

EUROTRANSPLANT INTERNATIONAL FOUNDATION

Annual Report 2011

Edited by

Arie Oosterlee and Axel Rahmel

Central office

P.O. box 2304
2301 CH Leiden
The Netherlands
Tel. +31-71-579 57 00
Fax +31-71-579 00 57
www.eurotransplant.org





EUROTRANSPLANT

“THE PERFECT MATCH”

LEGALLY FOUNDED: MAY 12, 1969
ISO certified 9001:2008

CIP-GEGEVENS KONINKLIJKE BIBLIOTHEEK, DEN HAAG

Annual Report/Eurotransplant International Foundation.–Leiden:
Eurotransplant Foundation. -III., graf., tab.

Published annually

Annual report 2011 / ed. by Arie Oosterlee and Axel Rahmel

ISBN-EAN: 978-90-71658-00-6

Keyword: Eurotransplant Foundation; annual reports.

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Board of Eurotransplant International Foundation

as per December 31, 2011

Prof.Dr. B. Meiser, Munich	president
Prof.Dr. A.P.W.P. van Montfort, Utrecht	secretary / treasurer (D)
Prof.Dr. F. Mühlbacher, Vienna	on behalf of the kidney section (A)
Prof.Dr. D. Ysebaert, Antwerp	on behalf of the kidney section (A)
Prof.Dr. U. Heemann, Munich	on behalf of the kidney section (A)
Prof.Dr. X. Rogiers, Ghent	on behalf of the liver section (A)
Prof.Dr. K-W. Jauch, Munich	on behalf of the liver section (A)
Prof.Dr. W. Schareck, Rostock	on behalf of the pancreas section (A)
Prof.Dr. G. Laufer, Vienna	on behalf of the thoracic section (A)
Prof.Dr. D. Van Raemdonck, Leuven	on behalf of the thoracic section (A)
PD Dr. F. Wagner, Hamburg	on behalf of the thoracic section (A)
Prof.Dr. C. Süsal, Heidelberg	on behalf of the tissue typing section (A)
Prof.Dr. E. Pohanka, Linz	on behalf of the Austrian Transplant Society (B)
Prof.Dr. R. Troisi, Ghent	on behalf of the Belgian Transplant Society (B)
Dr. M. Bušić, Zagreb	on behalf of the Republic of Croatia (B)
Prof.Dr. W. Bechstein, Frankfurt	on behalf of the German Transplant Society (B)
Prof.Dr. R. Porte, Groningen	on behalf of the Dutch Transplant Society (B)
Dr. V. Sojar, Ljubljana	on behalf of the Slovenian Transplant Society (B)
Prof.Dr. F.H.J. Claas, Leiden	on behalf of the Eurotransplant Reference Laboratory (C)
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 2011

Definitions

(according to 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 2011).

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	J. Sennesael
BR	Université Libre de Bruxelles, 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	
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	S. Zivcic-Cosic
ZA	University Clinical Hospital, Zagreb	D. Hauptman
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	
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
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	C. Rüster
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 Lahberge 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
WZ	Klinikum der Julius-Maximilians-Universität, Würzburg	K. Lopau

The Netherlands

AV	VU Medisch Centrum, Amsterdam	S. Nurmohamed
AW	Academisch Medisch Centrum, Amsterdam	
GR	Academisch Ziekenhuis, Groningen	J. Sanders
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
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HEART PROGRAMS

DELEGATE

Austria

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

Belgium

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

Croatia

ZA	University Clinical Hospital, Zagreb	D. Milicic
ZD	Clinical Hospital Dubrava, Zagreb	D. Baric

Germany

AK	Universitätsklinikum der Rheinisch-Westfälischen TH, Aachen	A. Menon
BA	Herz- & Diabeteszentrum Nordrhein-Westfalen, Bad Oeynhausen	U. Schulz
BD	Deutsches Herzzentrum, Berlin	C. Knosalla
BH	Kerckhoff Klinik, Bad Nauheim	M. Richter
DU	Med. Einrichtungen der Heinrich-Heine-Universität, Düsseldorf	U. Boeken
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	P. von Samson
JE	Klinikum der Friedrich-Schiller-Universität, Jena	T. Doenst
KI	Klinikum der Christian-Albrechts-Universität, Kiel	A. Reinecke
KL	Klinik der Universität Köln-Lindenthal, Köln	P. Rahmianian
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	B. Gohrbandt
RB	Klinikum der Universität, Regensburg	S. Hirt
WZ	Universitätsklinikum, 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
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LUNG PROGRAMS

DELEGATE

Austria

IB	Chirurgische Universitätsklinik, Innsbruck	H. Hangler
WG	Universitätsklinik für Chirurgie, Wien	G. Lang

Belgium

AN	Universitair Ziekenhuis Antwerpen, Edegem	B. Dieriks
BR	Université Libre de Bruxelles, 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
ES	Universitätsklinikum, Essen	M. Kamler
FR	Klinikum der Albert-Ludwigs-Universität, Freiburg	D. Wagnetz
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	P. von Samson
JE	Klinikum der Friedrich-Schiller-Universität, Jena	M. Breuer
KI	Klinikum der Christian-Albrechts-Universität, Kiel	A. Reinecke
LP	Klinikum der Universität, Leipzig	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. Senbakkavaci

The Netherlands

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

LIVER PROGRAMS**DELEGATE****Austria**

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

Belgium

AN	Universitair Ziekenhuis Antwerpen, Edegem	D. Ysebaert
BR	Université Libre de Bruxelles, 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

Croatia

RI	University Clinical Hospital, Rijeka	
ZA	University Clinical Hospital, Zagreb	D. Radic
ZM	Clinical Hospital Merkur, Zagreb	B. Kocman
ZP	University Clinical Hospital Pediatric, Zagreb	

Germany

AK	Universitätsklinikum der Rheinisch-Westfälischen TH, Aachen	C. Heidenhain
BC	Charité-Campus Virchow Klinikum der Humboldt Universität, Berlin	A. Pascher
BO	Chirurgische Universitätsklinik, Bonn	S. Manekeller
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	P. Schemmer
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	
KI	Klinikum der Christian-Albrechts-Universität, Kiel	F. Braun
KL	Klinik der Universität Köln-Lindenthal	
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	A. Kornberg
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
RO	Klinikum der Universität, Rostock	
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
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PANCREAS (ISLET) PROGRAMS

DELEGATE

Austria

GA	Chirurgische Universitätsklinik, Graz	F. Iberer
IB	Chirurgische Universitätsklinik, Innsbruck	
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	
LG	Centre Hospitalier Universitaire, Liège	J-P. Squifflet
LM	Universitair Ziekenhuis Gasthuisberg, Leuven	J. Pirenne

Croatia

ZM	Clinical Hospital Merkur, Zagreb	S. Jadrijevic
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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	P. Schemmer
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	
KM	Kliniken der Stadt Köln gGmbH, Krankenhaus Merheim, Köln-Merheim, Köln	
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
MN	Klinikum der Westfälischen Wilhelms-Universität, Münster	H. Wolters
MR	Klinikum Lahnberge der Philipps-Universität, Marburg	
MZ	Klinikum der Johannes-Gutenberg-Universität, Mainz	M. Heise
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	C. Krikke
LB	Leids Universitair Medisch Centrum, Leiden	J. Ringers

Slovenia

LO	University Medical Centre, Ljubljana	A. Tomazic
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TISSUE TYPING LABORATORIES

DELEGATE

Austria

GA	Universitätsklinik, Abteilung für Transfusionsmedizin und Immunohämatologie, Graz	
IB	Universitätsklinik, HLA Labor, Innsbruck	
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. Toungouz
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 (HLA), Mechelen	M-P. Emonds

Croatia

RI	Clinical Hospital Center, Tissue Typing Laboratory, Rijeka	M. Fucak
ZA	University Clinical Hospital, Zagreb	R. Zunec

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 Pathologische 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
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The Netherlands

AW	Centraal Laboratorium Bloedtransfusiedienst, Nederlandse Rode Kruis, Amsterdam	N. Lardy
GR	Laboratorium voor transplantatie-immunologie, Groningen	S. Lems
LB	Leids Universitair Medisch Centrum, 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	E. Spierings

Slovenia

LO	Tissue Typing Centre, Blood Transfusion Centre, Ljubljana	B. Vidan-Jeras
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ETRL	Eurotransplant Reference Laboratory, Leids Universitair Medisch Centrum, Leiden, the Netherlands	F. Claas, I. Doxiadis
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Foreword

The year 2011 was a year in which several of Eurotransplant's boundaries shifted or started to shift. As a result of negotiations that started five years ago, on 3 November 2011 a preliminary cooperation agreement between Hungary and Eurotransplant (ET) was signed in Budapest. Various external developments made Eurotransplant re-evaluate its formal relationship with its neighbours BSLIFE and the Dutch Transplantation Foundation. This resulted – among others – in the termination of the shared services Human Resource Management and Financial Administration. Furthermore, in September, BSLIFE left the premises the three foundations had shared for almost 15 years. The relationship between Belgium and ET entered a new phase as a result of discussions with the Belgian Ministry of Health. The implicit assignment is being made explicit as a contract is being developed to formalize the longstanding relationship.

In this Annual Report Eurotransplant International Foundation accounts for the activities and initiatives that were undertaken in 2011 in Austria, Belgium, Croatia, Germany, Luxembourg, the Netherlands and Slovenia.

As always many people have worked systematically to realize our mission to encourage organ transplantation and to achieve the associated goals. Obviously the good work was done by doctors and nurses in the donor hospitals and the transplant centers, professionals in the tissue typing laboratories, 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 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 you will find this report of value. Any suggestions to improve the report are highly appreciated.



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, M. van Hennik and A. Oosterlee, Eurotransplant International Foundation, the Netherlands

The Board of Stichting Eurotransplant International Foundation met on January 26, May 30 and October 12, 2011. Four Board members A were re-elected by the Assembly, Prof. Dr. Ferdinand Mühlbacher and Prof. Dr. Dirk Ysebaert in the kidney section, Prof. Dr. Karl-Walter Jauch in the liver section and Prof. Dr. Dirk Van Raemdonck in the thoracic section.

An additional vacancy in the thoracic section was created after the Board decided to unlink the positions of Chairman of the Board and Board member A. The Assembly appointed PD. Dr. Florian Wagner as the third Board member A in the thoracic section.

Prof. Dr. Günther Laufer had been re-appointed as Chairman of the Assembly.

1.1 Report of the Eurotransplant Board

Expansion of the ET region

The potential expansion of ET with Hungary was discussed during all three Board meetings. For the first Board meeting, Prof. Dr. Robert Langer was invited in order to elaborate on the progress made in Hungary. The Board was informed that the Hungarian Ministry of Health had expressed its support for starting negotiations. Furthermore, the Hungarian Ministry of Health invested in further improvement of the organ donation and transplantation situation.

Through the year, progress was made rapidly in Hungary. The Board was informed that the prerequisites for cooperation were met and that it might be possible to start preliminary cooperation in the near future.

During the meeting on October 12, the Board discussed the contract for preliminary cooperation between ET and Hungary and the Board agreed to signing the agreement. The signing ceremony took place in Budapest, Hungary on November 3, 2011. The preliminary cooperation started on January 1, 2012.

With regard to Serbia, the Board was informed that a new Minister of Health took office. No new initiatives with regard to establishing possible cooperation were taken.

At the end of 2010, the ET Council also discussed the expansion of ET. The Board was informed about this during their meeting on January 26. The ET Council had asked questions concerning optimal size and optimal organization. Based on responses from its member states, ET took the position not to commit itself to an optimal size and to consider expansion on a case by case basis. Potential expansion shall always start with limited cooperation.

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

The Board discussed the EU Directive on several occasions. Special attention was given to Annexes A and B, according to which it would be mandatory to perform donor characterization following EU standards. Data that would have to be provided are laid out in these Annexes.

Annex A, which concerns mandatory donor data information, was considered not specific enough in some areas. This could lead to dissimilarities in data collection in the different ET countries. In this regard, the Board was informed that the ET Advisory Committees recommended using the minimum data set defined in the ET Manual as basis for the necessary specification of the Annex A.

Annex B, concerns an additional and extended data set. In the EU Directive it is stated that “*information specified in Part B of the Annex contains a set of complementary data to be collected in addition, based on the decision of the medical team, taking into account the availability of such information and the particular circumstances of the case.*” ET recommended implementing Annex B in national legislation as it is, without further specification. The detailed information to be collected for donor characterization in an individual donor should be based on general principles in organ donation and procurement taking the specific needs of the recipient center into account. The Board expressed its support for this approach.

Later in 2011, with regard to Annex B of the Directive, the Board was informed that the attendees of a meeting of competent authorities in Brussels, Belgium, agreed that the items, which are needed when reporting an organ donor, should not be specified in detail in the Directive but should be based on the individual donor (and recipient) situation.

Furthermore, the Board was informed that ET installed a project group in which people involved in the process and technical people have a seat. The ET Organ Procurement Committee (OPC) is also involved in the project.

European Framework for the Evaluation of Organ transplantS (EFRETOS¹) project

As finalization of the project, an EFRETOS symposium took place in Brussels, Belgium on May 17, 2011. The goal of the symposium was to disseminate the results of the project with its stakeholders.

The idea of the EFRETOS project had been to create a common data dictionary with specifications for a future European registry of registries. While it was considered unlikely that the EU would finance the long-term maintenance of such a European registry of registries, it was hoped that the EU would financially support the set up of the registry. During the meeting it became evident that it is even unclear whether the EC would support the setting up of the registry.

The Board decided to continue to stay involved in setting up a European registry of registries but to proceed cautiously. However, the ET Directors were asked to conduct serious efforts towards National Authorities to convince them to set up national registries (if not already done) and to make data collection for these national registries mandatory.

Twinning Agreements

During its meeting at the end of 2010, the ET Council had also discussed the ET Twinning Agreement models. The textual changes suggested by the ET Council, were accepted by the Board during their meeting on January 26. Other suggestions by the ET Council which the Board accepted were:

- To create a balancing system between centers which have a Twinning Agreement model C;
- To include a statement on the necessity to support the development of organ donation systems;
- To include data in the ET Annual Report regarding the movement of patients and organs as a consequence of the Twinning Agreements.

Concerning prolongation of Twinning Agreements, the Board decided that a target should be set for every Twinning Agreement, which will be evaluated when the Twinning Agreement comes to an end. Based on the evaluation, the Board will decide whether or not to approve the prolongation of a Twinning Agreement.

Non-resident policy

Due to incidents involving the listing and transplantation of non-resident patients the Board decided to change the non-resident policy for all organs moving away from the so-called 5%-rule for thoracic organs and livers. The directors were asked to formulate a respective ET recommendation, which would be discussed during the Board meeting on January 25, 2012.

Finance

Concerning finances, it was concluded that ET had done well in 2010. The Treasurer of the Board complimented ET with the improved and transparent management information provided to the Financial Committee (FC). As agreed upon in the ET policy on reserves, ET refunded part of the 2010 surplus to the health care insurance agencies.

1. <http://www.efretos.org/>

Furthermore, the Board was informed that the organization is in appropriate financial shape and has a sound basis for issues such as housing, separating shared services and expansion of the ET region. ET has an acknowledged part in the reserves for these purposes, which will be replenished if necessary.

In the course of 2011, the Board approved the Annual Accounts 2010 as well as the budget proposal for 2012.

Housing issue & disentanglement of shared services

In 2010, it was decided that BISLIFE would leave the common premises of ET, NTS and BISLIFE. Furthermore, in order to underline the independency of the different foundations, it was decided to disentangle the shared services.

As per October 1, 2011, BISLIFE moved into their new premises. Thereafter, ET and NTS started rebuilding the current premises. This re-building project is expected to be finished in the first half of 2012. ET decided to invest only in the most necessary changes related to the new distribution of the office between ET and NTS. An important reason for this is the fact that ET considers to move out of its present premises within 5 years.

With regard to the disentanglement of shared services, the Board was informed that, according to plan, the Human Resource Department was separated as of January 1, 2011. Separation of the Financial Department became definite on July 1, 2011.

The Board was informed that the separation of the IT shared services is a more complex process, especially where it concerns specialized software. The separation of the ENIS tissue system from the ENIS organ system reaches the end. Although the project puts a strain on the IT department, it is on track and it is expected to be finished at the beginning of 2012.

Henk Schippers Young Investigator (HSYI) Award 2011

Finally, the Board was informed about the applications for the Henk Schippers Young Investigators (HSYI) Award 2011. The members of the HSYI Award committee unanimously declared Dr. Tanja Herrler, Munich, Germany, as the winner of the 2011 HSYI Award.

Dr. Herrler gives a presentation entitled *Renal Ischemia-Reperfusion Injury & the Compartment Syndrome of the Kidney* during the ET Winter Meeting in Alpbach, Austria, January 25 – 27, 2012.

Miscellaneous

At the beginning of 2011, ET reported a steady progress of the ET Senior DR-compatible Program (ESDP). Unfortunately, in the course of 2011, it became clear that the Clinical Research Organization (CRO) did not fulfill its job adequately. Further in 2011, a new CRO for the program was found. It is expected that the ESDP can be fruitfully continued in 2012.

The liver follow-up registry was implemented in December 2011, two months later than initially planned. The introduction of the registry was accompanied by training sessions for the involved personnel of the transplant centers in the different ET countries. The reasons for the delay were critically questioned by several Board members.

At the end of 2011, an IT problem was reported which occurred during an update of the storage system software. Although the incident did not have a negative effect on the allocation process, ET plans to further improve its information security in 2012.

A presentation of the new ET website was well received by the Board. Thereafter, the new ET website was successfully released on May 24, 2011.

On behalf of the ET Ethics Committee (ETEC), an ET Ethical Charter was presented to the Board. The goal of the Ethical Charter is to make the key ethical principles of ET transparent. The Board agreed to the presented Ethical Charter, which was subsequently published on the ET website (www.eurotransplant.org → About → Eurotransplant Publications).

Finally, the Board was informed about the mandatory exchange of donor information via www.donordata.eu as of July 1, 2011.

1.2 Report of the Eurotransplant office

In this section, ET accounts for its activities and the execution of its plans in 2011. Secondly, external developments relevant to ET are described. Finally, based on its midterm policy² a framework is given for ET's 2012 plans.

Concerning the activities taken place in 2011 the following can be said about ET's basic services.

Allocation services

In the allocation process the staffing levels of the allocation have been optimized. Since the first of September a regular staff member has been added to the weekend shift during daytime. This will also be the case on public holidays from 1 January 2012 onwards. From 1 May 2012 during day and evening shifts of weekends, at least one of the duty officers of the regular staff will be present. The long term focus is a 24/7 regular staff attendance. Functional maintenance has been professionalized in various ways. On the one hand this is achieved by structuring functional maintenance teams along major application systems such as organ specific applications and various electronic data entry applications. On the other hand, those involved in functional maintenance are being systematically trained and coached in this specific line of work.

A new system for registration of incidents has been purchased which will be implemented in 2012. In September 2011 a new telephone switchboard has been introduced. This new switchboard supports the duty desk in various ways, such as instead of just displaying a phone number the new switchboard shows the name of the center that is calling. This enables better support of allocation procedures by duty desk officers.

At the annual ET meeting in October the second meeting of the ET coordination group was organized. The aim of this meeting is a closer cooperation between the transplant coordinators within the ET community.

Allocation development

Many activities took place in the field of allocation development, such as implementing numerous recommendations in ENIS and developing an application for entering follow-up data for liver transplants. ET's Advisory Committees developed various recommendations that were forwarded – after approval by the Board – 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 in view of their relevance to the ET community.

External networking

- EFRETOS

In the field of communication a significant effort was made to promote the results of EFRETOS (**E**uropean **F**ramework for the **E**valuation of **O**rgan **T**ransplants), with a booklet, a seminar in Brussels, a White Paper, poster presentations throughout Europe and a dossier on the website.

- Communication strategy

The Board of Directors defined the outlines of the communication strategy. A strategic communications plan will be ready in 2012. Although the communications consultant primarily focused on external communication, also improvements in the internal communications have been realized. The contacts with the media were further improved, demonstrating the transparency, reliability and knowhow of ET. A new website was launched in May 2011 and further improved during the year. The presence of ET with a booth at scientific meetings was evaluated and this led to a change in policy. The concept for the ET annual meeting and ET winter meeting was further refined. This will be a continuing process.

An application for a social media platform was adapted for ET. The use of social media will be piloted in 2012 in order to determine whether communication and cooperation among transplant professionals can be enhanced using functionalities associated with social media. This way ET might be able to facilitate the strengthening of the bond between the members of the ET transplant community.

Supporting processes

- **Financial management**

In the financial field further steps were taken in the enhancement of budgeting, reporting and costing systems. The financial reserves of ET were restructured in 2011. A proposal on the handling of explantation costs by ET was presented to the Council of Eurotransplant, which led to the conclusion that the current procedure will be continued. Since July 2011 ET has its own financial department. The splitting up of the shared services led to updating of processes, procedures and the tasks of the ET employees. For 2012 an important focus will be improvement monitoring and forecasting of the exploitation result and liquidity.

- **Information and quality**

In the field of information management closer cooperation between project management and development has improved planning and utilization of the limited capacity. After a thorough discussion with regard to separating the IT system ENIS in an organ and a tissue part a project was started which resulted in the separation of the tissue (BISLIFE, NTS) and organs (ET, NTS) data bases. The major issues of the ET information policy were determined and for the spear points of information security (business continuity) and information architecture projects were outlined for 2012. In 2011 the role, objectives and items for the agenda of the ISWG were evaluated and discussed in the April meeting. The items are security policy, information architecture, program or portfolio management (prioritization of strategic and mandatory projects), developments within information techniques, special topics like the extended office (community concept) and the ET Registry (policy, data definition, commitment on data delivery).

In 2011 a major project (LAS = Lung Allocation Score) started, to be finished in 2012. In the same period in the IT development department three experienced people left, among them the IT architect and the team leader. This led to a challenging situation in the planning and realization process. The vacancies in two key positions was also an opportunity and a reason to evaluate the department and the architecture process. This evaluation started in December 2011 and will lead to its first conclusions in January 2012. In 2011 a preliminary investigation on the capacity of the IT development took place which gave ground for a more thorough investigation in 2012. Special attention will go to the capacity for maintenance of the ever growing portfolio of applications.

Regarding the IT infrastructure department, 2011 was a busy year. The desktop workstations were replaced by new ones with a new operating system (Windows 7) and a new office suite (Office 2007). After a study the mail/communication software was upgraded to Groupwise 8. A new telephone switchboard based on the internet protocol (IP) was installed and all equipment was replaced. The department has been busy with helping the BISLIFE foundation set up an IT infrastructure in its new premises. Also a lot of work was accomplished in the rehousing and refurbishing of our premises.

The splitting up of the shared services also regards the IT infrastructure department. Regarding BISLIFE some tasks have already been transferred and in 2012 the discussion about ending the services will start. Regarding NTS the discussion is still going on and the outcome is still uncertain. Meanwhile, despite the uncertainty, the vacancy of a service desk employee has been occupied to guarantee continuity in service.

In the information services department there were also some changes in personnel, largely due to internal exchanges. The project manager and registry staff (two persons) changed positions. A new registry coordinator started in November and during recruitment the tasks of the registry assistant were fulfilled by temporary employees. The vacancy of the project manager was brought into relation with the evaluation of the IT development process and recruitment will start in 2012.

1.3 Future policy

- *Multiple year policy*

Eurotransplant's 5 years strategy as laid down in 'Eurotransplant Policy Plan 2009-2013' aims at consolidation of its organization, strengthening it in order to be well equipped for the demands and challenges of now and the midterm future. The strategy is directed at achieving the following goals:

1. Strengthening of ET's position in relation to its member states and its transplant community in particular and for the European transplant community in general.
2. Developing best practices in the field of organ allocation and associated services in the two coming years. Transparency in activities, contracts, services, results and costs is acknowledged for the member countries, their national authorities and the transplant centers to contract the basic package of ET's services. As a spin off, ET's added value to other European stakeholders, may lead to a managed growth of ET's services.
3. Willing to respond to requests by European countries for cooperation with ET; no active pursuit of new member states.
4. Development of an extra source of income for research related activities from the Friends of Eurotransplant Foundation.

- *Policy 2012*

The directors present a vision on internal and external developments with relevance to ET and subsequently developed a framework of strategically relevant elements for ET's middle management. This framework complies with ET's 5 years strategy plan.

- *Vision on external relationships and developments*

- EU Directive (EU/53/2010); this will require optimization of certain organizational and administrative processes among others in the field of organ vigilance. This also offers ET an opportunity for expansion.
- The public debate on organ donation and transplantation has become more political.
- The coming years will bring increased economic pressure.
- An increasing influence of national authorities.

- *Optimization of the allocation process*

- Further alignment of ET's strategic direction with its IT strategy.
- ET's project management organization is on its way to further professionalism.
- The budget plan 2012 shall be executed.

- *Framework for 2012 and further*

In the light of what is mentioned previously the following subjects determine the agenda for 2012:

1. Implementation of budget plan 2012

- Implementation of the project 'preliminary membership of Hungary'.
- Phase 1 of the project 'implementation EU Directive EU/53/2010'.
- Phase 2 is dependent on the speed of the decision making process of the Council of Eurotransplant.
- Development and implementation of the project 'Enhancement Information Security'.
- Development of Enterprise Architecture (alignment of strategy, organization, processes and applications).
- Determination of required manpower for maintenance of ET's (elderly) applications.

2. Optimization of allocation process

In order to ensure the appropriate level of transparency, objectivity and reliability in ET's allocation services, more insight is required in ways to enhance this from an organizational as well as from a technical perspective.

3. Enhance uniformity of allocation rules by developing 'evidence based' recommendations

- Further implementation of Registry Policy Plan (RPP).
- Development of national registries (Belgium and possibly also Croatia).
- Development of Joint Action as sequel to EFRETOS (if an opportunity arises).

4. Assessment and development of plan for the future of ENIS.

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, a next re-certification audit will take place in December 2013.

After the re-certification in 2010 ET continued to further improve its internal working processes in 2011.

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 has been realized in the course of 2011, but will be a maintaining point of interest and subject to internal auditing in 2012.

ET's quality manual was updated and brought under the attention of the supporting processes of ET in order to support the entire organization in using the quality manual. This process will continue in 2012 supported by further improvements of the usability of the web based quality system.

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 further reduce the risk of human errors. In 2011 first 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 2012.

Incidents

In 2011 the number of incidents remained on the same level as in 2010. The majority of the incidents are related to administrative, manual procedures. The second largest theme regarding (near) incidents are communication issues. These two themes cover over 75% of all incidents. A hundred and sixty reports were, after analysis, categorized as 'serious incidents'. On the most serious incidents immediate actions were taken.

Reported near-incidents and incidents					
With an	2011	2010	2009	2008	2007
Internal cause	243	285	347	289	293
External cause	222	180	244	236	263
Internal & External cause	17	13	20	17	24
Total	482	478	611	542	580

In the last quarter of 2011 a new application was launched to enable reporting and assessing incidents and complaints, to be used by the entire internal organization. The application contains tools for in-depth analysis about the root-course of incidents. This enables the organization to take appropriate corrective actions and whenever possible take preventive measures for the future.

Complaints

In 2011, 27 complaints were registered at ET. This number equals the number of the previous year. All reported complaints concerned third parties complaining about each other to ET, they were not about the services of ET itself. These complaints were passed on to national authorities, hospitals, etc. involved.

Audits by third parties

As part of several agreements with the ET member states 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. No deviations from the agreements were reported.

Internal audits

In 2011 three clusters of internal audits were performed by the internal audit team. They covered the majority of ET's processes. The internal auditors have been specifically trained to provide fact based audit reports, with clear relations to the ISO 9001:2008 standard. This method provided a structured overview of the needs for improvement and developments in the different processes.

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 2011 is published under section 1.6 of this chapter.*

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

In 2011, the various Advisory Committees met 18 times and submitted 14 recommendations; all of them were approved by the Board.

The composition of the various Advisory Committees as per December 31, 2011 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. L. Weekers, Liège	10.2011	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, Amsterdam	04.2005	representative the Netherlands
Prof.Dr. L. Hilbrands, Nijmegen	01.2006	representative the Netherlands
Dr. M. Arnot, 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
Ms. L. Sanders, Eurotransplant	10.2010	assistant 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.
Dr. J. Blok, Eurotransplant	11.2011	co-secretary
Ms. L. Boogert, Eurotransplant	10.2010	assistant secretary

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. M. Van Rosmalen, Eurotransplant	11.2011	secretary
Ms. A. Verweij, Eurotransplant	10.2010	assistant 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
Ms. I. Konter, Eurotransplant	10.2010	assistant 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
Ms. S. Hermans, Eurotransplant	10.2010	assistant 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. Knotek, Zagreb	02.2011	representative Croatia
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
Mag. O. Postl, Vienna	05.1995	representative Austria
Mr. L. Colenbie, Ghent	03.2010	representative Belgium
Dr. H. Arbogast, Munich	10.2010	representative Germany
Mr. B. Kušar, Ljubljana	05.2010	representative Slovenia
Drs. T. Valkering, Eurotransplant	05.2008	secretary

1.6 Recommendations approved

In 2011, the following recommendations were submitted by the Advisory Committees and approved by the Board of Eurotransplant International Foundation.

Kidney Advisory Committee (ETKAC)

RKAC01.11

Return of waiting time will be granted provided that:

- one of both kidneys of a donor fail, requiring maintenance dialysis, within 90 days after transplantation *or*
- both kidneys of a donor fail, requiring maintenance dialysis, within 120 days after transplantation *or*
- one kidney of a donor fails, requiring maintenance dialysis, within 120 days after transplantation while the bilateral kidney was not transplanted due to poor organ quality.

RKAC02.11

In addition to the option of performing a combined thoracic organ + kidney transplant the option of a kidney-after-thoracic organ transplant should be made possible in selected cases. If a recipient is listed for a thoracic organ + kidney-transplant, the center can decide to perform a simultaneous thoracic organ + kidney-transplant or a kidney-after-thoracic organ transplant. In the latter case the recipient gets 500 extra points in the kidney allocation system (ETKAS) during the period of 30 to 360 days after the thoracic-only transplant, under the condition that the creatinine clearance is <15ml/min within this period.

Liver Intestine Advisory Committee (ELIAC)

RLAC05.10

For pedMELD and for SE that has a stepwise increase based on waiting time, waiting time during NT status will only be taken into account up to 28 days of NT status. If a patient is registered for more than 28 days in NT status, the following NT days will not be taken into account for calculating the interval till the next increase of the pedMELD / matchMELD status.

Pancreas Advisory Committee (EPAC)

RPAC01.11 (rephrased)

In case of a special urgency (SU) pancreas request, where the recipient is registered on the waiting list for pancreas and kidney, and the EPAC audit group cannot come to a joint decision regarding the acceptance of the recipient for simultaneous kidney transplantation, an ETKAC auditor will be asked to advise on the case.

RPAC02.11

In all ET countries pancreas should be allocated first to AB0 identical recipients and thereafter to AB0 compatible recipients in all countries.

RPAC02.11 replaces the AB0 blood group regulations in RPAC01.03 and RPAC02.03. The effect of the changed AB0 blood group regulations should be evaluated after 2 years.

RPAC03.11

Patients, who are in need of an urgent pancreas-only re-transplantation, following a pancreas graft failure within the first two weeks after transplantation, are eligible for the urgency code 'Special Urgency'. The SU request must have been received by the ET office within two weeks after transplantation. If re-registration takes place between 14 days and 6 months after transplantation the recipient is eligible for return of waiting time but not for the SU status. After this period no bonus whatsoever will be granted.

