailor allocation of livers and kidneys to patients in need for both organs was implemented. This allows now either simultaneous liver and kidney or sequential kidney after liver transplantation depending on the best clinical option for the recipient. In addition a recommendation was developed making re-evaluation of HU liver requests every 14 days necessary. Details of the upcoming ET's liver follow-up registry were discussed in parallel to the first steps of development and implementation.

EPAC: adaptation of the pancreas islet allocation was introduced, as in Germany pancreas islets are no longer considered as organs but as tissue. In addition the international Special Urgency status for patients waiting for pancreatic islets was eliminated.

External networking

- Service Level Agreement
  The Dutch National Transplant authority (NTS) and ET gained experience in managing their cooperation through a detailed service level agreement, in which services provided by ET to NTS were evaluated every three months by discussing pre-defined allocation statistics and other management information related i.e. to the quality of performed allocation services and also relevant national developments.

- Eurotransplant Council
  ET's national authorities periodically meet a delegation of ET's Board as well as its Directors. In 2010, discussions took place regarding ET's basic mandate and services. National authorities expressed their interest in ET's expansion policy. This discussion resulted in the development and implementation of an accession procedure for new member states in the process of which several risk assessments have to be performed.

- Expert to European Commission
  ET fulfilled its function towards the EC as expert in the field of international organ exchange during the development and authorization process of Directive 2010/53/EC, on quality and safety of organ donation and transplantation. The authorized EU Directive will have to be implemented in the member states of ET by mid 2012.

Supporting processes

- Financial management
  ET ended the financial year with a modest surplus of approximately € 60.000. All new positions related to ET's policy plan, milestone 1 – 3 have now been filled, marking the last steps of the implementation of this plan.

- Shared services:
  As of December 31, 2010, the shared service human resource management (HRM) ceased to exist. ET, NTS and BISLIFE created HRM functions for their own organizations as of January 1, 2011. In 2010 BISLIFE was willing to oblige ET's and NTS' request of leaving the Eurocenter building as of October 1, 2011 thus enabling the two remaining organizations to occupy a moderately larger office space in the future.

- IT functionality
  The ENIS system and other applications were modified or newly developed in order to implement all the IT functionality needed for the centers, the HLA laboratories and the ET office related to the above described recommendations. Many of the improvements in the allocation and documentation process within ET described above are closely linked to the respective IT applications that were adapted accordingly.
  In addition a web based follow-up data entry application for liver transplants was implemented as a pilot for the future ET follow-up registry.

1.3 Future policy

The ET Directors regard the following external developments relevant for policies and activities that are planned for 2011:
- Increasing independence of ET towards BISLIFE and NTS concerning shared services;
- Candidate countries expressing their wish to become member of ET;
- Increasing diversity and complexity;
  - of national allocation rules and country specific services;
  - due to increasing role of national authorities ;
- Implementation of EU Directive within ET member states;
- Finalization of EFRETOS-project.

Framework for activities in 2011

Based on the ET policy plan 2009 – 2013 as well as on current external developments, the activities and plans of ET for 2011 will be positioned within the following framework:

- Increasing independence from the BISLIFE foundation as well as from the Dutch National Transplant authority (NTS):
  1. separation of shared services finance and accounting;
  2. separation of IT systems of ET, NTS and BISLIFE;
  3. upgrading housing facilities.

- Assessing of candidate countries applying for membership of ET :
  - possible start of accession procedure with a new candidate member state

- Responding to increasing diversity and complexity:
  1. strengthening of planning and control systems;
  2. strengthening the cooperation and communication within our community:
  - enhancing a harmonized implementation of the EU Directive on quality and safety of organ donation and transplantation within the ET member states;
  - formalization of existing relationship between ET and several of its member states [contracts and service level agreements];
  - commencement of dialogue with member states on consequences of diversification of allocation rules; providing insight on costs and benefits;
  - enhancing quality of transplant follow-up registry;
  - assessment and ways of enhancing communication within ET community through use social media tools; initiation of pilot project with specific user group within ET community.

- Developing and enhancing ET's IT systems:
  - develop future vision on IT systems and IT architecture;

- Finalization of the EFRETOS project.

1.4 Quality Assurance & Safety

General

In September 2010 a re-certification of the organization took place according to the ISO 9001:2008 standards. ET was granted the Quality Certificate. Provided that the same quality of work will be maintained, the Quality Certificate will expire by December 2013.

After the re-certification ET continued to search for possibilities for further improvement of its internal working processes.

A next step in developing the quality management system has been taken by describing processes and creating insight and control on a more aggregated level. This step is expected to be realized in the course of 2011, but will be a maintaining point of interest and subject to internal auditing.

ET's quality manual was revised and restructured, making it more accessible for its users. This development was also related to the further enhancement of ET's web based content management system.

In 2010 a start has been made with preparing the implementation of a new tool to report and assess incidents. This will help and allow us to make in-depth analysis about the root-course of incidents and make sure we will take the right corrective actions and whenever possible take preventive measures in the future.

Diversification in and the increase of country specific regulations are considered factors that increase the risk of incidents occurring. Further automation of the matching process is expected to reduce the risk of human errors. Furthermore actions have been taken to improve the process control regarding the matching process in order to reduce risks and to create a better awareness on potential risks. Ongoing implementation and focus on continuous improvement on this subject will be a theme for quality assurance in 2011.

Incidents

In 2010 a decline in the number of incidents was seen. The table below shows that this decline is seen in all categories of incidents. The majority of the incidents are related to administrative follow-up issues. One other general theme on (near) incidents is communication. These two theme's cover over 75% of all the incidents.

Reported near-incidents and incidents			
With an	2010	2009	2008
Internal cause	285	347	289
External cause	180	244	236
Internal & External cause	13	20	17
Total	478	611	542

In 2011 an electronic reporting of incidents will be made possible. This system is expected to enable more systematic analysis and to facilitate the generation of standard reports. The (near) incident reporting system will not only be used by the allocation department but will be deployed within the whole organization of ET.

Complaints

In 2010 twenty-one complaints were registered which all concerned third parties complaining about each other to ET. These complaints were passed on to national authorities, hospitals, etc. involved.

Audits by third parties

As part of several agreements with the member states of Eurotransplant audits by third parties were done to assess the service level. Both the audit of the Dutch Transplantation Foundation (NTS) and the investigation by the Prüfungskommission of the German Bundesärztekammer were considered appropriate.

Internal audits

In 2010 internal auditors were trained to improve their knowledge of quality assurance, the ISO 9001:2008 standard, and to train skills in internal auditing. A change has been made regarding the internal audit process to empower the organizational learning and provide more fact based audit reports as input for improvement. Outcomes of internal audits in 2010 were satisfactory and provided input for improvement and learning as requested.

1.5 Advisory Committees

The Board discussions, among other issues, 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, namely: state of the art allocation. The Board is grateful for all the time and efforts the Committee members have provided to this important part of the work of ET.

ET positions itself as an independent scientifically oriented organization. Various organ Advisory Committees, of which the chairmen hold a position in the Board of ET, meet several times a year and discuss the impact of new scientific developments in the field of organ allocation, organ procurement as well as transplant ethics. Their conclusions are proposed as recommendations to the Board of ET. In the respective member states national transplant authorities authorize recommendations approved by the ET Board, sometimes with slight adaptations to the national circumstances. *A complete list of all recommendations approved in 2010 is published under section 1.6 of this chapter.*

Through this practice transplant regulations throughout ET have a great degree of uniformity.

In 2010, the various Advisory Committees met 19 times and submitted 33 recommendations; all of them were approved by the Board.

The composition of the various Advisory Committees as per December 31, 2010 was as follows:

KIDNEY ADVISORY COMMITTEE (ETKAC)

Name	As of	Remarks
Prof.Dr. U. Heemann, Munich	05.2009	chairman, representative Board
Prof.Dr. F. Mühlbacher, Vienna	09.1994	representative Austria
Prof.Dr. A. Rosenkranz, Graz	01.2008	representative Austria
Prof.Dr. J. Pasini, Zagreb	04.2008	representative Croatia
Dr. K. Wissing, Brussels (BJ)	01.2004	representative Belgium
Dr. P. Peeters, Ghent	02.2006	representative Belgium
Prof.Dr. U. Kunzendorf, Kiel	01.2002	representative Germany
Prof.Dr. B. Krämer, Mannheim	01.2006	representative Germany
Prof.Dr. O. Witzke, Essen	01.2010	representative Germany
Dr. P. Pisarski, Freiburg	01.2010	representative Germany
Dr. P. Duhoux, Luxembourg	09.1994	representative Luxembourg
Dr. J. Homan van der Heide, Groningen	04.2005	representative the Netherlands
Dr. L. Hilbrands, Nijmegen	01.2006	representative the Netherlands
Dr. M. Arnol, Ljubljana	01.2006	representative Slovenia
Prof.Dr. F.H.J. Claas, Leiden (ETRL)	09.1994	representative TT Assembly
Dr. J. de Boer, Eurotransplant	12.2005	secretary

LIVER INTESTINE ADVISORY COMMITTEE (ELIAC)

Name	As of	Remarks
Prof.Dr. R. Rogiers, Ghent	09.2007	chairman, representative Board
Prof.Dr. R. Steininger, Vienna	11.2004	representative Austria
Dr. O. Detry, Liège	01.2000	representative Belgium
Prof.Dr. P. Michielsen, Antwerp	01.2008	representative Belgium
Dr. B. Kocman, Zagreb	04.2008	representative Croatia
Prof.Dr. P. Neuhaus, Berlin	09.1994	representative Germany
Prof.Dr. Ch. Strassburg, Hanover	01.2010	representative Germany
Prof.Dr. H. Schlitt, Regensburg	01.2010	representative Germany
Prof.Dr. R. Porte, Groningen	01.2006	representative the Netherlands
Prof.Dr. S. Marković, Ljubljana	06.2010	representative Slovenia
Dr. A. Rahmel, Eurotransplant	02.2007	secretary a.i.

PANCREAS ADVISORY COMMITTEE (EPAC)

Name	As of	Remarks
Prof.Dr. W. Schareck, Rostock	12.2005	chairman, representative Board
Prof.Dr. P. Hengster, Innsbruck	11.2004	representative Austria
Prof.Dr. P. Gillard, Leuven	03.2010	representative Belgium
Dr. S. Jadrijević, Zagreb	04.2008	representative Croatia
Dr. A. Kahl, Berlin	01.2006	representative Germany
Dr. H. Arbogast, Munich	03.2009	representative Germany
Dr. S. Farkas, Regensburg	01.2010	representative Germany
Dr. J. Ringers, Leiden	04.1998	representative the Netherlands
Dr. A. Tomazič	01.2007	representative Slovenia
Prof.Dr. F.H.J. Claas, Leiden (ETRL)	08.1994	representative TT Assembly
Dr. K. Kovac Eurotransplant	10.2009	secretary

THORACIC ADVISORY COMMITTEE (EThAC)

Name	As of	Remarks
Prof.Dr. G. Laufer, Vienna	10.2001	chairman, representative Board
Prof.Dr. A. Wasler, Graz	11.2001	representative Austria
Prof.Dr. A. Zuckermann, Vienna	01.2008	representative Austria
Prof.Dr. P. Evrard, Brussels (LA)	01.2004	representative Belgium
Prof.Dr. M. Depauw, Ghent	01.2006	representative Belgium
Prof.Dr. Z. Sutlić, Zagreb	04.2008	representative Croatia
Dr. P. Überfuhr, Munich	02.2006	representative Germany
Dr. U. Schulz, Bad Oeynhausen	05.2006	representative Germany
Prof.Dr. H. Reichenspurner, Hamburg	02.2008	representative Germany
Prof.Dr. H. Bittner, Leipzig	02.2008	representative Germany
Dr. W. van der Bij, Groningen	06.2001	representative the Netherlands
Dr. N. de Jonge, Utrecht	01.2004	representative the Netherlands
Prof.Dr. I. Knežević, Ljubljana	07.2007	representative Slovenia
Dr. J. Smits, Eurotransplant	07.2002	secretary

ORGAN PROCUREMENT COMMITTEE (OPC)

Name	As of	Remarks
Prof.Dr. D. Ysebaert, Antwerp	10.2005	chairman, representative Board
Prof.Dr. G. Berlakovich, Vienna	11.2009	representative Austria
Ms. G. Van Beeumen, Antwerp	02.2006	representative Belgium
Dr. Z. Zupan, Rijeka	04.2008	representative Croatia
Dr. N. Frühauf, Hanover	01.2008	representative DSO Germany
Prof.Dr. E. Klar, Rostock	01.2008	representative Germany
Ms. J. Hagenaars, Rotterdam	04.2008	representative the Netherlands
Dr. B. Trotovšek, Ljubljana	01.2008	representative Slovenia
Prof.Dr. F. Mühlbacher, Vienna	11.2009	representative ETKAC
Dr. O. Detry, Liège	01.2000	representative ELIAC
Dr. J. Ringers, Leiden	04.2002	representative EPAC
Prof.Dr. A. Zuckermann, Vienna	04.2008	representative EThAC
Prof.Dr. I. Doxiadis, Leiden (ETRL)	02.1998	representative TTAC
Dr. I. Tieken, Eurotransplant	09.2007	secretary

INFORMATION SERVICES WORKING GROUP (ISWG)

Name	As of	Remarks
Prof.Dr. F. Mühlbacher, Vienna	09.1995	chairman, representative Board + ETKAC
Dr. R. Kramar, Wels	09.1995	representative Austria
Mr.W. Van Donink, Antwerp	10.2009	representative Belgium
Dr. M. Schenk, Tübingen	01.2008	representative Germany
Dr. A. Hoitsma, Nijmegen	09.1995	representative the Netherlands
Dr. G. Čebulc, Ljubljana	05.2010	representative Slovenia
Vacancy		representative ELIAC
Dr. W. van der Bij, Groningen	05.2002	representative EThAC
Dr. S. Lems, Groningen	06.1996	representative TTAC
Drs. T. Valkering, Eurotransplant	05.2008	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	01.2008	representative Austria
Prof.Dr. M-P. Emonds, Leuven	02.2006	representative Belgium
Prof.Dr. R. Zunec, Zagreb	04.2008	representative Croatia
Dr. C. Schönemann, Berlin	11.2002	representative Germany
Dr. J. Mytilineos, Ulm	01.2006	representative Germany
Dr. F. Hentges, Luxembourg	09.1995	representative Luxembourg
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
Drs. M. Bos, The Hague	06.2010	chairman, representative Board
Prof.Dr. W. Schaupp, Vienna	04.1998	representative Austria
Prof.Dr. I. Kerremans, Ghent	03.2004	representative Belgium
Dr. J. Stoić Brezak, Zagreb	04.2008	representative Croatia
Prof.Dr. R. Viebahn, Bochum	11.2006	representative Germany
Vacancy		representative the Netherlands
Dr. D. Rigler Pleterski, Ljubljana	01.2000	representative Slovenia
Dr. A. Rahmel, Eurotransplant	12.2006	secretary a.i.

FINANCIAL COMMITTEE (FC)

Name	As of	Remarks
Prof.Dr. A.P.W.P. van Montfort, Utrecht	05.2003	chairman, representative Board

1.6 Recommendations approved

In 2010, the following recommendations were submitted by the Advisory Committees and approved by the Board of Eurotransplant International Foundation.

Kidney Advisory Committee (ETKAC)

RKAC01.10
In addition to the option of performing a combined liver-kidney transplant the option of a kidney-after-liver transplant should be made possible in selected cases.
If a recipient is listed for a liver and kidney transplant, the center can decide to perform a simultaneous liver-kidney-transplant or a kidney-after-liver transplant. In the latter case the recipient gets 500 extra points in the kidney allocation system (ETKAS) during the period of 90 to 360 days after the liver-only transplant, under the condition that the creatinine clearance is <15 ml/min within this period.

RKAC02.10
As the basic idea of RKAC05.06, giving priority to recipients still in maturation after an early failed transplant, is included in RKAC02.09, the ETKAC recommends the Board to abandon RKAC05.06.

RKAC05.06
Children either on dialysis or registered on the Eurotransplant waiting list before the age of 16, should keep their pediatric status until their first successful graft, irrespective of their age at the time of an offer. In case of a pre-emptive registration on the kidney waiting list, the pediatric status will end on the 17th birthday, if dialysis is not initiated before this date.

RKAC02.09
Children either on dialysis or registered on the Eurotransplant waiting list before the age of 16, should be granted a pediatric status until their first successful graft, irrespective of their age at the time of an offer. In case of a pre-emptive registration on the kidney waiting list, the pediatric status will end on the 17th birthday, if dialysis is not initiated before this date.
Recipients on dialysis or registered on the waiting list after their 16th birthday will be granted the pediatric status provided that they are proven to be in maturation. This proof has to be delivered by the transplant center by a report of a competent radiologist or pediatric endocrinologist on an X-ray of the left hand that has to be sent to and judged on by two independent auditors appointed by Eurotransplant. In case of a split decision a third auditor has to be consulted for a final decision.
The pediatric status will be withdrawn when dialysis does not start within one year after registration, but will be restored when the recipient fulfils above criteria for maturation at time of institution of dialysis.
The effect of these changes should be evaluated after 2 years.

RKAC03.10
If one or more consecutive living donor kidney transplants fail, requiring maintenance dialysis and the recipient is re-entered on the waiting list, waiting time acquired before the first failed living donor transplant will be returned.

Liver Intestine Advisory Committee (ELIAC)

RLAC05.09*
HU status for liver transplant recipients has to be re-evaluated every 14 days. At the time of re-evaluation the number, and if requested, also the details of a turned down liver organ offer in the preceding 14 days have to be reported to the auditors. Patients in HU status who become (temporarily) not transplantable have to be reported as NT and will at that moment loose the HU status and the so far accumulated HU days.

RLAC01.10
With reference to the ET non-resident policy, as published on the ET website, the 5% rule is not applicable for intestine patients with understanding that these patients are not allowed to be registered on the ET waiting list.

RLAC02.10
In case a liver is allocated to a recipient outside the donor country within ET for a HU patient and later it turns out that this patient is not-transplantable with this liver but the liver is transplanted into an elective patient in the recipient country, this shall nevertheless open up an obligation to send back a liver from the recipient country to the donor country.

RLAC03.10
At time of listing and with every MELD update the following two additional lab values have to be reported to Eurotransplant:
1. Serum Ferritin
2. Serum Cholinesterase.

(Rationale: Recent data indicate that these lab values could increase the predictive value of MELD especially with regard to outcome after liver transplantation. These lab values might therefore be helpful in further improving liver allocation via a modified MELD-score.)

RLAC04.10
Eurotransplant shall report twice a year on the completeness of liver follow-up data delivery to Eurotransplant in the ET Newsletter (mentioning the centers that did not comply de nomine).

(Rationale: This way it is expected that follow-up data delivery will become more complete with relatively small effort.)

Pancreas Advisory Committee (EPAC)

RPAC01.10
In Germany pancreata that cannot be allocated via standard allocation and all pancreata from donors >50 years of age and with a BMI >30 are allocated via rescue allocation. If a pancreas allocated via rescue allocation turns out to be not suitable for vascularized organ transplantation, it can be used for islet transplantation. If the pancreas is already in a center that also performs islet transplantation, it can be directly forwarded to this islet program. If this center has no islet program, the pancreas should be forwarded to the nearest islet program. The islet program selects from its waiting list the patient best suited for transplantation after islet isolation.

ET maintains a service of documenting the waiting list for islet transplant recipients. The islet transplant programs will be provided with their waiting list to facilitate the selection of the best suited islet recipient. For sake of proper documentation, the islet transplant programs are obliged to register every islet transplantation in the ET computer program ENIS.

RPAC01.10 will be re-evaluated one year after implementation.

RPAC02.10
The SU status for pancreas islet transplantation limited to a national level can be re-instituted upon request of an ET member country. The pancreas islet SU criteria have to be defined by the respective national organ specific Advisory Committee.

Thoracic Advisory Committee (EThAC)

RThAC01.10
A pediatric recipient is a heart or heart+lung transplant candidate, who at time of listing is under the age of 16 years or proven to be in maturation. This proof has to be delivered by the transplant center by a report from a competent radiologist or pediatric endocrinologist on an X-ray of the left hand, not older than 3 months and judged upon by two independent auditors appointed by Eurotransplant. In case of a split decision, a third auditor has to be consulted for a final decision. In order to keep the pediatric status, the proof of immaturity has to be updated yearly as long as the recipient is still on the waiting list.

RThAC02.10
All pediatric heart or heart+lung transplant candidates are granted the HU status, as soon as they are registered on the waiting list in an active urgency.

RThAC03.10
Within each tier of HU patients the hospitalized pediatric patients will have priority over all other HU patients.

RThAC04.10
AB0 incompatible heart or heart+lung transplantation is possible for patients under the age of 2 years, provided that:
- a protocol approved by the local ethics committee has been submitted by the transplant center.
- within Eurotransplant there is no suitable AB0 blood group compatible recipient available at the time of the organ allocation.

RThAC05.10
The duration of HU status for international HU heart or heart+lung patients will be extended from 7 days to 8 weeks. If patients on HU-status are temporarily downgraded to status T and/or NT for no longer than 28 days, and are then reassigned a HU status their previous HU time will be returned.

RThAC06.10
All donor hearts or heart+lung blocks reported by Germany will be allocated via the scheme described in RThAC 02.05 where the following adaptations will be introduced:
- Introduction of a new main rank tier, i.e. hospitalized children are ranked above other High Urgency (HU) patients;
- All children have the HU status;
- Abolishment of the Urgency (U) status;
- Introduction of a new AB0 blood group tier;
- AB0 blood group incompatibility will be allowed for patients under 2-years of age;
- Introduction of a new sub rank tier, i.e. highly immunized patients;
- A new order of the sub rank tiers;
- Change of the rule for the sequence HU- (T or NT)- HU;
- Extension duration HU national from 7 days to 8 weeks;
- Introduction of a new definition of a child recipient.

RThAC07.10
An objection to an auditor's decision concerning an HU or U request and/or reevaluation will be considered if the objection is accompanied with new information on the patient or in case auditors did not take all information into account during their decision making.

RThAC08.10
Patients with a high LAS from countries with a negative total balance (with the donor country) will come on top of the donor country's waiting list ranked by LAS. Then patients with a low LAS from countries with a negative total balance (with the donor country) are sorted by LAS together with the national patients.

RThAC09.10
Patients with a high LAS will be reevaluated every 14 days based on current original lab and blood gas data.

RThAC10.10
Within each main rank tier, all international patients will be ranked according to the lung allocation score.

RThAC11.10
Lungs will be allocated first according to the modified AB0 compatible rule* and then according to the AB0 compatible rule.
* Modified AB0 compatible rule: AB0-0 to AB0-0 and –B; AB0-A to AB0-A and –AB; AB0-B to AB0-B; AB0-AB to AB0-AB.

RThAC12.10
All children <12 years actively listed on the lung transplant waiting list will be assigned a LAS = 100.

RThAC13.10
The pediatric donor:recipient age matching for international patients will be done according to the LAS scheme.

Organ Procurement Committee (OPC)

ROPC04.08 rephrased*
a. If a procured organ cannot be transplanted, it is mandatory to contact ET directly and only with approval of ET this organ can be discarded;
b. Discarding an organ is only possible in four ways:
1. Allocation is changed towards donation of cells or tissues in case of consent.
2. Use for research upon consent and in the donor country only; otherwise the organ will have to be cremated or returned to the donor country. A confirmation report is needed.
3. Send the organ for cremation; a confirmation report is needed;
4. Leave the organ with the donor.
c. The confirmation report of cremation or research should be forwarded to Eurotransplant. Eurotransplant is responsible for the documentation of these reports of discarded organs.

ROPC01.10
According to the guidelines UN3373, Biological Substance, category B the packaging of organs and blood/tissue samples is recommended to consist of the following three components:
1. a leak-proof primary receptacle(s);
2. a leak-proof secondary packaging; and
3. an outer packaging of adequate strength for its capacity, mass and intended use, and with at least one surface having minimum dimensions of 100 mm × 100 mm.

ROPC02.10
A. It is the responsibility of the procurement and the transplant centers to immediately report to Eurotransplant all known transmittable diseases (e.g. infection, malignancy etc.) that might originate from the donor or the donation procedure.
B. Eurotransplant must inform all involved recipient and donor parties (e.g. transplant centers, coordinators, tissue typing centers etc.) as soon as the information from the donor center is available.
C. In a later phase Eurotransplant will inform the competent authorities about the events.

ROPC03.10
A. As of July 1, 2011 exchange of donor information via the web-based application 'donordata.eu' (or similar web-based applications in use within the ET member countries) is mandatory.
B. In exceptional cases, donor information is allowed to be provided in other ways (e.g. by fax). Exceptional cases will only be considered as such if they are included in the 'donordata.eu exceptional case description'.

A description of exceptional cases will be established prior to implementation of ROPC03.10 (e.g. technical calamities).

Information Services Working Group (ISWG)

RCSWG01.10
The Computer Services Working Group (CSWG) recommends to change its name into **I**nformation **S**ervices **W**orking **G**roup (ISWG). Each organ specific Advisory Committee will be represented in the ISWG by a member who is familiar with information, especially registry issues. In addition it should be aimed at having one representative from each ET member country.

Tissue Typing Advisory Committee (TTAC)

RTTAC01.10
In order to have a uniform and reliable parameter for sensitization in ET, the v-PRA value (based on the phenotype frequency of the unacceptable mismatches) will replace the %-PRA value.

RTTAC02.10
Centers receiving organs via the AM program must report additional follow-up data of their AM transplants for evaluation and/or improvement of the program. The follow-up must include number and kind of rejection episodes in the first 180 days, and one year patient and graft survival. The data will be presented to the community on an annual basis.

Financial Committee (FC)

RFC01.10
The Financial Committee recommends the Board to approve the annual accounts 2009.

RFC02.10
The Financial Committee recommends the Board to approve the budget proposal 2011.

2. Basic principles of the Eurotransplant community

This chapter gives some general information on the ET mission, on the services we provide and on the relationship with our member states. The Eurotransplant International Foundation is responsible for the mediation and allocation of organ donation procedures in Austria, Belgium, Croatia, Germany, Luxembourg, the Netherlands and Slovenia. In this international collaborative framework, the participants include all transplant hospitals, tissue typing laboratories and hospitals where organ donations take place. The ET region numbers well over 124,5 million.

In the following paragraphs the following topics are covered:
1. ET's mission, aims and goals;
2. The basic services that ET provides to its member states as laid down in ET's Basic Mandate.
3. Formal support to ET by the ministries of Health of ET's member states: the so-called 'Joint Declaration'.

2.1 Eurotransplant mission statement

Eurotransplant is a non-profit service organization for donation and transplantation through the collaborating transplant programs within the organization. Eurotransplant *provides services to transplant centers and their associated tissue typing laboratories and donor hospitals in its member states.*
- To achieve its mission Eurotransplant has set the following goals:
- To achieve an optimal use of available donor organs and tissues;
- To secure a transparent, objective and fair allocation system, based upon medical and ethical criteria;
- To assess the importance of factors which have the greatest influence on waiting list mortality and transplant results;
- To support donor procurement to increase the supply of donor organs and tissues;
- To further improve the results of transplantation through scientific research and to publish and present these results;
- Promotion, support and coordination of organ donation and transplantation in the broadest sense of terms.

The following document was agreed upon by all National Authorities of Eurotransplant. It describes that basic services that every member state expects Eurotransplant to provide. The budget for Eurotransplant's basic services is guaranteed by all National Authorities. Specific wishes from member states are often laid down in country specific Service Level Agreements.

2.2 Basic Mandate of Eurotransplant

The Basic Mandate of Eurotransplant includes the following elements:
1. Assignment
2. Services
3. Support

1. Assignment

The process
ET's primary assignment is to coordinate the international exchange and allocation of donor organs. To carry out this assignment ET performs activities related to the whole process of organ donation and transplantation. The process includes the following responsibilities:
- Coordination of donor procedures and support of donor procurement;
- Maintaining a waiting list;
- Receiving donor offers;
- Providing central support and advice for the transplant centers, tissue typing laboratories and donor hospitals;
- International coordination of transportation;
- Allocating the organs;
- Following-up of the transplantation;
- Evaluating the transplantation results;
- Improving the results of transplantation through scientific research.

Note

1. Is meant: Stichting Eurotransplant International Foundation

The environment
ET interacts with various stakeholders such as patients, national regulating transplant authorities, national representatives of the transplant societies, financing authorities, donor hospitals, transplant centers, tissue typing laboratories, other allocation organizations, scientific societies and the employees of the Leiden office.
ET allocates organs based on rules set by national and international legislation. ET is in continuous interaction with the outside world to analyze and further develop the allocation policy.
ET delivers its services in a social and political framework which demands transparency. Therefore comprehensive quality and patient safety management systems will be in place and maintained.

Competences of the organization
To perform its mandate, the organization of ET has to be in a position to:
1. Perform allocation in a 24-hour service framework
2. Continuously update and improve the process of allocation
3. Establish and maintain an external network
4. Report on and account for the outcome of its services

This means the organization shall:
- Operate and sustain its services continuously;
- Manage an influx of complex information from different sources. This incoming information varies in its format, structure and content;
- Perform the activities to realize it's international and external orientation;
- Maintain close communication with regulatory and legislative authorities – nationally as well as at European Union and international level;
- Implement, comply with and support the development of (inter)national rules and regulations;
- Disseminate the knowledge of ET concerning allocation;
- Participate in international cooperation and the European framework on topics as standards/best practices, issuing of rules, shortage of organs and international harmonization;
- Coordinate international cooperation;
- Gather data in order to perform the allocation process, to report on outcome of the process, to account for the outcome and in order to further develop the process. The analyses have to be within the framework of EU and national legislation.

2. Services

To be able to perform its mandate ET sustains an efficient, effective and proportionate organization. ET follows the relevant ISO standards (ref. ISO 9001:2000). Its activities are aimed at realizing effective services with adequate quality regarding issues such as patient-safety, accuracy, speed and efficiency.

Important aspects of ET's quality system involve the ET Reference Laboratory (ETRL) and the audit system for evaluating the High Urgent status of the patients on the waiting list.

The main mandated tasks performed by ET are described below.

Allocation services
To be able to perform the services 24 hours a day, seven days a week ET maintains a staff of medical doctors, an allocation service desk and a medical administration function.
To support this primary process supportive services are required in the area of housing, facilities, information and communication.

In realizing continuity of its services ET complies with all relevant rules and regulations concerning labor conditions in the Netherlands.

The ET Reference Laboratory provides 24 hours a day, 7 days a week immunological support to the allocation office and to the transplant centers. The ETRL is responsible for the proficiency testing of all histocompatibility laboratories associated to ET and the evaluation of highly immunized patients to be included in the acceptable mismatch program.
The development of ET's allocation processes is driven by the evaluation of post transplant results. For this purpose ET sustains a transplant follow-up registry.

Development of allocation process
To continuously update and improve the allocation process ET develops and maintains a network of experts. Because the allocation process differs per organ on allocation rules and specific details, the network represents these different scientific areas. The fields of experience relate to the different organs and ET Advisory Committees are formed along these lines: kidney, thoracic, liver

and intestine, pancreas. Also on more general topics committees are organized: on organ procurement, tissue typing and ethical issues. To advise on supporting functions there are also Advisory Committees on finance and information services.

All of these committees meet regularly. The ET staff prepares and conducts the meetings and guides recommendations through the organization and the governance structure.

ET takes care of checking the recommendations on their compliance with the different national and international legislative and regulatory frameworks that are concerned.

ET actively joins in European projects related to organ transplantation. It is also actively involved in national and international regulatory projects. In this way ET works at the improvement of its services, at standardization of processes and methods and at setting as well as learning from, best practices of organizations outside the ET network.

External networking
ET performs activities to establish and maintain international relations that can help ET to improve the allocation process, but also get understanding of, and support for its activities.

Therefore ET organizes twice a year congresses focusing on the professional, scientific, and political communities in the field of organ transplantation within its member states. These congresses are held in autumn and winter in a way that enhances networking between the participants and the staff of ET, thus contributing to mutual trust and understanding within the organization. ET furthermore issues a Newsletter to inform its stakeholders on the recommendations made by the ET Board. ET has also developed a website to inform its stakeholders.

On behalf of its members ET actively makes itself known to, and establishes connections with, the European Community and its representatives who are acting in the field of organ transplantation and issuing rules.

In order to enable benchmarking as well as identification and dissemination of best practices, ET sustains an external network with international organ exchange organizations in the area of donation and transplantation.

Reporting and accounting
ET accounts for the results of its services in various ways and with various reports. They make standard reports on all kind of topics concerning the transplantation process. These reports are made available to the members and the outside world via the ET public website or the member site (extranet) or via alternate routes agreed upon with those concerned.

ET also disseminates the services and their results through (co)publishing and giving lectures on congresses and meetings.

Every year ET reports on the preceding year in an annual report in which account is given, both on the allocation process as well as the financial developments. In the annual report account is also given for the realization of the general policy in the field of allocation and its supportive processes.

Every year ET sees to it that the financial accounts of the preceding year are approved by an external auditor.

To coordinate all external contacts ET develops and maintains a communication policy and actively pursues this policy.

3. Support

To facilitate the process of allocation and the related processes and thereby the organization and people working in it, ET organizes several supportive processes. These processes are detailed below in the sub-sections *Clearing house, Information and quality* and *Other*.

