Eurotransplant

Annual Report 2014

Eurotransplant International Foundation

Edited by Undine Samuel

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Table of contents

Foreword

In 2014, Eurotransplant (ET) allocated 7.183 deceased donor organs from 2.041 donors to patients on the waiting list. Last year was the first full year of the membership of Hungary, accompanied by an increase in donors when compared to 2013. ET is now responsible for the allocation of donor organs on behalf of eight European countries, serving a region with more than 134 million inhabitants.

Cooperation

The international cooperation in ET continues to be highly beneficial and valuable for patients who are in need of an organ transplantation:

- Larger donor and recipient pools allow a better matching between organs and the patients on the waiting list, thereby improving the short and long-term outcome of transplantation.
- Special patient groups like children, high urgent patients or highly immunized patients have a better chance of receiving a suitable donor organ in time.
- In case there is no suitable recipient in the donor country, organ loss can be prevented by making the organ available to patients in other ET member countries.

Looking back to 2014, we have seen a minimal decrease in the total number of donors and transplants in all ET member states together (compared to 2013). In some countries, however, a slight increase could be realized. Detailed figures on waiting list, donation, transplantation, transplant outcome and international exchange of donor organs in 2014 are available in the online statistics library on the ET website (www.eurotransplant.org). Regarding the waiting list, ET started to have a closer look at the relatively high number of patients listed with a non-transplantable status, especially for kidneys and livers. Some of these patients have been listed with this status for a long period of time. ET suggests that the transplant centers should check these patient records in order to reevaluate them.

Audits

Due to reports of allegations of manipulation of clinical data from patients on the waiting list in Germany in 2012, donor rates dropped significantly and remained at a stable low rate in 2014. ET continued its close cooperation with the responsible national authorities to support the audit committees that perform on-site audits of all German transplant programs, making the necessary data available to them. As in previous years, also ET itself was – amongst others – audited by the German authorities concerning the allocation procedures for the different organs. All audits showed that allocation procedures were executed according to the rules and guidelines. In addition in 2014, quality assurance of ET processes was audited by external auditors related to the ISO 9001 certificate. Also this audit was concluded with a positive result.

Non-resident reporting

In this year's Annual Report we report for the first time on non-resident transplants (see chapter 10).
In 2012 the Board of ET decided to abolish the so-called 5% rule for non-resident patients on the national waiting lists. This decision was based on expert opinions and articles published indicating that this rule is not in line with European legislation and general ethical consideration.

In view of the above the non-resident policy which is laid down in the ET Manual was therefore adapted in 2013. It states that in order to achieve the best possible transparency regarding transplantation activities ET will report per transplant center all non-resident transplants according to national legislation on residency status in its Annual Report.

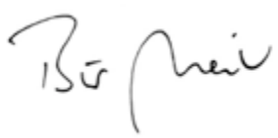
Projects

Several policies and recommendations were implemented in 2014. An overview of all policies and recommendations that were approved by the International Board of ET in 2014 are published in chapter 2.3 of this report. Following approval by the national authorities of the ET member states, these recommendations will be scheduled for future implementation. In 2014, the following projects were implemented: LAS was introduced in the Netherlands, a document upload module for LAS audit was implemented in the Eurotransplant Audit System and a cross match application was made available to laboratories. Also, a substantial upgrade of network components, storage servers, back-up and recovery facilities have been installed in 2014 in order to make the IT-infrastructure of ET robustly protected against any unforeseen disruptions (emergencies).

Staff

In March 2014, the Medical Director left the organization and a successor was appointed: Dr. Undine Samuel started in the position of Medical Director on August 1, 2014. Simultaneously, a new top management structure for the organization was implemented and the vacancy for General Director was published in December 2014. After an extensive selection process Dr. Peter Branger was appointed and commenced working with ET as of April 1, 2015.

The staff of ET, together with experts in the ET member countries, continued working on allocation development, increasing international standardization and further enhancing transparency throughout 2014. This Annual Report represents an important element of our mission to be fully accountable for all the ongoing ET initiatives and activities in the different ET member states. We would like to use this opportunity to thank all of you for the good cooperation in 2014 in the interest of all patients waiting for their organ transplant.



Prof.Dr.med. Bruno Meiser
President

Dr. Undine Samuel
Medical Director

1.
Basic principles of the Eurotransplant community

This chapter gives some general information on the Eurotransplant 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, Hungary, 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 134 million.
In the following paragraphs the following topics are covered:

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

1.1 Eurotransplant mission statement

Organ transplantation offers life-saving and quality-of-life enhancing treatment options to patients with end-stage organ failure. Aiming to fulfil this potential, Eurotransplant was established and acts as a mediator between donor hospitals and transplant centers, for the benefit of such patients.
Eurotransplant is a non-profit, international organization that facilitates patient-oriented allocation and cross-border exchange of deceased donor organs at the service of its member states.

As such,

- Eurotransplant manages the complex process of achieving the best possible match between available donor organs and patients on the transplant waiting list.
- Eurotransplant acts transparently and in accordance with European Union regulations and ethical principles, and fully complies with national member state legislation.
- Eurotransplant is actively engaged in developing best practice recommendations and policies to further improve organ allocation and transplant outcomes, based on robust data collection and state-of-the-art scientific research.

The following document was agreed upon by all National Authorities of Eurotransplant. It describes 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.

1.2 Basic Mandate of Eurotransplant

The Basic Mandate of Eurotransplant (ET) 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.

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-hours service framework;
2. Continuously update and improve the process of allocation;
3. Establish and maintain an external network;
4. Report on and account for the outcome of its services.

This means the organization shall:

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

2. Services

To be able to perform its mandate ET sustains an efficient, effective and proportionate organization. ET follows the relevant ISO standards (ref. ISO 9001:2008). 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. It makes 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 fulfils and sustains a clearing house function concerning the settlements of costs between the donating and receiving centers in the event of international organ exchange within the organization.

Information and quality

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

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

Other

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

4. Governance

ET has a governance structure[1] with an international external board representing the member states, the so-called Board of ET. The Board of ET is responsible for the management of the Foundation and supervises the Board of Directors. The Board of Directors is responsible for the day-to-day management of the organization and is composed of two directors, a general and a medical director. The Board of ET meets on a regular basis with the two directors. These meetings are prepared by the directors and staff of ET.

5. Finances

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

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

[1] This governance structure is described in Eurotransplant's Articles of Association.

1.3 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.

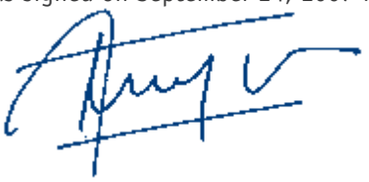
We emphasize:

- 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.

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 Ljubičič 

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

2.
Report of the Board and the central office

L. van Hattum, M. van Hennik, J. van der Laan, and U. Samuel, Eurotransplant International Foundation, the Netherlands

The Board of Stichting Eurotransplant International Foundation met on January 22, May 19 and September 24, 2014. Four Board members A were re-elected by the Assembly; Prof.Dr. Ferdinand Mühlbacher and Prof.Dr. Dirk Ysebaert in the kidney section, and Prof. Dr. Dirk Van Raemdonck and PD Dr. Florian Wagner in the thoracic section. In the liver section Prof.Dr. Karl Jauch stepped down and Prof.Dr. Markus Guba was elected by the Assembly as new Board member A.
Furthermore, Prof.Dr. Renate Klauser-Braun and Prof.Dr. Patrick Evrard stepped down from the Board as members B, and were replaced by the national competent authorities by Prof.Dr. Gabriela Berlakovich and Prof.Dr. Jacques Pirenne. Prof.Dr. Zoltan Mathe from the Semmelweis University was welcomed as the new Board representative from Hungary.

2.1 Report to the Board

Implementation of recommendations

The recommendation R-ThAC02.13 (the 'mini-match') has been approved by the Board during one of the previous Board meetings and concerns the first part of the rescue allocation procedure for all organs.
Forty percent of all livers in ET were in the last years allocated via rescue allocation (no patient oriented allocation) and thus not to HU patients by MELD score. The press picked this up and perceived it as allocation by personal opinion and decision of single physicians. To make the rescue allocation system more transparent and patient oriented, the following system was developed for all organs: allocation will be started as normal. If the organ cannot be allocated via the regular match list, then three centers in the surrounding area of the organ procurement center will be given the opportunity to select two patients from its waiting list and nominate these patients as suitable recipients for this organ. All three centers will be given this opportunity at the same time and for the same amount of time (30 minutes). Thereafter, ET creates a 'mini-match list' out of the possible six recipients and forwards the offer to the center of the highest ranked patient. In this way, this step of allocation stays patient-oriented and all participating centers have an equal way of receiving the organ. If this procedure also does not result in a successful allocation, the rescue allocation procedure is started.
The implementation of this recommendation was paralleled with contacting the centers and preparing them for this new procedure. From the first day of this new procedure, everything went well for the technical as well as for the center specific part.

There are numerous recommendations that await approval by different countries, some for a very long time. As it is not foreseeable when all recommendations will be approved the Board has agreed that several recommendations can already be implemented for the countries that approved these recommendations.

Management structure

The Board agreed to implement a new management structure consisting of a General Director, a Medical Director (manager Allocation Development), a manager Business Support and a manager Allocation.
The positions of manager Business support and manager Allocation have been assigned to Ton Valkering and Serge Vogelaar.
The Board instituted Dr. Undine Samuel as new Medical Director (manager Allocation Development) as of August 1, 2014. Also, the call for tender for the position of General Director was published in November to conclude the installment of the new ET management team.

Finance

The Board unanimously approved the ET financial policy. The policy has been published on the ET website/member site for information and sent to the members of the Advisory Committees and Board members.

The budget proposal for 2015 was discussed. For 2015, focus will lie on Serious Adverse Events and Reactions (SAE/R) reporting and handling of the renewal of the ET Network Information system (ENIS), major activities concerning IT and information security. ENIS renewal will be a major topic in the coming years (2015-2018). Together with the renewal of ENIS the lack of capacity of staff in some departments is also an issue. To realize the ambitious plans, a large staff effort is required and furthermore external staff to enlarge the capacity for this important topic will be hired.

Articles of Association

The Articles of Association have been updated after the implementation of the new management team and after consent of the Assembly in September 2014 concerning the voting procedure.

Twinning agreements

A basic contract (Organ Exchange Organization [OEO]) with Bulgaria has been signed and the first organs have been allocated.

A letter has been received from the Macedonian Minister of Health, expressing his strong wish for cooperation with ET which should lead to a possible membership. Following this letter, Dr. Rahmel and Dr. Sofijanova (national transplant coordinator) have met to discuss this request. Macedonia does not have a running transplant program at the moment. Further discussions are planned concerning their wish for membership.

Croatia has set up an agreement with Montenegro to exchange organs. The Board voted and agreed to this agreement under the conditions that some paragraphs would be changed according to ET standards and rules.
The Board agreed to an agreement between Croatia and Bosnia Herzegovina to exchange organs (according to ET standards and rules).
A twinning agreement between Vienna and Serbia was received by ET.
The Board voted and agreed to this twinning agreement for the exchange of lungs, and also to another twinning agreement between Vienna and Bulgaria for the exchange of lungs.

Henk Schippers Young Investigator Award (HSYI)

The Board was informed about the applications for the Henk Schippers Young Investigator Award 2014. The members of the HSYI Award committee unanimously declared Dr. Stijn Verleden from Leuven, Belgium, as the winner of the 2014 HSYI Award.

Dr. Verleden gave a presentation entitled 'The site and nature of airway obstruction after lung transplantation' during the ET Winter Meeting in Alpbach, Austria, January 21-23, 2015.

Registry

Since the beginning of 2014, ET runs a Living Donor Registry for Belgium. Both Croatia and the Netherlands showed interest in joining this registry in 2012/2013. The Board decided to offer the service of the Living Donor Registry to all ET member states.

Also, the Board was given an overview of the different ET registry activities and the completeness of the data within the registry. ET exchanges data with different registries besides the own ET data collection, e.g. ELTR, CTS, ISHLT and Certain. As these data are necessary since they form the basis for allocation development, ET will look into the possibilities to increase the data completeness within the registry.

Miscellaneous

In April 2014, the data storage and network facilities have been replaced and modernized. This was necessary to ensure a reliable service. In the following months, the external back-up facilities were changed from Lelystad to Delft. This helps ET to reduce the possibility of data loss to a minimum in case external recovery is necessary (in case of unavailability of the Leiden premises).

The EU has asked ET to develop, host and maintain a website for SAE/R reporting, listing all contact details per country, both national and international. This website is now online and can be found at http://txcontactlist.eu/. At this moment, ET acts as delegated body for both national and international SAE/R reporting in the Netherlands, for international reporting for Germany (national reporting is done by the Deutsche Stiftung Organtransplantation [DSO]) and requests for possible cooperation have been received from Belgium and Austria. The Board decided that ET will offer a complete handling service of SAE/R reporting to all its member states, both national and international.

The Board was informed that the current ENIS system is outdated (parts of it >20 years old) and needs to be renewed. A project for the renewal of ENIS has been initiated which will take approximately 3 years (over 4 calendar years) and will cost approx. 4.4 million euro.

Board of Eurotransplant International Foundation as per December 31, 2014

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. M. Guba, 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. G. Berlakovich, Vienna	on behalf of the Austrian Transplant Society (B)
Prof.Dr. J. Pirenne, Leuven	on behalf of the Belgian Transplant Society (B)
Dr. M. Bušić, Zagreb	on behalf of the Republic of Croatia (B)
Prof.Dr. B. Nashan, Hamburg	on behalf of the German Transplant Society (B)
Prof.Dr. L. Hilbrands, Nijmegen	on behalf of the Dutch Transplant Society (B)
Dr. V. Sojar, Ljubljana	on behalf of the Slovenian Transplant Society (B)
Prof.Dr. Z. Mathe, Budapest	on behalf of the Hungarian 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 a president and:
10 members A: members representing organ / tissue typing sections
7 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)

2.2 Advisory Committees

Eurotransplant 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 or policies to the Board of ET.

In the course of 2012, the Board decided to make a distinction between recommendations and policies. The difference between these two instruments is:

Eurotransplant Recommendation

Recommendations that formally fall under the competence of the responsible national authorities in some countries. These recommendations have to be approved by the responsible national authorities of these countries prior to implementation. A typical example of a Eurotransplant recommendation according to this distinction would be a change in allocation rules.

With the approval of the recommendation by the responsible national authority it becomes binding in that country and ET can refer to this approval and use the respective national authority to enforce the recommendation.

Eurotransplant Policy

Recommendations that concern a working procedure or policy of Eurotransplant. These recommendations are only sent for information to the national authorities; their main goal is to increase transparency of the working procedures of ET and its partners.

A complete list of all recommendations and policies approved in 2014 is published under section 2.3 of this chapter.

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

In 2014, the various Advisory Committees met 18 times and submitted 15 recommendations and 11 policies; 25 of them were approved by the Board and 1 was not approved.

The composition of the various Advisory Committees as per December 31, 2014 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	vice chairman, 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
Prof.Dr. J-L. Bosmans, Antwerp	06.2013	representative Belgium
Prof.Dr. U. Kunzendorf, Kiel	01.2002	representative Germany
Prof.Dr. B. Krämer, Mannheim	01.2006	representative Germany
Prof.Dr. I. Hauser, Frankfurt	01.2012	representative Germany
Dr. P. Pisarski, Freiburg	01.2010	representative Germany
Dr. E. Szederkenyi, Szeged	01.2012	representative Hungary
Dr. P. Duhoux, Luxembourg	09.1994	representative Luxembourg
Dr. A. van Zuilen, Utrecht	01.2012	representative the Netherlands
Dr. F. Bemelman, Amsterdam	05.2013	representative the Netherlands
Dr. M. Arnol, Ljubljana	01.2006	representative Slovenia
Prof.Dr. F.H.J. Claas, Leiden (ETRL)	09.1994	representative TT Assembly
Dr. I. Tieken, Eurotransplant	01.2014	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. G. Berlakovich	07.2014	representative Austria
Prof.Dr. P. Michielsen, Antwerp	01.2008	representative Belgium
Dr. B. Kocman, Zagreb	04.2008	representative Croatia
Prof.Dr. Ch. Strassburg, Bonn	01.2010	representative Germany
Prof.Dr. M. Guba	01.2014	representative Germany
Dr. L. Kobori, Budapest	01.2012	representative Hungary
Prof.Dr. H. Metselaar, Rotterdam	01.2012	representative the Netherlands
Dr. D. Stanisavljević, Ljubljana	08.2013	representative Slovenia
Dr. M. van Rosmalen, Eurotransplant	12.2013	secretary
Ms. W. van der Plas, 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. P. Schenker, Bochum	11.2014	representative Germany
Dr. K. Kalmar Nagy, Pecs	01.2012	representative Hungary
Dr. J. Ringers, Leiden	04.1998	representative the Netherlands
Dr. A. Tomazič, Ljubljana	01.2007	representative Slovenia
Prof.Dr. F.H.J. Claas, Leiden (ETRL)	08.1994	representative TT Assembly
Dr. J. De Boer, Eurotransplant	01.2014	secretary
Ms. C. Jansen, Eurotransplant	01.2014	assistant secretary

THORACIC ADVISORY COMMITTEE (EThAC)

Name	As of	Remarks
Prof.Dr. G. Laufer, Vienna	10.2001	chairman, representative Board
Dr. G. Lang, Vienna	01.2012	representative Austria
Prof.Dr. A. Zuckermann, Vienna	01.2008	representative Austria
Prof.Dr. P. Evrard, Brussels (LA)	01.2004	representative Belgium
Prof.Dr. M. De Pauw, Ghent	01.2006	representative Belgium
Prof.Dr. Z. Sutlić, Zagreb	04.2008	representative Croatia
Prof.Dr. C. Hagl, Munich	03.2014	representative Germany
Dr. U. Schulz, Bad Oeynhausen	05.2006	representative Germany
Prof.Dr. H. Reichenspurner, Hamburg	02.2008	representative Germany
Dr. C. Knosalla, Berlin	03.2014	representative Germany
Dr. Z. Szabolcs, Budapest	01.2012	representative Hungary
Dr. E. van de Graaf, Utrecht	05.2014	representative the Netherlands
Dr. K. Caliskan, Utrecht	10.2014	representative the Netherlands
Prof.Dr. I. Kneževič, 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. T. Soliman, Vienna	10.2014	representative Austria
Mr. B. Desschans, Leuven	01.2014	representative Belgium
Dr. D. Mikulic, Zagreb	11.2012	representative Croatia
Prof.Dr. P. Schemmer, Heidelberg	05.2013	representative Germany
Dr. J. Andrassy, Munich	11.2013	representative Germany
Dr. I. Fehervari, Budapest	01.2012	representative Hungary
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
Prof.Dr. H. Metselaar, Rotterdam	03.2012	representative ELIAC
Dr. J. Ringers, Leiden	04.2002	representative EPAC
Prof.Dr. A. Zuckermann, Vienna	04.2008	representative EThAC
Dr. B. Hepkema, Groningen	01.2014	representative TTAC
Dr. S. Marks, Eurotransplant	01.2014	secretary
Ms. A. Vijverberg-Poot, Eurotransplant	01.2014	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
Mr. S. Mihaly	01.2012	representative Hungary
Dr. S. Nurmohamed, Amsterdam	01.2012	representative the Netherlands
Dr. G. Čebulc, Ljubljana	05.2010	representative Slovenia
Vacancy		representative ELIAC
Dr. J. Ringers, Leiden	01.2014	representative EPAC
Vacancy		representative EThAC
Prof.Dr. G. Fischer, Vienna	01.2014	representative TTAC
Drs. T. Valkering, Eurotransplant	05.2008	secretary
Drs. M. van Hennik, Eurotransplant	01.2010	assistant 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. G. Fischer, Vienna	11.2012	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. T. Kauke, Munich	11.2014	representative Germany
Vacancy		representative Hungary
Dr. F. Hentges, Luxembourg	09.1995	representative Luxembourg
Dr. B. Hepkema, Groningen	01.2014	representative the Netherlands
Dr. B. Vidan Jeras, Ljubljana	12.1999	representative Slovenia
Dr. S. Heidt, Leiden (ETRL)	12.2014	secretary

ETHICS COMMITTEE (ETEC)

Name	As of	Remarks
Drs. M. Bos, The Hague	06.2010	chairman, representative Board
Prof.Dr. W. Schaupp, Graz	04.1998	representative Austria
Prof.Dr. P. Schotsmans, Leuven	01.2014	representative Belgium
Dr. J. Stoić Brezak, Zagreb	04.2008	representative Croatia
Prof.Dr. R. Viebahn, Bochum	11.2006	representative Germany
Dr. B. Nemes, Debrecen	10.2014	representative Hungary
Dr. M. Siebelink, Groningen	01.2014	representative the Netherlands
Dr. D. Avsec, Ljubljana	01.2014	representative Slovenia
Ms. M. Guijt, Eurotransplant	04.2014	secretary

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
Vacancy		representative Croatia
Dr. H. Arbogast, Munich	10.2010	representative Germany
Mr. I. Manheim, Budapest	07.2013	representative Hungary
Dr. D. Roelen, Leiden	10.2014	representative the Netherlands
Mr. B. Kušar, Ljubljana	05.2010	representative Slovenia
Drs. T. Valkering, Eurotransplant	05.2008	secretary

2.3 Recommendations approved

In 2014, the following recommendations (R-) and policies (P-) were submitted by the Advisory Committees and approved by the Board of Eurotransplant International Foundation.

Kidney Advisory Committee (ETKAC)

P-KAC04.13 – Extension recipient- and center donor

The recipient- and center donor profile used in the ETKAS should be extended with:

1. The minimum donor weight;
2. The maximum donor weight;
3. Acceptance of a type I DCD donor;
4. Acceptance of a type II DCD donor;
5. Acceptance of a type III DCD donor;
6. Acceptance of a type IV DCD donor.

The kidney allocation systems (ETKAS, ESDP and ESP) should be adapted accordingly.

R-KAC05.13 – Calculation of mismatch points

The calculation of mismatch points in the current ETKAS system should be according to the following formula: Mismatch Point score = 400 – ((33.33*Σ broad HLA-A and –B mismatches)+(133.33*Σ HLA split DR mismatches)).

R-KAC01.14 – Return of waiting time

Return of waiting time will be granted in case a recipient requires maintenance of dialysis within 1 year after the kidney transplantation. The percentage of waiting time points will differ dependent on the date the maintenance of dialysis is started in relation to the transplant date.

1. 100 % waiting time return if maintenance of dialysis starts 0 to 90 days after the kidney transplant;
2. 75 % waiting time return if maintenance of dialysis starts 91 to180 days after the kidney transplant;
3. 50 % waiting time return if maintenance of dialysis starts 181 to 270 days after the kidney transplant
4. 25 % waiting time return if maintenance of dialysis starts 271 to 1 year after the kidney transplant.

Recipients that require maintenance of dialysis exceeding 1 year after the kidney transplant do not receive any return of waiting time.

R-KAC02.14 – Allocation of kidneys from donors ≥ 65 years
Kidneys from donors aged ≥ 65 years will be allocated as follows:
1. Normal ESP allocation according to the national rules;
2. Extended allocation via de ESP match list;
3. Rescue allocation.

Liver Intestine Advisory Committee (ELIAC)

R-LAC03.13 – Primary hyperoxaluria type 1
The diagnosis primary hyperoxaluria type 1 should be proven either via a liver biopsy showing an AGT deficit, or phenotypically and confirmed by genetic analysis showing a homozygous mutation for primary hyperoxaluria type 1.

R-LAC04.13 – MARS therapy
If liver support therapy like Molecular Adsorbents Recirculation System (MARS) therapy is used, the creatinine and bilirubin value measures prior to the start of this support therapy may be used to calculate the MELD score.

P-LAC01.14 – Audit procedure for liver High Urgency status for pediatric recipients
Each country within Eurotransplant will provide one auditor specialized in pediatrics or pediatric surgery for the liver High Urgency audit group.
For pediatric HU requests at least one of the two auditors or in case of a split decision two of three auditors must have a pediatric background. Only if no specialized pediatric auditor is available a second adult auditor can be contacted for auditing of the request.

R-LAC02.14 – Standard exception for children <2 years with Biliary atresia
Recipients with biliary atresia are eligible for a Standard Exception.
The exceptional MELD criteria for the Standard Exception biliary atresia are:
- Recipient is <2 years old
- Recipient has biliary atresia
The Standard Exception starts with an initial exceptional MELD score of 60% MELD equivalent (= MELD 32) with an upgrade of 15% MELD equivalent per 90 days.

R-LAC03.14 – High Urgency status for pediatric recipients with Hepatoblastoma
Recipients are eligible for High Urgency status for Hepatoblastoma if:
- Recipient is <16 years old and
- Hepatoblastoma proven in liver biopsy and
- Recipient is suitable for transplantation after chemotherapeutical treatment and
- absence or complete resection of extrahepatic metastases.

R-LAC04.14 – ABO-incompatible liver offers for pediatric recipients <1 year if no suitable ABO-compatible recipient can be found
In case no suitable blood group ABO-compatible recipient (pediatric or adult) is found for a deceased donor <46kg within Eurotransplant, this liver will be offered for transplantation in blood group ABO-incompatible children <1 year of age.

R-LAC05.14 – Regulation of export in allocation of livers of deceased donors for elective recipients
A liver of a deceased donor will be offered to all national ABO-compatible recipients within the donor profile before the liver is offered to elective recipients in other ET countries.
International mandatory exchange (HU-patients, ACO patients, HU-balance) stays unaffected by this rule and has priority over elective allocation.

Pancreas Advisory Committee (EPAC)

R-PAC 01.13 (rephrased) – Immunized program
In pancreas allocation pancreas and pancreas-kidney recipients with the lowest probability to receive an organ should be prioritized over the other recipients.
In order to make this program exclusive only 5% of the recipients on the waiting list with the lowest probability to receive a suitable organ (ABO compatible and no unacceptable HLA mismatches) will be eligible for inclusion in the program. Their probability to receive an organ should not exceed 10% as in this case the recipient can be transplanted without the advantage of the immunized program (for explanation see below):

Example I		Example II	
Total waiting list	300	Total waiting list	300
0-6% Probability	15	0-10% Probability	14
7-10% Probability	5		
11-100% Probability	280	11-100% Probability	286
Only recipients with 0-6% probability to receive an organ will be prioritized counting for 5% of the total waiting list		All recipients with 0-10% probability to receive an organ will be prioritized.	

Implementation in the EPAS algorithm
To achieve this goal the following allocation sequence will be applied:
- Approved Combined Organ [ACO] recipients: pancreas plus another non-renal organ are offered according to the algorithm of the other organ.
- SU recipients with the lowest probability to be transplanted then
- T recipients with the lowest probability to be transplanted then
- all other SU recipients[1], then
- all other T recipients[2]

Note: All recipients are prioritized according to the scheme described above, irrespective of their probability to receive an organ.

Matching and allocation will start after the donor HLA typing is entered into the system. In case the donor HLA is not known 3 hours prior to the planned explantation, matching and allocation will start not taking the HLA into account. In this case a provisional offer will be made awaiting the donor HLA and the result of the cross match (virtual and if requested serological).
In case the organ is accepted for a recipient having unacceptable HLA mismatches , ET will continue with back-up offers until the pancreas is also accepted by a recipient without unacceptable HLA mismatches (if time allows).

In case the cross match result is positive or the donor HLA typing is still unknown at time of planned explantation, the provisional offer to the accepting recipient in the immunized program will be withdrawn by ET and the pancreas will be allocated to the recipient for whom the back-up offer was accepted.

In case of extended criteria donors from Germany recipients within the immunized program will be prioritized only if the HLA typing of the donor is already known at time of offering.

R-PAC02.13 (rephrased) Non-standard allocation on logistical grounds
In order to reduce the amount of declined and eventually discarded pancreata based on logistical reasons a non-standard allocation will be started 2 hours before the planned explantation.

1 International, ABO identical before ABO compatible, ranked on time in SU.
2 National before international, ABO identical before ABO compatible, ranked according to a point score system: 40% for cold ischemia time and 60% for waiting time plus (in case of international recipients) balance points (highest current national balance of all pancreas transplanting countries minus balance of recipient country) x 10.

Thoracic Advisory Committee (EThAC)

R-ThAC03.13 – eLAS update times
The business rules on data quality and update times for the calculated LAS value also apply for patients who received an exceptional LAS value.

This implies that for patients with an eLAS of ≥50, the clinical data have to be updated every 2 weeks; for patients with an eLAS <50, the clinical data have to be updated every 6 months (Austria ,Belgium, the Netherlands) and every 3 months (Germany).

P-ThAC04.13 – CAS mandatory items
Upon listing of a heart transplant candidate in Germany it is mandatory to register the clinical profile of the patient as described by the Cardiac Allocation Score (CAS).

P-ThAC05.13 – Match list ranking position related to plasmapheresis therapy
In case a patient receives plasmapheresis therapy, the pre-intervention values of PRA and unacceptable antigens will be considered for defining the match rank position

P-ThAC06.13 – Binding match comments
Match comments added to a specific transplant candidate are binding. As a consequence donor offers will not be made in case these match comments preclude a specific donor, for instance match comments containing requirement for donor weight ranges.

P-ThAC07.13 – HU requests vs NT status
In case a request is made for an HU heart status, this request will not be handled when the patient is on a non-transplantable (NT) status.

P-ThAC01.14 – eLAS business rules (BR)
- LAS data entered for a patient who is first listed for lung transplantation (screening data) can be up to 6 weeks old. Except in the case the calculated LAS value is ≥ 50, then the validity is 7 days.
  Consequences: 1. New proposal for all patients. 2. BR will be checked by ET.
- Allow any previous PFT upon request for intubated patients, no matter how old.
  Consequences: 1. New proposal for all patients. 2. BR will be checked by ET.
- PAH patients on awake ECMO can be accepted with LAS value equivalent to the 99th percentile.
  Consequences: 1. Current German LAS RB policy for eLAS requests. 2. New proposal for International LAS RB.
- PAH patients with CI <2 l/m2 and RA>15 or bilirubin increase by 50%/abnormal or a creatinine increase by >50%/abnormal, can be accepted with LAS value equivalent to the 95th percentile.
  Consequences: 1. Current German LAS RB policy for eLAS requests. 2. New proposal for International LAS RB.
- For patients with pneumothorax and a drain, PFT are no contraindication but a reduced FVC is expected. For patients with pneumothorax without drain the last previous PFT are allowed, no matter how old. If no PFT are available, the least beneficial default values are used.
  Consequences: 1. New proposal for all patients. 2. BR will be checked by ET.
- The 6-MWT should only be entered once, at first listing.
  Consequences: 1. New proposal for patients from the Netherlands. 2. BR will be checked by ET.
- Allow short-cut eLAS decision yes/no for exceptional value requests (no formal letter) in those cases where the patient fulfilled the indications for eLAS request, but the initially proposed eLAS value was deemed too high by the review board members.
  Consequence: New proposal for all eLAS requests.

R-ThAC02.14 – Age matching in pediatric lung allocation
In case of a lung donor <12 years, offers should first be made to patients <12 years and then to patients aged between 12 and 17 years where all national and the international low LAS patients from countries with a negative balance should be ranked after the international high LAS patients from countries with a negative balance.

Organ Procurement Committee (OPC)

P-OPC03.13 – Testing for Epstein Barr virus

A. The Epstein Barr test results might have influence on the treatment of a post transplant recipient.
B. Testing for Epstein Barr virus in potential donors is mandatory; the test result is allowed to become available after allocation.
C. The test results should be forwarded to the transplant centers via Eurotransplant.

P-OPC01.14 – Discarded Organs

A. If a procured organ cannot be transplanted, it is mandatory to contact ET directly and only with approval of ET this organ can be discarded;
B. Discarding an organ intended for organ transplantation is only possible in four ways:
    1. Use for donation of cells or tissues in case of consent
    2. Use for research upon consent and confirmation of consent; otherwise the organ will have to be cremated, disposed in another way or returned to the donor country.
    3. Send the organ for cremation or another way of disposal;
    4. Leave the organ with the donor.
C. ET documents the reasons for discarding the organ in the Discarded Organs Form (Application).
D. The following information regarding the discarded organ will be documented by Eurotransplant:
    a. Name, function of person informing ET that the organ is non-transplantable;
    b. Name and function of person deeming the organ as non-transplantable;
    c. Time, date the organ is sent to the department responsible for disposal;
    d. Address of the department responsible for disposal of the organ.

Tissue Typing Advisory Committee (TTAC)

R-TTAC02.13 Choice for AM vs ETKAS

A highly sensitized patient can either receive a donor kidney via the Acceptable Mismatch waiting list or via the ETKAS waiting list. Double listing is not a possibility.

Financial Committee (FC)

P-FC01.14 – Annual Accounts

The Financial Committee recommends the Board to approve the annual accounts 2013.

P-FC02.14 – Discharge Treasurer and MT

The Financial Committee Treasurer recommends the Board to discharge the Treasurer and the Management Team from their financial duties of 2013.

2.4 Report of the Eurotransplant office

This chapter provides a summary of developments at the ET office in Leiden, the Netherlands, as well as an overview of activities by the ET office staff in 2014. In March 2014, the Medical Director left the organization and a successor was appointed and started on August 1, 2014. As prepared in the transition project for a new top management structure for the organization, the vacancy for General Director was published in December 2014. The ET 'Basic Mandate' comprises responsibilities in the areas of allocation services, development of allocation, external networking and supporting processes. In 2014 the following results were achieved and activities were performed in the areas covered by the 'Basic Mandate':

Allocation services

Main focus of the allocation department in 2014 was the development and implementation of a new process oriented structure. Seven key processes have been defined and a responsible coordinator for each process has been appointed. This new structure facilitates a more solid and better connection with all internal and external stakeholders involved in each process (i.e. waiting list management, allocation). Next to running the allocation duty desk around the clock, preparations for further automation and digitization of 'paper' flows have been executed. Also in 2014, one new allocation duty officer joined us to replace a colleague who has left the organization.

Development of allocation

In 2014, significant effort was put into further optimizing data collection and data analysis to support the ET Organ Advisory Committees as well as the national competent authorities of ET member states. This is essential input for the development and examination of scientific based guidelines and rules, as well as for scientific studies to answer questions concerning allocation development. The implementation of our cooperation with the European Liver Transplant Registry (ELTR), which was signed in December 2013, was further developed in 2014. Both ET and ELTR are performing the final preparations for a regular data exchange that will commence in 2015.

The ET Registry, including the Living Donor Registry, provides essential data and input for scientific based data analysis. It is essential to continuously strive for as high as possible completeness rates of the follow-up records. The necessity to provide follow-up data to ET has been emphasized in various meetings in the different ET member states. The Living Donor Registry application, as commissioned by the Belgian health authorities, continued to run successfully in 2014.

Furthermore, the development of a scientific score for the allocation of hearts, the so-called Cardiac Allocation Score (CAS) required input, knowledge and attention of the staff in 2014. In the future, CAS will replace the currently existing HU-system for high urgent heart patients (similar to the already existing Lung Allocation Score [LAS]).

External networking

ET has an important role in bringing transplant professionals in all ET member states together to meet each other, discuss latest developments and define improvements in organ donation, allocation and transplantation. The ET Annual and Winter Meetings attracted great interest and were well received by the participants. The ET communication team plays an advisory and supporting role in external networking with up-to-date informative and attractive public and member websites, publication of newsletters and the promotion and organization of meetings.

Dealing with media in a transparent and reliable manner required much attention again in 2014. More than 200 questions from journalists were answered and recordings took place in Leiden for broadcasts in television and radio programs. Various interviews for articles in newspapers and background information to journalists were provided throughout the year. Also, a lecture on communicating international organ exchange was provided at the 5th EU Journalist Workshop in Brussels by ET's communication manager.

ET social media channels – mainly twitter – were appreciated by stakeholders to stay up-to-date on news from the organization and as a platform for dialogue. To support employees in quickly finding information and being timely informed on new developments, intranet was extended with information on all ongoing and planned projects. In 2014, the number of visits to the online statistics and slide-kit libraries continuously increased. The modernized company logo and house style – as introduced in 2013 - were implemented in a number of correspondence materials. In September, for the second time, communication experts from the ET member states gathered in Leiden to exchange best practices in media communication and public information. In the area of communication in case of unexpected events (emergencies) a crisis communication infrastructure was developed for implementation in 2015.

Supporting processes

ET's supporting processes are essential functions to run the daily operations and improvement processes in a fluent and innovative way. Supporting activities are performed by the departments of Finance, Infrastructure and Information Services.

Financial management

In 2014, the financial department focused on enhancement of budgeting, reporting- and costing-systems. Further development of procedures for monitoring and forecasting the exploitation result and liquidity, have been realized. Furthermore, an analysis was made of the costs related to the different business functions of the organization. This analysis will support future discussions on cost models. In November 2014, the budget for 2015 was presented to the financing authorities. This includes a budget proposal (525 k€) required to start the project Renewal ENIS.

Infrastructure

In 2014, a substantial upgrade of network components, storage servers, back-up and recovery facilities have been implemented. The servers (VmWare) and storage (Netapp) have been installed in double pairs and are now separated in two different locations in the Leiden office. Two firewalls are now also installed in these two separated locations. These locations are connected via 10Gb fiber glass (this used to be connections of 1Gb capacity). All network switches have been renewed and servers are directly connected to the high speed 10Gb connection. The phone system has been virtualized. With these measures, it is ensured that in case of unavailability of one computer location, all primary processes can continue running on the systems located in the second computer location. Furthermore, a good network performance for the years ahead has also been realized with these upgrade activities.