Including the addition of a regulation regarding return of waiting time, RPAC03.11 replaces RPAC01.07.

Thoracic Advisory Committee (EThAC)

RThAC01.11

Lung transplant candidates with a low LAS and originating from a country with a negative total balance towards the non-LAS donor country, will be ranked between the donor country's elective patients, following all sub rank tiers; sorting will be based on the active waiting time and in case of identical active waiting time by total waiting time.

RThAC02.11

- High LAS patients are those transplant candidates who have a LAS value that is equal or higher than the threshold value at time of an organ offer.
- Low LAS patients are those transplant candidates who have a LAS value below the threshold value at time of organ offer.

This threshold value is subjective to change, governed by new medical insight and determined by the EThAC. The most recent determined threshold value will be used in the Eurotransplant Lung Allocation Scheme.

RThAC03.11

- Children <12 years who are hospitalized and who originate from countries with a negative total balance towards the donor country, will come on top of the donor country's waiting list.
- Children <12 years who are not hospitalized and who originate from countries with a negative total balance towards the donor country, are ranked among the national not hospitalized children or elective children.
- Children <12 years who originate from countries *without* a negative total balance towards the donor country, are ranked after all national transplant candidates, where hospitalized children are ranked higher than not hospitalized children.

Information Services Working Group (ISWG)

RISWG01.11

It is recommended to make simulation models available, in order to investigate the impact of changes in the allocation system.

Tissue Typing Advisory Committee (TTAC)

RTTAC01.11

In order to avoid clerical errors all transplantation relevant immunological results, i.e. typing, screening and crossmatching must be reported electronically. The TTC of the patients is responsible for the histocompatibility related reports to Eurotransplant.

RTTAC02.11

Recipients and post-mortem donors within ET must be typed for HLA-A, -B, -C, -DR and -DQ.

Financial Committee (FC)

RFC01.11

The Financial Committee recommends the Board to approve the annual accounts 2010.

RFC02.11

The Financial Committee recommends the Board to approve the budget proposal 2012.

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 124,7 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

Eurotransplant¹ 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 the 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.

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 its 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 structure² 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 financiers 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;
- 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.

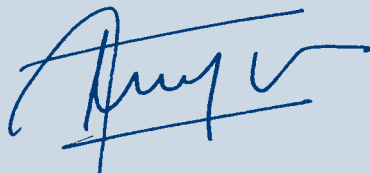
2. This governance structure is described in Eurotransplant's Articles of Association

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.

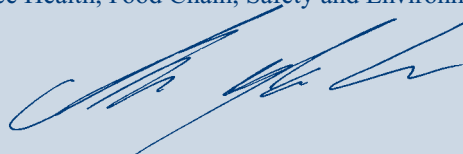
This declaration was signed on September 24, 2007 in Valkenburg aan de Geul, the Netherlands:

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

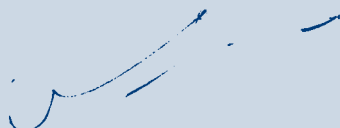
The Federal Minister of Health of the Federal Republic of Germany

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

Eurotransplant (ET), together with the responsible national authorities continuously strives to achieve an objective, reliable and transparent allocation system. This Annual Report is part of our efforts to provide transparency regarding donation, allocation and transplantation in the different ET member states.

To improve the readability of this year's Annual Report, each organ specific chapter is subdivided into three main sections on donation, waiting list development and transplantation. As a result of this subdivision, a slight change of the sequence of the tables compared to previous Annual Reports can occur.

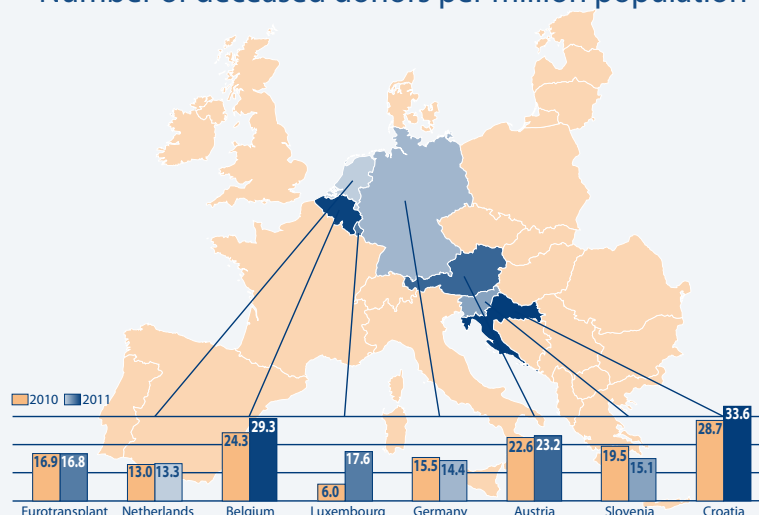
The Annual Report 2011 contains two additional figures on organ donation, showing the number of utilized donors per million population (pmp), where utilized donors are defined as donors with at least one organ transplanted. Upon interpreting and comparing the data of the ET Annual Report 2011 with reports from individual national organizations, it should be realized that there is a difference between donation rates based on reported and utilized donors. Furthermore, due to the fact that some patients are registered for combined organ transplantation, the sum of values for the different organs presented in the waiting list table (3.5), the table on new registrations on the waiting list (3.6) and the table on waiting list mortality (3.7b) does not reflect the total number of patients affected. Therefore data on waiting list, new registrations and mortality on the waiting at patient level is now added to this report.

Eurotransplant distinguishes between 'standard' and 'rescue' allocation. In rescue allocation organs are offered in a center oriented manner; this implies that a center is allowed to select a patient from the local waiting list. Rescue allocation is used to prevent organ loss and is considered as a back-up procedure in case the standard allocation is not successful or if time pressure makes standard allocation no longer possible. This year's Annual Report contains organ specific information on the type of allocation. When interpreting these data it is important to keep in mind that in Austria, Croatia and Slovenia standard allocation of the non-renal organs is mostly center oriented while in the other countries it is patient oriented.

Another novelty in the Annual Report 2011 is the information on reasons for removal from the waiting list (table 3.7a). The table on mortality on the waiting list (3.7b) shows detailed information on the patients who deceased on the waiting list. For some patients the death on the waiting list is reported to ET with some delay. This holds especially true for patients who were already moved to an inactive status on the waiting list; as a consequence the 2011 data might slightly increase due to late reporting.

On December 10, 2011 the lung allocation policy in Germany changed substantially from a system with high urgent, urgent and elective patients to a system where patients are ranked according to the Lung Allocation Score (LAS). Due to the fact that the number of patients registered and transplanted under this new policy is too low, high LAS patients ($LAS \geq 50$) are added to the high urgent group, and low LAS patients to the elective group.

Number of deceased donors per million population



DONATION

Table 3.1 Number of deceased organ donors used for a transplant, by donor country, from 2007 to 2011

Donor country	Population (millions)	2007	2008	2009	2010	2011	pmp	2010/2011
(A) Austria	8.4	181	168	209	189	195	23.2	3.2%
(B) Belgium	11.0	291	265	276	263	321	29.3	22.1%
(HR) Croatia	4.3	33	79	77	127	144	33.6	13.4%
(D) Germany	81.8	1285	1184	1196	1271	1176	14.4	-7.5%
(L) Luxembourg	0.5	1	9	0	3	9	17.6	200.0%
(NL) Netherlands	16.7	257	201	215	216	221	13.3	2.3%
(SLO) Slovenia	2.1	22	36	33	40	31	15.1	-22.5%
ET	124.6	2070	1942	2006	2109	2097	16.8	-0.6%
Non-ET		69	61	68	78	93		19.2%
Total		2139	2003	2074	2187	2190		0,1%

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

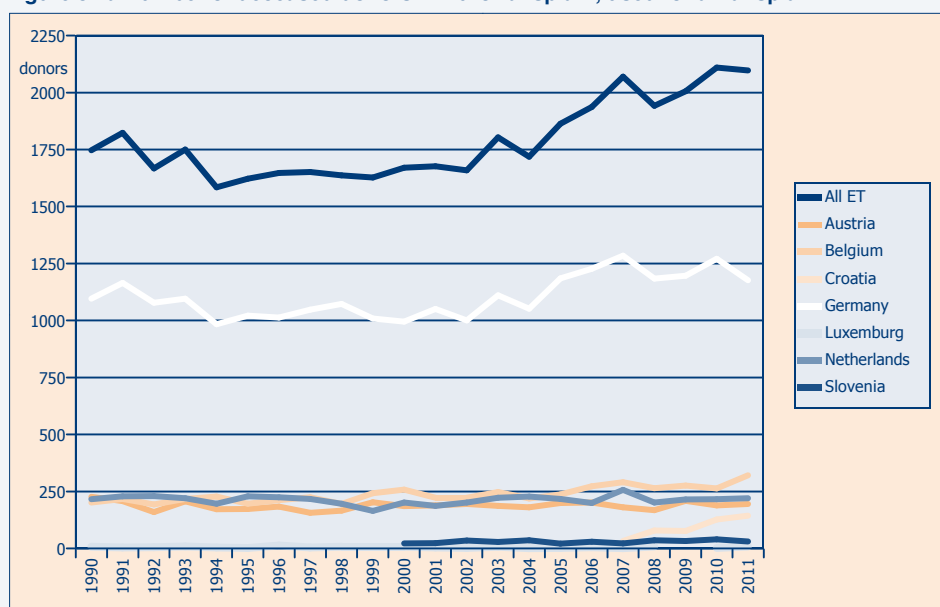


Figure 3.1b Number of deceased donors used for transplant, per million population

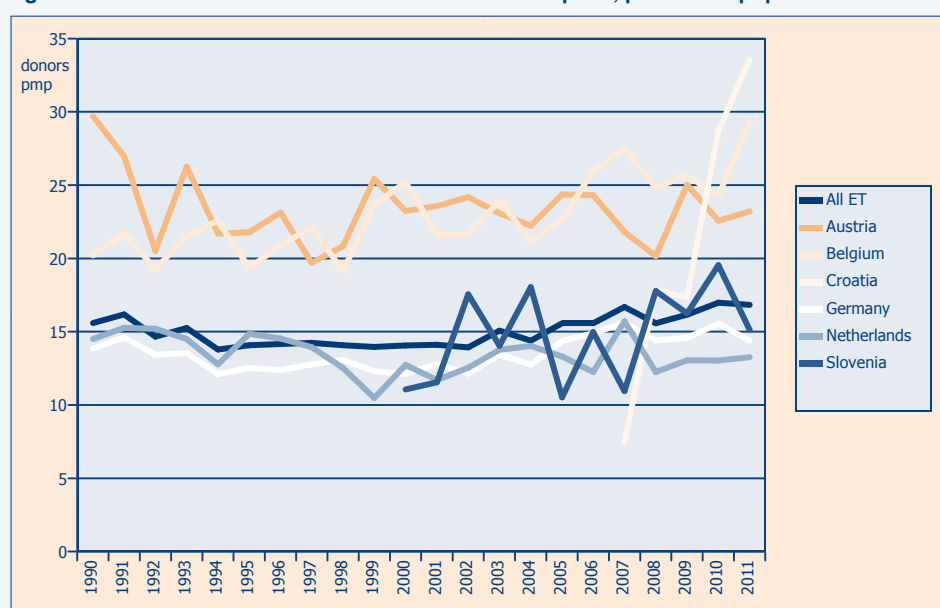


Table 3.2a(i) Number of deceased donors reported to Eurotransplant, by organ, from 2007 to 2011

Donors reported	2007	2008	2009	2010	2011	2010/2011
Total	2411	2233	2305	2415	2481	2.7%
Kidney	2195	2016	2062	2151	2170	0.9%
Heart	1065	973	885	946	917	-3.1%
Lungs	902	850	879	947	1032	9.0%
Liver	1989	1872	1984	2064	2112	2.3%
Pancreas	1038	921	876	944	1008	6.8%

Table 3.2a(ii) Number of deceased donors reported to Eurotransplant, by organ and donor country, in 2011

Donors reported	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total
Total	221	352	150	1240	9	275	32	202	2481
Kidney	210	305	144	1187	9	267	32	16	2170
Heart	92	119	46	506	6	56	19	73	917
Lungs	86	162	28	490	0	127	14	125	1032
Liver	182	326	147	1173	9	206	32	37	2112
Pancreas	37	240	35	445	5	227	14	5	1008

Table 3.2b(i) Number of deceased organ donors used for a transplant, by organ, from 2007 to 2011

Donors used	2007	2008	2009	2010	2011	2010/2011
Total	2139	2003	2074	2187	2190	0.1%
Kidney	1930	1833	1859	1950	1891	-3.0%
Heart	598	583	580	631	592	-6.2%
Lung	503	508	513	572	607	6.1%
Liver	1569	1550	1631	1734	1727	-0.4%
Pancreas	255	257	226	273	305	11.7%

Table 3.2b(ii) Number of deceased organ donors used for a transplant, by organ and donor country, in 2011

Donors used	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total
Total	195	321	144	1176	9	221	31	93	2190
Kidney	183	258	130	1070	8	211	29	2	1891
Heart	55	71	38	362	4	38	14	10	592
Lung	58	103	13	292	0	68	4	69	607
Liver	125	271	125	1014	9	143	24	16	1727
Pancreas	21	62	15	163	0	42	2	0	305

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

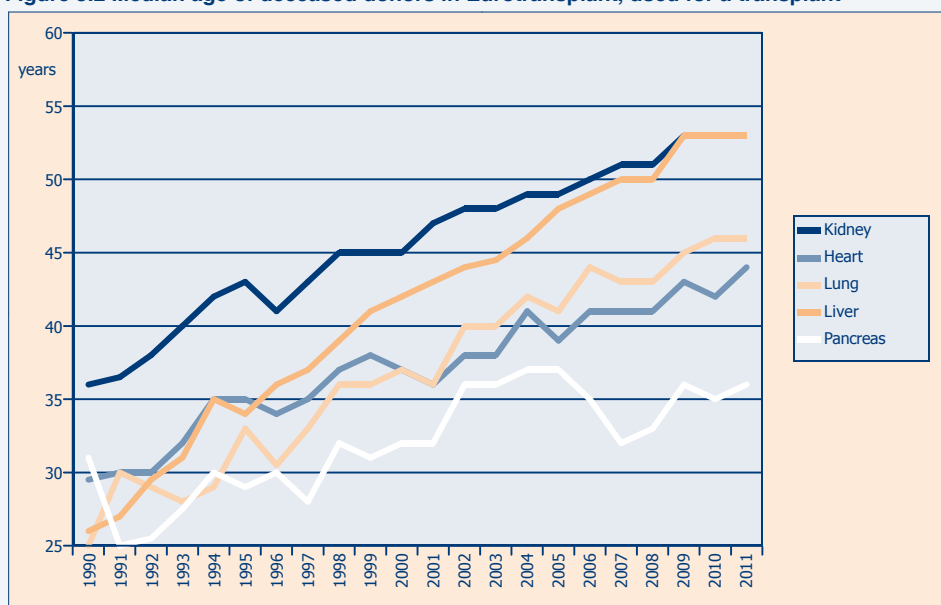


Table 3.3a(i) Demographic data on deceased organ donors, used for a transplant, from 2007 to 2011

Age	2007	2008	2009	2010	2011	2010/2011
0-15	77	73	70	81	72	-11.1%
16-55	1239	1145	1089	1139	1142	0.3%
56-64	396	371	399	427	425	-0.5%
≥65	427	414	516	540	551	2.0%
Total	2139	2003	2074	2187	2190	0.1%
Gender	2007	2008	2009	2010	2011	2010/2011
Female	969	903	976	1015	1001	-1.4%
Male	1170	1100	1098	1172	1189	1.5%
Total	2139	2003	2074	2187	2190	0.1%
Blood group	2007	2008	2009	2010	2011	2010/2011
A	933	835	855	928	967	4.2%
AB	125	98	110	103	110	6.8%
B	230	248	241	258	259	0.4%
O	851	822	868	898	854	-4.9%
Total	2139	2003	2074	2187	2190	0.1%
Cause of death	2007	2008	2009	2010	2011	2010/2011
Accident	471	459	385	417	385	-7.7%
Natural	1612	1480	1621	1704	1742	2.2%
Suicide	29	47	43	46	50	8.7%
Other	27	17	25	20	13	-35.0%
Total	2139	2003	2074	2187	2190	0.1%

Table 3.3a(ii) Demographic data on deceased organ donors, used for a transplant, in 2011

Age	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLD)	Non-ET	Total	%
0-15	4	5	4	36	1	5	1	16	72	3.3%
16-55	98	189	64	583	6	115	19	68	1142	52.1%
56-64	43	62	31	215	2	60	4	8	425	19.4%
≥65	50	65	45	342	0	41	7	1	551	25.2%
Total	195	321	144	1176	9	221	31	93	2190	100.0%
Gender	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLD)	Non-ET	Total	%
Female	100	122	64	547	4	102	15	47	1001	45.7%
Male	95	199	80	629	5	119	16	46	1189	54.3%
Total	195	321	144	1176	9	221	31	93	2190	100.0%
Blood group	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLD)	Non-ET	Total	%
A	77	148	53	548	4	89	14	34	967	44.2%
AB	10	9	11	63	0	8	2	7	110	5.0%
B	25	34	35	121	0	20	5	19	259	11.8%
O	83	130	45	444	5	104	10	33	854	39.0%
Total	195	321	144	1176	9	221	31	93	2190	100.0%
Cause of death	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLD)	Non-ET	Total	%
Accident	44	89	18	150	4	52	11	17	385	17.6%
Natural	144	201	123	1026	5	157	20	66	1742	79.5%
Suicide	5	28	3	0	0	7	0	7	50	2.3%
Other	2	3	0	0	0	5	0	3	13	0.6%
Total	195	321	144	1176	9	221	31	93	2190	100.0%

Table 3.3b(i) Age of deceased organ donors used for a transplant, from 2007 to 2011

All donors	2007	2008	2009	2010	2011	2010/2011
0-15	77	73	70	81	72	-11.1%
16-55	1239	1145	1089	1139	1142	0.3%
56-64	396	371	399	427	425	-0.5%
≥65	427	414	516	540	551	2.0%
Total	2139	2003	2074	2187	2190	0.1%
Kidney donors	2007	2008	2009	2010	2011	2010/2011
0-15	60	61	55	67	54	-19.4%
16-55	1133	1057	992	1029	1004	-2.4%
56-64	365	350	367	389	391	0.5%
≥65	372	365	445	465	442	-4.9%
Total	1930	1833	1859	1950	1891	-3.0%
Heart donors	2007	2008	2009	2010	2011	2010/2011
0-15	37	35	40	55	34	-38.2%
16-55	503	504	486	502	471	-6.2%
56-64	53	42	52	67	77	14.9%
≥65	5	2	2	7	10	42.9%
Total	598	583	580	631	592	-6.2%
Lung donors	2007	2008	2009	2010	2011	2010/2011
0-15	18	20	22	29	24	-17.2%
16-55	422	420	405	439	440	0.2%
56-64	55	57	74	89	110	23.6%
≥65	8	11	12	15	33	120.0%
Total	503	508	513	572	607	6.1%
Liver donors	2007	2008	2009	2010	2011	2010/2011
0-15	65	60	53	66	59	-10.6%
16-55	960	918	883	915	902	-1.4%
56-64	260	261	298	316	318	0.6%
≥65	284	311	397	437	448	2.5%
Total	1569	1550	1631	1734	1727	-0.4%
Pancreas donors	2007	2008	2009	2010	2011	2010/2011
0-15	26	21	18	20	18	-10.0%
16-55	219	230	197	246	253	2.8%
56-64	10	4	6	5	22	340.0%
≥65	0	2	5	2	12	500.0%
Total	255	257	226	273	305	11.7%

Table 3.3b(ii) Age of deceased organ donors used for a transplant, by organ and donor country, in 2011

All donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLD)	Non-ET	Total	%
0-15	4	5	4	36	1	5	1	16	72	3.3%
16-55	98	189	64	583	6	115	19	68	1142	52.1%
56-64	43	62	31	215	2	60	4	8	425	19.4%
≥65	50	65	45	342	0	41	7	1	551	25.2%
Total	195	321	144	1176	9	221	31	93	2190	100.0%

Table 3.3b(ii) (Continued)

Kidney donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	%
0-15	4	5	4	34	0	5	1	1	54	2.9%
16-55	92	171	56	547	6	114	17	1	1004	53.1%
56-64	42	52	30	203	2	58	4	0	391	20.7%
≥65	45	30	40	286	0	34	7	0	442	23.4%
Total	183	258	130	1070	8	211	29	2	1891	100.0%
Heart donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	%
0-15	4	3	2	22	0	1	0	2	34	5.7%
16-55	43	63	33	286	4	23	13	6	471	79.6%
56-64	6	5	3	47	0	13	1	2	77	13.0%
≥65	2	0	0	7	0	1	0	0	10	1.7%
Total	55	71	38	362	4	38	14	10	592	100.0%
Lung donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	%
0-15	3	1	1	11	0	2	0	6	24	4.0%
16-55	43	65	12	214	0	44	4	58	440	72.5%
56-64	10	25	0	54	0	17	0	4	110	18.1%
≥65	2	12	0	13	0	5	0	1	33	5.4%
Total	58	103	13	292	0	68	4	69	607	100.0%
Liver donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	%
0-15	4	4	3	33	1	5	1	8	59	3.4%
16-55	73	160	59	506	6	76	16	6	902	52.2%
56-64	23	45	26	183	2	36	1	2	318	18.4%
≥65	25	62	37	292	0	26	6	0	448	25.9%
Total	125	271	125	1014	9	143	24	16	1727	100.0%
Pancreas donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	%
0-15	3	0	4	9	0	2	0	0	18	5.9%
16-55	18	41	11	151	0	30	2	0	253	83.0%
56-64	0	13	0	3	0	6	0	0	22	7.2%
≥65	0	8	0	0	0	4	0	0	12	3.9%
Total	21	62	15	163	0	42	2	0	305	100.0%

Table 3.4a(i) Number of donors, used for a transplant, by type of donor, from 2007 to 2011

Donor type	2007	2008	2009	2010	2011	2010/2011
Deceased	2139	2003	2074	2187	2190	0.1%
Domino	10	7	3	6	16	166.7%
Living	1123	1163	1246	1398	1458	4.3%
Total	3272	3173	3323	3591	3664	2.0%

Table 3.4a(ii) Number of donors, used for a transplant, by type and donor country, in 2011

Donor type	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total
Deceased	195	321	144	1176	9	221	31	93	2190
%	77.4%	80.5%	92.3%	57.3%	100.0%	32.8%	100.0%	100.0%	59.8%
Domino	0	3	0	9	0	4	0	0	16
%	0.0%	0.8%	0.0%	0.4%	0.0%	0.6%	0.0%	0.0%	0.4%
Living	57	75	12	866	0	448	0	0	1458
%	22.6%	18.8%	7.7%	42.2%	0.0%	66.6%	0.0%	0.0%	39.8%
Total	252	399	156	2051	9	673	31	93	3664

Table 3.4b(i) Number of deceased donors, used for a transplant, by type of donor, from 2007 to 2011

Donor type	2007	2008	2009	2010	2011	2010/2011
SOD	597	461	487	491	531	8.1%
MOD	1542	1542	1587	1696	1659	-2.2%
Total	2139	2003	2074	2187	2190	0.1%

Table 3.4b(ii) Number of deceased donors, used for a transplant, by type and donor country, in 2011

Donor type	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total
SOD	58	76	28	207	1	65	7	89	531
%	29.7%	23.7%	19.4%	17.6%	11.1%	29.4%	22.6%	95.7%	24.2%
MOD	137	245	116	969	8	156	24	4	1659
%	70.3%	76.3%	80.6%	82.4%	88.9%	70.6%	77.4%	4.3%	75.8%
Total	195	321	144	1176	9	221	31	93	2190

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 2007 to 2011

NHB Category	2007	2008	2009	2010	2011	2010/2011
I - Dead on arrival	1	0	0	3	1	-66.7%
II - Unsuccessful resuscitation	8	8	4	8	4	-50.0%
III - Awaiting cardiac arrest	131	115	140	106	172	62.3%
IV - Cardiac arrest in brain dead donor	0	0	0	1	1	0.0%
Total	140	123	144	118	178	50.8%

Table 3.4c(ii) Non-heart beating donors, used for a transplant, by donor country, in 2011

NHB Category	(A)	(B)	(NL)	Total	%
I - Dead on arrival	0	0	1	1	0.6%
II - Unsuccessful resuscitation	1	3	0	4	2.2%
III - Awaiting cardiac arrest	5	57	110	172	96.6%
IV - Cardiac arrest in brain dead donor	0	1	0	1	0.6%
Total	6	61	111	178	100.0%

Table 3.4d(i) Transplants from NHB donors from 2007 to 2011

Type of transplant	2007	2008	2009	2010	2011	2010/2011	
Kidney	Kidney	244	200	243	191	306	60.2%
	Kidney en bloc	3	1	3	1	1	0.0%
Total	247	201	246	192	307	59.9%	
Liver	Whole liver	36	46	69	39	81	107.7%
	Liver + kidney	0	1	0	3	3	0.0%
Total	36	47	69	42	84	100.0%	
Lung	Single lung	1	4	4	1	1	0.0%
	Double lung	9	12	29	25	43	72.0%
Total	10	16	33	26	44	69.2%	
Pancreas	Pancreas	0	0	0	0	1	--
	Pancreas + kidney	0	0	0	0	4	--
	Pancreatic islets	2	7	2	0	8	--
Total	2	7	2	0	13	--	
Total	295	271	350	260	448	72.3%	

Table 3.4d(ii) Transplants from NHB donors, by donor country, in 2011

Type of transplant	Transplant country	(A)	(B)	(NL)	Total	%
Kidney	(A)	11	1	4	16	5.2%
	(B)	0	84	5	89	29.0%
	(NL)	0	8	194	202	65.8%
Total		11	93	203	307	100.0%
Liver	(A)	1	0	1	2	2.5%
	(B)	0	42	1	43	53.1%
	(NL)	0	0	36	36	44.4%
Total		1	42	38	81	100.0%
Liver + kidney	(B)	0	2	0	2	66.7%
	(NL)	0	0	1	1	33.3%
Total		0	2	1	3	100.0%
Lung	(B)	0	15	2	17	38.6%
	(NL)	0	0	27	27	61.4%
Total		0	15	29	44	100.0%
Pancreas	(NL)	0	0	1	1	100.0%
Total		0	0	1	1	100.0%
Pancreas + kidney	(NL)	0	0	4	4	100.0%
Total		0	0	4	4	100.0%
Pancreatic islets	(B)	0	5	1	6	75.0%
	(NL)	0	0	2	2	25.0%
Total		0	5	3	8	100.0%
Total		12	157	279	448	100.0%

WAITING LIST

Table 3.5(i) Active Eurotransplant waiting list, by organ, as per December 31, from 2007 to 2011

Waiting list type	Composition	2007	2008	2009	2010	2011	2010/2011
Kidney	kidney	10910	10687	10533	10307	10231	-0.7%
	kidney + heart	24	16	27	31	26	-16.1%
	kidney + heart + lung	0	0	1	0	0	0.0%
	kidney + heart + liver	0	0	0	1	0	-100.0%
	kidney + lung	3	5	2	2	2	0.0%
	kidney + liver	67	72	97	90	72	-20.0%
	kidney + liver + pancreas	0	2	1	2	1	-50.0%
	kidney + pancreas	304	300	349	335	290	-13.4%
Kidney	Total	11308	11082	11010	10768	10622	-1.4%
Heart	heart	933	989	1121	1158	1222	5.5%
	heart + kidney	24	16	27	31	26	-16.1%
	heart + lung	55	57	38	33	25	-24.2%
	heart + lung + kidney	0	0	1	0	0	0.0%
	heart + lung + liver	0	0	0	0	1	--
	heart + liver	2	2	4	2	3	50.0%
	heart + liver + kidney	0	0	0	1	0	-100.0%
	heart + liver + pancreas	0	0	0	1	0	-100.0%
Heart	Total	1014	1064	1191	1226	1277	4.2%

Table 3.5(i) (Continued)

Waiting list type	Composition	2007	2008	2009	2010	2011	2010/2011
Lung	lung	849	846	964	964	997	3.4%
	lung + kidney	3	5	2	2	2	0.0%
	lung + heart	55	57	38	33	25	-24.2%
	lung + heart + kidney	0	0	1	0	0	0.0%
	lung + heart + liver	0	0	0	0	1	--
	lung + liver	4	8	6	5	1	-80.0%
Lung	Total	911	916	1011	1004	1026	2.2%
Liver	liver	2351	2354	2525	2588	2530	-2.2%
	liver + kidney	67	72	97	90	72	-20.0%
	liver + heart	2	2	4	2	3	50.0%
	liver + heart + kidney	0	0	0	1	0	-100.0%
	liver + heart + lung	0	0	0	0	1	--
	liver + heart + pancreas	0	0	0	1	0	-100.0%
	liver + lung	4	8	6	5	1	-80.0%
	liver + pancreas	5	4	8	6	6	0.0%
liver + pancreas + kidney	0	2	1	2	1	-50.0%	
Liver	Total	2429	2442	2641	2695	2614	-3.0%
Pancreas	pancreas	43	55	68	66	92	39.4%
	pancreas + kidney	304	300	349	335	290	-13.4%
	pancreas + heart + liver	0	0	0	1	0	-100.0%
	pancreas + liver	5	4	8	6	6	0.0%
	pancreas + liver + kidney	0	2	1	2	1	-50.0%
Pancreas	Total	352	361	426	410	389	-5.1%
All	Total patients	15550	15397	15744	15591	15499	-0.6%

Table 3.5(ii) Active Eurotransplant waiting list, by organ, as per December 31, 2011

Waiting list type	Composition	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
Kidney	kidney	725	837	170	7573	858	68	10231	96.3%
	kidney + heart	2	5	0	19	0	0	26	0.2%
	kidney + lung	1	0	0	1	0	0	2	0.0%
	kidney + liver	1	22	1	47	1	0	72	0.7%
	kidney + liver + pancreas	0	0	0	1	0	0	1	0.0%
	kidney + pancreas	14	19	1	232	24	0	290	2.7%
Kidney	Total	743	883	172	7873	883	68	10622	100.0%
Heart	heart	65	53	21	992	57	34	1222	95.7%
	heart + kidney	2	5	0	19	0	0	26	2.0%
	heart + lung	0	1	0	24	0	0	25	2.0%
	heart + lung + liver	0	0	0	1	0	0	1	0.1%
	heart + liver	0	0	0	3	0	0	3	0.2%
Heart	Total	67	59	21	1039	57	34	1277	100.0%
Lung	lung	65	118	0	580	234	0	997	97.2%
	lung + kidney	1	0	0	1	0	0	2	0.2%
	lung + heart	0	1	0	24	0	0	25	2.4%
	lung + heart + liver	0	0	0	1	0	0	1	0.1%
	lung + liver	0	0	0	0	1	0	1	0.1%
Lung	Total	66	119	0	606	235	0	1026	100.0%
Liver	liver	111	147	77	2064	121	10	2530	96.8%
	liver + kidney	1	22	1	47	1	0	72	2.8%
	liver + heart	0	0	0	3	0	0	3	0.1%
	liver + heart + lung	0	0	0	1	0	0	1	0.0%
	liver + lung	0	0	0	0	1	0	1	0.0%
	liver + pancreas	0	3	0	3	0	0	6	0.2%
	liver + pancreas + kidney	0	0	0	1	0	0	1	0.0%
Liver	Total	112	172	78	2119	123	10	2614	100.0%