Clearing house
To facilitate the international exchange of organs, ET supports the centers with international transport logistics. ET fulfills and sustains a clearing house function concerning the settlements of costs between the donating and receiving centers in the event of international organ exchange within the organization.

Information and quality
Allocation of organs is an information intensive process which needs substantial support of automated systems. Therefore ET develops and maintains the information systems that are required. They support the analysis of processes, of allocation rules and of other information and transform this into effective information systems. To operate the information systems an adequate infrastructure for information and communication is realized and maintained.

ET will adequately test all procedures and systems and maintains a quality system to assure this.

Other
To enable ET to operate as a service organization its supportive functions have to be sustained. Therefore ET maintains and sustains a supporting organization in fields of management (planning & control), housing, human resource management, finance, ICT and facilities.

4. Governance

ET has a governance structure with an international external board representing the member states, the so-called Board of ET. The Board of ET is responsible for the management of the Foundation and supervises the Board of Directors. The Board of Directors is responsible for the day-to-day management of the organization and is composed of two directors, a general and a medical director. The Board of ET meets on a regular basis with the two directors. These meetings are prepared by the directors and staff of ET.

5. Finances

ET's activities are entirely financed by the health insurance companies in the participating countries. The organization's budget and the resulting registration fees are negotiated annually with the financers and/or the national authorities.

The following document was signed during the conference Eurotransplant organized on the occasion of its 40th anniversary in Sint Gerlach for the ministers of Health Care of the Eurotransplant member states. The ministers affirmed the cooperation with the other member states and the perceived importance of Eurotransplant for each of them.

2.3 Joint Declaration on cooperation within the framework of Eurotransplant International Foundation

The Minister of Social Affairs and Public Health of the Kingdom of Belgium,

The Minister of Health and Social Welfare of the Republic of Croatia,

The Federal Minister of Health of the Federal Republic of Germany,

The Minister of Health and Social Security of the Grand Duchy Luxembourg,

The Minister of Health, Welfare and Sport of the Kingdom of the Netherlands,

The Federal Minister of Health, Family and Youth of the Republic of Austria
and
The Minister of Health of the Republic of Slovenija,

issue the following Joint Declaration on cooperation within the framework of Eurotransplant International Foundation:

We, Ministers of Health, wish to express our recognition of the activities performed by the Eurotransplant International Foundation (ETI) in Leiden, the Netherlands.

We are of the opinion that the subjects addressed in the Joint Declaration of November 2000 are today undiminished valid.

We emphasize:
- that the importance of international cooperation on organ transplantation within the Eurotransplant International Foundation framework has been demonstrated and should be continued;
- the necessity and added value of a fruitful cooperation between the professionals and the national authorities within the framework of Eurotransplant as opposed to separate agreements;
- that it is of crucial importance for the acceptance of transplantation medicine in the participating countries and in the interest of the patients that distribution of the allocated donor organs is performed as fairly as possible within a transparent and objective allocation system according to medical criteria;

Note
2. This governance structure is described in ET's Articles of Assocation

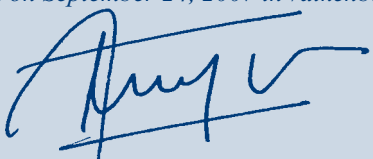
- the necessity of having systems operational for quality and safety in the area of organ donation. The state of a donor organ eligible to be allocated by Eurotransplant International Foundation must comply with those safety and quality requirements that are or might be imposed in accordance with the most recent advancements in medical science.
- our involvement as Ministers of Health with Eurotransplant International Foundation, its transparent and unambiguous allocation system and the responsibility of Eurotransplant International Foundation towards the participating member states.

Given the above considerations and the need to take into account national regulatory frameworks as well as efforts directed at the implementation of appropriate measures to improve the existing opportunities for post-mortem organ donation, we, Ministers of Health

- agree that the mutual exchange of practices in the area of post-mortem organ donation between the Eurotransplant International Foundation member states is valuable and supported by us;
- agree that Eurotransplant International Foundation fulfils an important role as a platform for the exchange of knowledge and practices;
- encourage the realization of a collection system for transplant results within Eurotransplant International Foundation.

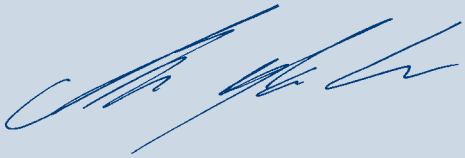
This declaration was signed on September 24, 2007 in Valkenburg aan de Geul, the Netherlands:

Dr. Dirk Cuypers



on behalf of the Minister of Social Affairs and Public Health of the Kingdom of Belgium, President of the Board of Directors of the Federal Public Service Health, Food Chain, Safety and Environment

Prof. Dr. Neven Ljubičić



The Minister of Health and Social Welfare of the Republic of Croatia,

Mrs. Ulla Schmidt

The Federal Minister of Health of the Federal Republic of Germany

Mr. Mars di Bartolomeo

The Minister of Health and Social Security of the Grand Duchy of Luxembourg

Dr. Ab Klink

The Minister of Health, Welfare and Sport of the Kingdom of the Netherlands

Dr. Andrea Kdolsky

The Federal Minister of Health, Family and Youth of the Republic of Austria

Mrs. Zofija Mazej Kukovič

The Minister of Health of the Republic of Slovenija

3. Eurotransplant: donation, waiting lists and transplants

Introduction

The changes introduced to the table and chart section of last year's Annual Report were well received. Based on this feedback, discussions in the Eurotransplant Advisory Committees and the data requests coming in from you as users we tried to further improve the accessibility and the level of detail of the information in this section.

The development with regard to donor age turned out to be of major interest for many of you. Therefore in addition to figure 3.2 showing the development of median donor age per organ over the last 20 years we extended table 3.3: you can now find data on donor age per organ and country in table 3.3b. In parallel information on the recipient age distribution is added to the waiting list and transplant tables for all organs. Interesting differences between the different countries regarding recipient age distribution can be identified.

Table 3.7 now allows at a glance to compare the number of organs donated and transplanted per country. The figures show that the numbers are reasonably balanced. Due to the fact that the Vienna lung transplant center has several twinning agreements with centers outside ET and in addition established cooperation agreements with Croatia and Slovenia with regard to lung transplantation, the substantial inflow of donor lungs to Austria can be explained (details regarding the different twinning agreements within Eurotransplant are depicted in chapter 8).

You will notice that the most pronounced adaptations took place in the kidney transplant and waiting list part of this report. Next to the general Eurotransplant Kidney Allocation point score System (ETKAS), the Eurotransplant Senior Program (ESP) and the Acceptable Mismatch (AM) program are well established and of special importance for the elderly and highly immunized recipients. The idea of the AM program has been taken over by several organ exchange organizations outside ET and the ESP is considered a successful model to optimize the use of donor organs in times of increasing donor and recipient age. Therefore the tables 4.4 now contain detailed information on kidneys allocated via the different kidney allocation programs within Eurotransplant. End of 2010 the allocation of kidneys from donors >65 years of age were changed according to the ESDP protocol. Analysis of the data comparing recipients that received a kidney with no vs. one or two HLA-DR-mismatches will show, whether the ESP allocation can be improved even further in the interest of the patients in need of a kidney transplant. Broad participation in the study and accurate and timely data delivery will help to come to conclusions soon.

Use of the MELD score for allocation (currently in use in Belgium, Germany and the Netherlands) is of special interest not only within ET. In the liver transplant chapter information on the MELD score of patients on the waiting list on the one hand side and transplant recipients on the other hand side can be found (tables 6.3 and 6.4). Together with the liver transplant community the ELIAC is closely monitoring the effects of MELD allocation both on patients on the waiting list and on transplant results.

Newly introduced to this section of the Eurotransplant Annual Report is an overview of the currently existing cooperation agreements ('twinning agreements') between transplant centers within ET countries and transplant centers outside the ET area. Eurotransplant currently distinguishes three different types of twinning agreements, each of these models were introduced with a different focus: Model A - Start-up and training program, Model B - Transplantation support program, Model C – Delegated responsibilities for transplant programs.

Like last year we would like to encourage you to give us feedback on the usability of this Annual Report and especially the changes introduced. Your suggestions will help us to further improve and adapt it according to your wishes.

Table 3.1 Number of deceased organ donors used for a transplant, by donor country, from 2006 to 2010

Donor country	Population (millions)	2006	2007	2008	2009	2010	pmp	2009/2010
(A) Austria	8,4	201	181	168	212	189	22,6	-10,8 %
(B) Belgium	10,8	273	291	265	276	263	24,3	-4,7 %
(HR) Croatia	4,4	0	33	79	77	127	28,7	64,9 %
(D) Germany	81,8	1227	1285	1184	1196	1271	15,5	6,3 %
(L) Luxembourg	0,5	6	1	9	0	3	6,0	--
(NL) Netherlands	16,6	200	257	201	215	216	13,0	0,5 %
(SLO) Slovenia	2,0	30	22	36	33	40	19,5	21,2 %
ET	**124,6**	**1937**	**2070**	**1942**	**2009**	**2109**	**16,9**	**5,0 %**
Non-ET		84	69	61	65	78		**20,0 %**
Total		**2021**	**2139**	**2003**	**2074**	**2187**		**5,4 %**

Figure 3.1a Number of deceased donors used for a transplant in Eurotransplant

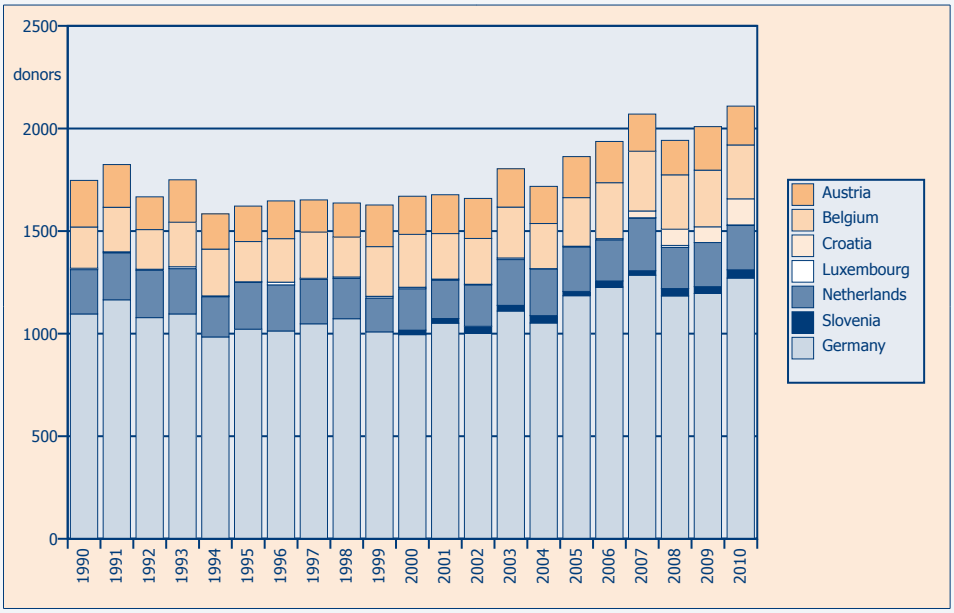


Figure 3.1b Number of deceased donors used for a transplant in Eurotransplant

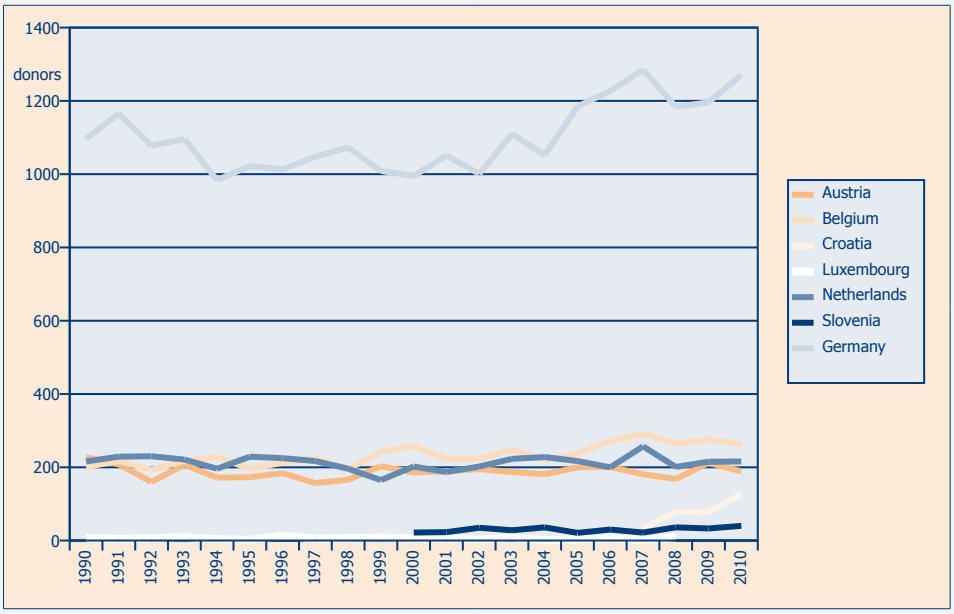


Table 3.2(i) Number of deceased organ donors used for a transplant, by organ, from 2006 to 2010

Year of registration	2006	2007	2008	2009	2010	2009/2010
Organ donors, total	2021	2139	2003	2074	2187	**5,4 %**
Kidney	1833	1930	1833	1859	1950	**4,9 %**
Heart	587	598	583	580	631	**8,8 %**
Lung	454	503	508	513	572	**11,5 %**
Liver	1395	1569	1550	1631	1734	**6,3 %**
Pancreas	245	255	257	226	273	**20,8 %**

Table 3.2(ii) Number of deceased organ donors used for a transplant, by organ and donor country, in 2010

Donor country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total
Organ donors, total	189	263	127	1271	3	216	40	78	**2187**
Kidney	182	215	120	1182	3	205	38	5	**1950**
Heart	68	67	33	385	0	48	20	10	**631**
Lung	51	103	16	280	2	60	12	48	**572**
Liver	132	220	111	1077	3	138	34	19	**1734**
Pancreas	32	40	8	162	0	24	7	0	**273**

Figure 3.2 Median age of deceased donors in Eurotransplant, used for a transplant

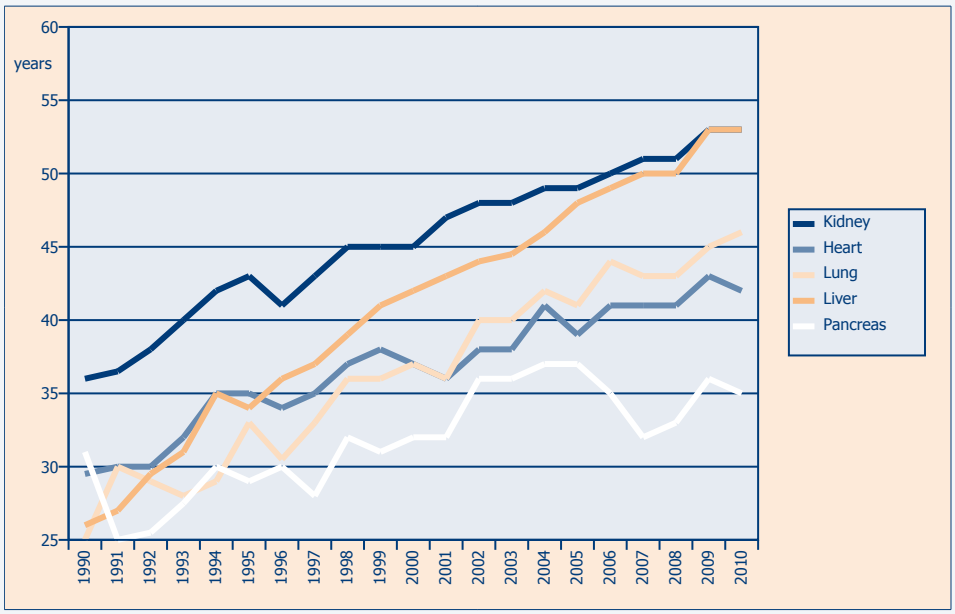


Table 3.3a(i) Demographic data on deceased organ donors, used for a transplant, from 2006 to 2010

Age (years)	2006	2007	2008	2009	2010	2009/2010
0-15	67	77	73	70	81	**15,7%**
16-55	1202	1239	1145	1089	1139	**4,6%**
56-64	337	396	371	399	427	**7,0%**
≥65	415	427	414	516	540	**4,7%**
Total	**2021**	**2139**	**2003**	**2074**	**2187**	**5,4%**
Gender	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Female	930	969	903	976	1015	**4,0%**
Male	1091	1170	1100	1098	1172	**6,7%**
Total	**2021**	**2139**	**2003**	**2074**	**2187**	**5,4%**

Table 3.3a(i) *(Continued)*

Blood group	2006	2007	2008	2009	2010	2009/2010
A	906	933	835	855	928	8,5%
AB	103	125	98	110	103	-6,4%
B	216	230	248	241	258	7,1%
O	796	851	822	868	898	3,5%
Total	**2021**	**2139**	**2003**	**2074**	**2187**	**5,4%**
Cause of death	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Accident	423	471	459	385	417	8,3%
Natural	1536	1612	1480	1621	1704	5,1%
Suicide	42	29	47	43	46	7,0%
Other	20	27	17	25	20	-20,0%
Total	**2021**	**2139**	**2003**	**2074**	**2187**	**5,4%**

Table 3.3a(ii) Demographic data on deceased organ donors, used for a transplant, in 2010

Age	A	B	HR	D	L	NL	SLO	Non-ET	Total	%
0-15	5	8	5	44	0	7	1	11	81	3,7%
16-55	109	155	53	625	3	114	23	57	1139	52,1%
56-64	33	50	31	225	0	67	12	9	427	19,5%
≥65	42	50	38	377	0	28	4	1	540	24,7%
Total	**189**	**263**	**127**	**1271**	**3**	**216**	**40**	**78**	**2187**	**100,0%**
Gender	**A**	**B**	**HR**	**D**	**L**	**NL**	**SLO**	**Non-ET**	**Total**	**%**
Female	93	123	55	589	2	101	20	32	1015	46,4%
Male	96	140	72	682	1	115	20	46	1172	53,6%
Total	**189**	**263**	**127**	**1271**	**3**	**216**	**40**	**78**	**2187**	**100,0%**
Blood group	**A**	**B**	**HR**	**D**	**L**	**NL**	**SLO**	**Non-ET**	**Total**	**%**
A	86	92	56	564	2	77	17	34	928	42,4%
AB	9	7	9	66	0	5	0	7	103	4,7%
B	19	21	16	159	0	21	8	14	258	11,8%
O	75	143	46	482	1	113	15	23	898	41,1%
Total	**189**	**263**	**127**	**1271**	**3**	**216**	**40**	**78**	**2187**	**100,0%**
Cause of death	**A**	**B**	**HR**	**D**	**L**	**NL**	**SLO**	**Non-ET**	**Total**	**%**
Accident	43	65	19	224	0	33	12	21	417	19,1%
Natural	136	172	100	1047	3	166	25	55	1704	77,9%
Suicide	6	23	6	0	0	8	3	0	46	2,1%
Other	4	3	2	0	0	9	0	2	20	0,9%
Total	**189**	**263**	**127**	**1271**	**3**	**216**	**40**	**78**	**2187**	**100,0%**

Table 3.3b(i) Age of deceased organ donors used for a transplant, from 2006 to 2010

All donors	2006	2007	2008	2009	2010	2009/2010
0-15	67	77	73	70	81	15,7%
16-55	1202	1239	1145	1089	1139	4,6%
56-64	337	396	371	399	427	7,0%
>=65	415	427	414	516	540	4,7%
Total	**2021**	**2139**	**2003**	**2074**	**2187**	**5,4%**

Table 3.3b(i) *(Continued)*

Heart donors	2006	2007	2008	2009	2010	2009/2010
0-15	36	37	35	40	55	37,5%
16-55	506	503	504	486	502	3,3%
56-64	38	53	42	52	67	28,8%
>=65	7	5	2	2	7	250,0%
Total	587	598	583	580	631	8,8%

Kidney donors	2006	2007	2008	2009	2010	2009/2010
0-15	51	60	61	55	67	21,8%
16-55	1099	1133	1057	992	1029	3,7%
56-64	317	365	350	367	389	6,0%
>=65	366	372	365	445	465	4,5%
Total	1833	1930	1833	1859	1950	4,9%

Liver donors	2006	2007	2008	2009	2010	2009/2010
0-15	54	65	60	53	66	24,5%
16-55	845	960	918	883	915	3,6%
56-64	239	260	261	298	316	6,0%
>=65	257	284	311	397	437	10,1%
Total	1395	1569	1550	1631	1734	6,3%

Lung donors	2006	2007	2008	2009	2010	2009/2010
0-15	18	18	20	22	29	31,8%
16-55	381	422	420	405	439	8,4%
56-64	48	55	57	74	89	20,3%
>=65	7	8	11	12	15	25,0%
Total	454	503	508	513	572	11,5%

Pancreas donors	2006	2007	2008	2009	2010	2009/2010
0-15	15	26	21	18	20	11,1%
16-55	225	219	230	197	246	24,9%
56-64	5	10	4	6	5	-16,7%
>=65	0	0	2	5	2	-60,0%
Total	245	255	257	226	273	20,8%

Table 3.3b(ii) Age of deceased organ donors used for a transplant, by organ and donor country, in 2010

All donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	%
0-15	5	8	5	44	0	7	1	11	81	3,7%
16-55	109	155	53	625	3	114	23	57	1139	52,1%
56-64	33	50	31	225	0	67	12	9	427	19,5%
>=65	42	50	38	377	0	28	4	1	540	24,7%
Total	189	263	127	1271	3	216	40	78	2187	100,0%

Heart donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	%
0-15	3	6	4	34	0	3	0	5	55	8,7%
16-55	60	54	28	307	0	30	18	5	502	79,6%
56-64	4	7	1	38	0	15	2	0	67	10,6%
>=65	1	0	0	6	0	0	0	0	7	1,1%
Total	68	67	33	385	0	48	20	10	631	100,0%

Table 3.3b(ii) *(Continued)*

Kidney donors	A	B	HR	D	L	NL	SLO	Non-ET	Total	%
0-15	5	8	5	41	0	5	1	2	67	3,4%
16-55	105	144	52	591	3	109	23	2	1029	52,8%
56-64	32	40	30	211	0	63	12	1	389	19,9%
>=65	40	23	33	339	0	28	2	0	465	23,8%
Total	182	215	120	1182	3	205	38	5	1950	100,0%

Liver donors	A	B	HR	D	L	NL	SLO	Non-ET	Total	%
0-15	5	8	5	39	0	4	0	5	66	3,8%
16-55	82	126	45	546	3	80	23	10	915	52,8%
56-64	21	39	28	182	0	35	8	3	316	18,2%
>=65	24	47	33	310	0	19	3	1	437	25,2%
Total	132	220	111	1077	3	138	34	19	1734	100,0%

Lung donors	A	B	HR	D	L	NL	SLO	Non-ET	Total	%
0-15	4	3	2	15	0	3	0	2	29	5,1%
16-55	40	76	13	216	2	40	11	41	439	76,7%
56-64	6	20	1	41	0	15	1	5	89	15,6%
>=65	1	4	0	8	0	2	0	0	15	2,6%
Total	51	103	16	280	2	60	12	48	572	100,0%

Pancreas donors	A	B	HR	D	L	NL	SLO	Non-ET	Total	%
0-15	4	3	2	11	0	0	0	0	20	7,3%
16-55	28	32	6	150	0	23	7	0	246	90,1%
56-64	0	3	0	1	0	1	0	0	5	1,8%
>=65	0	2	0	0	0	0	0	0	2	0,7%
Total	32	40	8	162	0	24	7	0	273	100,0%

Table 3.4a(i) Number of donors, used for a transplant, by type of donor, from 2006 to 2010

	2006	2007	2008	2009	2010	2009/2010
Deceased	2021	2139	2003	2074	2187	5,4%
Domino	10	10	7	3	6	100,0%
Living	1007	1123	1163	1246	1394	11,9%
Total	3038	3272	3173	3323	3587	7,9%

Table 3.4a(ii) Number of donors, used for a transplant, by type and donor country, in 2010

	Deceased	%	Domino	%	Living	%	Total
Austria	189	75,3%	0		61	24,4%	250
Belgium	263	76,2%	0		82	23,8%	345
Croatia	127	86,4%	0		18	12,4%	145
Germany	1271	62,6%	5	0,2%	756	37,2%	2032
Luxembourg	3	100,0%	0		0		3
Netherlands	216	32,1%	1	0,1%	477	68,7%	694
Slovenia	40	97,6%	0		0		40
Non-ET	78	100,0%	0		0		78
Total	2187	61,3%	6	0,2%	1394	38,9%	3587

Table 3.4b(i) Number of deceased donors, used for a transplant, by type of donor, from 2006 to 2010

	2006	2007	2008	2009	2010	2009/2010
SOD	617	597	461	487	491	0,8%
MOD	1404	1542	1542	1587	1696	6,9%
Total	2021	2139	2003	2074	2187	5,4%

Table 3.4b(ii) Number of deceased donors, used for a transplant, by type and donor country, in 2010

	SOD	%	MOD	%	Total	% of total
Austria	43	22,8%	146	77,2%	189	8,6%
Belgium	66	25,1%	197	74,9%	263	12,0%
Croatia	18	14,2%	109	85,8%	127	5,8%
Germany	214	16,8%	1057	83,2%	1271	58,1%
Luxembourg	0	0,0 %	3	100,0%	3	0,1%
Netherlands	68	31,5%	148	68,5%	216	9,9%
Slovenia	8	20,0%	32	80,0%	40	1,8%
Non-ET	74	94,9%	4	5,1%	78	3,6%
Total	491	22,5%	1696	77,5%	2187	100,0%

MOD - multiple organ donor - a donor from which more than one organ type has been used in a transplant

SOD - single organ donor

Table 3.4c(i) Non-heart beating (NHB) donors, used for a transplant, from 2006 to 2010

NHB Category	2006	2007	2008	2009	2010	2009/2010
I - Dead on arrival	1	1	0	0	3	--
II - Unsuccesful resuscitation	8	8	8	4	8	100,0%
III - Awaiting heart arrest	113	131	115	140	106	-24,3%
IV - Heart arrest in brain dead donor	1	0	0	0	1	--
Total	123	140	123	144	118	-18,1%

Table 3.4c(ii) Non-heart beating donors, used for a transplant, by donor country, in 2010

NHB Category	(B)	(NL)	Total	%
I - Dead on arrival	0	3	3	2,5%
II - Unsuccesful resuscitation	3	5	8	6,8%
III - Awaiting heart arrest	41	65	106	89,8%
IV - Heart arrest in brain death donor	1	0	1	0,8%
Total	45	73	118	100,0%

Table 3.4d(i) Transplants from NHB donors from 2006 to 2010

		2006	2007	2008	2009	2010	2009/2010
Kidney	Kidney	222	244	200	243	191	-21,4%
	Kidney en bloc	1	3	1	3	1	-66,7%
Total		223	247	201	246	192	-22,0%
Liver	Whole liver	33	36	46	69	39	-43,5%
Total		33	36	46	69	39	-43,5%
Liver + kidney	Liver + kidney	0	0	1	0	3	--
Total		0	0	1	0	3	--

Table 3.4d(i) ***(Continued)***

Lung	**Single lung**	0	1	4	4	1	**-75,0%**
	Double lung	4	9	12	29	25	**-13,8%**
Total		**4**	**10**	**16**	**33**	**26**	**-21,2%**
Pancreas	**Pancreas**	0	2	7	2	0	**-100,0%**
Total		**0**	**2**	**7**	**2**	**0**	**-100,0%**
	Total	**260**	**295**	**271**	**350**	**260**	**-25,7%**

Table 3.4d(ii) Transplants from NHB donors, by donor country, in 2010

Recipient country	Type of transplant	(B)	(NL)	Total	%
Austria	**Kidney**	2	3	**5**	**2,6%**
Belgium		55	3	**58**	**30,2%**
Netherlands		7	122	**129**	**67,2%**
Total	**Kidney**	**64**	**128**	**192**	**100,0%**
Austria	**Liver**	1	0	**1**	**2,6%**
Belgium		22	0	**22**	**56,4%**
Netherlands		0	16	**16**	**41,0%**
Total	**Liver**	**23**	**16**	**39**	**100,0%**
Belgium	**Liver + Kidney**	3	0	**3**	**100,0%**
Total	**Liver + Kidney**	**3**	**0**	**3**	**100,0%**
Belgium	**Lung**	13	0	**13**	**50,0%**
Netherlands		0	13	**13**	**50,0%**
Total	**Lung**	**13**	**13**	**26**	**100,0%**

Table 3.5(i) Active Eurotransplant waiting list, by organ, as per December 31, from 2006 to 2010

Waiting list type	Composition	2006	2007	2008	2009	2010	2009/2010
Kidney	kidney	11069	10910	10687	10533	10307	**-2,1%**
	kidney + heart	15	24	16	27	31	**14,8%**
	kidney + heart + lung	0	0	0	1	0	**-100,0%**
	kidney + heart + liver	0	0	0	0	1	**--**
	kidney + lung	2	3	5	2	2	**0,0%**
	kidney + liver	62	67	72	97	90	**-7,2%**
	kidney + liver + pancreas	1	0	2	1	2	**100,0%**
	kidney + pancreas	242	304	300	349	335	**-4,0%**
Kidney	**Total**	**11391**	**11308**	**11082**	**11010**	**10768**	**-2,2%**
Heart	heart	904	933	989	1121	1158	**3,3%**
	heart + lung	59	55	57	38	33	**-13,2%**
	heart + lung + kidney	0	0	0	1	0	**-100,0%**
	heart + kidney	15	24	16	27	31	**14,8%**
	heart + liver	1	2	2	4	2	**-50,0%**
	heart + liver + pancreas	0	0	0	0	1	**--**
	heart + liver + kidney	0	0	0	0	1	**--**
Heart	**Total**	**979**	**1014**	**1064**	**1191**	**1226**	**2,9%**
Lung	lung	758	849	846	964	964	**0,0%**
	lung + heart	59	55	57	38	33	**-13,2%**
	lung + heart + kidney	0	0	0	1	0	**-100,0%**
	lung + kidney	2	3	5	2	2	**0,0%**
	lung + liver	5	4	8	6	5	**-16,7%**
Lung	**Total**	**824**	**911**	**916**	**1011**	**1004**	**-0,7%**

Table 3.5(i) ***(Continued)***

Liver	liver	2249	2351	2354	2525	2588	**2,5%**
	liver + kidney	62	67	72	97	90	**-7,2%**
	liver + heart	1	2	2	4	2	**-50,0%**
	liver + heart + kidney	0	0	0	0	1	**--**
	liver + heart + pancreas	0	0	0	0	1	**--**
	liver + lung	5	4	8	6	5	**-16,7%**
	liver + pancreas	1	5	4	8	6	**-25,0%**
	liver + pancreas + kidney	1	0	2	1	2	**100,0%**
Liver	**Total**	**2319**	**2429**	**2442**	**2641**	**2695**	**2,0%**
Pancreas	pancreas	48	43	55	68	66	**-2,9%**
	pancreas + kidney	242	304	300	349	335	**-4,0%**
	pancreas + liver + kidney	1	0	2	1	2	**100,0%**
	pancreas + liver	1	5	4	8	6	**-25,0%**
	pancreas + heart + liver	0	0	0	0	1	**--**
Pancreas	**Total**	**292**	**352**	**361**	**426**	**410**	**-3,8%**

Table 3.5(ii) Active Eurotransplant waiting list, by organ, as per December 31, 2010

Waiting list type	Composition	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Total	%
Kidney	kidney	783	867	225	7515	0	864	53	**10307**	**95,7%**
	kidney + heart	4	7	0	20	0	0	0	**31**	**0,3%**
	kidney + heart + lung	0	0	0	0	0	0	0		
	kidney + heart + liver	1	0	0	0	0	0	0	**1**	**0,0%**
	kidney + lung	0	1	0	1	0	0	0	**2**	**0,0%**
	kidney + liver	3	19	0	63	0	5	0	**90**	**0,8%**
	kidney + liver + pancreas	0	1	0	1	0	0	0	**2**	**0,0%**
	kidney + pancreas	19	19	5	269	0	23	0	**335**	**3,1%**
Kidney	**Total**	**810**	**914**	**230**	**7869**	**0**	**892**	**53**	**10768**	**100,0%**
Heart	heart	67	59	11	929	0	66	26	**1158**	**94,5%**
	heart + lung	2	1	0	29	0	1	0	**33**	**2,7%**
	heart + lung + kidney	0	0	0	0	0	0	0		
	heart + kidney	4	7	0	20	0	0	0	**31**	**2,5%**
	heart + liver	0	0	0	2	0	0	0	**2**	**0,2%**
	heart + liver + pancreas	0	0	0	1	0	0	0	**1**	**0,1%**
	heart + liver + kidney	1	0	0	0	0	0	0	**1**	**0,1%**
Heart	**Total**	**74**	**67**	**11**	**981**	**0**	**67**	**26**	**1226**	**100,0%**
Lung	lung	55	88	0	609	0	212	0	**964**	**96,0%**
	lung + heart	2	1	0	29	0	1	0	**33**	**3,3%**
	lung + heart + kidney	0	0	0	0	0	0	0		
	lung + kidney	0	1	0	1	0	0	0	**2**	**0,2%**
	lung + liver	1	0	0	3	0	1	0	**5**	**0,5%**
Lung	**Total**	**58**	**90**	**0**	**642**	**0**	**214**	**0**	**1004**	**100,0%**
Liver	liver	132	171	75	2087	0	115	8	**2588**	**96,0%**
	liver + kidney	3	19	0	63	0	5	0	**90**	**3,3%**
	liver + heart	0	0	0	2	0	0	0	**2**	**0,1%**
	liver + heart + kidney	1	0	0	0	0	0	0	**1**	**0,0%**
	liver + heart + pancreas	0	0	0	1	0	0	0	**1**	**0,0%**
	liver + lung	1	0	0	3	0	1	0	**5**	**0,2%**
	liver + pancreas	0	2	0	4	0	0	0	**6**	**0,2%**
	liver + pancreas + kidney	0	1	0	1	0	0	0	**2**	**0,1%**
Liver	**Total**	**137**	**193**	**75**	**2161**	**0**	**121**	**8**	**2695**	**100,0%**
Pancreas	pancreas	7	17	1	29	0	12	0	**66**	**16,1%**
	pancreas + kidney	19	19	5	269	0	23	0	**335**	**81,7%**
	pancreas + liver + kidney	0	1	0	1	0	0	0	**2**	**0,5%**
	pancreas + liver	0	2	0	4	0	0	0	**6**	**1,5%**
	pancreas + heart + liver	0	0	0	1	0	0	0	**1**	**0,2%**
Pancreas	**Total**	**26**	**39**	**6**	**304**	**0**	**35**	**0**	**410**	**100,0%**