Also in 2014, the tape back-up has been replaced by modern back-up software and servers. Now, back-ups are automatically generated and transferred to a remote data center via internet, multiple times a day. This data center, situated in Delft, approximately 30 kilometers away from Leiden, can also serve as remote location in case of emergencies. With the back-up data available in Delft, the primary processes (allocation) can rely on system support in case of an emergency situation would cause systems being unavailable. For the phone systems, an emergency switch has been implemented. This facilitates an easy transfer of normal phone lines to mobile devices in case of an emergency.

All upgrade and renewal of systems have required a lot of expertise, input and efforts of the infrastructure team in 2014. In 2015 the focus will be on testing the new infrastructure to verify all systems are operating according to design and expectations.

Information services

In 2014, two new programs were introduced – Information Backbone and Information Security – which are essential to strengthen and secure our application landscape. A pilot for introduction of agile project development was performed. Aim is that this innovative approach will facilitate more interaction with users during development of new IT-projects and result in additional value for the users of our systems. Furthermore, initial preparations were made for future Renewal of ENIS. ENIS Renewal aims and approach, together with other future IT-projects, were presented at the ET Annual Meeting in an iT-Motion exhibition.
Regular maintenance and upgrade of ENIS and related applications DPA, donor reports, follow-up etc. were executed in five scheduled releases in 2014. The following projects were released during the course of the year: LAS was introduced in the Netherlands, the crossmatches application was made available to laboratories and for LAS audit a document upload module was introduced in the ET audit system. Furthermore, two policies and three recommendations were implemented. Early 2014, the functional maintenance staff shifted from Allocation to the Information Services department.

2.5 Quality Assurance & Safety

In 2014 quality management focused on a number of topics: improvements to incident reporting, management and reporting, process-oriented internal auditing and further steps to increase the level of information security.

Incidents

With regard to the incident management process emphasis was put on follow-up and feedback after an incident report. The staff was made aware of the added value of incident reporting as a mean of improving the processes by identifying possible problems and monitoring causes.

Reported near-incidents and incidents						
Year	2014	2013	2012	2011	2010	2009
Total	**424**	**406**	**362**	**482**	**478**	**611**

The total number of reported incidents has increased slightly compared to 2013. All departments were encouraged to report all incidents, even in case of minor errors, in order for the internal incident committees to gain a more complete overview of all errors and (potential) risk areas in the organization's processes.

A cause analysis was performed for all internal incidents (incidents in the processes ET is primarily responsible for). The majority (68%) of the incidents are caused by human errors in manual administrative procedures and communication disorders. Organizational errors could be identified as primary cause in 10% of the incidents. 22% of the incidents had equipment failure as primary root cause. These percentages are equal to previous years and show no peculiarities.

Complaints

In 2014, 36 complaints were registered at ET. This number is higher than the numbers of the previous years. This increase was caused by several similar complaints concerning language problems between ET countries at donor reporting. This topic is known to ET and a solution is being worked on. Seven of the complaints concerned dissatisfaction with the services of the ET office. Immediate actions have been taken by the involved departments to investigate these complaints and find a solution in cooperation with the reporter of the complaint. The other reported complaints were not about the services of ET itself. They concerned third parties complaining about each other to ET. These complaints were addressed in mutual communication among the parties involved and if necessary passed on to national authorities.

Reported complaints					
Year	2014	2013	2012	2011	2010
Total	**36**	**25**	**25**	**27**	**25**

Audits by third parties

In October 2014 the intermediate examination of ET by Bureau Veritas took place according to the ISO 9001:2008 standard. No remarks were made, no deviations were found and the Veritas auditor complimented ET on the enthusiastic and quality minded attitude of the staff.

As part of the bilateral agreement with the German authorities a third party audit has been performed to assess the service levels. The audit of the Prüfungskommission of the German Bundesärztekammer showed that ET is working according to the agreed upon standards. No serious deviations from the agreement were reported.
The Dutch Transplantation Foundation (NTS) performed a third party audit to assess the service levels as laid down in the mutual agreement. This audit showed that ET is working according to the agreed upon standards. No serious deviations from the agreement were reported.

Internal audits

In the internal audit process a switch in method from norm-based auditing to process-oriented auditing was made. This is considered a next step in developing the quality management system. Focusing on end-to-end processes enables the audit teams to evaluate risks, incidents and process outcome in a more structured manner. In three clusters internal auditors evaluated six larger internal end-to-end processes in 2014. The internal quality cycle (PDCA) ensures a systematic monitoring of the proposed measures based on the internal audits.

Information security

Based on the requirements of the ISO-27001 for information security and the ET Information Security Policy that was renewed in 2012, the following projects have been in the focus of attention in 2014 as part of the Information Security program (iSec): 'Secure File Exchange' (safe exchange of patient information between centers and ET office), 'Business Continuity Management' and 'Identity & Access Management' (access of users to the ET information systems).

3.

Transplant programs and their delegates in 2014

Definitions
(according to Articles of Association of Stichting Eurotransplant International Foundation, version September 23, 2014)

Program:

Any of the following transplantation areas:
kidney, heart, lung, 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 program director shall have the right to delegate up to two natural persons in the Assembly for each program in which it performed transplantations during a year. The number of delegates that may be assigned per program shall depend on the number of votes: programs with one vote shall send one delegate, programs with two votes may either send one delegate having two votes or two delegates having one vote each.
On each reference date, in accordance with the previously mentioned, the number of persons delegated (the "delegates") by a center in the Assembly shall be reviewed. (Article 5.2)
(If no name is indicated, then no delegate was appointed by transplant/tissue typing program or it concerns a new program in 2014).

Renal Programs		Delegate
Austria		
GA	Medizinische Universitätsklinik, Graz	A. Rosenkranz
IB	Chirurgische Universitätsklinik, Innsbruck	C. Bösmüller / A. Weissenbacher
OE	Krankenhaus der Elisabethinen, Linz	R. Függer / R. Oberbauer
WG	Universitätsklinik für Chirurgie, Wien	G. Berlakovich / R. Oberbauer
Belgium		
AN	Universitair Ziekenhuis Antwerpen, Edegem	D. Ysebaert
BJ	Universitair Ziekenhuis Brussel, Campus Jette	J. Sennesael
BR	ULB, Hôpital Erasme, Bruxelles	N. Broeders / A. Lemoine
GE	Universitair Ziekenhuis, Gent	P. Peeters
LA	Cliniques Universitaires St. Luc, Bruxelles	M. Mourad
LG	Centre Hospitalier Universitaire, Liège	J-P. Squifflet / L. Weekers
LM	Universitair Ziekenhuis Gasthuisberg, Leuven	D. Kuypers

Croatia

OS	University Hospital, Osijek	D. Prlic
RI	University Clinical Hospital, Rijeka	S. Zivcic-Cosic
ZA	University Clinical Hospital, Zagreb	N. Basic-Jukic / Z. Kastelan
ZM	Clinical Hospital Zagreb Merkur, Zagreb	

Germany

AK	Universitätsklinikum der Rheinisch-Westfälischen TH, Aachen	A. Mühlfeld
AU	Zentralklinikum, Augsburg	H. Weihprecht
BB	Ruhr Universität, Bochum	P. Schenker
BC	Charité-Campus Virchow Klinikum der Humboldt Universität, Berlin	U. Gerlach / A. Pascher
BE	Universitätsklinikum Benjamin Franklin, Berlin	M. van der Giet
BM	Kliniken der Freien Hansestadt, Bremen	F. Zantvoort
BO	Klinikum der Urologischen und Medizinischen Universität, Bon	R. Woitas
DR	Technische Universität, Dresden	M. Opgenoorth
DU	Med. Einrichtungen der Heinrich-Heine-Universität, Düsseldorf	K. Ivens
ER/NB	Med. Einrichtungen der Universität Erlangen-Nürnberg, Erlangen	H. Apel / K. Heller
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	R. Weimer
HA	Klinikum der Martin-Luther-Universität, Halle	K. Weigand
HB	Klinikum der Ruprecht-Karls-Universität, Heidelberg	C. Morath
HG	Universitäts-Krankenhaus Eppendorf, Hamburg	M. Koch / F. Thaiss
HM	Nephrologisches Zentrum Niedersachsen, Hann. Münden	V. Kliem / P. Weithofer
HO	Klinikum der Medizinischen Hochschule, Hannover	N. Richter / 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	T. Feldkamp
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	C. Mönch
LP	Klinikum der Universität, Leipzig	M. Bartels
LU	Klinikum der Medizinischen Universität, Lübeck	M. Nitschke
MA	Klinikum der Stadt, Mannheim	B. Krüger
MH	Klinikum Rechts der Isar der Technischen Universität, München	U. Heemann / L. Renders
ML	Klinikum Großhadern der Ludwig-Maximilians-Universität, München	M. Fischereder / M. Stangl
MN	Klinikum der Westfälischen Wilhelms-Universität, Münster	H. Wolters
MR	Klinikum Lahnberge der Philipps-Universität, Marburg	J. Hoyer
MZ	Klinikum der Johannes-Gutenberg-Universität, Mainz	B. Schamberger
RB	Klinikum der Universität, Regensburg	C. Böger
RO	Klinikum der Universität, Rostock	O. Hakenberg
ST	Katharinenhospital, Stuttgart	
TU	Klinikum der Eberhard-Karls-Universität, Tübingen	S. Nadalin
WZ	Klinikum der Julius-Maximilians-Universität, Würzburg	K. Lopau

Hungary

BS	Semmelweis Medical University, Budapest	G. Telkes / L. Wagner
DB	Medical Center of the University, Debrecen	B. Nemes
PC	Medical Faculty of the University, Pecs	K. Kalmar-Nagy
SZ	Medical Center of the University, Szeged	E. Szederkenyi

The Netherlands

AE	Emma Kinderziekenhuis, Amsterdam	
AV	VU Medisch Centrum, Amsterdam	S. Nurmohamed
AW	Academisch Medisch Centrum, Amsterdam	F. Bemelman
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	L. Hilbrands
RD	Erasmus Medisch Centrum, Rotterdam	M. Betjes
RS	Sophia Kinderziekenhuis, Rotterdam	P. Sloots
UT	Universitair Medisch Centrum, Utrecht	A. van Zuilen

Slovenia

LO	University Medical Center, Ljubljana	J. Buturovic

Heart Programs

		Delegate

Austria

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

Belgium

AN	Universitair Ziekenhuis Antwerpen, Edegem	I. Rodrigus
AS	Onze Lieve Vrouw Ziekenhuis, Aalst	B. Stockman
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	A. Ancion
LM	Universitair Ziekenhuis Gasthuisberg, Leuven	J. Vanhaecke

Croatia

ZA	University Clinical Hospital, Zagreb	
ZD	Clinical Hospital Dubrava, Zagreb	R. Blazekovic

Germany

AK	Universitätsklinikum der Rheinisch-Westfälischen TH, Aachen	A. Moza
BA	Herz- & Diabeteszentrum Nordrhein-Westfalen, Bad Oeynhausen	U. Schulz
BD	Deutsches Herzzentrum, Berlin	C. Knosalla
BH	Kerckhoff Klinik, Bad Nauheim	M. Richter
DR	Herzzentrum, Dresden	S. Brose
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	A. Beiras-Fernandez
FR	Klinikum der Albert-Ludwigs-Universität, Freiburg	M. Berchtold-Herz
GI	Klinikum der Justus-Liebig-Universität, Gießen	J. Thul
GO	Klinikum der Georg-August-Universität, Göttingen	N. Teucher
HB	Klinikum der Ruprecht-Karls-Universität, Heidelberg	A. Ruhparwar
HG	Universitäts-Krankenhaus Eppendorf, Hamburg	F. Wagner
HO	Klinikum der Medizinischen Hochschule, Hannover	M. Avsar
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. Rahmanian
LP	Klinikum der Universität, Leipzig	F-W. Mohr

ML	Klinikum Großhadern der Ludwig-Maximilians-Universität, München	R. Schramm
MN	Klinikum der Westfälischen Wilhelms-Universität, Münster	J. Sindermann
RB	Klinikum der Universität, Regensburg	S. Hirt
WZ	Universitätsklinikum, Würzburg	J. Hoffmann

Hungary

BG	Gottesegen György National Cardiology Institute, Budapest	Z. Prodan
BS	Semmelweis Medical University, Budapest	I. Hartyanszky

The Netherlands

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

Slovenia

LO	University Medical Center, Ljubljana	T. Klokocovnik / I. Knezević

Lung Programs — Delegate

Austria

IB	Chirurgische Universitätsklinik, Innsbruck	D. Höfer
WG	Universitätsklinik für Chirurgie, Wien	G. Lang

Belgium

BR	ULB, Hôpital Erasme, Bruxelles	C. Knoop
LA	Cliniques Universitaires St. Luc, Bruxelles	P. Evrard
LM	Universitair Ziekenhuis Gasthuisberg, Leuven	D. Van Raemdonck

Germany

BA	Herz- & Diabeteszentrum Nordrhein-Westfalen, Bad Oeynhausen	A. Renner
BD	Deutsches Herzzentrum, Berlin	C. Knosalla
ES	Universitätsklinikum, Essen	M. Kamler
FR	Klinikum der Albert-Ludwigs-Universität, Freiburg	P. van Samson-Himmelstjema
GI	Klinikum der Justus-Liebig-Universität, Gießen	K. Mayer
HG	Universitäts-Krankenhaus Eppendorf, Hamburg	T. Deuse
HO	Klinikum der Medizinischen Hochschule, Hannover	G. Warnecke
HS	Klinikum Universität des Saarlandes, Homburg/Saar	F. Langer
JE	Klinikum der Friedrich-Schiller-Universität, Jena	M. Breuer
KI	Klinikum der Christian-Albrechts-Universität, Kiel	A. Reinecke
KL	Klinikum der Universität Köln-Lindenthal, Köln	P. Rahmanian
LP	Klinikum der Universität, Leizpig	F-W. Mohr
ML	Klinikum Großhadern der Ludwig-Maximilians-Universität, München	H. Winter
MN	Klinikum der Westfälischen Wilhelms-Universität, Münster	K. Wiebe
MZ	Klinikum der Johannes-Gutenberg-Universität, Mainz	

The Netherlands

GR	Academisch Ziekenhuis, Groningen	W. van der Bij / M. Erasmus
RD	Erasmus Medisch Centrum, Rotterdam	J. Bekkers
UT	Universitair Medisch Centrum, Utrecht	E. van de Graaf / H. Kwakkel-van Erp

Liver Programs		Delegate
Austria		
GA	Chirurgische Universitätsklinik, Graz	F. Iberer
IB	Chirurgische Universitätsklinik, Innsbruck	M. Maglione / S. Schneeberger
WG	Universitätsklinik für Chirurgie, Wien	G. Berlakovich / T. Soliman
Belgium		
AN	Universitair Ziekenhuis Antwerpen, Edegem	D. Ysebaert
BR	ULB, Hôpital Erasme, Bruxelles	V. Donckier / V. Lucidi
GE	Universitair Ziekenhuis, Gent	X. Rogiers
LA	Cliniques Universitaires St. Luc, Bruxelles	N. Jabbour / J. Lerut
LG	Centre Hospitalier Universitaire, Liège	O. Detry / N. Meurisse
LM	Universitair Ziekenhuis Gasthuisberg, Leuven	D. Monbaliu / J. Pirenne
Croatia		
ZA	University Clinical Hospital, Zagreb	M. Premuzic
ZM	Clinical Hospital Merkur, Zagreb	B. Kocman
Germany		
AK	Universitätsklinikum der Rheinisch-Westfälischen TH, Aachen	
BC	Charité-Campus Virchow Klinikum der Humboldt Universität, Berlin	R. Öllinger / A. Pascher
BO	Chirurgische Universitätsklinik, Bonn	J.-M. Pollok
ER/NB	Chirurgische Klinik der Universität Erlangen-Nürnberg, Erlangen	R. Croner
ES	Universitätsklinikum, Essen	A. Paul
FM	Klinikum der Johann-Wolfgang-Goethe-Universität, Frankfurt	W. Bechstein / A. Schnitzbauer
GO	Klinikum der Georg-August-Universität, Göttingen	O. Kollmar
HB	Klinikum der Ruprecht-Karls-Universität, Heidelberg	P. Schemmer
HG	Universitäts-Krankenhaus Eppendorf, Hamburg	L. Fischer / B. Nashan
HO	Klinikum der Medizinischen Hochschule, Hannover	F. Lehner / N. Richter
HS	Klinikum Universität des Saarlandes, Homburg/Saar	B. Appenrodt
JE	Friedrich Schiller Universität, Jena	C. Malessa
KI	Klinikum der Christian-Albrechts-Universität, Kiel	T. Becker / F. Braun
KL	Klinik der Universität Köln-Lindenthal, Köln	
LP	Klinikum der Universität, Leipzig	M. Bartels
MB	Klinikum Otto-von-Guericke Universität, Magdeburg	J. Arend
MH	Klinikum Rechts der Isar der Technischen Universität, München	
ML	Klinikum Großhadern der Ludwig-Maximilians-Universität, München	M. Guba / K.-W. Jauch
MN	Klinikum der Westfälischen Wilhelms-Universität, Münster	
MZ	Klinikum der Johannes-Gutenberg-Universität, Mainz	
RB	Klinikum der Universität, Regensburg	M. Loss / M. Scherer
RO	Klinikum der Universität, Rostock	T. Tsui
TU	Klinikum der Eberhard-Karls Universität, Tübingen	S. Nadalin
WZ	Universitätsklinikum, Würzburg	I. Klein
Hungary		
BS	Semmelweis Medical University, Budapest	Z. Gerlei / J. Szabo
The Netherlands		
GR	Academisch Ziekenhuis, Groningen	A. van den Berg / R. Porte
LB	Leids Universitair Medisch Centrum, Leiden	J. Ringers
RD	Erasmus Medisch Centrum, Rotterdam	J. de Jonge
Slovenia		
LO	University Medical Centre, Ljubljana	D. Stanisavljević

Pancreas (Islet) Programs

		Delegate
Austria		
GA	Chirurgische Universitätsklinik, Graz	F. Iberer
IB	Chirurgische Universitätsklinik, Innsbruck	P. Hengster / C. Margreiter
WG	Universitätsklinik für Chirurgie, Wien	T. Soliman
Belgium		
AN	Universitair Ziekenhuis Antwerpen, Edegem	D. Ysebaert
BP	JDRF Center for Beta Cell Therapy, Brussel	D. Jacobs-Tulleneers-Thevissen
BR	ULB, Hôpital Erasme, Bruxelles	D. Mikhalski
GE	Universitair Ziekenhuis, Gent	C. Randon
LA	Cliniques Universitaires St. Luc, Bruxelles	L. De Pauw
LM	Universitair Ziekenhuis Gasthuisberg, Leuven	P. Gillard
Croatia		
ZM	Clinical Hospital Merkur, Zagreb	S. Jadrijevic
Germany		
BB	Knappschaftskrankenhaus, Bochum	P. Schenker
BC	Charité-Campus Virchow Klinikum der Humboldt Universität, Berlin	A. Kahl
BO	Chirurgische Universitätsklinik, Bonn	J-M. Pollok
DR	Universitätsklinikum Carl Gustav Carus, Dresden	S. Ludwig
ER/NB	Chirurgische Klinik der Universität Erlangen-Nürnberg, Erlangen	V. Müller
ES	Universitätsklinikum, Essen	A. Paul
FM	Klinikum der Johann-Wolfgang-Goethe-Universität, Frankfurt	G. Woeste
FR	Klinikum der Albert-Ludwigs-Universität, Freiburg	P. Pisarski
HB	Klinikum der Ruprecht-Karls-Universität, Heidelberg	P. Schemmer
HG	Universitäts-Krankenhaus Eppendorf, Hamburg	J. Li
HO	Klinikum der Medizinischen Hochschule, Hannover	F. Lehner
JE	Friedrich Schiller Universität, Jena	A. Bauschke
KI	Klinikum der Christian-Albrechts-Universität, Kiel	F. Braun
KL	Klinik der Universität Köln-Lindenthal	W. Arns
KM	Kliniken der Stadt Köln gGmbH, Krankenhaus Merheim, Köln-Merheim, Köln	W. Arns
KS	Westpfalz-Klinikum, Kaiserslautern	C. Mönch
LU	Klinikum der Medizinischen Universität, Lübeck	D. Tittelbach-Helmrich
LP	Klinikum der Universität, Leipzig	M. Bartels
ML	Klinikum Großhadern der Ludwig-Maximilians-Universität, München	M. Stangl
MR	Klinikum Lahnberge der Philipps-Universität, Marburg	J. Hoyer
RB	Klinikum der Universität, Regensburg	M. Loss
RO	Klinikum der Universität, Rostock	W. Schareck
TU	Klinikum der Eberhard-Karls-Universität, Tübingen	S. Nadalin
The Netherlands		
BS	Semmelweis Medical University, Budapest	L. Piros
PC	Medical Faculty of the University, Pecs	K. Kalmar-Nagy

Tissue Typing Laboratories

		Delegate
Austria		
GA	Universitätsklinik, Abteilung für Transfusionsmedizin und Immunohämatologie, Graz	W. Helmberg
IB	Universitätsklinik, HLA Labor, Innsbruck	A. Mühlbacher
OL	Allgemeines Krankenhaus, Blutzentrale, Linz	C. Gabriel
OW	Allgemeines Krankenhaus, HLA Labor, Wels	P. Rechberger
WG	Institut für Blutgruppenserologie, Wien	G. Fischer

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 (HILA), Mechelen	M-P. Emonds

Croatia

RI	Clinical Hospital Center, Tissue typing laboratory, Rijeka	N. Katalinić
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	T. Legler
HA	Institut für Phathologische Biochemie, Interdisziplinäres Typisierungslabor, Halle	W. Altermann
HB	Institut für Immunologie und Serologie, Heidelberg	C. Süsal
HG	Universitäts-Krankenhaus Eppendorf, HLA Labor, Hamburg	M. Marget
HO	Klinikum der Medizinischen Hochschule, Immunohaematologie/Blutbank, Hannover	M. Hallensleben
KM	Institut für Transfusionsmedizin, Köln-Merheim	U. Bauerfeind
KS	Institut für Rechtsmedizin, Transplantationsimmunologie, Kaiserslautern	
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	
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	

Luxembourg

LX	Centre Hospitalier, HLA Lab, Luxembourg	F. Hentges

The Netherlands

AW	Centraal Laboratorium Bloedtransfusiedienst, Nederlandse Rode Kruis, Amsterdam	N. Lardy
GR	Laboratorium voor transplantatie-immunologie, Groningen	B. Hepkema
LB	Leiden University Medical Centre, Immunohaematologie, Leiden	F. Claas
MS	Academisch Ziekenhuis, Laboratorium voor weefseltypering, Maastricht	M. Tilanus
NY	Academisch Ziekenhuis St. Radboud, Bloedtransfusiedienst, Nijmegen	W. Allebes
UT	Academisch Ziekenhuis, Bloedbank, Utrecht	E. Spierings

Slovenia

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

ETRL	Eurotransplant Reference Laboratory, Leids Universitair Medisch Centrum, Leiden, the Netherlands	F. Claas

4.

Eurotransplant: donation, waiting lists and transplants

DONATION

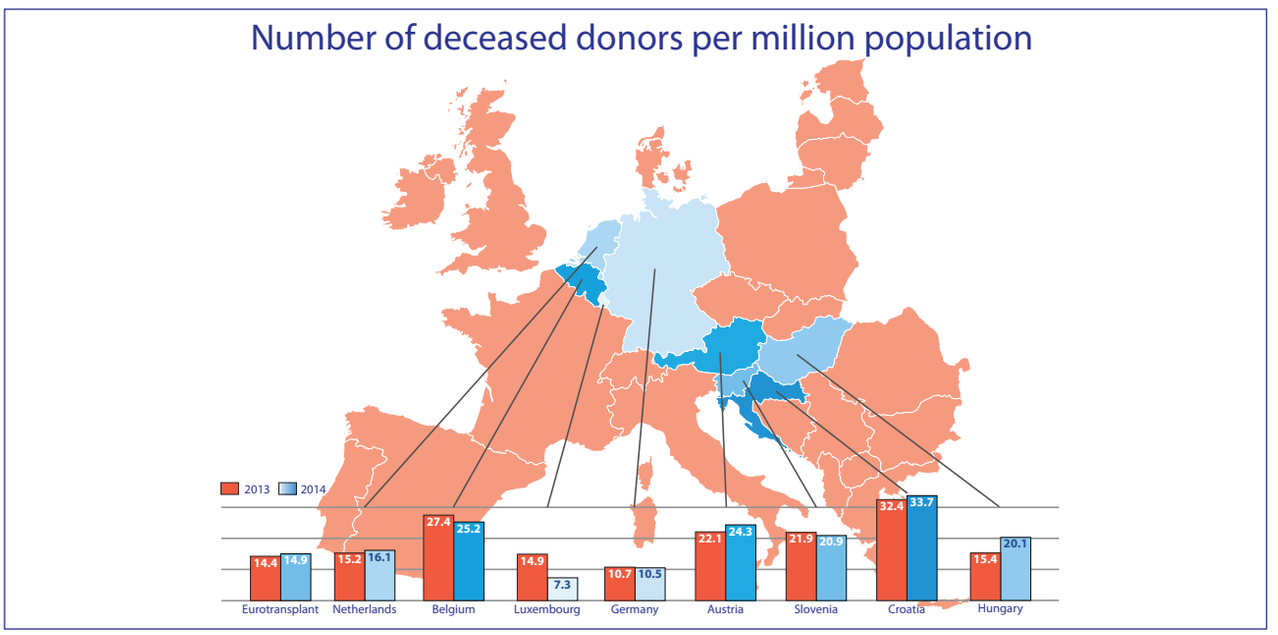


Table 4.1 **Number of deceased donors used for a transplant, by donor country, from 2010 to 2014**

Donor country		Population (millions)	2010	2011	2012	2013	2014	pmp	2013/2014
A	Austria	8.5	189	195	191	187	207	24.3	10.7 %
B	Belgium	11.2	263	321	320	306	282	25.2	-7.8 %
HR	Croatia	4.2	127	144	147	138	143	33.7	3.6 %
D	Germany	80.8	1271	1176	1024	865	851	10.5	-1.6 %
H	Hungary	9.9			62 *	125 *	199	20.1	30.1 %
L	Luxembourg	0.5	3	9	4	8	4	7.3	-50.0 %
NL	Netherlands	16.8	216	221	252	255	271	16.1	6.3 %
SLO	Slovenia	2.1	40	31	46	45	43	20.9	-4.4 %
	ET	134.0	2109	2097	2046	1929	2000	14.9	3.7 %
Non-ET	Non-ET		78	93	60	46	41		-10.9 %
	Total		**2187**	**2190**	**2106**	**1975**	**2041**		**3.3 %**

* Hungary: only counting donors where organs were allocated by Eurotransplant

Figure 4.1a Number of deceased donors used for transplant in Eurotransplant

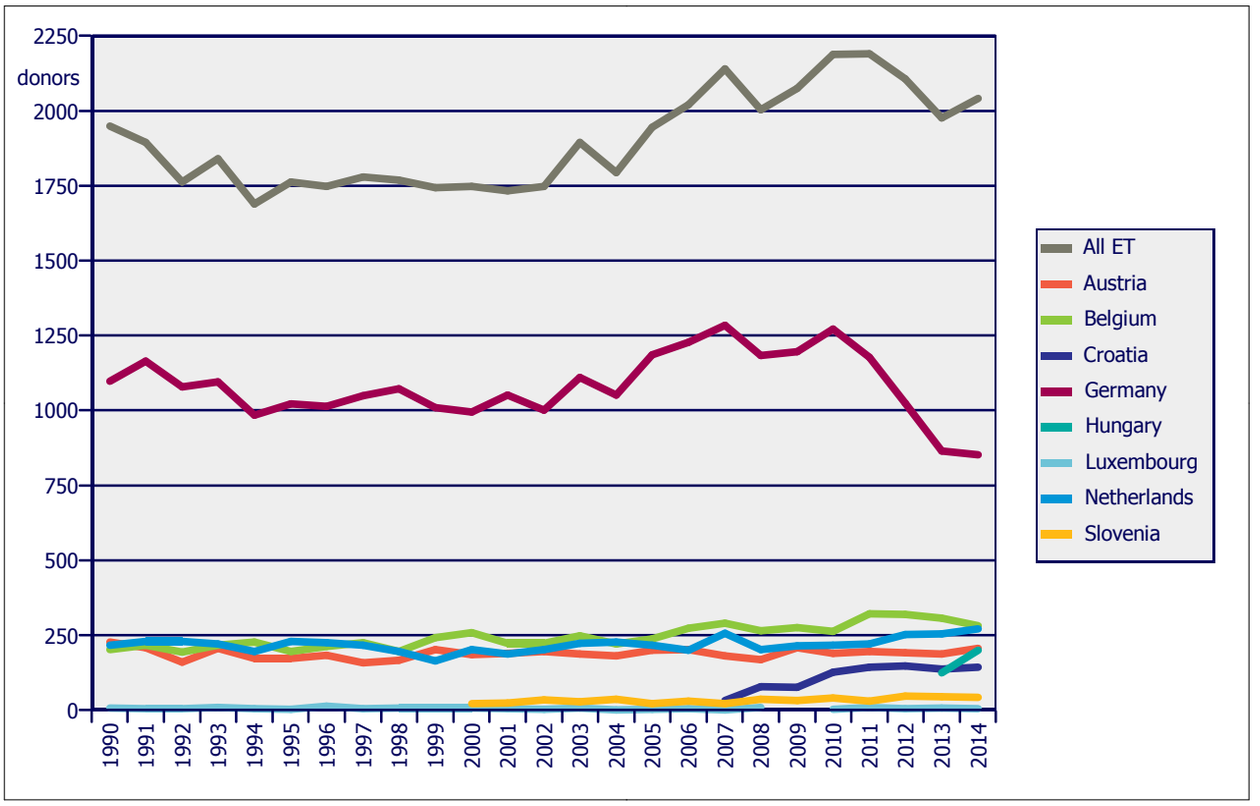


Figure 4.1b Number of deceased donors used for transplant, per million population

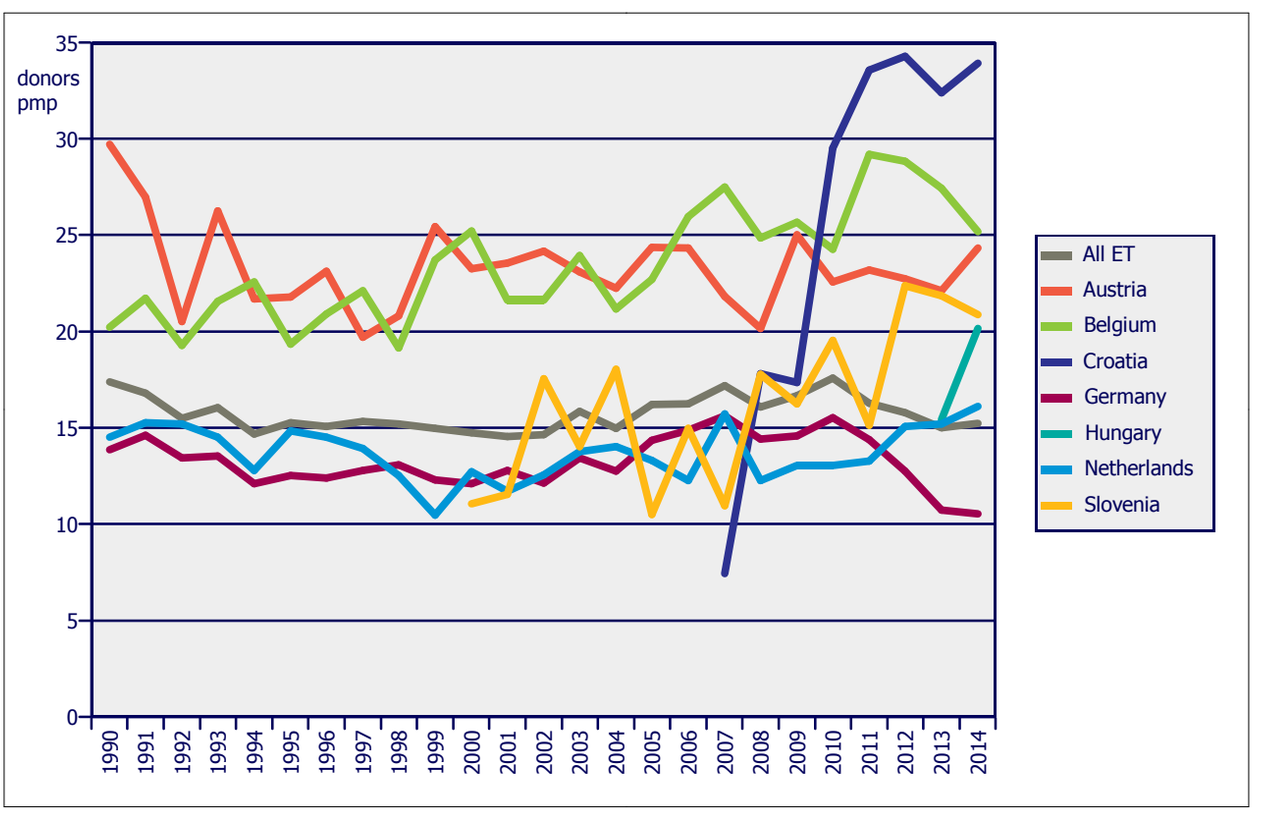


Table 4.2a(i) Number of deceased donors reported to Eurotransplant, by organ, from 2010 to 2014

Donors reported	2010	2011	2012	2013	2014	2013/2014
Kidney	2151	2170	2075	1972	2061	4.5 %
Heart	946	917	906	898	932	3.8 %
Lung	947	1032	1113	1164	1171	0.6 %
Liver	2064	2112	2001	1915	1980	3.4 %
Pancreas	944	1008	958	951	922	-3.0 %
Total donors	**2415**	**2481**	**2421**	**2302**	**2299**	**-0.1 %**

Table 4.2a(ii) Number of deceased donors reported to Eurotransplant, by organ and donor country, in 2014

Donors reported	A	B	D	H	HR	L	NL	SLO	Non-ET	Total
Kidney	212	268	845	206	140	4	322	47	17	2061
Heart	112	104	409	87	42	3	81	28	66	932
Lung	118	172	484	90	25	0	186	22	74	1171
Liver	198	289	851	183	144	4	239	47	25	1980
Pancreas	49	194	301	35	26	2	294	11	10	922
Total donors	**220**	**313**	**882**	**212**	**149**	**4**	**336**	**47**	**136**	**2299**

Table 4.2b(i) Number of deceased donors used for a transplant, by organ, from 2010 to 2014

Donors used	2010	2011	2012	2013	2014	2013/2014
Kidney	1950	1891	1813	1682	1788	6.3 %
Heart	631	592	607	589	634	7.6 %
Lung	572	607	670	671	661	-1.5 %
Liver	1734	1727	1642	1515	1591	5.0 %
Pancreas	273	305	277	228	230	0.9 %
Total donors	**2187**	**2190**	**2106**	**1975**	**2041**	**3.3 %**

Table 4.2b(ii) Number of deceased donors used for a transplant, by organ and donor country, in 2014

Donors used	A	B	D	H	HR	L	NL	SLO	Non-ET	Total
Kidney	194	219	781	184	112	4	253	37	4	1788
Heart	81	80	294	61	38	2	51	16	11	634
Lung	53	102	316	58	17	0	86	9	20	661
Liver	156	230	731	122	130	3	173	34	12	1591
Pancreas	23	27	114	14	5	1	45	1	0	230
Total donors	**207**	**282**	**851**	**199**	**143**	**4**	**271**	**43**	**41**	**2041**

Figure 4.2 Median age of deceased donors used for a transplant in Eurotransplant

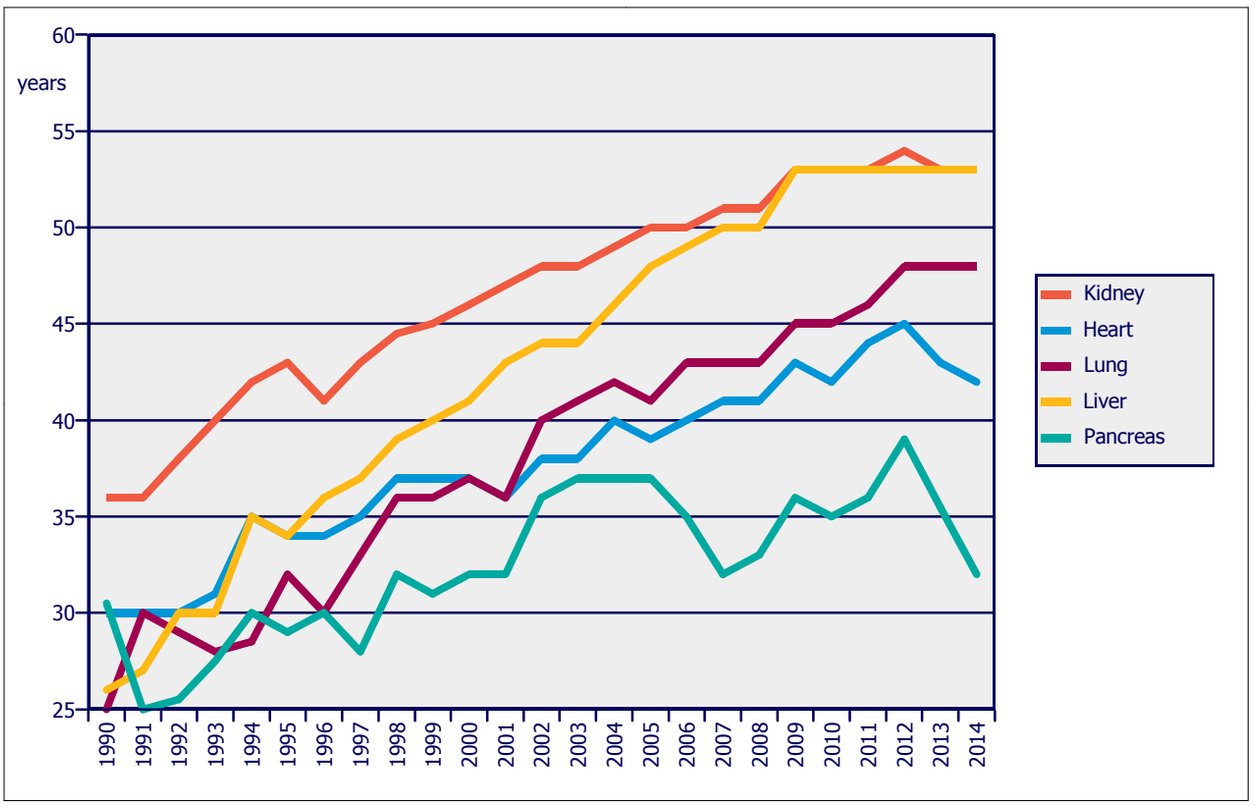


Table 4.3a(i) Demographic data on deceased donors, used for a transplant, from 2010 to 2014