Table 3.5(ii) (Continued)

Waiting list type	Composition	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
Pancreas	pancreas	3	29	0	46	14	0	92	23.7%
	pancreas + kidney	14	19	1	232	24	0	290	74.6%
	pancreas + liver	0	3	0	3	0	0	6	1.5%
	pancreas + liver + kidney	0	0	0	1	0	0	1	0.3%
Pancreas	Total	17	51	1	282	38	0	389	100.0%
All	Total patients	987	1234	270	11586	1310	112	15499	

Figure 3.3 Median age of patients on active waiting list

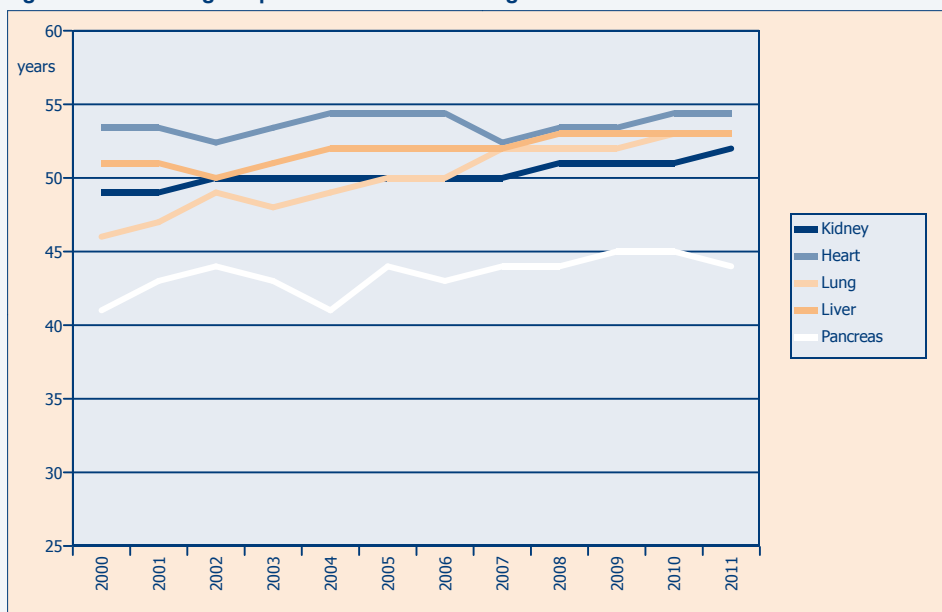
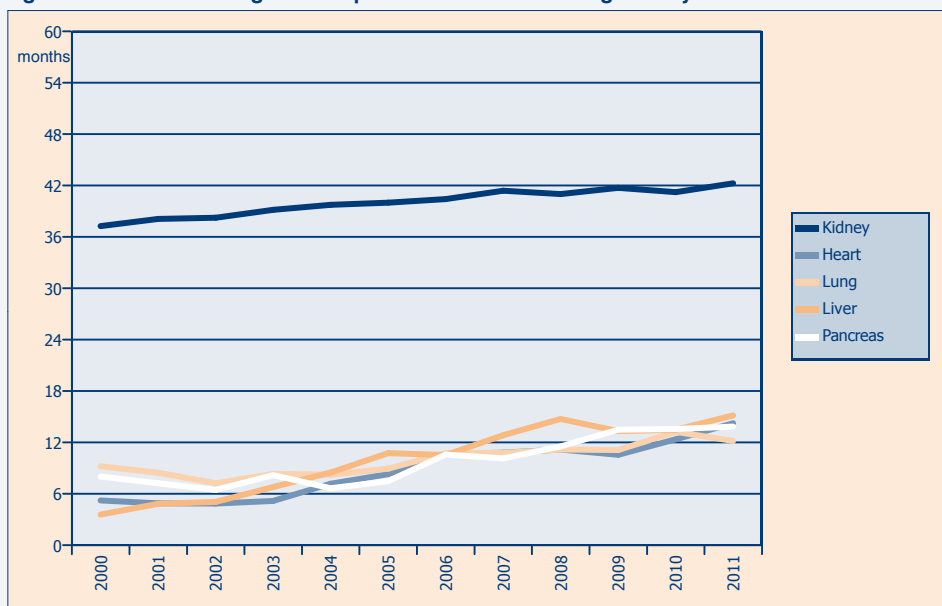


Figure 3.4 Median waiting time for patients on active waiting list at year end



Based on time since first dialysis for kidney patients, otherwise time on waiting list

Table 3.6(i) Registration events on the Eurotransplant waiting list, by organ, from 2007 to 2011

All registration events	2007	2008	2009	2010	2011	2010/2011
Kidney	6210	5799	5840	6159	6225	1.1%
Heart	1014	1052	1123	1091	1020	-6.5%
Lungs	804	847	844	818	883	7.9%
Liver	2647	2688	2942	3072	2959	-3.7%
Pancreas	353	335	326	324	345	6.5%
Total events	11028	10721	11075	11464	11432	-0.3%
Total patients	10446	10148	10519	10909	10863	-0.4%
New registration events	2007	2008	2009	2010	2011	2010/2011
Kidney	5390	4957	4932	5215	5320	2.0%
Heart	992	1030	1096	1055	1005	-4.7%
Lungs	747	800	787	765	834	9.0%
Liver	2334	2368	2578	2681	2619	-2.3%
Pancreas	302	281	292	283	275	-2.8%
Total events	9765	9436	9685	9999	10053	0.5%
Total patients	9352	9043	9318	9635	9691	0.6%
Re-registration events	2007	2008	2009	2010	2011	2010/2011
Kidney	820	842	908	944	905	-4.1%
Heart	22	22	27	36	15	-58.3%
Lungs	57	47	57	53	49	-7.5%
Liver	313	320	364	391	340	-13.0%
Pancreas	51	54	34	41	70	70.7%
Total events	1263	1285	1390	1465	1379	-5.9%
Total patients	1221	1246	1355	1423	1326	-6.8%

Patient registrations for multiple organs are counted for each organ separately. Re-registrations are where a patient has previously received a transplant for the same organ, new registrations are all other patient registration events. Registrations for both deceased and living donor transplants are included.

Table 3.6(ii) Registration events on the Eurotransplant waiting list, by organ and country, in 2011

All registration events	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
Kidney	457	573	190	3795	1147	63	6225	54.5%
Heart	57	109	65	705	59	25	1020	8.9%
Lungs	145	150	0	461	127	0	883	7.7%
Liver	181	374	169	2022	187	26	2959	25.9%
Pancreas	20	55	9	227	33	1	345	3.0%
Total events	860	1261	433	7210	1553	115	11432	100.0%
Total patients	821	1181	418	6814	1516	113	10863	
New registration events	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
Kidney	361	500	187	3238	974	60	5320	52.9%
Heart	56	106	64	695	59	25	1005	10.0%
Lungs	135	142	0	437	120	0	834	8.3%
Liver	162	337	160	1781	157	22	2619	26.1%
Pancreas	15	37	9	188	25	1	275	2.7%
Total events	729	1122	420	6339	1335	108	10053	100.0%
Total patients	709	1072	409	6079	1315	107	9691	
Re-registration events	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
Kidney	96	73	3	557	173	3	905	65.6%
Heart	1	3	1	10	0	0	15	1.1%
Lungs	10	8	0	24	7	0	49	3.6%
Liver	19	37	9	241	30	4	340	24.7%
Pancreas	5	18	0	39	8	0	70	5.1%
Total events	131	139	13	871	218	7	1379	100.0%
Total patients	127	130	13	839	210	7	1326	

Table 3.7a(i) Removals from the Eurotransplant waiting list, from 2007 to 2011

Waiting list	Removal reason	2007	2008	2009	2010	2011	2010/2011
Kidney	Deceased	528	564	524	574	552	-3.8%
	Unfit for transplant	269	312	342	304	372	22.4%
	Transplanted	4729	4579	4711	4969	4922	-0.9%
	Recovered	26	39	36	38	58	52.6%
	Other	310	312	231	175	233	33.1%
Kidney	Total	5862	5806	5844	6060	6137	1.3%
Heart	Deceased	226	221	243	254	226	-11.0%
	Unfit for transplant	26	23	41	41	26	-36.6%
	Transplanted	592	577	578	631	589	-6.7%
	Recovered	52	35	64	62	57	-8.1%
	Other	43	54	50	51	44	-13.7%
Heart	Total	939	910	976	1039	942	-9.3%
Lung	Deceased	123	181	154	151	148	-2.0%
	Unfit for transplant	12	24	23	11	18	63.6%
	Transplanted	525	527	539	593	636	7.3%
	Recovered	3	6	9	11	7	-36.4%
	Other	24	32	18	16	56	250.0%
Lungs	Total	687	770	743	782	865	10.6%
Liver	Deceased	437	512	544	615	584	-5.0%
	Unfit for transplant	92	106	95	102	130	27.5%
	Transplanted	1724	1686	1791	1930	1905	-1.3%
	Recovered	115	101	97	87	124	42.5%
	Other	124	127	157	131	119	-9.2%
Liver	Total	2492	2532	2684	2865	2862	-0.1%
Pancreas	Deceased	19	29	29	31	28	-9.7%
	Unfit for transplant	11	13	17	13	15	15.4%
	Transplanted	230	236	209	257	265	3.1%
	Recovered	0	4	3	1	2	100.0%
	Other	12	17	21	19	20	5.3%
Pancreas	Total	272	299	279	321	330	2.8%

Reported by year of death, year of transplant, or otherwise by year of removal event. Includes patients with active or non-active urgency at removal. Includes removals while waiting for living or deceased donor transplants. Repeated patient removals are counted each time.

Table 3.7a(ii) Removals from the Eurotransplant waiting list, in 2011

Waiting list	Removal reason	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
Kidney	Deceased	45	34	11	370	89	3	552	9.0%
	Unfit for transplant	12	40	30	187	101	2	372	6.1%
	Transplanted	415	514	237	2850	860	46	4922	80.2%
	Recovered	4	2	1	35	16	0	58	0.9%
	Other	12	11	6	130	73	1	233	3.8%
Kidney	Total	488	601	285	3572	1139	52	6137	100.0%
Heart	Deceased	8	21	12	166	11	8	226	24.0%
	Unfit for transplant	3	1	0	21	0	1	26	2.8%
	Transplanted	51	76	38	366	44	14	589	62.5%
	Recovered	1	5	6	42	1	2	57	6.1%
	Other	0	1	2	40	1	0	44	4.7%
Heart	Total	63	104	58	635	57	25	942	100.0%
Lung	Deceased	20	8	0	100	20	0	148	17.1%
	Unfit for transplant	5	1	0	9	3	0	18	2.1%
	Transplanted	120	111	0	337	68	0	636	73.5%
	Recovered	2	3	0	2	0	0	7	0.8%
	Other	0	0	0	49	7	0	56	6.5%
Lungs	Total	147	123	0	497	98	0	865	100.0%

Table 3.7a(ii) (Continued)

Waiting list	Removal reason	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
Liver	Deceased	36	54	18	444	29	3	584	20.4%
	Unfit for transplant	8	19	3	92	8	0	130	4.5%
	Transplanted	128	299	124	1199	135	20	1905	66.6%
	Recovered	12	24	3	75	10	0	124	4.3%
	Other	4	11	5	91	7	1	119	4.2%
Liver	Total	188	407	153	1901	189	24	2862	100.0%
Pancreas	Deceased	3	1	0	21	3	0	28	8.5%
	Unfit for transplant	2	1	0	12	0	0	15	4.5%
	Transplanted	16	33	12	173	30	1	265	80.3%
	Recovered	0	0	0	1	1	0	2	0.6%
	Other	5	4	0	9	2	0	20	6.1%
Pancreas	Total	26	39	12	216	36	1	330	100.0%

Table 3.7b(i) Mortality on the Eurotransplant waiting list, by year of death, from 2007 to 2011

Waiting list	2007	2008	2009	2010	2011	2010/2011
Kidney	528	564	524	574	552	-3.8%
Heart	226	221	243	254	226	-11.0%
Lungs	123	181	154	151	148	-2.0%
Liver	437	512	544	615	584	-5.0%
Pancreas	19	29	29	31	28	-9.7%
Total	1333	1507	1494	1625	1538	-5.4%
Total patients	1270	1442	1422	1542	1451	-6.8%

Table 3.7b(ii) Mortality on the Eurotransplant waiting list in 2011, by country

Waiting list	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total
Kidney	45	34	11	370	89	3	552
Heart	8	21	12	166	11	8	226
Lungs	20	8	0	100	20	0	148
Liver	36	54	18	444	29	3	584
Pancreas	3	1	0	21	3	0	28
Total	112	118	41	1101	152	14	1538
Total patients	105	109	41	1035	147	14	1451

Table 3.7c(i) Mortality on the Eurotransplant waiting lists, by urgency and year of death, from 2007 to 2011

Waiting list	Urgency at death	2007	2008	2009	2010	2011	2010/2011
Kidney	High Urgency	2	1	0	0	1	--
	Elective	124	124	108	136	122	-10.3%
	Non-active	402	439	416	438	429	-2.1%
Kidney	Total	528	564	524	574	552	-3.8%
Heart	High Urgency	34	30	44	45	48	6.7%
	Urgent	3	2	2	1	0	-100.0%
	Elective	106	104	131	123	94	-23.6%
	Non-active	83	85	66	85	84	-1.2%
Heart	Total	226	221	243	254	226	-11.0%
Lungs	High Urgency	32	49	38	45	31	-31.1%
	Urgent	3	5	8	2	2	0.0%
	Elective	52	76	65	65	69	6.2%
	Non-active	36	51	43	39	46	17.9%
Lungs	Total	123	181	154	151	148	-2.0%

Table 3.7c(i) (Continued)

Waiting list	Urgency at death	2007	2008	2009	2010	2011	2010/2011
Liver	High Urgency	26	21	30	35	30	-14.3%
	Meld 30+	88	144	174	247	200	-19.0%
	Meld 25-29	38	44	58	73	76	4.1%
	Meld 19-24	83	96	102	76	101	32.9%
	Meld 11-18	96	114	98	96	103	7.3%
	Meld 06-10	106	91	82	88	72	-18.2%
	Unknown	0	2	0	0	2	--
Liver	Total	437	512	544	615	584	-5.0%
Pancreas	Elective	5	11	5	11	3	-72.7%
	Non-active	14	18	24	20	25	25.0%
Pancreas	Total	19	29	29	31	28	-9.7%

Table 3.7c(ii) Mortality on the Eurotransplant waiting lists, by urgency and country, in 2011

Waiting list	Urgency at death	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
Kidney	High Urgency	0	0	0	1	0	0	1	0.2%
	Elective	16	10	0	91	5	0	122	22.1%
	Non-active	29	24	11	278	84	3	429	77.7%
Kidney	Total	45	34	11	370	89	3	552	100.0%
Heart	High Urgency	0	1	1	40	2	4	48	21.2%
	Elective	4	5	3	78	0	4	94	41.6%
	Non-active	4	15	8	48	9	0	84	37.2%
Heart	Total	8	21	12	166	11	8	226	100.0%
Lungs	High Urgency	0	1	0	22	8	0	31	20.9%
	Urgent	0	0	0	2	0	0	2	1.4%
	Elective	8	6	0	45	10	0	69	46.6%
	Non-active	12	1	0	31	2	0	46	31.1%
Lungs	Total	20	8	0	100	20	0	148	100.0%
Liver	High Urgency	2	7	0	18	3	0	30	5.1%
	Meld 30+	9	13	5	164	9	0	200	34.2%
	Meld 25-29	4	9	1	59	2	1	76	13.0%
	Meld 19-24	7	10	5	71	7	1	101	17.3%
	Meld 11-18	8	11	5	72	6	1	103	17.6%
	Meld 06-10	6	3	2	59	2	0	72	12.3%
	Unknown	0	1	0	1	0	0	2	0.3%
Liver	Total	36	54	18	444	29	3	584	100.0%
Pancreas	Elective	1	0	0	2	0	0	3	10.7%
	Non-active	2	1	0	19	3	0	25	89.3%
Pancreas	Total	3	1	0	21	3	0	28	100.0%

TRANSPLANTATION

Table 3.8(i) Number of transplanted organs**, by organ, by donor type, from* 2007 to 2011
Deceased donor transplants

Transplant year	2007	2008	2009	2010	2011	2010/2011
Kidney	3728	3522	3590	3739	3633	-2.8%
Heart	598	581	581	632	591	-6.5%
Lung	959	972	999	1111	1182	6.4%
Liver	1625	1606	1692	1793	1770	-1.3%
Pancreas	255	256	227	273	304	11.4%
Total	7165	6937	7089	7548	7480	-0.9%

Table 3.8(i) (Continued)

Living donor transplants

Transplant year	2007	2008	2009	2010	2011	2010/2011
Kidney	1032	1091	1150	1266	1339	5.8%
Liver (partial and domino)	101	82	99	138	135	-2.2%
Lung	0	0	1	0	0	0.0%
Total	1133	1173	1250	1404	1474	5.0%

Table 3.8(ii) Number of transplanted organs**, by organ, by donor type, by country, in* 2011

Deceased donor transplants by transplant country

Transplant country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	%
Kidney	362	481	231	2090	0	421	46	2	3633	48.6%
Heart	51	76	38	366	0	44	14	2	591	7.9%
Lung	233	209	0	617	0	123	0	0	1182	15.8%
Liver	126	262	121	1116	0	125	20	0	1770	23.7%
Pancreas	16	66	12	173	0	36	1	0	304	4.1%
Total	788	1094	402	4362	0	749	81	4	7480	100.0%

Deceased donor transplants by donor country

Donor country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	%
Kidney	353	480	249	2072	16	408	52	3	3633	48.6%
Heart	55	70	38	362	4	38	14	10	591	7.9%
Lung	112	201	25	567	0	132	8	137	1182	15.8%
Liver	127	280	126	1040	10	146	24	17	1770	23.7%
Pancreas	20	62	15	163	0	42	2	0	304	4.1%
Total	667	1093	453	4204	30	766	100	167	7480	100.0%

Living donor transplants by country

Transplant country	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	%
Kidney	55	40	9	795	0	440	0	0	1339	90.8%
Liver (partial and domino)	2	37	3	83	0	10	0	0	135	9.2%
Total	57	77	12	878	0	450	0	0	1474	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 3.9(i) Transplants from 2007 to 2011

Deceased donors	2007	2008	2009	2010	2011	2010/2011
Kidney	3415	3179	3302	3388	3255	-3.9%
Kidney en bloc	24	28	29	34	46	35.3%
Heart	562	544	553	602	553	-8.1%
Single lung	90	82	79	75	89	18.7%
Double lung	409	419	435	496	528	6.5%
Liver	1439	1405	1516	1606	1622	1.0%
Split liver	105	113	121	118	88	-25.4%
Pancreas	29	20	13	24	21	-12.5%
Pancreas islets	15	17	18	14	25	78.6%
Heart + double lung	21	23	20	16	14	-12.5%
Heart + double lung + liver	0	0	0	1	0	-100.0%
Heart + double lung + kidney	0	1	0	0	0	0.0%
Heart + liver	2	3	0	1	3	200.0%
Heart + pancreas + kidney	0	0	0	1	0	-100.0%
Heart + single kidney	13	10	8	11	21	90.9%
Double lung + liver	4	1	3	3	2	-33.3%
Single lung + kidney	1	0	0	0	1	--
Double lung + kidney	0	1	2	2	2	0.0%
Liver + pancreas	5	5	4	6	6	0.0%
Liver + pancreas + kidney	1	0	2	1	2	100.0%
Liver + kidney	64	73	45	52	43	-17.3%
Liver + kidney en bloc	1	2	0	0	1	--
Split liver + kidney	4	4	1	5	3	-40.0%
Pancreas + kidney	180	194	172	211	210	-0.5%
Pancreas + kidney en bloc	0	0	0	0	1	--
Total (deceased donor) transplants	6384	6124	6323	6667	6536	-2.0%

Table 3.9(i) (Continued)

Living donors	2007	2008	2009	2010	2011	2010/2011
Kidney	1032	1090	1150	1266	1339	5.8%
Kidney + liver	0	1	0	0	0	0.0%
Liver (partial and domino)	101	81	99	138	135	-2.2%
Lung	0	0	1	0	0	0.0%
Total (living donor) transplants	1133	1172	1250	1404	1474	5.0%
All donors	2007	2008	2009	2010	2011	2010/2011
Total transplants	7517	7296	7573	8071	8010	-0.8%

Table 3.9(ii) Transplants in 2011, by transplant country

Deceased donor transplants	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	% of deceased donor transplants
Kidney	335	429	215	1832	0	397	45	2	3255	48.8%
Kidney en bloc	2	7	2	34	0	1	0	0	46	0.7%
Heart	47	67	38	341	0	44	14	2	553	8.3%
Single lung	7	12	0	57	0	13	0	0	89	1.3%
Double lung	111	94	0	268	0	55	0	0	528	7.9%
Liver	119	231	115	1016	0	122	19	0	1622	24.3%
Split liver	2	7	5	72	0	1	1	0	88	1.3%
Pancreas	0	3	2	14	0	2	0	0	21	0.3%
Pancreas islets	0	15	0	2	0	8	0	0	25	0.4%
Heart + double lung	1	3	0	10	0	0	0	0	14	0.2%
Heart + double lung + liver	0	0	0	0	0	0	0	0	0	0.0%
Heart + double lung + kidney	0	0	0	0	0	0	0	0	0	0.0%
Heart + liver	0	1	0	2	0	0	0	0	3	0.0%
Heart + pancreas + kidney	0	0	0	0	0	0	0	0	0	0.0%
Heart + single kidney	3	5	0	13	0	0	0	0	21	0.3%
Double lung + liver	1	0	0	1	0	0	0	0	2	0.0%
Single lung + kidney	0	1	0	0	0	0	0	0	1	0.0%
Double lung + kidney	0	1	0	1	0	0	0	0	2	0.0%
Liver + pancreas	0	3	0	3	0	0	0	0	6	0.1%
Liver + pancreas + kidney	0	1	0	1	0	0	0	0	2	0.0%
Liver + kidney	4	19	1	17	0	2	0	0	43	0.6%
Liver + kidney en bloc	0	0	0	1	0	0	0	0	1	0.0%
Split liver + kidney	0	0	0	3	0	0	0	0	3	0.0%
Pancreas + kidney	16	11	9	153	0	20	1	0	210	3.1%
Pancreas + kidney en bloc	0	0	1	0	0	0	0	0	1	0.0%
Total (deceased donors) transplants	648	910	388	3841	0	665	80	4	6536	100.0%
Living donor transplants	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	% of living donor transplants
Kidney	55	40	9	795	0	440	0	0	1339	90.8%
Liver (partial and domino)	2	37	3	83	0	10	0	0	135	9.2%
Total (living donors) transplants	57	77	12	878	0	450	0	0	1474	100.0%
All donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Non-ET	Total	
Total transplants	705	987	400	4719	0	1115	80	4	8010	

Figure 3.5 Median age of transplant recipients (deceased donor transplants)

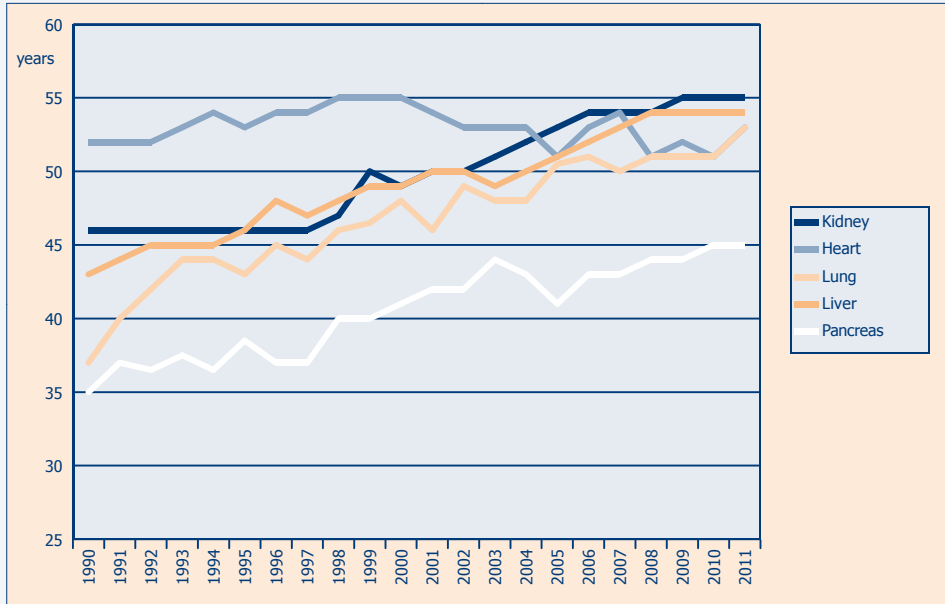
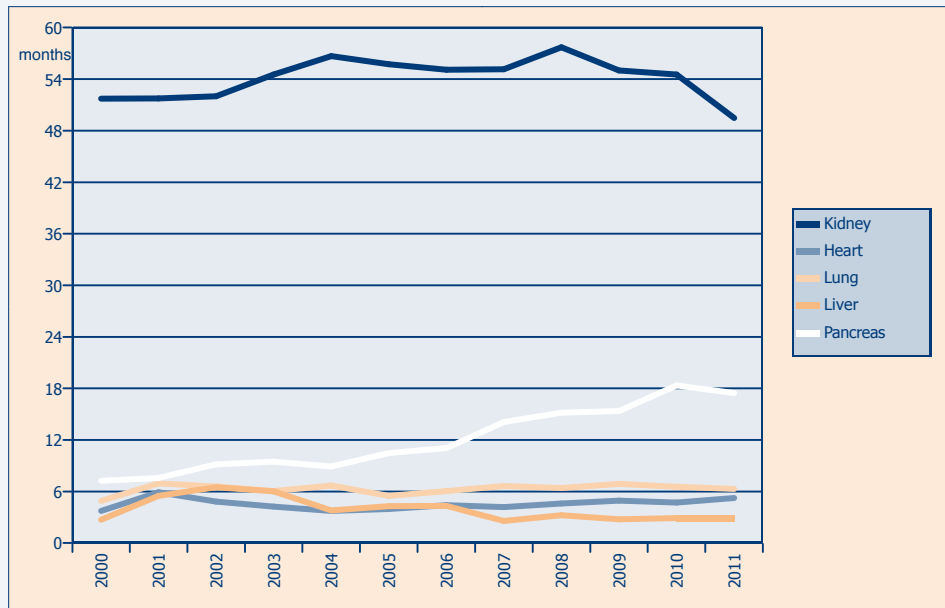


Figure 3.6 Median waiting time to transplant (deceased donor transplants)



Based on time since first dialysis for kidney patients, otherwise time on waiting list

4. Kidney: donation, waiting lists and transplants

DONATION

Table 4.1(i) Deceased donors / kidneys in Eurotransplant, from 2007 to 2011

Donors	2007	2008	2009	2010	2011	2010/2011
All donors reported	2411	2233	2305	2415	2481	2.7%
Non-kidney donors	216	217	243	264	311	17.8%
Kidney donors reported	2195	2016	2062	2151	2170	0.9%
Kidney donors not used	265	183	203	201	279	38.8%
<i>One kidney used</i>	145	138	131	162	149	-8.0%
<i>Two kidneys used</i>	1785	1695	1728	1788	1742	-2.6%
Total kidney donors used	1930	1833	1859	1950	1891	-3.0%

Kidneys	2007	2008	2009	2010	2011	2010/2011
Reported	4365	3999	4103	4262	4320	1.4%
Offered	4208	3912	4026	4183	4189	0.1%
Accepted	3952	3711	3800	3926	3879	-1.2%
Transplanted	3715	3528	3587	3738	3633	-1.2%

Table 4.1(ii) Deceased donors / kidneys in Eurotransplant in 2011

Donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLD)	Total ET	Non-ET	Total	% all donors
All donors reported	221	352	150	1240	9	275	32	2279	202	2481	100.0%
Non-kidney donors	11	47	6	53	0	8	0	125	186	311	12.5%
Kidney donors reported	210	305	144	1187	9	267	32	2154	16	2170	87.5%
Kidney donors not used	27	47	14	117	1	56	3	265	14	279	11.2%
<i>One kidney used</i>	11	34	11	72	0	14	6	148	1	149	6.0%
<i>Two kidneys used</i>	172	224	119	998	8	197	23	1741	1	1742	70.2%
Total kidney donors used	183	258	130	1070	8	211	29	1889	2	1891	76.2%

Kidneys	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLD)	Total ET	Non-ET	Total	% reported
Reported	418	608	287	2365	18	533	63	4292	28	4320	100.0%
Offered	417	593	287	2338	18	449	63	4165	24	4189	97.0%
Accepted	388	539	270	2186	16	417	58	3874	5	3879	89.8%
Transplanted	355	482	249	2068	16	408	52	3630	3	3633	84.1%

WAITING LIST

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

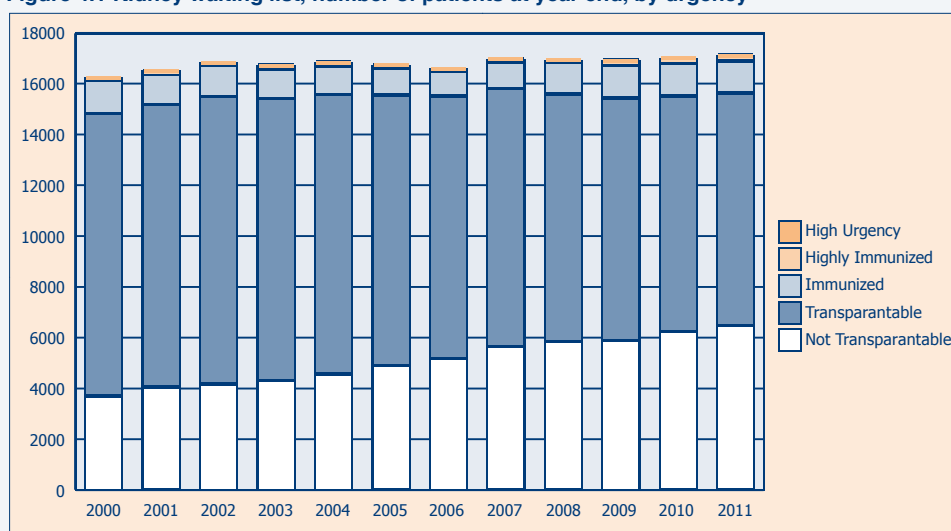


Figure 4.2 Kidney waiting list, percentage of patients at year end, by urgency

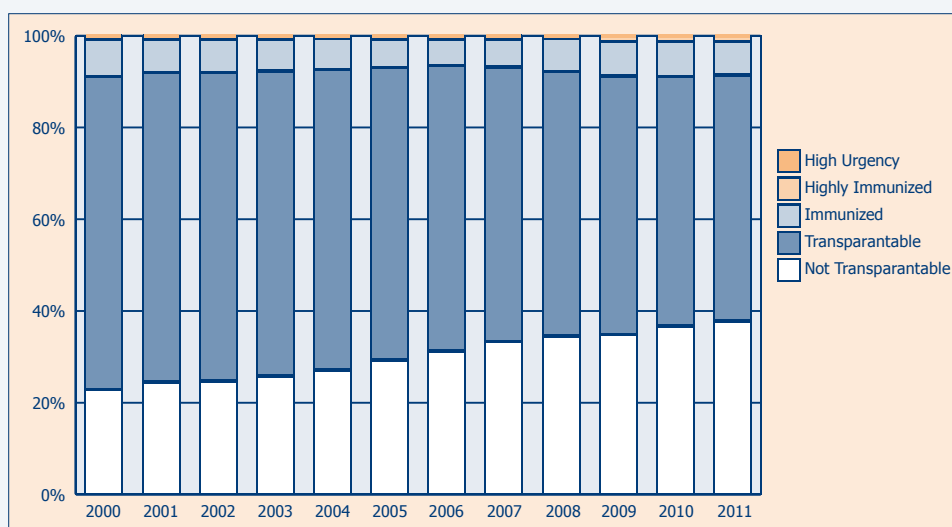


Table 4.2(i) Active kidney transplant waiting list, as per December 31, from 2007 to 2011 - characteristics