Table 3.6(i) Registration events on the Eurotransplant waiting list, by organ, from 2006 to 2010

All registration events	2006	2007	2008	2009	2010	2009/2010
Kidney	5335	6212	5808	5849	6157	5,3%
Heart	1009	1015	1052	1121	1089	-2,9%
Lung	739	805	846	843	818	-3,0%
Liver	2515	2631	2675	2923	3048	4,3%
Pancreas	317	365	341	334	328	-1,8%
Total	**9915**	**11028**	**10722**	**11070**	**11440**	**3,3%**
New registration events	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Kidney	4553	5398	4967	4941	5215	5,5%
Heart	975	992	1030	1094	1053	-3,7%
Lung	696	748	799	787	765	-2,8%
Liver	2203	2338	2372	2592	2697	4,1%
Pancreas	273	304	281	291	282	-3,1%
total	**8700**	**9780**	**9449**	**9705**	**10012**	**3,2%**
Re-registration events	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Kidney	782	814	841	908	942	3,7%
Heart	34	23	22	27	36	33,3%
Lung	43	57	47	56	53	-5,4%
Liver	312	293	303	331	351	6,0%
Pancreas	44	61	60	43	46	7,0%
Total	**1215**	**1248**	**1273**	**1365**	**1428**	**4,6%**

Table 3.6(ii) Registration events on the Eurotransplant waiting list, by organ and country, in 2010

All registration events	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Total	%
Kidney	455	566	183	3710	0	1183	60	**6157**	**53,8%**
Heart	90	106	45	739	0	67	42	**1089**	**9,5%**
Lung	124	122	0	448	0	124	0	**818**	**7,2%**
Liver	242	339	155	2098	0	191	23	**3048**	**26,6%**
Pancreas	33	37	13	212	0	32	1	**328**	**2,9%**
Total	**944**	**1170**	**396**	**7207**	**0**	**1597**	**126**	**11440**	**100,0%**
New registration events	**(A)**	**(B)**	**(HR)**	**(D)**	**(L)**	**(NL)**	**(SLO)**	**Total**	**%**
Kidney	360	488	173	3137	0	1000	57	**5215**	**52,1%**
Heart	87	101	45	716	0	64	40	**1053**	**10,5%**
Lung	114	115	0	416	0	120	0	**765**	**7,6%**
Liver	221	295	153	1846	0	164	18	**2697**	**26,9%**
Pancreas	27	26	13	187	0	28	1	**282**	**2,8%**
Total	**809**	**1025**	**384**	**6302**	**0**	**1376**	**116**	**10012**	**100,0%**
Re-registration events	**(A)**	**(B)**	**(HR)**	**(D)**	**(L)**	**(NL)**	**(SLO)**	**Total**	**%**
Kidney	95	78	10	573	0	183	3	**942**	**66,0%**
Heart	3	5	0	23	0	3	2	**36**	**2,5%**
Lung	10	7	0	32	0	4	0	**53**	**3,7%**
Liver	21	44	2	252	0	27	5	**351**	**24,6%**
Pancreas	6	11	0	25	0	4	0	**46**	**3,2%**
Total	**135**	**145**	**12**	**905**	**0**	**221**	**10**	**1428**	**100,0%**

(Re) Registrations for multiple organs are counted under each waiting list respectively

Table 3.7(i) Number of transplanted organs, by organ, by donor type, from* 2006 to 2010**

Deceased	2006	2007	2008	2009	2010	2009/2010
Kidney	3539	3728	3522	3590	3739	**4,2%**
Heart	587	598	581	581	632	**8,8%**
Lung	870	959	972	999	1111	**11,2%**
Liver	1436	1625	1606	1692	1793	**6,0%**
Pancreas	247	255	256	227	273	**20,3%**
Total	**6679**	**7165**	**6937**	**7089**	**7548**	**6,5%**

Table 3.7(i) *(Continued)*

Living	2006	2007	2008	2009	2010	2009/2010
Kidney	901	1032	1091	1150	1262	9,7%
Liver (partial and domino)	116	101	82	99	138	39,4%
Lung	0	0	0	1	0	-100,0%
Total	1017	1133	1173	1250	1400	12,0%

Table 3.7(ii) Number of transplanted organs**, by organ, by donor type, by country, in* 2010

Deceased donor transplants by transplant country

Transplant country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	%
Kidney	350	408	227	2294	0	397	61	2	3739	49,5%
Heart	69	68	36	393	0	46	19	1	632	8,4%
Lung	223	207	0	552	0	129	0	0	1111	14,7%
Liver	139	210	103	1187	0	130	23	1	1793	23,8%
Pancreas	31	43	6	166	0	26	1	0	273	3,6%
Total	812	936	372	4592	0	728	104	4	7548	100,0%

Deceased donor transplants by donor country

Donor country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	%
Kidney	350	408	232	2276	6	388	73	6	3739	49,5%
Heart	69	67	33	385	0	48	20	10	632	8,4%
Lung	99	197	30	543	4	118	24	96	1111	14,7%
Liver	137	228	114	1114	3	144	34	19	1793	23,8%
Pancreas	32	40	8	162	0	24	7	0	273	3,6%
Total	687	940	417	4480	13	722	158	131	7548	100,0%

Living donor transplants by country

Transplant country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	%
Kidney	59	49	16	665	0	473	0	0	1262	90,1%
Liver (partial and domino)	2	33	2	96	0	5	0	0	138	9,9%
Total	61	82	18	761	0	478	0	0	1400	100,0%

* based on transplant registration date ** each liver split counted as one ** each kidney en bloc counted as two ** each double lung counted as two

Table 3.8(i) Transplants from 2006 to 2010

Deceased donors	2006	2007	2008	2009	2010	2009/2010
Kidney	3220	3415	3179	3302	3388	2,6%
Kidney en bloc	20	24	28	29	34	17,2%
Heart	539	562	544	553	602	8,9%
Single lung	121	90	82	79	75	-5,1%
Double lung	337	409	419	435	496	14,0%
Liver	1273	1439	1405	1516	1606	5,9%
Split liver	90	105	113	121	118	-2,5%
Pancreas	31	29	20	13	24	71,4%
Pancreas islets	5	15	17	18	14	-17,6%
Heart + double lung	30	21	23	20	16	-20,0%
Heart + double lung + liver	2	0	0	0	1	--
Heart + double lung + kidney	0	0	1	0	0	0,0%
Heart + liver	1	2	3	0	1	--
Heart + pancreas + kidney	0	0	0	0	1	--
Heart + single kidney	15	13	10	8	11	37,5%
Single lung + liver	1	0	0	0	0	0,0 %
Double lung + liver	2	4	1	3	3	0,0%
Single lung + kidney	0	1	0	0	0	0,0%
Double lung + kidney	3	0	1	2	2	0,0%
Liver + pancreas	2	5	5	4	6	50,0%
Liver + pancreas + kidney	1	1	0	2	1	-50,0%
Liver + kidney	61	64	73	45	52	15,6%
Liver + kidney en bloc	1	1	2	0	0	0,0%
Split liver + kidney	2	4	4	1	5	400,0%
Pancreas + kidney	195	180	194	172	211	22,7%
Total (deceased donor) transplants	5952	6384	6124	6323	6667	5,4%

Table 3.8(i) *(Continued)*

Living donors	2006	2007	2008	2009	2010	2009/2010
Kidney	901	1032	1090	1150	1262	9,7%
Kidney + liver	0	0	1	0	0	0,0 %
Liver (partial and domino)	116	101	81	99	138	39,4%
Lung	0	0	0	1	0	-100,0%
Total (living donor) transplants	1017	1133	1172	1250	1400	12,0%
All donors	2006	2007	2008	2009	2010	2009/2010
Total transplants	6969	7517	7296	7573	8067	7,0%

Table 3.8(ii) Transplants in 2010, by transplant country

Deceased donor transplants	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	% of deceased donor transplants
Kidney	314	357	214	2070	0	372	59	2	3388	50,8%
Kidney en bloc	2	4	3	22	0	3	0	0	34	0,5%
Heart	69	64	36	369	0	45	18	1	602	9,0%
Single lung	5	21	0	44	0	5	0	0	75	1,1%
Double lung	107	91	0	237	0	61	0	0	496	7,4%
Liver	131	188	99	1048	0	116	23	1	1606	24,1%
Split liver	3	3	2	102	0	8	0	0	118	1,8%
Pancreas	4	0	1	14	0	5	0	0	24	0,4%
Pancreas islets	0	7	0	3	0	4	0	0	14	0,2%
Heart + double lung	0	0	0	15	0	1	0	0	16	0,2%
Heart + double lung + liver	0	0	0	1	0	0	0	0	1	0,0%
Heart + double lung + kidney	0	0	0	0	0	0	0	0	0	0,0%
Heart + liver	0	0	0	1	0	0	0	0	1	0,0%
Heart + pancreas + kidney	0	0	0	1	0	0	0	0	1	0,0%
Heart + single kidney	0	4	0	6	0	0	1	0	11	0,2%
Single lung + liver	0	0	0	0	0	0	0	0	0	0,0%
Double lung + liver	1	2	0	0	0	0	0	0	3	0,0%
Single lung + kidney	0	0	0	0	0	0	0	0	0	0,0%
Double lung + kidney	1	0	0	1	0	0	0	0	2	0,0%
Liver + pancreas	0	0	0	5	0	1	0	0	6	0,1%
Liver + pancreas + kidney	0	0	0	1	0	0	0	0	1	0,0%
Liver + kidney	4	17	2	24	0	5	0	0	52	0,8%
Liver + kidney en bloc	0	0	0	0	0	0	0	0	0	0,0%
Split liver + kidney	0	0	0	5	0	0	0	0	5	0,1%
Pancreas + kidney	27	22	5	142	0	14	1	0	211	3,2%
Total (deceased donors) transplants	668	780	362	4111	0	640	102	4	6667	100,0%
Living donor transplants	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	% of living donor transplants
Kidney	59	49	16	665	0	473	0	0	1262	90,1%
Liver (partial and domino)	2	33	2	96	0	5	0	0	138	9,9%
Total (living donors) transplants	61	82	18	761	0	478	0	0	1400	100,0%
All donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	
Total transplants	729	862	380	4872	0	1118	102	4	8067	

Table 3.9(i) Mortality on the Eurotransplant waiting list, by year of death, from 2006 to 2010

Waiting list	2006	2007	2008	2009	2010	2009/2010
Kidney	563	526	539	506	551	8,9%
Heart	252	224	215	234	246	5,1%
Lung	123	120	178	148	137	-7,4%
Liver	470	436	497	534	600	12,4%
Pancreas	22	19	27	29	29	0,0%
Total	1430	1325	1456	1451	1563	7,7%
Total patients	1361	1263	1393	1379	1483	2,1%

Table 3.9(ii) Mortality on the Eurotransplant waiting list in 2010, by country

Waiting list	A	B	HR	D	L	NL	SLO	Total
Kidney	39	34	11	374	0	92	1	**551**
Heart	7	18	7	199	0	11	4	**246**
Lung	9	6	0	104	0	18	0	**137**
Liver	40	47	28	463	0	17	5	**600**
Pancreas	1	0	0	25	0	3	0	**29**
Total	**96**	**105**	**46**	**1165**	**0**	**141**	**10**	**1563**
Total patients	**89**	**101**	**44**	**1104**	**0**	**135**	**10**	**1483**

Figure 3.3 Median age of patients on active waiting list

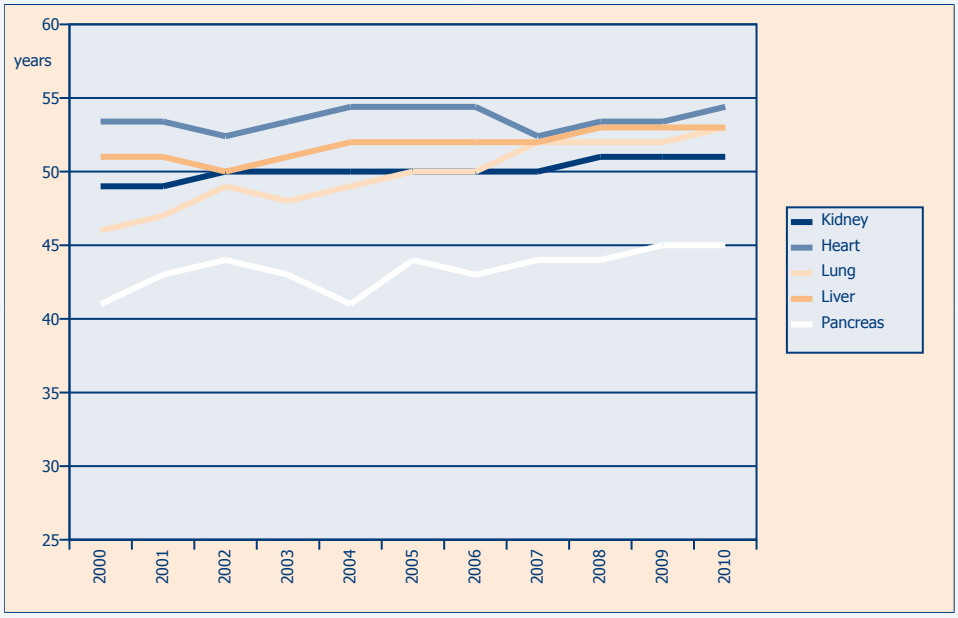


Figure 3.4 Median age of transplant recipients (deceased donor transplants)

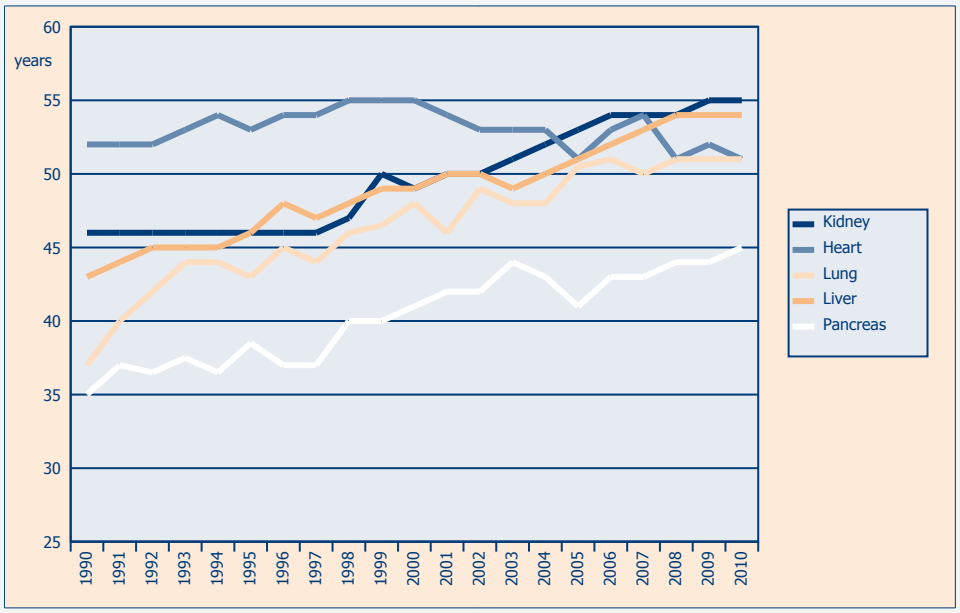


Figure 3.5 Median waiting time for patients on active waiting list at year end

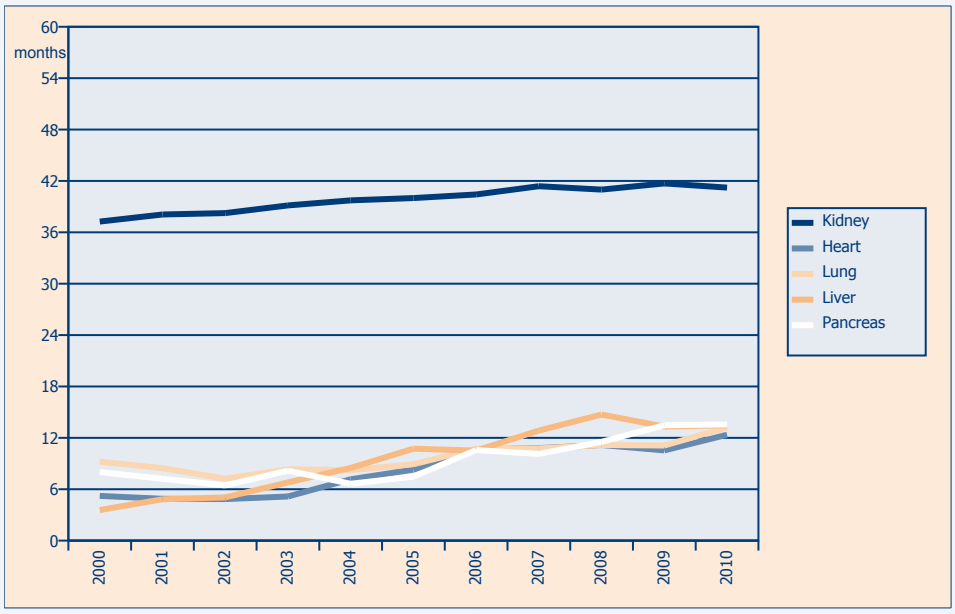
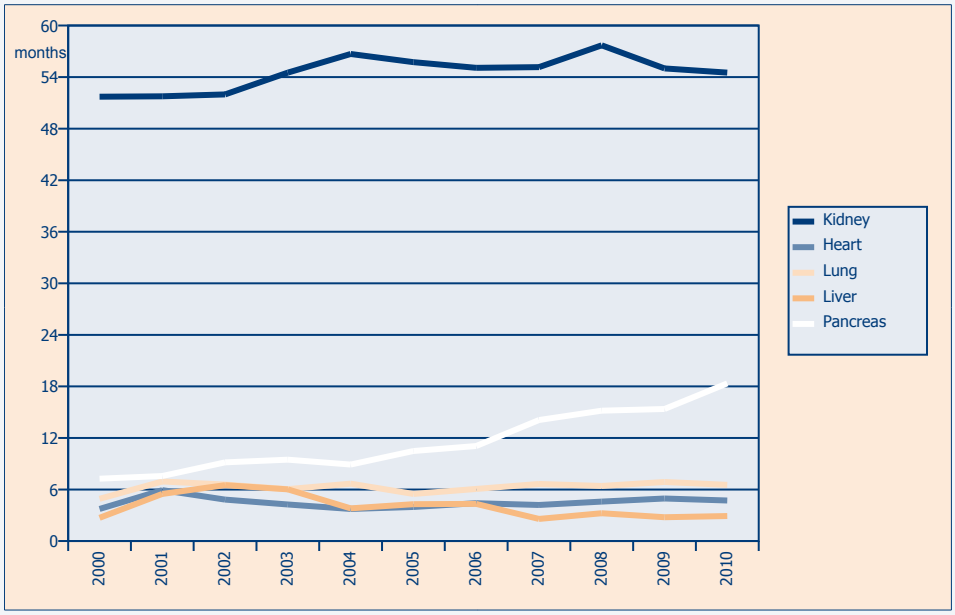


Figure 3.6 Median waiting time to transplant (deceased donor transplants)



4. Kidney: donation, waiting lists and transplants

Table 4.1(i) Deceased donors / kidneys in Eurotransplant, from 2006 to 2010

Donors						
Year of registration	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
All donors	2299	2411	2233	2305	2415	**4,8%**
Non-kidney donors	242	216	217	243	264	**8,6%**
Kidney donors	2057	2195	2016	2062	2151	**4,3%**
Kidney donors not used	224	265	183	203	201	**-1,0%**
One kidney used	121	145	138	131	163	**24,4%**
Two kidneys used	1712	1785	1695	1728	1787	**3,4%**
Total kidney donors used	1833	1930	1833	1859	1950	**4,9%**

Kidneys						
Year of registration	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Reported	4081	4365	3999	4103	4261	**3,9%**
Offered	3946	4208	3912	4026	4182	**3,9%**
Accepted	3713	3952	3711	3800	3925	**3,3%**
Transplanted	3545	3715	3528	3587	3737	**3,3%**

Table 4.1(ii) Deceased donors / kidneys in Eurotransplant in 2010

Donors											
Donor country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	**Total ET**	**Non-ET**	**Total**	**% all donors**
All donors	203	289	135	1315	3	259	44	**2248**	167	**2415**	**100,0%**
Non-kidney donors	4	41	1	60	0	11	1	**118**	146	**264**	**10,9%**
Kidney donors	199	248	134	1255	3	248	43	**2130**	21	**2151**	**89,1%**
Kidney donors not used	17	33	14	73	0	43	5	**185**	16	**201**	**8,3%**
One kidney used	16	22	8	88	0	22	3	**159**	4	**163**	**6,7%**
Two kidneys used	166	193	112	1094	3	183	35	**1786**	1	**1787**	**74,0%**
Total kidney donors used	182	215	120	1182	3	205	38	**1945**	5	**1950**	**80,7%**

Kidneys											
Donor country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	**Total ET**	**Non-ET**	**Total**	**% reported**
Reported	392	494	268	2491	6	491	86	**4228**	33	**4261**	**100,0%**
Offered	392	486	263	2486	6	436	84	**4153**	29	**4182**	**98,1%**
Accepted	378	445	246	2359	6	405	76	**3915**	10	**3925**	**92,1%**
Transplanted	348	408	232	2276	6	388	73	**3731**	6	**3737**	**87,7%**

Figure 4.1 Kidney waiting list, number of patients at year end, by urgency

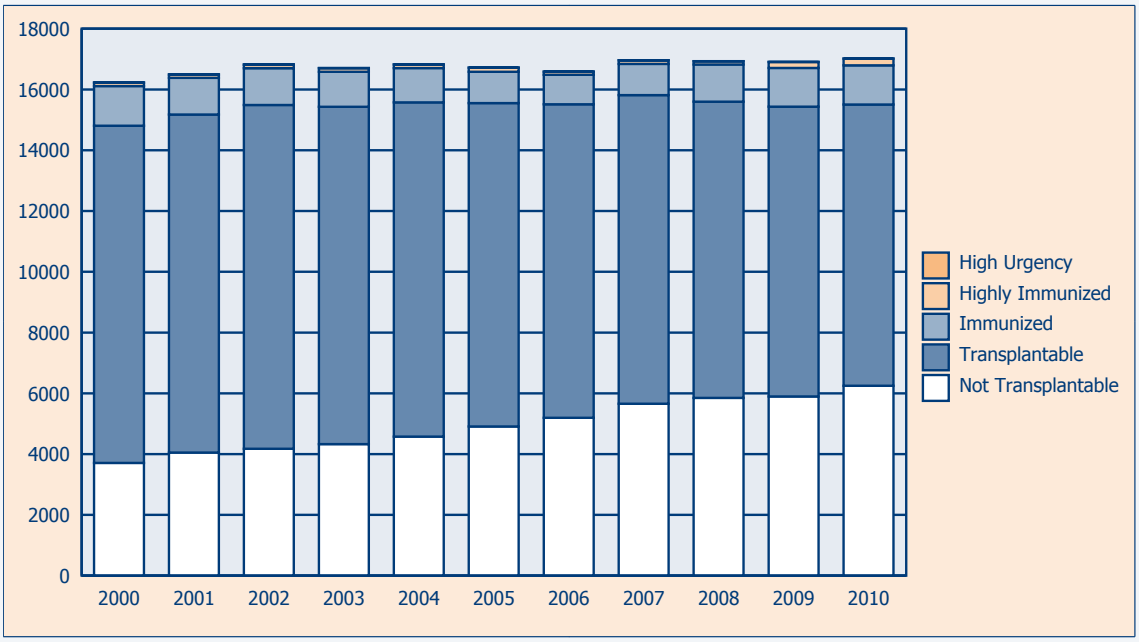


Figure 4.2 Kidney waiting list, percentage of patients at year end, by urgency

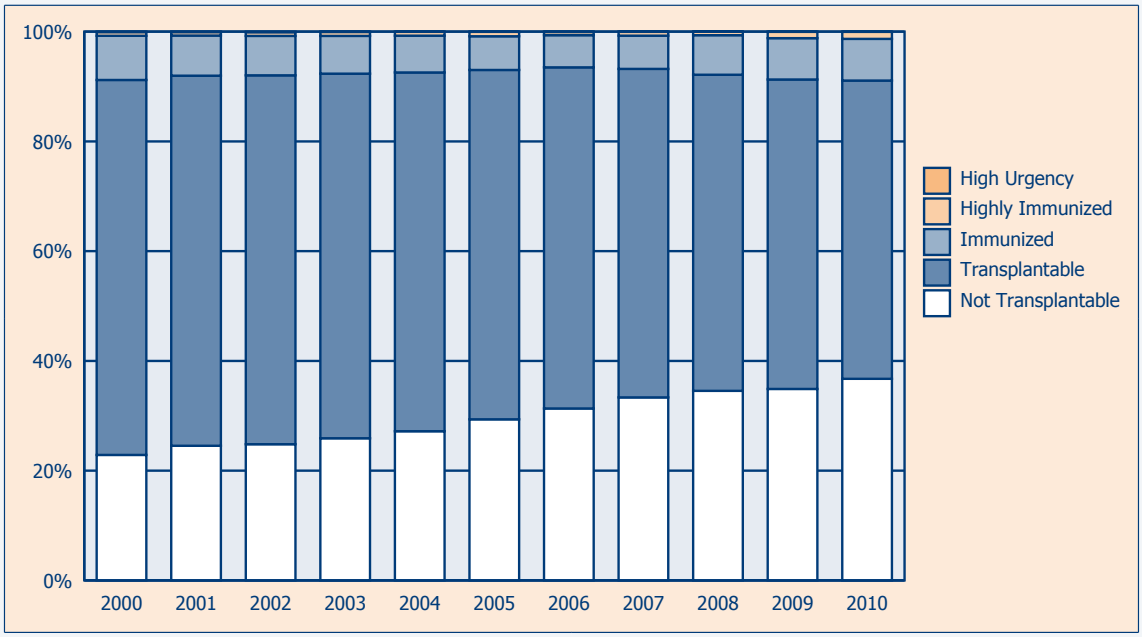


Table 4.2(i) Active kidney transplant waiting list, as per December 31, from 2006 to 2010 - characteristics

Type of transplant	2005	2006	2007	2008	2009	2010	2009/2010
Kidney	11515	11069	10910	10687	10533	**10307**	**-2,1%**
Kidney + heart	18	15	24	16	27	**31**	**14,8%**
Kidney + heart + liver	0	0	0	0	0	**1**	**--**
Kidney + heart + lung	0	0	0	0	1	**0**	**-100,0%**
Kidney + liver	60	62	67	72	97	**90**	**-7,2%**
Kidney + liver + pancreas	1	1	0	2	1	**2**	**100,0%**
Kidney + lung	3	2	3	5	2	**2**	**0,0%**
Kidney + pancreas	217	242	304	300	349	**335**	**-4,0%**
Total	**11814**	**11391**	**11308**	**11082**	**11010**	**10768**	**-2,2%**

Table 4.2(ii) Active kidney transplant waiting list, as per December 31 , 2010 - characteristics

Type of transplant	A	B	HR	D	NL	SLO	Total	%
Kidney	783	867	225	7515	864	53	10307	95,7%
Kidney + heart	4	7	0	20	0	0	31	0,3%
Kidney + heart + liver	1	0	0	0	0	0	1	0,0%
Kidney + liver	3	19	0	63	5	0	90	0,8%
Kidney + liver + pancreas	0	1	0	1	0	0	2	0,0%
Kidney + lung	0	1	0	1	0	0	2	0,0%
Kidney + pancreas	19	19	5	269	23	0	335	3,1%
Total	810	914	230	7869	892	53	10768	100,0%

Table 4.3(i) Active kidney-only transplant waiting list, as per December 31, from 2006 to 2010 - characteristics

Blood group	2006	2007	2008	2009	2010	2009/2010
A	4082	3924	3770	3706	3556	-4,0%
AB	213	144	175	189	179	-5,3%
B	1287	1307	1265	1258	1251	-0,6%
O	5487	5535	5477	5380	5321	-1,1%
Total	11069	10910	10687	10533	10307	-2,1%

% PRA current	2006	2007	2008	2009	2010	2009/2010
0-5 %	9964	9741	9347	9063	8806	-2,8%
6-84 %	959	997	1182	1243	1255	1,0%
85-100 %	95	113	100	188	212	12,8%
Not reported	51	59	58	39	34	-12,8%
Total	11069	10910	10687	10533	10307	-2,1%

Sequence	2006	2007	2008	2009	2010	2009/2010
First	9262	9159	8943	8751	8478	-3,1%
Repeat	1807	1751	1744	1782	1829	2,6%
Total	11069	10910	10687	10533	10307	-2,1%

Waiting time (years) based on date start of dialysis	2006	2007	2008	2009	2010	2009/2010
Pre-emptive	239	275	326	329	373	13,4%
0-1	2516	2401	2363	2319	2242	-3,3%
2-4	5319	5269	5054	4799	4740	-1,2%
5+	2995	2965	2944	3086	2952	-4,3%
Total	11069	10910	10687	10533	10307	-2,1%

Waiting time (years) based on date put on WL	2006	2007	2008	2009	2010	2009/2010
0-1	4825	5047	5069	4861	4798	-1,3%
2-4	4494	4197	3950	3917	3814	-2,6%
5+	1750	1666	1668	1755	1695	-3,4%
Total	11069	10910	10687	10533	10307	-2,1%

Age	2006	2007	2008	2009	2010	2009/2010
0-15	125	124	104	114	99	-13,2%
16-55	7127	7026	6737	6614	6412	-3,1%
56-64	2841	2789	2780	2762	2773	0,4%
65+	976	971	1066	1043	1023	-1,9%
Total	11069	10910	10687	10533	10307	-2,1%

Table 4.3(ii) Active kidney-only transplant waiting list, as per December 31, 2010 - characteristics

Blood group	A	B	HR	D	NL	SLO	Total	%
A	276	273	62	2674	251	20	3556	34,5%
AB	14	17	3	119	25	1	179	1,7%
B	114	82	48	871	126	10	1251	12,1%
O	379	495	112	3851	462	22	5321	51,6%
Total	783	867	225	7515	864	53	10307	100,0%

% PRA current	A	B	HR	D	NL	SLO	Total	%
0-5 %	663	684	150	6520	742	47	8806	85,4%
6-84 %	105	107	64	875	99	5	1255	12,2%
85-100 %	15	74	2	100	20	1	212	2,1%
Not reported	0	2	9	20	3	0	34	0,3%
Total	783	867	225	7515	864	53	10307	100,0%

Sequence	A	B	HR	D	NL	SLO	Total	%
First	583	681	214	6268	680	52	8478	82,3%
Repeat	200	186	11	1247	184	1	1829	17,7%
Total	783	867	225	7515	864	53	10307	100,0%

Waiting time (years) based on date start of dialysis	A	B	HR	D	NL	SLO	Total	%
0-1	274	329	71	1297	260	11	2242	21,8%
2-4	398	327	122	3438	427	28	4740	46,0%
5+	81	88	31	2642	101	9	2952	28,6%
Pre-emptive	30	123	1	138	76	5	373	3,6%
Total	783	867	225	7515	864	53	10307	100,0%

Waiting time (years) based on date put on WL	A	B	HR	D	NL	SLO	Total	%
0-1	464	568	140	3146	444	36	4798	46,6%
2-4	270	234	84	2877	337	12	3814	37,0%
5+	49	65	1	1492	83	5	1695	16,4%
Total	783	867	225	7515	864	53	10307	100,0%

Age	A	B	HR	D	NL	SLO	Total	%
0-15	8	9	1	70	11	0	99	1,0%
16-55	476	542	155	4741	464	34	6412	62,2%
56-64	209	208	69	2030	238	19	2773	26,9%
65+	90	108	0	674	151	0	1023	9,9%
Total	783	867	225	7515	864	53	10307	100,0%