Age	2010	2011	2012	2013	2014	2013/2014
0-15	81	72	65	68	68	0.0 %
16-55	1139	1142	1064	1044	1048	0.4 %
56-64	427	425	443	409	452	10.5 %
65+	540	551	534	454	473	4.2 %
Total	**2187**	**2190**	**2106**	**1975**	**2041**	**3.3 %**

Gender	2010	2011	2012	2013	2014	2013/2014
Female	1015	1001	943	891	924	3.7 %
Male	1172	1189	1163	1084	1117	3.0 %
Total	**2187**	**2190**	**2106**	**1975**	**2041**	**3.3 %**

Blood group	2010	2011	2012	2013	2014	2013/2014
A	928	967	887	784	903	15.2 %
AB	103	110	111	110	87	-20.9 %
B	258	259	224	235	236	0.4 %
0	898	854	884	846	815	-3.7 %
Total	**2187**	**2190**	**2106**	**1975**	**2041**	**3.3 %**

Table 4.3a(i) (continued)

Cause of death	2010	2011	2012	2013	2014	2013/2014
Accident	417	385	388	352	385	9,4 %
Natural	1704	1742	1649	1546	1572	1,7 %
Suicide	46	50	53	53	63	18,9 %
Other	20	13	16	24	21	-12,5 %
Total	**2187**	**2190**	**2106**	**1975**	**2041**	**3,3 %**

Table 4.3a(ii) Demographic data on deceased donors used for a transplant, in 2014

Age	A	B	D	H	HR	L	NL	SLO	Non-ET	Total	%
0-15	5	4	26	8	4	0	11	0	10	68	3.3 %
16-55	108	162	424	125	54	3	130	17	25	1048	51.3 %
56-64	50	60	164	47	46	0	68	12	5	452	22.1 %
65+	44	56	237	19	39	1	62	14	1	473	23.2 %
Total	**207**	**282**	**851**	**199**	**143**	**4**	**271**	**43**	**41**	**2041**	**100.0 %**

Gender	A	B	D	H	HR	L	NL	SLO	Non-ET	Total	%
Female	87	120	397	95	55	1	135	13	21	924	45.3 %
Male	120	162	454	104	88	3	136	30	20	1117	54.7 %
Total	**207**	**282**	**851**	**199**	**143**	**4**	**271**	**43**	**41**	**2041**	**100.0 %**

Blood group	A	B	D	H	HR	L	NL	SLO	Non-ET	Total	%
A	100	127	385	83	56	1	116	16	19	903	44.2 %
AB	7	5	34	20	6	0	7	2	6	87	4.3 %
B	25	22	94	27	27	1	23	9	8	236	11.6 %
0	75	128	338	69	54	2	125	16	8	815	39.9 %
Total	**207**	**282**	**851**	**199**	**143**	**4**	**271**	**43**	**41**	**2041**	**100.0 %**

Cause of death	A	B	D	H	HR	L	NL	SLO	Non-ET	Total	%
Accident	58	62	123	34	26	0	55	15	12	385	18.9 %
Natural	137	184	728	160	110	4	195	28	26	1572	77.0 %
Suicide	9	32	0	3	3	0	15	0	1	63	3.1 %
Other	3	4	0	2	4	0	6	0	2	21	1.0 %
Total	**207**	**282**	**851**	**199**	**143**	**4**	**271**	**43**	**41**	**2041**	**100.0 %**

Table 4.3b(i) Age of deceased donors used for a transplant, from 2010 to 2014

All donors	2010	2011	2012	2013	2014	2013/2014
0-15	81	72	65	68	68	0.0 %
16-55	1139	1142	1064	1044	1048	0.4 %
56-64	427	425	443	409	452	10.5 %
65+	540	551	534	454	473	4.2 %
Total	**2187**	**2190**	**2106**	**1975**	**2041**	**3.3 %**

Table 4.3b(i) (continued)

Kidney donors	2010	2011	2012	2013	2014	2013/2014
0-15	67	54	47	50	57	14.0 %
16-55	1029	1004	938	921	950	3.1 %
56-64	389	391	403	359	405	12.8 %
65+	465	442	425	352	376	6.8 %
Total	**1950**	**1891**	**1813**	**1682**	**1788**	**6.3 %**

Heart donors	2010	2011	2012	2013	2014	2013/2014
0-15	55	34	38	44	44	0.0 %
16-55	502	471	483	462	509	10.2 %
56-64	67	77	73	73	73	0.0 %
65+	7	10	13	10	8	-20.0 %
Total	**631**	**592**	**607**	**589**	**634**	**7.6 %**

Lung donors	2010	2011	2012	2013	2014	2013/2014
0-15	29	24	21	19	24	26.3 %
16-55	439	440	451	477	444	-6.9 %
56-64	89	110	134	114	121	6.1 %
65+	15	33	64	61	72	18.0 %
Total	**572**	**607**	**670**	**671**	**661**	**-1.5 %**

Liver donors	2010	2011	2012	2013	2014	2013/2014
0-15	66	59	54	53	55	3.8 %
16-55	915	902	838	811	832	2.6 %
56-64	316	318	320	303	335	10.6 %
65+	437	448	430	348	369	6.0 %
Total	**1734**	**1727**	**1642**	**1515**	**1591**	**5.0 %**

Pancreas donors	2010	2011	2012	2013	2014	2013/2014
0-15	20	18	19	18	18	0.0 %
16-55	246	253	231	192	203	5.7 %
56-64	5	22	17	12	7	-41.7 %
65+	2	12	10	6	2	-66.7 %
Total	**273**	**305**	**277**	**228**	**230**	**0.9 %**

Table 4.3b(ii) Age of deceased donors used for a transplant, by organ and donor country, in 2014

All donors	A	B	D	H	HR	L	NL	SLO	Non-ET	Total	%
0-15	5	4	26	8	4	0	11	0	10	68	3.3 %
16-55	108	162	424	125	54	3	130	17	25	1048	51.3 %
56-64	50	60	164	47	46	0	68	12	5	452	22.1 %
65+	44	56	237	19	39	1	62	14	1	473	23.2 %
Total	**207**	**282**	**851**	**199**	**143**	**4**	**271**	**43**	**41**	**2041**	**100.0 %**

Table 4.3b(ii) (continued)

Kidney donors	A	B	D	H	HR	L	NL	SLO	Non-ET	Total	%
0-15	5	3	25	8	3	0	11	0	2	57	3.2 %
16-55	103	145	390	118	50	3	122	17	2	950	53.1 %
56-64	46	47	155	41	40	0	65	11	0	405	22.7 %
65+	40	24	211	17	19	1	55	9	0	376	21.0 %
Total	**194**	**219**	**781**	**184**	**112**	**4**	**253**	**37**	**4**	**1788**	**100.0 %**

Heart donors	A	B	D	H	HR	L	NL	SLO	Non-ET	Total	%
0-15	3	1	21	5	3	0	7	0	4	44	6.9 %
16-55	67	74	232	55	33	2	31	10	5	509	80.3 %
56-64	11	5	35	1	2	0	12	5	2	73	11.5 %
65+	0	0	6	0	0	0	1	1	0	8	1.3 %
Total	**81**	**80**	**294**	**61**	**38**	**2**	**51**	**16**	**11**	**634**	**100.0 %**

Lung donors	A	B	D	H	HR	L	NL	SLO	Non-ET	Total	%
0-15	2	1	12	1	1	0	6	0	1	24	3.6 %
16-55	38	73	205	46	16	0	46	5	15	444	67.2 %
56-64	10	15	59	11	0	0	19	4	3	121	18.3 %
65+	3	13	40	0	0	0	15	0	1	72	10.9 %
Total	**53**	**102**	**316**	**58**	**17**	**0**	**86**	**9**	**20**	**661**	**100.0 %**

Liver donors	A	B	D	H	HR	L	NL	SLO	Non-ET	Total	%
0-15	4	4	23	6	3	0	10	0	5	55	3.5 %
16-55	85	129	375	81	49	3	90	14	6	832	52.3 %
56-64	38	47	136	25	40	0	38	10	1	335	21.1 %
65+	29	50	197	10	38	0	35	10	0	369	23.2 %
Total	**156**	**230**	**731**	**122**	**130**	**3**	**173**	**34**	**12**	**1591**	**100.0 %**

Pancreas donors	A	B	D	H	HR	L	NL	SLO	Non-ET	Total	%
0-15	2	2	9	1	1	0	3	0	0	18	7.8 %
16-55	21	23	104	13	4	1	36	1	0	203	88.3 %
56-64	0	2	1	0	0	0	4	0	0	7	3.0 %
65+	0	0	0	0	0	0	2	0	0	2	0.9 %
Total	**23**	**27**	**114**	**14**	**5**	**1**	**45**	**1**	**0**	**230**	**100.0 %**

Table 4.4a(i) Number of donors used for a transplant, by type of donor, from 2010 to 2014

Donor type	2010	2011	2012	2013	2014	2013/2014
Deceased	2187	2190	2106	1975	2041	3.3%
Domino	6	16	6	3	6	100.0%
Living	1398	1458	1504	1533	1453	-5.2%
Total	**3591**	**3664**	**3616**	**3511**	**3500**	**-0.3%**

Table 4.4a(ii) Number of donors used for a transplant, by type of donor, in 2014

Donor type	A	B	D	H	HR	L	NL	SLO	Non-ET	Total
Deceased	207	282	851	199	143	4	271	43	41	2041
%	72.9%	72.5%	55.5%	81.2%	92.9%	100.0%	33.5%	100.0%	100.0%	58.3%
Domino	0	2	4	0	0	0	0	0	0	6
%	0.0%	0.5%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
Living	77	105	677	46	11	0	537	0	0	1453
%	27.1%	27.0%	44.2%	18.8%	7.1%	0.0%	66.5%	0.0%	0.0%	41.5%
Total	**284**	**389**	**1532**	**245**	**154**	**4**	**808**	**43**	**41**	**3500**

Table 4.4b(i) Number of deceased donors used for a transplant, by type of donor, from 2010 to 2014

Donor type	2010	2011	2012	2013	2014	2013/2014
SOD	491	531	503	511	475	-7.0%
MOD	1696	1659	1603	1464	1566	7.0%
Total	**2187**	**2190**	**2106**	**1975**	**2041**	**3.3%**

Table 4.4b(ii) Number of deceased donors used for a transplant, by type and donor country, in 2014

Donor type	A	B	D	H	HR	L	NL	SLO	Non-ET	Total
SOD	41	72	130	62	38	1	84	12	35	475
%	19.8%	25.5%	15.3%	31.2%	26.6%	25.0%	31.0%	27.9%	85.4%	23.3%
MOD	166	210	721	137	105	3	187	31	6	1566
%	80.2%	74.5%	84.7%	68.8%	73.4%	75.0%	69.0%	72.1%	14.6%	76.7%
Total	**207**	**282**	**851**	**199**	**143**	**4**	**271**	**43**	**41**	**2041**

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

Table 4.4c(i) Non-heart beating (NHB) donors used for a transplant, from 2010 to 2014

NHB Category	2010	2011	2012	2013	2014	2013/2014
I - Dead on arrival	3	1	2	1	0	-100.0%
II - Unsuccessful resuscitation	8	4	8	1	2	100.0%
III - Awaiting cardiac arrest	106	172	185	216	202	-6.5%
IV - Cardiac arrest in brain dead donor	1	1	3	0	1	--
Total	**118**	**178**	**198**	**218**	**205**	**-6.0%**

Table 4.4c(ii) Non-heart beating donors used for a transplant, by donor country, in 2014

NHB Category	A	B	NL	Total	%
II - Unsuccesful resuscitation	1	0	1	2	1.0%
III - Awaiting cardiac arrest	4	78	120	202	98.5%
IV - Cardiac arrest in brain dead donor	1	0	0	1	0.5%
Total	**6**	**78**	**121**	**205**	**100.0%**

Table 4.4d(i) Transplants from NHB donors, from 2010 to 2014

Type of transplant		2010	2011	2012	2013	2014	2013/2014
Kidney	Kidney	191	306	329	353	321	-9.1%
	Kidney en bloc	1	1	3	2	3	50.0%
Total		**192**	**307**	**332**	**355**	**324**	**-8.7%**
Liver	Whole liver	39	81	88	100	98	-2.0%
	Liver + kidney	3	3	0	0	3	0.0%
Total		**42**	**84**	**88**	**100**	**101**	**1.0%**
Lung	Single lung	1	2	8	10	1	-90.0%
	Double lung	25	42	41	50	37	-26.0%
Total		**26**	**44**	**49**	**60**	**38**	**-36.7%**
Pancreas	Pancreas	0	1	0	0	0	0.0%
	Pancreas + kidney	0	4	1	2	4	100.0%
	Pancreatic islets	0	8	12	6	5	-16.7%
Total		**0**	**13**	**13**	**8**	**9**	**12.5%**
	Total	**260**	**448**	**482**	**523**	**472**	**-9.8%**

Table 4.4d(ii) Transplants from NHB donors, by donor country, in 2014

Type of transplant	Transplant country	A	B	NL	Total	%
Kidney	A	11	9	6	26	8.0%
	B	0	76	6	82	25.3%
	NL	0	19	197	216	66.7%
	Total	**11**	**104**	**209**	**324**	**100.0%**
Liver	B	0	50	1	51	52.0%
	NL	0	2	45	47	48.0%
	Total	**0**	**52**	**46**	**98**	**100.0%**
Liver + kidney	B	0	3	0	3	100.0%
	Total	**0**	**3**	**0**	**3**	**100.0%**
Lung	A	1	1	1	3	7.9%
	B	0	15	0	15	39.5%
	NL	0	1	19	20	52.6%
	Total	**1**	**17**	**20**	**38**	**100.0%**
Pancreas + kidney	NL	0	0	4	4	100.0%
	Total	**0**	**0**	**4**	**4**	**100.0%**
Pancreatic islets	B	0	4	1	5	100.0%
	Total	**0**	**4**	**1**	**5**	**100.0%**
	Total	**12**	**180**	**280**	**472**	**100.0%**

WAITING LIST

Table 4.5(i) Active Eurotransplant waiting lists at year end, from 2010 to 2014

Waiting list type	Composition	2010	2011	2012	2013	2014	2013/2014
Kidney	kidney	10307	10231	10151	10757	10689	7.2%
	kidney + heart	31	26	25	17	12	-29.4%
	kidney + heart + liver	1	0	0	0	0	0.0%
	kidney + lung	2	2	1	1	1	0.0%
	kidney + liver	90	72	67	57	55	7.8%
	kidney + liver + pancreas	2	1	1	1	1	0.0%
	kidney + pancreas	335	290	280	287	322	15.8%
Kidney	**Total**	**10768**	**10622**	**10525**	**11120**	**11080**	**7.4 %**
Heart	heart	1158	1222	1235	1250	1140	-5.9%
	heart + kidney	31	26	25	17	12	-29.4%
	heart + lung	33	25	25	15	12	-20.0%
	heart + lung + liver	0	1	0	0	0	0.0%
	heart + liver	2	3	2	1	0	-100.0%
	heart + liver + kidney	1	0	0	0	0	0.0%
	heart + liver + pancreas	1	0	0	0	0	0.0%
Heart	**Total**	**1226**	**1277**	**1287**	**1283**	**1164**	**-6.5 %**
Lung	lung	964	997	815	779	747	-4.1%
	lung + kidney	2	2	1	1	1	0.0%
	lung + heart	33	25	25	15	12	-20.0%
	lung + heart + liver	0	1	0	0	0	0.0%
	lung + liver	5	1	3	5	6	20.0%
Lung	**Total**	**1004**	**1026**	**844**	**800**	**766**	**-4.3 %**
Liver	liver	2588	2530	2327	2041	1853	-3.6%
	liver + kidney	90	72	67	57	55	7.8%
	liver + heart	2	3	2	1	0	-100.0%
	liver + heart + kidney	1	0	0	0	0	0.0%
	liver + heart + lung	0	1	0	0	0	0.0%
	liver + heart + pancreas	1	0	0	0	0	0.0%
	liver + lung	5	1	3	5	6	20.0%
	liver + pancreas	6	6	6	6	3	-50.0%
	liver + pancreas + kidney	2	1	1	1	1	0.0%
Liver	**Total**	**2695**	**2614**	**2406**	**2111**	**1918**	**-3.5 %**
Pancreas	pancreas	66	92	89	75	87	16.0%
	pancreas + kidney	335	290	280	287	322	15.8%
	pancreas + heart + liver	1	0	0	0	0	0.0%
	pancreas + liver	6	6	6	6	3	-50.0%
	pancreas + liver + kidney	2	1	1	1	1	0.0%
Pancreas	**Total**	**410**	**389**	**376**	**369**	**413**	**14.7 %**
All	**Total patients**	**15591**	**15499**	**15027**	**15292**	**14928**	**-0.6 %**

Table 4.5(ii) Active Eurotransplant waiting lists at year end, in 2014

Waiting list type	Composition	A	B	D	H	HR	NL	SLO	Total	%
Kidney	kidney	641	821	7717	702	117	622	69	10689	96.5 %
	kidney + heart	2	2	8	0	0	0	0	12	0.1 %
	kidney + lung	0	0	1	0	0	0	0	1	0.0 %
	kidney + liver	1	15	27	7	0	5	0	55	0.5 %
	kidney + liver + pancreas	0	0	1	0	0	0	0	1	0.0 %
	kidney + pancreas	29	40	207	8	7	23	8	322	2.9 %
Kidney	**Total**	**673**	**878**	**7961**	**717**	**124**	**650**	**77**	**11080**	**100.0 %**
Heart	heart	53	87	842	34	14	89	21	1140	97.9 %
	heart + kidney	2	2	8	0	0	0	0	12	1.0 %
	heart + lung	2	0	8	0	0	2	0	12	1.0 %
Heart	**Total**	**57**	**89**	**858**	**34**	**14**	**91**	**21**	**1164**	**100.0 %**
Lung	lung	70	82	417	0	0	178	0	747	97.5 %
	lung + kidney	0	0	1	0	0	0	0	1	0.1 %
	lung + heart	2	0	8	0	0	2	0	12	1.6 %
	lung + liver	0	0	6	0	0	0	0	6	0.8 %
Lung	**Total**	**72**	**82**	**432**	**0**	**0**	**180**	**0**	**766**	**100.0 %**
Liver	liver	85	171	1315	101	68	104	9	1853	96.6 %
	liver + kidney	1	15	27	7	0	5	0	55	2.9 %
	liver + lung	0	0	6	0	0	0	0	6	0.3 %
	liver + pancreas	0	1	2	0	0	0	0	3	0.2 %
	liver + pancreas + kidney	0	0	1	0	0	0	0	1	0.1 %
Liver	**Total**	**86**	**187**	**1351**	**108**	**68**	**109**	**9**	**1918**	**100.0 %**
Pancreas	pancreas	4	29	34	0	0	20	0	87	21.1 %
	pancreas + kidney	29	40	207	8	7	23	8	322	78.0 %
	pancreas + liver	0	1	2	0	0	0	0	3	0.7 %
	pancreas + liver + kidney	0	0	1	0	0	0	0	1	0.2 %
Pancreas	**Total**	**33**	**70**	**244**	**8**	**7**	**43**	**8**	**413**	**100.0 %**
All	**Total patients**	**887**	**1248**	**10585**	**852**	**206**	**1043**	**107**	**14928**	

Figure 4.3 Median age of patients on active waiting list at year end

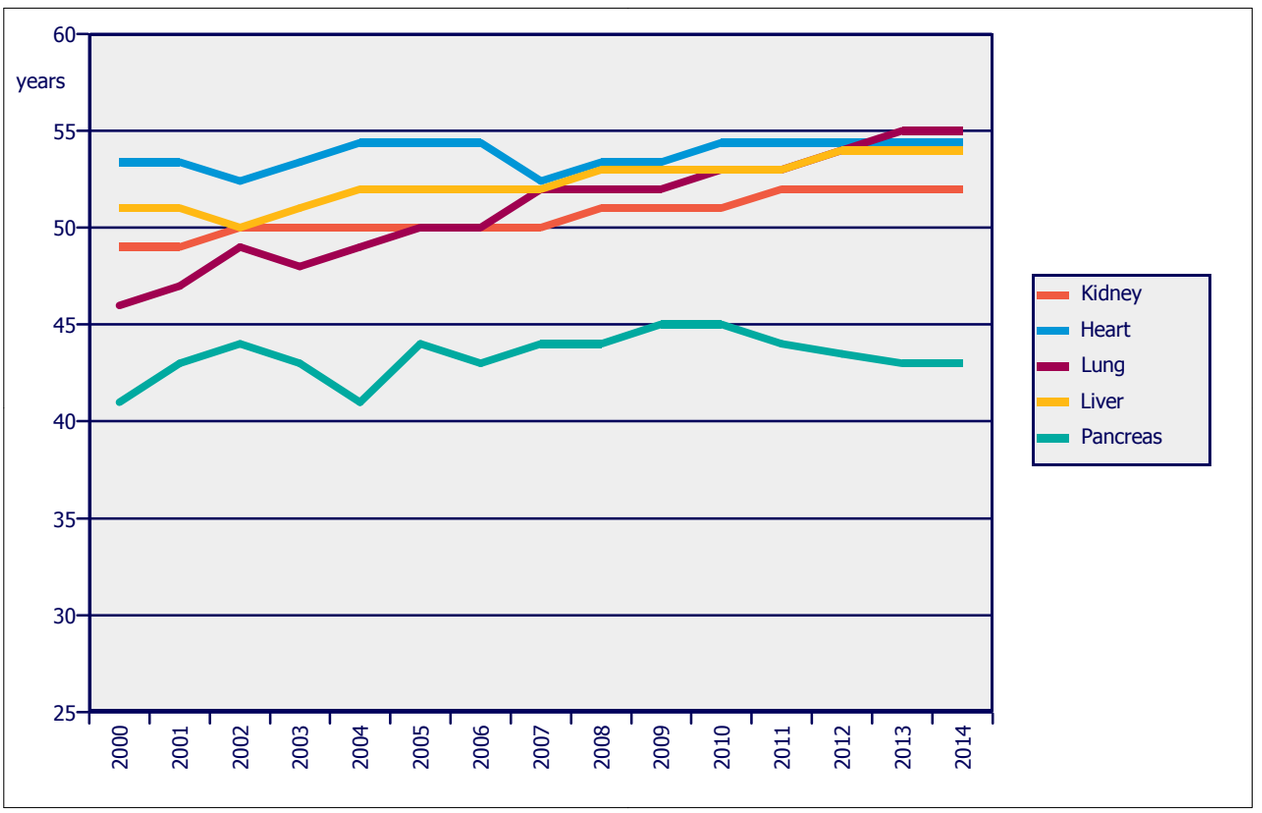
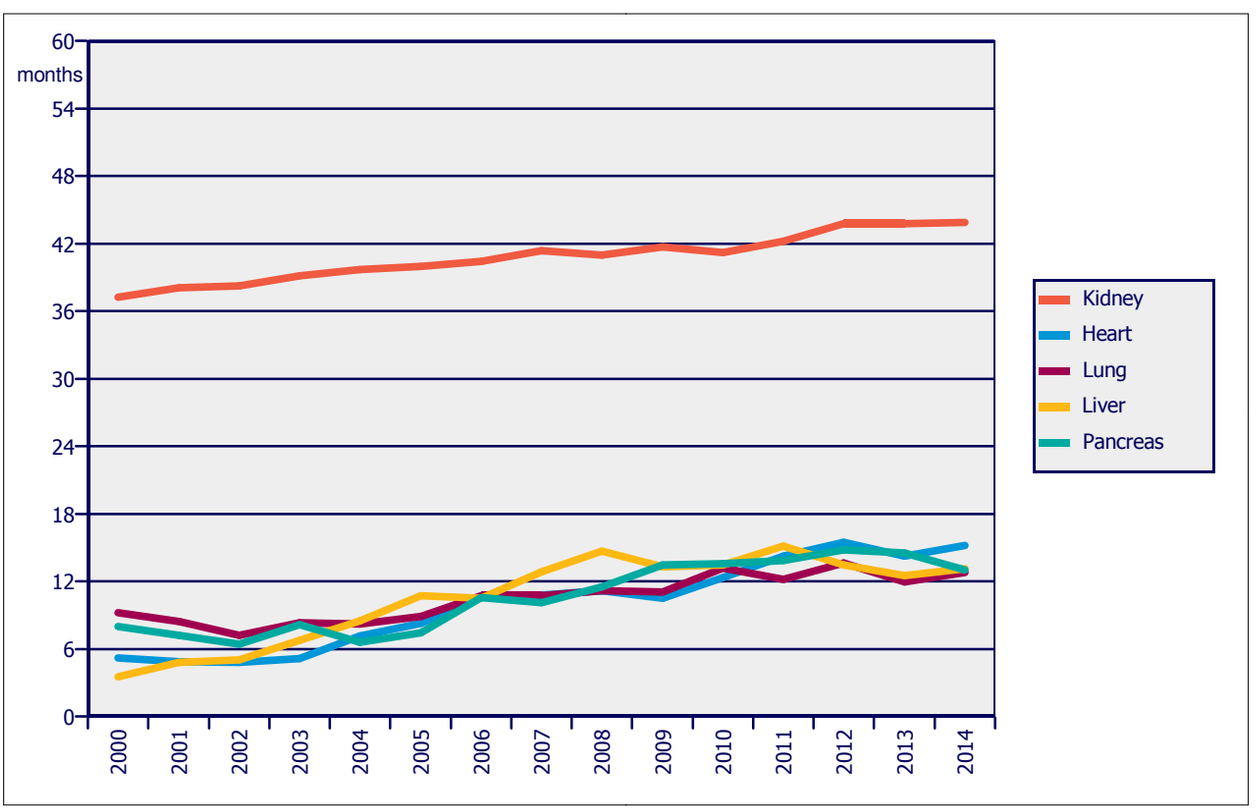
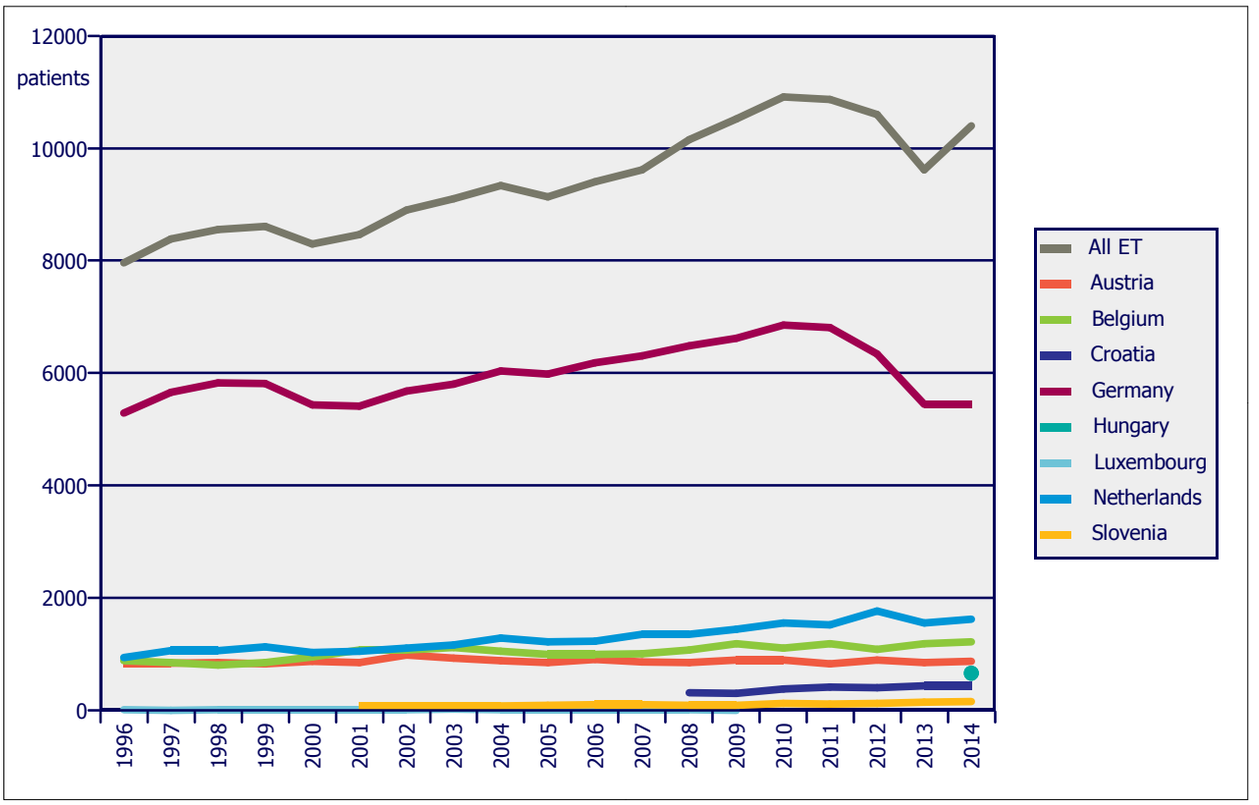


Figure 4.4 Median waiting time for patients on active waiting list at year end



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

Figure 4.5a Number of patient registrations (any organ) in Eurotransplant, per year



Counting registrations for both living and deceased donor transplants.

Figure 4.5b Number of patient registrations (any organ), per million population

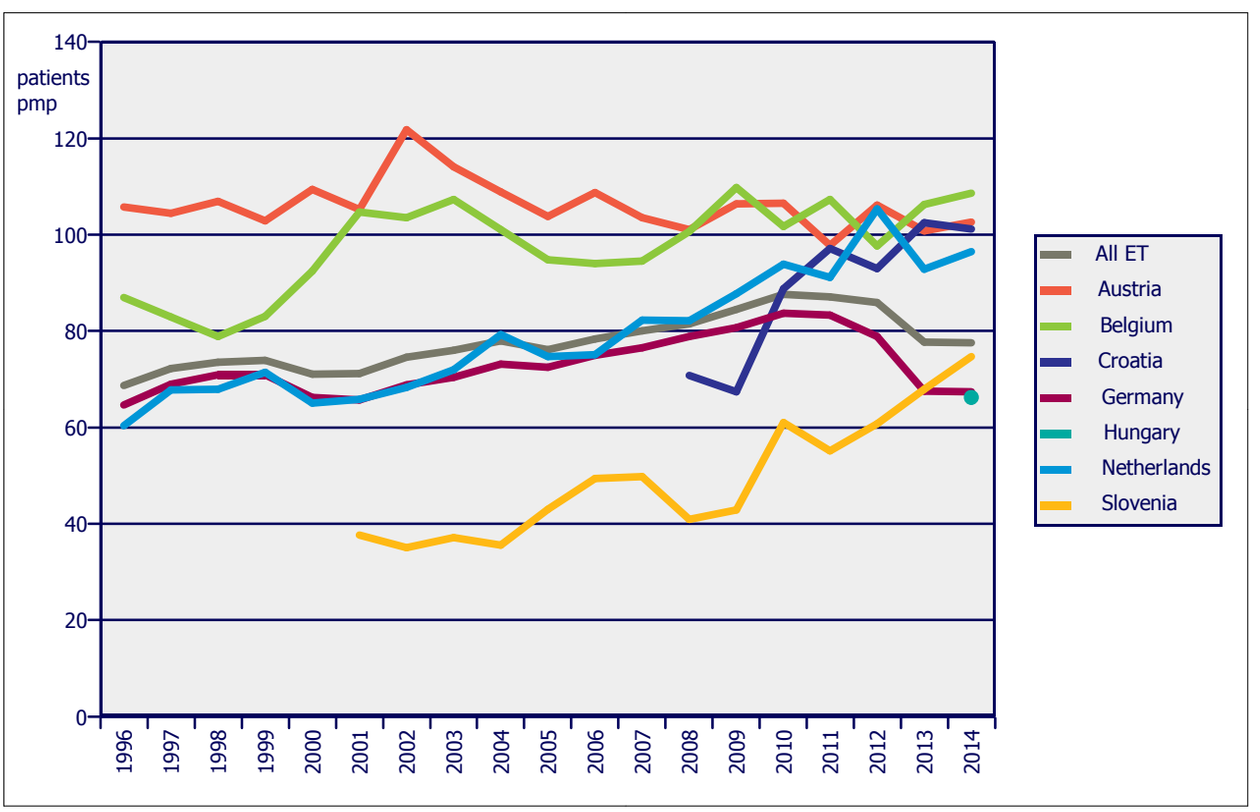


Table 4.6(i) Registration events on the Eurotransplant waiting lists, by organ, from 2010 to 2014

All registration events	2010	2011	2012	2013	2014	2013/2014
Kidney	6159	6224	6133	6884	6241	-9.3 %
Heart	1091	1020	1026	1053	928	-11.9 %
Lungs	818	883	817	829	811	-2.2 %
Liver	3072	2959	2926	2603	2592	-0.4 %
Pancreas	324	345	302	313	316	1.0 %
Total events	**11464**	**11431**	**11204**	**11682**	**10888**	**-6.8 %**
Total patients	**10909**	**10862**	**10663**	**11173**	**10392**	**-7.0 %**

New registration events	2010	2011	2012	2013	2014	2013/2014
Kidney	5215	5318	5250	6067	5380	-11.3 %
Heart	1055	1005	1001	1035	917	-11.4 %
Lungs	765	834	768	791	771	-2.5 %
Liver	2681	2619	2577	2319	2288	-1.3 %
Pancreas	283	275	251	265	278	4.9 %
Total events	**9999**	**10051**	**9847**	**10477**	**9634**	**-8.0 %**
Total patients	**9635**	**9689**	**9467**	**10106**	**9276**	**-8.2 %**

Re-registration events	2010	2011	2012	2013	2014	2013/2014
Kidney	944	906	883	817	861	5.4 %
Heart	36	15	25	18	11	-38.9 %
Lungs	53	49	49	38	40	5.3 %
Liver	391	340	349	284	304	7.0 %
Pancreas	41	70	51	48	38	-20.8 %
Total events	**1465**	**1380**	**1357**	**1205**	**1254**	**4.1 %**
Total patients	**1423**	**1327**	**1309**	**1173**	**1226**	**4.5 %**

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 4.6(ii) Registration events on the Eurotransplant waiting lists, by organ and country, in 2014

All registration events	A	B	D	H	HR	NL	SLO	Total	%
Kidney	479	661	3096	477	239	1210	79	6241	57.3 %
Heart	65	110	517	76	41	81	38	928	8.5 %
Lungs	139	117	430	0	0	125	0	811	7.4 %
Liver	202	361	1530	104	156	203	36	2592	23.8 %
Pancreas	26	37	152	18	11	62	10	316	2.9 %
Total events	**911**	**1286**	**5725**	**675**	**447**	**1681**	**163**	**10888**	**100.0 %**
Total patients	**873**	**1216**	**5443**	**654**	**430**	**1622**	**154**	**10392**	

Table 4.6(ii) (continued)

New registration events	A	B	D	H	HR	NL	SLO	Total	%
Kidney	365	566	2646	467	226	1033	77	5380	55.8 %
Heart	64	108	512	76	41	80	36	917	9.5 %
Lungs	129	108	413	0	0	121	0	771	8.0 %
Liver	188	323	1336	102	138	167	34	2288	23.7 %
Pancreas	22	29	141	18	10	48	10	278	2.9 %
Total events	**768**	**1134**	**5048**	**663**	**415**	**1449**	**157**	**9634**	**100.0 %**
Total patients	**741**	**1088**	**4843**	**645**	**403**	**1407**	**149**	**9276**	

Re-registration events	A	B	D	H	HR	NL	SLO	Total	%
Kidney	114	95	450	10	13	177	2	861	68.7 %
Heart	1	2	5	0	0	1	2	11	0.9 %
Lungs	10	9	17	0	0	4	0	40	3.2 %
Liver	14	38	194	2	18	36	2	304	24.2 %
Pancreas	4	8	11	0	1	14	0	38	3.0 %
Total events	**143**	**152**	**677**	**12**	**32**	**232**	**6**	**1254**	**100.0 %**
Total patients	**139**	**149**	**660**	**12**	**32**	**228**	**6**	**1226**	