Type of transplant	2006	2007	2008	2009	2010	2011	2010/2011
Kidney	11069	10910	10687	10533	10307	10231	-0.7%
Kidney + heart	15	24	16	27	31	26	-16.1%
Kidney + heart + liver	0	0	0	0	1	0	-100.0%
Kidney + heart + lung	0	0	0	1	0	0	0.0%
Kidney + liver	62	67	72	97	90	72	-20.0%
Kidney + liver + pancreas	1	0	2	1	2	1	-50.0%
Kidney + lung	2	3	5	2	2	2	0.0%
Kidney + pancreas	242	304	300	349	335	290	-13.4%
Total	11391	11308	11082	11010	10768	10622	-1.4%

Table 4.2(ii) Active kidney transplant waiting list, as per December 31, 2011 - characteristics

Type of transplant	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
Kidney	725	837	170	7573	858	68	10231	96.3%
Kidney + heart	2	5	0	19	0	0	26	0.2%
Kidney + liver	1	22	1	47	1	0	72	0.7%
Kidney + liver + pancreas	0	0	0	1	0	0	1	0.0%
Kidney + lung	1	0	0	1	0	0	2	0.0%
Kidney + pancreas	14	19	1	232	24	0	290	2.7%
Total	743	883	172	7873	883	68	10622	100.0%

Table 4.3(i) Active kidney-only transplant waiting list, as per December 31, from 2007 to 2011 - characteristics

Blood group	2007	2008	2009	2010	2011	2010/2011
A	3924	3769	3705	3555	3471	-2.4%
AB	144	176	190	180	227	26.1%
B	1307	1265	1258	1251	1258	0.6%
O	5535	5477	5380	5321	5275	-0.9%
Total	10910	10687	10533	10307	10231	-0.7%

% PRA current	2007	2008	2009	2010	2011	2010/2011
0-5 %	9741	9347	9063	8806	8734	-0.8%
6-84 %	997	1182	1243	1255	1216	-3.1%
85-100 %	113	100	188	212	208	-1.9%
Not reported	59	58	39	34	73	114.7%
Total	10910	10687	10533	10307	10231	-0.7%

Table 4.3(i) (Continued)

Sequence	2007	2008	2009	2010	2011	2010/2011
First	9159	8943	8751	8478	8386	-1.1%
Repeat	1751	1744	1782	1829	1845	0.9%
Total	10910	10687	10533	10307	10231	-0.7%
Waiting time (years) based on date start of dialysis	2007	2008	2009	2010	2011	2010/2011
Pre-emptive	275	326	329	373	399	7.0%
0-1	2401	2363	2319	2242	2181	-2.7%
2-4	5269	5054	4799	4740	4587	-3.2%
5+	2965	2944	3086	2952	3064	3.8%
Total	10910	10687	10533	10307	10231	-0.7%
Waiting time (years) based on date put on WL	2007	2008	2009	2010	2011	2010/2011
0-1	5047	5069	4861	4798	4819	0.4%
2-4	4197	3950	3917	3814	3684	-3.4%
5+	1666	1668	1755	1695	1728	1.9%
Total	10910	10687	10533	10307	10231	-0.7%
Age	2007	2008	2009	2010	2011	2010/2011
0-15	124	104	114	99	79	-20.2%
16-55	7026	6737	6614	6412	6232	-2.8%
56-64	2789	2780	2762	2773	2843	2.5%
65+	971	1066	1043	1023	1077	5.3%
Total	10910	10687	10533	10307	10231	-0.7%

Table 4.3(ii) Active kidney-only transplant waiting list, as per December 31, 2011 - characteristics

Blood group	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
A	244	259	60	2646	234	28	3471	33.9%
AB	19	16	9	165	18	0	227	2.2%
B	102	71	21	932	117	15	1258	12.3%
O	360	491	80	3830	489	25	5275	51.6%
Total	725	837	170	7573	858	68	10231	100.0%
% PRA current	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0-5 %	608	600	120	6615	732	59	8734	85.4%
6-84 %	83	138	24	858	106	7	1216	11.9%
85-100 %	17	98	1	74	16	2	208	2.0%
Not reported	17	1	25	26	4	0	73	0.7%
Total	725	837	170	7573	858	68	10231	100.0%
Sequence	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
First	528	637	163	6310	682	66	8386	82.0%
Repeat	197	200	7	1263	176	2	1845	18.0%
Total	725	837	170	7573	858	68	10231	100.0%
Waiting time (years) based on date start of dialysis	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0-1	250	293	69	1280	271	18	2181	21.3%
2-4	368	350	73	3365	397	34	4587	44.8%
5+	75	85	25	2769	96	14	3064	29.9%
Pre-emptive	32	109	3	159	94	2	399	3.9%
Total	725	837	170	7573	858	68	10231	100.0%

Table 4.3(ii) (Continued)

Waiting time (years) based on date put on WL	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
0-1	441	522	127	3235	440	54	4819	47.1%
2-4	231	255	42	2801	345	10	3684	36.0%
5+	53	60	1	1537	73	4	1728	16.9%
Total	725	837	170	7573	858	68	10231	100.0%

Age	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
0-15	6	5	3	53	12	0	79	0.8%
16-55	462	517	114	4667	426	46	6232	60.9%
56-64	185	218	47	2129	248	16	2843	27.8%
65+	72	97	6	724	172	6	1077	10.5%
Total	725	837	170	7573	858	68	10231	100.0%

TRANSPLANTATION

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

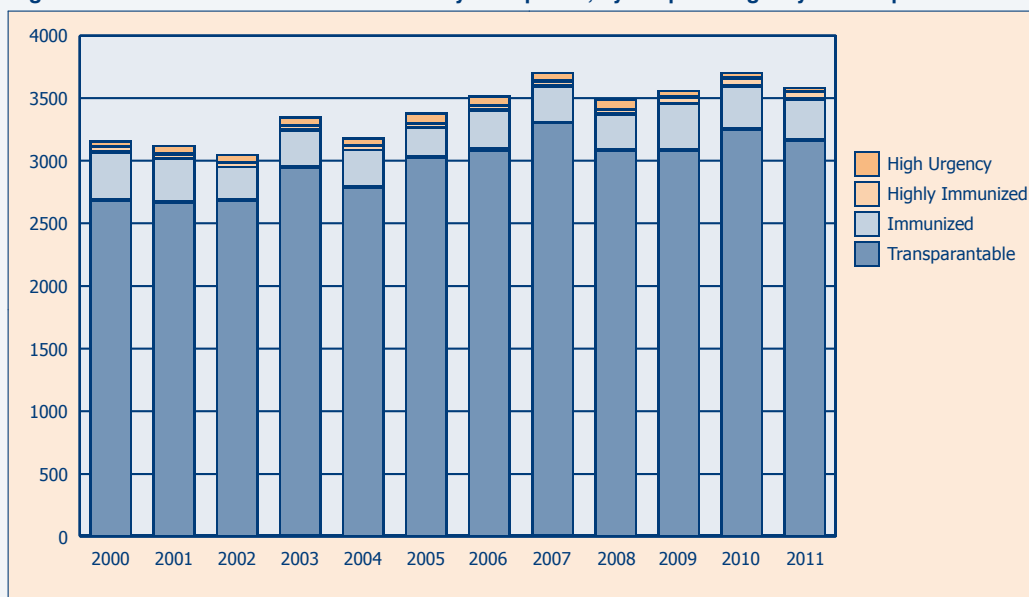


Figure 4.4 Percentage of deceased donor kidney transplants, by recipient urgency at transplant

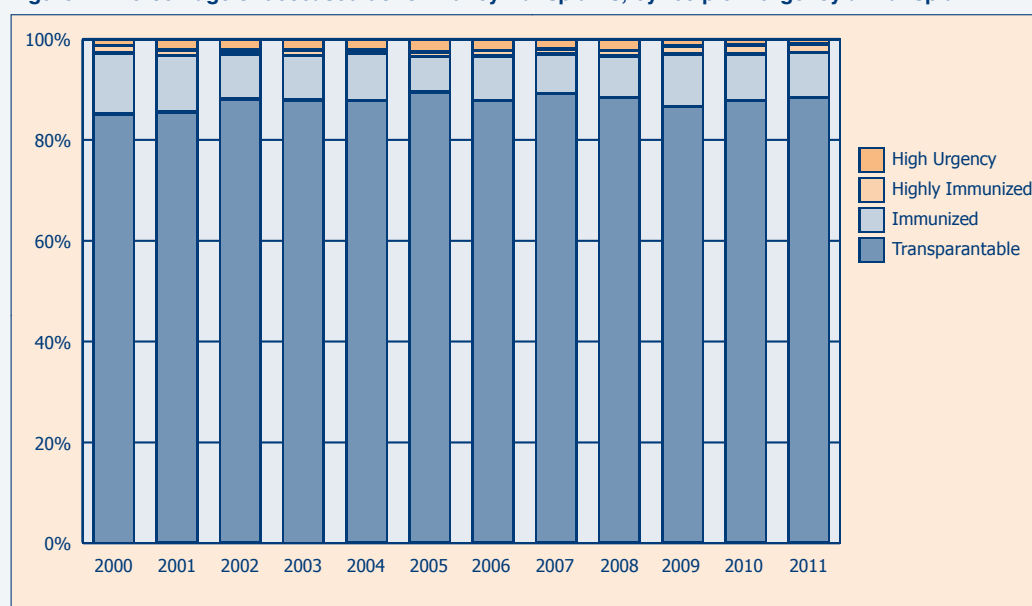


Table 4.4a(i) Kidney transplant characteristics (deceased donors), from 2007 to 2011

Type of transplant	2007	2008	2009	2010	2011	2010/2011
Kidney only	3415	3179	3302	3388	3255	3.9%
Kidney en bloc	24	28	29	34	46	35.3%
Kidney + heart	13	10	8	11	21	90.9%
Kidney + heart + both lungs	0	1	0	0	0	0.0%
Kidney + heart + pancreas	0	0	0	1	0	100.0%
Kidney + single lung	1	0	0	0	1	--
Kidney + both lungs	0	1	2	2	2	0.0%
Kidney + split liver	4	4	1	5	3	40.0%
Kidney + whole liver	64	73	45	52	43	17.3%
Kidney en bloc + whole liver	1	2	0	0	1	--
Kidney + whole liver + pancreas	1	0	2	1	2	100.0%
Kidney + pancreas	180	194	172	211	210	0.5%
Kidney en bloc + pancreas	0	0	0	0	1	--
Total	3703	3492	3561	3705	3585	-3.2%

Table 4.4a(ii) Kidney transplant characteristics - 2011

Type of transplant	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total ET	Non-ET	Total	%
Kidney only	335	429	215	1832	397	45	3253	2	3255	90.8%
Kidney en bloc	2	7	2	34	1	0	46	0	46	1.3%
Kidney + heart	3	5	0	13	0	0	21	0	21	0.6%
Kidney + lung	0	1	0	0	0	0	1	0	1	0.0%
Kidney + both lungs	0	1	0	1	0	0	2	0	2	0.1%
Kidney + split liver	0	0	0	3	0	0	3	0	3	0.1%
Kidney + whole liver	4	19	1	17	2	0	43	0	43	1.2%
Kidney en bloc + whole liver	0	0	0	1	0	0	1	0	1	0.0%
Kidney + whole liver + pancreas	0	1	0	1	0	0	2	0	2	0.1%
Kidney + pancreas	16	11	9	153	20	1	210	0	210	5.9%
Kidney en bloc + pancreas	0	0	1	0	0	0	1	0	1	0.0%
Total	360	474	228	2055	420	46	3583	2	3585	100.0%

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

HLA - A, B, DR mismatches	2007	2008	2009	2010	2011	2010/2011
0	460	451	440	431	360	-16.5%
1	259	251	229	232	244	5.2%
2	748	750	731	835	746	-10.7%
3	1009	888	1011	970	1037	6.9%
4	528	485	497	575	564	-1.9%
5	298	261	306	259	272	5.0%
6	105	99	100	108	75	-30.6%
not calculated	32	22	17	12	3	-75.0%
Total	3439	3207	3331	3422	3301	-3.5%

Blood group	2007	2008	2009	2010	2011	2010/2011
A	1530	1404	1445	1517	1498	-1.3%
AB	243	185	204	213	176	-17.4%
B	412	431	424	441	390	-11.6%
O	1254	1187	1258	1251	1237	-1.1%
Total	3439	3207	3331	3422	3301	-3.5%

PRA	2007	2008	2009	2010	2011	2010/2011
0-5%	3097	2883	2909	3013	2929	-2.8%
6-84%	293	286	366	341	315	-7.6%
85-100%	40	35	55	64	54	-15.6%
Not reported	9	3	1	4	3	-25.0%
Total	3439	3207	3331	3422	3301	-3.5%

Table 4.4b(i) (Continued)

Waiting time (months) based on date start of dialysis	2007	2008	2009	2010	2011	2010/2011
Pre-emptive	38	43	38	44	78	77.3%
0-5	47	45	46	44	39	-11.4%
6-11	131	108	88	101	107	5.9%
12-23	407	350	422	401	433	8.0%
24-59	1262	1149	1282	1358	1351	-0.5%
60+	1554	1512	1455	1474	1293	-12.3%
Total	3439	3207	3331	3422	3301	-3.5%
Sequence	2007	2008	2009	2010	2011	2010/2011
First	2903	2731	2841	2956	2851	-3.6%
Repeat	536	476	490	466	450	-3.4%
Total	3439	3207	3331	3422	3301	-3.5%
Recipient age	2007	2008	2009	2010	2011	2010/2011
0-15	85	102	71	95	105	10.5%
16-55	1735	1655	1597	1668	1561	-6.4%
56-64	812	722	765	753	780	3.6%
65+	807	728	898	906	855	-5.6%
Total	3439	3207	3331	3422	3301	-3.5%
Allocation program (all donors)	2007	2008	2009	2010	2011	2010/2011
ETKAS	2574	2442	2399	2425	2334	-3.8%
ESP	588	543	680	699	674	-3.6%
AM	60	59	95	122	94	-23.0%
Rescue	217	163	157	176	199	13.1%
Total	3439	3207	3331	3422	3301	-3.5%
Allocation program (donors 65+)	2007	2008	2009	2010	2011	2010/2011
ETKAS	65	74	92	84	64	-23.8%
ESP	587	541	680	699	674	-3.6%
AM	1	0	1	2	2	0.0%
Rescue	43	54	52	53	49	-7.5%
Total	696	669	825	838	789	-5.8%

Table 4.4b(ii) Kidney-only transplants (including kidney en bloc) - 2011 - all allocation programs

HLA - A, B, DR mismatches	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total ET	Non-ET	Total	%
0	22	29	5	267	35	1	359	1	360	10.9%
1	24	36	14	118	49	3	244	0	244	7.4%
2	64	122	46	396	103	15	746	0	746	22.6%
3	106	179	84	520	127	21	1037	0	1037	31.4%
4	68	55	49	323	63	5	563	1	564	17.1%
5	40	9	16	189	18	0	272	0	272	8.2%
6	12	5	2	53	3	0	75	0	75	2.3%
Not calculated	1	1	1	0	0	0	3	0	3	0.1%
Total	337	436	217	1866	398	45	3299	2	3301	100.0%
Blood group	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total ET	Non-ET	Total	%
A	151	198	85	875	167	22	1498	0	1498	45.4%
AB	26	13	5	108	23	1	176	0	176	5.3%
B	47	45	52	197	44	4	389	1	390	11.8%
O	113	180	75	686	164	18	1236	1	1237	37.5%
Total	337	436	217	1866	398	45	3299	2	3301	100.0%

Table 4.4b(ii) (Continued)

PRA	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total ET	Non-ET	Total	%
0-5%	301	385	197	1644	361	41	2929	0	2929	88.7%
6-84%	28	36	18	193	36	4	315	0	315	9.5%
85-100%	8	15	1	29	1	0	54	0	54	1.6%
Not reported	0	0	1	0	0	0	1	2	3	0.1%
Total	337	436	217	1866	398	45	3299	2	3301	100.0%
Waiting time (months) based on date start of dialysis	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total ET	Non-ET	Total	%
Pre-emptive	6	34	0	25	10	2	77	1	78	2.4%
0-5	6	16	0	13	3	1	39	0	39	1.2%
6-11	15	18	15	47	12	0	107	0	107	3.2%
12-23	53	92	39	192	50	6	432	1	433	13.1%
24-59	183	211	117	598	220	22	1351	0	1351	40.9%
60+	74	65	46	991	103	14	1293	0	1293	39.2%
Total	337	436	217	1866	398	45	3299	2	3301	100.0%
Sequence	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total ET	Non-ET	Total	%
First	277	390	212	1587	339	44	2849	2	2851	86.4%
Repeat	60	46	5	279	59	1	450	0	450	13.6%
Total	337	436	217	1866	398	45	3299	2	3301	100.0%
Recipient age	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total ET	Non-ET	Total	%
0-15	6	13	4	75	6	0	104	1	105	3.2%
16-55	156	228	119	838	193	27	1561	0	1561	47.3%
56-64	77	105	81	406	95	15	779	1	780	23.6%
65+	98	90	13	547	104	3	855	0	855	25.9%
Total	337	436	217	1866	398	45	3299	2	3301	100.0%
Allocation program (all donors)	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total ET	Non-ET	Total	%
ETKAS	230	379	201	1190	294	40	2334	0	2334	70.7%
ESP	79	39	6	487	61	2	674	0	674	20.4%
AM	7	6	0	57	24	0	94	0	94	2.8%
Rescue	21	12	10	132	19	3	197	2	199	6.0%
Total	337	436	217	1866	398	45	3299	2	3301	100.0%
Allocation program (donors 65+)	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total ET	Non-ET	Total	%
ETKAS	17	4	21	19	3	0	64	0	64	8.1%
ESP	79	39	6	487	61	2	674	0	674	85.4%
AM	0	0	0	2	0	0	2	0	2	0.3%
Rescue	6	0	7	33	3	0	49	2	49	6.2%
Total	102	43	34	541	67	2	789	0	789	100.0%

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

HLA - A, B, DR mismatches	2007	2008	2009	2010	2011	2010/2011
0	451	445	416	411	345	-16.1%
1	235	219	191	179	202	12.8%
2	676	692	658	702	604	-14.0%
3	848	753	829	772	806	4.4%
4	298	258	248	308	309	0.3%
5	53	65	55	46	62	34.8%
6	9	7	1	7	5	-28.6%
not calculated	4	3	1	0	1	0.0%
Total	2574	2442	2399	2425	2334	-3.8%

Table 4.4c(i) (Continued)

Blood group	2007	2008	2009	2010	2011	2010/2011
A	1136	1064	1020	1075	1067	-0.7%
AB	191	146	173	163	124	-23.9%
B	290	315	316	316	296	-6.3%
O	957	917	890	871	847	-2.8%
Total	2574	2442	2399	2425	2334	-3.8%
PRA	2007	2008	2009	2010	2011	2010/2011
0-5%	2321	2207	2108	2162	2090	-3.3%
6-84%	226	219	266	236	217	-8.1%
85-100%	27	16	25	27	27	0.0%
Total	2574	2442	2399	2425	2334	-3.8%
Waiting time (months) based on date start of dialysis	2007	2008	2009	2010	2011	2010/2011
Pre-emptive	32	35	31	35	61	74.3%
0-5	37	39	37	30	30	0.0%
6-11	97	83	69	72	73	1.4%
12-23	270	232	278	233	267	14.6%
24-59	841	783	782	842	834	-1.0%
60+	1297	1270	1202	1213	1069	-11.9%
Total	2574	2442	2399	2425	2334	-3.8%
Sequence	2007	2008	2009	2010	2011	2010/2011
First	2134	2049	2043	2105	2021	-4.0%
Repeat	440	393	356	320	313	-2.2%
Total	2574	2442	2399	2425	2334	-3.8%
Recipient age	2007	2008	2009	2010	2011	2010/2011
0-15	77	102	67	91	100	9.9%
16-55	1594	1550	1466	1521	1412	-7.2%
56-64	728	644	700	659	690	4.7%
65+	175	146	166	154	132	-14.3%
Total	2574	2442	2399	2425	2334	-3.8%

Table 4.4c(ii) Kidney-only transplants (including kidney en bloc) - 2011 - ETKAS allocation program

HLA - A, B, DR mismatches	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0	22	27	5	257	33	1	345	14.8%
1	21	34	13	90	41	3	202	8.7%
2	54	117	45	292	81	15	604	25.9%
3	84	160	84	356	104	18	806	34.5%
4	37	39	43	154	33	3	309	13.2%
5	11	0	11	38	2	0	62	2.7%
6	1	1	0	3	0	0	5	0.2%
Not calculated	0	1	0	0	0	0	1	0.0%
Total	230	379	201	1190	294	40	2334	100.0%
Blood group	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
A	105	171	81	570	121	19	1067	45.7%
AB	24	12	4	70	13	1	124	5.3%
B	34	39	48	133	38	4	296	12.7%
O	67	157	68	417	122	16	847	36.3%
Total	230	379	201	1190	294	40	2334	100.0%

Table 4.4c(ii) (Continued)

PRA	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
0-5%	207	339	183	1050	274	37	2090	89.5%
6-84%	20	28	17	129	20	3	217	9.3%
85-100%	3	12	1	11	0	0	27	1.2%
Total	230	379	201	1190	294	40	2334	100.0%
Waiting time (months) based on date start of dialysis	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
Pre-emptive	5	29	0	18	7	2	61	2.6%
0-5	4	16	0	7	3	0	30	1.3%
6-11	11	16	14	26	6	0	73	3.1%
12-23	32	80	35	81	34	5	267	11.4%
24-59	122	178	111	243	160	20	834	35.7%
60+	56	60	41	815	84	13	1069	45.8%
Total	230	379	201	1190	294	40	2334	100.0%
Sequence	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
First	183	339	196	1011	253	39	2021	86.6%
Repeat	47	40	5	179	41	1	313	13.4%
Total	230	379	201	1190	294	40	2334	100.0%
Recipient age	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
0-15	6	13	4	71	6	0	100	4.3%
16-55	142	220	116	743	167	24	1412	60.5%
56-64	65	100	76	349	85	15	690	29.6%
65+	17	46	5	27	36	1	132	5.7%
Total	230	379	201	1190	294	40	2334	100.0%

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

HLA - A, B, DR mismatches	2007	2008	2009	2010	2011	2010/2011
0	0	0	1	1	2	100.0%
1	4	3	9	16	13	-18.8%
2	21	25	27	54	82	51.9%
3	96	79	124	131	162	23.7%
4	180	173	202	211	183	-13.3%
5	191	165	215	190	175	-7.9%
6	84	82	88	87	57	-34.5%
not calculated	12	16	14	9	0	-100.0%
Total	588	543	680	699	674	-3.6%
Blood group	2007	2008	2009	2010	2011	2010/2011
A	275	254	322	312	303	-2.9%
AB	22	19	17	31	30	-3.2%
B	78	78	69	82	56	-31.7%
O	213	192	272	274	285	4.0%
Total	588	543	680	699	674	-3.6%
PRA	2007	2008	2009	2010	2011	2010/2011
0-5%	569	516	645	669	640	-4.3%
6-84%	18	24	34	29	34	17.2%
85-100%	1	3	0	1	0	-100.0%
Not reported	0	0	1	0	0	--
Total	588	543	680	699	674	-3.6%

Table 4.4d(i) (Continued)

Waiting time (months) based on date start of dialysis	2007	2008	2009	2010	2011	2010/2011
Pre-emptive	1	1	3	3	11	266.7%
0-5	3	2	2	6	6	0.0%
6-11	13	17	9	25	18	-28.0%
12-23	92	81	110	122	121	-0.8%
24-59	312	273	370	388	392	1.0%
60+	167	169	186	155	126	-18.7%
Total	588	543	680	699	674	-3.6%

Sequence	2007	2008	2009	2010	2011	2010/2011
First	550	509	636	654	625	-4.4%
Repeat	38	34	44	45	49	8.9%
Total	588	543	680	699	674	-3.6%

Table 4.4d(ii) Kidney-only transplants (including kidney en bloc) - 2011 - ESP allocation program

HLA - A, B, DR mismatches	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
0	0	0	0	2	0	0	2	0.3%
1	0	1	0	11	1	0	13	1.9%
2	7	3	0	64	8	0	82	12.2%
3	14	13	0	120	14	1	162	24.0%
4	20	12	1	128	21	1	183	27.2%
5	27	6	4	124	14	0	175	26.0%
6	11	4	1	38	3	0	57	8.5%
Total	79	39	6	487	61	2	674	100.0%

Blood group	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
A	34	17	3	213	35	1	303	45.0%
AB	1	0	1	27	1	0	30	4.5%
B	8	5	0	41	2	0	56	8.3%
O	36	17	2	206	23	1	285	42.3%
Total	79	39	6	487	61	2	674	100.0%

PRA	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
0-5%	75	35	6	461	61	2	640	95.0%
6-84%	4	4	0	26	0	0	34	5.0%
Total	79	39	6	487	61	2	674	100.0%

Waiting time (months) based on date start of dialysis	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
Pre-emptive	1	2	0	6	2	0	11	1.6%
0-5	2	0	0	3	0	1	6	0.9%
6-11	3	0	0	15	0	0	18	2.7%
12-23	18	6	2	86	8	1	121	18.0%
24-59	47	29	2	272	42	0	392	58.2%
60+	8	2	2	105	9	0	126	18.7%
Total	79	39	6	487	61	2	674	100.0%

Sequence	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
First	75	39	6	442	61	2	625	92.7%
Repeat	4	0	0	45	0	0	49	7.3%
Total	79	39	6	487	61	2	674	100.0%

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

HLA - A, B, DR mismatches	2007	2008	2009	2010	2011	2010/2011
0	8	5	23	16	11	-31.3%
1	15	23	26	31	20	-35.5%
2	19	18	26	44	40	-9.1%
3	13	11	15	26	17	-34.6%
4	4	1	5	5	6	20.0%
5	1	1	0	0	0	0.0%
Total	60	59	95	122	94	-23.0%
Blood group	2007	2008	2009	2010	2011	2010/2011
A	26	23	43	50	36	-28.0%
AB	5	0	3	5	9	80.0%
B	7	9	13	22	15	-31.8%
O	22	27	36	45	34	-24.4%
Total	60	59	95	122	94	-23.0%
PRA	2007	2008	2009	2010	2011	2010/2011
0-5%	9	7	9	19	14	-26.3%
6-84%	39	36	56	68	53	-22.1%
85-100%	12	16	30	35	27	-22.9%
Total	60	59	95	122	94	-23.0%
Waiting time (months) based on date start of dialysis	2007	2008	2009	2010	2011	2010/2011
Pre-emptive	0	0	1	1	1	0.0%
0-5	2	0	2	1	0	-100.0%
6-11	4	1	4	1	0	-100.0%
12-23	7	7	11	17	8	-52.9%
24-59	25	27	45	53	46	-13.2%
60+	22	24	32	49	39	-20.4%
Total	60	59	95	122	94	-23.0%
Sequence	2007	2008	2009	2010	2011	2010/2011
First	21	20	20	32	21	-34.4%
Repeat	39	39	75	90	73	-18.9%
Total	60	59	95	122	94	-23.0%
Recipient age	2007	2008	2009	2010	2011	2010/2011
0-15	2	0	0	1	2	100.0%
16-55	40	40	71	88	74	-15.9%
56-64	16	14	15	23	13	-43.5%
65+	2	5	9	10	5	-50.0%
Total	60	59	95	122	94	-23.0%

Table 4.4e(ii) Kidney-only transplants (including kidney en bloc) - 2011 - AM allocation program

HLA - A, B, DR mismatches	(A)	(B)	(D)	(NL)	Total	%
0	0	2	7	2	11	11.7%
1	1	1	11	7	20	21.3%
2	2	2	27	9	40	42.6%
3	3	0	10	4	17	18.1%
4	1	1	2	2	6	6.4%
Total	7	6	57	24	94	100.0%

Table 4.4e(ii) (Continued)

Blood group	(A)	(B)	(D)	(NL)	Total	%
A	4	3	24	5	36	38.3%
AB	0	0	4	5	9	9.6%
B	1	0	12	2	15	16.0%
O	2	3	17	12	34	36.2%
Total	7	6	57	24	94	100.0%
PRA	(A)	(B)	(D)	(NL)	Total	%
0-5%	0	1	6	7	14	14.9%
6-84%	2	2	33	16	53	56.4%
85-100%	5	3	18	1	27	28.7%
Total	7	6	57	24	94	100.0%
Waiting time (months) based on date start of dialysis	(A)	(B)	(D)	(NL)	Total	%
Pre-emptive	0	0	0	1	1	1.1%
12-23	2	2	3	1	8	8.5%
24-59	4	1	28	13	46	48.9%
60 +	1	3	26	9	39	41.5%
Total	7	6	57	24	94	100.0%
Sequence	(A)	(B)	(D)	(NL)	Total	%
First	1	0	12	8	21	22.3%
Repeat	6	6	45	16	73	77.7%
Total	7	6	57	24	94	100.0%
Recipient age	(A)	(B)	(D)	(NL)	Total	%
0-15	0	0	2	0	2	2.1%
16-55	5	6	45	18	74	78.7%
56-64	2	0	6	5	13	13.8%
65+	0	0	4	1	5	5.3%
Total	7	6	57	24	94	100.0%

Table 4.5(i) Living donor kidney transplants - kidney-only - 2007 - 2011

Kidney-only	2007	2008	2009	2010	2011	2010/2011
Related	587	609	614	691	692	0.1%
Non-related	445	482	536	575	647	12.5%
Total	1032	1091	1150	1266	1339	5.8%
Related	2007	2008	2009	2010	2011	2010/2011
Brother / sister	181	195	195	222	218	-1.8%
Father	128	136	110	144	153	6.3%
Mother	211	209	225	232	233	0.4%
Son / daughter	26	39	32	43	40	-7.0%
Grandfather / -mother	5	6	9	4	7	75.0%
Grandchild	0	0	0	0	1	0.0%
Uncle / aunt	11	14	17	23	18	-21.7%
Nephew / niece	15	4	15	11	14	27.3%
Cousin	0	2	9	12	8	-33.3%
Blood related: NOS*	10	4	2	0	0	0.0%
Total	587	609	614	691	692	0.1%

Table 4.5(i) (Continued)

Non-related	2007	2008	2009	2010	2011	2010/2011
Spouse / partner	314	334	384	422	469	11.1%
Friend	29	41	42	48	57	18.8%
Anonymous donor	6	20	25	32	32	0.0%
Not blood related family	29	33	44	27	49	81.5%
Not blood related: NOS*	67	54	41	46	40	-13.0%
Total	445	482	536	575	647	12.5%