Figure 4.3 Number of deceased donor kidney transplants, by recipient urgency at transplant

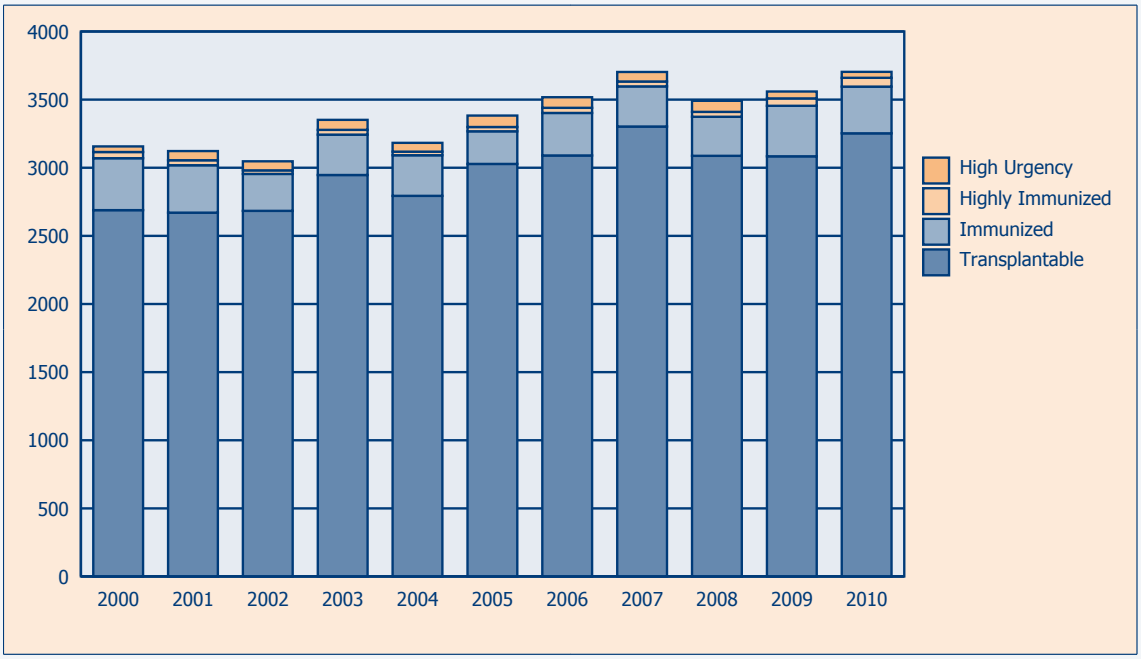


Figure 4.4 Percentage of deceased donor kidney transplants, by recipient urgency at transplant

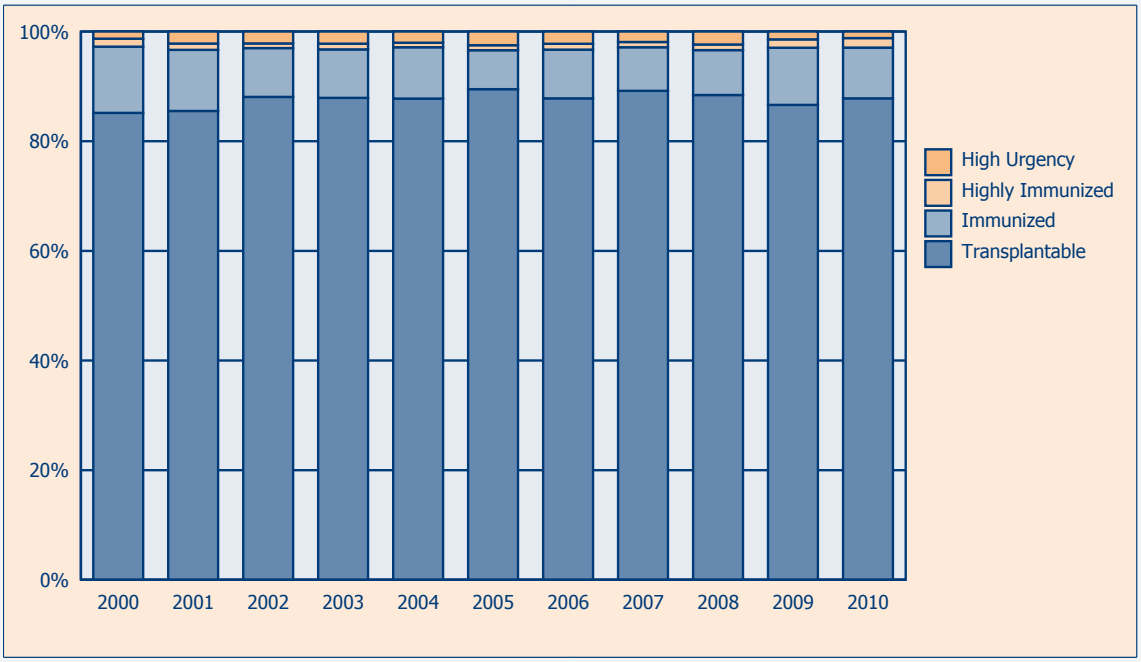


Table 4.4a(i) Kidney transplant characteristics from 2006 to 2010

Deceased donor kidney transplants						
Type of transplant	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Kidney only	3220	3415	3179	3302	3388	**2,6%**
Kidney en bloc	20	24	28	29	34	**17,2%**
Kidney + pancreas	195	180	194	172	211	**22,7%**
Kidney + heart	15	13	10	8	11	**37,5%**
Kidney + split liver	2	4	4	1	5	**400,0%**
Kidney + whole liver	61	64	73	45	52	**15,6%**
Kidney en bloc + whole liver	1	1	2	0	0	**0,0%**
Kidney + pancreas + whole liver	1	1	0	2	1	**-50,0%**
Kidney + single lung	0	1	0	0	0	**0,0%**
Kidney + double lungs	3	0	1	2	2	**0,0%**
Kidney + heart + pancreas	0	0	0	0	1	**--**
Kidney + heart + double lungs	0	0	1	0	0	**0,0%**
Total	**3518**	**3703**	**3492**	**3561**	**3705**	**4,0%**

Table 4.4a(ii) Kidney transplant characteristics - 2010

Deceased donor kidney transplants										
Type of transplant	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Total ET**	**Non-ET**	**Total**	**%**
Kidney only	314	357	214	2070	372	59	**3386**	2	**3388**	**91,4%**
Kidney en bloc	2	4	3	22	3	0	**34**	0	**34**	**0,9%**
Kidney + pancreas	27	22	5	142	14	1	**211**	0	**211**	**5,7%**
Kidney + heart	0	4	0	6	0	1	**11**	0	**11**	**0,3%**
Kidney + split liver	0	0	0	5	0	0	**5**	0	**5**	**0,1%**
Kidney + whole liver	4	17	2	24	5	0	**52**	0	**52**	**1,4%**
Kidney + pancreas + whole liver	0	0	0	1	0	0	**1**	0	**1**	**0,0%**
Kidney + both lungs	1	0	0	1	0	0	**2**	0	**2**	**0,1%**
Kidney + heart + pancreas	0	0	0	1	0	0	**1**	0	**1**	**0,0%**
Total	**348**	**404**	**224**	**2272**	**394**	**61**	**3703**	**2**	**3705**	**100,0%**

Table 4.4b(i) Kidney-only transplants (including kidney en bloc) - all allocation programs

HLA - A, B, DR mismatches	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
0	521	460	451	440	431	**-2,0%**
1	235	259	251	229	232	**1,3%**
2	761	747	753	732	836	**14,2%**
3	915	1012	889	1011	970	**-4,1%**
4	466	534	488	502	575	**14,5%**
5	220	301	264	307	260	**-15,3%**
6	98	105	100	100	108	**8,0%**
not calculated	24	21	11	10	10	**0,0%**
Total	**3240**	**3439**	**3207**	**3331**	**3422**	**2,7%**

Blood group	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
A	1435	1530	1404	1445	1517	**5,0%**
AB	202	243	185	204	213	**4,4%**
B	395	413	431	424	441	**4,0%**
O	1208	1253	1187	1258	1251	**-0,6%**
Total	**3240**	**3439**	**3207**	**3331**	**3422**	**2,7%**

PRA	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
0-5%	2887	3097	2883	2909	3013	**3,6%**
6-84%	312	294	286	366	341	**-6,8%**
85-100%	34	39	35	55	64	**16,4%**
Not reported	7	9	3	1	4	**300,0%**
Total	**3240**	**3439**	**3207**	**3331**	**3422**	**2,7%**

Table 4.4b(i) *(Continued)*

Waiting time (months) based on date put on WL	2006	2007	2008	2009	2010	2009/2010
Pre-emptive	42	38	43	38	44	15,8%
0-5	45	47	45	46	44	-4,3%
6-11	107	131	108	88	101	14,8%
12-23	369	407	350	422	401	-5,0%
24-59	1244	1262	1149	1282	1358	5,9%
60 +	1433	1554	1512	1455	1474	1,3%
Total	**3240**	**3439**	**3207**	**3331**	**3422**	**2,7%**

Sequence	2006	2007	2008	2009	2010	2009/2010
First	2717	2903	2731	2841	2956	4,0%
Repeat	523	536	476	490	466	-4,9%
Total	**3240**	**3439**	**3207**	**3331**	**3422**	**2,7%**

Recipient age	2006	2007	2008	2009	2010	2009/2010
0-15	88	85	102	71	95	33,8%
16-55	1667	1735	1655	1597	1668	4,4%
56-64	715	812	722	765	753	-1,6%
65+	770	807	728	898	906	0,9%
Total	**3240**	**3439**	**3207**	**3331**	**3422**	**2,7%**

Allocation program (all donors)	2006	2007	2008	2009	2010	2009/2010
ETKAS	2467	2574	2442	2399	2424	1,0%
ESP	521	588	543	680	699	2,8%
AM	38	60	59	95	122	28,4%
Rescue	214	217	163	157	177	12,7%
Total	**3240**	**3439**	**3207**	**3331**	**3422**	**2,7%**

Allocation program (donors 65+)	2006	2007	2008	2009	2010	2009/2010
ETKAS	94	66	75	92	84	-8,7%
ESP	516	587	541	680	699	2,8%
AM	1	1	0	1	2	100,0%
Rescue	71	42	53	52	53	1,9%
Total	**682**	**696**	**669**	**825**	**838**	**1,6%**

Table 4.4b(ii) Kidney-only transplants (including kidney en bloc) - 2010 - all allocation programs

HLA - A, B, DR mismatches	A	B	HR	D	NL	SLO	Total ET	Non-ET	Total	%
0	30	34	11	323	31	2	**431**	0	**431**	**12,6%**
1	22	25	14	135	31	5	**232**	0	**232**	**6,8%**
2	64	111	68	466	107	19	**835**	1	**836**	**24,4%**
3	92	142	59	525	125	27	**970**	0	**970**	**28,3%**
4	74	45	48	352	52	4	**575**	0	**575**	**16,8%**
5	22	3	15	200	17	2	**259**	1	**260**	**7,6%**
6	5	1	2	88	12	0	**108**	0	**108**	**3,2%**
Not calculated	7	0	0	3	0	0	**10**	0	**10**	**0,3%**
Total	**316**	**361**	**217**	**2092**	**375**	**59**	3420	2	3422	**100,0%**

Blood group	A	B	HR	D	NL	SLO	Total ET	Non-ET	Total	%
A	152	139	95	969	135	27	**1517**	0	**1517**	**44,3%**
AB	18	20	16	141	16	0	**211**	2	**213**	**6,2%**
B	34	33	30	273	63	8	**441**	0	**441**	**12,9%**
O	112	169	76	709	161	24	**1251**	0	**1251**	**36,6%**
Total	**316**	**361**	**217**	**2092**	**375**	**59**	3420	2	3422	**100,0%**

Table 4.4b(ii) *(Continued)*

PRA	A	B	HR	D	NL	SLO	Total ET	Non-ET	Total	%
0-5%	280	305	193	1846	340	49	**3013**	0	**3013**	**88,0%**
6-84%	31	40	24	206	30	10	**341**	0	**341**	**10,0%**
85-100%	5	16	0	38	5	0	**64**	0	**64**	**1,9%**
Not reported	0	0	0	2	0	0	**2**	2	**4**	**0,1%**
Total	**316**	**361**	**217**	**2092**	**375**	**59**	3420	2	3422	**100,0%**

Waiting time (months) based on date put on WL	A	B	HR	D	NL	SLO	Total ET	Non-ET	Total	%
Pre-emptive	6	9	0	19	9	1	**44**	0	**44**	**1,3%**
0-5	8	10	2	18	6	0	**44**	0	**44**	**1,3%**
6-11	17	24	2	43	14	1	**101**	0	**101**	**3,0%**
12-23	44	85	21	200	46	5	**401**	0	**401**	**11,7%**
24-59	163	176	107	668	206	37	**1357**	1	**1358**	**39,7%**
60 +	78	57	85	1144	94	15	**1473**	1	**1474**	**43,1%**
Total	**316**	**361**	**217**	**2092**	**375**	**59**	3420	2	3422	**100,0%**

Sequence	A	B	HR	D	NL	SLO	Total ET	Non-ET	Total	%
First	257	312	212	1795	321	57	**2954**	2	**2956**	**86,4%**
Repeat	59	49	5	297	54	2	**466**	0	**466**	**13,6%**
Total	**316**	**361**	**217**	**2092**	**375**	**59**	3420	2	3422	**100,0%**

Recipient age	A	B	HR	D	NL	SLO	Total ET	Non-ET	Total	%
0-15	11	3	6	62	13	0	**95**	0	**95**	**2,8%**
16-55	150	189	133	979	174	42	**1667**	1	**1668**	**48,7%**
56-64	66	94	58	420	102	13	**753**	0	**753**	**22,0%**
65+	89	75	20	631	86	4	**905**	1	**906**	**26,5%**
Total	**316**	**361**	**217**	**2092**	**375**	**59**	3420	2	3422	**100,0%**

Allocation program (all donors)	A	B	HR	D	NL	SLO	Total ET	Non-ET	Total	%
ETKAS	242	329	187	1336	274	56	**2424**	0	**2424**	**70,8%**
ESP	62	17	14	554	50	2	**699**	0	**699**	**20,4%**
AM	3	8	0	77	34	0	**122**	0	**122**	**3,6%**
Rescue	9	7	16	125	17	1	**175**	2	**177**	**5,2%**
Total	**316**	**361**	**217**	**2092**	**375**	**59**	3420	2	3422	**100,0%**

Allocation program (donors 65+)	A	B	HR	D	NL	SLO	Total ET	Non-ET	Total	%
ETKAS	17	2	18	46	1	0	**84**	0	**84**	**10,0%**
ESP	62	17	14	554	50	2	**699**	0	**699**	**83,4%**
AM	0	0	0	0	2	0	**2**	0	**2**	**0,2%**
Rescue	1	3	10	36	3	0	**53**	0	**53**	**6,3%**
Total	**80**	**22**	**42**	**636**	**56**	**2**	838	0	838	**100,0%**

Table 4.4c(i) Kidney-only transplants (including kidney en bloc) - ETKAS allocation program

HLA - A, B, DR mismatches	2006	2007	2008	2009	2010	2009/2010
0	512	451	445	416	411	**-1,2%**
1	214	235	219	191	179	**-6,3%**
2	676	675	692	659	702	**6,5%**
3	768	850	753	828	772	**-6,8%**
4	233	298	261	249	307	**23,3%**
5	46	53	65	55	46	**-16,4%**
6	11	9	7	1	7	**600,0%**
not calculated	7	3	0	0	0	**0,0 %**
Total	**2467**	**2574**	**2442**	**2399**	**2424**	**1,0%**

Table 4.4c(i) *(Continued)*

Blood group	2006	2007	2008	2009	2010	2009/2010
A	1093	1136	1064	1020	1075	5,4%
AB	168	191	146	173	163	-5,8%
B	292	290	315	316	316	0,0%
O	914	957	917	890	870	-2,2%
Total	**2467**	**2574**	**2442**	**2399**	**2424**	**1,0%**

PRA	2006	2007	2008	2009	2010	2009/2010
0-5%	2197	2321	2207	2108	2161	2,5%
6-84%	245	226	219	266	236	-11,3%
85-100%	24	27	16	25	27	8,0%
Not reported	1	0	0	0	0	0,0 %
Total	**2467**	**2574**	**2442**	**2399**	**2424**	**1,0%**

Waiting time (months) based on date put on WL	2006	2007	2008	2009	2010	2009/2010
Pre-emptive	34	32	35	31	35	12,9%
0-5	36	37	39	37	30	-18,9%
6-11	77	97	83	69	72	4,3%
12-23	264	270	232	278	233	-16,2%
24-59	883	841	783	782	842	7,7%
60 +	1173	1297	1270	1202	1212	0,8%
Total	**2467**	**2574**	**2442**	**2399**	**2424**	**1,0%**

Sequence	2006	2007	2008	2009	2010	2009/2010
First	2042	2134	2049	2043	2104	3,0%
Repeat	425	440	393	356	320	-10,1%
Total	**2467**	**2574**	**2442**	**2399**	**2424**	**1,0%**

Recipient age	2006	2007	2008	2009	2010	2009/2010
0-15	82	77	102	67	91	35,8%
16-55	1544	1594	1550	1466	1521	3,8%
56-64	648	728	644	700	658	-6,0%
65+	193	175	146	166	154	-7,2%
Total	**2467**	**2574**	**2442**	**2399**	**2424**	**1,0%**

Table 4.4c(ii) Kidney-only transplants (including kidney en bloc) - 2010 - ETKAS allocation program

HLA - A, B, DR mismatches	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0	30	32	11	310	26	2	**411**	**17,0%**
1	18	22	12	102	20	5	**179**	**7,4%**
2	56	104	60	376	87	19	**702**	**29,0%**
3	73	136	55	378	103	27	**772**	**31,8%**
4	55	35	40	142	32	3	**307**	**12,7%**
5	9	0	9	23	5	0	**46**	**1,9%**
6	1	0	0	5	1	0	**7**	**0,3%**
Total	**242**	**329**	**187**	**1336**	**274**	**56**	**2424**	**100,0%**

Blood group	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
A	110	126	85	629	99	26	**1075**	**44,3%**
AB	15	20	15	102	11	0	**163**	**6,7%**
B	29	31	27	180	42	7	**316**	**13,0%**
O	88	152	60	425	122	23	**870**	**35,9%**
Total	**242**	**329**	**187**	**1336**	**274**	**56**	**2424**	**100,0%**

Table 4.4c(ii) *(Continued)*

PRA	A	B	HR	D	NL	SLO	Total	%
0-5%	210	279	166	1194	266	46	2161	89,2%
6-84%	28	38	21	131	8	10	236	9,7%
85-100%	4	12	0	11	0	0	27	1,1%
Total	242	329	187	1336	274	56	2424	100,0%

Waiting time (months) based on date put on WL	A	B	HR	D	NL	SLO	Total	%
Pre-emptive	5	9	0	17	4	0	35	1,4%
0-5	8	9	0	8	5	0	30	1,2%
6-11	12	23	1	23	12	1	72	3,0%
12-23	24	77	15	83	30	4	233	9,6%
24-59	125	157	94	286	144	36	842	34,7%
60 +	68	54	77	919	79	15	1212	50,0%
Total	242	329	187	1336	274	56	2424	100,0%

Sequence	A	B	HR	D	NL	SLO	Total	%
First	196	287	182	1144	241	54	2104	86,8%
Repeat	46	42	5	192	33	2	320	13,2%
Total	242	329	187	1336	274	56	2424	100,0%

Recipient age	A	B	HR	D	NL	SLO	Total	%
0-15	11	3	6	58	13	0	91	3,8%
16-55	144	184	126	876	150	41	1521	62,7%
56-64	62	90	53	355	85	13	658	27,1%
65+	25	52	2	47	26	2	154	6,4%
Total	242	329	187	1336	274	56	2424	100,0%

Table 4.4d(i) Kidney-only transplants (including kidney en bloc) - ESP allocation program

HLA - A, B, DR mismatches	2006	2007	2008	2009	2010	2009/2010
0	0	0	0	1	1	0,0%
1	3	4	3	9	16	77,8%
2	32	21	27	27	54	100,0%
3	81	96	79	124	131	5,6%
4	169	183	172	205	211	2,9%
5	147	192	168	216	190	-12,0%
6	76	84	83	88	87	-1,1%
not calculated	13	8	11	10	9	-10,0%
Total	521	588	543	680	699	2,8%

Blood group	2006	2007	2008	2009	2010	2009/2010
A	224	275	254	322	312	-3,1%
AB	17	22	19	17	31	82,4%
B	71	79	78	69	82	18,8%
O	209	212	192	272	274	0,7%
Total	521	588	543	680	699	2,8%

PRA	2006	2007	2008	2009	2010	2009/2010
0-5%	492	569	516	645	669	3,7%
6-84%	28	18	24	34	29	-14,7%
85-100%	1	1	3	0	1	--
Not reported	0	0	0	1	0	-100,0%
Total	521	588	543	680	699	2,8%

Table 4.4d(i) *(Continued)*

Waiting time (months) based on date put on WL	2006	2007	2008	2009	2010	2009/2010
Pre-emptive	0	1	1	3	3	0,0%
0-5	4	3	2	2	6	200,0%
6-11	14	13	17	9	25	177,8%
12-23	58	92	81	110	122	10,9%
24-59	266	312	273	370	388	4,9%
60 +	179	167	169	186	155	-16,7%
Total	**521**	**588**	**543**	**680**	**699**	**2,8%**

Sequence	2006	2007	2008	2009	2010	2009/2010
First	473	550	509	636	654	2,8%
Repeat	48	38	34	44	45	2,3%
Total	**521**	**588**	**543**	**680**	**699**	**2,8%**

Table 4.4d(ii) Kidney-only transplants (including kidney en bloc) - 2010 - ESP allocation program

HLA - A, B, DR mismatches	A	B	HR	D	NL	SLO	Total	%
0	0	0	0	1	0	0	1	0,1%
1	2	0	1	13	0	0	16	2,3%
2	3	2	3	42	4	0	54	7,7%
3	17	4	0	100	10	0	131	18,7%
4	17	8	4	166	16	0	211	30,2%
5	12	2	5	159	10	2	190	27,2%
6	4	1	1	71	10	0	87	12,4%
Not calculated	7	0	0	2	0	0	9	1,3%
Total	**62**	**17**	**14**	**554**	**50**	**2**	**699**	**100,0%**

Blood group	A	B	HR	D	NL	SLO	Total	%
A	36	8	4	249	15	0	312	44,6%
AB	2	0	0	24	5	0	31	4,4%
B	5	2	2	62	10	1	82	11,7%
O	19	7	8	219	20	1	274	39,2%
Total	**62**	**17**	**14**	**554**	**50**	**2**	**699**	**100,0%**

PRA	A	B	HR	D	NL	SLO	Total	%
0-5%	61	17	12	527	50	2	669	95,7%
6-84%	1	0	2	26	0	0	29	4,1%
85-100%	0	0	0	1	0	0	1	0,1%
Total	**62**	**17**	**14**	**554**	**50**	**2**	**699**	**100,0%**

Waiting time (months) based on date put on WL	A	B	HR	D	NL	SLO	Total	%
Pre-emptive	0	0	0	0	2	1	3	0,4%
0-5	0	0	1	5	0	0	6	0,9%
6-11	5	1	1	17	1	0	25	3,6%
12-23	18	4	6	90	3	1	122	17,5%
24-59	33	12	4	301	38	0	388	55,5%
60 +	6	0	2	141	6	0	155	22,2%
Total	**62**	**17**	**14**	**554**	**50**	**2**	**699**	**100,0%**

Sequence	A	B	HR	D	NL	SLO	Total	%
First	55	16	14	517	50	2	654	93,6%
Repeat	7	1	0	37	0	0	45	6,4%
Total	**62**	**17**	**14**	**554**	**50**	**2**	**699**	**100,0%**

Table 4.4e(i) Kidney-only transplants (including kidney en bloc) - AM allocation program

HLA - A, B, DR mismatches	2006	2007	2008	2009	2010	2009/2010
0	7	8	5	23	16	-30,4%
1	13	15	23	26	31	19,2%
2	11	19	19	26	44	69,2%
3	6	13	10	15	26	73,3%
4	1	4	1	5	5	0,0%
5	0	1	1	0	0	0,0%
Total	**38**	**60**	**59**	**95**	**122**	**28,4%**

Blood group	2006	2007	2008	2009	2010	2009/2010
A	19	26	23	43	50	16,3%
AB	0	5	0	3	5	66,7%
B	6	7	9	13	22	69,2%
O	13	22	27	36	45	25,0%
Total	**38**	**60**	**59**	**95**	**122**	**28,4%**

PRA	2006	2007	2008	2009	2010	2009/2010
0-5%	4	9	7	9	19	111,1%
6-84%	28	40	36	56	68	21,4%
85-100%	6	11	16	30	35	16,7%
Total	**38**	**60**	**59**	**95**	**122**	**28,4%**

Waiting time (months) based on date put on WL	2006	2007	2008	2009	2010	2009/2010
Pre-emptive	1	0	0	1	1	0,0%
0-5	1	2	0	2	1	-50,0%
6-11	2	4	1	4	1	-75,0%
12-23	5	7	7	11	17	54,5%
24-59	15	25	27	45	53	17,8%
60 +	14	22	24	32	49	53,1%
Total	**38**	**60**	**59**	**95**	**122**	**28,4%**

Sequence	2006	2007	2008	2009	2010	2009/2010
First	15	21	20	20	32	60,0%
Repeat	23	39	39	75	90	20,0%
Total	**38**	**60**	**59**	**95**	**122**	**28,4%**

Recipient age	2006	2007	2008	2009	2010	2009/2010
0-15	0	2	0	0	1	--
16-55	31	40	40	71	88	23,9%
56-64	6	16	14	15	23	53,3%
65+	1	2	5	9	10	11,1%
Total	**38**	**60**	**59**	**95**	**122**	**28,4%**

Table 4.4e(ii) Kidney-only transplants (including kidney en bloc) - 2010 - AM allocation program

HLA - A, B, DR mismatches	(A)	(B)	(D)	(NL)	Total	%
0	0	2	9	5	**16**	13,1%
1	1	2	17	11	**31**	25,4%
2	1	3	29	11	**44**	36,1%
3	1	0	21	4	**26**	21,3%
4	0	1	1	3	**5**	4,1%
Total	**3**	**8**	**77**	**34**	**122**	**100,0%**

Table 4.4e(ii) *(Continued)*

Blood group	(A)	(B)	(D)	(NL)	Total	%
A	2	3	29	16	50	41,0%
AB	0	0	5	0	5	4,1%
B	0	0	15	7	22	18,0%
O	1	5	28	11	45	36,9%
Total	3	8	77	34	122	100,0%

PRA	(A)	(B)	(D)	(NL)	Total	%
0-5%	0	2	9	8	19	15,6%
6-84%	2	2	43	21	68	55,7%
85-100%	1	4	25	5	35	28,7%
Total	3	8	77	34	122	100,0%

Waiting time (months) based on date put on WL	(A)	(B)	(D)	(NL)	Total	%
Pre-emptive	0	0	0	1	1	0,8%
0-5	0	0	1	0	1	0,8%
6-11	0	0	0	1	1	0,8%
12-23	1	2	7	7	17	13,9%
24-59	1	3	33	16	53	43,4%
60 +	1	3	36	9	49	40,2%
Total	3	8	77	34	122	100,0%

Sequence	(A)	(B)	(D)	(NL)	Total	%
First	0	2	17	13	32	26,2%
Repeat	3	6	60	21	90	73,8%
Total	3	8	77	34	122	100,0%

Recipient age	(A)	(B)	(D)	(NL)	Total	%
0-15	0	0	1	0	1	0,8%
16-55	1	5	62	20	88	72,1%
56-64	1	1	12	9	23	18,9%
65+	1	2	2	5	10	8,2%
Total	3	8	77	34	122	100,0%

Table 4.5(i) Living donor kidney transplants – kidney-only – 2006 – 2010

Kidney-only	2006	2007	2008	2009	2010	2009/2010
Related	517	587	609	614	688	12,1%
Non-related	384	445	482	536	574	7,1%
Total	901	1032	1091	1150	1262	9,7%

Related	2006	2007	2008	2009	2010	2009/2010
Brother / sister	156	181	195	195	222	13,8%
Father	115	128	136	110	142	29,1%
Mother	187	211	209	225	231	2,7%
Son / daughter	26	26	39	32	43	34,4%
Grandfather / -mother	10	5	6	9	4	-55,6%
Uncle / aunt	12	11	14	17	23	35,3%
Nephew / niece	9	15	4	15	11	-26,7%
Cousin	0	0	2	9	12	33,3%
Blood related: NOS*	2	10	4	2	0	-100,0%
Total	517	587	609	614	688	12,1%

Table 4.5(i) ***(Continued)***

Non-related	2006	2007	2008	2009	2010	2009/2010
Spouse / partner	281	314	334	384	421	9,6%
Friend	0	29	41	42	48	14,3%
Anonymous donor	0	6	20	25	32	28,0%
Not blood related family	26	29	33	44	27	-38,6%
Not blood related: NOS*	77	67	54	41	46	12,2%
Total	**384**	**445**	**482**	**536**	**574**	**7,1%**

* NOS - Not otherwise specified

Table 4.5(ii) Living donor kidney transplants – kidney-only – 2010

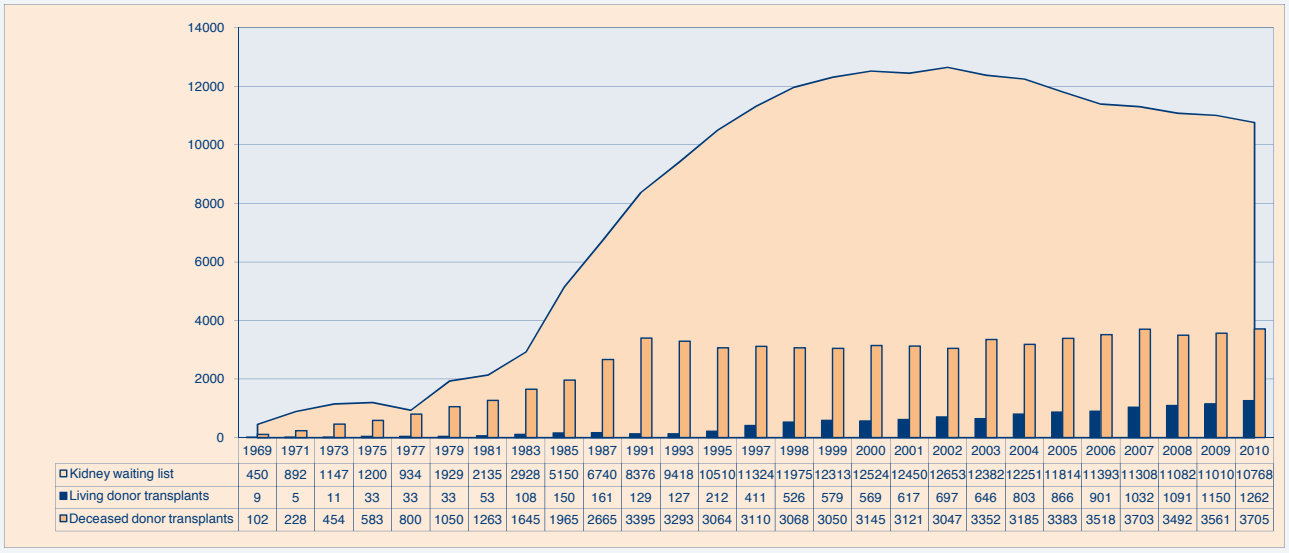
Kidney-only	A	B	HR	D	NL	Total	%
Related	38	34	11	378	227	688	54,5%
Non-related	21	15	5	287	246	574	45,5%
Total	**59**	**49**	**16**	**665**	**473**	**1262**	**100,0%**

Related	A	B	HR	D	NL	Total	%
Brother / sister	17	11	0	105	89	222	32,3%
Father	3	8	3	85	43	142	20,6%
Mother	9	11	7	155	49	231	33,6%
Son / daughter	3	2	0	10	28	43	6,3%
Grandfather / - mother	2	0	0	0	2	4	0,6%
Uncle / aunt	2	1	0	13	7	23	3,3%
Nephew / niece	0	0	0	2	9	11	1,6%
Cousin	2	1	1	8	0	12	1,7%
Total	**38**	**34**	**11**	**378**	**227**	**688**	**100,0%**

Non related	A	B	HR	D	NL	Total	%
Spouse / partner	19	14	5	249	134	421	73,3%
Friend	1	0	0	19	28	48	8,4%
Anonymous donor	0	0	0	0	32	32	5,6%
Not blood related family	0	0	0	12	15	27	4,7%
Not blood related: NOS*	1	1	0	7	37	46	8,0%
Total	**21**	**15**	**5**	**287**	**246**	**574**	**100,0%**

* NOS - Not otherwise specified

Figure 4.5 Dynamics of the Eurotransplant kidney transplant waiting list and transplants between 1969 and 2010