Table 4.7a(i) Removals from the Eurotransplant waiting lists, from 2010 to 2014

Waiting list	Removal reason	2010	2011	2012	2013	2014	2013/2014
Kidney	Deceased	579	588	555	593	594	0.2 %
	Unfit for transplant	304	372	351	376	358	-4.8 %
	Transplanted	4969	4921	4813	4585	4696	2.4 %
	Recovered	38	58	46	68	43	-36.8 %
	Other	175	233	287	359	306	-14.8 %
Kidney	**Total**	**6065**	**6172**	**6052**	**5981**	**5997**	**0.3 %**
Heart	Deceased	257	245	235	231	204	-11.7 %
	Unfit for transplant	41	26	31	51	49	-3.9 %
	Transplanted	631	589	604	587	630	7.3 %
	Recovered	62	57	41	90	99	10.0 %
	Other	51	44	35	75	51	-32.0 %
Heart	**Total**	**1042**	**961**	**946**	**1034**	**1033**	**-0.1 %**
Lungs	Deceased	154	160	123	104	109	4.8 %
	Unfit for transplant	11	18	40	21	37	76.2 %
	Transplanted	592	636	698	688	681	-1.0 %
	Recovered	11	7	10	9	12	33.3 %
	Other	16	56	42	47	59	25.5 %
Lungs	**Total**	**784**	**877**	**913**	**869**	**898**	**3.3 %**

Table 4.7a(i) (continued)

Waiting list	Removal reason	2010	2011	2012	2013	2014	2013/2014
Liver	Deceased	618	609	671	498	458	-8.0 %
	Unfit for transplant	102	130	142	153	101	-34.0 %
	Transplanted	1930	1904	1809	1695	1757	3.7 %
	Recovered	87	124	172	292	237	-18.8 %
	Other	131	119	134	212	143	-32.5 %
Liver	**Total**	**2868**	**2886**	**2928**	**2850**	**2696**	**-5.4 %**
Pancreas	Deceased	31	31	18	29	29	0.0 %
	Unfit for transplant	13	15	18	13	16	23.1 %
	Transplanted	257	265	251	214	212	-0.9 %
	Recovered	1	2	5	3	6	100.0 %
	Other	19	20	29	45	28	-37.8 %
Pancreas	**Total**	**321**	**333**	**321**	**304**	**291**	**-4.3 %**

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 4.7a(ii) Removals from the Eurotransplant waiting lists, in 2014

Waiting list	Removal reason	A	B	D	H	HR	NL	SLO	Total	%
Kidney	Deceased	41	27	387	48	8	80	3	594	9.9 %
	Unfit for transplant	22	27	220	13	9	66	1	358	6.0 %
	Transplanted	446	481	2128	387	195	1004	55	4696	78.3 %
	Recovered	2	2	27	0	0	12	0	43	0.7 %
	Other	8	5	153	9	3	128	0	306	5.1 %
Kidney	**Total**	**519**	**542**	**2915**	**457**	**215**	**1290**	**59**	**5997**	**100.0 %**
Heart	Deceased	7	19	147	7	8	11	5	204	19.7 %
	Unfit for transplant	6	3	31	0	1	5	3	49	4.7 %
	Transplanted	68	82	304	58	34	51	33	630	61.0 %
	Recovered	4	4	74	5	6	2	4	99	9.6 %
	Other	0	3	42	0	3	2	1	51	4.9 %
Heart	**Total**	**85**	**111**	**598**	**70**	**52**	**71**	**46**	**1033**	**100.0 %**
Lungs	Deceased	9	10	72	0	0	18	0	109	12.1 %
	Unfit for transplant	3	3	23	0	0	8	0	37	4.1 %
	Transplanted	134	104	352	0	0	91	0	681	75.8 %
	Recovered	2	1	8	0	0	1	0	12	1.3 %
	Other	1	1	48	0	0	9	0	59	6.6 %
Lungs	**Total**	**149**	**119**	**503**	**0**	**0**	**127**	**0**	**898**	**100.0 %**

Table 4.7a(ii) (continued)

Waiting list	Removal reason	A	B	D	H	HR	NL	SLO	Total	%
Liver	Deceased	24	43	320	30	14	25	2	458	17.0 %
	Unfit for transplant	14	16	64	1	1	5	0	101	3.7 %
	Transplanted	142	271	941	75	125	172	31	1757	65.2 %
	Recovered	29	10	174	3	1	20	0	237	8.8 %
	Other	2	7	122	0	1	11	0	143	5.3 %
Liver	**Total**	**211**	**347**	**1621**	**109**	**142**	**233**	**33**	**2696**	**100.0 %**
Pancreas	Deceased	1	4	21	2	1	0	0	29	10.0 %
	Unfit for transplant	0	3	12	1	0	0	0	16	5.5 %
	Transplanted	21	18	120	14	5	34	0	212	72.9 %
	Recovered	1	0	5	0	0	0	0	6	2.1 %
	Other	0	3	20	0	0	5	0	28	9.6 %
Pancreas	**Total**	**23**	**28**	**178**	**17**	**6**	**39**	**0**	**291**	**100.0 %**

Table 4.7b(i) Mortality on the Eurotransplant waiting lists, by year of death, from 2010 to 2014

Waiting list	2010	2011	2012	2013	2014	2013/2014
Kidney	579	588	555	593	594	0.2 %
Heart	257	245	235	231	204	-11.7 %
Lungs	154	160	123	104	109	4.8 %
Liver	618	609	671	498	458	-8.0 %
Pancreas	31	31	18	29	29	0.0 %
Total	**1639**	**1633**	**1602**	**1455**	**1394**	**-4.2 %**
Total patients	**1556**	**1543**	**1531**	**1377**	**1318**	**-6.8 %**

Table 4.7b(ii) Mortality on the Eurotransplant waiting lists in 2014

Waiting list	A	B	D	H	HR	NL	SLO	Total
Kidney	41	27	387	48	8	80	3	594
Heart	7	19	147	7	8	11	5	204
Lungs	9	10	72	0	0	18	0	109
Liver	24	43	320	30	14	25	2	458
Pancreas	1	4	21	2	1	0	0	29
Total	**82**	**103**	**947**	**87**	**31**	**134**	**10**	**1394**
Total patients	**81**	**94**	**892**	**82**	**30**	**130**	**9**	**1318**

Table 4.7c(i) Mortality on the Eurotransplant waiting lists, by urgency and year of death, from 2010 to 2014

Waiting list	Urgency at death	2010	2011	2012	2013	2014	2013/2014
Kidney	High urgency	0	1	0	0	0	0.0 %
	Elective	136	125	97	115	102	-11.3 %
	Non-active	443	462	458	478	492	2.9 %
Kidney	**Total**	**579**	**588**	**555**	**593**	**594**	**0.2 %**

Table 4.7c(i) (continued)

Waiting list	Urgency at death	2010	2011	2012	2013	2014	2013/2014
Heart	High urgency	45	48	57	33	16	-51.5 %
	Urgent	1	0	0	0	0	0.0 %
	Elective	123	101	85	93	79	-15.1 %
	Non-active	88	96	93	105	109	3.8 %
Heart	**Total**	**257**	**245**	**235**	**231**	**204**	**-11.7 %**
Lungs	High urgency/LAS	45	35	31	24	18	-25.0 %
	Urgent	2	2	0	0	0	0.0 %
	Elective	65	70	47	33	46	39.4 %
	Non-active	42	53	45	47	45	-4.3 %
Lungs	**Total**	**154**	**160**	**123**	**104**	**109**	**4.8 %**
Liver	High urgency	35	30	24	22	28	27.3 %
	Meld 30+	248	205	234	177	154	-13.0 %
	Meld 25-29	73	75	81	51	55	7.8 %
	Meld 19-24	76	101	111	77	66	-14.3 %
	Meld 11-18	96	103	101	67	58	-13.4 %
	Meld 06-10	90	95	120	104	97	-6.7 %
Liver	**Total**	**618**	**609**	**671**	**498**	**458**	**-8.0 %**
Pancreas	Elective	11	4	3	3	8	166.7 %
	Non-active	20	27	15	26	21	-19.2 %
Pancreas	**Total**	**31**	**31**	**18**	**29**	**29**	**0.0 %**

Table 4.7c(ii) Mortality on the Eurotransplant waiting lists, by urgency and country, in 2014

Waiting list	Urgency at death	A	B	D	H	HR	NL	SLO	Total	%
Kidney	Elective	4	9	70	13	1	5	0	102	17.2 %
	Non-active	37	18	317	35	7	75	3	492	82.8 %
Kidney	**Total**	**41**	**27**	**387**	**48**	**8**	**80**	**3**	**594**	**100.0 %**
Heart	High urgency	2	1	9	0	1	0	3	16	7.8 %
	Elective	1	7	62	1	2	4	2	79	38.7 %
	Non-active	4	11	76	6	5	7	0	109	53.4 %
Heart	**Total**	**7**	**19**	**147**	**7**	**8**	**11**	**5**	**204**	**100.0 %**
Lungs	High urgency/LAS	0	1	9	0	0	8	0	18	16.5 %
	Elective	8	5	24	0	0	9	0	46	42.2 %
	Non-active	1	4	39	0	0	1	0	45	41.3 %
Lungs	**Total**	**9**	**10**	**72**	**0**	**0**	**18**	**0**	**109**	**100.0 %**

Table 4.7c(ii) (continued)

Waiting list	Urgency at death	A	B	D	H	HR	NL	SLO	Total	%
Liver	High urgency	1	3	19	0	0	4	1	28	6.1 %
	Meld 30+	5	13	121	1	5	9	0	154	33.6 %
	Meld 25-29	4	10	39	0	1	1	0	55	12.0 %
	Meld 19-24	2	6	48	1	3	5	1	66	14.4 %
	Meld 11-18	3	3	40	8	1	3	0	58	12.7 %
	Meld 06-10	9	8	53	20	4	3	0	97	21.2 %
Liver	**Total**	**24**	**43**	**320**	**30**	**14**	**25**	**2**	**458**	**100.0 %**
Pancreas	Elective	0	2	6	0	0	0	0	8	27.6 %
	Non-active	1	2	15	2	1	0	0	21	72.4 %
Pancreas	**Total**	**1**	**4**	**21**	**2**	**1**	**0**	**0**	**29**	**100.0 %**

Transplantation

Table 4.8(i) Number of transplanted organs**, by donor type, from* 2010 to 2014

Deceased donor transplants

Transplant year	2010	2011	2012	2013	2014	2013/2014
Kidney	3739	3633	3472	3200	3384	5.8 %
Heart	632	591	607	589	635	7.8 %
Lung	1111	1181	1313	1316	1298	-1.4 %
Liver	1793	1770	1689	1562	1646	5.4 %
Pancreas	273	304	277	229	230	0.4 %
Total	**7548**	**7479**	**7358**	**6896**	**7193**	**4.3 %**

Living donor transplants

Transplant year	2010	2011	2012	2013	2014	2013/2014
Kidney	1266	1339	1381	1403	1348	-3.9%
Heart (domino)	0	0	1	0	0	0.0%
Lung	0	0	8	0	0	0.0%
Liver (partial and domino)	138	135	121	133	112	-15.8%
Total	**1404**	**1474**	**1511**	**1536**	**1460**	**-4.9%**

Table 4.8(ii) Number of transplanted organs**, by organ, by donor type, by country, in* 2014

Deceased donor transplants by transplant country

Transplant country	A	B	D	H	HR	L	NL	SLO	Non-ET	Total	%
Kidney	383	416	1527	342	186	0	475	55	0	3384	47.0 %
Heart	68	82	304	58	34	0	51	33	5	635	8.8 %
Lung	266	203	658	0	0	0	169	0	2	1298	18.0 %
Liver	136	231	879	75	124	0	169	31	1	1646	22.9 %
Pancreas	21	35	120	14	5	0	35	0	0	230	3.2 %
Total	**874**	**967**	**3488**	**489**	**349**	**0**	**899**	**119**	**8**	**7193**	**100.0 %**

Deceased donor transplants by donor country

Donor country	A	B	D	H	HR	L	NL	SLO	Non-ET	Total	%
Kidney	369	412	1494	348	207	6	476	67	5	3384	47.0 %
Heart	82	80	294	61	39	2	51	16	10	635	8.8 %
Lung	105	201	623	115	33	0	167	17	37	1298	18.0 %
Liver	158	239	764	124	132	3	181	34	11	1646	22.9 %
Pancreas	23	27	114	14	5	1	45	1	0	230	3.2 %
Total	**737**	**959**	**3289**	**662**	**416**	**12**	**920**	**135**	**63**	**7193**	**100.0 %**

Living donor transplants by country

Transplant country	A	B	D	H	HR	L	NL	SLO	Non-ET	Total	%
Kidney	71	67	620	46	10	0	534	0	0	1348	92.3 %
Liver (partial and domino)	6	40	62	0	1	0	3	0	0	112	7.7 %
Total	**77**	**107**	**682**	**46**	**11**	**0**	**537**	**0**	**0**	**1460**	**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 4.9(i) Transplants from 2010 to 2014

Deceased donors	2010	2011	2012	2013	2014	2013/2014
Kidney	3388	3255	3139	2951	3086	4.6 %
Kidney en bloc	34	46	40	16	36	125.0 %
Heart	602	553	569	566	617	9.0 %
Single lung	75	90	67	60	66	10.0 %
Double lung	496	527	603	613	605	-1.3 %
Liver	1606	1622	1553	1420	1492	5.1 %
Split liver	118	88	90	92	106	15.2 %
Pancreas	24	21	24	28	19	-32.1 %
Pancreas islets	14	25	27	16	13	-18.8 %
Heart + double lung	16	14	19	14	9	-35.7 %
Heart + double lung + liver	1	0	0	0	0	0.0 %
Heart + liver	1	3	1	1	0	-100.0 %
Heart + pancreas + kidney	1	0	0	0	0	0.0 %
Heart + single kidney	11	21	18	8	9	12.5 %
Double lung + liver	3	2	1	1	2	100.0 %
Single lung + kidney	0	1	0	0	0	0.0 %
Double lung + kidney	2	2	0	0	0	0.0 %
Liver + pancreas	6	6	4	5	4	-20.0 %
Liver + pancreas + kidney	1	2	1	0	1	--
Liver + kidney	52	43	35	39	38	-2.6 %
Liver + kidney en bloc	0	1	0	0	0	0.0 %
Split liver + kidney	5	3	4	4	3	-25.0 %
Pancreas + kidney	211	210	195	164	175	6.7 %
Pancreas + kidney en bloc	0	1	0	1	0	-100.0 %
Total (deceased donor) transplants	**6667**	**6536**	**6390**	**5999**	**6281**	**4.7 %**

Living donors	2010	2011	2012	2013	2014	2013/2014
Kidney	1266	1339	1380	1403	1348	-3.9 %
Heart (domino)	0	0	1	0	0	0.0 %
Lung	0	0	4	0	0	0.0 %
Liver (partial and domino)	138	135	120	133	112	-15.8 %
Kidney + liver	0	0	1	0	0	0.0 %
Total (living donor) transplants	**1404**	**1474**	**1506**	**1536**	**1460**	**-4.9 %**

All donors	2010	2011	2012	2013	2014	2013/2014
Total transplants	**8071**	**8010**	**7896**	**7535**	**7741**	**2.7 %**

Table 4.9(ii) Transplants in 2014, by transplant country

Deceased donor transplants	A	B	D	H	HR	NL	SLO	Non-ET	Total	% of deceased donor transplants
Kidney	343	386	1366	325	178	434	54	0	3086	49.1 %
Kidney en bloc	8	2	19	1	1	5	0	0	36	0.6 %
Heart	66	78	292	58	34	51	33	5	617	9.8 %
Single lung	2	5	46	0	0	13	0	0	66	1.1 %
Double lung	132	98	296	0	0	78	0	1	605	9.6 %
Liver	133	203	773	74	122	156	30	1	1492	23.8 %
Split liver	0	10	87	0	0	9	0	0	106	1.7 %
Pancreas	2	1	14	0	1	1	0	0	19	0.3 %
Pancreas islets	0	7	0	0	0	6	0	0	13	0.2 %
Heart + double lung	0	0	9	0	0	0	0	0	9	0.1 %
Heart + single kidney	2	4	3	0	0	0	0	0	9	0.1 %
Double lung + liver	0	1	1	0	0	0	0	0	2	0.0 %
Liver + pancreas	0	2	2	0	0	0	0	0	4	0.1 %
Liver + pancreas + kidney	0	1	0	0	0	0	0	0	1	0.0 %
Liver + kidney	3	14	13	1	2	4	1	0	38	0.6 %
Split liver + kidney	0	0	3	0	0	0	0	0	3	0.0 %
Pancreas + kidney	19	7	104	14	4	27	0	0	175	2.8 %
Total (deceased donor) transplants	**710**	**819**	**3028**	**473**	**342**	**784**	**118**	**7**	**6281**	**100.0 %**

Living donor transplants	A	B	D	H	HR	NL	SLO	Non-ET	Total	% of living donor transplants
Kidney	71	67	620	46	10	534	0	0	1348	92.3 %
Liver (partial and domino)	6	40	62	0	1	3	0	0	112	7.7 %
Total (living donors) transplants	**77**	**107**	**682**	**46**	**11**	**537**	**0**	**0**	**1460**	**100.0 %**

All donors	A	B	D	H	HR	NL	SLO	Non-ET	Total
Total transplants	**787**	**926**	**3710**	**519**	**353**	**1321**	**118**	**7**	**7741**

Figure 4.6 Median age of transplant recipients (deceased donor transplants)

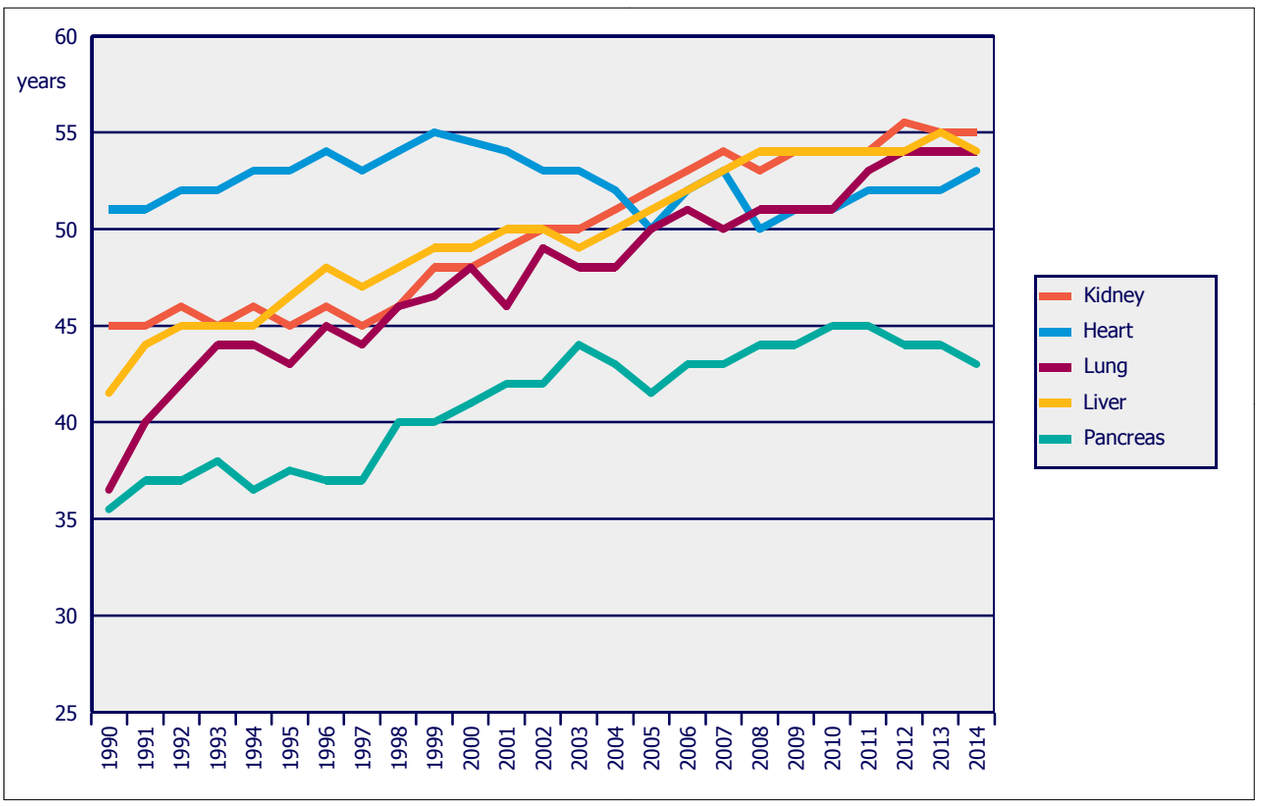
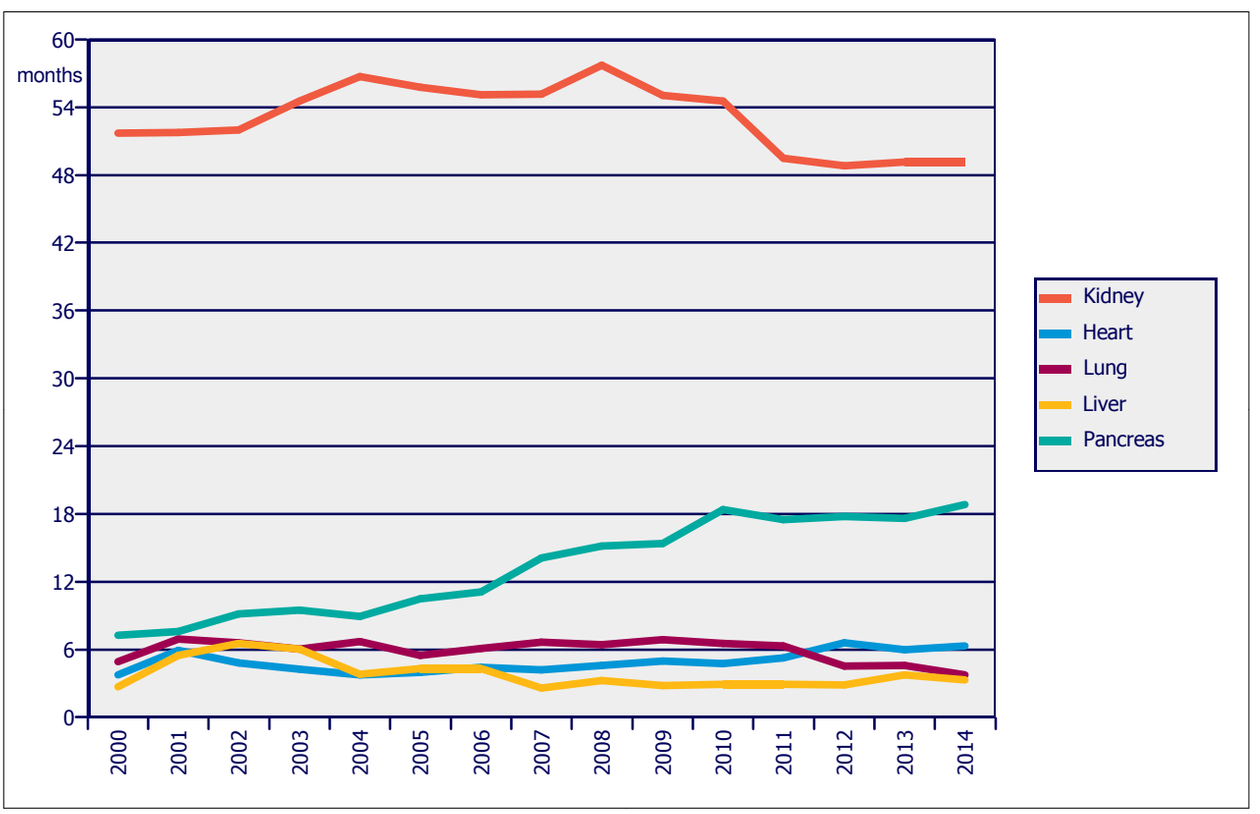


Figure 4.7 Median waiting time to transplant (deceased donor transplants)



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

5.
Kidney: donation, waiting lists and transplants

DONATION

Table 5.1(i) Deceased donors / kidneys in Eurotransplant, from 2010 to 2014

Donors	2010	2011	2012	2013	2014	2013/2014
All donors reported	2415	2481	2421	2302	2299	-0.1 %
Non-kidney donors	264	311	346	330	238	-27.9 %
Kidney donors reported	2151	2170	2075	1972	2061	4.5 %
Kidney donors not used	201	279	262	290	273	-5.9 %
One kidney used	162	149	154	165	192	16.4 %
Two kidneys used	1788	1742	1659	1517	1596	5.2 %
Total kidney donors used	1950	1891	1813	1682	1788	6.3 %

Kidneys	2010	2011	2012	2013	2014	2013/2014
Reported	4262	4320	4107	3920	4099	4.6 %
Offered	4183	4189	3980	3769	4050	7.5 %
Accepted	3926	3879	3694	3478	3759	8.1 %
Transplanted	3738	3633	3472	3199	3384	5.8 %

Table 5.1(ii) Deceased donors / kidneys in Eurotransplant in 2014

Donors	A	B	D	H	HR	L	NL	SLO	Total ET	Non-ET	Total	% all donors
All donors reported	220	313	882	212	149	4	336	47	2163	136	2299	100.0 %
Non-kidney donors	8	45	37	6	9	0	14	0	119	119	238	10.4 %
Kidney donors reported	212	268	845	206	140	4	322	47	2044	17	2061	89.6 %
Kidney donors not used	18	49	64	22	28	0	69	10	260	13	273	11.9 %
One kidney used	19	26	68	20	17	2	30	7	189	3	192	8.4 %
Two kidneys used	175	193	713	164	95	2	223	30	1595	1	1596	69.4 %
Total kidney donors used	194	219	781	184	112	4	253	37	1784	4	1788	77.8 %

Kidneys	A	B	D	H	HR	L	NL	SLO	Total ET	Non-ET	Total	% reported
Reported	420	534	1684	412	279	8	640	93	4070	29	4099	100.0 %
Offered	418	522	1679	412	277	8	618	93	4027	23	4050	98.8 %
Accepted	406	476	1606	393	229	8	563	71	3752	7	3759	91.7 %
Transplanted	369	412	1494	348	207	6	476	67	3379	5	3384	82.6 %

WAITING LIST

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

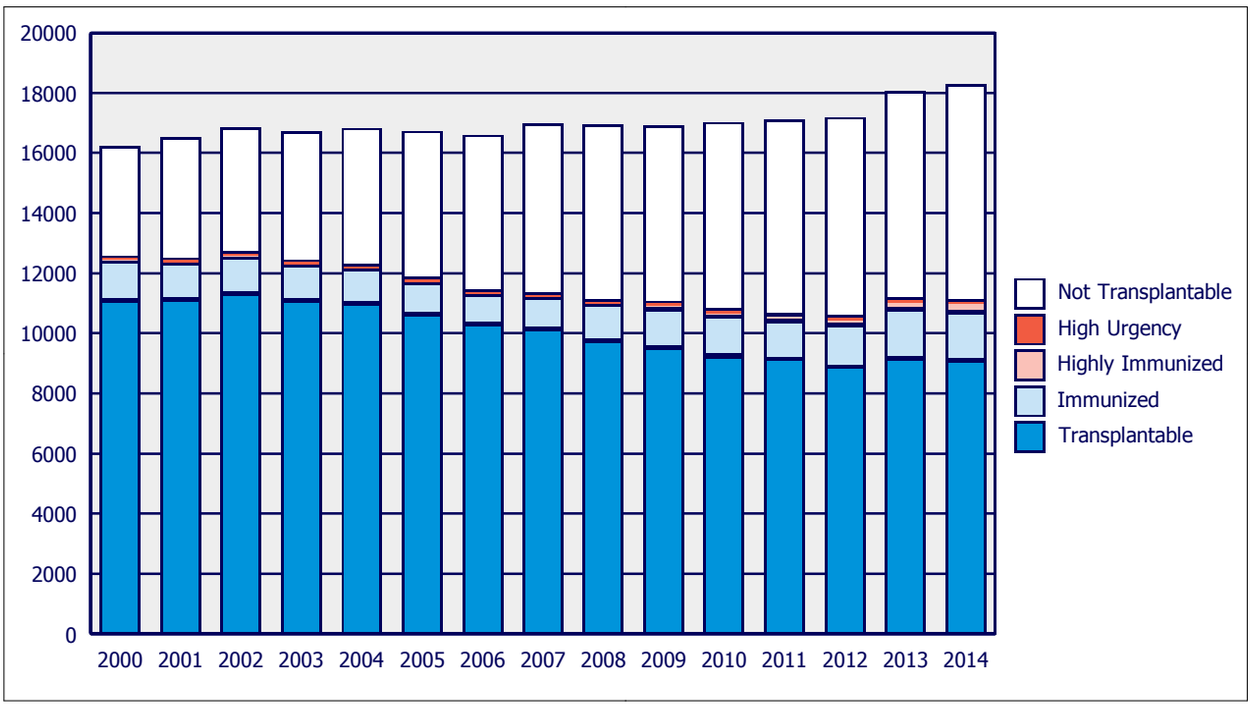


Figure 5.2 Kidney waiting list, percentage of patients at year end, by urgency

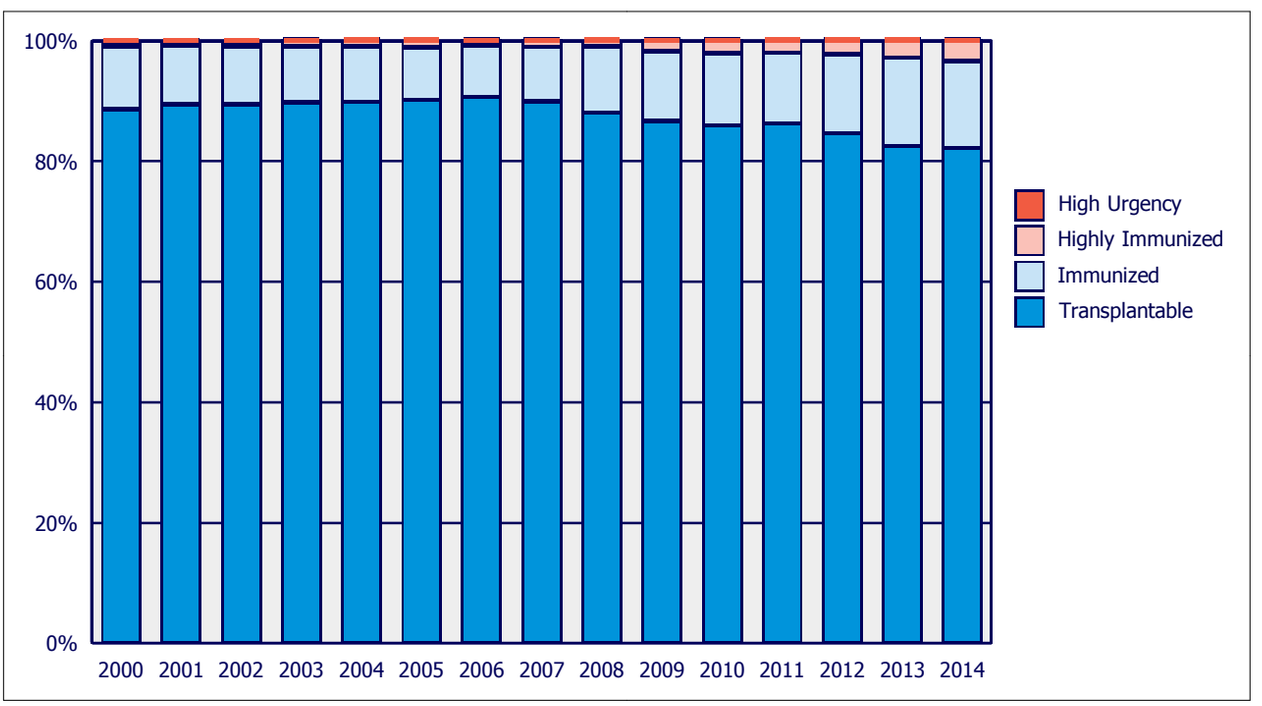


Table 5.2(i) Active kidney transplant waiting list at year end, from 2010 to 2014

Type of transplant	2010	2011	2012	2013	2014	2013/2014
Kidney	10307	10231	10151	10757	10689	-0.6 %
Kidney + heart	31	26	25	17	12	-29.4 %
Kidney + heart + liver	1	0	0	0	0	0.0 %
Kidney + lung	2	2	1	1	1	0.0 %
Kidney + liver	90	72	67	57	55	-3.5 %
Kidney + liver + pancreas	2	1	1	1	1	0.0 %
Kidney + pancreas	335	290	280	287	322	12.2 %
Total	**10768**	**10622**	**10525**	**11120**	**11080**	**-0.4 %**

Table 5.2(ii) Active kidney transplant waiting list at year end, in 2014

Type of transplant	A	B	D	H	HR	NL	SLO	Total	%
Kidney	641	821	7717	702	117	622	69	10689	96.5 %
Kidney + heart	2	2	8	0	0	0	0	12	0.1 %
Kidney + lung	0	0	1	0	0	0	0	1	0.0 %
Kidney + liver	1	15	27	7	0	5	0	55	0.5 %
Kidney + liver + pancreas	0	0	1	0	0	0	0	1	0.0 %
Kidney + pancreas	29	40	207	8	7	23	8	322	2.9 %
Total	**673**	**878**	**7961**	**717**	**124**	**650**	**77**	**11080**	**100.0 %**

Table 5.3(i) Active kidney-only transplant waiting list at year end, from 2010 to 2014 - characteristics

Blood group	2010	2011	2012	2013	2014	2013/2014
A	3556	3472	3488	3838	3734	-2.7 %
AB	180	227	236	272	337	23.9 %
B	1251	1258	1357	1523	1553	2.0 %
0	5320	5274	5070	5124	5065	-1.2 %
Total	**10307**	**10231**	**10151**	**10757**	**10689**	**-0.6 %**

% PRA current	2010	2011	2012	2013	2014	2013/2014
0-5 %	8806	8734	8500	8792	8762	-0.3 %
6-84 %	1255	1216	1346	1599	1547	-3.3 %
85-100 %	212	208	232	299	369	23.4 %
Not reported	34	73	73	67	11	-83.6 %
Total	**10307**	**10231**	**10151**	**10757**	**10689**	**-0.6 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	8478	8386	8233	8828	8708	-1.4 %
Repeat	1829	1845	1918	1929	1981	2.7 %
Total	**10307**	**10231**	**10151**	**10757**	**10689**	**-0.6 %**

Table 5.3 (i) (continued)

Waiting time (years) based on date start of dialysis	2010	2011	2012	2013	2014	2013/2014
Pre-emptive	373	399	423	515	576	11.8 %
0-1	2242	2181	2059	2221	2205	-0.7 %
2-4	4740	4587	4386	4521	4308	-4.7 %
5+	2952	3064	3283	3500	3600	2.9 %
Total	**10307**	**10231**	**10151**	**10757**	**10689**	**-0.6 %**

Waiting time (years) based on date put on WL	2010	2011	2012	2013	2014	2013/2014
0-1	4798	4819	4568	5064	4982	-1.6 %
2-4	3814	3684	3737	3674	3667	-0.2 %
5+	1695	1728	1846	2019	2040	1.0 %
Total	**10307**	**10231**	**10151**	**10757**	**10689**	**-0.6 %**

Age	2010	2011	2012	2013	2014	2013/2014
0-15	99	79	90	83	107	28.9 %
16-55	6412	6232	6095	6462	6333	-2.0 %
56-64	2773	2843	2854	2978	2936	-1.4 %
65+	1023	1077	1112	1234	1313	6.4 %
Total	**10307**	**10231**	**10151**	**10757**	**10689**	**-0.6 %**

Table 5.3 (ii) Active kidney-only transplant waiting list at year end, in 2014 - characteristics

Blood group	A	B	D	H	HR	NL	SLO	Total	%
A	195	222	2824	286	44	139	24	3734	34.9 %
AB	12	33	241	20	6	23	2	337	3.2 %
B	116	104	1042	152	22	100	17	1553	14.5 %
0	318	462	3610	244	45	360	26	5065	47.4 %
Total	**641**	**821**	**7717**	**702**	**117**	**622**	**69**	**10689**	**100.0 %**

% PRA current	A	B	D	H	HR	NL	SLO	Total	%
0-5 %	563	606	6323	627	86	496	61	8762	82.0 %
6-84 %	69	124	1131	75	27	113	8	1547	14.5 %
85-100 %	9	91	254	0	3	12	0	369	3.5 %
Not reported	0	0	9	0	1	1	0	11	0.1 %
Total	**641**	**821**	**7717**	**702**	**117**	**622**	**69**	**10689**	**100.0 %**

Sequence	A	B	D	H	HR	NL	SLO	Total	%
First	459	643	6294	697	102	450	63	8708	81.5 %
Repeat	182	178	1423	5	15	172	6	1981	18.5 %
Total	**641**	**821**	**7717**	**702**	**117**	**622**	**69**	**10689**	**100.0 %**

Table 5.3(ii) (continued)

Waiting time (years) based on date start of dialysis	A	B	D	H	HR	NL	SLO	Total	%
Pre-emptive	22	112	210	132	3	87	10	576	5.4 %
0-1	257	332	1087	216	67	219	27	2205	20.6 %
2-4	308	284	3114	318	34	230	20	4308	40.3 %
5+	54	93	3306	36	13	86	12	3600	33.7 %
Total	**641**	**821**	**7717**	**702**	**117**	**622**	**69**	**10689**	**100.0 %**