* NOS - Not otherwise specified

Table 4.5(ii) Living donor kidney transplants - kidney-only - 2011

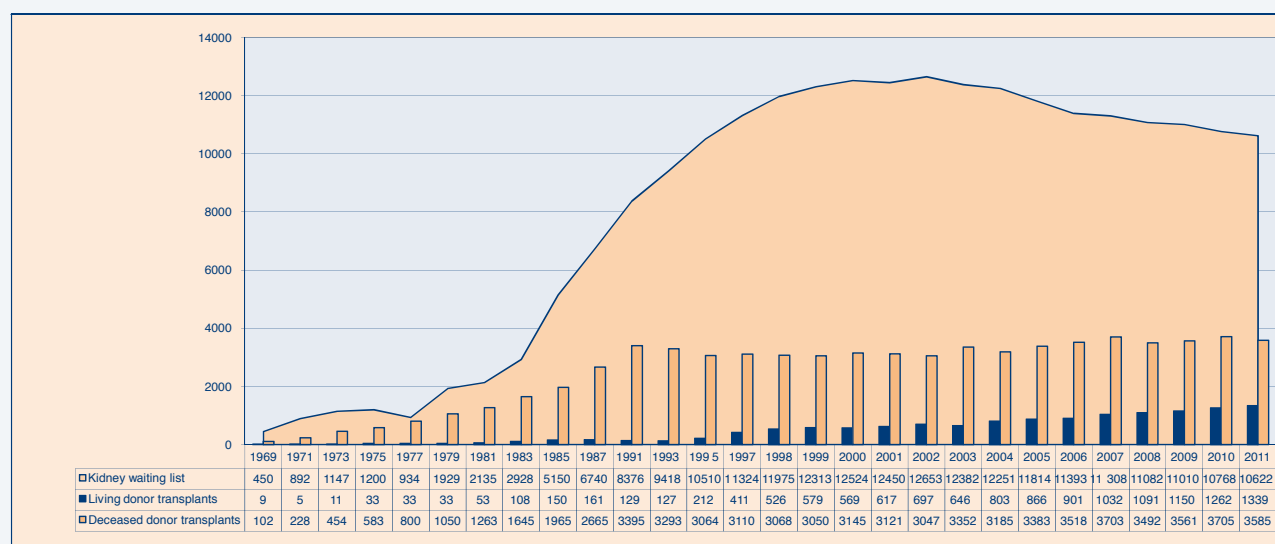
Kidney-only	(A)	(B)	(HR)	(D)	(NL)	Total	%
Related	29	26	8	412	217	692	51.7%
Non-related	26	14	1	383	223	647	48.3%
Total	55	40	9	795	440	1339	100.0%

Related	(A)	(B)	(HR)	(D)	(NL)	Total	%
Brother / sister	7	6	2	125	78	218	31.5%
Father	8	5	4	98	38	153	22.1%
Mother	12	12	2	150	57	233	33.7%
Son / daughter	0	0	0	10	30	40	5.8%
Grandfather / - mother	0	0	0	6	1	7	1.0%
Uncle / aunt	1	2	0	12	3	18	2.6%
Nephew / niece	0	0	0	7	7	14	2.0%
Cousin	1	1	0	4	2	8	1.2%
Grandchild	0	0	0	0	1	1	0.1%
Total	29	26	8	412	217	692	100.0%

Non related	(A)	(B)	(HR)	(D)	(NL)	Total	%
Spouse / partner	19	10	1	323	116	469	72.5%
Friend	4	3	0	28	22	57	8.8%
Anonymous donor	0	0	0	0	32	32	4.9%
Not blood related family	1	1	0	26	21	49	7.6%
Not blood related: NOS*	2	0	0	6	32	40	6.2%
Total	26	14	1	383	223	647	100.0%

* NOS - Not otherwise specified

Figure 4.5 Dynamics of the Eurotransplant kidney transplant waiting list and transplants between 1969 and 2011



5. Thoracic organs: donation, waiting lists and transplants

DONATION

Table 5.1(i) Deceased donors / hearts in Eurotransplant from 2007 to 2011

Donors	2007	2008	2009	2010	2011	2010/2011
All donors reported	2411	2233	2305	2415	2481	2.7%
Non-heart donors	1346	1260	1420	1469	1564	6.1%
Heart donors reported	1065	973	885	946	917	-3.2%
Heart donors not used	467	390	305	315	325	3.0%
Total heart donors used	598	583	580	631	592	-6.6%

Hearts	2007	2008	2009	2010	2011	2010/2011
Reported	1065	973	885	946	917	-3.2%
Offered	976	894	871	938	911	-3.0%
Accepted	750	704	691	750	715	-4.9%
Transplanted	598	583	580	631	592	-6.6%

Table 5.1(ii) Deceased donors / hearts in Eurotransplant in 2011

Donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Total ET	Non-ET	Total	% all donors
All donors reported	221	352	150	1240	9	275	32	2279	202	2481	100.0%
Non-heart donors	129	233	104	734	3	219	13	1435	129	1564	62.9%
Heart donors reported	92	119	46	506	6	56	19	844	73	917	37.0%
Heart donors not used	37	48	8	144	2	18	5	262	63	325	13.1%
Total heart donors used	55	71	38	362	4	38	14	582	10	592	23.9%

Hearts	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Total ET	Non-ET	Total	% of reported
Reported	92	119	46	506	6	56	19	844	73	917	100.0%
Offered	91	118	46	505	6	56	19	841	70	911	99.3%
Accepted	70	90	38	436	5	42	14	695	20	715	78.0%
Transplanted	55	71	38	362	4	38	14	582	10	592	64.6%

Table 5.2(i) Deceased donors / lungs in Eurotransplant from 2007 to 2011

Donors	2007	2008	2009	2010	2011	2010/2011
All donors reported	2411	2233	2305	2415	2481	2.7%
Non-lung donors	1509	1383	1426	1468	1449	-1.3%
Lung donors reported	902	850	879	947	1032	9.0%
Lung donors not used	399	342	366	375	425	13.3%
One lung used	45	44	29	33	30	-9.1%
Two lungs used	458	464	484	539	577	7.1%
Total lung donors used	503	508	513	572	607	6.1%

Lungs	2007	2008	2009	2010	2011	2010/2011
Reported	1787	1677	1734	1873	2046	9.2%
Offered	1758	1646	1716	1847	2022	9.5%
Accepted	1333	1283	1342	1464	1611	10.0%
Transplanted	961	972	997	1111	1184	6.6%

Table 5.2(ii) Deceased donors / lungs in Eurotransplant in 2011

Donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Total ET	Non-ET	Total	% all donors
All donors reported	221	352	150	1240	9	275	32	2279	202	2481	100.0%
Non-lung donors	135	190	122	750	9	148	18	1372	77	1449	58.4%
Lung donors reported	86	162	28	490	0	127	14	907	125	1032	41.6%
Lung donors not used	28	59	15	198	0	59	10	369	56	425	17.1%
One lung used	2	5	1	17	0	4	0	29	1	30	1.2%
Two lungs used	56	98	12	275	0	64	4	509	68	577	23.3%
Total lung donors used	58	103	13	292	0	68	4	538	69	607	24.5%

Lungs	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Total ET	Non-ET	Total	% of reported
Reported	171	318	56	973	0	252	28	1798	248	2046	100.0%
Offered	169	316	56	963	0	252	26	1782	240	2022	98.8%
Accepted	151	257	41	771	0	199	10	1429	182	1611	78.7%
Transplanted	114	201	25	567	0	132	8	1047	137	1184	57.9%

WAITING LIST

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

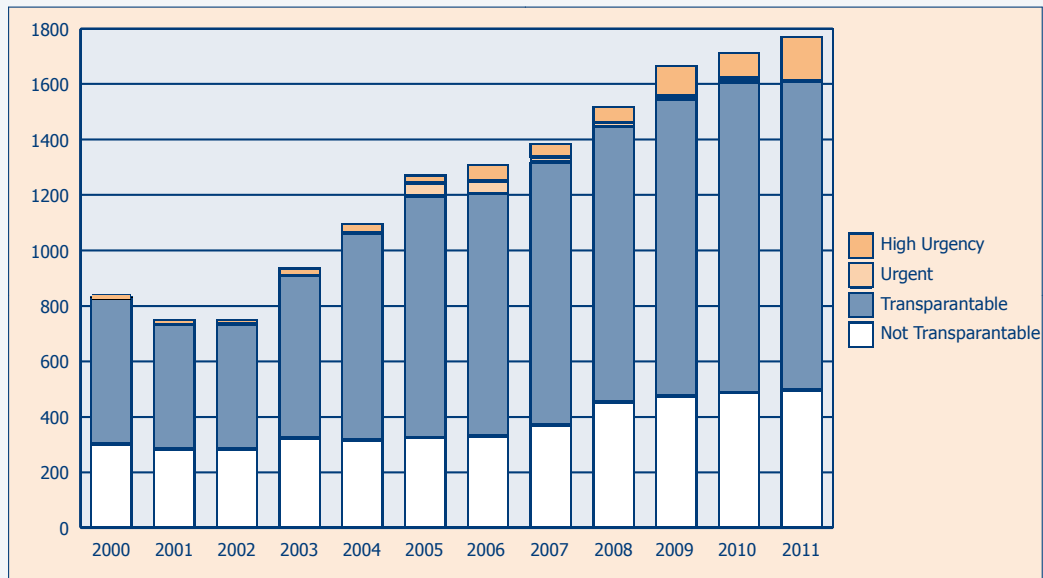


Figure 5.2 Heart waiting list, percentage of patients at year end, by urgency

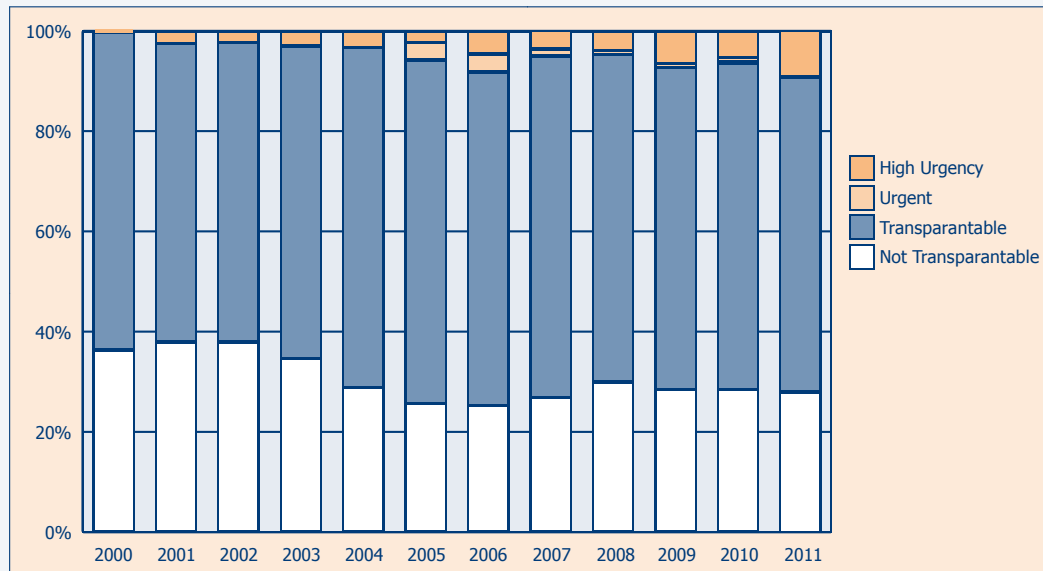


Table 5.3(i) Active heart transplant waiting list, as per December 31, from 2007 to 2011 - characteristics

	2007	2008	2009	2010	2011	2010/2011
Heart	933	989	1121	1158	1222	5.5%
Heart + kidney	24	16	27	31	26	-16.1%
Heart + lung	55	57	38	33	25	-24.2%
Heart + lung + kidney	0	0	1	0	0	0.0%
Heart + lung + liver	0	0	0	0	1	--
Heart + liver	2	2	4	2	3	50.0%
Heart + liver + kidney	0	0	0	1	0	-100.0%
Heart + liver + pancreas	0	0	0	1	0	-100.0%
Total	1014	1064	1191	1226	1277	4.2%

Table 5.3(ii) Active heart transplant waiting list as per December 31, 2011 - characteristics

	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
Heart	65	53	21	992	57	34	1222	95.7%
Heart + kidney	2	5	0	19	0	0	26	2.0%
Heart + lung	0	1	0	24	0	0	25	2.0%
Heart + lung + liver	0	0	0	1	0	0	1	0.1%
Heart + liver	0	0	0	3	0	0	3	0.2%
Total	67	59	21	1039	57	34	1277	100.0%

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

Blood group	2007	2008	2009	2010	2011	2010/2011
A	442	469	528	531	536	0.9%
AB	22	22	25	34	37	8.8%
B	93	97	121	102	104	2.0%
O	376	401	447	491	545	11.0%
Total	933	989	1121	1158	1222	5.5%
% PRA current	2007	2008	2009	2010	2011	2010/2011
0-5 %	561	613	665	654	652	-0.3%
6-84 %	16	22	16	26	26	0.0%
85-100 %	0	0	1	1	1	0.0%
Not reported	356	354	439	477	543	13.8%
Total	933	989	1121	1158	1222	5.5%
Sequence	2007	2008	2009	2010	2011	2010/2011
First	923	979	1106	1140	1206	5.8%
Repeat	10	10	15	18	16	-11.1%
Total	933	989	1121	1158	1222	5.5%
Waiting time (months) based on date put on WL	2007	2008	2009	2010	2011	2010/2011
0-5	330	303	372	355	322	-9.3%
6-11	168	209	230	208	197	-5.3%
12-23	203	216	226	276	287	4.0%
24+	232	261	293	319	416	30.4%
Total	933	989	1121	1158	1222	5.5%
Age	2007	2008	2009	2010	2011	2010/2011
0-15	26	25	35	26	18	-30.8%
16-55	509	540	606	613	642	4.7%
56-64	304	315	364	410	434	5.9%
65+	94	109	116	109	128	17.4%
Total	933	989	1121	1158	1222	5.5%

Table 5.4(i) (Continued)

Urgency	2007	2008	2009	2010	2011	2010/2011
High Urgency	45	53	93	86	158	83.7%
Urgent	15	11	12	14	0	-100.0%
Elective	873	925	1016	1058	1064	0.6%
Total	933	989	1121	1158	1222	5.5%

Table 5.4(ii) Active heart-only transplant waiting list as per December 31, 2011 - characteristics

Blood group	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
A	30	21	10	434	24	17	536	43.9%
AB	1	0	3	32	1	0	37	3.0%
B	11	5	1	84	3	0	104	8.5%
O	23	27	7	442	29	17	545	44.6%
Total	65	53	21	992	57	34	1222	100.0%
% PRA current	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0-5 %	9	19	6	561	52	5	652	53.4%
6-84 %	0	1	0	21	4	0	26	2.1%
85-100 %	0	0	0	1	0	0	1	0.1%
Not reported	56	33	15	409	1	29	543	44.4%
Total	65	53	21	992	57	34	1222	100.0%
Sequence	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
First	64	53	21	977	57	34	1206	98.7%
Repeat	1	0	0	15	0	0	16	1.3%
Total	65	53	21	992	57	34	1222	100.0%
Waiting time (months) based on date put on WL	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0-5	13	23	14	249	15	8	322	26.4%
6-11	12	20	5	144	14	2	197	16.1%
12-23	18	8	2	229	19	11	287	23.5%
24+	22	2	0	370	9	13	416	34.0%
Total	65	53	21	992	57	34	1222	100.0%
Age	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0-15	1	0	0	17	0	0	18	1.5%
16-55	25	28	9	531	38	11	642	52.5%
56-64	25	20	11	348	14	16	434	35.5%
65+	14	5	1	96	5	7	128	10.5%
Total	65	53	21	992	57	34	1222	100.0%
Urgency	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
High Urgency	3	1	3	145	2	4	158	12.9%
Elective	62	52	18	847	55	30	1064	87.1%
Total	65	53	21	992	57	34	1222	100.0%

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

Type of transplant	2007	2008	2009	2010	2011	2010/2011
Heart + lung	55	57	38	33	25	-24.2%
Heart + lung + kidney	0	0	1	0	0	
Heart + lung + liver	0	0	0	0	1	
Total	55	57	39	33	26	-21.2%

Table 5.5(ii) Active heart + lung transplant waiting list, as per December 31, 2011 - characteristics

Type of transplant	(B)	(D)	Total	%
Heart + lung	1	24	25	96.2%
Heart + lung + liver	0	1	1	3.8%
Total	1	25	26	100.0%

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

Blood group	2007	2008	2009	2010	2011	2010/2011
A	25	27	23	19	13	-31.6%
AB	1	1	0	2	1	-50.0%
B	4	5	3	1	0	-100.0%
O	25	24	13	11	12	9.1%
Total	55	57	39	33	26	-21.2%
% PRA current	2007	2008	2009	2010	2011	2010/2011
0-5 %	32	32	22	12	8	-33.3%
6-84 %	0	0	1	5	2	-60.0%
Not reported	23	25	16	16	16	0.0%
Total	55	57	39	33	26	-21.2%
Sequence	2007	2008	2009	2010	2011	2010/2011
First	55	57	39	33	26	-21.2%
Total	55	57	39	33	26	-21.2%
Waiting time (months) based on date put on WL	2007	2008	2009	2010	2011	2010/2011
0-5	14	11	9	7	6	-14.3%
6-11	8	11	2	4	6	50.0%
12-23	7	14	7	3	2	-33.3%
24+	26	21	21	19	12	-36.8%
Total	55	57	39	33	26	-21.2%
Age	2007	2008	2009	2010	2011	2010/2011
0-15	1	5	3	1	1	0.0%
16-55	48	47	35	31	22	-29.0%
56-64	6	5	1	1	3	200.0%
Total	55	57	39	33	26	-21.2%
Urgency	2007	2008	2009	2010	2011	2010/2011
High Urgency	3	7	12	4	2	-50.0%
Urgent	3	1	0	0	0	0.0 %
Elective	49	49	27	29	24	-17.2%
Total	55	57	39	33	26	-21.2%

Table 5.6(ii) Active heart + lung transplant waiting list as per December 31, 2011 - characteristics

Blood group	(B)	(D)	Total	%
A	0	13	13	50.0%
AB	0	1	1	3.8%
O	1	11	12	46.2%
Total	1	25	26	100.0%

Table 5.6(ii) (Continued)

% PRA current	(B)	(D)	Total	%
0-5 %	0	8	8	30.8%
6-84 %	0	2	2	7.7%
Not reported	1	15	16	61.5%
Total	1	25	26	100.0%

Sequence	(B)	(D)	Total	%
First	1	25	26	100.0%
Total	1	25	26	100.0%

Waiting time (months) based on date put on WL	(B)	(D)	Total	%
0-5	0	6	6	23.1%
6-11	1	5	6	23.1%
12-23	0	2	2	7.7%
24+	0	12	12	46.2%
Total	1	25	26	100.0%

Age	(B)	(D)	Total	%
0-15	0	1	1	3.8%
16-55	1	21	22	84.6%
56-64	0	3	3	11.5%
Total	1	25	26	100.0%

Urgency	(B)	(D)	Total	%
High Urgency	0	2	2	7.7%
Elective	1	23	24	92.3%
Total	1	25	26	100%

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

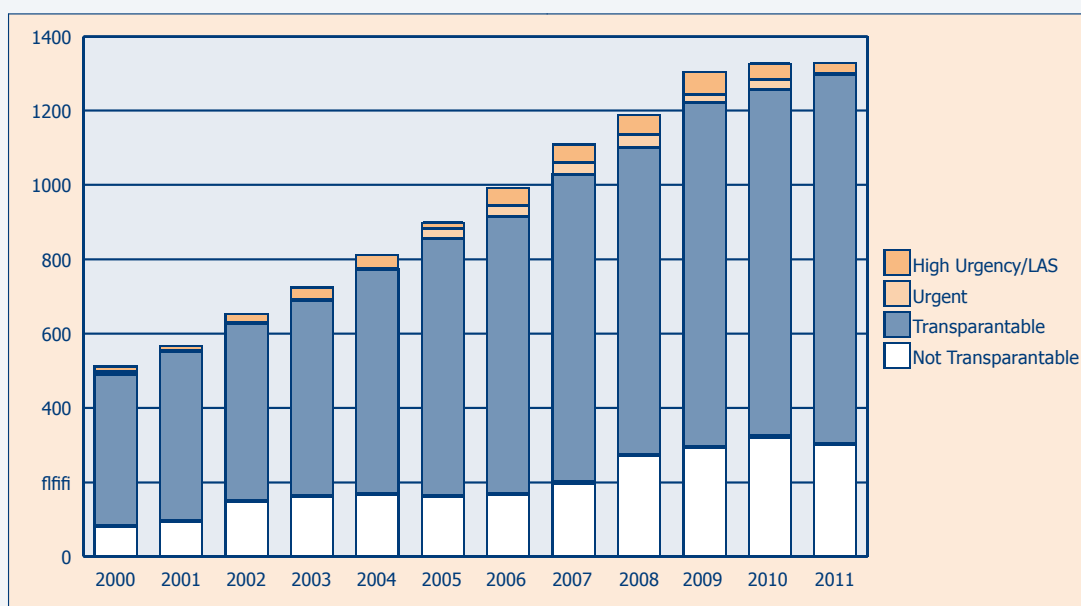


Figure 5.4 Lung waiting list, percentage of patients at year end, by urgency

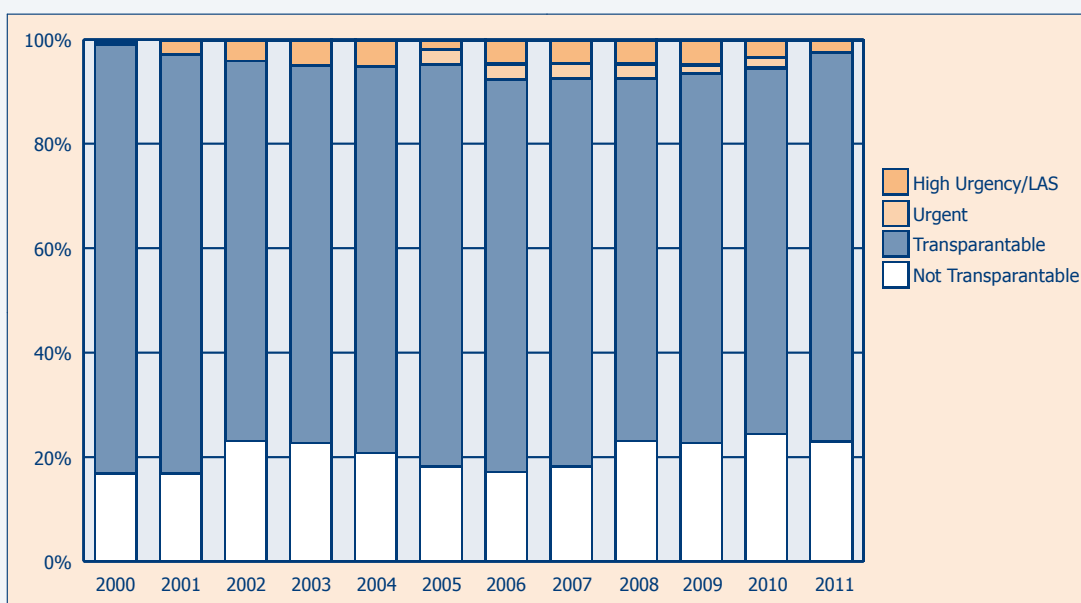


Table 5.7(i) Active lung transplant waiting list as per December 31 - characteristics

Type of transplant	2007	2008	2009	2010	2011	2010/2011
Lung	849	846	964	964	997	3.4%
Lung + kidney	3	5	2	2	2	0.0%
Lung + heart	55	57	38	33	25	-24.2%
Lung + heart + kidney	0	0	1	0	0	0.0%
Lung + heart + liver	0	0	0	0	1	--
Lung + liver	4	8	6	5	1	-80.0%
Total	911	916	1011	1004	1026	2.2%

Table 5.7(ii) Active lung transplant waiting list as per December 31, 2011 - characteristics

Type of transplant	(A)	(B)	(D)	(NL)	Total	%
Lung	65	118	580	234	997	97.2%
Lung + kidney	1	0	1	0	2	0.2%
Lung + heart	0	1	24	0	25	2.4%
Lung + heart + liver	0	0	1	0	1	0.1%
Lung + liver	0	0	0	1	1	0.1%
Total	66	119	606	235	1026	100.0%

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

Blood group	2007	2008	2009	2010	2011	2010/2011
A	322	333	391	402	399	-0.7%
AB	21	10	21	11	18	63.6%
B	84	76	74	77	83	7.8%
O	422	427	478	474	497	4.9%
Total	849	846	964	964	997	3.4%

% PRA current	2007	2008	2009	2010	2011	2010/2011
0-5 %	475	486	568	572	581	1.6%
6-84 %	9	10	12	27	26	-3.7%
85-100 %	0	0	1	2	1	-50.0%
Not reported	365	350	383	363	389	7.2%
Total	849	846	964	964	997	3.4%

Table 5.8(i) (Continued)

Sequence	2007	2008	2009	2010	2011	2010/2011
First	822	821	936	934	973	4.2%
Repeat	27	25	28	30	24	-20.0%
Total	849	846	964	964	997	3.4%
Waiting time (months) based on date put on WL	2007	2008	2009	2010	2011	2010/2011
0-5	289	265	319	262	314	19.8%
6-11	171	179	183	178	173	-2.8%
12-23	181	203	222	231	201	-13.0%
24+	208	199	240	293	309	5.5%
Total	849	846	964	964	997	3.4%
Age	2007	2008	2009	2010	2011	2010/2011
0-15	14	5	11	5	9	80.0%
16-55	519	520	582	564	580	2.8%
56-64	278	293	340	359	382	6.4%
65+	38	28	31	36	26	-27.8%
Total	849	846	964	964	997	3.4%
Urgency	2007	2008	2009	2010	2011	2010/2011
High Urgency/LAS	46	45	50	39	29	-25.6%
Urgent	28	31	20	26	0	-100.0%
Elective	775	770	894	899	968	7.7%
Total	849	846	964	964	997	3.4%

Table 5.8(ii) Active lung-only transplant waiting list, as per December 31, 2011 - characteristics

Blood group	(A)	(B)	(D)	(NL)	Total	%
A	30	45	232	92	399	40.0%
AB	3	0	10	5	18	1.8%
B	10	12	42	19	83	8.3%
O	22	61	296	118	497	49.8%
Total	65	118	580	234	997	100.0%
% PRA current	(A)	(B)	(D)	(NL)	Total	%
0-5 %	11	14	338	218	581	58.3%
6-84 %	0	2	19	5	26	2.6%
85-100 %	0	0	1	0	1	0.1%
Not reported	54	102	222	11	389	39.0%
Total	65	118	580	234	997	100.0%
Sequence	(A)	(B)	(D)	(NL)	Total	%
First	65	116	564	228	973	98%
Repeat	0	2	16	6	24	2%
Total	65	118	580	234	997	100.0%
Waiting time (months) based on date put on WL	(A)	(B)	(D)	(NL)	Total	%
0-5	51	63	144	56	314	31.5%
6-11	10	24	93	46	173	17.4%
12-23	3	23	115	60	201	20.2%
24+	1	8	228	72	309	31.0%
Total	65	118	580	234	997	100.0%

Table 5.8(ii) (Continued)

Age	(A)	(B)	(D)	(NL)	Total	%
0-15	1	0	5	3	9	0.9%
16-55	33	53	356	138	580	58.2%
56-64	27	60	208	87	382	38.3%
65+	4	5	11	6	26	2.6%
Total	65	118	580	234	997	100.0%

Urgency	(A)	(B)	(D)	(NL)	Total	%
High Urgency/LAS	0	0	13	16	29	2.9%
Urgent	0	0	0	0	0	0.0%
Elective	65	118	567	218	968	97.1%
Total	65	118	580	234	997	100.0%

TRANSPLANTATION

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

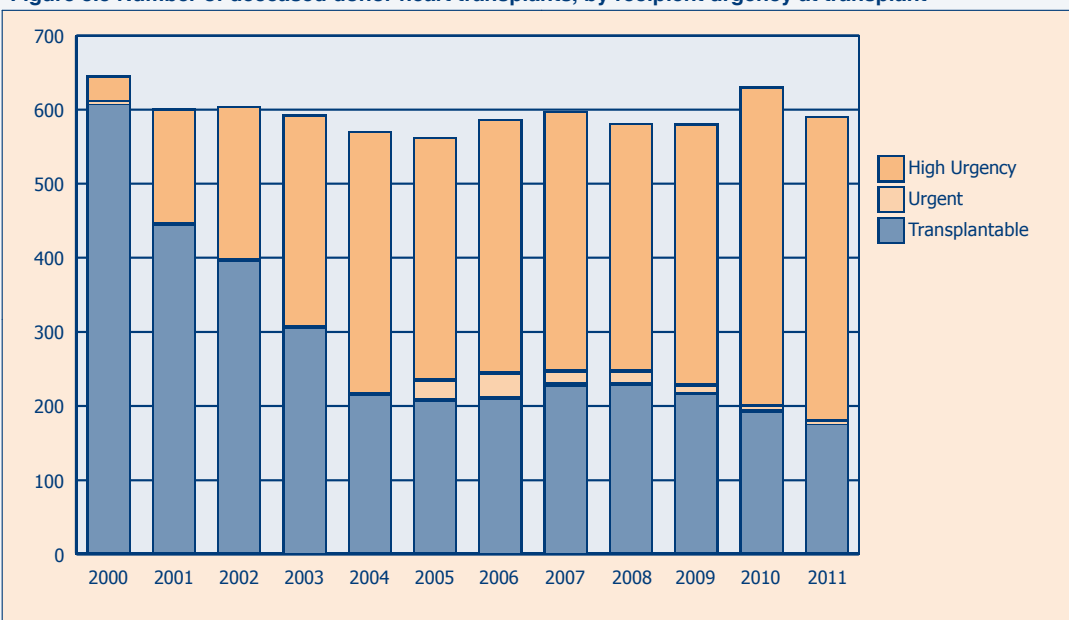


Figure 5.6 Percentage of deceased donor heart transplants, by recipient urgency at transplant