	1969	1971	1973	1975	1977	1979	1981	1983	1985	1987	1991	1993	1995	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Kidney waiting list	450	892	1147	1200	934	1929	2135	2928	5150	6740	8376	9418	10510	11324	11975	12313	12524	12450	12653	12382	12251	11814	11393	11308	11082	11010	10768
Living donor transplants	9	5	11	33	33	33	53	108	150	161	129	127	212	411	526	579	569	617	697	646	803	866	901	1032	1091	1150	1262
Deceased donor transplants	102	228	454	583	800	1050	1263	1645	1965	2665	3395	3293	3064	3110	3068	3050	3145	3121	3047	3352	3185	3383	3518	3703	3492	3561	3705

5. Thoracic organs: donation, waiting lists and transplants

Table 5.1(i) Deceased donors / hearts in Eurotransplant from 2006 to 2010

Donors						
Year of registration	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
All donors	2299	2411	2233	2305	2415	**4,6%**
Non-heart donors	1293	1346	1260	1420	1469	**4,6%**
Heart donors	1006	1065	973	885	946	**4,5%**
Heart donors not used	419	467	390	305	315	**-2,5%**
Total heart donors used	587	598	583	580	631	**8,1%**

Hearts						
Year of registration	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Reported	1006	1065	973	885	946	**4,5%**
Offered	943	976	894	871	938	**7,0%**
Accepted	750	750	704	691	750	**7,9%**
Transplanted	587	598	583	580	631	**8,1%**

Note: Numbers are in some cases lower than in previous reports, because erroneously reported hearts from some NHB donors are now excluded

Table 5.1(ii) Deceased donors / hearts in Eurotransplant in 2010

Donors											
Donor country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	**Total ET**	**Non-ET**	**Total**	**% all donors**
All donors	203	289	135	1315	3	259	44	**2248**	167	**2415**	**100,0%**
Non-heart donors	115	176	94	781	1	177	13	**1357**	112	**1469**	**60,7%**
Heart donors	88	113	41	534	2	82	31	**891**	55	**946**	**39,2%**
Heart donors not used	20	46	8	149	2	34	11	**270**	45	**315**	**13,0%**
Total heart donors used	68	67	33	385	0	48	20	**621**	10	**631**	**26,1%**

Hearts											
Donor country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	**Total ET**	**Non-ET**	**Total**	**% of reported**
Reported	88	113	41	534	2	82	31	**891**	55	**946**	**100,0%**
Offered	88	110	40	533	2	82	31	**886**	52	**938**	**99,2%**
Accepted	76	82	35	456	1	57	23	**730**	20	**750**	**79,3%**
Transplanted	68	67	33	385	0	48	20	**621**	10	**631**	**66,7%**

Table 5.2(i) Deceased donors / lungs in Eurotransplant from 2006 to 2010

Donors						
Year of registration	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
All donors	2299	2411	2233	2305	2415	**4,8%**
Non-lung donors	1507	1509	1383	1426	1468	**2,9%**
Lung donors	792	902	850	879	947	**7,7%**
Lung donors not used	338	399	342	366	375	**2,5%**
One lung used	38	45	44	29	33	**13,8%**
Two lungs used	416	458	464	484	539	**11,4%**
Total lung donors used	454	503	508	513	572	**11,5%**

Table 5.2(i) *(Continued)*

Lungs						
Year of registration	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Reported	1556	1787	1677	1734	1873	**8,0%**
Offered	1516	1758	1646	1716	1847	**7,6%**
Accepted	1154	1333	1283	1342	1464	**9,1%**
Transplanted	870	961	972	997	1111	**11,4%**

Table 5.2(ii) Deceased donors / lungs in Eurotransplant in 2010

Donors											
Donor country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	**Total ET**	**Non-ET**	**Total**	**% all donors**
All donors	203	289	135	1315	3	259	44	**2248**	167	**2415**	**100,0%**
Non-lung donors	128	145	106	862	1	142	18	**1402**	66	**1468**	**60,8%**
Lung donors	75	144	29	453	2	117	26	**846**	101	**947**	**39,2%**
Lung donors not used	24	41	13	173	0	57	14	**322**	53	**375**	**15,5%**
One lung used	3	9	2	17	0	2	0	**33**	0	**33**	**1,4%**
Two lungs used	48	94	14	263	2	58	12	**491**	48	**539**	**22,3%**
Total lung donors used	51	103	16	280	2	60	12	**524**	48	**572**	**23,7%**

Lungs											
Donor country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	**Total ET**	**Non-ET**	**Total**	**% of reported**
Reported	150	282	58	898	4	229	52	**1673**	200	**1873**	**100,0%**
Offered	150	278	56	891	4	228	52	**1659**	188	**1847**	**98,6%**
Accepted	127	236	42	713	4	174	40	**1336**	128	**1464**	**78,2%**
Transplanted	99	197	30	543	4	118	24	**1015**	96	**1111**	**59,3%**

Figure 5.1 Heart waiting list, number of patients at year end, by urgency

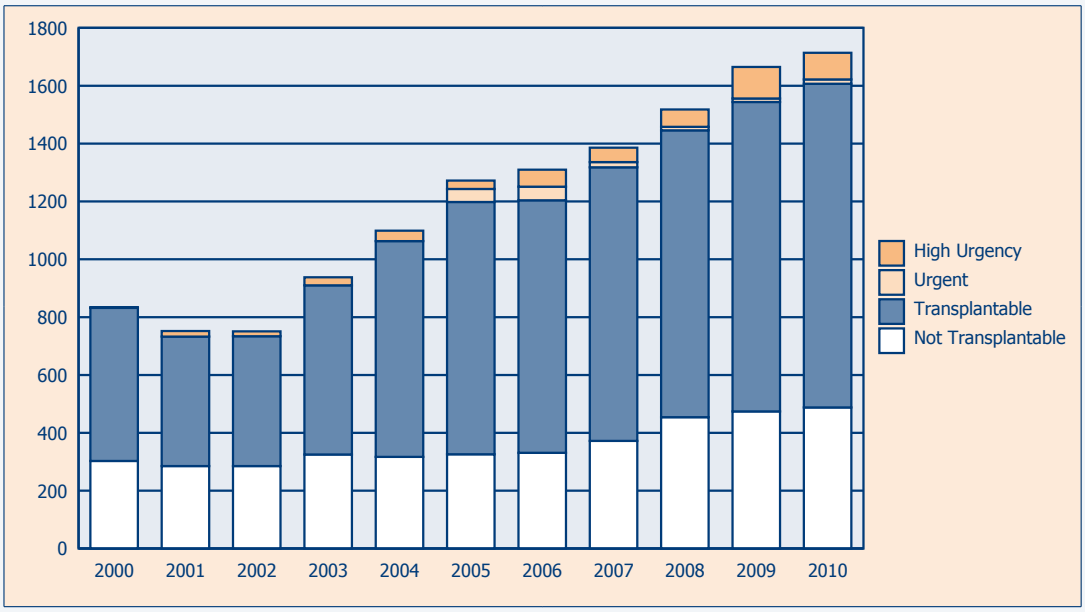


Figure 5.2 Heart waiting list, percentage of patients at year end, by urgency

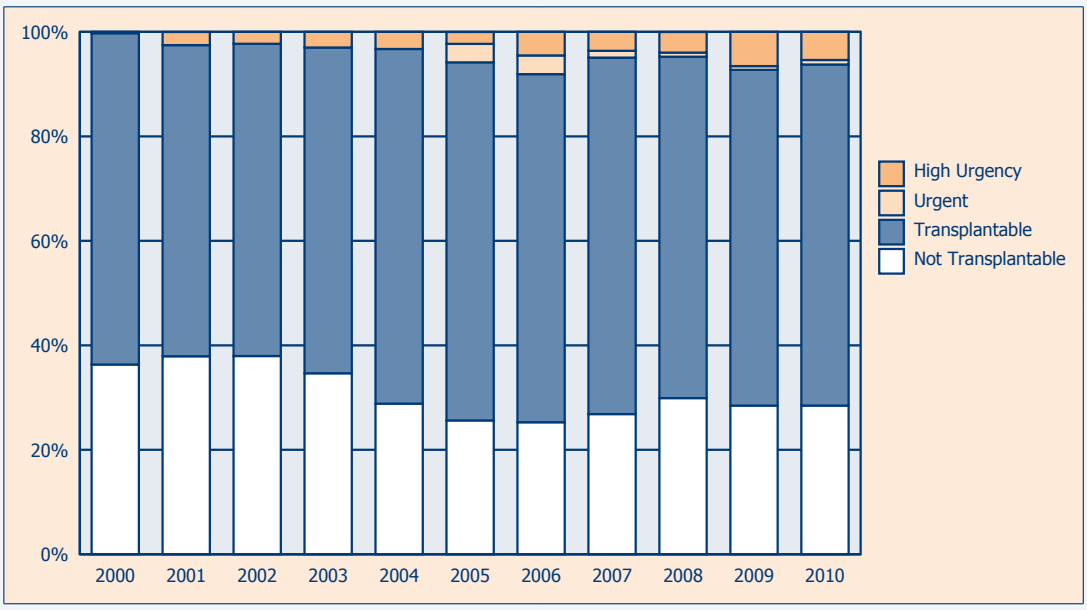


Table 5.3(i) Active heart transplant waiting list, as per December 31, from 2006 to 2010 - characteristics

	2006	2007	2008	2009	2010	2009/2010
Heart	904	933	989	1121	1158	**3,3%**
Heart + kidney	15	24	16	27	31	**14,8%**
Heart + liver	1	2	2	4	2	**-50,0%**
Heart + liver + kidney	0	0	0	0	1	**--**
Heart + liver + pancreas	0	0	0	0	1	**--**
Heart + lung	59	55	57	38	33	**-13,2%**
Heart + lung + kidney	0	0	0	1	0	**-100,0%**
Total	**979**	**1014**	**1064**	**1191**	**1226**	**2,9%**

Table 5.3(ii) Active heart transplant waiting list as per December 31, 2010 - characteristics

	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
Heart	67	59	11	929	66	26	**1158**	**94,5%**
Heart + kidney	4	7	0	20	0	0	**31**	**2,5%**
Heart + liver	0	0	0	2	0	0	**2**	**0,2%**
Heart + liver + kidney	1	0	0	0	0	0	**1**	**0,1%**
Heart + liver + pancreas	0	0	0	1	0	0	**1**	**0,1%**
Heart + lung	2	1	0	29	1	0	**33**	**2,7%**
Total	**74**	**67**	**11**	**981**	**67**	**26**	**1226**	**100,0%**

Table 5.4(i) Active heart-only transplant waiting list as per December 31 - characteristics

Blood group	2006	2007	2008	2009	2010	2009/2010
A	434	442	469	528	531	**0,6%**
AB	17	22	22	25	34	**36,0%**
B	89	93	97	121	102	**-15,7%**
O	364	376	401	447	491	**9,8%**
Total	**904**	**933**	**989**	**1121**	**1158**	**3,3%**

% PRA current	2006	2007	2008	2009	2010	2009/2010
0-5 %	554	561	613	665	654	**-1,7%**
6-84 %	15	16	22	16	26	**62,5%**
85-100 %	2	0	0	1	1	**0,0%**
Not reported	333	356	354	439	477	**8,7%**
Total	**904**	**933**	**989**	**1121**	**1158**	**3,3%**

Table 5.4(i) *(Continued)*

Sequence	2006	2007	2008	2009	2010	2009/2010
First	885	923	979	1106	1140	3,1%
Repeat	19	10	10	15	18	20,0%
Total	**904**	**933**	**989**	**1121**	**1158**	**3,3%**

Waiting time (months) based on date put on WL	2006	2007	2008	2009	2010	2009/2010
0-5	298	330	303	372	355	-4,6%
6-11	180	168	209	230	208	-9,6%
12-23	228	203	216	226	276	22,1%
24+	198	232	261	293	319	8,9%
Total	**904**	**933**	**989**	**1121**	**1158**	**3,3%**

Age	2006	2007	2008	2009	2010	2009/2010
0-15	20	26	25	35	26	-25,7%
16-55	448	509	540	606	613	1,2%
56-64	326	304	315	364	410	12,6%
65+	110	94	109	116	109	-6,0%
Total	**904**	**933**	**989**	**1121**	**1158**	**3,3%**

Table 5.4(ii) Active heart-only transplant waiting list as per December 31, 2010 - characteristics

Blood group	A	B	HR	D	NL	SLO	Total	%
A	32	26	4	426	30	13	531	45,9%
AB	3	3		24	3	1	34	2,9%
B	5	8	1	84	4		102	8,8%
O	27	22	6	395	29	12	491	42,4%
Total	**67**	**59**	**11**	**929**	**66**	**26**	**1158**	**100,0%**

% PRA current	A	B	HR	D	NL	SLO	Total	%
0-5 %	15	22	4	556	53	4	654	56,5%
6-84 %	0	4	0	19	3	0	26	2,2%
85-100 %	0	0	0	1	0	0	1	0,1%
Not reported	52	33	7	353	10	22	477	41,2%
Total	**67**	**59**	**11**	**929**	**66**	**26**	**1158**	**100,0%**

Sequence	A	B	HR	D	NL	SLO	Total	%
First	66	57	11	914	66	26	1140	98,4%
Repeat	1	2	0	15	0	0	18	1,6%
Total	**67**	**59**	**11**	**929**	**66**	**26**	**1158**	**100,0%**

Waiting time (months) based on date put on WL	A	B	HR	D	NL	SLO	Total	%
0-5	30	30	7	249	26	13	355	30,7%
6-11	11	23	2	150	13	9	208	18,0%
12-23	22	6	1	235	10	2	276	23,8%
24+	4	0	1	295	17	2	319	27,5%
Total	**67**	**59**	**11**	**929**	**66**	**26**	**1158**	**100,0%**

Table 5.4(ii) *(Continued)*

Age	A	B	HR	D	NL	SLO	Total	%
0-15	1	1	0	21	2	1	26	2,2%
16-55	28	31	3	500	45	6	613	52,9%
56-64	27	21	8	322	18	14	410	35,4%
65+	11	6	0	86	1	5	109	9,4%
Total	67	59	11	929	66	26	1158	100,0%

Table 5.5(i) Active heart + lung transplant waiting list as per December 31 - characteristics

Type of transplant	2006	2007	2008	2009	2010	2009/2010
Heart + lung	59	55	57	38	33	-13,2%
Heart + lung + kidney	0	0	0	1	0	-100,0%
Total	59	55	57	39	33	-15,4%

Table 5.5(ii) Active heart + lung transplant waiting list, as per December 31 , 2010 - characteristics

Type of transplant	A	B	D	NL	Total	%
Heart + lung	2	1	29	1	33	100,0%
Total	2	1	29	1	33	100,0%

Table 5.6(i) Active heart + lung transplant waiting list as per December 31 - characteristics

Blood group	2006	2007	2008	2009	2010	2009/2010
A	24	25	27	22	19	-13,6%
AB	3	1	1	0	2	--
B	4	4	5	3	1	-66,7%
O	28	25	24	13	11	-15,4%
Total	59	55	57	38	33	-13,2%

% PRA current	2006	2007	2008	2009	2010	2009/2010
0-5 %	38	32	32	21	12	-42,9%
6-84 %	0	0	0	1	5	400,0%
Not reported	21	23	25	16	16	0,0%
Total	59	55	57	38	33	-13,2%

Sequence	2006	2007	2008	2009	2010	2009/2010
First	58	55	57	38	33	-13,2%
Repeat	1	0	0	0	0	0,0 %
Total	59	55	57	38	33	-13,2%

Waiting time (months) based on date put on WL	2006	2007	2008	2009	2010	2009/2010
0-5	9	14	11	8	7	-12,5%
6-11	8	8	11	2	4	100,0%
12-23	19	7	14	7	3	-57,1%
24+	23	26	21	21	19	-9,5%
Total	59	55	57	38	33	-13,2%

Age	2006	2007	2008	2009	2010	2009/2010
0-15	4	1	5	3	1	-66,7%
16-55	51	48	47	34	31	-8,8%
56-64	4	6	5	1	1	0,0%
Total	59	55	57	38	33	-13,2%

Table 5.6(ii) Active heart + lung transplant waiting list as per December 31, 2010 - characteristics

Blood group	(A)	(B)	(D)	(NL)	Total	%
A	1	1	16	1	19	57,6%
AB	1	0	1	0	2	6,1%
B	0	0	1	0	1	3,0%
O	0	0	11	0	11	33,3%
Total	2	1	29	1	33	100,0%

% PRA current	(A)	(B)	(D)	(NL)	Total	%
0-5 %	0	0	12	0	12	36,4%
6-84 %	0	0	5	0	5	15,2%
Not reported	2	1	12	1	16	48,5%
Total	2	1	29	1	33	100,0%

Sequence	(A)	(B)	(D)	(NL)	Total	%
First	2	1	29	1	33	100,0%
Total	2	1	29	1	33	100,0%

Waiting time (months) based on date put on WL	(A)	(B)	(D)	(NL)	Total	%
0-5	1	1	5	0	7	21,2%
6-11	1	0	3	0	4	12,1%
12-23	0	0	3	0	3	9,1%
24+	0	0	18	1	19	57,6%
Total	2	1	29	1	33	100,0%

Age	(A)	(B)	(D)	(NL)	Total	%
0-15	0	0	1	0	1	3,0%
16-55	2	1	27	1	31	93,9%
56-64	0	0	1	0	1	3,0%
Total	2	1	29	1	33	100,0%

Figure 5.3 Lung waiting list, number of patients at year end, by urgency

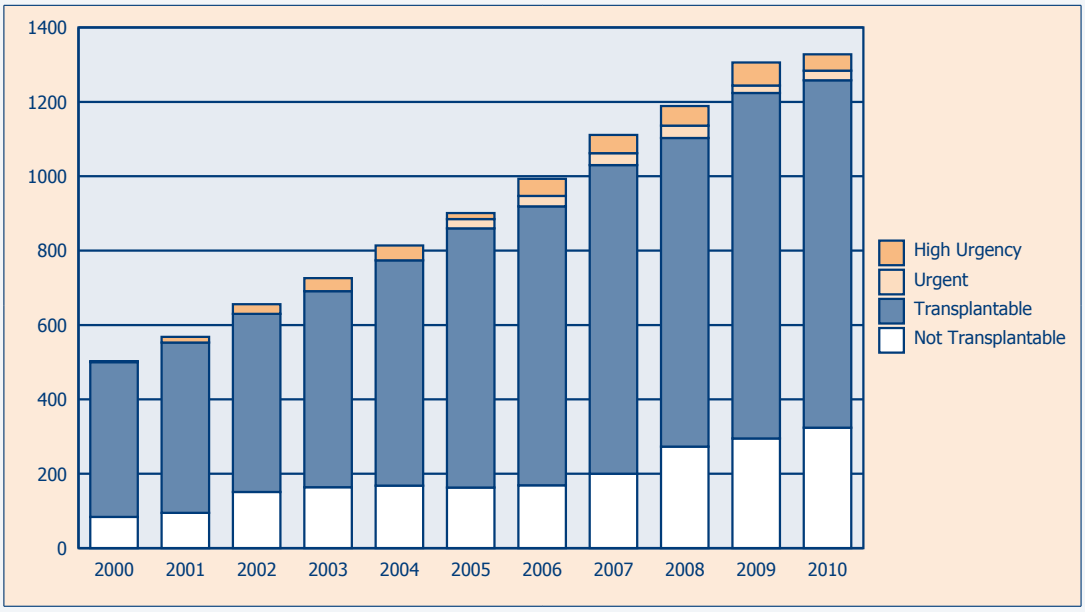


Figure 5.4 Lung waiting list, percentage of patients at year end, by urgency

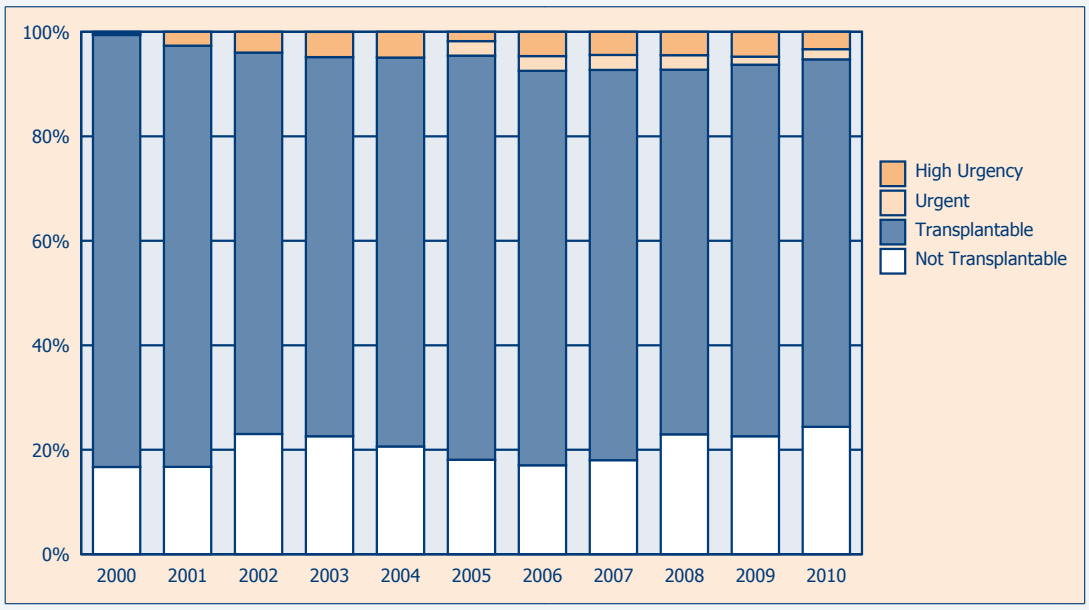


Table 5.7(i) Active lung transplant waiting list as per December 31 - characteristics

Type of transplant	2006	2007	2008	2009	2010	2009/2010
Lung	758	849	846	964	964	**0,0%**
Lung + kidney	2	3	5	2	2	**0,0%**
Lung + liver	5	4	8	6	5	**-16,7%**
Lung + heart	59	55	57	38	33	**-13,2%**
Lung + heart + kidney	0	0	0	1	0	**-100,0%**
Total	**824**	**911**	**916**	**1011**	**1004**	**-0,7%**

Table 5.7(ii) Active lung transplant waiting list as per December 31, 2010 - characteristics

Type of transplant	(A)	(B)	(D)	(NL)	Total	%
Lung	55	88	609	212	**964**	**96,0%**
Lung + kidney	0	1	1	0	**2**	**0,2%**
Lung + liver	1	0	3	1	**5**	**0,5%**
Lung + heart	2	1	29	1	**33**	**3,3%**
Total	**58**	**90**	**642**	**214**	**1004**	**100,0%**

Table 5.8(i) Active lung-only transplant waiting list, as per December 31 - characteristics

Blood group	2006	2007	2008	2009	2010	2009/2010
A	281	322	333	391	402	**2,8%**
AB	25	21	10	21	11	**-47,6%**
B	78	84	76	74	77	**4,1%**
O	374	422	427	478	474	**-0,8%**
Total	**758**	**849**	**846**	**964**	**964**	**0,0%**

% PRA current	2006	2007	2008	2009	2010	2009/2010
0-5 %	411	475	486	568	572	**0,7%**
6-84 %	4	9	10	12	27	**125,0%**
85-100 %	0	0	0	1	2	**100,0%**
Not reported	343	365	350	383	363	**-5,2%**
Total	**758**	**849**	**846**	**964**	**964**	**0,0%**

Table 5.8(i) *(Continued)*

Sequence	2006	2007	2008	2009	2010	2009/2010
First	731	822	821	936	934	-0,2%
Repeat	27	27	25	28	30	7,1%
Total	**758**	**849**	**846**	**964**	**964**	**0,0%**

Waiting time (months) based on date put on WL	2006	2007	2008	2009	2010	2009/2010
0-5	264	289	265	319	262	-17,9%
6-11	157	171	179	183	178	-2,7%
12-23	164	181	203	222	231	4,1%
24+	173	208	199	240	293	22,1%
Total	**758**	**849**	**846**	**964**	**964**	**0,0%**

Age	2006	2007	2008	2009	2010	2009/2010
0-15	13	14	5	11	5	-54,5%
16-55	486	519	520	582	564	-3,1%
56-64	233	278	293	340	359	5,6%
65+	26	38	28	31	36	16,1%
Total	**758**	**849**	**846**	**964**	**964**	**0,0%**

Table 5.8(ii) Active lung-only transplant waiting list, as per December 31, 2010 - characteristics

Blood group	(A)	(B)	(D)	(NL)	Total	%
A	24	37	254	87	**402**	**41,7%**
AB	2	1	8	0	**11**	**1,1%**
B	5	11	44	17	**77**	**8,0%**
O	24	39	303	108	**474**	**49,2%**
Total	**55**	**88**	**609**	**212**	**964**	**100,0%**

% PRA current	(A)	(B)	(D)	(NL)	Total	%
0-5 %	6	13	361	192	**572**	**59,3%**
6-84 %	0	2	20	5	**27**	**2,8%**
85-100 %	0	1	1	0	**2**	**0,2%**
Not reported	49	72	227	15	**363**	**37,7%**
Total	**55**	**88**	**609**	**212**	**964**	**100,0%**

Sequence	(A)	(B)	(D)	(NL)	Total	%
First	52	86	586	210	**934**	**97,0%**
Repeat	3	2	23	2	**30**	**3,0%**
Total	**55**	**88**	**609**	**212**	**964**	**100,0%**

Waiting time (months) based on date put on WL	(A)	(B)	(D)	(NL)	Total	%
0-5	24	43	146	49	**262**	**27,2%**
6-11	16	20	93	49	**178**	**18,5%**
12-23	10	21	146	54	**231**	**24,0%**
24+	5	4	224	60	**293**	**30,4%**
Total	**55**	**88**	**609**	**212**	**964**	**100,0%**

Age	(A)	(B)	(D)	(NL)	Total	%
0-15	1	0	4	0	5	**0,5%**
16-55	34	38	363	129	564	**58,5%**
56-64	18	49	213	79	359	**37,2%**
65+	2	1	29	4	36	**3,7%**
Total	**55**	**88**	**609**	**212**	**964**	**100,0%**

Figure 5.5 Number of deceased donor heart transplants, by recipient urgency at transplant

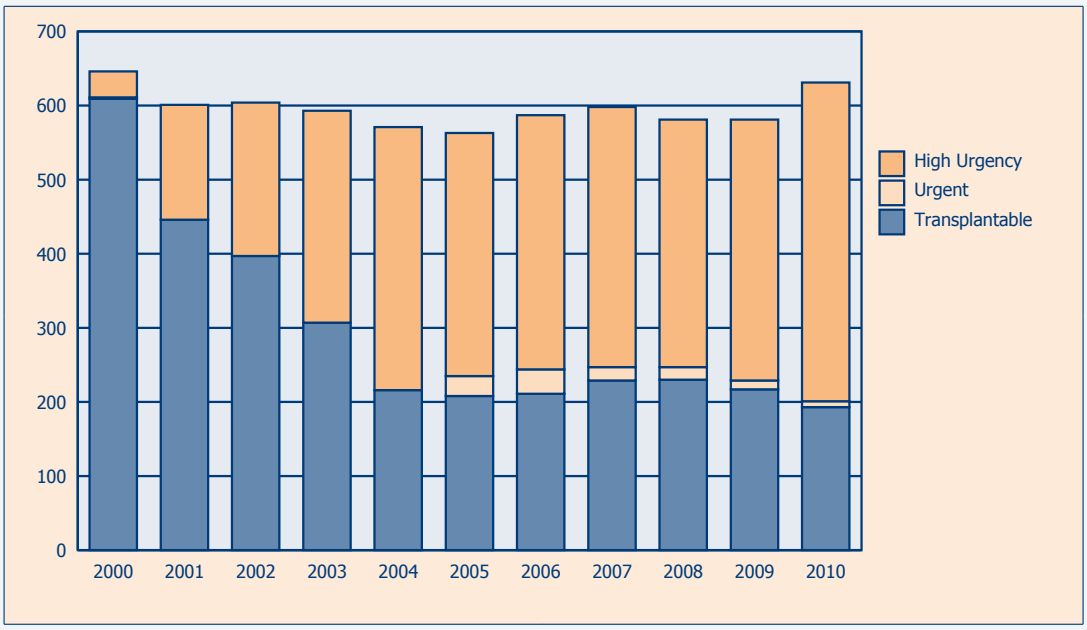


Figure 5.6 Percentage of deceased donor heart transplants, by recipient urgency at transplant

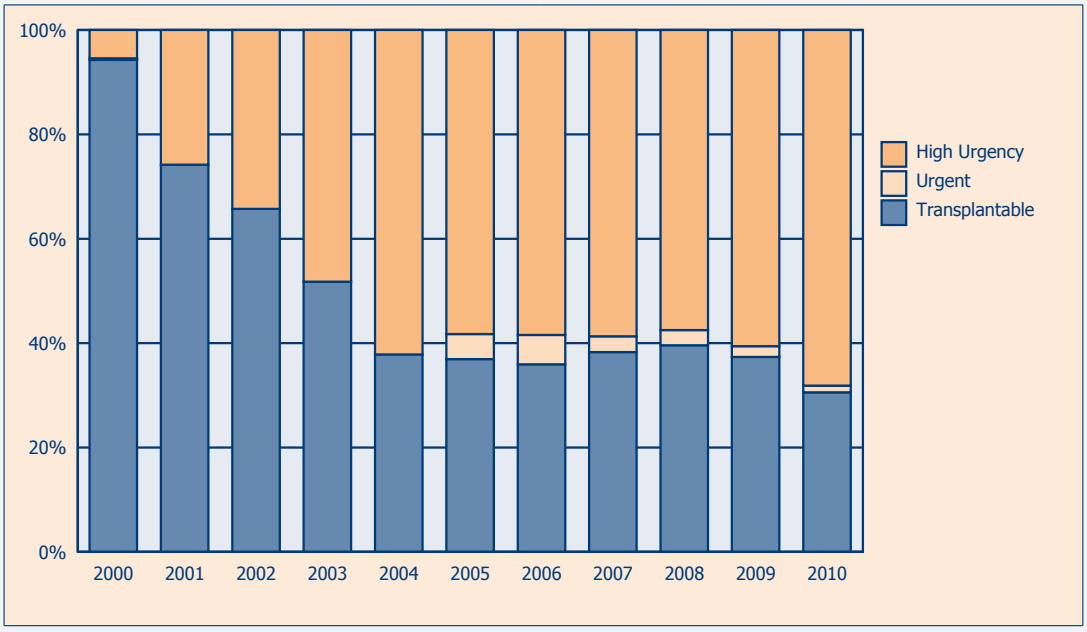


Table 5.9(i) Heart transplants from 2006 to 2010 - characteristics

Deceased donor heart transplants						
Type of transplant	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Heart	539	562	544	553	602	**8,9%**
Heart + kidney	15	13	10	8	11	**37,5%**
Heart + liver	1	2	3	0	1	**--**
Heart + both lungs	30	21	23	20	16	**-20,0%**
Heart + both lungs + kidney	0	0	1	0	0	**0,0%**
Heart + both lungs + liver	2	0	0	0	1	**--**
Heart + pancreas + kidney	0	0	0	0	1	**--**
Total	**587**	**598**	**581**	**581**	**632**	**8,8%**

Table 5.9(i) *(Continued)*

Heart-only transplant						
Blood group	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
A	231	271	219	238	280	**17,6%**
AB	41	39	37	38	45	**18,4%**
B	85	68	81	83	90	**8,4%**
O	182	184	207	194	187	**-3,6%**
Total	**539**	**562**	**544**	**553**	**602**	**8,9%**
Waiting time (months) based on date put on WL	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
0-5	306	325	314	304	344	**13,2%**
6-11	104	107	105	102	107	**4,9%**
12-23	93	82	78	83	88	**6,0%**
24-59	35	45	46	56	51	**-8,9%**
60+	1	3	1	8	12	**50,0%**
Total	**539**	**562**	**544**	**553**	**602**	**8,9%**
Sequence	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
First	529	549	535	542	588	**8,5%**
Repeat	10	13	9	11	14	**27,3%**
Total	**539**	**562**	**544**	**553**	**602**	**8,9%**
Recipient age	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
0-15	35	37	32	38	47	**23,7%**
16-55	286	277	314	292	344	**17,8%**
56-64	174	206	162	169	182	**7,7%**
65+	44	42	36	54	29	**-46,3%**
Total	**539**	**562**	**544**	**553**	**602**	**8,9%**

Table 5.9(ii) Heart transplants 2010 - characteristics

Deceased donor heart transplants									
Type of transplant	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Non-ET**	**Total**	**%**
Heart	69	64	36	369	45	18	1	**602**	**95,3%**
Heart + kidney	0	4	0	6	0	1	0	**11**	**1,7%**
Heart + liver	0	0	0	1	0	0	0	**1**	**0,2%**
Heart + both lungs	0	0	0	15	1	0	0	**16**	**2,5%**
Heart + both lungs + liver	0	0	0	1	0	0	0	**1**	**0,2%**
Heart + pancreas + kidney	0	0	0	1	0	0	0	**1**	**0,2%**
Total	**69**	**68**	**36**	**393**	**46**	**19**	**1**	**632**	**100,0%**
Heart-only transplant									
Blood group	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Non-ET**	**Total**	**%**
A	29	25	18	177	23	8	0	**280**	**46,5%**
AB	3	2	6	33	1	0	0	**45**	**7,5%**
B	10	12	4	54	6	4	0	**90**	**15,0%**
O	27	25	8	105	15	6	1	**187**	**31,1%**
Total	**69**	**64**	**36**	**369**	**45**	**18**	**1**	**602**	**100,0%**