Waiting time (years) based on date put on WL	A	B	D	H	HR	NL	SLO	Total	%
0-1	426	557	2811	697	98	334	59	4982	46.6 %
2-4	179	199	3039	5	11	228	6	3667	34.3 %
5+	36	65	1867	0	8	60	4	2040	19.1 %
Total	**641**	**821**	**7717**	**702**	**117**	**622**	**69**	**10689**	**100.0 %**

Age	A	B	D	H	HR	NL	SLO	Total	%
0-15	6	9	84	5	0	3	0	107	1.0 %
16-55	378	460	4639	417	80	313	46	6333	59.2 %
56-64	161	222	2139	195	33	168	18	2936	27.5 %
65+	96	130	855	85	4	138	5	1313	12.3 %
Total	**641**	**821**	**7717**	**702**	**117**	**622**	**69**	**10689**	**100.0 %**

Figure 5.3 Number of deceased donor kidney transplants, by recipient urgency at transplant

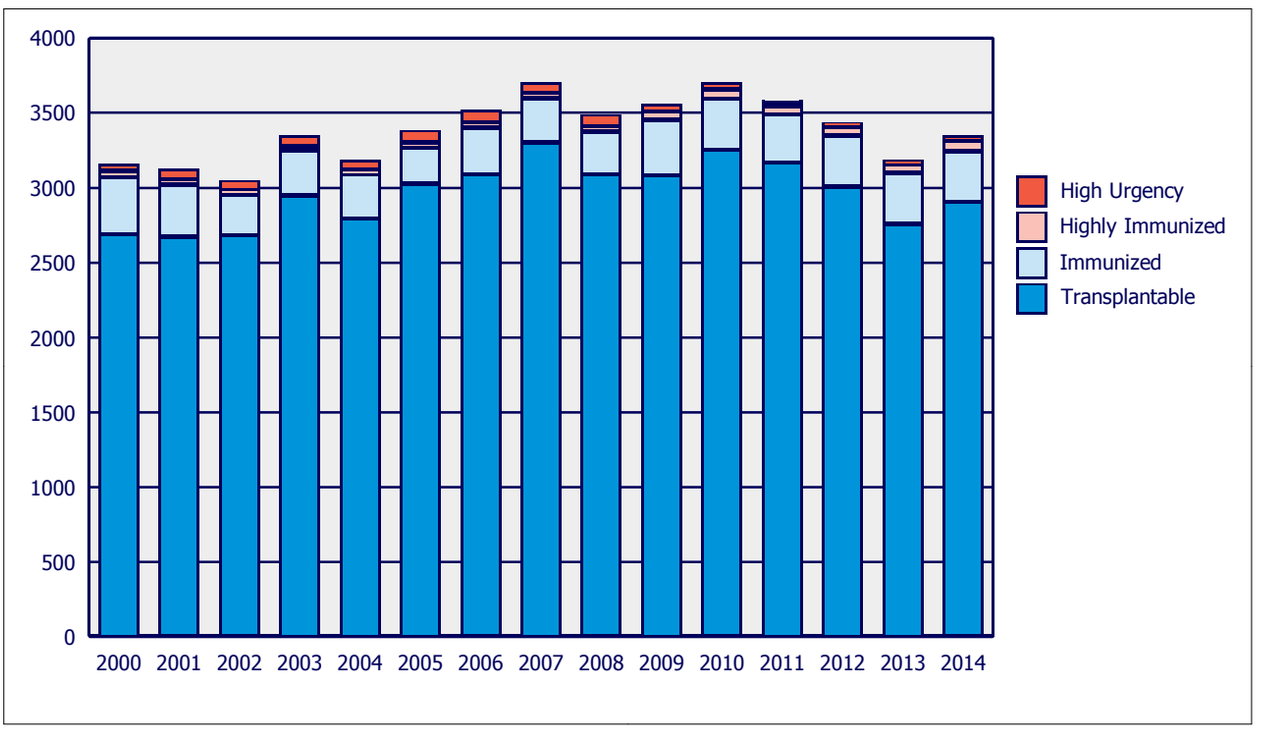


Figure 5.4 Percentage of deceased donor kidney transplants, by recipient urgency at transplant

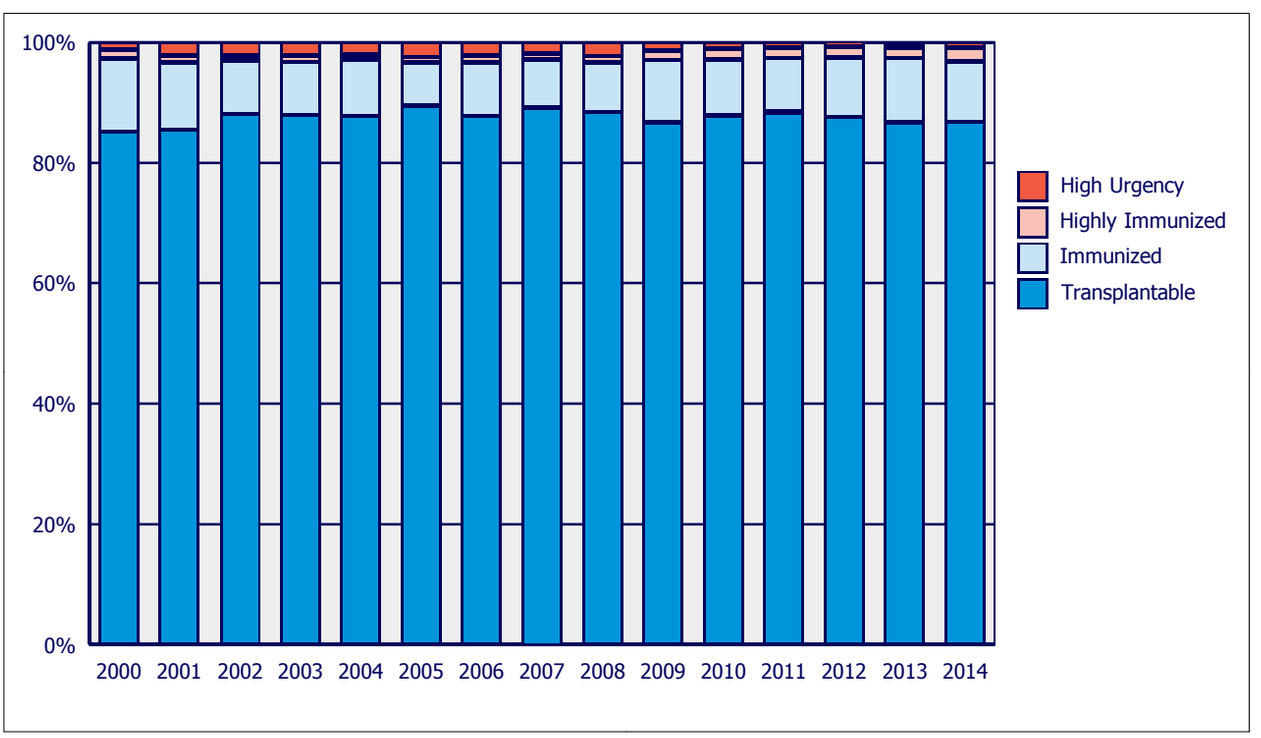


Table 5.4a(i) Kidney transplants (deceased donor) from 2010 to 2014

Type of transplant	2010	2011	2012	2013	2014	2013/2014
Kidney-only	3388	3255	3139	2951	3086	4.6 %
Kidney en bloc	34	46	40	16	36	125.0 %
Kidney + heart	11	21	18	8	9	12.5 %
Kidney + heart + pancreas	1	0	0	0	0	0.0 %
Kidney + single lung	0	1	0	0	0	0.0 %
Kidney + double lungs	2	2	0	0	0	0.0 %
Kidney + split liver	5	3	4	4	3	-25.0 %
Kidney + whole liver	52	43	35	39	38	-2.6 %
Kidney + whole liver + pancreas	1	2	1	0	1	--
Kidney en bloc + whole liver	0	1	0	0	0	0.0 %
Kidney + pancreas	211	210	195	164	175	6.7 %
Kidney en bloc + pancreas	0	1	0	1	0	-100.0 %
Total	**3705**	**3585**	**3432**	**3183**	**3348**	**5.2 %**

Table 5.4a(ii) Kidney transplants (deceased donor) in 2014

Type of transplant	A	B	D	H	HR	NL	SLO	Total	%
Kidney-only	343	386	1366	325	178	434	54	3086	92.2 %
Kidney en bloc	8	2	19	1	1	5	0	36	1.1 %
Kidney + heart	2	4	3	0	0	0	0	9	0.3 %
Kidney + split liver	0	0	3	0	0	0	0	3	0.1 %
Kidney + whole liver	3	14	13	1	2	4	1	38	1.1 %
Kidney + whole liver + pancreas	0	1	0	0	0	0	0	1	0.0 %
Kidney + pancreas	19	7	104	14	4	27	0	175	5.2 %
Total	**375**	**414**	**1508**	**341**	**185**	**470**	**55**	**3348**	**100.0 %**

Table 5.4b(i) Kidney-only transplants (including kidney en bloc) - all allocation programs

HLA - A, B, DR mismatches	2010	2011	2012	2013	2014	2013/2014
0	431	360	340	317	363	14.5 %
1	232	244	219	210	187	-11.0 %
2	836	746	693	709	644	-9.2 %
3	970	1038	1040	916	988	7.9 %
4	575	564	554	536	580	8.2 %
5	260	272	253	210	272	29.5 %
6	108	75	77	69	88	27.5 %
not calculated	10	2	3	0	0	0.0 %
Total	**3422**	**3301**	**3179**	**2967**	**3122**	**5.2 %**

Blood group	2010	2011	2012	2013	2014	2013/2014
A	1517	1498	1349	1198	1390	16.0 %
AB	213	176	170	166	131	-21.1 %
B	441	390	351	348	371	6.6 %
0	1251	1237	1309	1255	1230	-2.0 %
Total	**3422**	**3301**	**3179**	**2967**	**3122**	**5.2 %**

Table 5.4b(i) (continued)

PRA	2010	2011	2012	2013	2014	2013/2014
0-5%	3013	2929	2784	2578	2721	5.5 %
6-84%	341	315	332	331	328	-0.9 %
85-100%	64	54	61	57	73	28.1 %
Not reported	4	3	2	1	0	-100.0 %
Total	**3422**	**3301**	**3179**	**2967**	**3122**	**5.2 %**

Waiting time (months) based on date start of dialysis	2010	2011	2012	2013	2014	2013/2014
Pre-emptive	44	78	74	71	97	36.6 %
0-5	44	39	48	44	51	15.9 %
6-11	101	107	146	133	132	-0.8 %
12-23	401	433	430	416	421	1.2 %
24-59	1358	1351	1310	1161	1241	6.9 %
60+	1474	1293	1171	1142	1180	3.3 %
Total	**3422**	**3301**	**3179**	**2967**	**3122**	**5.2 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	2956	2851	2743	2547	2707	6.3 %
Repeat	466	450	436	420	415	-1.2 %
Total	**3422**	**3301**	**3179**	**2967**	**3122**	**5.2 %**

Recipient age	2010	2011	2012	2013	2014	2013/2014
0-15	95	105	74	69	85	23.2 %
16-55	1668	1562	1439	1395	1436	2.9 %
56-64	753	779	795	712	779	9.4 %
65+	906	855	871	791	822	3.9 %
Total	**3422**	**3301**	**3179**	**2967**	**3122**	**5.2 %**

Allocation program (all donors)	2010	2011	2012	2013	2014	2013/2014
ETKAS	2417	2326	2257	2140	2268	6.0 %
ESP	699	674	631	515	499	-3.1 %
AM	122	94	80	92	84	-8.7 %
Rescue	184	207	211	220	271	23.2 %
Total	**3422**	**3301**	**3179**	**2967**	**3122**	**5.2 %**

Allocation program (donors 65+)	2010	2011	2012	2013	2014	2013/2014
ETKAS	84	62	50	49	69	40.8 %
ESP	699	674	631	515	499	-3.1 %
AM	2	2	3	0	1	--
Rescue	53	51	77	69	90	30.4 %
Total	**838**	**789**	**761**	**633**	**659**	**4.1 %**

Table 5.4b(ii) Kidney-only transplants (including kidney en bloc) in 2014 - all allocation programs

HLA - A, B, DR mismatches	A	B	D	H	HR	NL	SLO	Total	%
0	32	26	251	18	6	29	1	363	11.6 %
1	16	30	70	18	9	43	1	187	6.0 %
2	71	107	250	75	42	84	15	644	20.6 %
3	109	166	361	124	71	128	29	988	31.6 %
4	73	53	243	73	36	95	7	580	18.6 %
5	42	5	150	17	14	44	0	272	8.7 %
6	8	1	60	1	1	16	1	88	2.8 %
Total	**351**	**388**	**1385**	**326**	**179**	**439**	**54**	**3122**	**100.0 %**

Blood group	A	B	D	H	HR	NL	SLO	Total	%
A	172	182	628	149	63	171	25	1390	44.5 %
AB	13	8	50	32	10	17	1	131	4.2 %
B	39	47	142	46	36	49	12	371	11.9 %
0	127	151	565	99	70	202	16	1230	39.4 %
Total	**351**	**388**	**1385**	**326**	**179**	**439**	**54**	**3122**	**100.0 %**

PRA	A	B	D	H	HR	NL	SLO	Total	%
0-5%	304	309	1202	294	162	403	47	2721	87.2 %
6-84%	42	51	146	30	17	35	7	328	10.5 %
85-100%	5	28	37	2	0	1	0	73	2.3 %
Total	**351**	**388**	**1385**	**326**	**179**	**439**	**54**	**3122**	**100.0 %**

Waiting time (months) based on date start of dialysis	A	B	D	H	HR	NL	SLO	Total	%
Pre-emptive	5	33	18	11	1	23	6	97	3.1 %
0-5	6	14	13	4	3	10	1	51	1.6 %
6-11	15	33	22	9	17	30	6	132	4.2 %
12-23	54	86	112	39	64	61	5	421	13.5 %
24-59	176	172	408	178	60	218	29	1241	39.8 %
60+	95	50	812	85	34	97	7	1180	37.8 %
Total	**351**	**388**	**1385**	**326**	**179**	**439**	**54**	**3122**	**100.0 %**

Sequence	A	B	D	H	HR	NL	SLO	Total	%
First	263	335	1178	323	170	384	54	2707	86.7 %
Repeat	88	53	207	3	9	55	0	415	13.3 %
Total	**351**	**388**	**1385**	**326**	**179**	**439**	**54**	**3122**	**100.0 %**

Recipient age	A	B	D	H	HR	NL	SLO	Total	%
0-15	2	10	64	4	1	4	0	85	2.7 %
16-55	186	209	569	168	92	178	34	1436	46.0 %
56-64	83	97	327	94	51	113	14	779	25.0 %
65+	80	72	425	60	35	144	6	822	26.3 %
Total	**351**	**388**	**1385**	**326**	**179**	**439**	**54**	**3122**	**100.0 %**

Table 5.4b(ii) (continued)

Allocation program (all donors)	A	B	D	H	HR	NL	SLO	Total	%
ETKAS	276	355	822	291	166	306	52	2268	72.6 %
ESP	53	19	324	18	5	78	2	499	16.0 %
AM	11	7	47	1	0	18	0	84	2.7 %
Rescue	11	7	192	16	8	37	0	271	8.7 %
Total	**351**	**388**	**1385**	**326**	**179**	**439**	**54**	**3122**	**100.0 %**

Allocation program (donors 65+)	A	B	D	H	HR	NL	SLO	Total	%
ETKAS	21	1	25	9	5	8	0	69	10.5 %
ESP	53	19	324	18	5	78	2	499	75.7 %
AM	0	0	1	0	0	0	0	1	0.2 %
Rescue	7	1	70	2	2	8	0	90	13.7 %
Total	**81**	**21**	**420**	**29**	**12**	**94**	**2**	**659**	**100.0 %**

Table 5.4c(i) Kidney-only transplants (including kidney en bloc) from 2010 to 2014 - ETKAS allocation program

HLA - A, B, DR mismatches	2010	2011	2012	2013	2014	2013/2014
0	411	345	329	287	350	22.0 %
1	178	202	165	169	145	-14.2 %
2	702	604	574	584	554	-5.1 %
3	770	807	808	742	805	8.5 %
4	306	305	305	301	345	14.6 %
5	44	58	57	53	60	13.2 %
6	6	5	17	4	9	125.0 %
not calculated	0	0	2	0	0	0.0 %
Total	**2417**	**2326**	**2257**	**2140**	**2268**	**6.0 %**

Blood group	2010	2011	2012	2013	2014	2013/2014
A	1074	1066	988	851	997	17.2 %
AB	162	122	127	137	101	-26.3 %
B	314	293	241	256	274	7.0 %
0	867	845	901	896	896	0.0 %
Total	**2417**	**2326**	**2257**	**2140**	**2268**	**6.0 %**

PRA	2010	2011	2012	2013	2014	2013/2014
0-5%	2154	2082	1983	1877	1982	5.6 %
6-84%	236	217	239	236	244	3.4 %
85-100%	27	27	33	26	42	61.5 %
Not reported	0	0	2	1	0	-100.0 %
Total	**2417**	**2326**	**2257**	**2140**	**2268**	**6.0 %**

Table 5.4c(i) (continued)

Waiting time (months) based on date start of dialysis	2010	2011	2012	2013	2014	2013/2014
Pre-emptive	35	61	55	57	74	29.8 %
0-5	30	30	34	37	42	13.5 %
6-11	71	72	97	100	96	-4.0 %
12-23	231	266	268	269	302	12.3 %
24-59	839	832	831	762	832	9.2 %
60+	1211	1065	972	915	922	0.8 %
Total	**2417**	**2326**	**2257**	**2140**	**2268**	**6.0 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	2097	2013	1921	1835	1964	7.0 %
Repeat	320	313	336	305	304	-0.3 %
Total	**2417**	**2326**	**2257**	**2140**	**2268**	**6.0 %**

Recipient age	2010	2011	2012	2013	2014	2013/2014
0-15	91	100	70	66	77	16.7 %
16-55	1516	1408	1318	1267	1299	2.5 %
56-64	659	687	701	621	645	3.9 %
65+	151	131	168	186	247	32.8 %
Total	**2417**	**2326**	**2257**	**2140**	**2268**	**6.0 %**

Table 5.4c(ii) Kidney-only transplants (including kidney en bloc) in 2014 - ETKAS allocation program

HLA - A. B. DR mismatches	A	B	D	H	HR	NL	SLO	Total	%
0	31	24	246	18	6	24	1	350	15.4 %
1	15	27	40	18	9	35	1	145	6.4 %
2	61	105	190	72	42	69	15	554	24.4 %
3	99	160	230	117	66	105	28	805	35.5 %
4	57	37	91	61	33	59	7	345	15.2 %
5	12	2	18	5	10	13	0	60	2.6 %
6	1	0	7	0	0	1	0	9	0.4 %
Total	**276**	**355**	**822**	**291**	**166**	**306**	**52**	**2268**	**100.0 %**

Blood group	A	B	D	H	HR	NL	SLO	Total	%
A	128	170	371	133	60	112	23	997	44.0 %
AB	13	7	27	32	9	12	1	101	4.5 %
B	31	43	74	39	33	42	12	274	12.1 %
0	104	135	350	87	64	140	16	896	39.5 %
Total	**276**	**355**	**822**	**291**	**166**	**306**	**52**	**2268**	**100.0 %**

Table 5.4c(ii) (continued)

PRA	A	B	D	H	HR	NL	SLO	Total	%
0-5%	240	286	714	261	149	286	46	1982	87.4 %
6-84%	31	47	95	29	17	19	6	244	10.8 %
85-100%	5	22	13	1	0	1	0	42	1.9 %
Total	**276**	**355**	**822**	**291**	**166**	**306**	**52**	**2268**	**100.0 %**

Waiting time (months) based on date start of dialysis	A	B	D	H	HR	NL	SLO	Total	%
Pre-emptive	2	30	17	8	1	10	6	74	3.3 %
0-5	4	13	10	4	2	8	1	42	1.9 %
6-11	11	30	15	8	13	13	6	96	4.2 %
12-23	34	81	50	34	60	39	4	302	13.3 %
24-59	138	155	141	156	58	156	28	832	36.7 %
60+	87	46	589	81	32	80	7	922	40.7 %
Total	**276**	**355**	**822**	**291**	**166**	**306**	**52**	**2268**	**100.0 %**

Sequence	A	B	D	H	HR	NL	SLO	Total	%
First	208	306	686	288	157	267	52	1964	86.6 %
Repeat	68	49	136	3	9	39	0	304	13.4 %
Total	**276**	**355**	**822**	**291**	**166**	**306**	**52**	**2268**	**100.0 %**

Recipient age	A	B	D	H	HR	NL	SLO	Total	%
0-15	2	10	57	4	1	3	0	77	3.4 %
16-55	176	202	482	160	88	157	34	1299	57.3 %
56-64	75	92	232	87	48	97	14	645	28.4 %
65+	23	51	51	40	29	49	4	247	10.9 %
Total	**276**	**355**	**822**	**291**	**166**	**306**	**52**	**2268**	**100.0 %**

Table 5.4d(i) Kidney-only transplants (including kidney en bloc) from 2010 to 2014 - ESP allocation program

HLA - A, B, DR mismatches	2010	2011	2012	2013	2014	2013/2014
0	1	2	2	3	0	-100.0 %
1	16	13	19	15	7	-53.3 %
2	54	82	69	61	25	-59.0 %
3	131	162	152	97	80	-17.5 %
4	211	183	183	168	153	-8.9 %
5	190	175	155	122	167	36.9 %
6	87	57	51	49	67	36.7 %
not calculated	9	0	0	0	0	0.0 %
Total	**699**	**674**	**631**	**515**	**499**	**-3.1 %**

Table 5.4d(i) (continued)

Blood group	2010	2011	2012	2013	2014	2013/2014
A	312	303	236	213	224	5.2 %
AB	31	30	25	17	13	-23.5 %
B	82	56	77	54	49	-9.3 %
0	274	285	293	231	213	-7.8 %
Total	**699**	**674**	**631**	**515**	**499**	**-3.1 %**

PRA	2010	2011	2012	2013	2014	2013/2014
0-5%	669	640	590	480	468	-2.5 %
6-84%	29	34	41	35	28	-20.0 %
85-100%	1	0	0	0	3	--
Total	**699**	**674**	**631**	**515**	**499**	**-3.1 %**

Waiting time (months) based on date start of dialysis	2010	2011	2012	2013	2014	2013/2014
Pre-emptive	3	11	12	4	12	200.0 %
0-5	6	6	12	4	6	50.0 %
6-11	25	18	31	17	20	17.6 %
12-23	122	121	121	99	76	-23.2 %
24-59	388	392	344	293	281	-4.1 %
60+	155	126	111	98	104	6.1 %
Total	**699**	**674**	**631**	**515**	**499**	**-3.1 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	654	625	601	479	471	-1.7 %
Repeat	45	49	30	36	28	-22.2 %
Total	**699**	**674**	**631**	**515**	**499**	**-3.1 %**

Table 5.4d(ii) Kidney-only transplants (including kidney en bloc) in 2014 - ESP allocation program

HLA - A. B. DR mismatches	A	B	D	H	HR	NL	SLO	Total	%
1	0	0	7	0	0	0	0	7	1.4 %
2	1	0	19	0	0	5	0	25	5.0 %
3	3	3	56	3	1	13	1	80	16.0 %
4	15	12	95	6	1	24	0	153	30.7 %
5	28	3	103	8	3	22	0	167	33.5 %
6	6	1	44	1	0	14	1	67	13.4 %
Total	**53**	**19**	**324**	**18**	**5**	**78**	**2**	**499**	**100.0 %**

Table 5.4d(ii) (continued)

Blood group	A	B	D	H	HR	NL	SLO	Total	%
A	29	6	143	6	2	36	2	224	44.9 %
AB	0	0	12	0	0	1	0	13	2.6 %
B	5	3	34	3	0	4	0	49	9.8 %
0	19	10	135	9	3	37	0	213	42.7 %
Total	**53**	**19**	**324**	**18**	**5**	**78**	**2**	**499**	**100.0 %**

PRA	A	B	D	H	HR	NL	SLO	Total	%
0-5%	50	16	301	17	5	78	1	468	93.8 %
6-84%	3	3	20	1	0	0	1	28	5.6 %
85-100%	0	0	3	0	0	0	0	3	0.6 %
Total	**53**	**19**	**324**	**18**	**5**	**78**	**2**	**499**	**100.0 %**

Waiting time (months) based on date start of dialysis	A	B	D	H	HR	NL	SLO	Total	%
Pre-emptive	2	2	1	1	0	6	0	12	2.4 %
0-5	2	0	2	0	1	1	0	6	1.2 %
6-11	4	2	5	0	1	8	0	20	4.0 %
12-23	16	3	43	2	2	9	1	76	15.2 %
24-59	26	10	182	12	0	50	1	281	56.3 %
60 +	3	2	91	3	1	4	0	104	20.8 %
Total	**53**	**19**	**324**	**18**	**5**	**78**	**2**	**499**	**100.0 %**

Sequence	A	B	D	H	HR	NL	SLO	Total	%
First	44	19	305	18	5	78	2	471	94.4 %
Repeat	9	0	19	0	0	0	0	28	5.6 %
Total	**53**	**19**	**324**	**18**	**5**	**78**	**2**	**499**	**100.0 %**

Table 5.4e(i) Kidney-only transplants (including kidney en bloc) from 2010 to 2014 - AM allocation program

HLA - A, B, DR mismatches	2010	2011	2012	2013	2014	2013/2014
0	16	11	9	25	12	-52.0 %
1	31	20	23	18	28	55.6 %
2	44	40	22	27	30	11.1 %
3	26	17	24	18	11	-38.9 %
4	5	6	1	4	3	-25.0 %
5	0	0	1	0	0	0.0 %
Total	**122**	**94**	**80**	**92**	**84**	**-8.7 %**

Blood group	2010	2011	2012	2013	2014	2013/2014
A	50	36	33	36	38	5.6 %
AB	5	9	5	4	4	0.0 %
B	22	15	12	16	11	-31.3 %
0	45	34	30	36	31	-13.9 %
Total	**122**	**94**	**80**	**92**	**84**	**-8.7 %**

Table 5.4e(i) (continued)

PRA	2010	2011	2012	2013	2014	2013/2014
0-5%	19	14	10	9	12	33.3 %
6-84%	68	53	43	52	45	-13.5 %
85-100%	35	27	27	31	27	-12.9 %
Total	**122**	**94**	**80**	**92**	**84**	**-8.7 %**

Waiting time (months) based on date start of dialysis	2010	2011	2012	2013	2014	2013/2014
Pre-emptive	1	1	1	3	2	-33.3 %
0-5	1	0	0	0	0	0.0 %
6-11	1	0	2	4	2	-50.0 %
12-23	17	8	11	9	6	-33.3 %
24-59	53	46	35	35	33	-5.7 %
60+	49	39	31	41	41	0.0 %
Total	**122**	**94**	**80**	**92**	**84**	**-8.7 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	32	21	20	21	16	-23.8 %
Repeat	90	73	60	71	68	-4.2 %
Total	**122**	**94**	**80**	**92**	**84**	**-8.7 %**

Recipient age	2010	2011	2012	2013	2014	2013/2014
0-15	1	2	2	0	3	--
16-55	88	74	63	65	52	-20.0 %
56-64	23	13	9	13	23	76.9 %
65+	10	5	6	14	6	-57.1 %
Total	**122**	**94**	**80**	**92**	**84**	**-8.7 %**

Table 5.4e(ii) Kidney-only transplants (including kidney en bloc) in 2014 - AM allocation program

HLA - A, B, DR mismatches	A	B	D	H	NL	Total	%
0	1	2	4	0	5	12	14.3 %
1	1	3	17	0	7	28	33.3 %
2	9	2	13	1	5	30	35.7 %
3	0	0	10	0	1	11	13.1 %
4	0	0	3	0	0	3	3.6 %
Total	**11**	**7**	**47**	**1**	**18**	**84**	**100.0 %**

Blood group	A	B	D	H	NL	Total	%
A	9	2	20	0	7	38	45.2 %
AB	0	0	3	0	1	4	4.8 %
B	1	1	7	0	2	11	13.1 %
0	1	4	17	1	8	31	36.9 %
Total	**11**	**7**	**47**	**1**	**18**	**84**	**100.0 %**

Table 5.4e(ii) (continued)

PRA	A	B	D	H	NL	Total	%
0-5%	3	0	7	0	2	12	14.3 %
6-84%	8	1	20	0	16	45	53.6 %
85-100%	0	6	20	1	0	27	32.1 %
Total	**11**	**7**	**47**	**1**	**18**	**84**	**100.0 %**

Waiting time (months) based on date start of dialysis	A	B	D	H	NL	Total	%
Pre-emptive	1	0	0	0	1	2	2.4 %
6-11	0	0	0	0	2	2	2.4 %
12-23	1	0	4	0	1	6	7.1 %
24-59	6	5	20	0	2	33	39.3 %
60+	3	2	23	1	12	41	48.8 %
Total	**11**	**7**	**47**	**1**	**18**	**84**	**100.0 %**

Sequence	A	B	D	H	NL	Total	%
First	0	3	9	1	3	16	19.0 %
Repeat	11	4	38	0	15	68	81.0 %
Total	**11**	**7**	**47**	**1**	**18**	**84**	**100.0 %**

Recipient age	A	B	D	H	NL	Total	%
0-15	0	0	2	0	1	3	3.6 %
16-55	7	3	31	0	11	52	61.9 %
56-64	3	3	11	1	5	23	27.4 %
65+	1	1	3	0	1	6	7.1 %
Total	**11**	**7**	**47**	**1**	**18**	**84**	**100.0 %**

Table 5.5(i) Living donor kidney transplants from 2010 to 2014

Kidney-only	2010	2011	2012	2013	2014	2013/2014
Related	690	687	728	714	659	-7.7 %
Non-related	576	652	653	689	689	0.0 %
Total	**1266**	**1339**	**1381**	**1403**	**1348**	**-3.9 %**

Related	2010	2011	2012	2013	2014	2013/2014
Brother / sister	221	216	258	248	213	-14.1 %
Father	144	153	146	136	133	-2.2 %
Mother	232	231	216	236	218	-7.6 %
Son / daughter	43	40	59	43	36	-16.3 %
Grandfather / -mother	4	7	5	5	7	40.0 %
Uncle / aunt	23	18	21	19	23	21.1 %
Nephew / niece	11	14	14	12	17	41.7 %
Cousin	12	8	7	14	11	-21.4 %
Blood related: NOS*	0	0	2	1	1	0.0 %
Total	**690**	**687**	**728**	**714**	**659**	**-7.7 %**

Table 5.5(i) (continued)

Non-related	2010	2011	2012	2013	2014	2013/2014
Spouse / partner	420	464	481	474	433	-8.6 %
Not blood related family	27	50	60	68	65	-4.4 %
Friend	48	57	45	56	73	30.4 %
Not blood related: NOS*	81	81	67	91	118	29.7 %
Total	**576**	**652**	**653**	**689**	**689**	**0.0 %**

* NOS - Not otherwise specified

Table 5.5(ii) Living donor kidney transplants in 2014

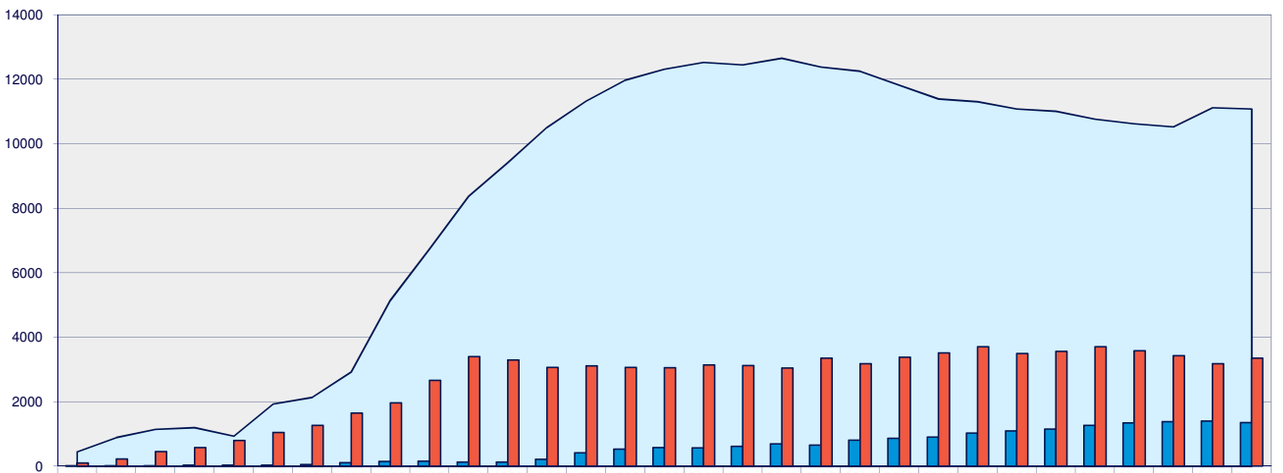
Kidney-only	A	B	D	H	HR	NL	Total	%
Related	34	42	307	24	10	242	659	48.9 %
Non-related	37	25	313	22	0	292	689	51.1 %
Total	**71**	**67**	**620**	**46**	**10**	**534**	**1348**	**100.0 %**

Related	A	B	D	H	HR	NL	Total	%
Brother / sister	11	17	78	8	1	98	213	32.3 %
Father	8	4	77	4	2	38	133	20.2 %
Mother	14	13	124	10	6	51	218	33.1 %
Son / daughter	0	1	5	1	0	29	36	5.5 %
Grandfather / - mother	1	1	4	0	0	1	7	1.1 %
Uncle / aunt	0	3	10	0	1	9	23	3.5 %
Nephew / niece	0	2	2	1	0	12	17	2.6 %
Cousin	0	1	7	0	0	3	11	1.7 %
Blood related: NOS *	0	0	0	0	0	1	1	0.2 %
Total	**34**	**42**	**307**	**24**	**10**	**242**	**659**	**100.0 %**

Non-related	A	B	D	H	HR	NL	Total	%
Spouse / partner	26	19	259	2	0	127	433	62.8 %
Not blood related family	1	1	27	14	0	22	65	9.4 %
Friend	7	3	22	5	0	36	73	10.6 %
Not blood related: NOS*	3	2	5	1	0	107	118	17.1 %
Total	**37**	**25**	**313**	**22**	**0**	**292**	**689**	**100.0 %**

* NOS - Not otherwise specified

Figure 5.5 Dynamics of the Eurotransplant kidney transplant waiting list and transplants between 1969 and 2014



	1969	1971	1973	1975	1977	1979	1981	1983	1985	1987	1991	1993	1995	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Kidney waiting list	450	892	1147	1200	934	1929	2135	2928	5150	6740	8376	9418	10510	11324	11975	12313	12524	12450	12653	12382	12251	11814	11393	11308	11082	11010	10768	10622	10525	11120	11080
Living donor transplants	9	5	11	33	33	33	53	108	150	161	129	127	212	411	526	579	569	617	697	655	803	867	901	1032	1091	1150	1266	1339	1381	1403	1348
Deceased donor transplants	102	228	454	583	800	1050	1263	1645	1965	2665	3395	3293	3064	3110	3068	3050	3145	3121	3047	3352	3183	3383	3518	3703	3492	3561	3705	3585	3432	3183	3348

6.