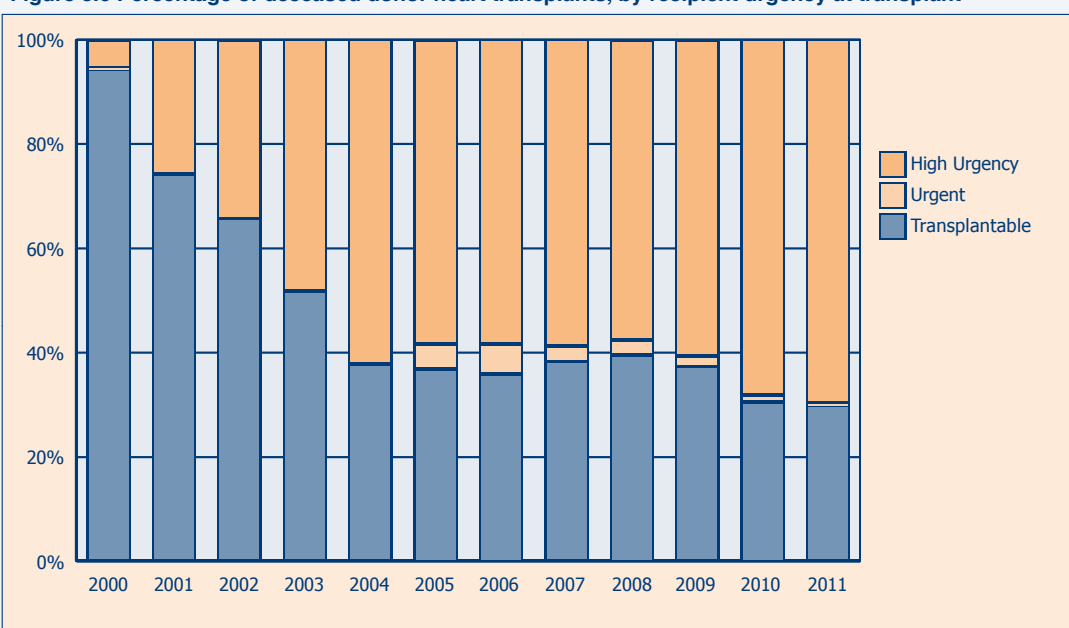


Table 5.9(i) Heart transplants from 2007 to 2011 - characteristics

Deceased donor heart transplants						
Type of transplant	2007	2008	2009	2010	2011	2010/2011
Heart	562	544	553	602	553	-8.1%
Heart + kidney	13	10	8	11	21	90.9%
Heart + both lungs	21	23	20	16	14	-12.5%
Heart + both lungs + kidney	0	1	0	0	0	0.0%
Heart + both lungs + liver	0	0	0	1	0	-100.0%
Heart + liver	2	3	0	1	3	200.0%
Heart + pancreas + kidney	0	0	0	1	0	-100.0%
Total	598	581	581	632	591	-6.5%
Heart-only transplants						
Blood group	2007	2008	2009	2010	2011	2010/2011
A	271	219	238	280	266	-5.0%
AB	39	37	38	45	39	-13.3%
B	68	81	83	90	72	-20.0%
O	184	207	194	187	176	-5.9%
Total	562	544	553	602	553	-8.1%
Waiting time (months) based on date put on WL	2007	2008	2009	2010	2011	2010/2011
0-5	325	314	304	344	295	-14.2%
6-11	107	105	102	107	96	-10.3%
12-23	82	78	83	88	89	1.1%
24-59	45	46	56	51	61	19.6%
60+	3	1	8	12	12	0.0%
Total	562	544	553	602	553	-8.1%
Sequence	2007	2008	2009	2010	2011	2010/2011
First	549	535	542	588	548	-6.8%
Repeat	13	9	11	14	5	-64.3%
Total	562	544	553	602	553	-8.1%
Recipient age	2007	2008	2009	2010	2011	2010/2011
0-15	37	32	38	47	41	-12.8%
16-55	277	314	292	344	293	-14.8%
56-64	206	162	169	182	176	-3.3%
65+	42	36	54	29	43	48.3%
Total	562	544	553	602	553	-8.1%
Allocation type	2007	2008	2009	2010	2011	2010/2011
Standard	456	451	468	522	462	-11.5%
Rescue	106	93	85	80	91	13.8%
Total	562	544	553	602	553	-8.1%
Urgency	2007	2008	2009	2010	2011	2010/2011
High Urgency	325	307	332	408	384	-5.9%
Urgent	17	17	11	8	2	-75.0%
Elective	220	220	210	186	167	-10.2%
Total	562	544	553	602	553	-8.1%

Table 5.9(ii) Heart transplants 2011 - characteristics

Deceased donor heart transplants									
Type of transplant	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Non-ET	Total	%
Heart	47	67	38	341	44	14	2	553	93.6%
Heart + kidney	3	5	0	13	0	0	0	21	3.6%
Heart + both lungs	1	3	0	10	0	0	0	14	2.4%
Heart + liver	0	1	0	2	0	0	0	3	0.5%
Total	51	76	38	366	44	14	2	591	100.0%
Heart-only transplants									
Blood group	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Non-ET	Total	%
A	20	29	18	171	19	8	1	266	48.1%
AB	6	3	3	24	3	0	0	39	7.1%
B	6	11	8	40	5	2	0	72	13.0%
O	15	24	9	106	17	4	1	176	31.8%
Total	47	67	38	341	44	14	2	553	100.0%
Waiting time (months) based on date put on WL	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Non-ET	Total	%
0-5	33	16	35	179	19	11	2	295	53.3%
6-11	9	26	1	58	1	1	0	96	17.4%
12-23	5	25	1	46	10	2	0	89	16.1%
24-59	0	0	1	47	13	0	0	61	11.0%
60+	0	0	0	11	1	0	0	12	2.2%
Total	47	67	38	341	44	14	2	553	100.0%
Sequence	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Non-ET	Total	%
First	46	66	38	338	44	14	2	548	99.1%
Repeat	1	1	0	3	0	0	0	5	0.9%
Total	47	67	38	341	44	14	2	553	100.0%
Recipient age	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Non-ET	Total	%
0-15	4	5	1	23	5	1	2	41	7.4%
16-55	24	33	20	181	29	6	0	293	53.0%
56-64	11	21	14	114	10	6	0	176	31.8%
65+	8	8	3	23	0	1	0	43	7.8%
Total	47	67	38	341	44	14	2	553	100.0%
Allocation type	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Non-ET	Total	%
Standard	46	64	38	261	40	13	0	462	83.5%
Rescue	1	3	0	80	4	1	2	91	16.5%
Total	47	67	38	341	44	14	2	553	100.0%
Urgency	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Non-ET	Total	%
High Urgency	18	13	20	299	22	10	2	384	69.4%
Urgent	0	0	0	2	0	0	0	2	0.4%
Elective	29	54	18	40	22	4	0	167	30.2%
Total	47	67	38	341	44	14	2	553	100.0%

Table 5.10(i) Heart + lung transplants from 2007 to 2011 - characteristics

Deceased donor heart + lung transplants						
Type of transplant	2007	2008	2009	2010	2011	2010/2011
Heart + both lungs	21	23	20	16	14	-12.5%
Heart + both lungs + kidney	0	1	0	0	0	0.0%
Heart + both lungs + whole liver	0	0	0	1	0	-100.0%
Total	21	24	20	17	14	-17.6%

Table 5.10(i) (Continued)

Heart + lung transplants						
Blood group	2007	2008	2009	2010	2011	2010/2011
A	10	11	7	6	10	66.7%
AB	1	4	1	0	0	0.0%
B	3	1	2	3	1	-66.7%
O	7	8	10	8	3	-62.5%
Total	21	24	20	17	14	-17.6%
Waiting time (months) based on date put on WL						
	2007	2008	2009	2010	2011	2010/2011
0-5	8	15	9	9	7	-22.2%
6-11	2	2	4	1	2	100.0%
12-23	7	2	3	2	3	50.0%
24-59	4	5	2	3	2	-33.3%
60+	0	0	2	2	0	-100.0%
Total	21	24	20	17	14	-17.6%
Sequence						
	2007	2008	2009	2010	2011	2010/2011
First	21	24	20	17	14	-17.6%
Total	21	24	20	17	14	-17.6%
Recipient age						
	2007	2008	2009	2010	2011	2010/2011
0-15	2	1	1	2	0	-100.0%
16-55	18	22	19	14	13	-7.1%
56-64	1	1	0	1	1	0.0%
Total	21	24	20	17	14	-17.6%
Urgency						
	2007	2008	2009	2010	2011	2010/2011
High Urgency	18	18	14	16	11	-31.3%
Urgent	1	0	0	0	0	0.0%
Elective	2	6	6	1	3	200.0%
Total	21	24	20	17	14	-17.6%

Table 5.10(ii) Heart + lung transplants 2011 - characteristics

Deceased donor heart + lung transplants					
Type of transplant	(A)	(B)	(D)	Total	%
Heart + both lungs	1	3	10	14	100.0%
Total	1	3	10	14	100.0%
Heart + lung transplants					
Blood group	(A)	(B)	(D)	Total	%
A	1	1	8	10	71.4%
B	0	0	1	1	7.1%
O	0	2	1	3	21.4%
Total	1	3	10	14	100.0%
Waiting time (months) based on date put on WL					
	(A)	(B)	(D)	Total	%
0-5	0	2	5	7	50.0%
6-11	0	1	1	2	14.3%
12-23	1	0	2	3	21.4%
24-59	0	0	2	2	14.3%
Total	1	3	10	14	100.0%

Table5.10(ii) (Continued)

Sequence	(A)	(B)	(D)	Total	%
First	1	3	10	14	100.0%
Total	1	3	10	14	100.0%

Recipient age	(A)	(B)	(D)	Total	%
16-55	1	3	9	13	92.9%
56-64	0	0	1	1	7.1%
Total	1	3	10	14	100.0%

Urgency	(A)	(B)	(D)	Total	%
High Urgency	0	1	10	11	100.0%
Elective	1	2	0	3	100.0%
Total	1	3	10	14	100.0%

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

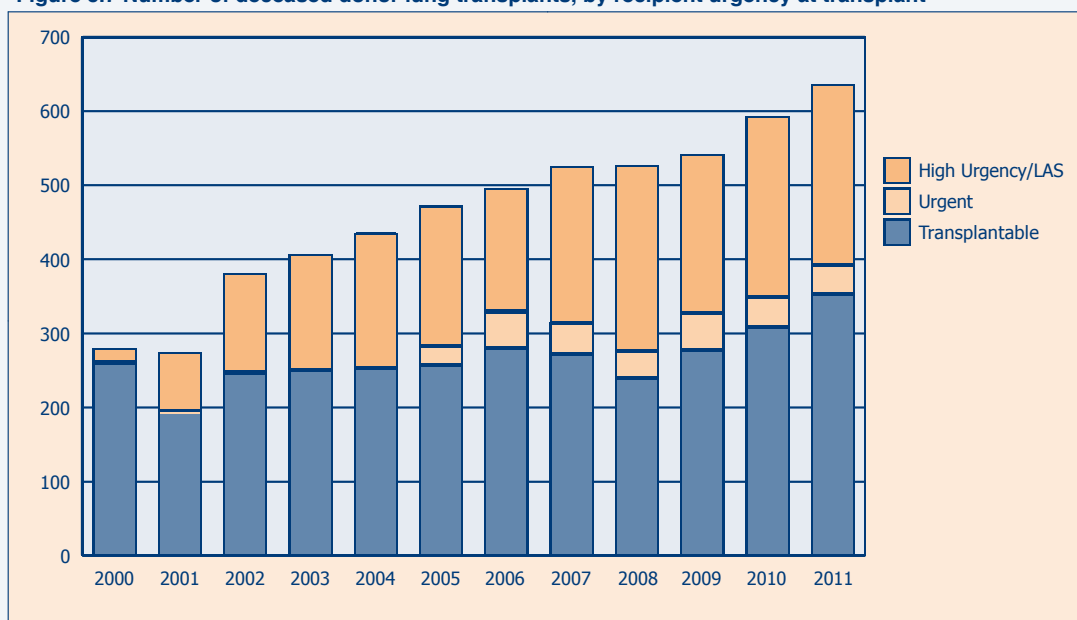


Figure 5.8 Percentage of deceased donor lung transplants, by recipient urgency at transplant

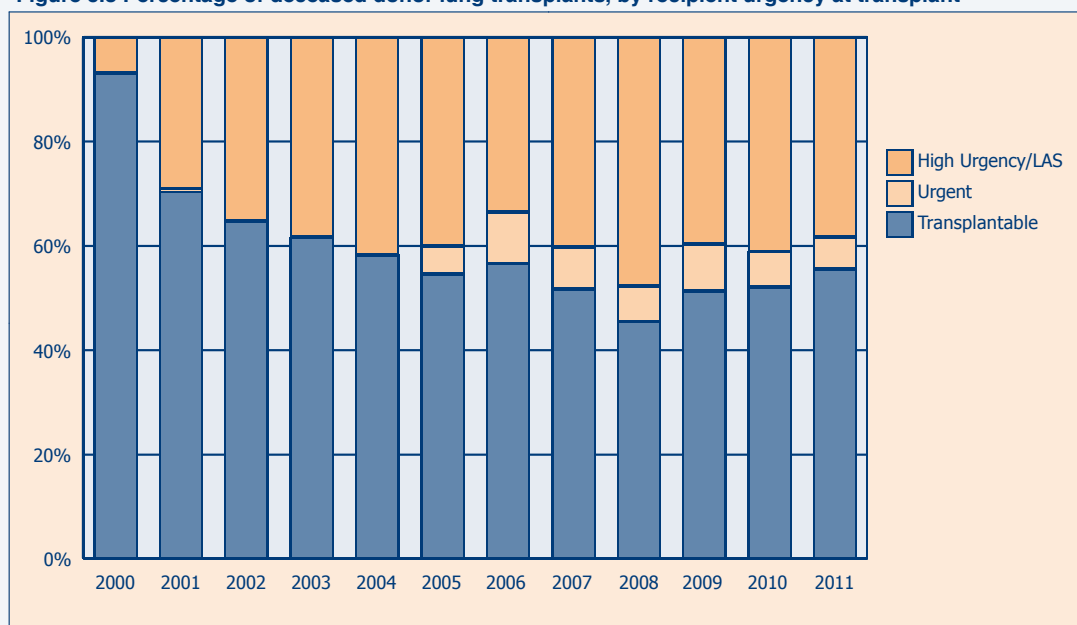


Table 5.11(i) Lung transplants from 2007 to 2011 - characteristics

Deceased donor lung transplants						
Type of transplant	2007	2008	2009	2010	2011	2010/2011
Single lung	90	82	79	75	89	18.7%
Both lungs	409	419	435	496	528	6.5%
Single lung + kidney	1	0	0	0	1	--
Both lungs + kidney	0	1	2	2	2	0.0%
Both lungs + heart	21	23	20	16	14	-12.5%
Both lungs + heart + kidney	0	1	0	0	0	0.0%
Both lungs + heart + liver	0	0	0	1	0	-100.0%
Both lungs + liver	4	1	3	3	2	-33.3%
Total	525	527	539	593	636	7.3%
Lung-only transplants (including single and both lungs)						
Blood group	2007	2008	2009	2010	2011	2010/2011
A	229	219	220	231	288	24.7%
AB	36	24	30	37	28	-24.3%
B	59	61	62	74	80	8.1%
O	175	197	202	229	221	-3.5%
Total	499	501	514	571	617	8.1%
Waiting time (months) based on date put on WL	2007	2008	2009	2010	2011	2010/2011
0-5	235	240	238	270	301	11.5%
6-11	112	107	112	120	120	0.0%
12-23	89	89	89	114	90	-21.1%
24-59	58	53	71	61	88	44.3%
60+	5	12	4	6	18	200.0%
Total	499	501	514	571	617	8.1%
Sequence	2007	2008	2009	2010	2011	2010/2011
First	459	474	482	543	579	6.6%
Repeat	40	27	32	28	38	35.7%
Total	499	501	514	571	617	8.1%
Recipient age	2007	2008	2009	2010	2011	2010/2011
0-15	9	16	8	11	14	27.3%
16-55	327	297	316	351	346	-1.4%
56-64	142	165	175	189	228	20.6%
65+	21	23	15	20	29	45.0%
Total	499	501	514	571	617	8.1%
Allocation	2007	2008	2009	2010	2011	2010/2011
Standard	367	421	430	484	499	3.1%
Rescue	132	80	84	87	118	35.6%
Total	499	501	514	571	617	8.1%
Urgency	2007	2008	2009	2010	2011	2010/2011
High Urgency/LAS	190	233	195	227	231	1.8%
Urgent	41	35	47	40	38	-5.0%
Elective	268	233	272	304	348	14.5%
Total	499	501	514	571	617	8.1%

Table 5.11(ii) Lung transplants 2011 - characteristics

Deceased donor lung transplants						
Type of transplant	(A)	(B)	(D)	(NL)	Total	%
Single lung	7	12	57	13	89	14.0%
Both lungs	111	94	268	55	528	83.0%
Single lung + kidney	0	1	0	0	1	0.2%
Both lungs + kidney	0	1	1	0	2	0.3%
Both lungs + heart	1	3	10	0	14	2.2%
Both lungs + liver	1	0	1	0	2	0.3%
Total	120	111	337	68	636	100.0%
Lung-only transplants (including single and both lungs)						
Blood group	(A)	(B)	(D)	(NL)	Total	%
A	47	49	159	33	288	46.7%
AB	5	4	18	1	28	4.5%
B	21	11	39	9	80	13.0%
O	45	42	109	25	221	35.8%
Total	118	106	325	68	617	100.0%
Waiting time (months) based on date put on WL	(A)	(B)	(D)	(NL)	Total	%
0-5	79	51	158	13	301	48.8%
6-11	24	32	51	13	120	19.4%
12-23	9	14	48	19	90	14.6%
24-59	6	9	51	22	88	14.3%
60+	0	0	17	1	18	2.9%
Total	118	106	325	68	617	100.0%
Sequence	(A)	(B)	(D)	(NL)	Total	%
First	108	98	307	66	579	93.8%
Repeat	10	8	18	2	38	6.2%
Total	118	106	325	68	617	100.0%
Recipient age	(A)	(B)	(D)	(NL)	Total	%
0-15	4	1	8	1	14	2.3%
16-55	72	46	187	41	346	56.1%
56-64	39	56	111	22	228	37.0%
65+	3	3	19	4	29	4.7%
Total	118	106	325	68	617	100.0%
Allocation	(A)	(B)	(D)	(NL)	Total	%
Rescue	4	3	100	11	118	19.1%
Standard	114	103	225	57	499	80.9%
Total	118	106	325	68	617	100.0%
Urgency	(A)	(B)	(D)	(NL)	Total	%
High Urgency/LAS	14	17	169	31	231	37.4%
Urgent	0	0	38	0	38	6.2%
Elective	104	89	118	37	348	56.4%
Total	118	106	325	68	617	100.0%

Figure 5.9 Dynamics of the Eurotransplant heart waiting list and transplants between 1991 and 2011

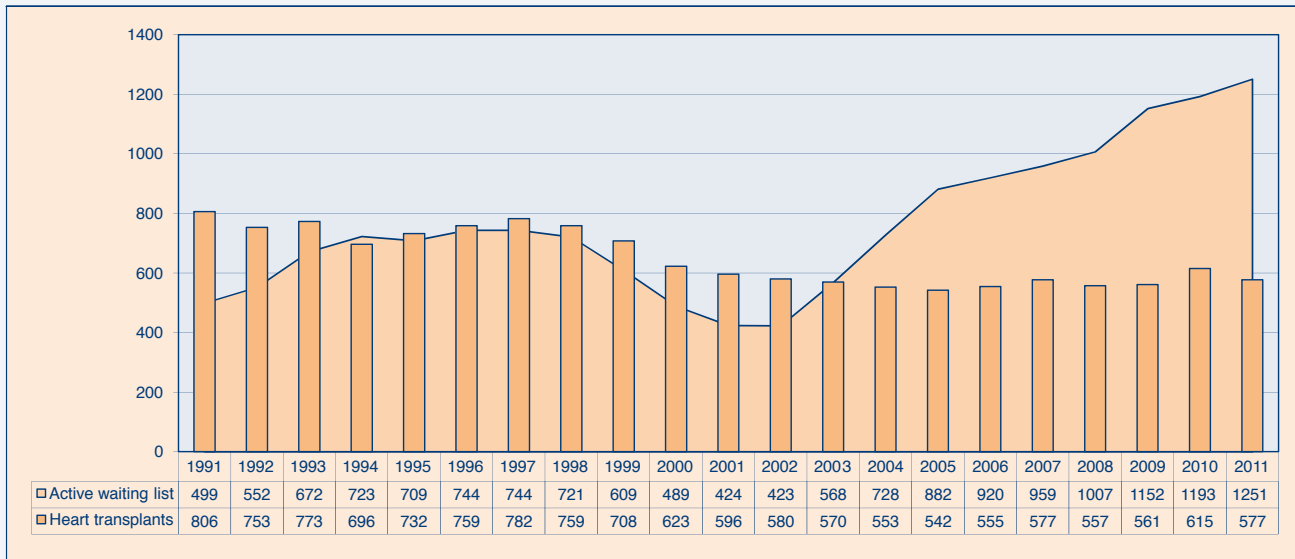
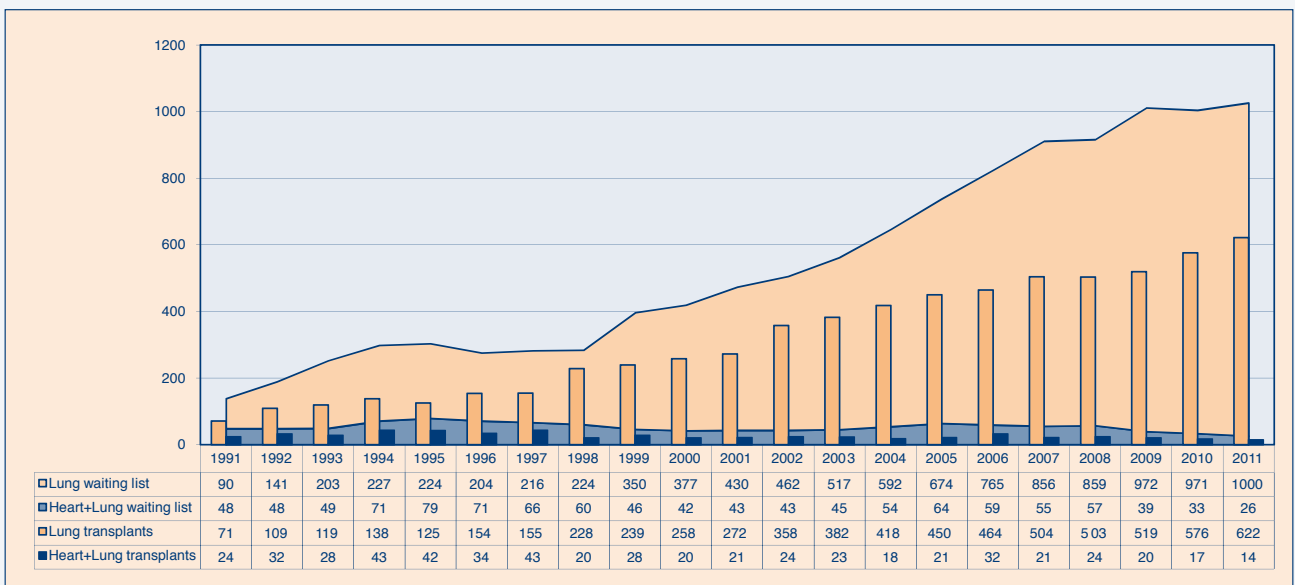


Figure 5.10 Dynamics of the Eurotransplant heart + lung waiting list, heart + lung transplants, lung waiting list and lung transplants, between 1991 and 2011



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

DONATION

Table 6.1(i) Deceased donors / livers in Eurotransplant from 2007 to 2011

Donors	2007	2008	2009	2010	2011	2010/2011
All donors reported	2411	2233	2305	2415	2481	2.7%
Non-liver donors	422	361	321	351	369	5.1%
Liver donors reported	1989	1872	1984	2064	2112	2.3%
Liver donors not used	420	322	353	330	385	16.7%
<i>One split used</i>	3	5	2	5	3	-40.0%
<i>Both splits used</i>	53	56	60	59	44	-25.4%
<i>Whole liver used</i>	1513	1489	1569	1670	1680	0.6%
Total liver donors used	1569	1550	1631	1734	1727	-0.4%

Donor procedures	2007	2008	2009	2010	2011	2010/2011
Whole liver procedure	1932	1808	1919	1998	2064	3.3%
Split liver procedure	57	64	65	66	48	-27.3%
Total	1989	1872	1984	2064	2112	2.3%

Whole livers	2007	2008	2009	2010	2011	2010/2011
Reported	1932	1808	1919	1998	2064	3.3%
Offered	1901	1799	1913	1996	2056	3.0%
Accepted	1835	1739	1861	1955	1990	1.8%
Transplanted	1513	1489	1569	1670	1680	0.6%

Split livers	2007	2008	2009	2010	2011	2010/2011
Available split livers	114	128	130	132	96	-27.3%
Split liver not used	5	11	8	9	5	-44.4%
Split liver transplanted	109	117	122	123	91	-26.0%

Table 6.1(ii) Deceased donors / livers in Eurotransplant in 2011

Donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Total ET	Non-ET	Total	% all donors
All donors reported	221	352	150	1240	9	275	32	2279	202	2481	100.0%
Non-liver donors	39	26	3	67	0	69	0	204	165	369	14.9%
Liver donors reported	182	326	147	1173	9	206	32	2075	37	2112	85.1%
Liver donors not used	57	55	22	159	0	63	8	364	21	385	15.5%
<i>One split used</i>	0	2	0	1	0	0	0	3	0	3	0.1%
<i>Both splits used</i>	3	10	1	25	1	3	0	43	1	44	1.8%
<i>Whole liver used</i>	122	259	124	988	8	140	24	1665	15	1680	67.7%
Total liver donors used	125	271	125	1014	9	143	24	1711	16	1727	69.6%

Donor procedures	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Total ET	Non-ET	Total	%
Whole liver procedure	179	314	146	1147	8	203	32	2029	35	2064	97.7%
Split liver procedure	3	12	1	26	1	3	0	46	2	48	2.3%
Total	182	326	147	1173	9	206	32	2075	37	2112	100.0%

Whole livers	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Total ET	Non-ET	Total	% reported
Reported	179	314	146	1147	8	203	32	2029	35	2064	100.0%
Offered	178	314	146	1142	8	203	32	2023	33	2056	99.6%
Accepted	173	304	145	1128	8	172	32	1962	28	1990	96.4%
Transplanted	122	259	124	988	8	140	24	1665	15	1680	81.4%

Table 6.1(ii) (Continued)

Split livers	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLD)	Total ET	Non-ET	Total	%
Available split livers	6	24	2	52	2	6	0	92	4	96	100.0%
Split liver not used	0	2	0	1	0	0	0	3	2	5	5.2%
Split liver transplanted	6	22	2	51	2	6	0	89	2	91	94.8%

WAITING LIST

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

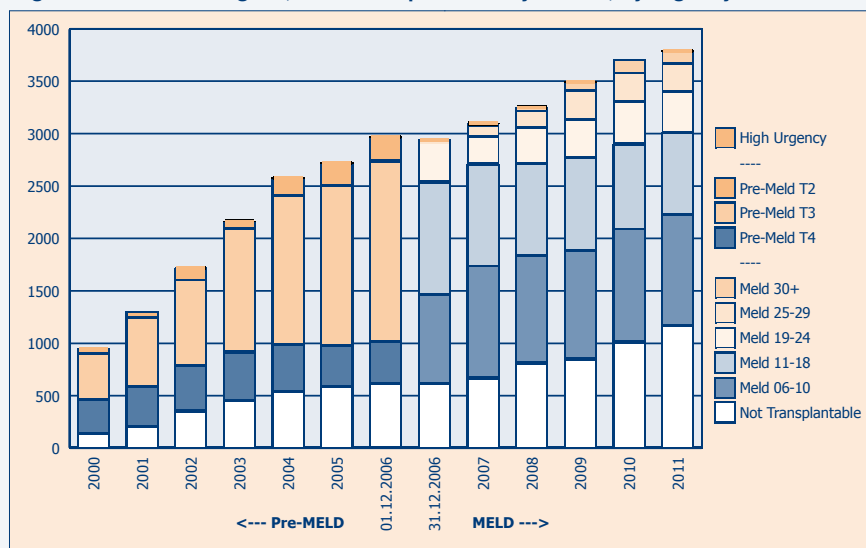


Figure 6.2 Liver waiting list, percentage of patients at year end, by urgency

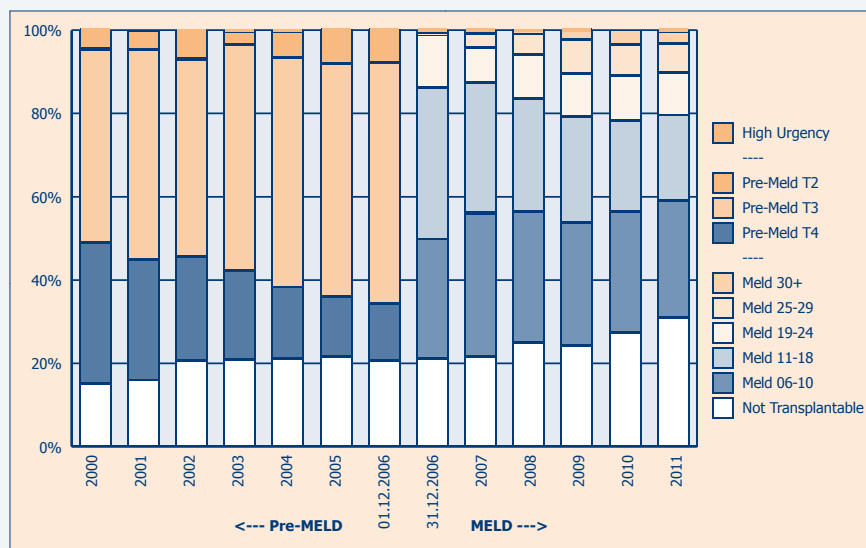


Table 6.2(i) Active liver transplant waiting list, as per December 31, from 2007 to 2011 - characteristics

Type of transplant	2007	2008	2009	2010	2011	2010/2011
Liver	2351	2354	2525	2588	2530	-2.2%
Liver + kidney	67	72	97	90	72	-20.0%
Liver + heart	2	2	4	2	3	50.0%
Liver + heart + kidney	0	0	0	1	0	-100.0%
Liver + heart + lung	0	0	0	0	1	--
Liver + heart + pancreas	0	0	0	1	0	-100.0%
Liver + lung	4	8	6	5	1	-80.0%
Liver + pancreas	5	4	8	6	6	0.0%
Liver + pancreas + kidney	0	2	1	2	1	-50.0%
Total	2429	2442	2641	2695	2614	-3.0%

Table 6.2(ii) Active liver transplant waiting list, as per December 31, 2011 - characteristics

Type of transplant	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
Liver	111	147	77	2064	121	10	2530	96.8%
Liver + kidney	1	22	1	47	1	0	72	2.8%
Liver + heart	0	0	0	3	0	0	3	0.1%
Liver + heart + lung	0	0	0	1	0	0	1	0.0%
Liver + lung	0	0	0	0	1	0	1	0.0%
Liver + pancreas	0	3	0	3	0	0	6	0.2%
Liver + pancreas + kidney	0	0	0	1	0	0	1	0.0%
Total	112	172	78	2119	123	10	2614	100.0%

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

Blood group	2007	2008	2009	2010	2011	2010/2011
A	988	944	1075	1085	1064	-1.9%
AB	40	46	54	57	63	10.5%
B	275	267	280	314	302	-3.8%
O	1048	1097	1116	1132	1101	-2.7%
Total	2351	2354	2525	2588	2530	-2.2%
Sequence	2007	2008	2009	2010	2011	2010/2011
First	2234	2233	2392	2456	2404	-2.1%
Repeat	117	121	133	132	126	-4.5%
Total	2351	2354	2525	2588	2530	-2.2%
Waiting time (months) based on date put on WL	2007	2008	2009	2010	2011	2010/2011
0-5	690	665	733	723	667	-7.7%
6-11	398	363	433	451	389	-13.7%
12-23	551	462	389	474	479	1.1%
24+	712	864	970	940	995	5.9%
Total	2351	2354	2525	2588	2530	-2.2%
Age	2007	2008	2009	2010	2011	2010/2011
0-15	69	70	70	59	61	3.4%
16-55	1403	1375	1440	1459	1422	-2.5%
56-64	660	683	745	800	796	-0.5%
65+	219	226	270	270	251	-7.0%
Total	2351	2354	2525	2588	2530	-2.2%
MELD score	2007	2008	2009	2010	2011	2010/2011
06-10	1055	1015	1021	1064	1053	-1.0%
11-18	949	863	870	790	772	-2.3%
19-24	227	302	305	361	347	-3.9%
25-29	97	149	260	253	252	-0.4%
30+	21	23	68	120	106	-11.7%
Unknown	2	2	1	0	0	0.0%
Total	2351	2354	2525	2588	2530	-2.2%