Table 5.9(ii) *(Continued)*

Waiting time (months) based on date put on WL	A	B	HR	D	NL	SLO	Non-ET	Total	%
0-5	41	33	29	213	14	13	1	344	57,1%
6-11	13	22	3	56	13	0	0	107	17,8%
12-23	11	9	3	52	9	4	0	88	14,6%
24-59	3	0	1	37	9	1	0	51	8,5%
60+	1	0	0	11	0	0	0	12	2,0%
Total	69	64	36	369	45	18	1	602	100,0%

Sequence	A	B	HR	D	NL	SLO	Non-ET	Total	%
First	67	64	36	360	43	17	1	588	97,7%
Repeat	2	0	0	9	2	1	0	14	2,3%
Total	69	64	36	369	45	18	1	602	100,0%

Recipient age	A	B	HR	D	NL	SLO	Non-ET	Total	%
0-15	6	2	1	35	2	0	1	47	7,8%
16-55	32	30	17	223	31	11	0	344	57,1%
56-64	27	26	16	97	11	5	0	182	30,2%
65+	4	6	2	14	1	2	0	29	4,8%
Total	69	64	36	369	45	18	1	602	100,0%

Table 5.10(i) Heart + lung transplants from 2006 to 2010 - characteristics

Deceased donor heart + lung transplants						
Type of transplant	2006	2007	2008	2009	2010	2009/2010
Heart + both lungs	30	21	23	20	16	-20,0%
Heart + both lungs + kidney	0	0	1	0	0	0,0%
Heart + both lungs + whole liver	2	0	0	0	1	--
Total	32	21	24	20	17	-15,0%

Heart + lung transplants						
Blood group	2006	2007	2008	2009	2010	2009/2010
A	11	10	11	7	6	-14,3%
AB	3	1	4	1	0	-100,0%
B	2	3	1	2	3	50,0%
O	16	7	8	10	8	-20,0%
Total	32	21	24	20	17	-15,0%

Waiting time (months) based on date put on WL	2006	2007	2008	2009	2010	2009/2010
0-5	17	8	15	9	9	0,0%
6-11	3	2	2	4	1	-75,0%
12-23	5	7	2	3	2	-33,3%
24-59	6	4	5	2	3	50,0%
60+	1	0	0	2	2	0,0%
Total	32	21	24	20	17	-15,0%

Sequence	2006	2007	2008	2009	2010	2009/2010
First	32	21	24	20	17	-15,0%
Total	32	21	24	20	17	-15,0%

Table 5.10(i) *(Continued)*

Recipient age	2006	2007	2008	2009	2010	2009/2010
0-15	1	2	1	1	2	100,0%
16-55	29	18	22	19	14	-26,3%
56-64	2	1	1	0	1	--
Total	32	21	24	20	17	-15,0%

Table 5.10(ii) Heart + lung transplants 2010 - characteristics

Deceased donor heart + lung transplants				
Type of transplant	(D)	(NL)	Total	%
Heart + both lungs	15	1	16	94,1%
Heart + both lungs + liver	1	0	1	5,9%
Total	16	1	17	100,0%

Heart + lung transplants				
Blood group	(D)	(NL)	Total	%
A	6	0	6	35,3%
B	3	0	3	17,6%
O	7	1	8	47,1%
Total	16	1	17	100,0%

Waiting time (months) based on date put on WL	(D)	(NL)	Total	%
0-5	9	0	9	52,9%
6-11	1	0	1	5,9%
12-23	2	0	2	11,8%
24-59	2	1	3	17,6%
60+	2	0	2	11,8%
Total	16	1	17	100,0%

Sequence	(D)	(NL)	Total	%
First	16	1	17	100,0%
Total	16	1	17	100,0%

Recipient age	(D)	(NL)	Total	%
0-15	2	0	2	11,8%
16-55	13	1	14	82,4%
56-64	1	0	1	5,9%
Total	16	1	17	100,0%

Figure 5.7 Number of deceased donor lung transplants, by recipient urgency at transplant

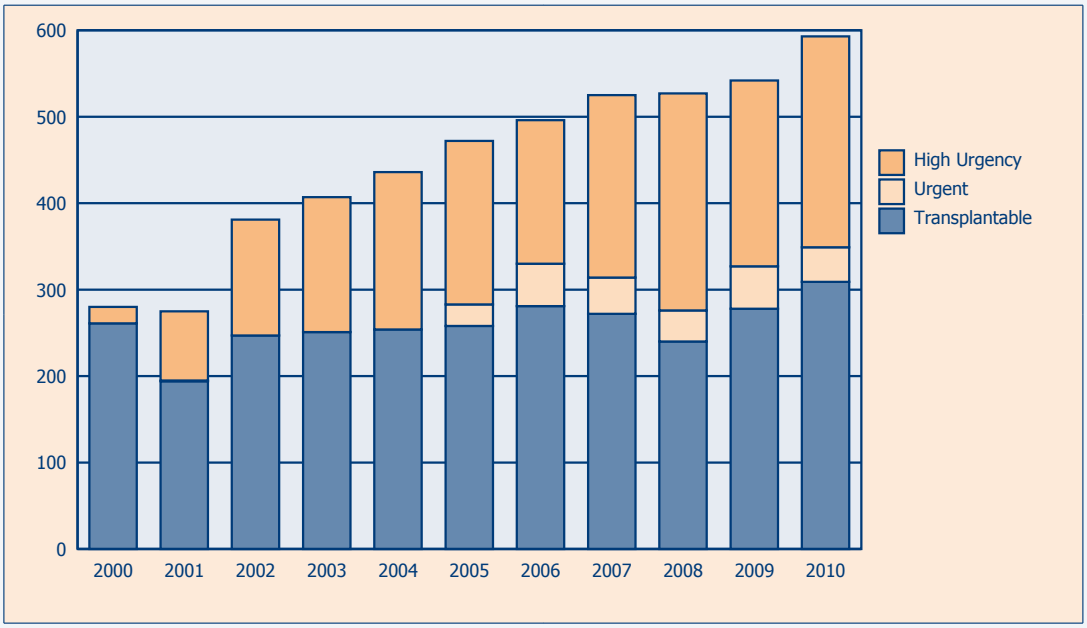


Figure 5.8 Percentage of deceased donor lung transplants, by recipient urgency at transplant

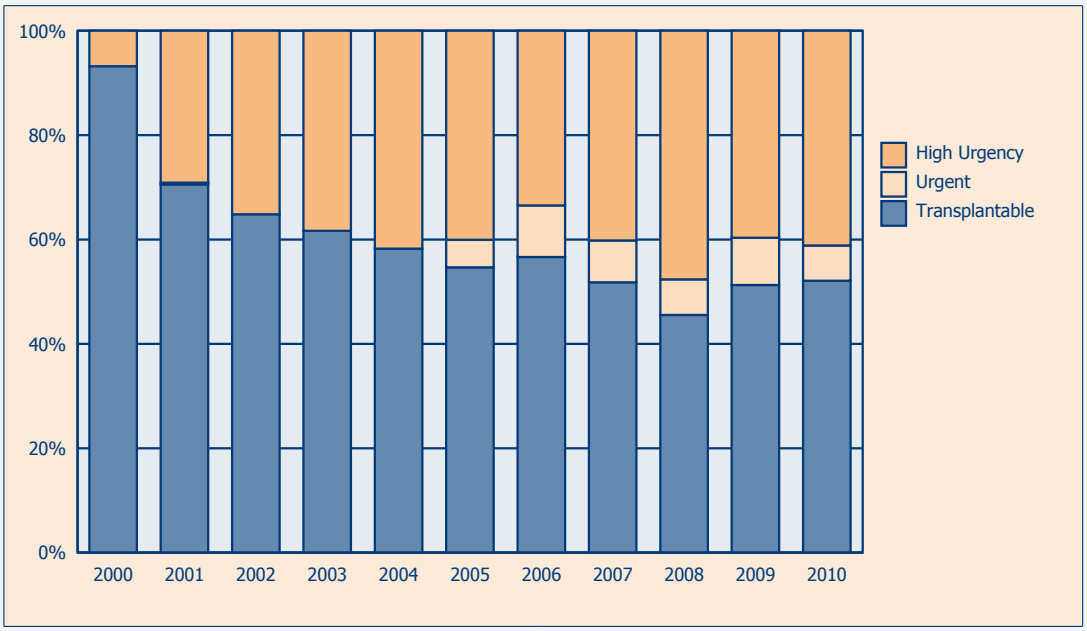


Table 5.11(i) Lung transplants from 2006 to 2010 - characteristics

Deceased donor lung transplants						
Type of transplant	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Single lung	121	90	82	79	75	**-5,1%**
Both lungs	337	409	419	435	496	**14,0%**
Single lung + kidney	0	1	0	0	0	**--**
Single lung + liver	1	0	0	0	0	**--**
Both lungs + heart	30	21	23	20	16	**-20,0%**
Both lungs + kidney	3	0	1	2	2	**0,0%**
Both lungs + liver	2	4	1	3	3	**0,0%**
Both lungs + heart + kidney	0	0	1	0	0	**--**
Both lungs + heart + liver	2	0	0	0	1	**--**
Total	**496**	**525**	**527**	**539**	**593**	**10,0%**

Table 5.11(i) *(Continued)*

Lung-only transplant (including single and both lungs)						
Blood group	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
A	206	229	219	220	231	**5,0%**
AB	28	36	24	30	37	**23,3%**
B	61	59	61	62	74	**19,4%**
O	163	175	197	202	229	**13,4%**
Total	**458**	**499**	**501**	**514**	**571**	**11,1%**
Waiting time (months) based on date put on WL	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
0-5	225	235	240	238	270	**13,4%**
6-11	102	112	107	112	120	**7,1%**
12-23	79	89	89	89	114	**28,1%**
24-59	46	58	53	71	61	**-14,1%**
60+	6	5	12	4	6	**50,0%**
Total	**458**	**499**	**501**	**514**	**571**	**11,1%**
Sequence	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
First	436	459	474	483	543	**12,4%**
Repeat	22	40	27	31	28	**-9,7%**
Total	**458**	**499**	**501**	**514**	**571**	**11,1%**
Recipient age	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
0-15	7	9	16	8	11	**37,5%**
16-55	297	327	297	316	351	**11,1%**
56-64	141	142	165	175	189	**8,0%**
65+	13	21	23	15	20	**33,3%**
Total	**458**	**499**	**501**	**514**	**571**	**11,1%**

Table 5.11(ii) Lung transplants 2010 - characteristics

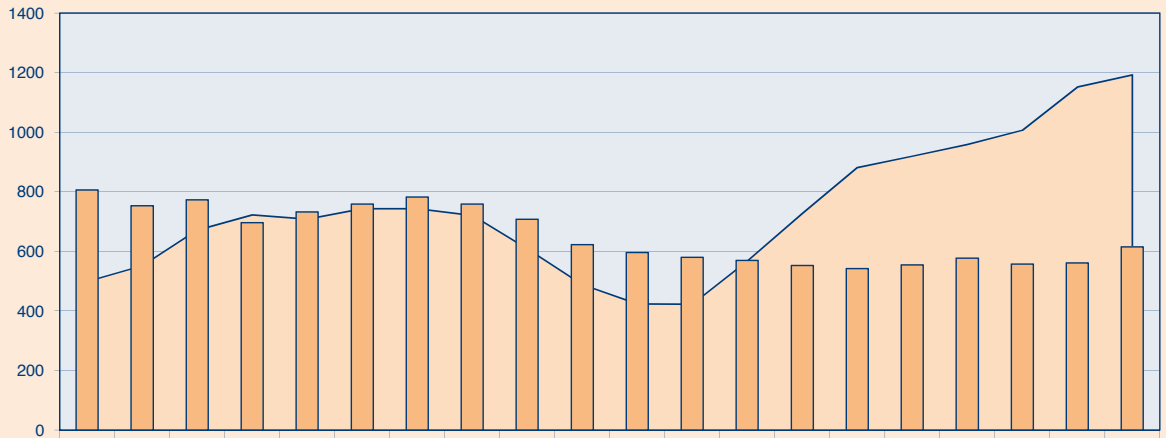
Deceased donor lung transplants						
Type of transplant	**(A)**	**(B)**	**(D)**	**(NL)**	**Total**	**%**
Single lung	5	21	44	5	**75**	**12,6%**
Both lungs	107	91	237	61	**496**	**83,6%**
Both lungs + heart	0	0	15	1	**16**	**2,7%**
Both lungs + kidney	1	0	1	0	**2**	**0,3%**
Both lungs + liver	1	2	0	0	**3**	**0,5%**
Both lungs + heart + liver	0	0	1	0	**1**	**0,2%**
Total	**114**	**114**	**298**	**67**	**593**	**100,0%**
Lung-only transplant (including single and both lungs)						
Blood group	**(A)**	**(B)**	**(D)**	**(NL)**	**Total**	**%**
A	45	43	114	29	**231**	**40,5%**
AB	8	2	24	3	**37**	**6,5%**
B	15	13	39	7	**74**	**13,0%**
O	44	54	104	27	**229**	**40,1%**
Total	**112**	**112**	**281**	**66**	**571**	**100,0%**
Waiting time (months) based on date put on WL	**(A)**	**(B)**	**(D)**	**(NL)**	**Total**	**%**
0-5	77	44	133	16	**270**	**47,3%**
6-11	22	32	59	7	**120**	**21,0%**
12-23	11	31	52	20	**114**	**20,0%**
24-59	2	5	32	22	**61**	**10,7%**
60+	0	0	5	1	**6**	**1,1%**
Total	**112**	**112**	**281**	**66**	**571**	**100,0%**

Table 5.11(ii) ***(Continued)***

Sequence	(A)	(B)	(D)	(NL)	Total	%
First	105	107	266	65	**543**	**95,1%**
Repeat	7	5	15	1	**28**	**4,9%**
Total	**112**	**112**	**281**	**66**	**571**	**100,0%**

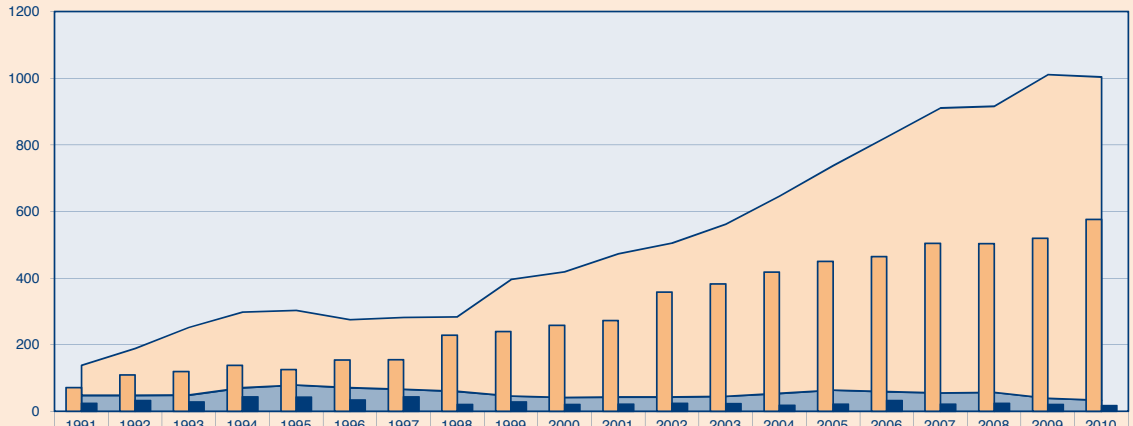
Recipient age	(A)	(B)	(D)	(NL)	Total	%
0-15	2	0	6	3	**11**	**1,9%**
16-55	80	54	175	42	**351**	**61,5%**
56-64	25	53	90	21	**189**	**33,1%**
65+	5	5	10	0	**20**	**3,5%**
Total	**112**	**112**	**281**	**66**	**571**	**100,0%**

Figure 5.9 Dynamics of the Eurotransplant heart waiting list and transplants between 1991 and 2010



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Active waiting list	499	552	672	723	709	744	744	721	609	489	424	423	568	728	882	920	959	1007	1152	1193
Heart transplants	806	753	773	696	732	759	782	759	708	623	596	580	570	553	542	555	577	557	561	615

Figure 5.10 Dynamics of the Eurotransplant heart + lung waiting list, heart + lung transplants, lung waiting list and lung transplants, between 1991 and 2010



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Lung waiting list	90	141	203	227	224	204	216	224	350	377	430	462	517	592	674	765	856	859	972	971
Heart+Lung waiting list	48	48	49	71	79	71	66	60	46	42	43	43	45	54	64	59	55	57	39	33
Lung transplants	71	109	119	138	125	154	155	228	239	258	272	358	382	418	450	464	504	503	519	576
Heart+Lung transplants	24	32	28	43	42	34	43	20	28	20	21	24	23	18	21	32	21	24	20	17

6. Liver and intestine: donation, waiting lists and tranplants

Table 6.1(i) Deceased donors / livers in Eurotransplant from 2006 to 2010

Donors						
Year of registration	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
All donors	2299	2411	2233	2305	2415	**4,8%**
Non-liver donors	423	422	361	321	351	**9,3%**
Liver donors	1876	1989	1872	1984	2064	**4,0%**
Liver donors not used	481	420	322	353	330	**-6,5%**
One split used	2	3	5	2	5	**150,0%**
Both splits used	45	53	56	60	59	**-1,7%**
Whole liver used	1348	1513	1489	1569	1670	**6,4%**
Total liver donors used	1395	1569	1550	1631	1734	**6,3%**

Donor procedures						
Year of registration	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Whole liver procedure	1827	1932	1808	1919	1998	**4,1%**
Split liver procedure	49	57	64	65	66	**1,5%**
Total	1876	1989	1872	1984	2064	**4,0%**

Whole livers						
Year of registration	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Reported	1827	1932	1808	1919	1998	**4,1%**
Offered	1793	1901	1799	1913	1996	**4,3%**
Accepted	1682	1835	1739	1861	1955	**5,1%**
Transplanted	1348	1513	1489	1569	1670	**6,4%**

Split livers						
Year of registration	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Available split livers	98	114	128	130	132	**1,5%**
Split liver not used	6	5	11	8	9	**12,5%**
Split liver transplanted	92	109	117	122	123	**0,8%**

Table 6.1(ii) Deceased donors / livers in Eurotransplant in 2010

Donors											
Donor country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	**Total ET**	**Non-ET**	**Total**	**% all donors**
All donors	203	289	135	1315	3	259	44	**2248**	167	**2415**	**100,0%**
Non-liver donors	34	35	5	71	0	72	1	**218**	133	**351**	**14,5%**
Liver donors	169	254	130	1244	3	187	43	**2030**	34	**2064**	**85,5%**
Liver donors not used	37	34	19	167	0	49	9	**315**	15	**330**	**13,7%**
One split used	0	1	1	2	0	1	0	**5**	0	**5**	**0,2%**
Both splits used	4	8	3	38	0	6	0	**59**	0	**59**	**2,4%**
Whole liver used	128	211	107	1037	3	131	34	**1651**	19	**1670**	**69,2%**
Total liver donors used	132	220	111	1077	3	138	34	**1715**	19	**1734**	**71,8%**

Donor procedures											
Donor country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	**Total ET**	**Non-ET**	**Total**	**%**
Whole liver procedure	164	245	126	1203	3	180	43	**1964**	34	**1998**	**96,8%**
Split liver procedure	5	9	4	41	0	7	0	**66**	0	**66**	**3,2%**
Total	169	254	130	1244	3	187	43	**2030**	34	**2064**	**100,0%**

Table 6.1(ii) *(Continued)*

Whole livers

Donor country	A	B	HR	D	L	NL	SLO	Total ET	Non-ET	Total	% reported
Reported	164	245	126	1203	3	180	43	**1964**	34	**1998**	**100,0%**
Offered	164	245	126	1203	3	180	43	**1964**	32	**1996**	**99,9%**
Accepted	161	240	125	1197	3	162	41	**1929**	26	**1955**	**97,8%**
Transplanted	128	211	107	1037	3	131	34	**1651**	19	**1670**	**83,6%**

Split livers

Donor country	A	B	HR	D	L	NL	SLO	Total ET	Non-ET	Total	%
Available split livers	10	18	8	82	0	14	0	**132**	0	**132**	**100,0%**
Split liver not used	2	1	1	4	0	1	0	**9**	0	**9**	**6,8%**
Split liver transplanted	8	17	7	78	0	13	0	**123**	0	**123**	**93,2%**

Figure 6.1 Liver waiting list, number of patients at year end, by urgency

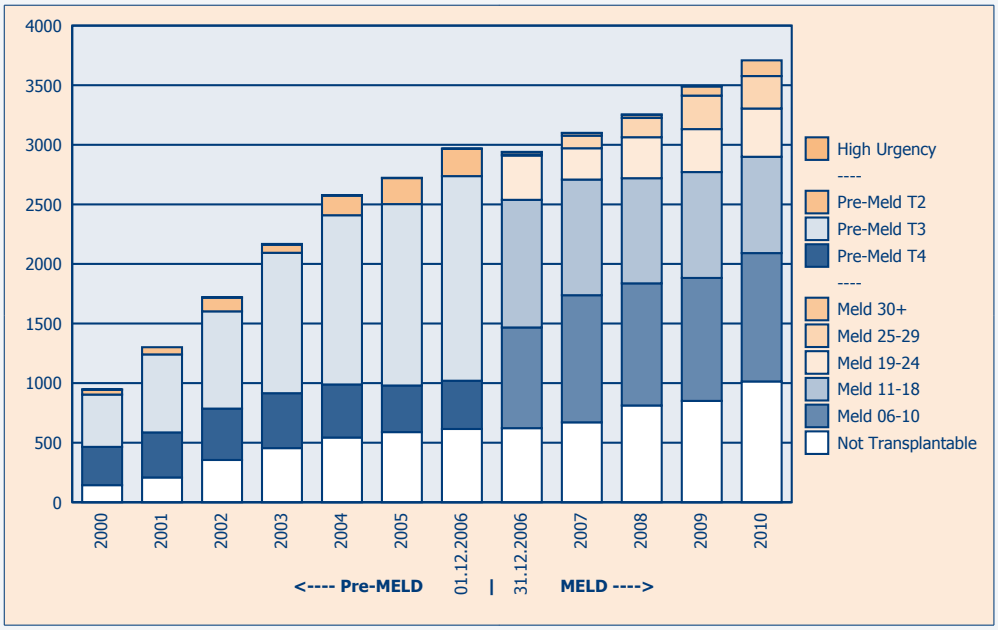


Figure 6.2 Liver waiting list, percentage of patients at year end, by urgency

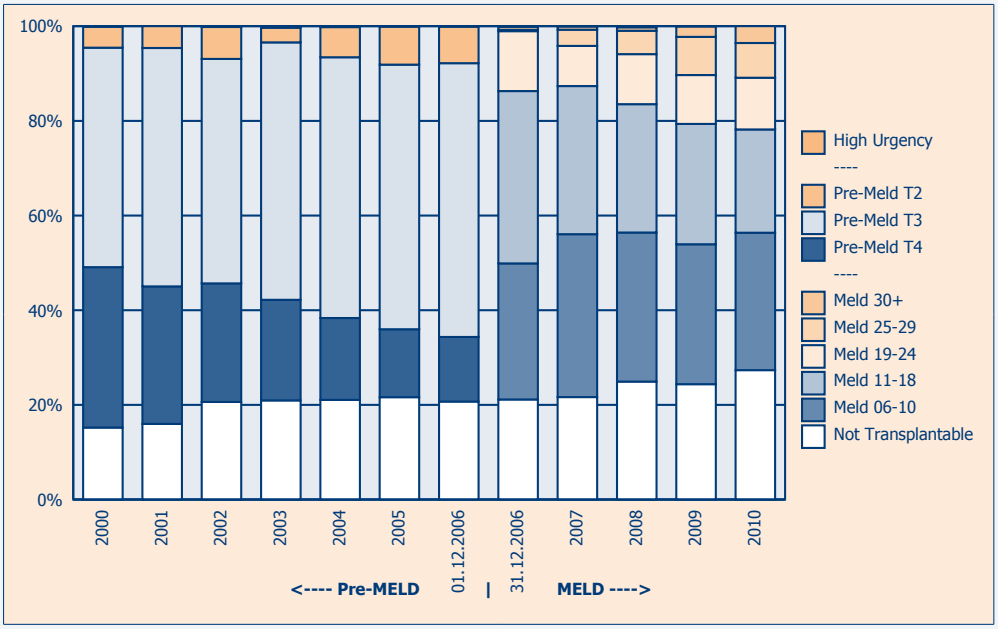


Table 6.2(i) Active liver transplant waiting list, as per December 31, from 2006 to 2010 - characteristics

Type of transplant	2006	2007	2008	2009	2010	2009/2010
Liver	2249	2351	2354	2525	2588	2,5%
Liver + heart	1	2	2	4	2	-50,0%
Liver + kidney	62	67	72	97	90	-7,2%
Liver + lung	5	4	8	6	5	-16,7%
Liver + pancreas	1	5	4	8	6	-25,0%
Liver + heart + kidney	0	0	0	0	1	--
Liver + heart + pancreas	0	0	0	0	1	--
Liver + kidney + pancreas	1	0	2	1	2	100,0%
Total	**2319**	**2429**	**2442**	**2641**	**2695**	**2,0%**

Table 6.2(ii) Active liver transplant waiting list, as per December 31, 2010 - characteristics

Type of transplant	A	B	HR	D	NL	SLO	Total	%
Liver	132	171	75	2087	115	8	**2588**	**96,0%**
Liver + heart	0	0	0	2	0	0	**2**	**0,1%**
Liver + kidney	3	19	0	63	5	0	**90**	**3,3%**
Liver + lung	1	0	0	3	1	0	**5**	**0,2%**
Liver + pancreas	0	2	0	4	0	0	**6**	**0,2%**
Liver + heart + kidney	1	0	0	0	0	0	**1**	**0,0%**
Liver + heart + pancreas	0	0	0	1	0	0	**1**	**0,0%**
Liver + kidney + pancreas	0	1	0	1	0	0	**2**	**0,1%**
Total	**137**	**193**	**75**	**2161**	**121**	**8**	**2695**	**100,0%**

Table 6.3(i) Active liver-only transplant waiting list as per December 31 - characteristics

Blood group	2006	2007	2008	2009	2010	2009/2010
A	909	988	944	1075	1085	**0,9%**
AB	59	40	46	54	57	**5,6%**
B	282	275	267	280	314	**12,1%**
O	999	1048	1097	1116	1132	**1,4%**
Total	**2249**	**2351**	**2354**	**2525**	**2588**	**2,5%**

Sequence	2006	2007	2008	2009	2010	2009/2010
First	2120	2234	2233	2392	2456	**2,7%**
Repeat	129	117	121	133	132	**-0,8%**
Total	**2249**	**2351**	**2354**	**2525**	**2588**	**2,5%**

Waiting time (months) based on date put on WL	2006	2007	2008	2009	2010	2009/2010
0-5	783	690	665	733	723	**-1,4%**
6-11	416	398	363	433	451	**4,2%**
12-23	458	551	462	389	474	**21,9%**
24+	592	712	864	970	940	**-3,1%**
Total	**2249**	**2351**	**2354**	**2525**	**2588**	**2,5%**

Age	2006	2007	2008	2009	2010	2009/2010
0-15	63	69	70	70	59	**-15,7%**
16-55	1336	1403	1375	1440	1459	**1,3%**
56-64	659	660	683	745	800	**7,4%**
65+	191	219	226	270	270	**0,0%**
Total	**2249**	**2351**	**2354**	**2525**	**2588**	**2,5%**

Table 6.3(i) *(Continued)*

MELD score	2006	2007	2008	2009	2010	2009/2010
06-10	835	1055	1015	1021	1064	4,2%
11-18	1065	949	863	870	790	-9,2%
19-24	321	227	302	305	361	18,4%
25-29	10	97	149	260	253	-2,7%
30+	17	21	23	68	120	76,5%
Unknown	1	2	2	1	0	-100,0%
Total	2249	2351	2354	2525	2588	2,5%

Table 6.3(ii) Active liver-only transplant waiting list as per December 31, 2010 - characteristics

Blood group	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
A	50	83	32	881	35	4	1085	41,9%
AB	14	3	5	33	2	0	57	2,2%
B	26	17	19	241	10	1	314	12,1%
O	42	68	19	932	68	3	1132	43,7%
Total	132	171	75	2087	115	8	2588	100,0%

Sequence	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
First	121	156	75	1992	105	7	2456	94,9%
Repeat	11	15	0	95	10	1	132	5,1%
Total	132	171	75	2087	115	8	2588	100,0%

Waiting time (months) based on date put on WL	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0-5	69	78	25	510	38	3	723	27,9%
6-11	41	34	17	329	27	3	451	17,4%
12-23	18	20	9	408	18	1	474	18,3%
24+	4	39	24	840	32	1	940	36,3%
Total	132	171	75	2087	115	8	2588	100,0%

Age	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0-15	5	6	1	43	4	0	59	2,3%
16-55	68	80	42	1185	77	7	1459	56,4%
56-64	41	52	30	649	27	1	800	30,9%
65+	18	33	2	210	7	0	270	10,4%
Total	132	171	75	2087	115	8	2588	100,0%

MELD score	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
06-10	45	58	39	872	46	4	1064	41,1%
11-18	72	39	30	608	39	2	790	30,5%
19-24	10	33	5	285	26	2	361	13,9%
25-29	1	30	1	220	1	0	253	9,8%
30+	4	11	0	102	3	0	120	4,6%
Total	132	171	75	2087	115	8	2588	100,0%

Figure 6.3 Number of deceased donor liver transplants, by recipient urgency at transplant

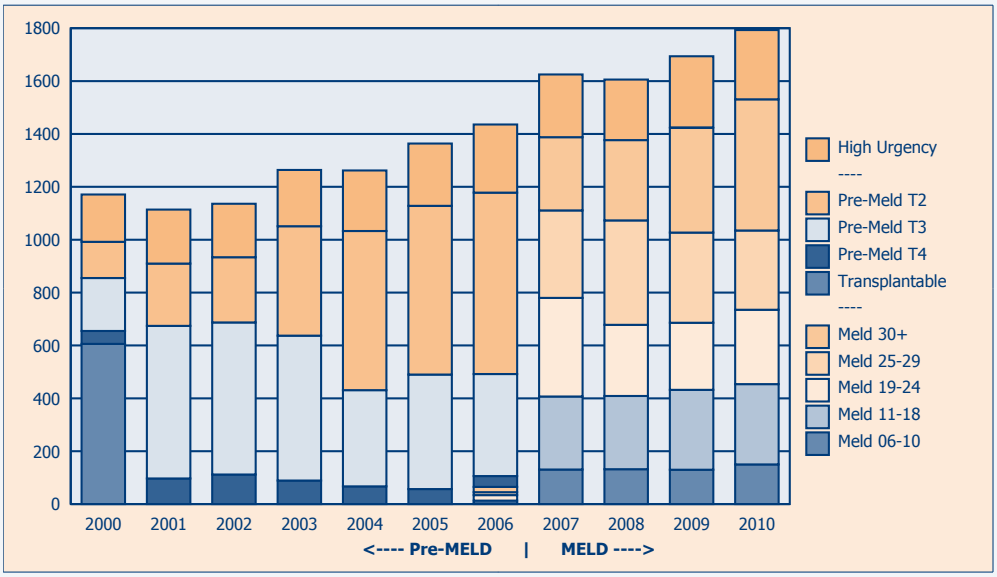


Figure 6.4 Percentage of deceased donor liver transplants, by recipient urgency at transplant

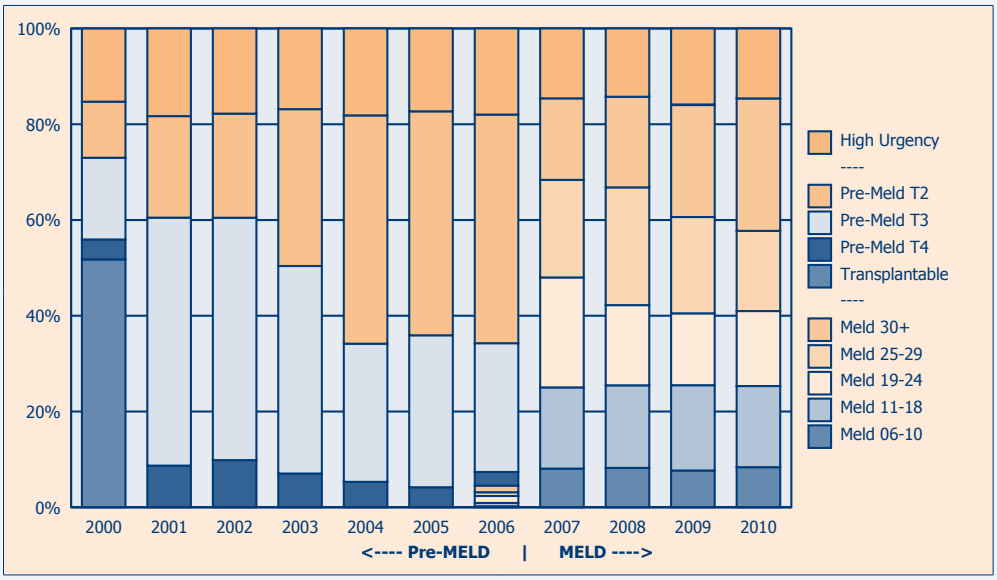


Table 6.4(i) Liver transplants from 2006 to 2010 - characteristics

Deceased donor liver transplants						
Type of transplant	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Split liver	90	105	113	121	118	**-2,5%**
Whole liver	1273	1439	1405	1516	1606	**5,9%**
Split liver + kidney	2	4	4	1	5	**400,0%**
Whole liver + kidney	61	64	73	45	52	**15,6%**
Whole liver + kidney en bloc	1	1	2	0	0	**0,0%**
Whole liver + pancreas	2	5	5	4	6	**50,0%**
Whole liver + kidney + pancreas	1	1	0	2	1	**-50,0%**
Whole liver + heart	1	2	3	0	1	**--**
Whole liver + lung	1	0	0	0	0	**0,0%**
Whole liver + both lungs	2	4	1	3	3	**0,0%**
Whole liver + heart + both lungs	2	0	0	0	1	**--**
Total	**1436**	**1625**	**1606**	**1692**	**1793**	**6,0%**