Thoracic organs: donation, waiting lists and transplants

DONATION

Table 6.1(i) Deceased donors / hearts in Eurotransplant from 2010 to 2014

Donors	2010	2011	2012	2013	2014	2013/2014
All donors reported	2415	2481	2421	2302	2299	-0.1 %
Non-heart donors	1469	1564	1515	1404	1367	-2.6 %
Heart donors reported	946	917	906	898	932	3.8 %
Heart donors not used	315	325	299	309	298	-3.6 %
Total heart donors used	631	592	607	589	634	7.6 %
Hearts	**2010**	**2011**	**2012**	**2013**	**2014**	**2013/2014**
Reported	946	917	906	898	932	3.8 %
Offered	938	911	901	895	925	3.4 %
Accepted	750	715	708	685	738	7.7 %
Transplanted	631	592	607	589	634	7.6 %

Table 6.1(ii) Deceased donors / hearts in Eurotransplant in 2014

Donors	A	B	D	H	HR	L	NL	SLO	Total ET	Non-ET	Total	% all donors
All donors reported	220	313	882	212	149	4	336	47	2163	136	2299	100.0 %
Non-heart donors	108	209	473	125	107	1	255	19	1297	70	1367	59.5 %
Heart donors reported	112	104	409	87	42	3	81	28	866	66	932	40.5 %
Heart donors not used	31	24	115	26	4	1	30	12	243	55	298	13.0 %
Total heart donors used	81	80	294	61	38	2	51	16	623	11	634	27.6 %
Hearts	**A**	**B**	**D**	**H**	**HR**	**L**	**NL**	**SLO**	**Total ET**	**Non-ET**	**Total**	**% of reported**
Reported	112	104	409	87	42	3	81	28	866	66	932	100.0 %
Offered	112	103	409	87	42	3	79	28	863	62	925	99.2 %
Accepted	97	85	344	66	39	2	62	19	714	24	738	79.2 %
Transplanted	81	80	294	61	38	2	51	16	623	11	634	68.0 %

Table 6.2(i) Deceased donors / lungs in Eurotransplant from 2010 to 2014

Donors	2010	2011	2012	2013	2014	2013/2014
All donors reported	2415	2481	2421	2302	2299	-0.1 %
Non-lung donors	1468	1449	1308	1138	1128	-0.9 %
Lung donors reported	947	1032	1113	1164	1171	0.6 %
Lung donors not used	375	425	443	493	510	3.4 %
One lung used	33	31	29	26	24	-7.7 %
Two lungs used	539	576	641	645	637	-1.2 %
Total lung donors used	572	607	670	671	661	-1.5 %

Lungs	2010	2011	2012	2013	2014	2013/2014
Reported	1873	2046	2216	2311	2337	1.1 %
Offered	1847	2022	2206	2284	2325	1.8 %
Accepted	1464	1610	1709	1794	1793	-0.1 %
Transplanted	1111	1183	1311	1316	1298	-1.4 %

Table 6.2(ii) Deceased donors / lungs in Eurotransplant in 2014

Donors	A	B	D	H	HR	L	NL	SLO	Total ET	Non-ET	Total	% all donors
All donors reported	220	313	882	212	149	4	336	47	2163	136	2299	100.0 %
Non-lung donors	102	141	398	122	124	4	150	25	1066	62	1128	49.1 %
Lung donors reported	118	172	484	90	25	0	186	22	1097	74	1171	50.9 %
Lung donors not used	65	70	168	32	8	0	100	13	456	54	510	22.2 %
One lung used	1	3	9	1	1	0	5	1	21	3	24	1.0 %
Two lungs used	52	99	307	57	16	0	81	8	620	17	637	27.7 %
Total lung donors used	53	102	316	58	17	0	86	9	641	20	661	28.8 %

Lungs	A	B	D	H	HR	L	NL	SLO	Total ET	Non-ET	Total	% reported
Reported	236	344	968	180	50	0	370	44	2192	145	2337	100.0 %
Offered	236	340	968	180	50	0	370	44	2188	137	2325	99.5 %
Accepted	202	266	784	149	40	0	256	32	1729	64	1793	76.7 %
Transplanted	105	201	623	115	33	0	167	17	1261	37	1298	55.5 %

WAITING LIST

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

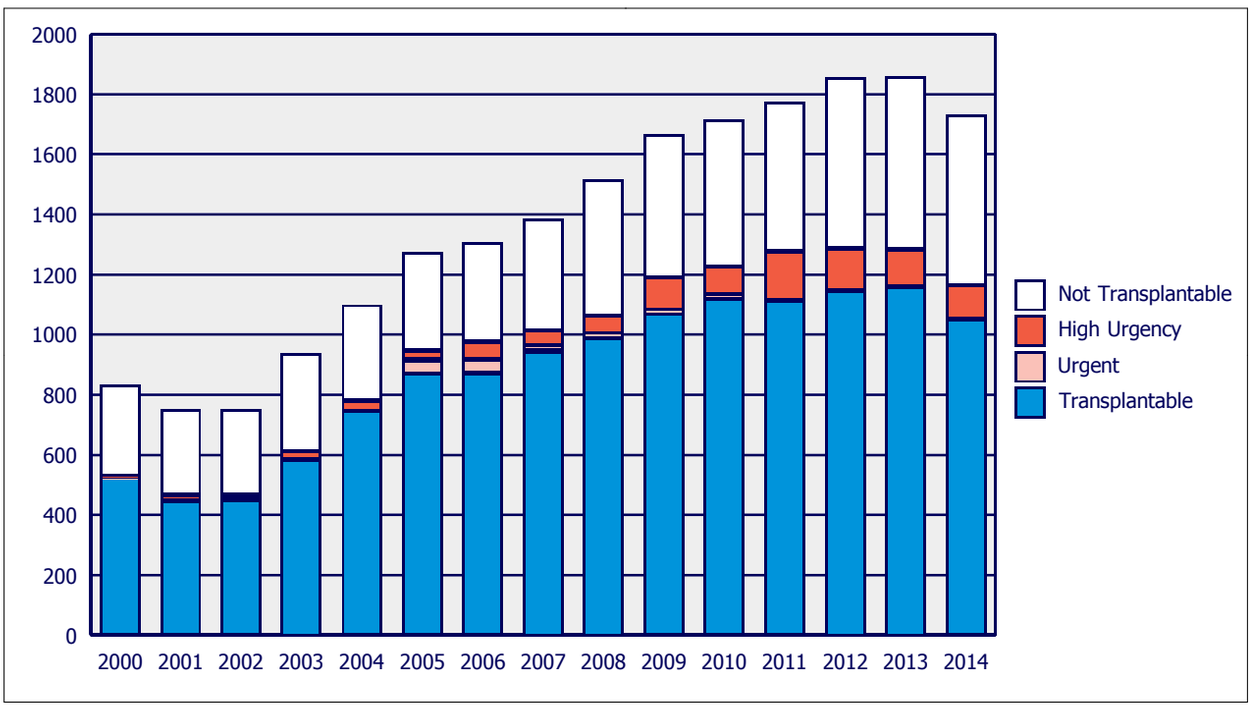


Figure 6.2 Heart waiting list, percentage of patients at year end, by urgency

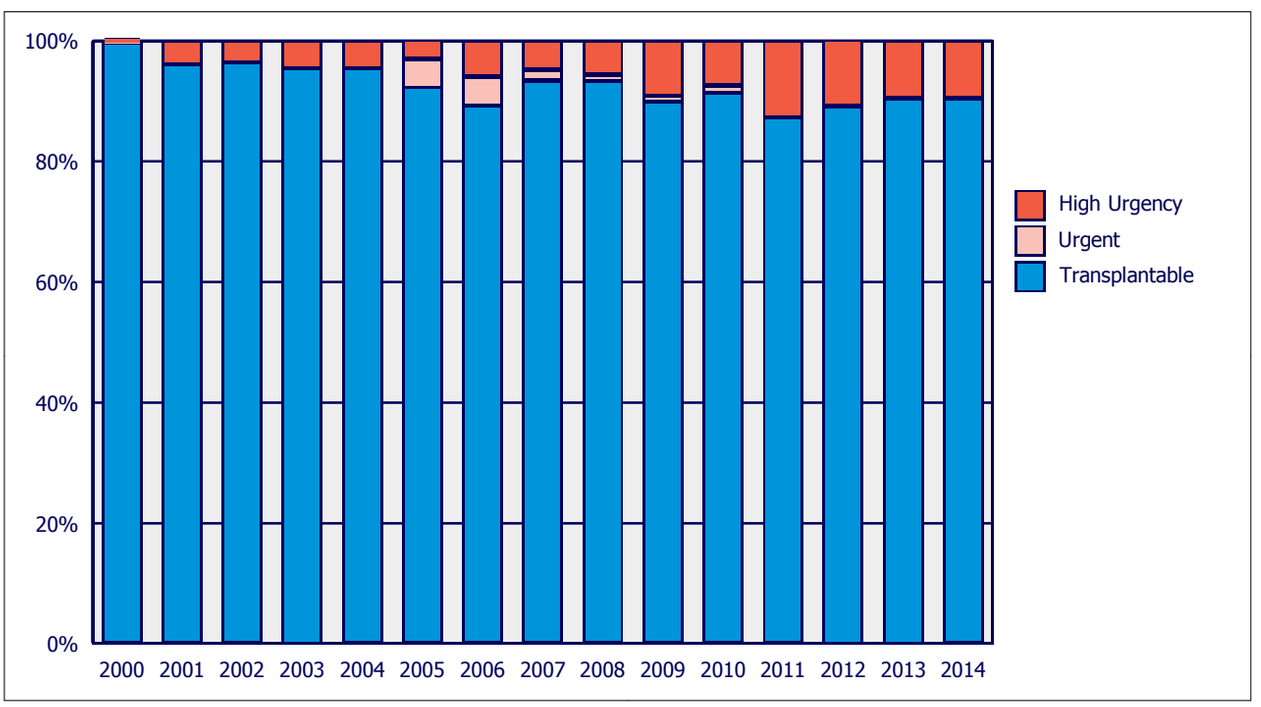


Table 6.3(i) Active heart transplant waiting list at year end, from 2010 to 2014

	2010	2011	2012	2013	2014	2013/2014
Heart	1158	1222	1235	1250	1140	-8.8 %
Heart + kidney	31	26	25	17	12	-29.4 %
Heart + lung	33	25	25	15	12	-20.0 %
Heart + lung + liver	0	1	0	0	0	0.0 %
Heart + lung + kidney	0	0	0	0	0	0.0 %
Heart + liver	2	3	2	1	0	-100.0 %
Heart + liver + pancreas	1	0	0	0	0	0.0 %
Heart + liver + kidney	1	0	0	0	0	0.0 %
Total	**1226**	**1277**	**1287**	**1283**	**1164**	**-9.3 %**

Table 6.3(ii) Active heart transplant waiting list at year end, in 2014

	A	B	D	H	HR	NL	SLO	Total	%
Heart	53	87	842	34	14	89	21	1140	97.9 %
Heart + kidney	2	2	8	0	0	0	0	12	1.0 %
Heart + lung	2	0	8	0	0	2	0	12	1.0 %
Total	**57**	**89**	**858**	**34**	**14**	**91**	**21**	**1164**	**100.0 %**

Table 6.4(i) Active heart-only transplant waiting list at year end, from 2010 to 2014 - characteristics

Blood group	2010	2011	2012	2013	2014	2013/2014
A	531	536	547	570	495	-13.2 %
AB	34	37	32	18	27	50.0 %
B	102	104	110	113	111	-1.8 %
0	491	545	546	549	507	-7.7 %
Total	**1158**	**1222**	**1235**	**1250**	**1140**	**-8.8 %**

% PRA current	2010	2011	2012	2013	2014	2013/2014
0-5 %	654	652	720	734	685	-6.7 %
6-84 %	26	26	42	49	47	-4.1 %
85-100 %	1	1	3	9	7	-22.2 %
Not reported	477	543	470	458	401	-12.4 %
Total	**1158**	**1222**	**1235**	**1250**	**1140**	**-8.8 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	1140	1206	1215	1234	1129	-8.5 %
Repeat	18	16	20	16	11	-31.3 %
Total	**1158**	**1222**	**1235**	**1250**	**1140**	**-8.8 %**

Table 6.4(i) (continued)

Waiting time (months) based on date put on WL	2010	2011	2012	2013	2014	2013/2014
0-5	355	322	291	321	272	-15.3 %
6-11	208	197	224	235	204	-13.2 %
12-23	278	288	253	255	261	2.4 %
24+	317	415	467	439	403	-8.2 %
Total	**1158**	**1222**	**1235**	**1250**	**1140**	**-8.8 %**

Age	2010	2011	2012	2013	2014	2013/2014
0-15	26	18	41	23	37	60.9 %
16-55	613	642	638	679	608	-10.5 %
56-64	410	434	429	447	404	-9.6 %
65+	109	128	127	101	91	-9.9 %
Total	**1158**	**1222**	**1235**	**1250**	**1140**	**-8.8 %**

Urgency	2010	2011	2012	2013	2014	2013/2014
High urgency	86	158	130	114	107	-6.1 %
Urgent	14	0	0	0	0	0.0 %
Elective	1058	1064	1105	1136	1033	-9.1 %
Total	**1158**	**1222**	**1235**	**1250**	**1140**	**-8.8 %**

Table 6.4(ii) Active heart-only transplant waiting list at year end, in 2014 - characteristics

Blood group	A	B	D	H	HR	NL	SLO	Total	%
A	20	33	379	9	10	38	6	495	43.4 %
AB	1	4	18	2	1	1	0	27	2.4 %
B	12	13	73	8	0	3	2	111	9.7 %
0	20	37	372	15	3	47	13	507	44.5 %
Total	**53**	**87**	**842**	**34**	**14**	**89**	**21**	**1140**	**100.0 %**

% PRA current	A	B	D	H	HR	NL	SLO	Total	%
0-5 %	34	24	509	28	9	81	0	685	60.1 %
6-84 %	0	1	37	2	0	7	0	47	4.1 %
85-100 %	0	2	5	0	0	0	0	7	0.6 %
Not reported	19	60	291	4	5	1	21	401	35.2 %
Total	**53**	**87**	**842**	**34**	**14**	**89**	**21**	**1140**	**100.0 %**

Sequence	A	B	D	H	HR	NL	SLO	Total	%
First	53	86	833	34	14	89	20	1129	99.0 %
Repeat	0	1	9	0	0	0	1	11	1.0 %
Total	**53**	**87**	**842**	**34**	**14**	**89**	**21**	**1140**	**100.0 %**

Table 6.4(ii) (continued)

Waiting time (months) based on date put on WL	A	B	D	H	HR	NL	SLO	Total	%
0-5	22	28	168	18	7	23	6	272	23.9 %
6-11	5	28	128	7	4	28	4	204	17.9 %
12-23	14	28	180	9	2	21	7	261	22.9 %
24+	12	3	366	0	1	17	4	403	35.4 %
Total	**53**	**87**	**842**	**34**	**14**	**89**	**21**	**1140**	**100.0 %**

Age	A	B	D	H	HR	NL	SLO	Total	%
0-15	2	0	32	1	0	2	0	37	3.2 %
16-55	21	54	440	23	8	56	6	608	53.3 %
56-64	23	30	300	9	6	27	9	404	35.4 %
65+	7	3	70	1	0	4	6	91	8.0 %
Total	**53**	**87**	**842**	**34**	**14**	**89**	**21**	**1140**	**100.0 %**

Urgency	A	B	D	H	HR	NL	SLO	Total	%
High urgency	2	3	94	1	0	5	2	107	9.4 %
Elective	51	84	748	33	14	84	19	1033	90.6 %
Total	**53**	**87**	**842**	**34**	**14**	**89**	**21**	**1140**	**100.0 %**

Table 6.5(i) Active heart + lung transplant waiting list at year end, from 2010 to 2014

Type of transplant	2010	2011	2012	2013	2014	2013/2014
Heart + lung	33	25	25	15	12	-20.0 %
Heart + lung + liver	0	1	0	0	0	0.0 %
Total	**33**	**26**	**25**	**15**	**12**	**-20.0 %**

Table 6.5(ii) Active heart + lung transplant waiting list at year end, in 2014

Type of transplant	Austria	Belgium	Germany	Total	%
Heart + lung	2	8	2	12	100.0 %
Total	**2**	**8**	**2**	**12**	**100.0 %**

Table 6.6(i) Active heart + lung transplant waiting list at year end, from 2010 to 2014 - characteristics

Blood group	2010	2011	2012	2013	2014	2013/2014
A	19	13	10	3	4	33.3 %
AB	2	1	3	0	0	0.0 %
B	1	0	2	1	1	0.0 %
0	11	12	10	11	7	-36.4 %
Total	**33**	**26**	**25**	**15**	**12**	**-20.0 %**

% PRA current	2010	2011	2012	2013	2014	2013/2014
0-5 %	12	8	10	7	8	14.3 %
6-84 %	5	2	2	2	1	-50.0 %
Not reported	16	16	13	6	3	-50.0 %
Total	**33**	**26**	**25**	**15**	**12**	**-20.0 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	33	26	25	14	11	-21.4 %
Repeat	0	0	0	1	1	0.0 %
Total	**33**	**26**	**25**	**15**	**12**	**-20.0 %**

Waiting time (months) based on date put on WL	2010	2011	2012	2013	2014	2013/2014
0-5	7	6	7	8	2	-75.0 %
6-11	4	6	2	3	4	33.3 %
12-23	3	2	6	1	4	300.0 %
24+	19	12	10	3	2	-33.3 %
Total	**33**	**26**	**25**	**15**	**12**	**-20.0 %**

Age	2010	2011	2012	2013	2014	2013/2014
0-15	1	1	3	2	3	50.0 %
16-55	31	22	18	12	9	-25.0 %
56-64	1	3	4	1	0	-100.0 %
Total	**33**	**26**	**25**	**15**	**12**	**-20.0 %**

Urgency	2010	2011	2012	2013	2014	2013/2014
High urgency	4	2	8	8	4	-50.0 %
Elective	29	24	17	7	8	14.3 %
Total	**33**	**26**	**25**	**15**	**12**	**-20.0 %**

Table 6.6(ii) Active heart + lung transplant waiting list at year end, in 2014 - characteristics

Blood group	A	B	D	Total	%
A	1	2	1	4	33.3 %
B	0	1	0	1	8.3 %
0	1	5	1	7	58.3 %
Total	**2**	**8**	**2**	**12**	**100.0 %**

% PRA current	A	D	NL	Total	%
0-5 %	0	6	2	8	66.7 %
6-84 %	0	1	0	1	8.3 %
Not reported	2	1	0	3	25.0 %
Total	**2**	**8**	**2**	**12**	**100.0 %**

Sequence	A	D	NL	Total	%
First	2	7	2	11	91.7 %
First	0	1	0	1	8.3 %
Total	**2**	**8**	**2**	**12**	**100.0 %**

Waiting time (months) based on date put on wl	A	D	NL	Total	%
0-5	0	1	1	2	16.7 %
6-11	1	2	1	4	33.3 %
12-23	0	4	0	4	33.3 %
24+	1	1	0	2	16.7 %
Total	**2**	**8**	**2**	**12**	**100.0 %**

Age	A	D	NL	Total	%
0-15	1	1	1	3	25.0 %
16-55	1	7	1	9	75.0 %
Total	**2**	**8**	**2**	**12**	**100.0 %**

Urgency	A	D	NL	Total	%
High urgency	1	2	1	4	33.3 %
Elective	1	6	1	8	66.7 %
Total	**2**	**8**	**2**	**12**	**100.0 %**

Figure 6.3 Lung waiting list, number of patients at year end, by urgency

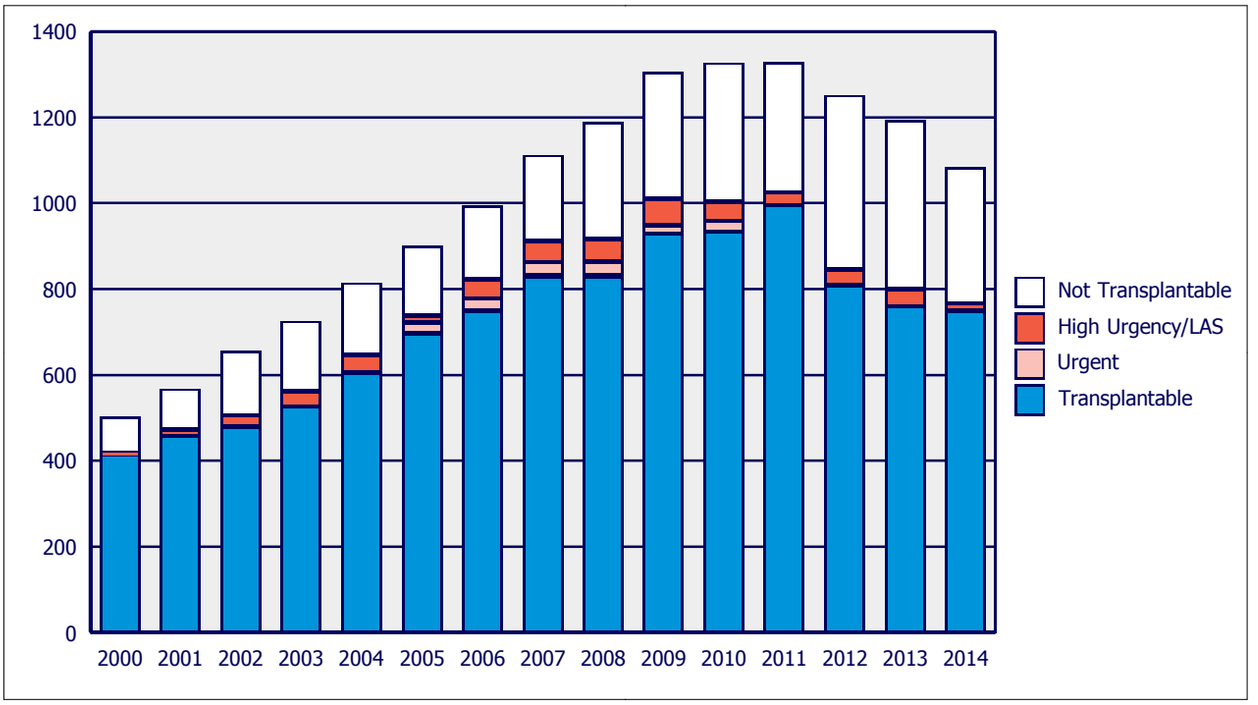


Figure 6.4 Lung waiting list, percentage of patients at year end, by urgency

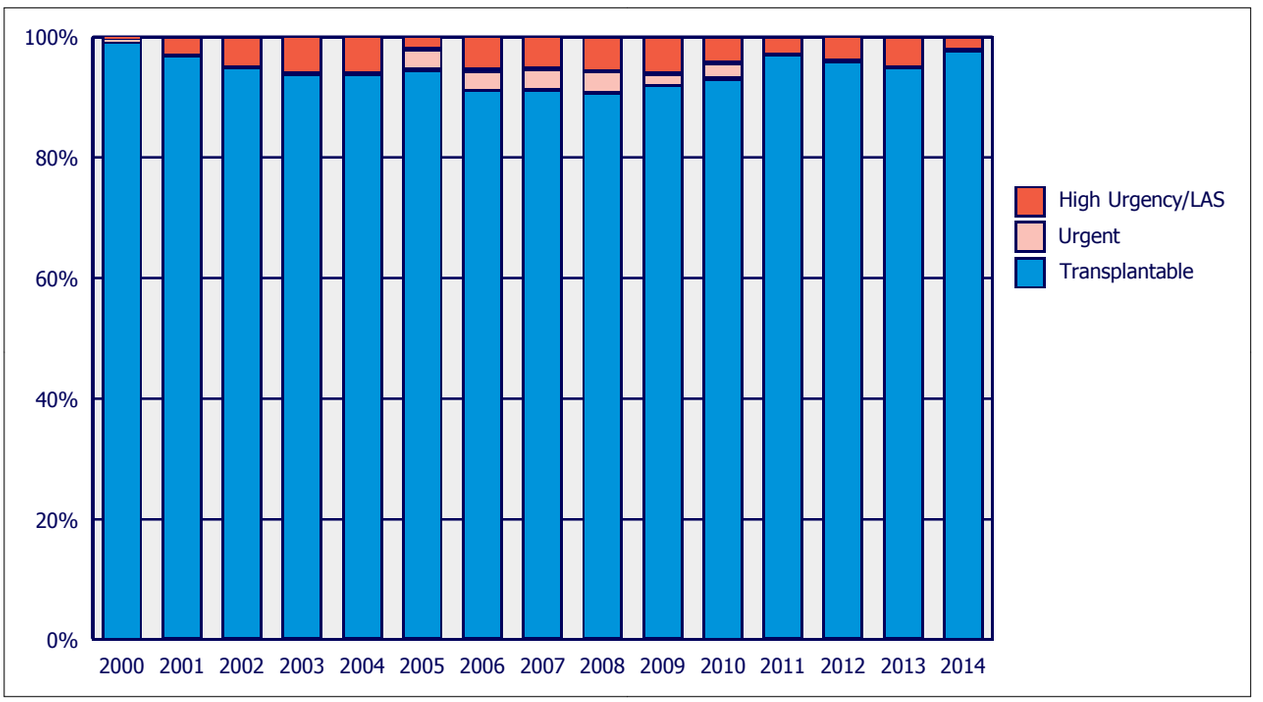


Table 6.7(i) Active lung transplant waiting list at year end, from 2010 to 2014

Type of transplant	2010	2011	2012	2013	2014	2013/2014
Lung	964	997	815	779	747	-4.1 %
Lung + kidney	2	2	1	1	1	0.0 %
Lung + heart	33	25	25	15	12	-20.0 %
Lung + heart + liver	0	1	0	0	0	0.0 %
Lung + liver	5	1	3	5	6	20.0 %
Total	**1004**	**1026**	**844**	**800**	**766**	**-4.3 %**

Table 6.7(ii) Active lung transplant waiting list at year end, in 2014

Type of transplant	A	B	D	NL	Total	%
Lung	70	82	417	178	747	97.5 %
Lung + kidney	0	0	1	0	1	0.1 %
Lung + heart	2	0	8	2	12	1.6 %
Lung + liver	0	0	6	0	6	0.8 %
Total	**72**	**82**	**432**	**180**	**766**	**100.0 %**

Table 6.8(i) Active lung-only transplant waiting list at year end, from 2010 to 2014 - characteristics

Blood group	2010	2011	2012	2013	2014	2013/2014
A	402	399	328	315	292	-7.3 %
AB	11	18	19	13	10	-23.1 %
B	77	83	62	45	54	20.0 %
0	474	497	406	406	391	-3.7 %
Total	**964**	**997**	**815**	**779**	**747**	**-4.1 %**

% PRA current	2010	2011	2012	2013	2014	2013/2014
0-5 %	572	581	484	460	440	-4.3 %
6-84 %	27	26	39	44	33	-25.0 %
85-100 %	2	1	2	3	3	0.0 %
Not reported	363	389	290	272	271	-0.4 %
Total	**964**	**997**	**815**	**779**	**747**	**-4.1 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	934	973	794	761	728	-4.3 %
Repeat	30	24	21	18	19	5.6 %
Total	**964**	**997**	**815**	**779**	**747**	**-4.1 %**

Waiting time (months) based on date put on WL	2010	2011	2012	2013	2014	2013/2014
0-5	262	314	245	269	203	-24.5 %
6-11	178	173	113	107	151	41.1 %
12-23	232	202	193	139	142	2.2 %
24+	292	308	264	264	251	-4.9 %
Total	**964**	**997**	**815**	**779**	**747**	**-4.1 %**

Table 6.8(i) (continued)

Age	2010	2011	2012	2013	2014	2013/2014
0-15	5	9	9	5	3	-40.0 %
16-55	564	580	470	392	384	-2.0 %
56-64	359	382	313	349	333	-4.6 %
65+	36	26	23	33	27	-18.2 %
Total	**964**	**997**	**815**	**779**	**747**	**-4.1 %**

Urgency	2010	2011	2012	2013	2014	2013/2014
High urgency/LAS	39	29	25	31	13	-58.1 %
Urgent	26	0	0	0	0	0.0 %
Elective	899	968	790	748	734	-1.9 %
Total	**964**	**997**	**815**	**779**	**747**	**-4.1 %**

Table 6.8(ii) Active lung-only transplant waiting list at year end, in 2014 - characteristics

Blood group	A	B	D	NL	Total	%
A	31	36	151	74	292	39.1 %
AB	0	1	7	2	10	1.3 %
B	7	7	31	9	54	7.2 %
0	32	38	228	93	391	52.3 %
Total	**70**	**82**	**417**	**178**	**747**	**100.0 %**

% PRA current	A	B	D	NL	Total	%
0-5 %	13	3	259	165	440	58.9 %
6-84 %	3	1	21	8	33	4.4 %
85-100 %	0	1	1	1	3	0.4 %
Not reported	54	77	136	4	271	36.3 %
Total	**70**	**82**	**417**	**178**	**747**	**100.0 %**

Sequence	A	B	D	NL	Total	%
First	66	80	406	176	728	97 %
Repeat	4	2	11	2	19	3 %
Total	**70**	**82**	**417**	**178**	**747**	**100.0 %**

Waiting time (months) based on date put on WL	A	B	D	NL	Total	%
0-5	29	29	106	39	203	27.2 %
6-11	22	33	67	29	151	20.2 %
12-23	13	18	69	42	142	19.0 %
24+	6	2	175	68	251	33.6 %
Total	**70**	**82**	**417**	**178**	**747**	**100.0 %**

Table 6.8(ii) (continued)

Age	A	B	D	NL	Total	%
0-15	0	0	1	2	3	0.4 %
16-55	47	34	218	85	384	51.4 %
56-64	21	40	184	88	333	44.6 %
65+	2	8	14	3	27	3.6 %
Total	**70**	**82**	**417**	**178**	**747**	**100.0 %**

Urgency	A	B	D	NL	Total	%
High urgency/LAS	1	1	10	1	13	1.7 %
Elective	69	81	407	177	734	98.3 %
Total	**70**	**82**	**417**	**178**	**747**	**100.0 %**

TRANSPLANTATION

Figure 6.5 Number of deceased donor heart transplants, by recipient urgency at transplant

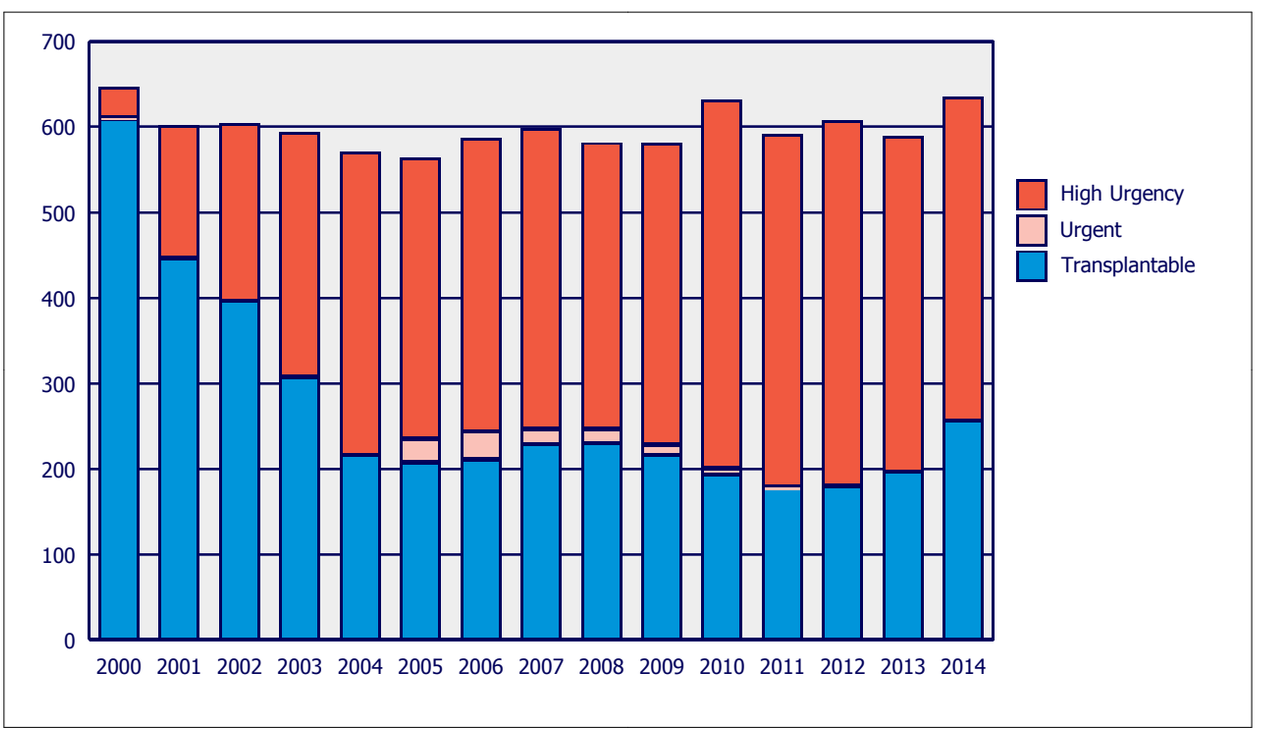


Figure 6.6 Percentage of deceased donor heart transplants, by recipient urgency at transplant

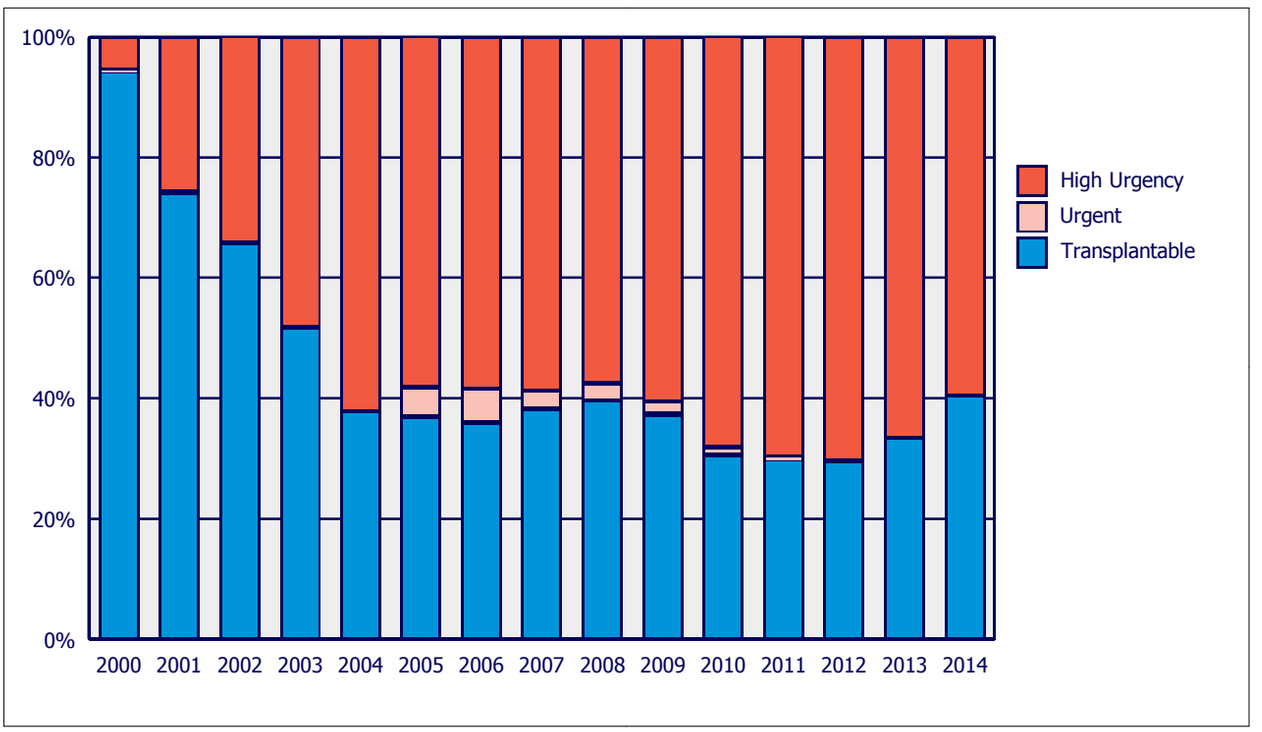


Table 6.9(i) Heart transplants from 2010 to 2014 - characteristics

Deceased donor heart transplants

Type of transplant	2010	2011	2012	2013	2014	2013/2014
Heart	602	553	569	566	617	9.0 %
Heart + kidney	11	21	18	8	9	12.5 %
Heart + both lungs	16	14	19	14	9	-35.7 %
Heart + both lungs + liver	1	0	0	0	0	0.0 %
Heart + liver	1	3	1	1	0	-100.0 %
Heart + pancreas + kidney	1	0	0	0	0	0.0 %
Total	**632**	**591**	**607**	**589**	**635**	**7.8 %**

Heart-only transplants

Blood group	2010	2011	2012	2013	2014	2013/2014
A	280	266	263	257	299	16.3 %
AB	45	39	51	45	35	-22.2 %
B	90	72	75	80	79	-1.3 %
0	187	176	180	184	204	10.9 %
Total	**602**	**553**	**569**	**566**	**617**	**9.0 %**

Table 6.9 (i) (continued)

Waiting time (months) based on date put on WL	2010	2011	2012	2013	2014	2013/2014
0-5	344	294	277	287	304	5.9 %
6-11	109	98	126	106	105	-0.9 %
12-23	86	88	89	84	107	27.4 %
24-59	51	61	69	72	81	12.5 %
60+	12	12	8	17	20	17.6 %
Total	**602**	**553**	**569**	**566**	**617**	**9.0 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	588	548	560	554	609	9.9 %
Repeat	14	5	9	12	8	-33.3 %
Total	**602**	**553**	**569**	**566**	**617**	**9.0 %**

Recipient age	2010	2011	2012	2013	2014	2013/2014
0-15	47	41	40	58	49	-15.5 %
16-55	344	293	304	293	310	5.8 %
56-64	182	176	187	165	204	23.6 %
65+	29	43	38	50	54	8.0 %
Total	**602**	**553**	**569**	**566**	**617**	**9.0 %**

Allocation type	2010	2011	2012	2013	2014	2013/2014
Standard	521	462	463	469	523	11.5 %
Rescue	81	91	106	97	94	-3.1 %
Total	**602**	**553**	**569**	**566**	**617**	**9.0 %**

Urgency	2010	2011	2012	2013	2014	2013/2014
High Urgent	407	384	401	376	365	-2.9 %
Urgent	8	2	0	0	0	0.0 %
Elective	187	167	168	190	252	32.6 %
Total	**602**	**553**	**569**	**566**	**617**	**9.0 %**

Table 6.9 (ii) Heart transplants in 2014 - characteristics

Deceased donor heart transplants

Type of transplant	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
Heart	66	78	292	58	34	51	33	5	617	97.2 %
Heart + kidney	2	4	3	0	0	0	0	0	9	1.4 %
Heart + both lungs	0	0	9	0	0	0	0	0	9	1.4 %
Total	**68**	**82**	**304**	**58**	**34**	**51**	**33**	**5**	**635**	**100.0 %**

Table 6.9(ii) (continued)