Table 6.3(ii) Active liver-only transplant waiting list as per December 31, 2011 - characteristics

Blood group	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
A	54	65	34	881	29	1	1064	42.1%
AB	6		3	52	1	1	63	2.5%
B	22	11	14	241	11	3	302	11.9%
O	29	71	26	890	80	5	1101	43.5%
Total	111	147	77	2064	121	10	2530	100.0%

Table 6.3(ii) (Continued)

Sequence	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
First	106	132	76	1971	110	9	2404	95.0%
Repeat	5	15	1	93	11	1	126	5.0%
Total	111	147	77	2064	121	10	2530	100.0%

Waiting time (months) based on date put on WL	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0-5	44	76	24	469	48	6	667	26.4%
6-11	25	20	15	304	22	3	389	15.4%
12-23	36	21	15	389	17	1	479	18.9%
24+	6	30	23	902	34	0	995	39.3%
Total	111	147	77	2064	121	10	2530	100.0%

Age	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0-15	3	10	0	46	2	0	61	2.4%
16-55	55	75	47	1167	73	5	1422	56.2%
56-64	39	40	26	650	36	5	796	31.5%
65+	14	22	4	201	10	0	251	9.9%
Total	111	147	77	2064	121	10	2530	100.0%

MELD score	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
06-10	41	40	51	862	55	4	1053	41.6%
11-18	55	35	24	611	42	5	772	30.5%
19-24	9	38	2	277	20	1	347	13.7%
25-29	1	21	0	227	3	0	252	10.0%
30+	5	13	0	87	1	0	106	4.2%
Total	111	147	77	2064	121	10	2530	100.0%

TRANSPLANTATION

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

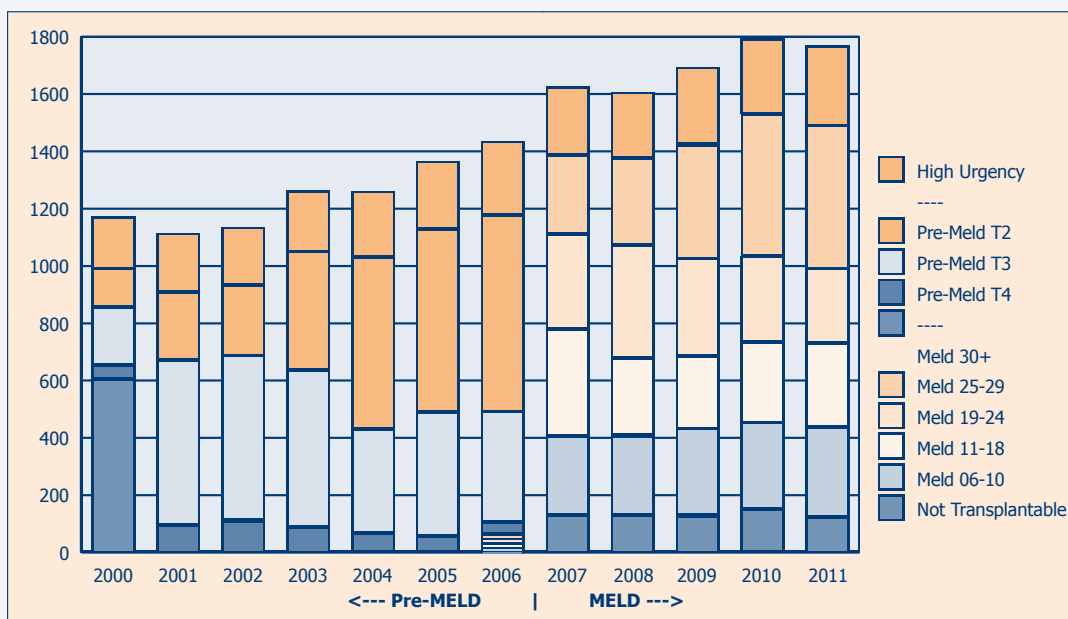


Figure 6.4 Percentage of deceased donor liver transplants, by recipient urgency at transplant

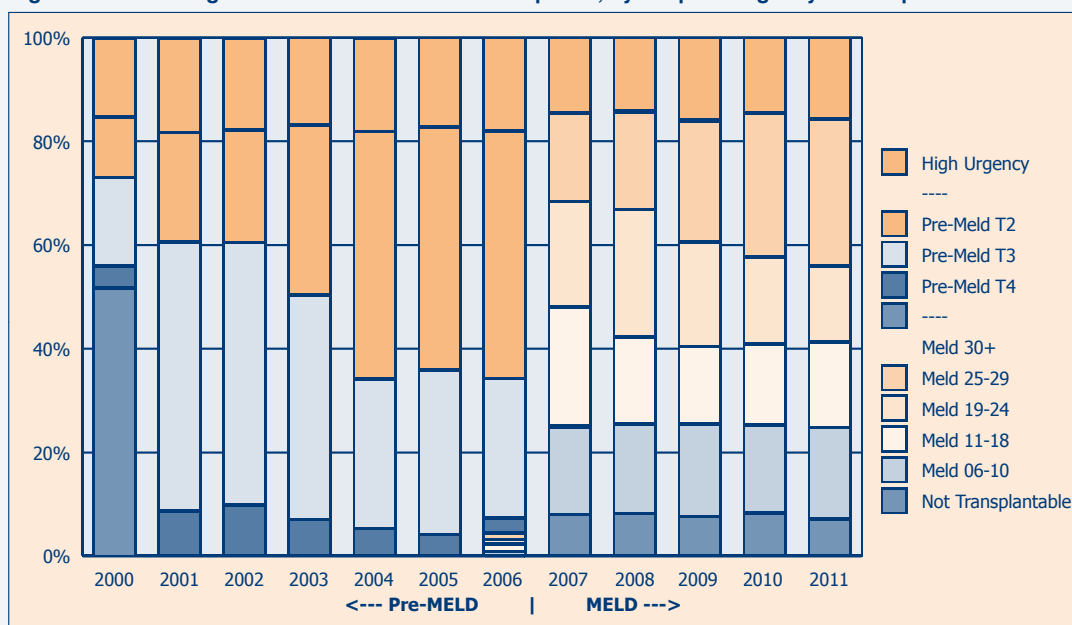


Table 6.4(i) Liver transplants from 2007 to 2011 - characteristics

Deceased donor liver transplants						
Type of transplant	2007	2008	2009	2010	2011	2010/2011
Split liver	105	113	121	118	88	-25.4%
Whole liver	1439	1405	1516	1606	1622	1.0%
Split liver + kidney	4	4	1	5	3	-40.0%
Whole liver + kidney	64	73	45	52	43	-17.3%
Whole liver + kidney en bloc	1	2	0	0	1	--
Whole liver + heart	2	3	0	1	3	200.0%
Whole liver + heart + both lungs	0	0	0	1	0	-100.0%
Whole liver + both lungs	4	1	3	3	2	-33.3%
Whole liver + pancreas	5	5	4	6	6	0.0%
Whole liver + pancreas + kidney	1	0	2	1	2	100.0%
Total	1625	1606	1692	1793	1770	-1.3%
Liver-only transplants (whole and split)						
Blood group	2007	2008	2009	2010	2011	2010/2011
A	656	655	655	739	773	4.6%
AB	131	103	125	124	115	-7.3%
B	219	192	233	249	230	-7.6%
O	538	568	624	612	592	-3.3%
Total	1544	1518	1637	1724	1710	-0.8%
Waiting time (months) based on date put on WL						
	2007	2008	2009	2010	2011	2010/2011
0-5	1057	999	1098	1131	1101	-2.7%
6-11	194	238	289	263	272	3.4%
12-23	185	160	136	177	215	21.5%
24-59	98	107	84	131	93	-29.0%
60+	10	14	30	22	29	31.8%
Total	1544	1518	1637	1724	1710	-0.8%
Sequence						
	2007	2008	2009	2010	2011	2010/2011
First	1321	1313	1404	1487	1490	0.2%
Repeat	223	205	233	237	220	-7.2%
Total	1544	1518	1637	1724	1710	-0.8%

Table 6.4(i) (Continued)

Recipient age	2007	2008	2009	2010	2011	2010/2011
0-15	117	107	107	118	103	-12.7%
16-55	783	767	798	835	796	-4.7%
56-64	497	463	527	552	599	8.5%
65+	147	181	205	219	212	-3.2%
Total	1544	1518	1637	1724	1710	-0.8%
Allocation	2007	2008	2009	2010	2011	2010/2011
Standard	1172	1166	1262	1259	1214	-3.6%
Rescue	372	352	375	465	496	6.7%
Total	1544	1518	1637	1724	1710	-0.8%
MELD score	2007	2008	2009	2010	2011	2010/2011
Unknown	5	10	5	7	4	-42.9%
06-10	117	119	123	138	113	-18.1%
11-18	269	271	296	299	306	2.3%
19-24	353	253	242	270	286	5.9%
25-29	307	364	325	286	254	-11.2%
30+	259	273	377	467	473	1.3%
High Urgency	234	228	269	257	274	6.6%
Total	1544	1518	1637	1724	1710	-0.8%

Table 6.4(ii) Liver transplants 2011 - characteristics

Deceased donor liver transplants								
Type of transplant	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
Split liver	2	7	5	72	1	1	88	5.0%
Whole liver	119	231	115	1016	122	19	1622	91.6%
Split liver + kidney	0	0	0	3	0	0	3	0.2%
Whole liver + kidney	4	19	1	17	2	0	43	2.4%
Whole liver + kidney en bloc	0	0	0	1	0	0	1	0.1%
Whole liver + heart	0	1	0	2	0	0	3	0.2%
Whole liver + both lungs	1	0	0	1	0	0	2	0.1%
Whole liver + pancreas	0	3	0	3	0	0	0	0.0%
Whole liver + pancreas + kidney	0	1	0	1	0	0	2	0.1%
Total	126	262	121	1116	125	20	1770	100.0%
Liver-only transplants (whole and split)								
Blood group	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
A	46	114	47	506	50	10	773	45.2%
AB	11	9	12	80	3	0	115	6.7%
B	13	32	31	142	10	2	230	13.5%
O	51	83	30	360	60	8	592	34.6%
Total	121	238	120	1088	123	20	1710	100.0%
Waiting time (months) based on date put on WL								
	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0-5	73	155	101	680	75	17	1101	64.4%
6-11	25	54	10	162	20	1	272	15.9%
12-23	18	16	6	157	17	1	215	12.6%
24-59	5	10	3	66	9	0	93	5.4%
60+	0	3	0	23	2	1	29	1.7%
Total	121	238	120	1088	123	20	1710	100.0%
Sequence								
	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
First	108	212	113	941	100	16	1490	87.1%
Repeat	13	26	7	147	23	4	220	12.9%
Total	121	238	120	1088	123	20	1710	100.0%

Table 6.4(ii) (Continued)

Recipient age	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
0-15	8	7	1	73	14	0	103	6.0%
16-55	45	100	54	520	66	11	796	46.5%
56-64	48	79	53	377	35	7	599	35.0%
65+	20	52	12	118	8	2	212	12.4%
Total	121	238	120	1088	123	20	1710	100.0%
Allocation	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
Rescue	16	39	5	429	6	1	496	29.0%
Standard	105	199	115	659	117	19	1214	71.0%
Total	121	238	120	1088	123	20	1710	100.0%
MELD score	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
Unknown	1	0	0	3	0	0	4	0.2%
06-10	28	13	2	59	7	4	113	6.6%
11-18	51	27	41	164	17	6	306	17.9%
19-24	17	46	53	126	42	2	286	16.7%
25-29	2	80	9	138	23	2	254	14.9%
30+	7	52	7	395	12	0	473	27.7%
High Urgency	15	20	8	203	22	6	274	16.0%
Total	121	238	120	1088	123	20	1710	100.0%

Table 6.5(i) Living donor liver transplants - liver-only - 2007 to 2011

Liver-only	2007	2008	2009	2010	2011	2010/2011
Domino	10	7	3	6	16	166.7%
Related	78	66	83	114	107	-6.1%
Non-related	13	9	13	18	12	-33.3%
Total	101	82	99	138	135	-2.2%
Related	2007	2008	2009	2010	2011	2010/2011
Brother / sister	10	6	9	8	6	-25.0%
Father	18	21	29	30	40	33.3%
Mother	27	24	25	48	42	-12.5%
Son / daughter	15	10	11	15	11	-26.7%
Grandfather / -mother	1	0	4	1	5	400.0%
Uncle / aunt	1	3	4	8	1	-87.5%
Nephew / niece	4	1	1	3	2	-33.3%
Cousin	0	1	0	1	0	-100.0%
Blood related : NOS*	2	0	0	0	0	0.0%
Total	78	66	83	114	107	-6.1%
Non-related	2007	2008	2009	2010	2011	2010/2011
Spouse / partner	9	4	8	12	7	-41.7%
Friend	1	1	1	2	0	-100.0%
Not blood related family	3	3	3	3	2	-33.3%
Not blood related: NOS*	0	1	1	1	0	-100.0%
Son in law / Daughter in law	0	0	0	0	3	--
Total	13	9	13	18	12	-33.3%

*NOS Not otherwise specified

Table 6.5(ii) Living donor liver transplants - liver-only - 2011

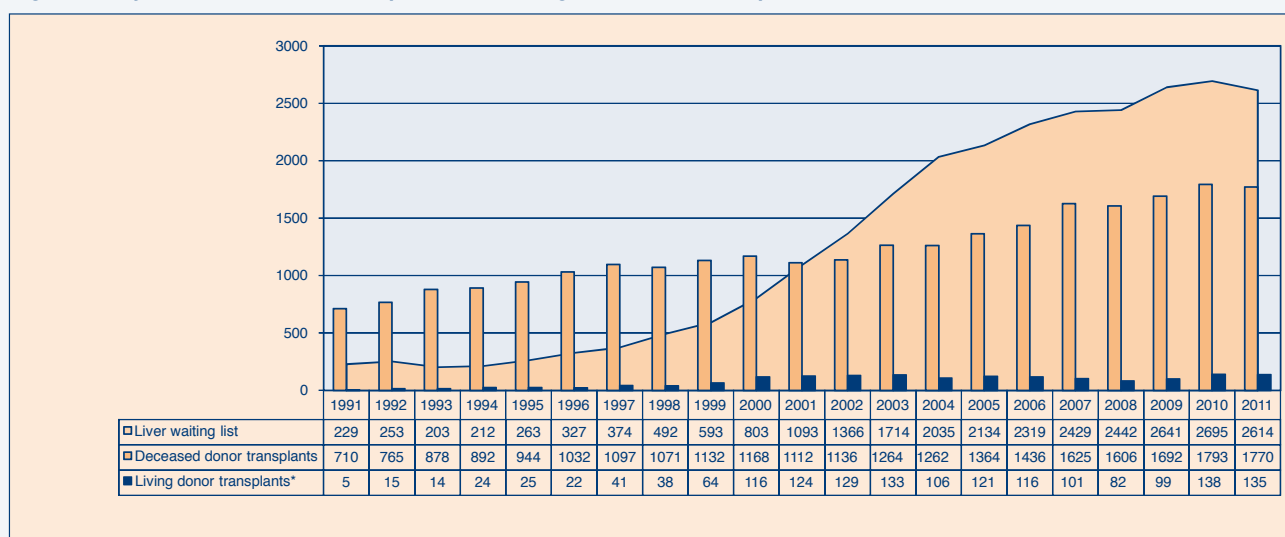
Liver-only	(A)	(B)	(HR)	(D)	(NL)	Total	%
Domino	0	2	0	12	2	16	11.9%
Related	2	33	3	61	8	107	79.3%
Non-related	0	2	0	10	0	12	8.9%
Total	2	37	3	83	10	135	100.0%

Related	(A)	(B)	(HR)	(D)	(NL)	Total	%
Brother / sister	0	1	0	5	0	6	5.6%
Father	1	18	3	15	3	40	37.4%
Mother	1	11	0	27	3	42	39.3%
Son / daughter	0	2	0	8	1	11	10.3%
Grandfather / - mother	0	0	0	4	1	5	4.7%
Uncle / aunt	0	1	0	0	0	1	0.9%
Nephew / niece	0	0	0	2	0	2	1.9%
Total	2	33	3	61	8	107	100.0%

Non-related	(A)	(B)	(HR)	(D)	(NL)	Total	%
Spouse / partner	0	1	0	6	0	7	58.3%
Not blood related family	0	1	0	1	0	2	16.7%
Son in law / Daughter in law	0	0	0	3	0	3	25.0%
Total	0	2	0	10	0	12	100.0%

* NOS Not otherwise specified

Figure 6.5 Dynamics of the Eurotransplant liver waiting list and liver transplants between 1991 and 2011



Intestine transplants 2011

On January 1, 2011, 26 recipients were on the waiting list for an intestine transplant (16 in Germany, 6 in Belgium, 3 in Austria, 1 in the Netherlands). During the year 2011, 20 recipients were registered for either an isolated intestine transplant (N=11) or for a combined intestine transplant (N=9). One recipient was registered twice

As per December 31, 2011, 23* recipients (16 in Germany, 4 in Belgium, 2 in Austria and 1 in the Netherlands) were awaiting either an isolated intestine transplant (N=16) or in combination with another organ (N=7).

Table 6.6 Number of intestinal transplants in 2011

Country	Center	Total
Germany	GBCTP – Berlin	3
	GJETP – Jena	2
	GTUTP – Tübingen	2
	GMNTP – Münster	2
Belgium	BLMTP – Leuven	3
	BGETP-Gent	1
Netherlands	NGRTP – Groningen	1
United Kingdom	OUKTP **	1
Total		15

Seven transplants concerned isolated intestine transplants and eight concerned combined intestine transplants. One intestine was transplanted in the United Kingdom **. In 2010, five isolated intestine transplants were performed and nine combined intestine transplants.

Four recipients deceased while awaiting a transplant (one recipient died after re-registration on the waiting list). Four recipients were removed from the waiting list.

* Urgency status of patients on the waiting list as per December 31, 2011:

Intestine-only: 10 patients registered T, 6 patients registered NT

Combined: 7 patients registered T, 0 patients registered NT

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

DONATION

Table 7.1(i) Deceased donors / pancreas in Eurotransplant from 2007 to 2011

Donors	2007	2008	2009	2010	2011	2010/2011
All donors reported	2411	2233	2305	2415	2481	2.7%
Non-pancreas donors	1373	1312	1429	1471	1473	0.1%
Pancreas donors reported	1038	921	876	944	1008	6.8%
Pancreas donors not used	783	664	650	671	703	4.8%
<i>Pancreatic islet donors used</i>	40	38	35	30	64	113.3%
<i>Whole pancreas donors used</i>	215	219	191	243	241	-0.8%
Total pancreas donors used	255	257	226	273	305	11.7%

Pancreas	2007	2008	2009	2010	2011	2010/2011
Reported	1038	921	876	944	1008	6.8%
Offered	981	880	835	920	985	7.1%
Accepted	548	551	503	573	613	7.0%
Transplanted	255	257	226	273	305	11.7%

Table 7.1(ii) Deceased donors / pancreas in Eurotransplant in 2011

Donors	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Total ET	Non-ET	Total	% all donors
All donors reported	221	352	150	1240	9	275	32	2279	202	2481	100.0%
Non-pancreas donors	184	112	115	795	4	48	18	1276	197	1473	59.4%
Pancreas donors reported	37	240	35	445	5	227	14	1003	5	1008	40.6%
Pancreas donors not used	16	178	20	282	5	185	12	698	5	703	28.3%
<i>Pancreatic islet donors used</i>	0	41	1	3	0	19	0	64	0	64	2.6%
<i>Whole pancreas donors used</i>	21	21	14	160	0	23	2	241	0	241	9.7%
Total pancreas donors used	21	62	15	163	0	42	2	305	0	305	12.3%

Pancreas	(A)	(B)	(HR)	(D)	(L)	(NL)	(SLO)	Total ET	Non-ET	Total	% reported
Reported	37	240	35	445	5	227	14	1003	5	1008	100.0%
Offered	37	231	35	442	4	217	14	980	5	985	97.7%
Accepted	31	137	21	284	3	130	7	613	0	613	60.8%
Transplanted	21	62	15	163	0	42	2	305	0	305	30.3%

WAITING LIST

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

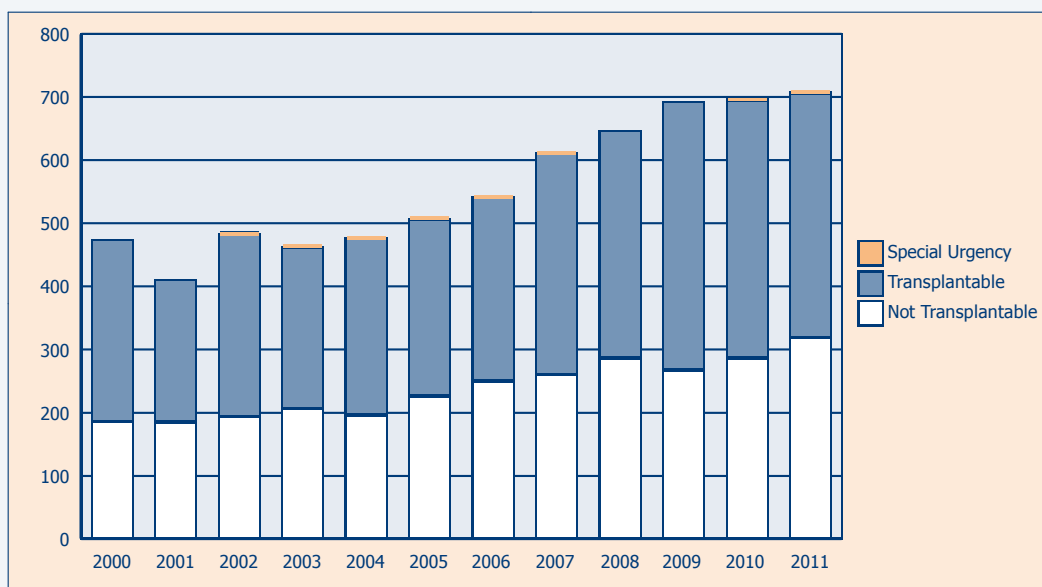


Figure 7.2 Pancreas waiting list, percentage of patients at year end, by urgency

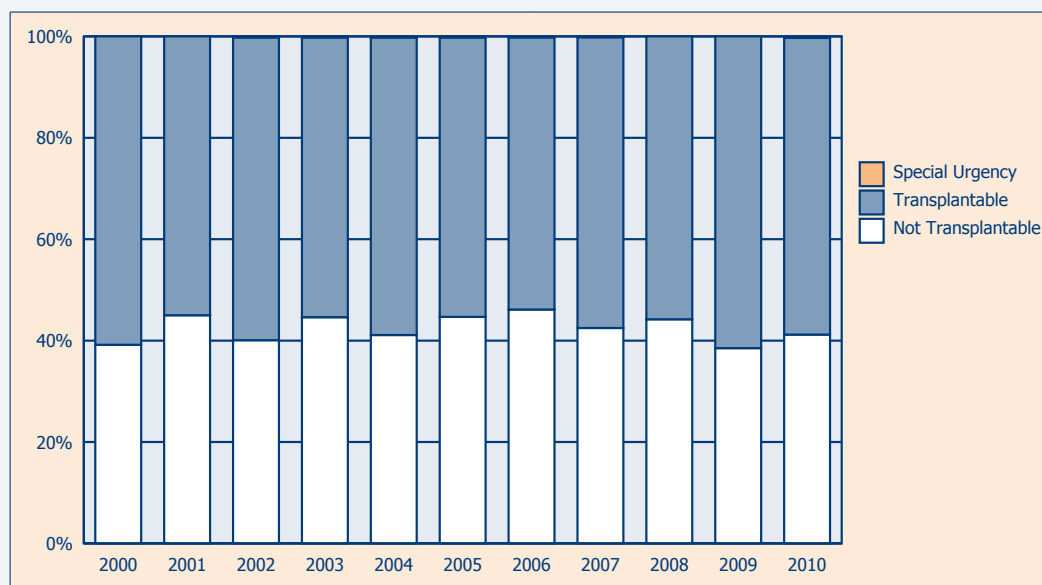


Table 7.2(i) Active pancreas transplant waiting list as per December 31 - characteristics

Type of transplant	2007	2008	2009	2010	2011	2010/2011
Pancreas	21	28	34	29	43	48.3%
Pancreas islets	22	27	34	37	49	32.4%
Pancreas islets + kidney	9	3	0	0	3	--
Pancreas + kidney	295	297	349	335	287	-14.3%
Pancreas + kidney + liver	0	2	1	2	1	-50.0%
Pancreas + heart + liver	0	0	0	1	0	-100.0%
Pancreas + liver	5	4	8	6	6	0.0%
Total	352	361	426	410	389	-5.1%

Table 7.2(ii) Active pancreas transplant waiting list as per December 31 , 2011 - characteristics

Type of transplant	(A)	(B)	(HR)	(D)	(NL)	Total	%
Pancreas	3	7	0	29	4	43	11.1%
Pancreas islets	0	22	0	17	10	49	12.6%
Pancreas islets + kidney	0	3	0	0	0	3	0.8%
Pancreas + kidney	14	16	1	232	24	287	73.8%
Pancreas + kidney + liver	0	0	0	1	0	1	0.3%
Pancreas + liver	0	3	0	3	0	6	1.5%
Total	17	51	1	282	38	389	100.0%

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

Blood group	2007	2008	2009	2010	2011	2010/2011
A	24	23	27	28	31	10.7%
AB	2	4	3	3	1	-66.7%
B	3	7	9	8	19	137.5%
O	14	21	29	27	41	51.9%
Total	43	55	68	66	92	39.4%
% PRA current	2007	2008	2009	2010	2011	2010/2011
0-5 %	39	48	55	56	71	26.8%
6-84 %	4	7	8	7	9	28.6%
85-100 %	0	0	1	0	1	--
Not reported	0	0	4	3	11	266.7%
Total	43	55	68	66	92	39.4%
Sequence	2007	2008	2009	2010	2011	2010/2011
First	20	26	38	38	55	44.7%
Repeat	23	29	30	28	37	32.1%
Total	43	55	68	66	92	39.4%
Waiting time (months) based on date put on WL	2007	2008	2009	2010	2011	2010/2011
0-5	8	13	13	12	28	133.3%
6-11	9	11	15	10	20	100.0%
12-23	7	5	17	20	16	-20.0%
24+	19	26	23	24	28	16.7%
Total	43	55	68	66	92	39.4%
Age	2007	2008	2009	2010	2011	2010/2011
0-15	1	0	0	0	1	--
16-55	38	49	58	56	76	35.7%
56-64	4	5	8	6	11	83.3%
65+	0	1	2	4	4	0.0%
Total	43	55	68	66	92	39.4%

Table 7.3a(ii) Active pancreas-only transplant waiting list as per December 31, 2011 - characteristics

Blood group	(A)	(B)	(HR)	(D)	(NL)	%
A	0	9	16	6	31	33.7%
AB	0	0	1	0	1	1.1%
B	3	6	9	1	19	20.7%
O	0	14	20	7	41	44.6%
Total	3	29	46	14	92	100.0%

Table 7.3a(ii) (Continued)

% PRA current	(A)	(B)	(HR)	(D)	(NL)	%
0-5 %	3	16	39	13	71	77.2%
6-84 %	0	2	6	1	9	9.8%
85-100 %	0	0	1	0	1	1.1%
Not reported	0	11	0	0	11	12.0%
Total	3	29	46	14	92	100.0%
Sequence	(A)	(B)	(HR)	(D)	(NL)	%
First	0	23	25	7	55	59.8%
Repeat	3	6	21	7	37	40.2%
Total	3	29	46	14	92	100.0%
Waiting time (months) based on date put on WL	(A)	(B)	(HR)	(D)	(NL)	%
0-5	1	10	13	4	28	30.4%
6-11	1	6	9	4	20	21.7%
12-23	0	2	11	3	16	17.4%
24+	1	11	13	3	28	30.4%
Total	3	29	46	14	92	100.0%
Age	(A)	(B)	(HR)	(D)	(NL)	%
0-15	0	1	0	0	1	1.1%
16-55	3	23	39	11	76	82.6%
56-64	0	3	6	2	11	12.0%
65+	0	2	1	1	4	4.3%
Total	3	29	46	14	92	100.0%

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

Blood group	2007	2008	2009	2010	2011	2010/2011
A	127	116	132	132	94	-28.8%
AB	9	10	8	5	8	60.0%
B	48	50	71	55	50	-9.1%
O	120	124	138	143	138	-3.5%
Total	304	300	349	335	290	-13.4%
% PRA current	2007	2008	2009	2010	2011	2010/2011
0-5 %	276	263	318	298	258	-13.4%
6-84 %	21	29	22	30	27	-10.0%
85-100 %	5	8	5	3	5	66.7%
Not reported	2	0	4	4	0	-100.0%
Total	304	300	349	335	290	-13.4%
Sequence	2007	2008	2009	2010	2011	2010/2011
First	276	273	324	306	263	-14.1%
Repeat	28	27	25	29	27	-6.9%
Total	304	300	349	335	290	-13.4%
Waiting time (months) based on date put on WL	2007	2008	2009	2010	2011	2010/2011
0-5	90	72	78	77	58	-24.7%
6-11	87	91	77	76	68	-10.5%
12-23	94	93	119	96	86	-10.4%
24+	33	44	75	86	78	-9.3%
Total	304	300	349	335	290	-13.4%

Table 7.3b(i) (Continued)

Age	2007	2008	2009	2010	2011	2010/2011
0-15	1	0	0	0	0	0.0%
16-55	273	274	308	295	254	-13.9%
55-64	28	25	38	37	34	-8.1%
65+	2	1	3	3	2	-33.3%
Total	304	300	349	335	290	-13.4%

Table 7.3b(ii) Active kidney + pancreas transplant waiting list as per December 31, 2011 - characteristics

Blood group	(A)	(B)	(HR)	(D)	(NL)	Total	%
A	1	10	0	73	10	94	32.4%
AB	0	1	0	6	1	8	2.8%
B	4	2	0	40	4	50	17.2%
O	9	6	1	113	9	138	47.6%
Total	14	19	1	232	24	290	100.0%
% PRA current	(A)	(B)	(HR)	(D)	(NL)	Total	%
0-5 %	10	18	1	206	23	258	89.0%
6-84 %	3	0	0	23	1	27	9.3%
85-100 %	1	1	0	3	0	5	1.7%
Total	14	19	1	232	24	290	100.0%
Sequence	(A)	(B)	(HR)	(D)	(NL)	Total	%
First	10	18	1	210	24	263	90.7%
Repeat	4	1	0	22	0	27	9.3%
Total	14	19	1	232	24	290	100.0%
Waiting time (months) based on date put on WL	(A)	(B)	(HR)	(D)	(NL)	Total	%
0-5	6	3	1	43	5	58	20.0%
6-11	3	8	0	53	4	68	23.4%
12-23	3	5	0	67	11	86	29.7%
24+	2	3	0	69	4	78	26.9%
Total	14	19	1	232	24	290	100.0%
Age	(A)	(B)	(HR)	(D)	(NL)	Total	%
16-55	12	18	1	201	22	254	87.6%
55-64	2	0	0	30	2	34	11.7%
65+	0	1	0	1	0	2	0.7%
Total	14	19	1	232	24	290	100.0%