Table 6.4(i) *(Continued)*

Liver-only transplant (whole and split)						
Blood group	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
A	603	656	655	655	739	**12,8%**
AB	90	131	103	125	124	**-0,8%**
B	208	219	192	233	249	**6,9%**
O	462	538	568	624	612	**-1,9%**
Total	**1363**	**1544**	**1518**	**1637**	**1724**	**5,3%**
Waiting time (months) based on date put on WL	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
0-5	801	1057	999	1098	1131	**3,0%**
6-11	221	194	238	289	263	**-9,0%**
12-23	198	185	160	136	177	**30,1%**
24-59	138	98	107	84	131	**56,0%**
60+	5	10	14	30	22	**-26,7%**
Total	**1363**	**1544**	**1518**	**1637**	**1724**	**5,3%**
Sequence	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
First	1171	1321	1313	1404	1487	**5,9%**
Repeat	192	223	205	233	237	**1,7%**
Total	**1363**	**1544**	**1518**	**1637**	**1724**	**5,3%**
Recipient age	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
0-15	100	117	107	107	118	**10,3%**
16-55	773	783	767	798	835	**4,6%**
56-64	361	497	462	527	552	**4,7%**
65+	129	147	182	205	219	**6,8%**
Total	**1363**	**1544**	**1518**	**1637**	**1724**	**5,3%**
MELD score	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Unknown	367	5	10	5	7	**40,0%**
06-10	147	117	119	123	138	**12,2%**
11-18	336	269	271	296	299	**1,0%**
19-24	158	353	253	242	270	**11,6%**
25-29	68	307	364	325	286	**-12,0%**
30+	33	259	273	377	467	**23,9%**
High Urgency	254	234	228	269	257	**-4,5%**
Total	**1363**	**1544**	**1518**	**1637**	**1724**	**5,3%**

Table 6.4(ii) Liver transplants 2010 - characteristics

Deceased donor liver transplants									
Type of transplant	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Non-ET**	**Total**	**%**
Split liver	3	3	2	102	8	0	0	**118**	**6,6%**
Whole liver	131	188	99	1048	116	23	1	**1606**	**89,6%**
Split liver + kidney	0	0	0	5	0	0	0	**5**	**0,3%**
Whole liver + kidney	4	17	2	24	5	0	0	**52**	**2,9%**
Whole liver + pancreas	0	0	0	5	1	0	0	**6**	**0,3%**
Whole liver + kidney + pancreas	0	0	0	1	0	0	0	**1**	**0,1%**
Whole liver + heart	0	0	0	1	0	0	0	**1**	**0,1%**
Whole liver + both lungs	1	2	0	0	0	0	0	**3**	**0,2%**
Whole liver + heart + both lungs	0	0	0	1	0	0	0	**1**	**0,1%**
Total	**139**	**210**	**103**	**1187**	**130**	**23**	**1**	**1793**	**100,0%**

Table 6.4(ii) *(Continued)*

Liver-only transplant (whole and split)									
Blood group	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Non-ET**	**Total**	**%**
A	52	77	48	502	51	9	0	**739**	**42,9%**
AB	7	4	6	99	4	3	1	**124**	**7,2%**
B	17	16	12	181	19	4	0	**249**	**14,4%**
O	58	94	35	368	50	7	0	**612**	**35,5%**
Total	**134**	**191**	**101**	**1150**	**124**	**23**	**1**	1724	**100,0%**
Waiting time (months) based on date put on WL	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Non-ET**	Total	%
0-5	92	126	94	719	83	16	1	**1131**	**65,6%**
6-11	25	40	3	171	20	4	0	**263**	**15,3%**
12-23	15	15	1	132	11	3	0	**177**	**10,3%**
24-59	2	8	3	108	10	0	0	**131**	**7,6%**
60+	0	2	0	20	0	0	0	**22**	**1,3%**
Total	**134**	**191**	**101**	**1150**	**124**	**23**	**1**	1724	**100,0%**
Sequence	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Non-ET**	**Total**	**%**
First	123	164	99	976	104	20	1	**1487**	**86,3%**
Repeat	11	27	2	174	20	3	0	**237**	**13,7%**
Total	**134**	**191**	**101**	**1150**	**124**	**23**	**1**	1724	**100,0%**
Recipient age	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Non-ET**	Total	%
0-15	6	8	0	84	19	0	1	**118**	**6,8%**
16-55	56	82	47	580	58	12	0	**835**	**48,4%**
56-64	45	64	43	350	40	10	0	**552**	**32,0%**
65+	27	37	11	136	7	1	0	**219**	**12,7%**
Total	**134**	**191**	**101**	**1150**	**124**	**23**	**1**	1724	**100,0%**
MELD score	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Non-ET**	Total	%
Unknown	0	0	1	5	0	0	1	**7**	**0,4%**
06-10	39	14	2	72	6	5	0	**138**	**8,0%**
11-18	58	22	24	164	20	11	0	**299**	**17,3%**
19-24	15	25	52	135	41	2	0	**270**	**15,7%**
25-29	3	75	13	174	20	1	0	**286**	**16,6%**
30+	7	28	6	415	11	0	0	**467**	**27,1%**
High Urgency	12	27	3	185	26	4	0	**257**	**14,9%**
Total	**134**	**191**	**101**	**1150**	**124**	**23**	**1**	1724	**100,0%**

Table 6.5(i) Living donor liver transplants - liver-only - 2006 to 2010

Liver-only	2006	2007	2008	2009	2010	2009/2010
Domino	10	10	7	3	6	**100,0%**
Related	86	78	66	83	114	**37,3%**
Non-related	20	13	9	13	18	**38,5%**
Total	**116**	**101**	**82**	**99**	**138**	**39,4%**

Table 6.5(i) ***(Continued)***

Related	2006	2007	2008	2009	2010	2009/2010
Brother / sister	11	10	6	9	8	-11,1%
Father	21	18	21	29	30	3,4%
Mother	19	27	24	25	48	92,0%
Son / daughter	28	15	10	11	15	36,4%
Grandfather / -mother	2	1	0	4	1	-75,0%
Uncle / aunt	2	1	3	4	8	100,0%
Nephew / niece	2	4	1	1	3	200,0%
Cousin	0	0	1	0	1	--
Blood related : NOS*	1	2	0	0	0	0,0%
Total	**86**	**78**	**66**	**83**	**114**	**37,3%**

Non-related	2006	2007	2008	2009	2010	2009/2010
Spouse / partner	11	9	4	8	12	50,0%
Friend	0	1	1	1	2	100,0%
Not blood related family	3	3	3	3	3	0,0%
Not blood related: NOS*	6	0	1	1	1	0,0%
Total	**20**	**13**	**9**	**13**	**18**	**38,5%**

*NOS Not otherwise specified

Table 6.5(ii) Living donor liver transplants - liver-only - 2010

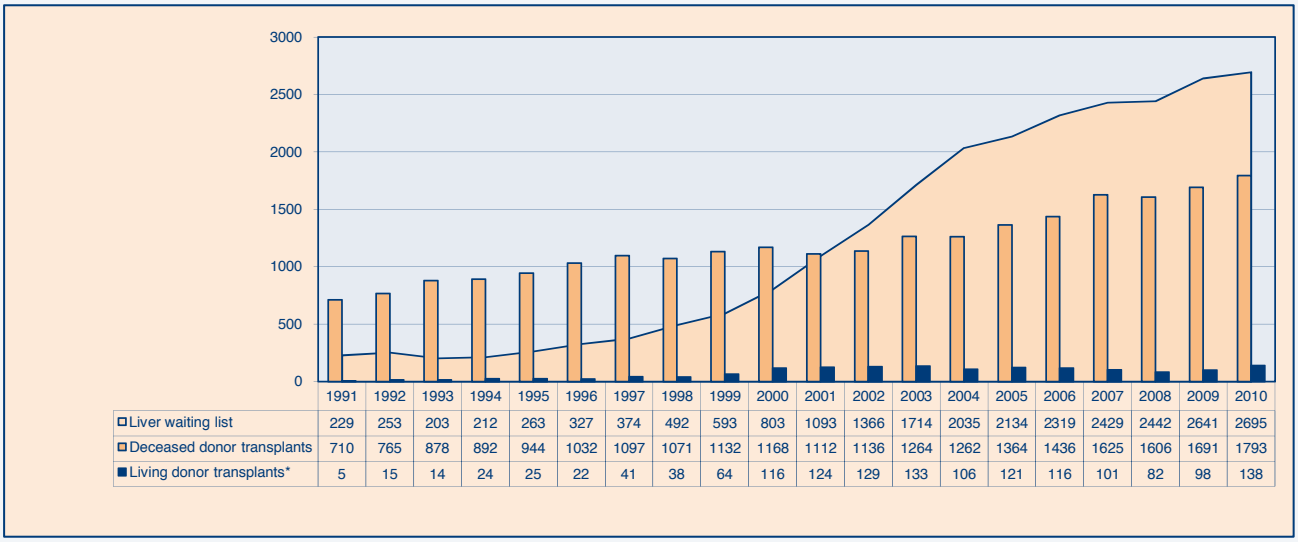
Liver-only	(A)	(B)	(HR)	(D)	(NL)	Total	%
Domino	0	0	0	5	1	6	4,3%
Related	2	30	2	77	3	114	82,6%
Non-related	0	3	0	14	1	18	13,0%
Total	**2**	**33**	**2**	**96**	**5**	**138**	**100,0%**

Related	(A)	(B)	(HR)	(D)	(NL)	Total	%
Brother / sister	0	0	0	8	0	8	7,0%
Father	0	7	1	22	0	30	26,3%
Mother	1	14	1	29	3	48	42,1%
Son / daughter	1	5	0	9	0	15	13,2%
Grandfather / - mother	0	1	0	0	0	1	0,9%
Uncle / aunt	0	3	0	5	0	8	7,0%
Nephew / niece	0	0	0	3	0	3	2,6%
Cousin	0	0	0	1	0	1	0,9%
Total	**2**	**30**	**2**	**77**	**3**	**114**	**100,0%**

Non-related	(A)	(B)	(HR)	(D)	(NL)	Total	%
Spouse / partner	0	1	0	11	0	12	66,7%
Friend	0	0	0	2	0	2	11,1%
Not blood related family	0	1	0	1	1	3	16,7%
Not blood related: NOS*	0	1	0	0	0	1	5,6%
Total	**0**	**3**	**0**	**14**	**1**	**18**	**100,0%**

* NOS Not otherwise specified

Figure 6.5 Dynamics of the Eurotransplant liver waiting list and liver transplants between 1991 and 2010



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Liver waiting list	229	253	203	212	263	327	374	492	593	803	1093	1366	1714	2035	2134	2319	2429	2442	2641	2695
Deceased donor transplants	710	765	878	892	944	1032	1097	1071	1132	1168	1112	1136	1264	1262	1364	1436	1625	1606	1691	1793
Living donor transplants*	5	15	14	24	25	22	41	38	64	116	124	129	133	106	121	116	101	82	98	138

Intestine transplants 2010

On January 1, 2010, 32 recipients were on the waiting list for an intestine transplant (22 in Germany, 6 in Belgium, 0 in Austria, 4 in the Netherlands). During the year 2010, 17 recipients were registered for either an isolated intestine transplant (N=8) or for a combined intestine transplant (N=9).

As per December 31, 2010, 26* recipients (16 in Germany, 6 in Belgium, 3 in Austria and 1 in the Netherlands) were awaiting either an isolated intestine transplant (N=16) or in combination with another organ (N=10).

Table 6.6 Number of intestinal transplants in 2010

Country	Center	Total
Germany	GBCTP – Berlin	3
	GFMTP- Frankfurt	2
	GJETP – Jena	1
	GTUTP – Tübingen	4
Netherlands	NGRTP – Groningen	4
Total		14

Five transplants concerned isolated intestine transplants and nine concerned combined intestine transplants. In 2009, six isolated intestine transplants were performed and six combined intestine transplants.

Six patients deceased while awaiting a transplant (one death of a recipient that occurred already in 2008 was reported to ET in 2010). Four patients were removed from the waiting list.

* Urgency status of patients on the waiting list as per December 31, 2010:
Intestine-only: 13 patients registered T, 4 patients registered NT
Combined: 7 patients registered T, 2 patients registered NT

7. Pancreas and islets: donation, waiting lists and transplants

Table 7.1(i) Deceased donors / pancreas in Eurotransplant from 2006 to 2010

Donors						
Year of registration	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
All donors	2299	2411	2233	2305	2415	**4,8%**
Non-pancreas donors	1311	1373	1312	1429	1471	**2,9%**
Pancreas donors	988	1038	921	876	944	**7,8%**
Pancreas donors not used	743	783	664	650	671	**3,2%**
Pancreatic islet donors used	16	40	38	35	30	**-14,3%**
Whole pancreas donors used	229	215	219	191	243	**27,2%**
Total pancreas donors used	245	255	257	226	273	**20,8%**

Pancreas						
Year of registration	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Reported	987	1038	921	876	944	**7,8%**
Offered	951	981	880	835	920	**10,2%**
Accepted	571	548	551	503	573	**13,9%**
Transplanted	245	255	257	226	273	**20,8%**

Table 7.1(ii) Deceased donors / pancreas in Eurotransplant in 2010

Donors											
Donor country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	**Total ET**	**Non-ET**	**Total**	**% all donors**
All donors	203	289	135	1315	3	259	44	**2248**	167	**2415**	**100,0%**
Non-pancreas donors	145	102	97	872	0	67	24	**1307**	164	**1471**	**60,9%**
Pancreas donors	58	187	38	443	3	192	20	**941**	3	**944**	**39,1%**
Pancreas donors not used	26	147	30	281	3	168	13	**668**	3	**671**	**27,8%**
Pancreatic islet donors used	0	15	0	7	0	7	1	**30**	0	**30**	**1,2%**
Whole pancreas donors used	32	25	8	155	0	17	6	**243**	0	**243**	**10,1%**
Total pancreas donors used	32	40	8	162	0	24	7	**273**	0	**273**	**11,3%**

Pancreas											
Donor country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	**Total ET**	**Non-ET**	**Total**	**% reported**
Reported	58	187	38	443	3	192	20	**941**	3	**944**	**100,0%**
Offered	58	181	38	432	3	186	20	**918**	2	**920**	**97,5%**
Accepted	44	107	17	281	1	114	9	**573**	0	**573**	**60,7%**
Transplanted	32	40	8	162	0	24	7	**273**	0	**273**	**28,9%**

Figure 7.1 Pancreas waiting list, number of patients at year end, by urgency

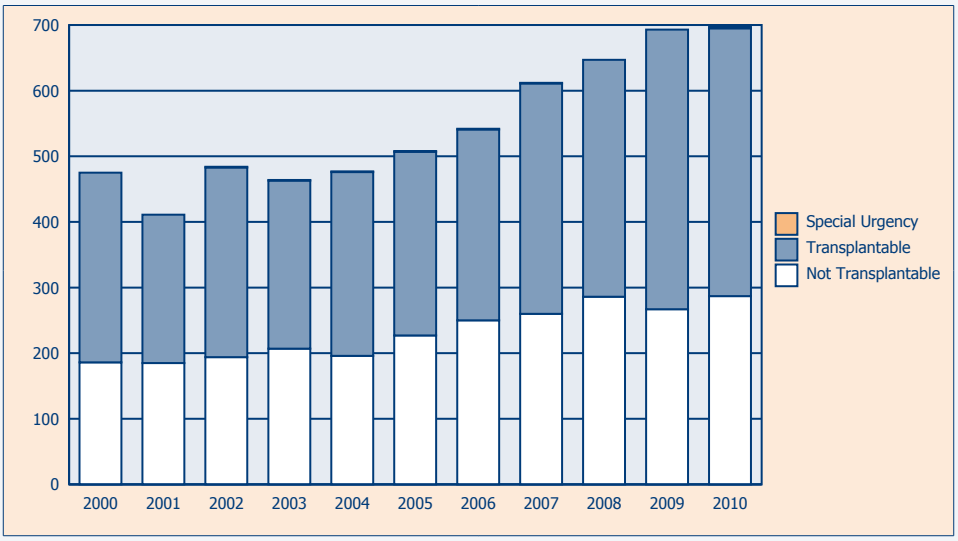


Figure 7.2 Pancreas waiting list, percentage of patients at year end, by urgency

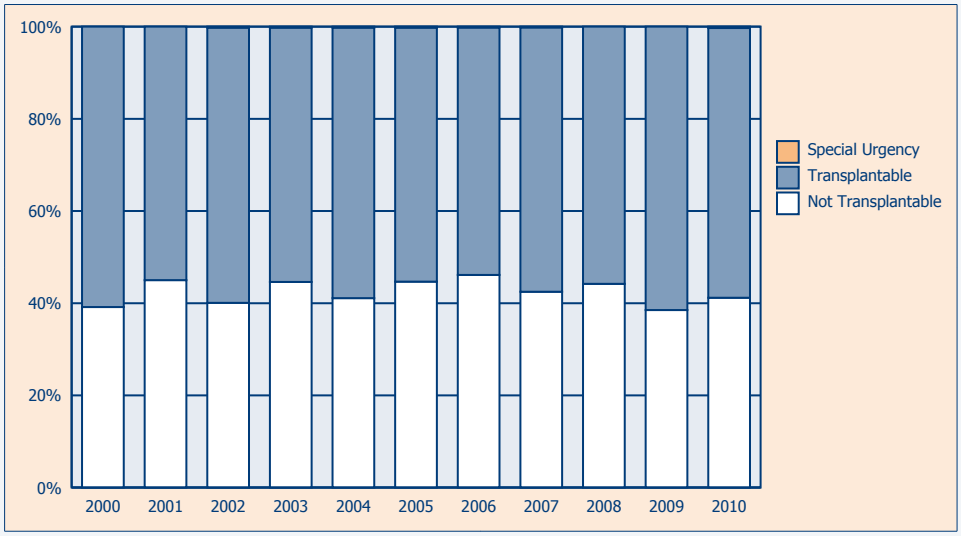


Table 7.2(i) Active pancreas transplant waiting list as per December 31 - characteristics

Type of transplant	2006	2007	2008	2009	2010	2009/2010
Pancreas	48	43	55	68	66	**-2,9%**
Pancreas + liver	1	5	4	8	6	**-25,0%**
Pancreas + kidney	242	304	300	349	335	**-4,0%**
Pancreas + liver + kidney	1	0	2	1	2	**100,0%**
Pancreas + liver + heart	0	0	0	0	1	**--**
Total	**292**	**352**	**361**	**426**	**410**	**-3,8%**

Table 7.2(ii) Active pancreas transplant waiting list as per December 31, 2010 - characteristics

Type of transplant	(A)	(B)	(HR)	(D)	(NL)	Total	%
Pancreas	7	17	1	29	12	**66**	**16,1%**
Pancreas + liver	0	2	0	4	0	**6**	**1,5%**
Pancreas + kidney	19	19	5	269	23	**335**	**81,7%**
Pancreas + liver + kidney	0	1	0	1	0	**2**	**0,5%**
Pancreas + liver + heart	0	0	0	1	0	**1**	**0,2%**
Total	**26**	**39**	**6**	**304**	**35**	**410**	**100,0%**

Table 7.3a(i) Active pancreas-only transplant waiting list as per December 31 - characteristics

Blood group	2006	2007	2008	2009	2010	2009/2010
A	19	24	23	27	28	3,7%
AB	2	2	4	3	3	0,0%
B	8	3	7	9	8	-11,1%
O	19	14	21	29	27	-6,9%
Total	**48**	**43**	**55**	**68**	**66**	**-2,9%**

% PRA current	2006	2007	2008	2009	2010	2009/2010
0-5 %	44	39	48	55	56	1,8%
6-84 %	4	4	7	8	7	-12,5%
85-100 %	0	0	0	1	0	-100,0%
Not reported	0	0	0	4	3	-25,0%
Total	**48**	**43**	**55**	**68**	**66**	**-2,9%**

Sequence	2006	2007	2008	2009	2010	2009/2010
First	23	20	26	38	38	0,0%
Repeat	25	23	29	30	28	-6,7%
Total	**48**	**43**	**55**	**68**	**66**	**-2,9%**

Waiting time (months) based on date put on WL	2006	2007	2008	2009	2010	2009/2010
0-5	7	8	13	13	12	-7,7%
6-11	9	9	11	15	10	-33,3%
12-23	20	7	5	17	20	17,6%
24+	12	19	26	23	24	4,3%
Total	**48**	**43**	**55**	**68**	**66**	**-2,9%**

Age	2006	2007	2008	2009	2010	2009/2010
0-15	0	1	0	0	0	--
16-55	42	38	49	58	56	-3,4%
56-64	6	4	5	8	6	-25,0%
65+	0	0	1	2	4	100,0%
Total	**48**	**43**	**55**	**68**	**66**	**-2,9%**

Table 7.3a(ii) Active pancreas-only transplant waiting list as per December 31, 2010 - characteristics

Blood group	(A)	(B)	(HR)	(D)	(NL)	Total	%
A	4	7	0	10	7	28	42,4%
AB	0	0	0	3	0	3	4,5%
B	1	3	1	3	0	8	12,1%
O	2	7	0	13	5	27	40,9%
Total	**7**	**17**	**1**	**29**	**12**	**66**	**100,0%**

% PRA current	(A)	(B)	(HR)	(D)	(NL)	Total	%
0-5 %	7	12	1	25	11	56	84,8%
6-84 %	0	2	0	4	1	7	10,6%
Not reported	0	3	0	0	0	3	4,5%
Total	**7**	**17**	**1**	**29**	**12**	**66**	**100,0%**

Sequence	(A)	(B)	(HR)	(D)	(NL)	Total	%
First	2	14	1	13	8	38	57,6%
Repeat	5	3	0	16	4	28	42,4%
Total	**7**	**17**	**1**	**29**	**12**	**66**	**100,0%**

Table 7.3a(ii) *(Continued)*

Waiting time (months) based on date put on WL	(A)	(B)	(HR)	(D)	(NL)	Total	%
0-5	1	1	1	8	1	12	18,2%
6-11	0	2	0	4	4	10	15,2%
12-23	0	11	0	6	3	20	30,3%
24+	6	3	0	11	4	24	36,4%
Total	7	17	1	29	12	66	100,0%

Age	(A)	(B)	(HR)	(D)	(NL)	Total	%
16-55	6	13	1	28	8	56	84,8%
56-64	1	2	0	1	2	6	9,1%
65+	0	2	0	0	2	4	6,1%
Total	7	17	1	29	12	66	100,0%

Table 7.3b(i) Active kidney + pancreas transplant waiting list as per December 31 - characteristics

Blood group	2006	2007	2008	2009	2010	2009/2010
A	97	127	116	132	132	0,0%
AB	3	9	10	8	5	-37,5%
B	40	48	50	71	55	-22,5%
O	102	120	124	138	143	3,6%
Total	242	304	300	349	335	-4,0%

% PRA current	2006	2007	2008	2009	2010	2009/2010
0-5 %	224	276	263	318	298	-6,3%
6-84 %	15	21	29	22	30	36,4%
85-100 %	2	5	8	5	3	-40,0%
Not reported	1	2	0	4	4	0,0%
Total	242	304	300	349	335	-4,0%

Sequence	2006	2007	2008	2009	2010	2009/2010
First	232	276	273	324	306	-5,6%
Repeat	10	28	27	25	29	16,0%
Total	242	304	300	349	335	-4,0%

Waiting time (months) based on date put on WL	2006	2007	2008	2009	2010	2009/2010
0-5	76	90	72	78	77	-1,3%
6-11	79	87	91	77	76	-1,3%
12-23	69	94	93	119	96	-19,3%
24+	16	33	44	75	86	14,7%
unknown	2	0	0	0	0	0,0%
Total	242	304	300	349	335	-4,0%

Age	2006	2007	2008	2009	2010	2009/2010
0-15	1	1	0	0	0	0,0%
16-55	223	273	274	308	295	-4,2%
55-64	17	28	25	38	37	-2,6%
65+	1	2	1	3	3	0,0%
Total	242	304	300	349	335	-4,0%

Table 7.3b(ii) Active kidney + pancreas transplant waiting list as per December 31, 2010 - characteristics

Blood group	A	B	HR	D	NL	Total	%
A	3	9	3	107	10	132	39,4%
AB	1	1	0	3	0	5	1,5%
B	7	3	2	40	3	55	16,4%
O	8	6	0	119	10	143	42,7%
Total	19	19	5	269	23	335	100,0%

% PRA current	A	B	HR	D	NL	Total	%
0-5 %	14	17	2	243	22	298	89,0%
6-84 %	5	1	1	22	1	30	9,0%
85-100 %	0	1	0	2	0	3	0,9%
Not reported	0	0	2	2	0	4	1,2%
Total	19	19	5	269	23	335	100,0%

Sequence	A	B	HR	D	NL	Total	%
First	13	18	5	248	22	306	91,3%
Repeat	6	1	0	21	1	29	8,7%
Total	19	19	5	269	23	335	100,0%

Waiting time (months) based on date put on WL	A	B	HR	D	NL	Total	%
0-5	7	4	4	55	7	77	23,0%
6-11	5	5	1	60	5	76	22,7%
12-23	3	2	0	81	10	96	28,7%
24+	4	8	0	73	1	86	25,7%
Total	19	19	5	269	23	335	100,0%

Age	A	B	HR	D	NL	Total	%
16-55	14	17	4	238	22	295	88,1%
56-64	5	2	1	28	1	37	11,0%
65+	0	0	0	3	0	3	0,9%
Total	19	19	5	269	23	335	100,0%

Figure 7.3 Number of deceased donor pancreas transplants, by recipient urgency at transplant

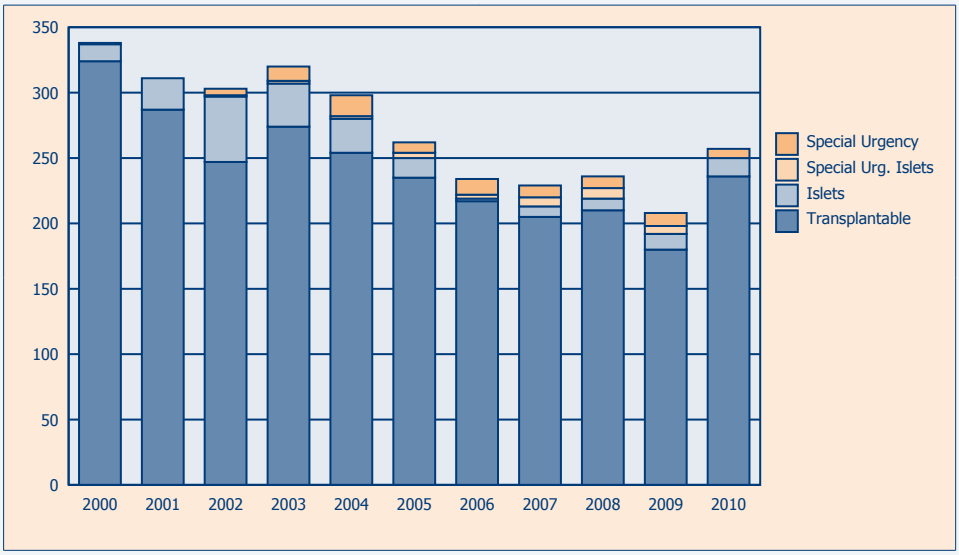


Figure 7.4 Percentage of deceased donor pancreas, by recipient urgency at transplant

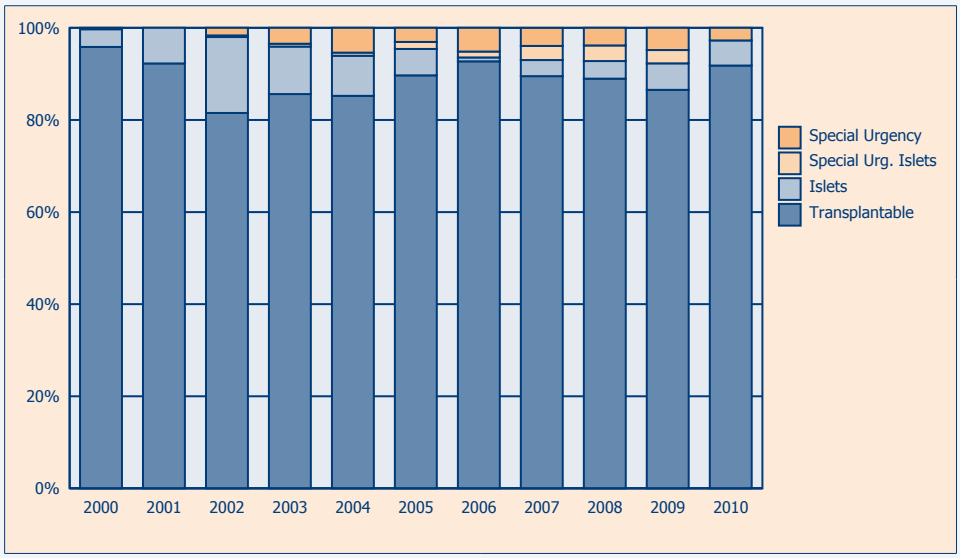


Table 7.4a(i) Pancreas transplants 2006 to 2010 - characteristics

Deceased donor pancreas transplants						
Type of transplant	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
Islets	5	15	17	18	14	**-22,2%**
Pancreas	31	29	20	13	24	**84,6%**
Pancreas + kidney	195	180	194	172	211	**22,7%**
Pancreas + kidney + whole liver	1	1	0	2	1	**-50,0%**
Pancreas + heart + kidney	0	0	0	0	1	**--**
Pancreas + whole liver	2	5	5	4	6	**50,0%**
Total	**234**	**230**	**236**	**209**	**257**	**23,0%**
Pancreas-only transplants (whole)						
Blood group	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
A	11	15	11	6	6	**0,0%**
AB	3	0	2	0	3	**--**
B	4	5	1	2	3	**50,0%**
O	13	9	6	5	12	**140,0%**
Total	**31**	**29**	**20**	**13**	**24**	**84,6%**
Waiting time (months) based on date put on WL	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
0-5	10	12	4	6	7	**16,7%**
6-11	9	3	4	2	4	**100,0%**
12-23	9	12	8	2	7	**250,0%**
24-59	2	2	4	2	6	**200,0%**
60 +	1	0	0	1	0	**-100,0%**
Total	**31**	**29**	**20**	**13**	**24**	**84,6%**
Sequence	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
First	13	11	8	5	12	**140,0%**
Repeat	18	18	12	8	12	**50,0%**
Total	**31**	**29**	**20**	**13**	**24**	**84,6%**

Table 7.4a(i) *(Continued)*

Recipient age	2006	2007	2008	2009	2010	2009/2010
16-55	27	26	20	13	23	76,9%
56-64	4	3	0	0	1	--
Total	**31**	**29**	**20**	**13**	**24**	**84,6%**

Table 7.4a(ii) Pancreas transplants 2010 - characteristics

Deceased donor pancreas transplants								
Type of transplant	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Total**	**%**
Islets	0	7	0	3	4	0	**14**	**5,4%**
Pancreas	4	0	1	14	5	0	**24**	**9,3%**
Pancreas + kidney	27	22	5	142	14	1	**211**	**82,1%**
Pancreas + kidney + liver	0	0	0	1	0	0	**1**	**0,4%**
Pancreas + kidney + heart	0	0	0	1	0	0	**1**	**0,4%**
Pancreas + liver	0	0	0	5	1	0	**6**	**2,3%**
Total	**31**	**29**	**6**	**166**	**24**	**1**	**257**	**100,0%**

Pancreas-only transplants (whole)								
Blood group	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Total**	**%**
A	0	0	1	5	0	0	**6**	**25,0%**
AB	1	0	0	2	0	0	**3**	**12,5%**
B	0	0	0	1	2	0	**3**	**12,5%**
O	3	0	0	6	3	0	**12**	**50,0%**
Total	**4**	**0**	**1**	**14**	**5**	**0**	**24**	**100,0%**

Waiting time (months) based on date put on WL	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Total**	**%**
0-5	1	0	1	4	1	0	**7**	**29,2%**
6-11	2	0	0	2	0	0	**4**	**16,7%**
12-23	1	0	0	3	3	0	**7**	**29,2%**
24-59	0	0	0	5	1	0	**6**	**25,0%**
Total	**4**	**0**	**1**	**14**	**5**	**0**	**24**	**100,0%**