Heart-only transplants

Blood group	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
A	26	39	156	23	14	24	14	3	299	48.5 %
AB	3	3	20	6	2	1	0	0	35	5.7 %
B	11	6	30	15	5	7	5	0	79	12.8 %
0	26	30	86	14	13	19	14	2	204	33.1 %
Total	**66**	**78**	**292**	**58**	**34**	**51**	**33**	**5**	**617**	**100.0 %**

Waiting time (months) based on date put on WL	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
0-5	36	20	148	40	20	13	22	5	304	49.3 %
6-11	9	22	46	10	7	7	4	0	105	17.0 %
12-23	17	31	29	8	5	14	3	0	107	17.3 %
24-59	4	4	51	0	2	17	3	0	81	13.1 %
60+	0	1	18	0	0	0	1	0	20	3.2 %
Total	**66**	**78**	**292**	**58**	**34**	**51**	**33**	**5**	**617**	**100.0 %**

Sequence	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
First	65	77	289	58	34	49	32	5	609	98.7 %
Repeat	1	1	3	0	0	2	1	0	8	1.3 %
Total	**66**	**78**	**292**	**58**	**34**	**51**	**33**	**5**	**617**	**100.0 %**

Recipient age	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
0-15	4	2	27	4	4	2	1	5	49	7.9 %
16-55	28	43	152	30	13	31	13	0	310	50.2 %
56-64	20	23	93	23	16	14	15	0	204	33.1 %
65+	14	10	20	1	1	4	4	0	54	8.8 %
Total	**66**	**78**	**292**	**58**	**34**	**51**	**33**	**5**	**617**	**100.0 %**

Allocation type	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
Standard	63	61	242	56	34	48	18	1	523	84.8 %
Rescue	3	17	50	2	0	3	15	4	94	15.2 %
Total	**66**	**78**	**292**	**58**	**34**	**51**	**33**	**5**	**617**	**100.0 %**

Urgency	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
High Urgent	18	19	245	18	14	18	29	4	365	59.2 %
Elective	48	59	47	40	20	33	4	1	252	40.8 %
Total	**66**	**78**	**292**	**58**	**34**	**51**	**33**	**5**	**617**	**100.0 %**

Table 6.10(i) Heart + lung transplants from 2010 to 2014 - characteristics

Deceased donor heart + lung transplants

Type of transplant	2010	2011	2012	2013	2014	2013/2014
Heart + both lungs	16	14	19	14	9	-35.7 %
Heart + both lungs + whole liver	1	0	0	0	0	0.0 %
Total	**17**	**14**	**19**	**14**	**9**	**-35.7 %**

Heart + lung transplants

Blood group	2010	2011	2012	2013	2014	2013/2014
A	6	10	8	5	4	-20.0 %
AB	0	0	1	2	0	-100.0 %
B	3	1	3	2	2	0.0 %
0	8	3	7	5	3	-40.0 %
Total	**17**	**14**	**19**	**14**	**9**	**-35.7 %**

Waiting time (months) based on date put on WL	2010	2011	2012	2013	2014	2013/2014
0-5	9	7	16	8	4	-50.0 %
6-11	1	2	1	2	4	100.0 %
12-23	2	3	1	2	0	-100.0 %
24-59	3	2	1	0	1	--
60+	2	0	0	2	0	-100.0 %
Total	**17**	**14**	**19**	**14**	**9**	**-35.7 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	17	14	19	14	9	-35.7 %
Total	**17**	**14**	**19**	**14**	**9**	**-35.7 %**

Recipient age	2010	2011	2012	2013	2014	2013/2014
0-15	2	0	0	1	0	-100.0 %
16-55	14	13	18	9	9	0.0 %
56-64	1	1	1	4	0	-100.0 %
Total	**17**	**14**	**19**	**14**	**9**	**-35.7 %**

Urgency	2010	2011	2012	2013	2014	2013/2014
High urgency	16	11	15	12	9	-25.0 %
Elective	1	3	4	2	0	-100.0 %
Total	**17**	**14**	**19**	**14**	**9**	**-35.7 %**

Table 6.10(ii) Heart + lung transplants in 2014 - characteristics

Deceased donor heart + lung transplants

Type of transplant	D	Total	%
Heart + both lungs	9	9	100.0 %
Total	**9**	**9**	**100.0 %**

Heart + lung transplants

Blood group	D	Total	%
A	4	4	44.4 %
B	2	2	22.2 %
0	3	3	33.3 %
Total	**9**	**9**	**100.0 %**

Waiting time (months) based on date put on WL	D	Total	%
0-5	4	4	44.4 %
6-11	4	4	44.4 %
24-59	1	1	11.1 %
Total	**9**	**9**	**100.0 %**

Sequence	D	Total	%
First	9	9	100.0 %
Total	**9**	**9**	**100.0 %**

Recipient age	D	Total	%
16-55	9	9	100.0 %
Total	**9**	**9**	**100.0 %**

Urgency	D	Total	%
High urgency	9	9	100.0 %
Total	**9**	**9**	**100.0 %**

Figure 6.7 Number of deceased donor lung transplants, by recipient urgency at transplant

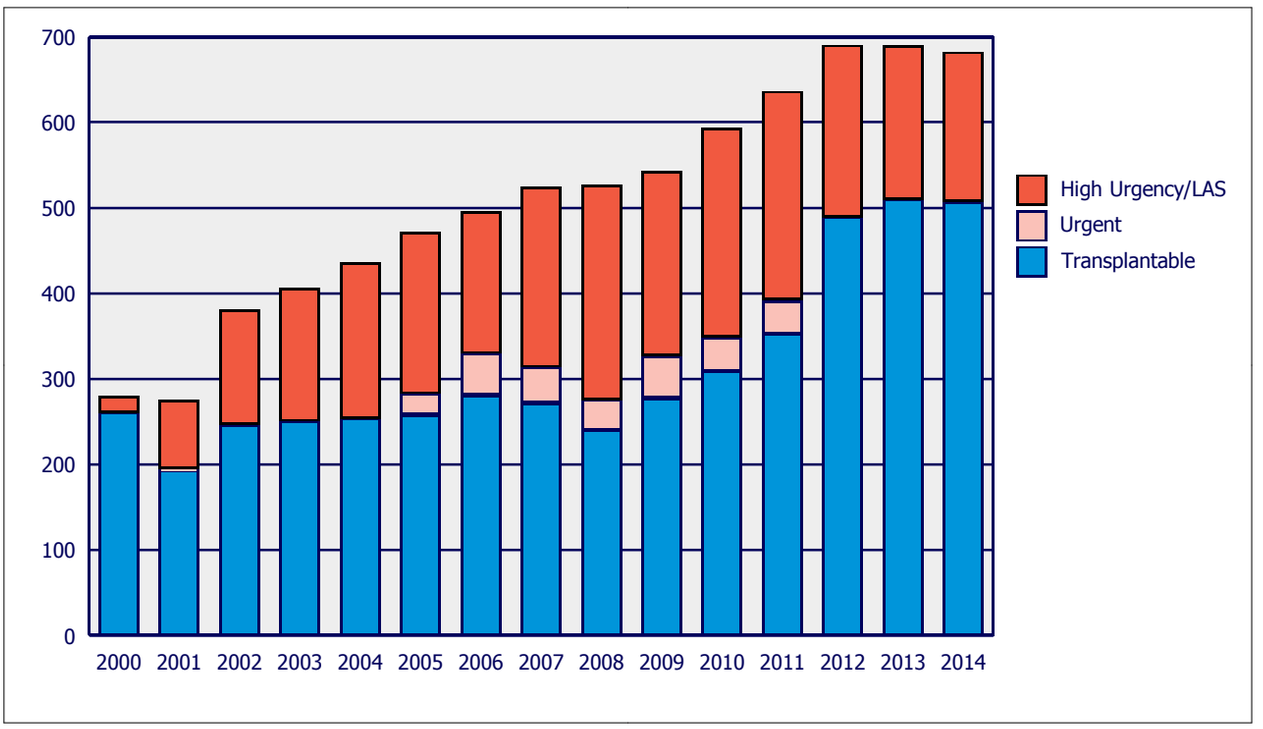


Figure 6.8 Percentage of deceased donor lung transplants, by recipient urgency at transplant

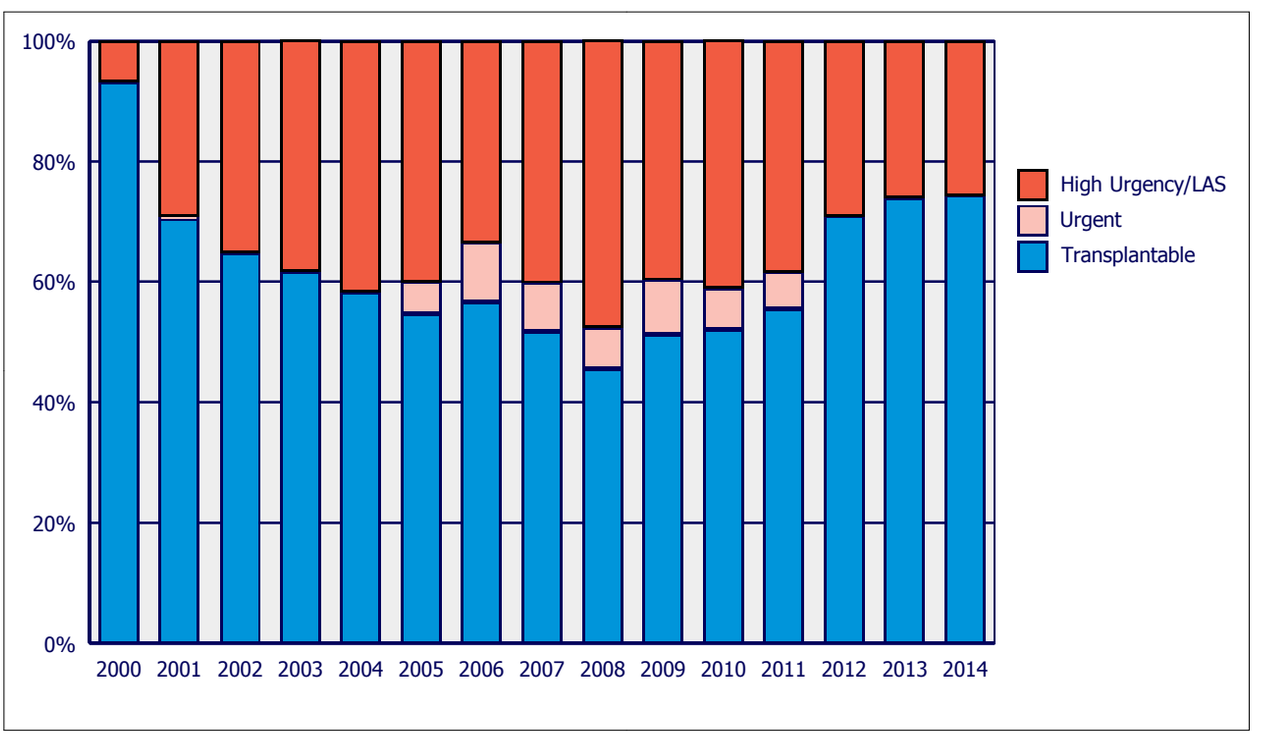


Table 6.11(i) Lung transplants from 2010 to 2014 - characteristics

Deceased donor lung transplants

Type of transplant	2010	2011	2012	2013	2014	2013/2014
Single lung	75	90	67	60	66	10.0 %
Both lungs	496	527	603	613	605	-1.3 %
Single lung + kidney	0	1	0	0	0	0.0 %
Both lungs + kidney	2	2	0	0	0	0.0 %
Both lungs + heart	16	14	19	14	9	-35.7 %
Both lungs + heart + liver	1	0	0	0	0	0.0 %
Both lungs + liver	3	2	1	1	2	100.0 %
Total	**593**	**636**	**690**	**688**	**682**	**-0.9 %**

Lung-only transplants (including single and both lungs)

Blood group	2010	2011	2012	2013	2014	2013/2014
A	231	288	303	297	297	0.0 %
AB	37	28	39	39	37	-5.1 %
B	74	80	79	91	76	-16.5 %
0	229	221	249	246	261	6.1 %
Total	**571**	**617**	**670**	**673**	**671**	**-0.3 %**

Waiting time (months) based on date put on WL	2010	2011	2012	2013	2014	2013/2014
0-5	269	303	381	377	415	10.1 %
6-11	121	119	115	107	116	8.4 %
12-23	114	89	92	103	68	-34.0 %
24-59	61	88	68	75	58	-22.7 %
60+	6	18	14	11	14	27.3 %
Total	**571**	**617**	**670**	**673**	**671**	**-0.3 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	543	579	634	649	637	-1.8 %
Repeat	28	38	36	24	34	41.7 %
Total	**571**	**617**	**670**	**673**	**671**	**-0.3 %**

Recipient age	2010	2011	2012	2013	2014	2013/2014
0-15	11	14	19	19	16	-15.8 %
16-55	351	346	347	362	361	-0.3 %
56-64	189	228	278	270	261	-3.3 %
65+	20	29	26	22	33	50.0 %
Total	**571**	**617**	**670**	**673**	**671**	**-0.3 %**

Allocation	2010	2011	2012	2013	2014	2013/2014
Standard	482	496	537	520	499	-4.0 %
Rescue	89	121	133	153	172	12.4 %
Total	**571**	**617**	**670**	**673**	**671**	**-0.3 %**

Table 6.11(i) (continued)

Urgency	2010	2011	2012	2013	2014	2013/2014
High Urgent/LAS	227	231	185	167	165	-1.2 %
Urgent	40	38	0	0	0	0.0 %
Elective	304	348	485	506	506	0.0 %
Total	**571**	**617**	**670**	**673**	**671**	**-0.3 %**

Table 6.11(ii) Lung transplants in 2014 - characteristics

Deceased donor lung transplants

Type of transplant	A	B	D	NL	Non-ET	Total	%
Single lung	2	5	46	13	0	66	9.7 %
Both lungs	132	98	296	78	1	605	88.7 %
Both lungs + heart	0	0	9	0	0	9	1.3 %
Both lungs + liver	0	1	1	0	0	2	0.3 %
Total	**134**	**104**	**352**	**91**	**1**	**682**	**100.0 %**

Lung-only transplants (including single and both lungs)

Blood group	A	B	D	NL	Non-ET	Total	%
A	50	48	161	37	1	297	44.3 %
AB	10	2	19	6	0	37	5.5 %
B	21	10	34	11	0	76	11.3 %
0	53	43	128	37	0	261	38.9 %
Total	**134**	**103**	**342**	**91**	**1**	**671**	**100.0 %**

Waiting time (months) based on date put on WL	A	B	D	NL	Non-ET	Total	%
0-5	97	53	228	36	1	415	61.8 %
6-11	18	30	49	19	0	116	17.3 %
12-23	14	14	29	11	0	68	10.1 %
24-59	5	6	27	20	0	58	8.6 %
60+	0	0	9	5	0	14	2.1 %
Total	**134**	**103**	**342**	**91**	**1**	**671**	**100.0 %**

Sequence	A	B	D	NL	Non-ET	Total	%
First	126	97	323	90	1	637	94.9 %
Repeat	8	6	19	1	0	34	5.1 %
Total	**134**	**103**	**342**	**91**	**1**	**671**	**100.0 %**

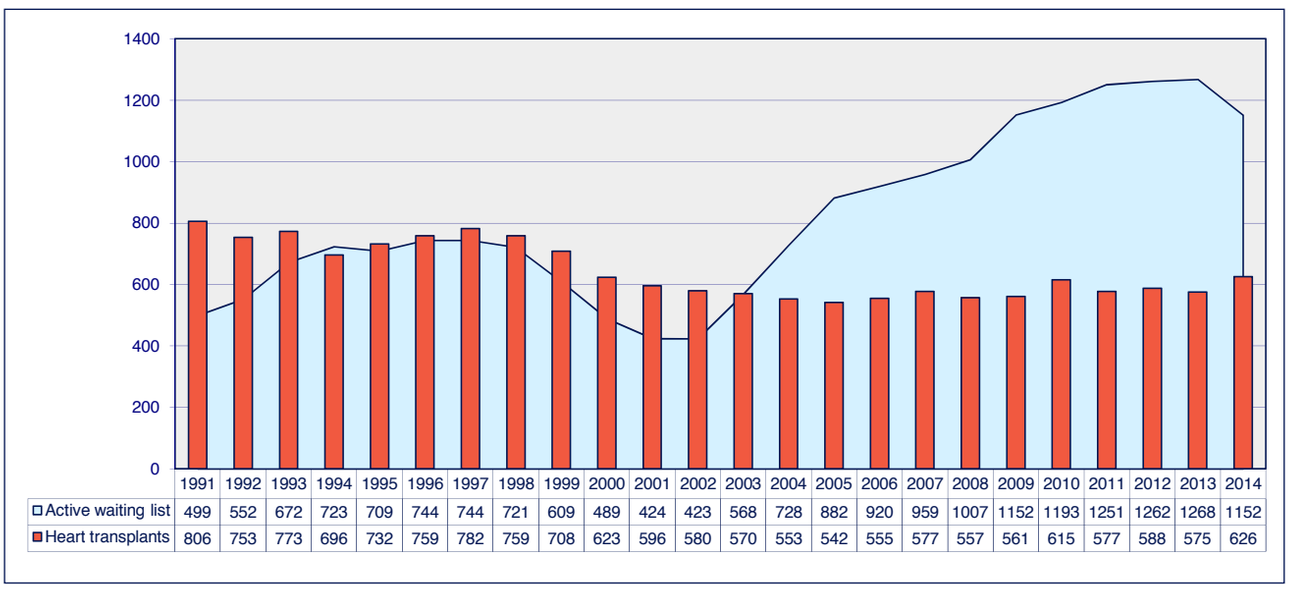
Recipient age	A	B	D	NL	Non-ET	Total	%
0-15	8	2	6	0	0	16	2.4 %
16-55	85	39	184	52	1	361	53.8 %
56-64	36	51	137	37	0	261	38.9 %
65+	5	11	15	2	0	33	4.9 %
Total	**134**	**103**	**342**	**91**	**1**	**671**	**100.0 %**

Table 6.11(ii) (continued)

Allocation	A	B	D	NL	Non-ET	Total	%
Standard	128	91	198	82	0	499	74.5 %
Rescue	6	12	144	9	1	172	25.5 %
Total	**134**	**103**	**342**	**91**	**1**	**671**	**100.0 %**

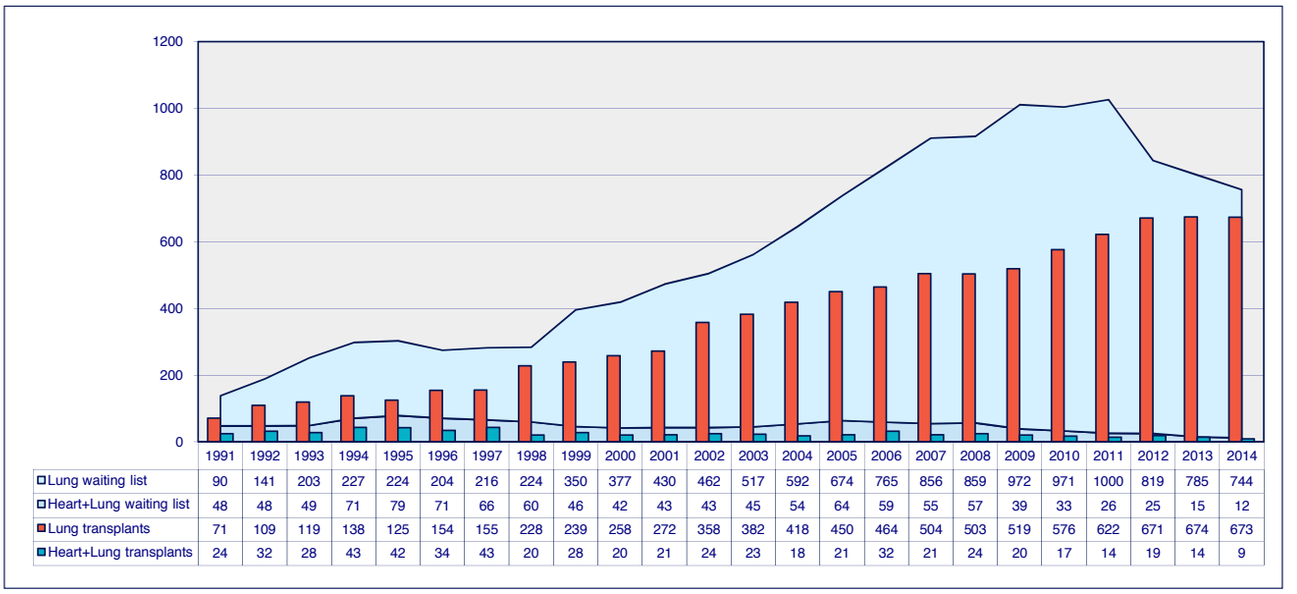
Urgency	A	B	D	NL	Non-ET	Total	%
High Urgent/LAS	27	18	93	27	0	165	24.6 %
Elective	107	85	249	64	1	506	75.4 %
Total	**134**	**103**	**342**	**91**	**1**	**671**	**100.0 %**

Figure 6.9 Dynamics of the Eurotransplant heart waiting list and transplants between 1991 and 2014



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Active waiting list	499	552	672	723	709	744	744	721	609	489	424	423	568	728	882	920	959	1007	1152	1193	1251	1262	1268	1152
Heart transplants	806	753	773	696	732	759	782	759	708	623	596	580	570	553	542	555	577	557	561	615	577	588	575	626

Figure 6.10 Dynamics of the Eurotransplant heart + lung waiting list, heart + lung transplants, lung waiting list and lung transplants, between 1991 and 2014



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Lung waiting list	90	141	203	227	224	204	216	224	350	377	430	462	517	592	674	765	856	859	972	971	1000	819	785	744
Heart+Lung waiting list	48	48	49	71	79	71	66	60	46	42	43	43	45	54	64	59	55	57	39	33	26	25	15	12
Lung transplants	71	109	119	138	125	154	155	228	239	258	272	358	382	418	450	464	504	503	519	576	622	671	674	673
Heart+Lung transplants	24	32	28	43	42	34	43	20	28	20	21	24	23	18	21	32	21	24	20	17	14	19	14	9

7.

Liver and Intestine: donation, waiting lists and transplants

DONATION

Table 7.1(i) Deceased donors / livers in Eurotransplant from 2010 to 2014

Donors	2010	2011	2012	2013	2014	2013/2014
All donors reported	2415	2481	2421	2302	2299	-0.1 %
Non-liver donors	351	369	420	387	319	-17.6 %
Liver donors reported	2064	2112	2001	1915	1980	3.4 %
Liver donors not used	330	385	359	400	389	-2.8 %
One split used	5	3	0	2	1	-50.0 %
Both splits used	59	44	47	47	54	14.9 %
Whole liver used	1670	1680	1595	1466	1536	4.8 %
Total liver donors used	1734	1727	1642	1515	1591	5.0 %

Donor procedures	2010	2011	2012	2013	2014	2013/2014
Whole liver procedure	1998	2064	1953	1862	1919	3.1 %
Split liver procedure	66	48	48	53	61	15.1 %
Total	**2064**	**2112**	**2001**	**1915**	**1980**	**3.4 %**

Whole livers	2010	2011	2012	2013	2014	2013/2014
Reported	1998	2064	1953	1862	1919	3.1 %
Offered	1996	2056	1945	1855	1916	3.3 %
Accepted	1955	1990	1886	1784	1854	3.9 %
Transplanted	1670	1680	1595	1466	1536	4.8 %

Split livers	2010	2011	2012	2013	2014	2013/2014
Available split livers	132	96	96	106	122	15.1 %
Split liver not used	9	5	2	10	13	30.0 %
Split liver transplanted	123	91	94	96	109	13.5 %

Table 7.1(ii) Deceased donors / livers in Eurotransplant in 2014

Donors	A	B	D	H	HR	L	NL	SLO	Total ET	Non-ET	Total	% all donors
All donors reported	220	313	882	212	149	4	336	47	2163	136	2299	100.0%
Non-liver donors	22	24	31	29	5	0	97	0	208	111	319	13.9%
Liver donors reported	198	289	851	183	144	4	239	47	1955	25	1980	86.1%
Liver donors not used	42	59	120	61	14	1	66	13	376	13	389	16.9%
One split used	0	0	1	0	0	0	0	0	1	0	1	0.0%
Both splits used	2	9	32	2	0	0	8	0	53	1	54	2.3%
Whole liver used	154	221	698	120	130	3	165	34	1525	11	1536	66.8%
Total liver donors used	156	230	731	122	130	3	173	34	1579	12	1591	69.2%

Donor procedures	A	B	D	H	HR	L	NL	SLO	Total ET	Non-ET	Total	%
Whole liver procedure	195	280	817	177	144	4	231	47	1895	24	1919	96.9%
Split liver procedure	3	9	34	6	0	0	8	0	60	1	61	3.1%
Total	**198**	**289**	**851**	**183**	**144**	**4**	**239**	**47**	**1955**	**25**	**1980**	**100.0%**

Whole livers	A	B	D	H	HR	L	NL	SLO	Total ET	Non-ET	Total	% reported
Reported	195	280	817	177	144	4	231	47	1895	24	1919	100.0%
Offered	195	280	817	177	144	4	231	47	1895	21	1916	99.8%
Accepted	192	269	802	171	144	4	207	46	1835	19	1854	96.6%
Transplanted	154	221	698	120	130	3	165	34	1525	11	1536	80.0%

Split livers	A	B	D	H	HR	L	NL	SLO	Total ET	Non-ET	Total	%
Available split livers	6	18	68	12	0	0	16	0	120	2	122	100.0%
Split liver not used	2	0	3	8	0	0	0	0	13	0	13	10.7%
Split liver transplanted	4	18	65	4	0	0	16	0	107	2	109	89.3%

WAITING LIST

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

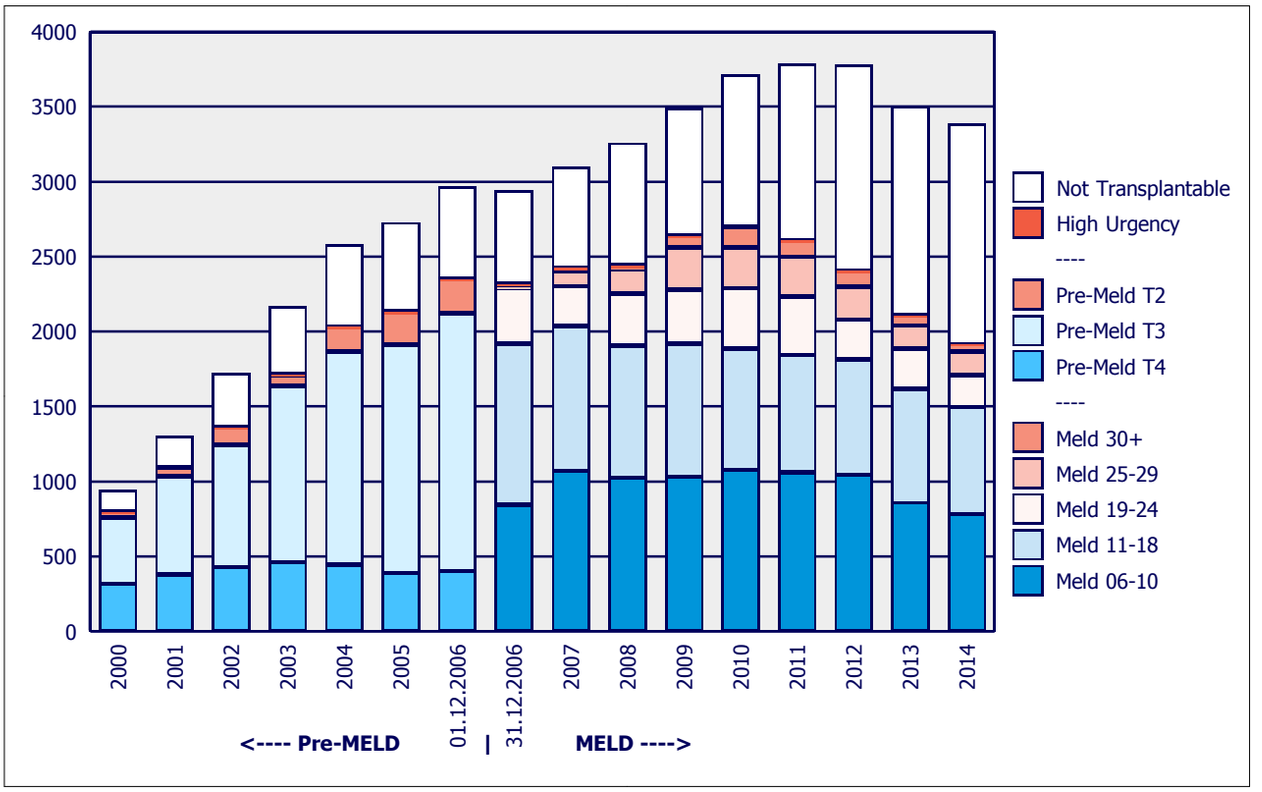


Figure 7.2 Liver waiting list, percentage of patients at year end, by urgency

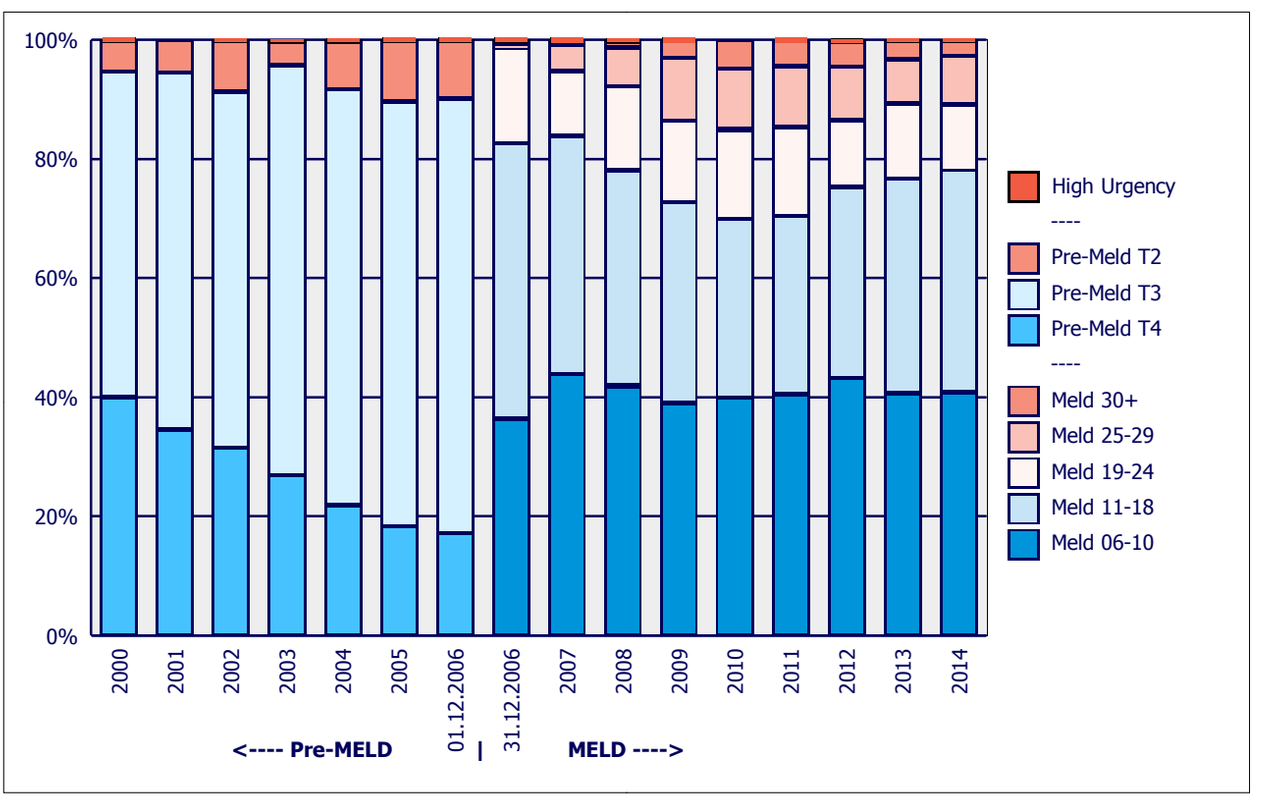


Table 7.2(i) Active liver transplant waiting list at year end, from 2010 to 2014

Type of transplant	2010	2011	2012	2013	2014	2013/2014
Liver	2588	2530	2327	2041	1853	-9.2 %
Liver + kidney	90	72	67	57	55	-3.5 %
Liver + heart	2	3	2	1	0	-100.0 %
Liver + heart + kidney	1	0	0	0	0	0.0 %
Liver + heart + lung	0	1	0	0	0	0.0 %
Liver + heart + pancreas	1	0	0	0	0	0.0 %
Liver + lung	5	1	3	5	6	20.0 %
Liver + pancreas	6	6	6	6	3	-50.0 %
Liver + pancreas + kidney	2	1	1	1	1	0.0 %
Total	**2695**	**2614**	**2406**	**2111**	**1918**	**-9.1 %**

Table 7.2(ii) Active liver transplant waiting list at year end, in 2014

Type of transplant	A	B	D	H	HR	NL	SLO	Total	%
Liver	85	171	1315	101	68	104	9	1853	96.6 %
Liver + kidney	1	15	27	7	0	5	0	55	2.9 %
Liver + lung	0	0	6	0	0	0	0	6	0.3 %
Liver + pancreas	0	1	2	0	0	0	0	3	0.2 %
Liver + pancreas + kidney	0	0	1	0	0	0	0	1	0.1 %
Total	**86**	**187**	**1351**	**108**	**68**	**109**	**9**	**1918**	**100.0 %**

Table 7.3(i) Active liver-only transplant waiting list at year end, from 2010 to 2014 - characteristics

Blood group	2010	2011	2012	2013	2014	2013/2014
A	1085	1064	1004	909	840	-7.6 %
AB	57	63	61	37	43	16.2 %
B	314	302	298	254	237	-6.7 %
O	1132	1101	964	841	733	-12.8 %
Total	**2588**	**2530**	**2327**	**2041**	**1853**	**-9.2 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	2456	2404	2216	1945	1767	-9.2 %
Repeat	132	126	111	96	86	-10.4 %
Total	**2588**	**2530**	**2327**	**2041**	**1853**	**-9.2 %**

Waiting time (months) based on date put on WL	2010	2011	2012	2013	2014	2013/2014
0-5	723	667	617	569	554	-2.6 %
6-11	451	390	420	355	309	-13.0 %
12-23	475	479	357	352	292	-17.0 %
24+	939	994	933	765	698	-8.8 %
Total	**2588**	**2530**	**2327**	**2041**	**1853**	**-9.2 %**

Table 7.3 (i) (continued)

Age	2010	2011	2012	2013	2014	2013/2014
0-15	59	61	69	65	46	-29.2 %
16-55	1459	1422	1224	1103	963	-12.7 %
56-64	800	796	781	658	606	-7.9 %
65+	270	251	253	215	238	10.7 %
Total	**2588**	**2530**	**2327**	**2041**	**1853**	**-9.2 %**

MELD score	2010	2011	2012	2013	2014	2013/2014
6-10	1064	1053	1032	847	775	-8.5 %
11-18	790	772	759	751	703	-6.4 %
19-24	361	347	238	236	179	-24.2 %
25-29	253	252	203	147	149	1.4 %
30+	120	106	95	60	47	-21.7 %
Total	**2588**	**2530**	**2327**	**2041**	**1853**	**-9.2 %**

Table 7.3 (ii) Active liver-only transplant waiting list at year end, in 2014 - characteristics

Blood group	A	B	D	H	HR	NL	SLO	Total	%
A	36	87	604	48	32	30	3	840	45.3 %
AB	7	1	18	9	5	3	0	43	2.3 %
B	11	12	159	16	21	16	2	237	12.8 %
0	31	71	534	28	10	55	4	733	39.6 %
Total	**85**	**171**	**1315**	**101**	**68**	**104**	**9**	**1853**	**100.0%**

Sequence	A	B	D	H	HR	NL	SLO	Total	%
First	80	159	1259	101	66	94	8	1767	95.4 %
Repeat	5	12	56	0	2	10	1	86	4.6 %
Total	**85**	**171**	**1315**	**101**	**68**	**104**	**9**	**1853**	**100.0%**

Waiting time (months) based on date put on WL	A	B	D	H	HR	NL	SLO	Total	%
0-5	44	89	314	37	21	41	8	554	29.9 %
6-11	31	38	191	19	10	19	1	309	16.7 %
12-23	7	18	203	45	4	15	0	292	15.8 %
24+	3	26	607	0	33	29	0	698	37.7 %
Total	**85**	**171**	**1315**	**101**	**68**	**104**	**9**	**1853**	**100.0 %**

Age	A	B	D	H	HR	NL	SLO	Total	%
0-15	5	5	35	0	0	1	0	46	2.5 %
16-55	28	83	700	56	29	63	4	963	52.0 %
56-64	39	49	419	35	27	33	4	606	32.7 %
65+	13	34	161	10	12	7	1	238	12.8 %
Total	**85**	**171**	**1315**	**101**	**68**	**104**	**9**	**1853**	**100.0 %**

Table 7.3(ii) (continued)

MELD score	A	B	D	H	HR	NL	SLO	Total	%
6-10	30	39	559	54	53	38	2	775	41.8 %
11-18	46	35	517	46	14	41	4	703	37.9 %
19-24	3	47	110	1	0	16	2	179	9.7 %
25-29	1	44	95	0	1	7	1	149	8.0 %
30+	5	6	34	0	0	2	0	47	2.5 %
Total	**85**	**171**	**1315**	**101**	**68**	**104**	**9**	**1853**	**100.0 %**