TRANSPLANTATION

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

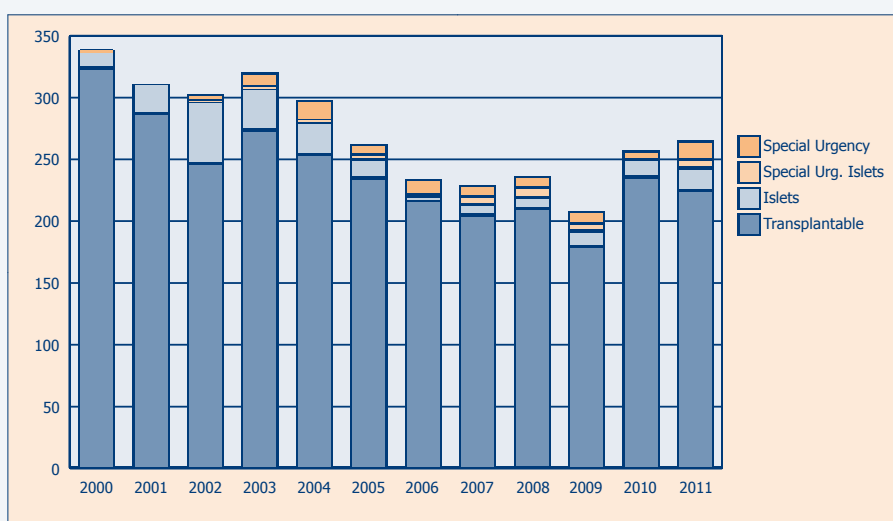


Figure 7.4 Percentage of deceased donor pancreas, by recipient urgency at transplant

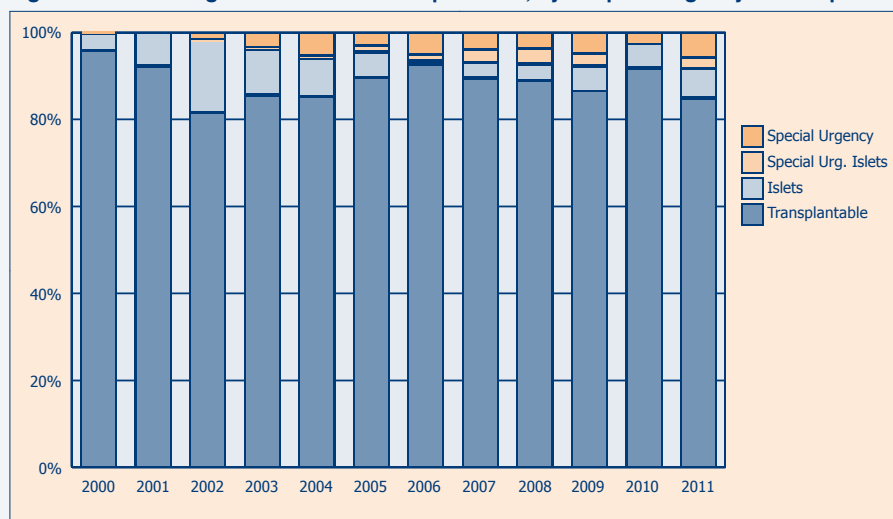


Table 7.4a(i) Pancreas transplants 2007 to 2011 - characteristics

Deceased donor pancreas transplants						
Type of transplant	2007	2008	2009	2010	2011	2010/2011
Pancreas	29	20	13	24	21	-12.5%
Pancreas islets	15	17	18	14	25	78.6%
Pancreas + kidney	180	194	172	211	210	-0.5%
Pancreas + kidney en bloc	0	0	0	0	1	--
Pancreas + heart + kidney	0	0	0	1	0	-100.0%
Pancreas + whole liver	5	5	4	6	6	0.0%
Pancreas + whole liver + kidney	1	0	2	1	2	100.0%
Total	230	236	209	257	265	3.1%
Pancreas-only transplants (whole)						
Blood group	2007	2008	2009	2010	2011	2010/2011
A	15	11	6	6	8	33.3%
AB	0	2	0	3	0	-100.0%
B	5	1	2	3	4	33.3%
O	9	6	5	12	9	-25.0%
Total	29	20	13	24	21	-12.5%

Table 7.4a(i) (Continued)

Waiting time (months) based on date put on WL	2007	2008	2009	2010	2011	2010/2011
0-5	12	4	6	7	8	14.3%
6-11	3	4	2	4	4	0.0%
12-23	12	8	2	7	5	-28.6%
24-59	2	4	2	6	4	-33.3%
60 +	0	0	1	0	0	0.0%
Total	29	20	13	24	21	-12.5%
Sequence	2007	2008	2009	2010	2011	2010/2011
First	11	8	5	12	7	-41.7%
Repeat	18	12	8	12	14	16.7%
Total	29	20	13	24	21	-12.5%
Recipient age	2007	2008	2009	2010	2011	2010/2011
16-55	26	20	13	23	18	-21.7%
56-64	3	0	0	1	3	200.0%
Total	29	20	13	24	21	-12.5%
Allocation	2007	2008	2009	2010	2011	2010/2011
Standard	26	18	13	22	16	-27.3%
Rescue	3	2	0	2	5	150.0%
Total	29	20	13	24	21	-12.5%
Urgency	2007	2008	2009	2010	2011	2010/2011
Special Urgency	7	4	4	4	9	125.0%
Elective	22	16	9	20	12	-40.0%
Total	29	20	13	24	21	-12.5%

Table 7.4a(ii) Pancreas transplants 2011 - characteristics

Deceased donor pancreas transplants								
Type of transplant	(A)	(B)	(HR)	(D)	(NL)	(SLD)	Total	%
Pancreas	0	3	14	2	2	0	21	7.9%
Pancreas islets	0	15	2	0	8	0	25	9.4%
Pancreas + kidney	16	11	153	9	20	1	210	79.2%
Pancreas + kidney en bloc	0	0	0	1	0	0	1	0.4%
Pancreas + whole liver	0	3	3	0	0	0	6	2.3%
Pancreas + whole liver + kidney	0	1	1	0	0	0	2	0.8%
Total	16	33	173	12	30	1	265	100.0%
Pancreas-only transplants (whole)								
Blood group			(B)	(HR)	(HR)	(NL)	Total	%
A			1	5	0	2	8	38.1%
B			2	0	2	0	4	19.0%
O			0	9	0	0	9	42.9%
Total			3	14	2	2	21	100.0%
Waiting time (months) based on date put on WL			(B)	(HR)	(HR)	(NL)	Total	%
0-5			1	7	0	0	8	38.1%
6-11			0	2	2	0	4	19.0%
12-23			0	3	0	2	5	23.8%
24-59			2	2	0	0	4	19.0%
Total			3	14	2	2	21	100.0%

Table 7.4a(ii) (Continued)

Sequence	(B)	(HR)	(HR)	(NL)	Total	%
First	2	2	2	1	7	33.3%
Repeat	1	12	0	1	14	66.7%
Total	3	14	2	2	21	100.0%
Recipient age	(B)	(HR)	(HR)	(NL)	Total	%
16-55	3	12	1	2	18	85.7%
56-64	0	2	1	0	3	14.3%
Total	3	14	2	2	21	100.0%
Allocation	(B)	(HR)	(HR)	(NL)	Total	%
Standard	2	10	2	2	16	76.2%
Rescue	1	4	0	0	5	23.8%
Total	3	14	2	2	21	100.0%
Urgency	(B)	(HR)	(HR)	(NL)	Total	%
Special Urgency	1	8	0	0	9	42.9%
Elective	2	6	2	2	12	57.1%
Total	3	14	2	2	21	100.0%

Table 7.4b(i) Pancreas islet transplants 2007 to 2011

Pancreas islets	2007	2008	2009	2010	2011	2010/2011
Recipients transplanted	8	9	11	10	16	60.0%
Number of transplants	15	17	18	14	25	78.6%
Number of donors used	40	37	36	30	64	113.3%

Table 7.4b(ii) Pancreas islet transplants in 2011

Pancreas islets	(B)	(D)	(NL)	Total
Recipients transplanted	7	2	7	16
Number of transplants	15	2	8	25
Number of donors used	48	2	14	64

Table 7.4c(i) Pancreas transplants 2007 to 2011 - characteristics

Whole pancreas + kidney (deceased donor) transplants						
Blood group	2007	2008	2009	2010	2011	2010/2011
A	75	90	76	97	103	6.2%
AB	11	12	12	9	11	22.2%
B	21	12	16	32	29	-9.4%
O	73	80	68	73	67	-8.2%
Total	180	194	172	211	210	-0.5%
Waiting time (months) based on date put on WL	2007	2008	2009	2010	2011	2010/2011
0-5	32	34	35	46	38	-17.4%
6-11	29	36	24	24	35	45.8%
12-23	97	83	80	72	73	1.4%
24-59	20	38	28	63	56	-11.1%
60+	2	3	5	6	8	33.3%
Total	180	194	172	211	210	-0.5%

Table 7.4c(i) (Continued)

Sequence	2007	2008	2009	2010	2011	2010/2011
First	179	187	165	208	196	-5.8%
Repeat	1	7	7	3	14	366.7%
Total	180	194	172	211	210	-0.5%
Recipient age	2007	2008	2009	2010	2011	2010/2011
0-15	0	1	0	0	0	0.0%
16-55	170	177	163	190	188	-1.1%
56-64	10	15	9	21	19	-9.5%
65+	0	1	0	0	3	--
Total	180	194	172	211	210	-0.5%
Allocation	2007	2008	2009	2010	2011	2010/2011
Standard	163	174	157	171	128	-25.1%
Rescue	17	20	15	40	82	105.0%
Total	180	194	172	211	210	-0.5%
Urgency	2007	2008	2009	2010	2011	2010/2011
Special Urgency	2	5	6	3	6	100.0%
Elective	178	189	166	208	204	-1.9%
Total	180	194	172	211	210	-0.5%

Table 7.4c(ii) Pancreas transplants 2011 - characteristics

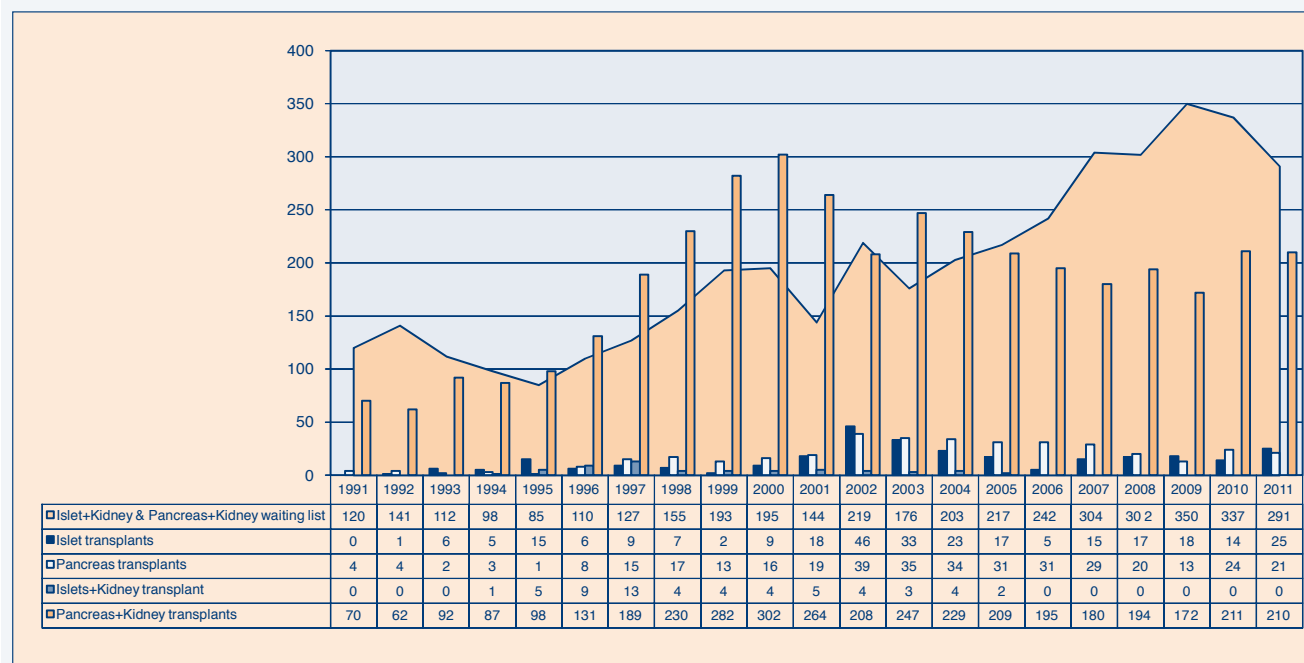
Whole pancreas + kidney (deceased donor) transplants								
Blood group	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
A	5	3	5	85	4	1	103	49.0%
AB	1	2	0	5	3	0	11	5.2%
B	5	3	2	16	3	0	29	13.8%
O	5	3	2	47	10	0	67	31.9%
Total	16	11	9	153	20	1	210	100.0%
Waiting time (months) based on date put on WL	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0-5	6	1	5	24	1	1	38	18.1%
6-11	4	3	4	19	5	0	35	16.7%
12-23	4	3	0	52	14	0	73	34.8%
24-59	2	3	0	51	0	0	56	26.7%
60+	0	1	0	7	0	0	8	3.8%
Total	16	11	9	153	20	1	210	100.0%
Sequence	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
first	13	10	9	143	20	1	196	93.3%
repeat	3	1	0	10	0	0	14	6.7%
Total	16	11	9	153	20	1	210	100.0%
Recipient age	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
0-15	0	0	0	0	0	0	0	0.0%
16-55	14	10	8	135	20	1	188	89.5%
56-64	2	1	1	15	0	0	19	9.0%
65+	0	0	0	3	0	0	3	1.4%
Total	16	11	9	153	20	1	210	100.0%

Table 7.4c(ii) (Continued)

Allocation	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
Standard	16	7	7	77	20	1	128	61.0%
Rescue	0	4	2	76	0	0	82	39.0%
Total	16	11	9	153	20	1	210	100.0%

Urgency	(A)	(B)	(HR)	(D)	(NL)	(SLO)	Total	%
Special Urgency	0	0	0	6	0	0	6	2.9%
Elective	16	11	9	147	20	1	204	97.1%
Total	16	11	9	153	20	1	210	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 2011



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 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 non- ET-TC recipients transplanted in 2011	Number of transplants resulting from non-ET-TC donors in 2011
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Tartu Universtiy Hospital, Tartu, Estonia	1x Heart + both lungs	2x Both lungs
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Chest Clinic Nicosia, General Hospital, Strovolos/Nicosia, Cyprus	1x Both lungs 1x Single lung	2x Both lungs
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Fakultná nemocnica s poliklinikou Bratislava, Bratislava, Slovakia	7x Both lungs	5x Both lungs
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Institutul de Pneumologie, Marius Nasta', Bucharest, Romania	4x Both lungs	None
Allgemeines Krankenhaus, Univ.- Klinik für Chirurgie Vienna, Austria	Semmelweis University, Department of Thoracic Transplantation, Budapest, Hungary	13x Both lungs	40x Both lungs

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 non-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 non- ET-TC recipients transplanted in 2011	Number transplants resulting from non-ET-TC donors in 2011
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Semmelweis University, Department of Liver Transplantation, Budapest, Hungary	1x Whole liver, 1x Extended right lobe liver	3x Whole liver
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	University of Bratislava Univerzita nemochnica Bratislava, Slovakia	1x Whole liver + left kidney	1x Whole liver + left kidney

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

I.I.N. Doxiadis, PhD and F.H.J. Claas, PhD, Eurotransplant Reference Laboratory, Department of Immunohaematology and Blood Transfusion, Leiden University Medical Center, Leiden, The Netherlands

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 more than 25 years the ETRL has addressed the problem of highly sensitized patients, by organizing and promoting the Acceptable Mismatch (AM) program within and outside ET. The ETRL supports the affiliated TTC and TTC from emerging countries. For example members of the ETRL have visited repeatedly Hungary to discuss the local situation in view of their preliminary agreement with Eurotransplant. The ETRL is involved in the discussion for a modification of the Kidney Allocation System. 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 2011, 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 into serological equivalents, which are used in the matching algorithm and screening results. For a total of 657 reported typing results incidentally an erroneous result was reported, presumably due to clerical errors. Most participants used for the MHC class I both cytotoxicity and molecular typing, and for Class II molecular typing and incidentally cytotoxicity (table 9.1). 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.

TABLE 9.1 RESULTS OF THE EPT ON TYPING

	Number	Percentage
Laboratories	55	
Typings evaluated	657	
Discrepancies (HLA-A,B)	3	0.5
Missing report of 'split'	7	1.1
Discrepancies (HLA-DR)	1	0.2
Missing report of the method	20	3.0

9.2.2 External Proficiency Testing on crossmatching

The participants of this EPT Exercise were asked to perform crossmatches using the cells provided for the EPT on the sera of 4 different patients on the kidney waiting list from ET selected by the ETRL or sera provided by the ETRL depending on the type of laboratory they are. 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 (table 9.2). In total 48 sera had to be crossmatched per participating laboratory. There are two types of laboratories participating in this EPT, and therefore the results are reported separately. Donor centers are the laboratories on duty for post mortal organ donors while laboratories doing recipient associated transplantation immunological diagnostics are reported separately. The target cells and the respective results are presented in table 9.2.

Table 9.2 Results of the EPT on crossmatching (DTT = dithiothreitol): the number represent the % discrepancy rate on the basis of the 75% consensus

Centers	Unseparated Cells		T cells		B cells		Final results	
	(-) DTT	(+) DTT	(-) DTT	(+) DTT	(-) DTT	(+) DTT	(-) DTT	(+) DTT
Donor	4.0	3.2	2.9	1.2	4.3	3.6	5.0	3.4
Recipient	5.3	4.1	3.6	7.2	3.4	8.0	7.0	7.1

Compared to earlier periods for the donor laboratories the discrepancy rate (%) decreased, while for the recipient laboratories this value increased, because of incorrect results of a single participant.

9.2.3 External Proficiency Testing Exercise on screening

In 2011 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 53 participants for the Complement Dependent Cytotoxicity assay, 45 for the Luminex based single antigens testing and several others using Solid phase assays based on Luminex and/or ELISA. Currently, the methods for screening for HLA specific antibodies are evolving rapidly, the reason why standardized analyses are not yet possible. 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. The results of the EPT are presented below in table 9.3. In the future more efforts will be made to standardize the screening methodology.

Table 9.3 Results of the EPT on screening

Method	Participants (N)	Concordant (N)	False negative (N)	False positive (N)
		Per serum	Per serum	Per serum
CDC	53	1.4	0.2	0.2
LUM SA	45	11.8	0.8	1.3

The solid phase method (LUM SA) lead to a significant higher number of recognized HLA specificities per tested serum compared to CDC. On the other hand both false positive and false negative results are increased when the participants use the solid phase based method. Patients tested with the Luminex based single antigen method only would have a significant increase of unacceptable HLA mismatches some of those incorrectly defined.

9.3 Program for the highly sensitized patients in Eurotransplant

In 2011 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 total 115 patients were offered and transplanted with a crossmatch negative kidney. The trend observed in the past years continued. More transplants are done in Germany than the other ET countries together, which allow the conclusion that the program is now well accepted by all ET countries (figure 9.1).

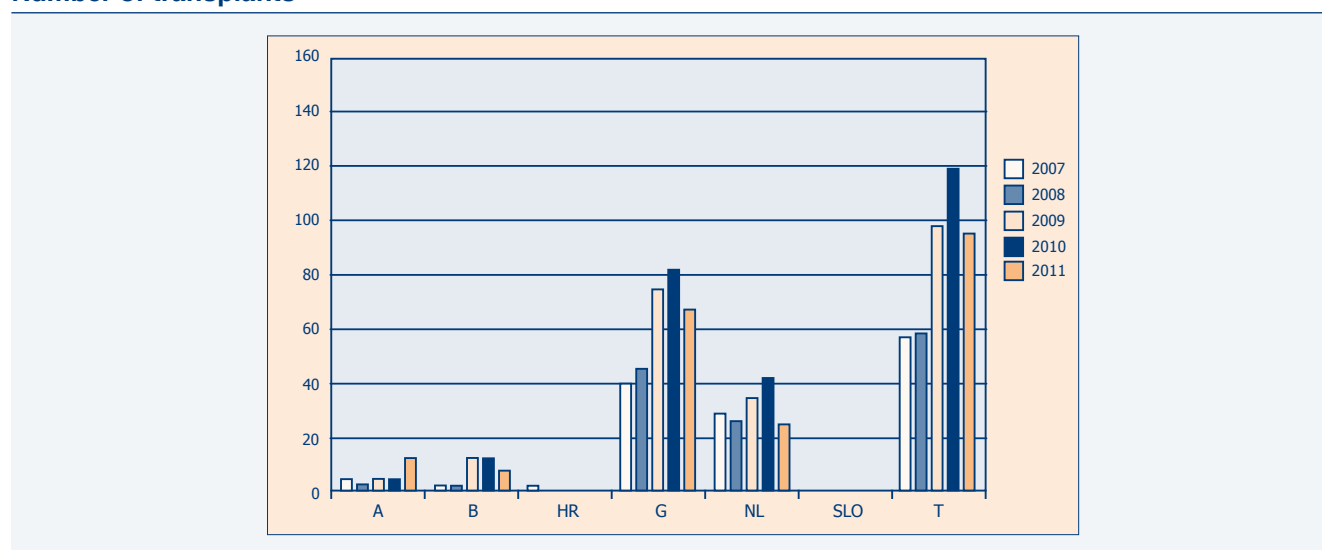
9.4 Other activities

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.

Figure 9.1 Number of patients transplanted via the AM program

Number of transplants



Extra Mural Meeting Essen

In 2011 the idea to organize an Extra Mural Meeting has revived. Essen, Germany, hosted the Tissue Typers Community. Main topic was to find a consensus for the use of antibody analyses in techniques other than CDC in the daily patient management and the use of the data in the allocation of renal transplants. A report of that meeting has been published in the EFI Newsletter,(64:19-21(2011); http://www.efiweb.eu/fileadmin/user_upload/pdf_nl/Issue_64_April_2011.pdf)

Annual Tissue Typers Meeting

The Annual Tissue Typers Meeting was held in September 2011 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.

10. Scientific Output in 2011

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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INVITED LECTURES

1. 3. MELD meeting

February 18 – 19, 2011, Münster, Germany

Trends in allocation in the Eurotransplant region

Rahmel AO

2. Walter-Brendel-Kolleg für Transplantationmedizin

February 25 – March 2, 2011, Wildbad Kreuth, Germany

Organverteilung durch ET

Rahmel AO

3. 22. Münsteraner Symposium Nierentransplantation

February 26, 2011, Münster, Germany

Neue Verteilungsregeln der Organvergabe Niere

Boer de J

4. 4. Interdisziplinäres Rheinisches Symposium

March 17, 2011, Köln, Germany

Allokation von Organen zur Transplantation durch Eurotransplant – neue Entwicklungen

Boer de J

5. **DSO Ost Symposium**
March 17, 2011, Witttemberg, Germany
Eurotransplant – Was sind unsere Aufgaben und nach welchen Prinzipien arbeiten wir?
Boer de J

6. **Bootcongres 2011 (scientific meeting of the Dutch Transplantation Society)**
April 6 – 7, 2011, Amsterdam, the Netherlands
Eurotransplant – Schakel tussen donor en ontvanger – de ET orgaanallocatie principes
Rahmel AO

7. **10th Meeting of the International Hand and Composite Tissue Allograft Transplantation Society (IHCTAS)**
April 7 – 9, 2011, Atlanta, GA, USA
VCA implementation in Europe
Rahmel AO

8. **European Academy of Transplantation (EUCAT) basic course**
April 12 – 14, 2011, Hannover, Germany
Organ allocation in Eurotransplant
Boer de J

9. **ISHLT Annual Meeting and Scientific Sessions**
April 13 – 16, 2011, San Diego, CA, USA
“Risky Business!” Heart failure, Transplant and Mechanical Circulatory Support – Assessment of transplant risk in Europe
Rahmel AO

Sharing Hearts in Eurotransplant. What works and what fails in national systems?
Smits JM

10. **25th European Immunogenetics and Histocompatibility Conference held by European Federation for Immunogenetics**
May 4 – 7, 2011, Prague, Czech Republic
Do’s and Don’ts in analyzing complex data (Teaching Session)
Smits JM

11. **5. Nephrologie Symposium Salzburg**
May 14, 2011, Salzburg, Austria
Organ allocation in Eurotransplant
Boer de J

12. **EFRETOS Symposium – Unifying data collection, creating new knowledge**
May 17, 2011, Brussels, Belgium
The EFRETOS project: overview and structure
Oosterlee A

A common dictionary
Smits JM

13. **22. Workshop für experimentelle und klinische Lebertransplantation und Hepatologie**
May 19 – 21, 2011, Wilsede, Germany
Update ET-Zahlen
Rahmel AO

14. **Transplantationskonferenz UKE Hamburg**
May 24, 2011
Allocation policies for organ allocation in Eurotransplant
Boer de J

15. **8th Starnberg Workshop Pancreas Transplantation**
June 23, 2011, Starnberg, Germany
Pancreas allocation changes – how to handle disharmony in ET
Rahmel AO

16. **7. Jahreskongress der Deutschen Stiftung Organtransplantation**
June 30 - July 1, 2011, Frankfurt am Main, Germany
 Allokationsrelevante Aspekte der Einführung neuer Verfahren zur Organkonservierung und –transport
Rahmel AO
17. **Jahrestagung der Transplantationsbeauftragten**
July 14, 2011, Stuttgart, Germany
 Organallokation durch Eurotransplant – allgemeine Prinzipien und aktuelle Entwicklungen
Rahmel AO
18. **First Meeting of the BIG V&S International Advisory Group – WHO Meeting**
July 6, 2011, Geneva, Switzerland
 EFRETOS - Unifying data collection - Creating new knowledge
Rahmel AO
19. **Organkommission Herz-Lunge**
July 20, 2011, Hamburg, Germany
 Alternativen zum HU-System bei der Herztransplantation
Rahmel AO
20. **15th Congress of the European Society for Organ Transplantation (ESOT)**
September 4, 2011, Glasgow, UK
 EFRETOS presentation
Rahmel AO
21. **Viszeralmedizin 2011 - Gastroenterologie – Viszeralchirurgie, 66. Jahrestagung**
September 15, 2011, Leipzig, Germany
 Update Transplantationsmedizin, Rolle von Eurotransplant
Rahmel AO
22. **20. Jahrestagung der Deutschen Transplantationsgesellschaft (DTG)**
Oktober 8, 2011, Regensburg, Germany
 Unterschiede in der Allokation von Organen in europäischen Ländern
Rahmel AO
23. **Journalists Workshop on Organ donation and transplantation**
October 18, 2011, Brussels, Belgium
 Introduction to organ donation and transplantation
Rahmel AO
24. **Hesperis Course (Edition 17, session 1)**
November 17, 2011, Paris, France
 Organ allocation in Europe: Eurotransplant
Rahmel AO
25. **6th annual meeting of the European Mechanical Circulatory Support Summit**
November 30 – December 3, 2011
 Risk scoring and decision making in Cardiac Transplantation
Smits JM

ORAL PRESENTATIONS

1. **15th Congress of the European Society for Organ Transplantation (ESOT)**
September 4 – 7, 2011, Glasgow, Scotland
 Donor scoring system for heart transplantation
Smits JM
2. **20. Jahrestagung der Deutschen Transplantationsgesellschaft**
October 6 – 8, 2011, Regensburg, Germany
 Heart donor scoring system and the impact on patient survival
Smits JM

11. Eurotransplant personnel related statistics

Intake	Number of new employees	Number of employees (Dec. 31, 2011)	Intake percentage
Regular	11	77	14.3%
Flex	7	25	28.0%
Total	18	102	17.6%

Outflow	Exit number	Number of employees (Jan. 1, 2011)	Outflow percentage
Regular	6	72	8.3%
Flex	11	29	37.9%
Total	17	101	16.8%

Employees on December 31, 2011	Numbers	FTE	FTE*
Flex	25	8.23	
Part-timer	39	28.95	
Full-timer	26	26.00	
Full-timer + (>36 hours/week)	12	13.22	
Total	102	76.40	

* 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	76.99	10.05	66.94

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

Divison Male/Female	Male		Female	
	Nr.	%	Nr.	%
Regular	30	39.0%	47	61.0%
Flex	15	60.0%	10	40.0%
Total	45	44.1%	57	55.9%

Absentee rates	Gross absenteeism*	Nett absenteeism**	Average absentee frequencies	Average absentee duration
Regular	4.00%	3.90%	1.85	6.4 days
Flex	0.60%	0.60%	0.15	5.2 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, 2011

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. These financial statements are available at the Foundation.

The purpose of these abbreviated financial statements is to give insight in equity (reserve funds), solvency, liquidity and the result for the year. The criteria and the aggregation level of the abbreviated financial statements are applied to these

Balance sheet

<i>Assets</i>	31.12.2011 <u>x € 1.000</u>	31.12.2010 <u>x € 1.000</u>
Fixed assets	533	345
Short term receivables	2.268	2.426
Liquid assets	<u>1.800</u>	<u>2.432</u>
	<u>4.602</u>	<u>5.203</u>
 <i>Liabilities</i>	 31.12.2011 <u>x € 1.000</u>	 31.12.2010 <u>x € 1.000</u>
Capital	235	235
Reserve funds	2.100	2.795
Provisions	75	59
Short term liabilities	<u>2.191</u>	<u>2.115</u>
	<u>4.602</u>	<u>5.203</u>

Statement of income and charges

<i>Income</i>	2011 <u>x € 1.000</u>	2010 <u>x € 1.000</u>
Registration fees	6.331	6.583
Procurement fees	2.598	2.402
Miscellaneous	<u>228</u>	<u>197</u>
	<u>9.157</u>	<u>9.183</u>
 <i>Charges</i>	 2011 <u>x € 1.000</u>	 2010 <u>x € 1.000</u>
Salaries	5.088	4.443
Procurement charges	2.546	2.408
General expenses	844	858
Medical expenses	71	70
Transport	6	6
Housing	404	270
Depreciation	146	233
Audits	239	352
Miscellaneous	<u>235</u>	<u>166</u>
	<u>9.579</u>	<u>8.806</u>
Equalization registrations and audits	<u>273</u>	<u>117</u>
Exploitation balance	<u>-695</u>	<u>259</u>

Appropriation of the exploitation balance

Addition General Reserve	-493	797
Addition Reserve Fund Reorganization	-31	368
Addition Reserve Fund Housing	-148	400
Addition Reserve Fund Clearinghouse procurement fees	-17	250
Addition Reserve Fund Integration new member states	-6	250
Release Reserve Fund Explanation costs	0	-1.806
	<u>-695</u>	<u>259</u>

Accounting policies

General accounting principles for the preparation of the abbreviated financial statements

The annual accounts have been prepared in accordance with Guideline 640 of the Dutch Accounting Guidelines from which the abbreviated financial statements have been derived.

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.

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 recognised 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 liabilities

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 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 BSLIFE 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 between income and charges, based on the above mentioned policies.

Independent auditor's report

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

The accompanying abbreviated financial statements, which comprise the abbreviated balance sheet as at 31 December 2011, the abbreviated statement of income and charges, and related notes, are derived from the audited annual accounts of Stichting Eurotransplant International Foundation for the year ended 31 December 2011. We expressed an unqualified audit opinion on those financial statements in our report dated April 19, 2012

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 2011 annual accounts of Stichting Eurotransplant 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 Eurotransplant International Foundation for the year ended 31 December 2011 are consistent, in all material respects, with those annual accounts, in accordance with the accounting policies described in the abbreviated financial statements.

April 19, 2012

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
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