Sequence	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Total**	**%**
First	1	0	1	7	3	0	**12**	**50,0%**
Repeat	3	0	0	7	2	0	**12**	**50,0%**
Total	**4**	**0**	**1**	**14**	**5**	**0**	**24**	**100,0%**

Recipient age	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Total**	**%**
16-55	4	0	1	13	5	0	**23**	**95,8%**
56-64	0	0	0	1	0	0	**1**	**4,2%**
Total	**4**	**0**	**1**	**14**	**5**	**0**	**24**	**100,0%**

Table 7.4b(i) Pancreas islet transplants 2006 to 2010

Year	2006	2007	2008	2009	2010	2009/2010
Recipients transplanted	3	8	9	11	10	**-9,1%**
Number of transplants	5	15	17	18	14	**-22,2%**
Number of donors used	18	40	37	36	30	**-16,7%**

Table 7.4b(ii) Pancreas islet transplants in 2010

Center	BBCTP	GDRTP	NLBTP	Total
Recipients transplanted	3	3	4	**10**
Number of transplants	7	3	4	**14**
Number of donors used	21	3	6	**30**

Table 7.4c(i) Pancreas transplants 2006 to 2010 - characteristics

Whole pancreas + kidney (deceased donor) transplants						
Blood group	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
A	81	75	90	76	97	**27,6%**
AB	11	11	12	12	9	**-25,0%**
B	26	21	12	16	32	**100,0%**
O	77	73	80	68	73	**7,4%**
Total	**195**	**180**	**194**	**172**	**211**	**22,7%**
Waiting time (months) based on date put on WL	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
0-5	35	32	34	35	46	**31,4%**
6-11	70	29	36	24	24	**0,0%**
12-23	76	97	83	80	72	**-10,0%**
24-59	14	20	38	28	63	**125,0%**
60+	0	2	3	5	6	**20,0%**
Total	**195**	**180**	**194**	**172**	**211**	**22,7%**
Sequence	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
First	181	179	187	165	208	**26,1%**
Repeat	14	1	7	7	3	**-57,1%**
Total	**195**	**180**	**194**	**172**	**211**	**22,7%**
Recipient age	**2006**	**2007**	**2008**	**2009**	**2010**	**2009/2010**
0-15	1	0	1	0	0	**0,0%**
16-55	186	170	177	163	190	**16,6%**
56-64	7	10	15	9	21	**133,3%**
65+	1	0	1	0	0	**0,0%**
Total	**195**	**180**	**194**	**172**	**211**	**22,7%**

Table 7.4c(ii) Pancreas transplants 2010 - characteristics

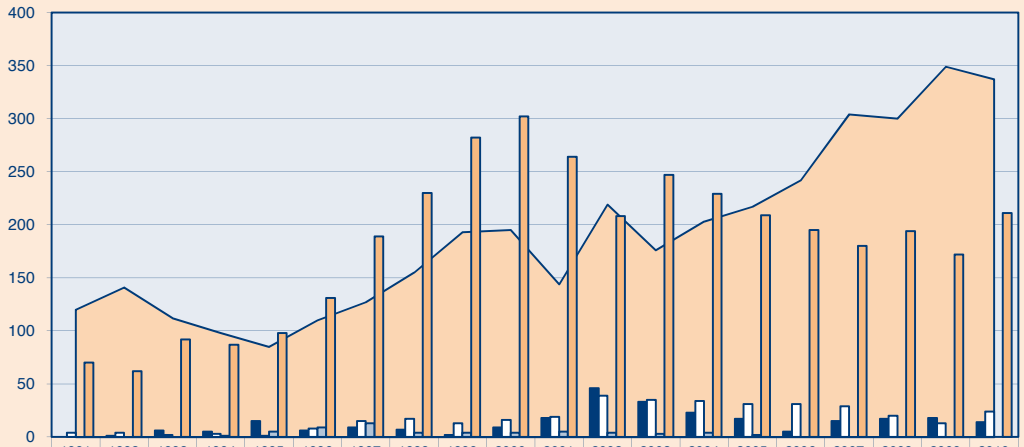
Whole pancreas + kidney (deceased donor) transplants								
Blood group	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Total**	**%**
A	11	9	1	71	5	0	**97**	**46,0%**
AB	1	0	0	8	0	0	**9**	**4,3%**
B	5	1	2	23	1	0	**32**	**15,2%**
O	10	12	2	40	8	1	**73**	**34,6%**
Total	**27**	**22**	**5**	**142**	**14**	**1**	**211**	**100,0%**
Waiting time (months) based on date put on WL	**A**	**B**	**HR**	**D**	**NL**	**SLO**	**Total**	**%**
0-5	16	9	5	15	0	1	**46**	**21,8%**
6-11	3	3	0	16	2	0	**24**	**11,4%**
12-23	5	5	0	54	8	0	**72**	**34,1%**
24-59	3	4	0	54	2	0	**63**	**29,9%**
60+	0	1	0	3	2	0	**6**	**2,8%**
Total	**27**	**22**	**5**	**142**	**14**	**1**	**211**	**100,0%**

Table 7.4c(ii) ***(Continued)***

Sequence	A	B	HR	D	NL	SLO	Total	%
first	25	22	5	141	14	1	**208**	**98,6%**
repeat	2	0	0	1	0	0	**3**	**1,4%**
Total	**27**	**22**	**5**	**142**	**14**	**1**	**211**	**100,0%**

Recipient age	A	B	HR	D	NL	SLO	Total	%
0-15	0	0	0	0	0	0	**0**	**0,0%**
16-55	25	20	4	128	12	1	**190**	**90,0%**
56-64	2	2	1	14	2	0	**21**	**10,0%**
65+	0	0	0	0	0	0	**0**	**0,0%**
Total	**27**	**22**	**5**	**142**	**14**	**1**	**211**	**100,0%**

Figure 7.5 **Dynamics of the Eurotransplant pancreas+kidney and islet+kidney waiting list, pancreas+kidney, islet+kidney, pancreas and islet-only transplants between 1991 and 2010**



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Islet+Kidney & Pancreas+Kidney waiting list	120	141	112	98	85	110	127	155	193	195	144	219	176	203	217	242	304	300	349	337
Islet transplants	0	1	6	5	15	6	9	7	2	9	18	46	33	23	17	5	15	17	18	14
Pancreas transplants	4	4	2	3	1	8	15	17	13	16	19	39	35	34	31	31	29	20	13	24
Islets+Kidney transplant	0	0	0	1	5	9	13	4	4	4	5	4	3	4	2	0	0	0	0	0
Pancreas+Kidney transplants	70	62	92	87	98	131	189	230	282	302	264	208	247	229	209	195	180	194	172	211

8. Twinning agreements between transplant programs within and outside Eurotransplant

Eurotransplant (ET) currently distinguishes three types of cooperation agreements between transplant centers within ET countries and transplant centers outside the ET area. Each of these models was introduced with a different focus:

Model A – Transplantation start-up and training program

The ET transplant center (ET-TC) helps a transplant center outside the ET area (non-ET-TC) to start-up a transplant program concerning a *specific type of organ for all patients*. For this purpose the ET-TC provides training in procurement and transplantation and takes care that the procurement in the non-ET-TC is performed according to ET standards. The transplantation takes place in the ET-TC. The non-ET-TC reports the donor organs to ET and places patients on the waiting list of the ET-TC. Organs reported by the non-ET-TC are allocated according to the general ET allocation rules considering the donors from the non-ET-TC as local donors of the ET-TC.

Currently the following twinning agreements Model A exist:

Lung transplantation

ET-transplant center	Non-ET transplant center	Number of patients transplanted from the non-ET-TC in 2010	Number of donor organs reported and transplanted from the non-ET-TC in 2010
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Tartu Universtiy Hospital Tartu, Estonia	0	1
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Chest Clinic Niocisa General Hospital, Strovolos/Nicosia, Cyprus	1	0
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Fakultná nemocnica s poliklinikou Bratislava Bratislava, Slovakia	4	3
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Orazágos Korányi Tbc és Pulmonológiai Intézet Budapest, Hungary	9	33

Model B – Transplantation support program

The ET transplant center (ET-TC) provides knowledge and experience to a transplant center outside the ET area (non-ET-TC) concerning a *specific type of organ for special patients*. For this purpose the ET-TC provides training in procurement and transplantation for these special patients and takes care that the procurement of organs reported to ET in the non-ET-TC is performed according to ET standards. The transplantation takes either place in the ET-TC or in the non-ET-TC. The non-ET-TC is encouraged to report all organs, for which no suitable recipients can be identified within the non-ET-country to ET. As minimum obligation after a transplantation took place, the non-ET-TC has to offer to the ET pool the organ(s) of the same type until transplantation was performed. The non-ET-TC places patients on the waiting list of the ET-TC. Organs reported by the non-ET-TC are allocated according to the general ET allocation rules considering the donors from the non-ET-TC as local donors of the ET-TC. ET monitors the exchange balance between the ET-TC and the non-ET-TC.

Currently the following twinning agreements Model B exist:

Liver transplantation

ET-transplant center	Non-ET transplant center	Number of patients transplanted from the non-ET-TC in 2010	Number of donor organs reported and transplanted from the non-ET-TC in 2010
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Semmelweis University Department of Liver Transplantation Budapest, Hungary	1	1
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	University of Bratislava Univerzitná nemocnica Bratislava Bratislava, Slovakia	2	3

Model C – Delegated responsibilities for one (or several) transplant programs

The ET center executes transplantations (of one or several types of organs) for the patients of a non-ET center, region or country. The ET-TC takes care that the procurement of organs in the non-ET center, region or country is in line with ET standards. Transplantation takes place in the ET center. The non-ET center, region or country reports the donor organs to ET and places patients on the waiting list of the ET-TC. Organs reported by the non-ET-center, region or country are allocated according to the general ET allocation rules considering them as local donors of the ET-TC.

Currently no formal Model C twinning agreement exists, it is planned to formalize the long cooperation between the transplant center in Innsbruck, Austria and the region of Alto Adige and Trento in Italy according to these principles.

9. Histocompatibility Testing

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9.1 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 in the Eurotransplant (ET) affiliated Tissue Typing Centers (TTC). This task is addressed by organizing schemes for External Proficiency Testing exercises (EPT). Furthermore, the ETRL initiates studies and promotes discussions on possible new recommendations with the help of the Tissue Typing Advisory Committee (TTAC). In addition, for almost 30 years the ETRL has addressed the problem of highly sensitized patients, by organizing and promoting the Acceptable Mismatch (AM) program within and outside ET. Finally, the ETRL supports the affiliated TTC and TTC from emerging countries. For example members of the ETRL have visited Estonia and Hungary to discuss the local situation in view of their possible future involvement in Eurotransplant. Finally, the ETRL provides 24 hours a day, 7 days a week duty for all transplantation relevant immunological aspects for all patients within ET, including the Acceptable Mismatch Program.

9.2 Eurotransplant External Proficiency Testing Schemes

The results of the EPT Exercises, performed in 2010, to determine the individual performance of the TTC's are reported below:

9.2.1 External Proficiency Testing on HLA typing

Each participating laboratory received 12 blood samples for typing and was asked to report the results prior to a certain deadline. For the analysis of the results the typing performed on behalf of the ETRL was taken as correct, as proposed by the External Proficiency Testing Committee of the European Federation for Immunogenetics (www.efiweb.org). The participants had to report their results on the basis of matching determinants, a translation of molecular typing results to serological equivalents, which are used in the matching algorithm and screening results. For a total of 648 reported typing results no discrepancy was seen for the HLA loci A, B, DR used in the allocation procedure.

In the period 2010, for the determinants of the loci HLA-A and -B 66.6% of the participants used a combination of the complement dependent cytotoxicity (CDC) and molecular techniques. The remaining used only molecular methods. No participant used serology as the only typing method. For HLA-DR and -DQ ca. 25% of the participants used a combination of techniques while the majority used molecular methods only. The results of HLA-A,B typing indicate that laboratories affiliated to ET as well as to other organ exchange organizations use the results of the serological typing as a marker for expression of antigens on the cell surface in order to evaluate the crossmatches.

9.2.2 External Proficiency Testing on crossmatching

The participants of this External Proficiency Testing Exercise were asked to perform crossmatches using the cells provided for the Proficiency Testing Exercise on the sera of 4 different patients on the kidney waiting list from ET selected by the ETRL. The TTC applied the local crossmatch techniques, CDC, using dithiothreitol (DTT) to destroy IgM antibodies to simulate the day-to-day practice. The TTC were free to use unseparated peripheral blood cells, separated T and/or B cells but they had to report a final crossmatch result as it is done for organ donor procedures. Therefore, the average number of reports per category might vary (table 9.1). In total 48 sera had to be crossmatched per participant. For the centers not receiving the sera of the patients on the waiting list, i.e. German centers performing patient histocompatibility work only, Scandia Transplant laboratories, and centers from other organ exchange organizations such as the Czech Republic, 8 sera were selected by the ETRL and sent to the participants. These participants could report 48 crossmatches in total. The target cells and the respective results are presented in table 9.1.

Table 9.1 Report of the crossmatch results (DTT = dithiothreitol)

	PBL		T cells		B cells		Final results	
	(-) DTT	(+) DTT	(-) DTT	(+) DTT	(-) DTT	(+) DTT	(-) DTT	(+) DTT
Organ donor typing centers (N=30)	4.7	5.0	3.3	2.3	4.6	3.3	5.3	5.0
Recipient typing centers (N=25)	3.9	2.2	2.0	1.3	6.3	3.3	6.7	1.9

The difference in the % of discrepancies between the 2 groups of participants can be attributed to the sera used. While laboratories performing organ donor typing used sera of patients on the waiting list, the laboratories doing recipient typing only received selected sera from multiparous women and usual controls.

9.2.3 External Proficiency Testing Exercise on screening

In 2010 the scheme of the EPT Exercise on screening for HLA specific antibodies comprised 2 shipments of 6 sera. The HLA typing of the serum donor, the immunizing partner and of one of the children is known in almost all instances, and is reported to the participants beforehand. The ETRL received results from 64 participants cooperating with solid organ transplant centers within and outside ET. Currently, the methods for screening for HLA specific antibodies are evolving rapidly, the reason why standardized analyses cannot be done yet. The ETRL adopted the idea to perform different analyses depending of the methods used. The basis of the analysis is the 75% consensus for positive results and the 95% consensus for negative results. If 75% or more of the participants report specificity being positive then this specificity is tagged positive. If 95% of the participants report a specificity as negative then this specificity is regarded as not recognized by the respective serum. At the beginning of the period the participants were informed that besides the standard result oriented analysis, where all methods are accepted, a specific CDC and a single antigen microsphere (Luminex SA) analysis would be done. This resulted into a problem because participants not having yet established a solid phase assay based on Luminex SA had to be penalized because of missing consensus specificities. In total 511 CDC based results were obtained with a total of 134 missing specificities! Only one participant of the 64 met all consensus results! For the Luminex SA part the number of specificities reaching a consensus ranged from 39-43. In the future more efforts will be made to standardize the screening methodology.

9.3 Program for the highly sensitized patients in Eurotransplant

In 2010 the Acceptable Mismatch Program (AM) program organized and controlled by the ETRL has been an efficient tool to enhance transplantation of highly sensitized patients. This program is open for all patients of ET. Information for participation can be obtained directly from the ETRL, the ET Medical Administration, or from the ET website (http://etrl.eurotransplant.nl/cms/index.php).

In 2010, 135 patients on the Acceptable Mismatch waiting list have been transplanted with a crossmatch negative organ. Among those were 6 living transplants, one kidney pancreas, one from a marginal organ donor, 12 received the offer via the Eurotransplant kidney allocation system and finally 115 have been transplanted via the AM program. The summary of the number of patients transplanted is presented in figure 9.1. We observed a significant increase of submission to the AM program and also in the number of transplants, especially from Germany.

9.4 Other activities

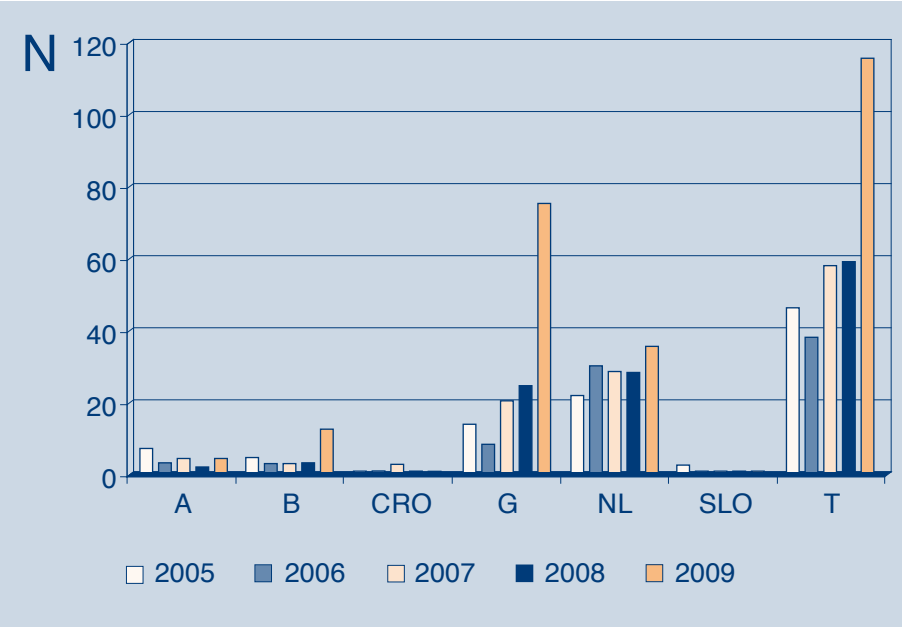
The ETRL site

The site of the ETRL (http://etrl.eurotransplant.nl/cms/index.php)) is open for all laboratories working in the field of organ transplantation immunology and histocompatibility. Besides important information on the duties of the ETRL, the participants of the EPT can download the respective forms for the report of the results as well as the final analysis. Further information of future meetings within ET as well as reports of these meetings are found there. Two new programs already used for several years at the ETRL were put on the public site: the virtual-PRA, which is based on the HLA typing results of organ donors procured in the ET area (N=4000) but which also allows PRA calculations on the national data bases of Austria, Belgium, Germany and the Netherlands. The second program allows the calculation of the chance a highly sensitized patient has to obtain a crossmatch negative organ, when HLA type, blood group and acceptable mismatches are defined.

Annual Tissue Typers Meeting

The Annual Tissue Typers Meeting was held in September 2010 in Leiden. Over 150 participants from the different TTC were present. The topic was the clinical relevance of HLA specific and other antibodies in kidney transplantation. The impact of new techniques leading to a high virtual PRA value was extensively discussed. Patients with antibodies detectable in solid phase assays only, cannot be accepted in the AM Program, even if their virtual PRA value exceeds 85%. In addition the dispatch of patient sera for crossmatches in the donor center was discussed. Finally a short report on the EPT activities was delivered.

Figure 9.1 Number of patients transplanted via the AM program



10. Scientific Output in 2010

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

PUBLICATIONS - Articles / Abstracts

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L'optimisation des regles de répartition des greffons au service de la lutte contre la pénurie, l'expérience d'EuroTransplant
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INVITED LECTURES

1. **Organ Expert Committee Meeting, Canadian Blood Services**
   January 11, 2010, Toronto, Canada
   Organ and Tissue Donation and Transplantation - Allocation Principles
   Rahmel AO

2. **Wissenschaftliches Symposium der Bundesärztekammer zur Lage der Transplantationsmedizin in Deutschland**
   January 26-27, 2010, Berlin, Germany
   Ist die Allokation nach Dringlichkeit und Erfolgsaussicht noch zeitgemäß?
   Rahmel AO

3. **Walter-Brendel-Kolleg für Transplantationsmedizin**
   March 5-10, 2010, Wildbad Kreuth, Germany
   Organverteilung durch ET
   Rahmel AO

4. **The Triple 'C' Course-ESOT**
   April 7-9, 2010, Schlangenbad, Germany
   Risk assessment in organ transplantation: Methods and tools
   Smits JM

5. **Meeting of the Council of Representatives of Scandiatransplant**
   May 19, 2010, Helsinki, Finland
   Principles of cooperation in Eurotransplant
   Rahmel AO

6. **21. Workshop für experimentelle und klinische Lebertransplantation und Hepatologie**
   June 28-30, 2010, Wilsede, Germany
   Aktuelle ET-Zahlen zur LTx: keine oder nur Brennpunkte?
   Rahmel AO

7. **XXIII International Congress of The Transplantation Society**
   August 15-19, 2010, Vancouver, Canada
   Principles of organ allocation (all organs) (Postgraduate Weekend Workshop)
   Rahmel AO

8. **9th International Congress on Lung Transplantation**
   September 16 – 17, 2010, Paris, France
   Lung allocation and practice in Europe
   Smits JM

9. **9th International Congress on Lung Transplantation**
   September 16 – 17, 2010, Paris, France
   Evaluation of the emergency lung transplantation program in Eurotransplant
   Smits JM

10. **Viszeralmedizin 2010**
    September 17, 2010, Stuttgart, Germany
    Aktueller Stand der Leberallokation
    Rahmel AO

11. **European Organ Donation Congress, 22nd ETCO**
    September 25, 2010, Cardiff, Wales, UK
    International cooperation in organ allocation and transplantation
    Rahmel AO

12. **IASGO CME Postgraduate Course**
    September 27, 2010, Essen, Germany
    Eurotransplant standards in organ donation and allocation
    Rahmel AO

13. **19. Jahrestagung der Deutschen Transplantationsgesellschaft**
    October 7, 2010, Hamburg, Germany
    Stand der Richtlinien ET
    Rahmel AO

14. **Pflegesymposium**
    October 7, 2010, Hamburg, Germany
    Aktuelle Entwicklung der Organallokation und –transplantation in den Eurotransplant-Ländern
    Rahmel AO

15. **Transplantasyon Congress**
    October 14, 2010, Eskisehir, Turkey
    Transplantation: Where we are? – EURO Tx
    Rahmel AO

16. **Austrotransplant 2010**
    October 28, 2010, Villach, Austria
    Patientenwanderung in Eurotransplant – Wie damit umgehen?
    Rahmel AO

17. **Journalists Workshop on Organ Donation and Transplantation**
    November 10, 2010, Brussels, Belgium
    Introduction to organ donation and transplantation
    Rahmel AO

18. **ESOT Hesperis Course**
    November 14, 2010, Regensburg, Germany
    Liver allocation
    Rahmel AO

19. **Kurs Curriculum Organspende**
    November 18, 2010, Hamburg, Germany
    Dringlichkeit/Erfolgsaussicht/Chancengleichheit/Allokationsregeln
    Rahmel AO

20. **3rd Belgian Meeting on Transplantation of Organs from Non-Heart-Beating Donors**
    November 25, 2010, Brussels, Belgium
    Allocation algorithms within Eurotransplant
    Rahmel AO

ORAL PRESENTATIONS

1. **30th Annual meeting of the International Society for Heart and Lung Transplantation**
   April 21 – 24, 2010, Chicago, IL, USA
   Evaluation of the lung allocation score in high urgent and urgent lung transplant candidates in Eurotransplant
   Smits JM

2. **ILTS 16th Annual International Congress**
   June 16-19, 2010, Hong Kong, China
   MELD-Score Has Substantial Impact on Outcome of Liver Transplantation
   Rahmel AO, Boogert L, Smits JM, Rogiers X on behalf of the ELIAC

11. Eurotransplant personnel related statistics

Intake	Number of new employees	Number of employees (Dec. 31, 2010)	Intake percentage
Regular	11	72	15,3%
Student	11	29	37,9%
Total	**22**	**101**	**21,8%**

Outflow	Exit number	Number of employees (Jan. 1, 2010)	Outflow percentage
Regular	9	70	12,9%
Student	7	25	28,0%
Total	**16**	**95**	**16,8%**

Employees on December 31, 2010	Numbers	FTE	FTE*
Students	29	9,50	
Part-timer	32	24,44	
Full-timer	28	28,00	
Full-timer + (>36 hours/week)	12	13,28	
Total	**101**	**75,22**	

* The calculation of the number of FTE's is based on the number of employees actually working for ETI during the year (taking into account the shared services and the exit or entrance of employees during the year).

Breakdown of fte	Gross FTE	Recharged or Charged *	Nett FTE
Personel in fte's	75,22	10,59	64,63

* The fte's based on the shared services will partially be recharged to the Dutch Transplant Foundation and NBF-BIS Foundation. Activitities which are done by personnel from the Dutch Transplant Foundation or NBF-BIS are charged to Eurotransplant.

	Male		Female	
Divison Male/Female	**Nr.**	**%**	**Nr.**	**%**
Regular	32	44,4%	40	55,6%
Students	15	51,7%	14	48,3%
Total	**47**	**46,5%**	**54**	**53,5%**

Absentee rates	Gross absenteeism*	Nett absenteeism**	Average absentee frequencies	Average absentee duration
Regular	3,38%	2,42%	1,3	6,8 days
Students	0,13%	0,13%	0,1	4,7 days

* Gross absenteeism concerns all absenteeism caused by illness.

** Nett absenteeism concerns all absenteeism caused by illness, excluding insured absenteeism.

In case of insured absenteeism, the employer receives sickness benefits for the absenteeism. This involves absenteeism related to pregnancy or maternity, organ donation or with regard to employees who have a prior history of insured absenteeism.

12. Abbreviated financial statements

Abbreviated financial statements of Stichting Eurotransplant International Foundation, for the year ended December 31, 2010

For a full understanding of the Foundation's financial position and results, the abbreviated financial statements should be read in conjunction with the financial statements from which the abbreviated financial statements have been derived.

Balance sheet

Assets	31.12.2010 x € 1.000	31.12.2009 x € 1.000
Fixed assets	345	555
Short term receivables	2.426	2.403
Liquid assets	2.432	1.909
	5.203	4.867

Liabilities	31.12.2010 x € 1.000	31.12.2009 x € 1.000
Capital	235	235
Reserve funds	2.795	2.536
Provisions	59	55
Short term liabilities	2.114	2.042
	5.203	4.867

Statement of income and charges

Income	2010 x € 1.000	2009 x € 1.000
Registration fees	6.583	6.457
Procurement fees	2.402	2.347
Miscellaneous	197	203
	9.183	9.007

Charges	2010 x € 1.000	2009 x € 1.000
Salaries	4.443	4.051
Procurement charges	2.408	2.334
General expenses	858	839
Medical expenses	70	69
Transport	6	12
Housing	270	256
Depreciation	233	293
Audits	352	308
Miscellaneous	166	53
	8.806	8.216
Equalization registrations and audits	117	205
Exploitation balance	259	587

Appropriation of the exploitation balance

Addition General Reserve	797	574
Addition Reserve Fund Reorganization	368	0
Addition Reserve Fund Housing	400	0
Addition Reserve Fund Clearinghouse procurememt fees	250	0
Addition Reserve Fund Integration new member states	250	0
Release Reserve Fund Explantation costs	-1.806	12
	259	587

Accounting policies

General accounting principles for the preparation of the financial statements
The annual accounts have been prepared in accordance with Guideline 640 of the Dutch Accounting Guidelines.

Valuation of assets and liabilities and determination of the result takes place under the historical cost convention. Unless presented otherwise at the relevant principle for the specific balance sheet item, assets and liabilities are presented at face value.

Income and expenses are accounted for on accrual basis. Profit is only included when realized on the balance sheet date. Losses originating before the end of the financial year are taken into account if they have become known before preparation of the annual accounts.

Comparative figures
In 2010 the foundation changed the presentation of several items in the statement of income and charges, to provide more relevant information to the users of the annual accounts and to align the presentation with the internal monthly reporting. The comparitive figures have been changed accordingly.

Changes in estimates
In 2010 the foundation signed a new rental agreement which expires in 2016. Based on this agreement, management estimates that the economic useful life of office equipment and furniture will end in 2016. Depreciation has been adjusted accordingly, resulting in increased depreciation charges in 2010 of € 2.418 and € 14.506 cumulative in the years 2011 - 2016.

Financial instruments
Financial instruments be both primary financial instruments, such as receivables and payables, and financial derivatives. For the principles of primary financial instruments, reference is made to the treatment per balance sheet item.

Translation of foreign currency
Receivables, liabilities and obligations denominated in foreign currency are translated at the exchange rates prevailing at balance sheet date.

Transactions in foreign currency during the financial year are recognized in the financial statements at the exchange rates prevailing at transaction date. The exchange differences resulting from the translation as of balance sheet date, taking into account possible hedge transactions, are recorded in the profit and loss account.

Principles of valuation of assets and liabilities

Tangible fixed assets
Tangible fixed assets are presented at cost less accumulated depreciation and, if applicable, less impairments in value. Depreciation is based on the estimated useful life and calculated as a fixed percentage of cost, taking into account any residual value. Depreciation is provided from the date an asset comes into use.

Accounts receivable
Receivables are included at face value, less any provision for doubtful accounts. These provisions are determined by individual assessment of the receivables.

Other receivables, prepaid expenses, accruals and short term liablities
These items are stated at nominal value.

Reserve Funds
Reserve Funds are formed for future expenditures which should be covered out of the available assets.
The Reserve Funds can be considered as reserves as set out in Dutch Accounting Guideline 640.309 whereas the setting of the objective of each Reserve Fund is determined by the Board of Management.

Provisions
The provision for jubilee is based on the expected costs for a series of years. Payments for a jubilee are deducted from the provision.

Provision for employee benefits
Industry pension fund scheme:
The pension plan according to the Collectieve Labour Agreement for General Hospitals is financed through contributions to an industry pension fund (the pension provider). The pension obligations of this plan are valued according to the 'valuation to pension fund approach'. This approach accounts for the contribution payable to the pension provider as an expense in the statement of income and charges.

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.

Operating (government) grants
Operating grants are included in the statement of income and charges in the year to which the subsidized costs are charged.

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

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

Exploitation Balance
The exploitation balance is defined as the difference beween income and charges, based on the above mentioned policies.

Independent auditor's report

To the Board of Management and Board of Directors of
Stichting Eurotranspiant International Foundation
at Leiden

The accompanying abbreviated financial statements, which comprise the abbreviate balance sheet as at 31 December 2010, the abbreviated statement of income and charges, and related notes, are derived from the audited annual accounts of Stichting Eurotranspiant International Foundation for the year ended 31 December 2010. We expressed an unqualified audit opinion on those financial statements in our report dated April 27, 2011. Those annual accounts, and the abbreviated financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those annual accounts.

The abbreviated financial statements do not contain all the disclosures required by Guideline for annual reporting 640 "Not-for-profit organisations" of the Dutch Accounting Standards Board. Reading the abbreviated financial statements, therefore, is not a substitute for reading the audited financial statements of Stichting Eurotransplant International Foundation.

Management's responsibility
The Board of Directors is responsible for the preparation of the abbreviated financial statements in accordance with the accounting policies as applied in the 2010 annual accounts of Stichting Eurotranspiant International Foundation, which are also described in the notes to the abbreviated financial statements.

Auditor's responsibility
Our responsibility is to express an opinion on the abbreviated financial statements based on our procedures, which were conducted in accordance with Dutch Law, including the Dutch Standard on Auditing 810 "Engagements to report on summary financial statements".

Opinion
In our opinion, the abbreviated financial statements derived from the audited annual accounts of Stichting Eurotranspiant International Foundation for the year ended 31 December 2010 are consistent, in all material respects, with those annual accounts, in accordance with the Guideline for annual reporting 640 "Not-for-profit organisations" of the Dutch Accounting Standards Board.

April 27, 2011

Deloitte Accountants B.V.

Already signed: drs. G.J.W. Coppus RA

List of abbreviations

ACO	Approved Combined Organ
AM	Acceptable Mismatch
BMI	Body Mass Index
CDC	Complement Dependent Cytotoxicity
DPA	Donation Procedure Application
DTT	Dithiothreitol
EFRETOS	European FRamework for the EvaluaTion of Organ transplantS
ELIAC	ET Liver Intestine Advisory Committee
ENIS	ET Network Information System
EPAC	ET Pancreas Advisory Committee
EPT	External Proficiency Testing
ESDP	ET Senior DR-matching Program
ESOT	European Society for Organ Transplantation
ET	Eurotransplant
ETEC	ET Ethics Committee
EThAC	ET Thoracic Advisory Committee
ETKAC	ET Kidney Advisory Committee
ETKAS	ET Kidney Allocation System
ETP	ET Policy Plan
ETRIP	ET Registry of Islets and Pancreas
ETRL	ET Reference Laboratory
EU	European Union
FC	Financial Committee
FTE	Full Time Equivalent
HLA	Human Leucocyte Antigen
HSYI award	Henk Schippers Young Investigators award
ISWG	Information Services Working Group
ISHLT	International Society for Heart & Lung Transplantation
ISO	International Organization for Standardization
LAS	Lung Allocation Score
MELD	Model End stage Liver Disease
NBF-BIS	Netherlands Bone Foundation-Bio Implant Services
NTS	Nederlandse Transplantatie Stichting
OPC	Organ Procurement Committee
PRA	Panel Reactive Antibodies
RESCUE	Center offer in case of imminent loss of organ due to organ quality of logistical problems
SAN	Storage Area Network
SOP	Standard Operation Procedures
SPA	Solid Phase Assays
TTAC	Tissue Typing Advisory Committee
TTC	Tissue Typing Centers
UNOS	United Network for Organ Sharing
VAD	Ventricular Assist Device