TRANSPLANTATION

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

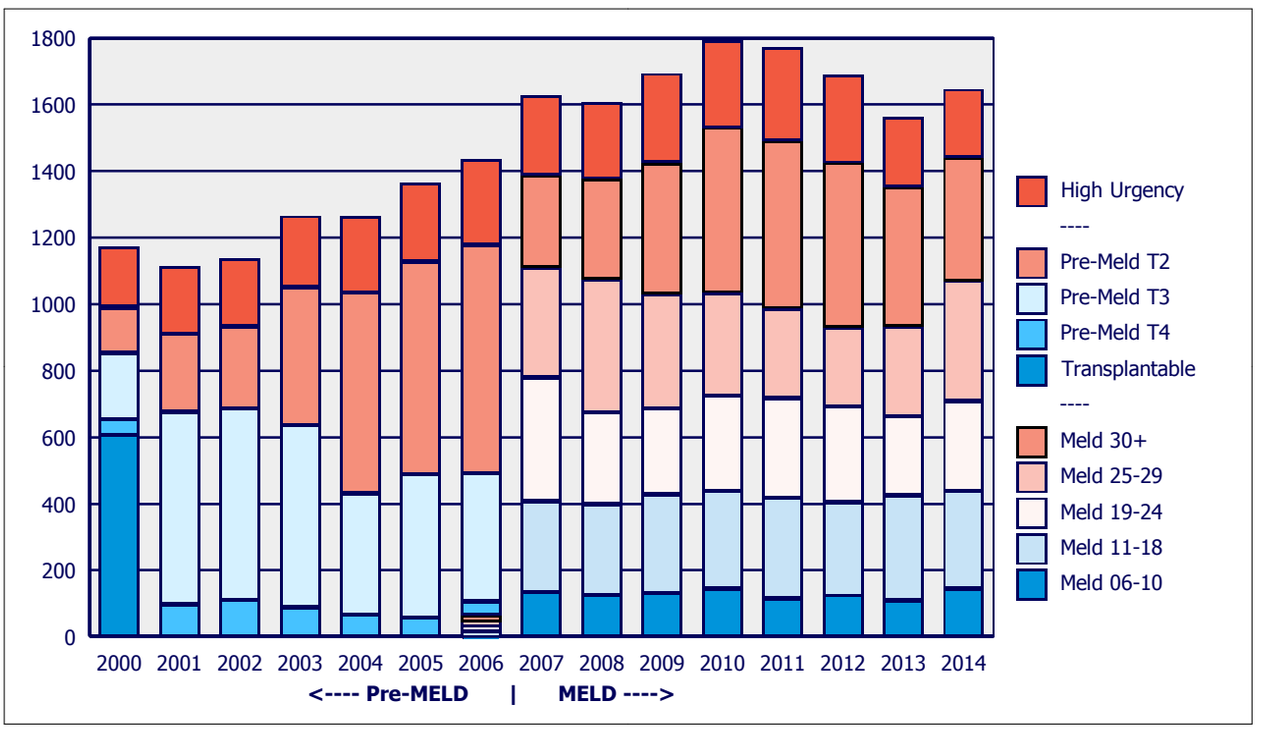


Figure 7.4 Percentage of deceased donor liver transplants, by recipient urgency at transplant

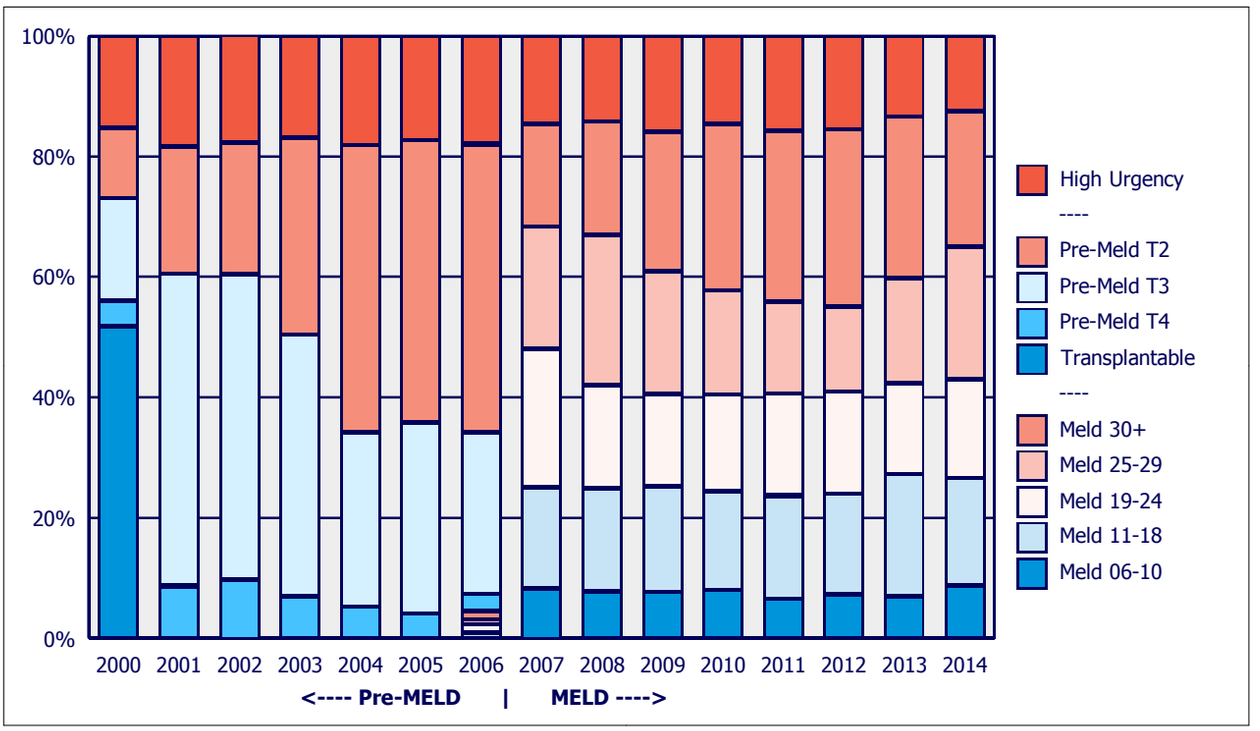


Table 7.4(i) Liver transplants from 2010 to 2014 - characteristics

Deceased donor liver transplants

Type of transplant	2010	2011	2012	2013	2014	2013/2014
Split liver	118	88	90	92	106	15.2 %
Whole liver	1606	1622	1553	1420	1492	5.1 %
Split liver + kidney	5	3	4	4	3	-25.0 %
Whole liver + kidney	52	43	35	39	38	-2.6 %
Whole liver + kidney en bloc	0	1	0	0	0	0.0 %
Whole liver + heart	1	3	1	1	0	-100.0 %
Whole liver + heart + both lungs	1	0	0	0	0	0.0 %
Whole liver + both lungs	3	2	1	1	2	100.0 %
Whole liver + pancreas	6	6	4	5	4	-20.0 %
Whole liver + pancreas + kidney	1	2	1	0	1	0.0 %
Total	**1793**	**1770**	**1689**	**1562**	**1646**	**5.4 %**

Liver-only transplants (whole and split)

Blood group	2010	2011	2012	2013	2014	2013/2014
A	739	773	694	623	690	10.8 %
AB	124	115	109	101	91	-9.9 %
B	249	230	230	223	233	4.5 %
O	612	592	610	565	584	3.4 %
Total	**1724**	**1710**	**1643**	**1512**	**1598**	**5.7 %**

Table 7.4(i) (continued)

Waiting time (months) based on date put on WL	2010	2011	2012	2013	2014	2013/2014
0-5	1131	1103	1062	902	988	9.5 %
6-11	264	271	227	292	298	2.1 %
12-23	176	214	211	199	205	3.0 %
24-59	131	93	118	91	78	-14.3 %
60+	22	29	25	28	29	3.6 %
Total	**1724**	**1710**	**1643**	**1512**	**1598**	**5.7 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	1487	1490	1427	1321	1397	5.8 %
Repeat	237	220	216	191	201	5.2 %
Total	**1724**	**1710**	**1643**	**1512**	**1598**	**5.7 %**

Recipient age	2010	2011	2012	2013	2014	2013/2014
0-15	118	103	110	97	118	21.6 %
16-55	835	796	779	696	733	5.3 %
56-64	551	599	533	517	555	7.4 %
65+	220	212	221	202	192	-5.0 %
Total	**1724**	**1710**	**1643**	**1512**	**1598**	**5.7 %**

Allocation	2010	2011	2012	2013	2014	2013/2014
Standard	1254	1214	1290	1231	1357	10.2 %
Rescue	470	496	353	281	241	-14.2 %
Total	**1724**	**1710**	**1643**	**1512**	**1598**	**5.7 %**

Urgency/MELD score	2010	2011	2012	2013	2014	2013/2014
Unknown	7	4	5	5	7	40.0 %
6-10	132	103	117	103	131	27.2 %
11-18	289	296	275	314	295	-6.1 %
19-24	276	294	279	226	258	14.2 %
25-29	296	264	226	254	352	38.6 %
30+	467	475	479	401	350	-12.7 %
High Urgency	257	274	262	209	205	-1.9 %
Total	**1724**	**1710**	**1643**	**1512**	**1598**	**5.7 %**

Table 7.4(ii) Liver transplants in 2014 - characteristics

Type of transplant	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
Split liver	0	10	87	0	0	9	0	0	106	6.4 %
Whole liver	133	203	773	74	122	156	30	1	1492	90.6 %
Split liver + kidney	0	0	3	0	0	0	0	0	3	0.2 %
Whole liver + kidney	3	14	13	1	2	4	1	0	38	2.3 %
Whole liver + both lungs	0	1	1	0	0	0	0	0	2	0.1 %
Whole liver + pancreas	0	2	2	0	0	0	0	0	4	0.2 %
Whole liver + pancreas + kidney	0	1	0	0	0	0	0	0	1	0.1 %
Total	**136**	**231**	**879**	**75**	**124**	**169**	**31**	**1**	**1646**	**100.0 %**

Liver-only transplants (whole and split)

Blood group	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
A	59	95	376	33	51	65	11	0	690	43.2 %
AB	5	6	55	3	8	13	0	1	91	5.7 %
B	23	21	131	11	23	16	8	0	233	14.6 %
0	46	91	298	27	40	71	11	0	584	36.5 %
Total	**133**	**213**	**860**	**74**	**122**	**165**	**30**	**1**	**1598**	**100.0 %**

Waiting time (months) based on date put on WL	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
0-5	90	122	528	21	105	98	23	1	988	61.8 %
6-11	25	60	145	23	7	33	5	0	298	18.6 %
12-23	15	21	110	30	5	22	2	0	205	12.8 %
24-59	2	10	54	0	3	9	0	0	78	4.9 %
60+	1	0	23	0	2	3	0	0	29	1.8 %
Total	**133**	**213**	**860**	**74**	**122**	**165**	**30**	**1**	**1598**	**100.0 %**

Sequence	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
First	124	191	731	73	109	138	30	1	1397	87.4 %
Repeat	9	22	129	1	13	27	0	0	201	12.6 %
Total	**133**	**213**	**860**	**74**	**122**	**165**	**30**	**1**	**1598**	**100.0 %**

Recipient age	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
0-15	4	9	82	1	2	19	0	1	118	7.4 %
16-55	61	82	404	43	53	75	15	0	733	45.9 %
56-64	49	71	299	25	48	49	14	0	555	34.7 %
65+	19	51	75	5	19	22	1	0	192	12.0 %
Total	**133**	**213**	**860**	**74**	**122**	**165**	**30**	**1**	**1598**	**100.0 %**

Allocation	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
Standard	130	207	635	74	121	160	30	0	1357	84.9 %
Rescue	3	6	225	0	1	5	0	1	241	15.1 %
Total	**133**	**213**	**860**	**74**	**122**	**165**	**30**	**1**	**1598**	**100.0 %**

Table 7.4(ii) (continued)

MELD score	A	B	D	H	HR	NL	SLO	Non-ET	Total	%
Unknown	1	2	0	0	3	0	0	1	7	0.4 %
6-10	23	7	42	32	10	4	13	0	131	8.2 %
11-18	61	25	89	34	44	32	10	0	295	18.5 %
19-24	32	36	89	3	40	54	4	0	258	16.1 %
25-29	3	72	221	0	13	42	1	0	352	22.0 %
30+	6	46	273	2	10	13	0	0	350	21.9 %
High urgency	7	25	146	3	2	20	2	0	205	12.8 %
Total	**133**	**213**	**860**	**74**	**122**	**165**	**30**	**1**	**1598**	**100.0 %**

Table 7.5(i) Living donor liver transplants from 2010 to 2014

Liver-only	2010	2011	2012	2013	2014	2013/2014
Domino	6	16	5	3	6	100.0 %
Related	114	107	104	117	96	-17.9 %
Non-related	18	12	12	13	10	-23.1 %
Total	**138**	**135**	**121**	**133**	**112**	**-15.8 %**

Related	2010	2011	2012	2013	2014	2013/2014
Brother / sister	8	6	11	12	5	-58.3 %
Father	30	40	26	35	32	-8.6 %
Mother	48	42	36	46	41	-10.9 %
Son / daughter	15	11	13	12	5	-58.3 %
Grandfather / -mother	1	5	1	5	2	-60.0 %
Uncle / aunt	8	1	12	6	9	50.0 %
Nephew / niece	3	2	2	1	0	-100.0 %
Cousin	1	0	3	0	1	--
Blood related : NOS*	0	0	0	0	1	--
Total	**114**	**107**	**104**	**117**	**96**	**-17.9 %**

Non-related	2010	2011	2012	2013	2014	2013/2014
Spouse / partner	12	7	7	7	6	-14.3 %
Not blood related family	3	5	5	5	4	-20.0 %
Friend	2	0	0	1	0	-100.0 %
Not blood related: NOS*	1	0	0	0	0	0.0 %
Total	**18**	**12**	**12**	**13**	**10**	**-23.1 %**

*NOS Not otherwise specified

Table 7.5(ii) Living donor liver transplants in 2014

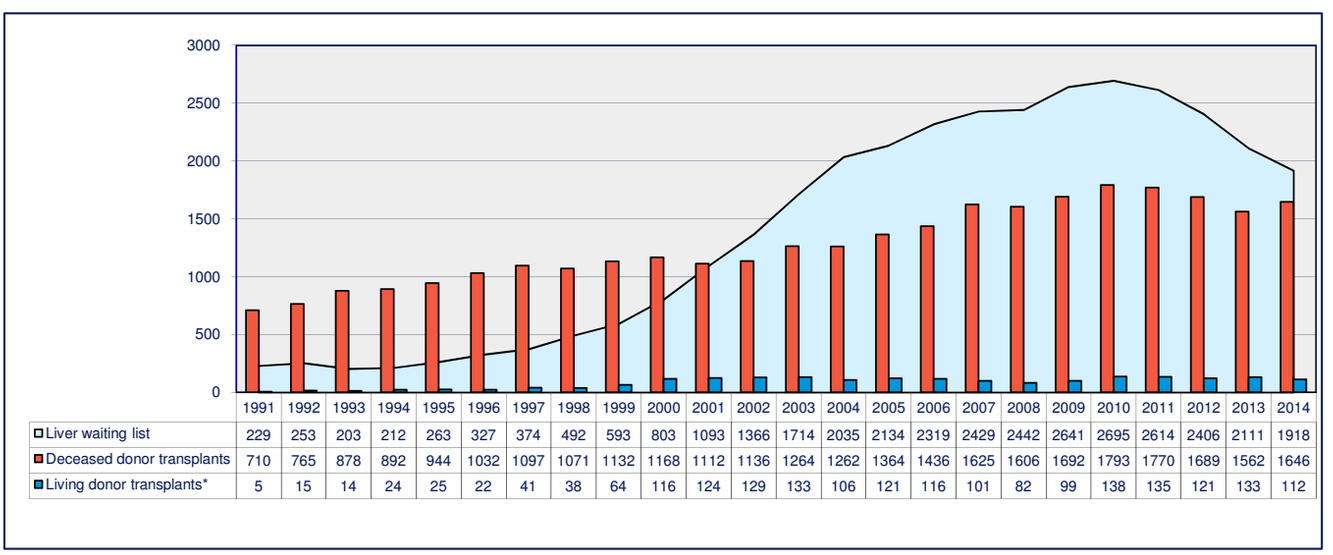
Liver-only	A	B	D	HR	NL	Total	%
Domino	0	2	4	0	0	6	5.4 %
Related	6	38	48	1	3	96	85.7 %
Non-related	0	0	10	0	0	10	8.9 %
Total	**6**	**40**	**62**	**1**	**3**	**112**	**100.0 %**

Related	A	B	D	HR	NL	Total	%
Brother / sister	0	2	3	0	0	5	5.2 %
Father	3	15	13	0	1	32	33.3 %
Mother	3	12	24	1	1	41	42.7 %
Son / daughter	0	1	4	0	0	5	5.2 %
Grandfather / -mother	0	0	2	0	0	2	2.1 %
Uncle / aunt	0	6	2	0	1	9	9.4 %
Cousin	0	1	0	0	0	1	1.0 %
Blood related: NOS*	0	1	0	0	0	1	1.0 %
Total	**6**	**38**	**48**	**1**	**3**	**96**	**100.0 %**

Non-related	A	B	D	HR	NL	Total	%
Spouse / partner	0	0	6	0	0	6	60.0 %
Not blood related family	0	0	4	0	0	4	40.0 %
Total	**0**	**0**	**10**	**0**	**0**	**10**	**100.0 %**

*NOS Not otherwise specified

Figure 7.5 Dynamics of the Eurotransplant liver waiting list and liver transplants between 1991 and 2014



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Liver waiting list	229	253	203	212	263	327	374	492	593	803	1093	1366	1714	2035	2134	2319	2429	2442	2641	2695	2614	2406	2111	1918
Deceased donor transplants	710	765	878	892	944	1032	1097	1071	1132	1168	1112	1136	1264	1262	1364	1436	1625	1606	1692	1793	1770	1689	1562	1646
Living donor transplants*	5	15	14	24	25	22	41	38	64	116	124	129	133	106	121	116	101	82	99	138	135	121	133	112

Intestine transplants 2014

DONATION

Table 7.6 Deceased donors/intestine in Eurotransplant in 2014

Donors	A	B	D	H	HR	L	NL	SLO	Total ET	Non-ET	Total
All donors reported	220	313	882	212	149	4	336	47	2163	136	2299
Non-intestine donors	201	291	683	193	141	4	302	46	1861	115	1976
Intestine donors reported	19	22	199	19	8	0	34	1	302	21	323
Intestine donors used	1	2	7	0	0	0	0	0	0	1	11

Donor blood group	
A	4
B	1
AB	0
0	6
Total	**11**

Donor age in years	
<5	2
6-10	0
11-20	4
21-30	1
31-40	3
41-50	1
Total	**11**

Donor weight in kg	
<10	1
11-20	1
21-30	1
31-40	0
41-50	1
51-60	2
61-70	3
71-80	2
Total	**11**

WAITING LIST

Table 7.7 Intestine waiting list in 2014

Waiting list at year end in 2013	A	B	D	NL	Total	Active	NT	Total
Intestine-only	1	0	9	1	11	7	4	11
Combined transplants including intestine	0	3	7	0	10	8	2	10
Total	**1**	**3**	**16**	**1**	**21**	**15**	**6**	**21**

Waiting list at year end in 2014	A	B	D	NL	Total	Active	NT	Total
Intestine-only	1	0	4	2	7	4	3	7
Combined transplants including intestine	0	3	8	0	11	8	3	11
Total	**1**	**3**	**12**	**2**	**18**	**12**	**6**	**18**

Registrations on the waiting list in 2014	Active	NT	Total
Intestine-only	4	0	4
Combined transplants including intestine	5	2	7
Total	**9**	**2**	**11**

Table 7.7 (continued)

Removals from the waiting list in 2014	
Deceased	3
Recovered	1
Transplanted	10
Total	**14**

WAITING LIST

Table 7.8 Intestine transplants in 2014

Intestine transplants in 2014	
Belgium BLMTP – Leuven	4
Germany GBCTP – Berlin	3
Germany GJETP – Jena	1
Germany GMNTP – Münster	1
Germany GTUTP – Tübingen	1
United Kingdom	1
Total	**11**

Intestine transplants in Eurotransplant	2011	2012	2013	2014
Belgium	4	2	0	4
Germany	9	6	5	6
Netherlands	1	2	0	0
Total	**14**	**10**	**5**	**10**

Intestine transplants in Eurotransplant	2011	2012	2013	2014
Intestine-only	6	5	3	4
Combined transplants including intestine	8	5	2	6
Total	**14**	**10**	**5**	**10**

Note: Combined transplants including intestine (for instance liver and intestine) are included in the respective organ chapters but intestine is not specified there.

8.

Pancreas and Islets: donation, waiting lists and transplants

DONATION

Table 8.1(i) Deceased donors / pancreas in Eurotransplant from 2010 to 2014

Donors	2010	2011	2012	2013	2014	2013/2014
All donors reported	2415	2481	2421	2302	2299	-0.1 %
Non-pancreas donors	1471	1473	1463	1351	1377	1.9 %
Pancreas donors reported	944	1008	958	951	922	-3.0 %
Pancreas donors not used	671	703	681	723	692	-4.3 %
Pancreatic islet donors used	30	64	53	31	31	0.0 %
Whole pancreas donors used	243	241	224	197	199	1.0 %
Total pancreas donors used	273	305	277	228	230	0.9 %
Pancreas	**2010**	**2011**	**2012**	**2013**	**2014**	**2013/2014**
Reported	944	1008	958	951	922	-3.0 %
Offered	920	985	935	924	904	-2.2 %
Accepted	573	613	577	486	461	-5.1 %
Transplanted	273	305	277	228	230	0.9 %

Table 8.1(ii) Deceased donors / pancreas in Eurotransplant in 2014

Donors	A	B	D	H	HR	L	NL	SLO	Total ET	Non-ET	Total	% all donors
All donors reported	220	313	882	212	149	4	336	47	2163	136	2299	100.0 %
Non-pancreas donors	171	119	581	177	123	2	42	36	1251	126	1377	59.9 %
Pancreas donors reported	49	194	301	35	26	2	294	11	912	10	922	40.1 %
Pancreas donors not used	26	167	187	21	21	1	249	10	682	10	692	30.1 %
Pancreatic islet donors used	2	15	0	0	0	0	14	0	31	0	31	1.3 %
Whole pancreas donors used	21	12	114	14	5	1	31	1	199	0	199	8.7 %
Total pancreas donors used	23	27	114	14	5	1	45	1	230	0	230	10.0 %
Pancreas	**A**	**B**	**D**	**H**	**HR**	**L**	**NL**	**SLO**	**Total ET**	**Non-ET**	**Total**	**% reported**
Reported	49	194	301	35	26	2	294	11	912	10	922	100.0 %
Offered	49	188	299	35	26	2	286	10	895	9	904	98.0 %
Accepted	39	77	176	28	11	1	124	5	461	0	461	50.0 %
Transplanted	23	27	114	14	5	1	45	1	230	0	230	24.9 %

WAITING LIST

Figure 8.1 Pancreas waiting list, number of patients at year end, by urgency

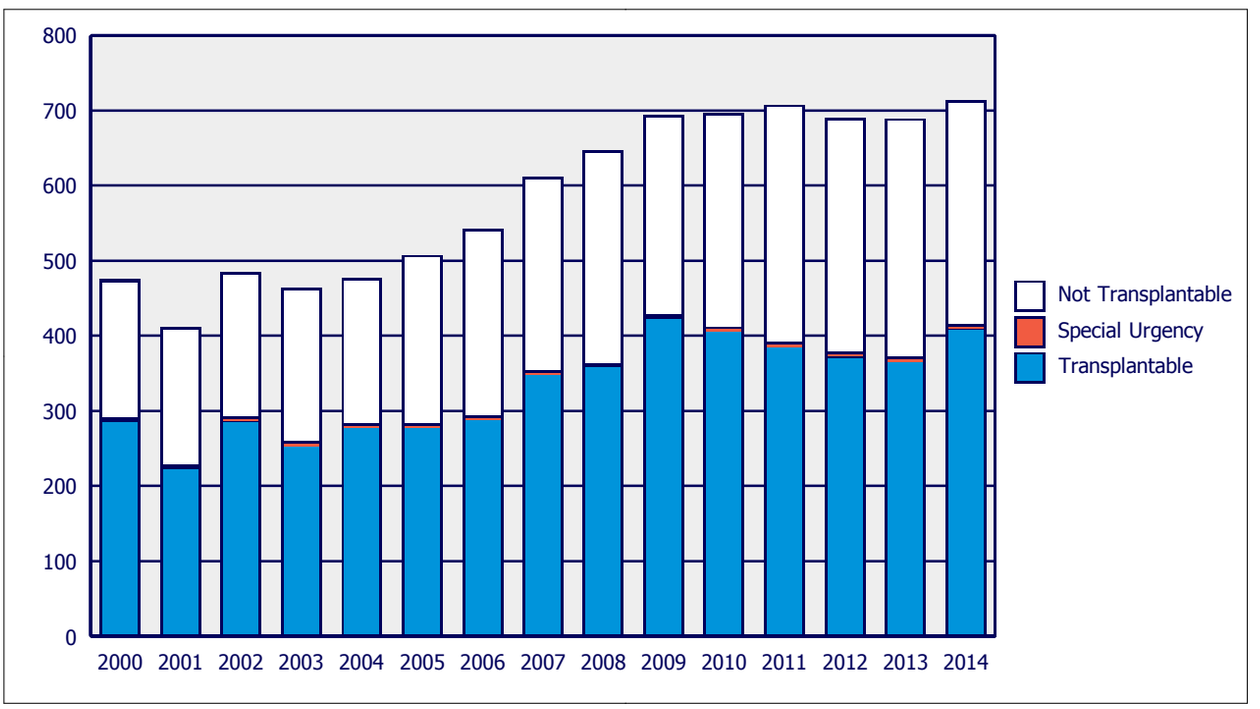


Figure 8.2 Pancreas waiting list, percentage of patients at year end, by urgency

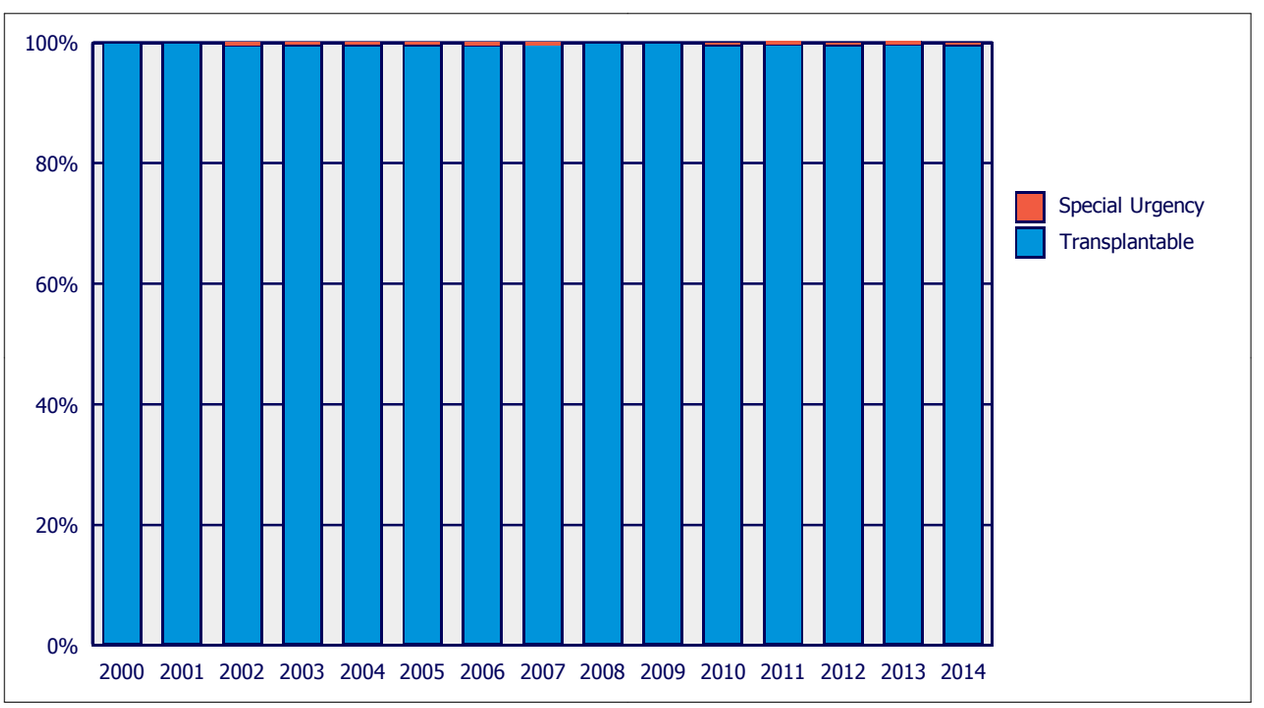


Table 8.2(i) Active pancreas transplant waiting list at year end, from 2010 to 2014

Type of transplant	2010	2011	2012	2013	2014	2013/2014
Pancreas	29	43	46	40	44	10.0 %
Pancreas islets	37	49	43	35	43	22.9 %
Pancreas islets + kidney	0	3	1	2	1	-50.0 %
Pancreas + kidney	335	287	279	285	321	12.6 %
Pancreas + kidney + liver	2	1	1	1	1	0.0 %
Pancreas + heart + liver	1	0	0	0	0	0.0 %
Pancreas + liver	6	6	6	6	3	-50.0 %
Total	**410**	**389**	**376**	**369**	**413**	**11.9 %**

Table 8.2(ii) Active pancreas transplant waiting list at year end, in 2014

Type of transplant	A	B	D	D	HR	NL	SLO	Total	%
Pancreas	4	4	28	0	0	8	0	44	10.7 %
Pancreatic islets	0	25	6	0	0	12	0	43	10.4 %
Pancreatic islets + kidney	0	1	0	0	0	0	0	1	0.2 %
Pancreas + kidney	29	39	207	8	7	23	8	321	77.7 %
Pancreas + kidney + liver	0	0	1	0	0	0	0	1	0.2 %
Pancreas + liver	0	1	2	0	0	0	0	3	0.7 %
Total	**33**	**70**	**244**	**8**	**7**	**43**	**8**	**413**	**100.0 %**

Table 8.3a(i) Active pancreas-only transplant waiting list at year end, from 2010 to 2014 - characteristics

Blood group	2010	2011	2012	2013	2014	2013/2014
A	28	31	29	19	25	31.6 %
AB	3	1	2	0	1	--
B	8	19	17	14	16	14.3 %
0	27	41	41	42	45	7.1 %
Total	**66**	**92**	**89**	**75**	**87**	**16.0 %**

% PRA current	2010	2011	2012	2013	2014	2013/2014
0-5 %	56	71	71	58	72	24.1 %
6-84 %	7	9	8	10	7	-30.0 %
85-100 %	0	1	0	1	3	200.0 %
Not reported	3	11	10	6	5	-16.7 %
Total	**66**	**92**	**89**	**75**	**87**	**16.0 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	38	55	53	40	56	40.0 %
Repeat	28	37	36	35	31	-11.4 %
Total	**66**	**92**	**89**	**75**	**87**	**16.0 %**

Table 8.3a(i) (continued)

Waiting time (months) based on date put on WL	2010	2011	2012	2013	2014	2013/2014
0-5	12	28	13	10	19	90.0 %
6-11	10	20	16	16	13	-18.8 %
12-23	20	16	33	11	21	90.9 %
24+	24	28	27	38	34	-10.5 %
Total	**66**	**92**	**89**	**75**	**87**	**16.0 %**

Age	2010	2011	2012	2013	2014	2013/2014
0-15	0	1	1	0	0	0.0 %
16-55	56	76	71	61	63	3.3 %
56-64	6	11	13	11	17	54.5 %
65+	4	4	4	3	7	133.3 %
Total	**66**	**92**	**89**	**75**	**87**	**16.0 %**

Table 8.3a(ii) Active pancreas-only transplant waiting list at year end, in 2014 - characteristics

Blood group	A	B	D	NL	Total	%
A	1	10	5	9	25	28.7 %
AB	0	0	1	0	1	1.1 %
B	2	5	8	1	16	18.4 %
0	1	14	20	10	45	51.7 %
Total	**4**	**29**	**34**	**20**	**87**	**100.0 %**

% PRA current	A	B	D	NL	Total	%
0-5 %	4	21	28	19	72	82.8 %
6-84 %	0	3	4	0	7	8.0 %
85-100 %	0	0	2	1	3	3.4 %
Not reported	0	5	0	0	5	5.7 %
Total	**4**	**29**	**34**	**20**	**87**	**100.0 %**

Sequence	A	B	D	NL	Total	%
First	1	20	25	10	56	64.4 %
Repeat	3	9	9	10	31	35.6 %
Total	**4**	**29**	**34**	**20**	**87**	**100.0 %**

Waiting time (months) based on date put on WL	A	B	D	NL	Total	%
0-5	1	6	6	6	19	21.8 %
6-11	0	2	5	6	13	14.9 %
12-23	2	5	9	5	21	24.1 %
24+	1	16	14	3	34	39.1 %
Total	**4**	**29**	**34**	**20**	**87**	**100.0 %**

Table 8.3a(ii) (continued)

Age	A	B	D	NL	Total	%
16-55	4	17	29	13	63	72.4 %
56-64	0	7	5	5	17	19.5 %
65+	0	5	0	2	7	8.0 %
Total	**4**	**29**	**34**	**20**	**87**	**100.0 %**

Table 8.3b(i) Active pancreas + kidney transplant waiting list at year end, from 2010 to 2014 - characteristics

Blood group	2010	2011	2012	2013	2014	2013/2014
A	132	94	102	116	126	8.6 %
AB	5	8	5	5	6	20.0 %
B	55	50	55	50	52	4.0 %
0	143	138	118	116	138	19.0 %
Total	**335**	**290**	**280**	**287**	**322**	**12.2 %**

% PRA current	2010	2011	2012	2013	2014	2013/2014
0-5 %	298	258	244	243	277	14.0 %
6-84 %	30	27	25	31	35	12.9 %
85-100 %	3	5	8	9	8	-11.1 %
Not reported	4	0	3	4	2	-50.0 %
Total	**335**	**290**	**280**	**287**	**322**	**12.2 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	306	263	251	260	293	12.7 %
Repeat	29	27	29	27	29	7.4 %
Total	**335**	**290**	**280**	**287**	**322**	**12.2 %**

Waiting time (months) based on date put on WL	2010	2011	2012	2013	2014	2013/2014
0-5	77	58	53	68	72	5.9 %
6-11	76	68	69	70	91	30.0 %
12-23	96	86	86	81	92	13.6 %
24+	86	78	72	68	67	-1.5 %
Total	**335**	**290**	**280**	**287**	**322**	**12.2 %**

Age	2010	2011	2012	2013	2014	2013/2014
16-55	295	254	256	263	298	13.3 %
55-64	37	34	22	23	23	0.0 %
65+	3	2	2	1	1	0.0 %
Total	**335**	**290**	**280**	**287**	**322**	**12.2 %**

Table 8.3b(ii) Active pancreas + kidney transplant waiting list at year end, in 2014 - characteristics

Blood group	A	B	D	H	HR	NL	SLO	Total	%
A	9	16	79	4	4	9	5	126	39.1 %
AB	0	2	3	0	0	0	1	6	1.9 %
B	8	5	35	3	0	1	0	52	16.1 %
0	12	17	90	1	3	13	2	138	42.9 %
Total	**29**	**40**	**207**	**8**	**7**	**23**	**8**	**322**	**100.0 %**

% PRA current	A	B	D	H	HR	NL	SLO	Total	%
0-5 %	24	35	180	6	5	20	7	277	86.0 %
6-84 %	3	4	21	2	1	3	1	35	10.9 %
85-100 %	1	1	6	0	0	0	0	8	2.5 %
Not reported	1	0	0	0	1	0	0	2	0.6 %
Total	**29**	**40**	**207**	**8**	**7**	**23**	**8**	**322**	**100.0 %**

Sequence	A	B	D	H	HR	NL	SLO	Total	%
First	22	36	189	8	7	23	8	293	91.0 %
Repeat	7	4	18	0	0	0	0	29	9.0 %
Total	**29**	**40**	**207**	**8**	**7**	**23**	**8**	**322**	**100.0 %**

Waiting time (months) based on date put on WL	A	B	D	H	HR	NL	SLO	Total	%
0-5	16	3	38	3	5	4	3	72	22.4 %
6-11	3	14	52	2	0	15	5	91	28.3 %
12-23	7	12	65	3	1	4	0	92	28.6 %
24+	3	11	52	0	1	0	0	67	20.8 %
Total	**29**	**40**	**207**	**8**	**7**	**23**	**8**	**322**	**100.0 %**

Age	A	B	D	H	HR	NL	SLO	Total	%
16-55	25	34	193	8	7	23	8	298	92.5 %
55-64	4	6	13	0	0	0	0	23	7.1 %
65+	0	0	1	0	0	0	0	1	0.3 %
Total	**29**	**40**	**207**	**8**	**7**	**23**	**8**	**322**	**100.0 %**

Figure 8.3 Number of deceased donor pancreas transplants, by recipient urgency at transplant

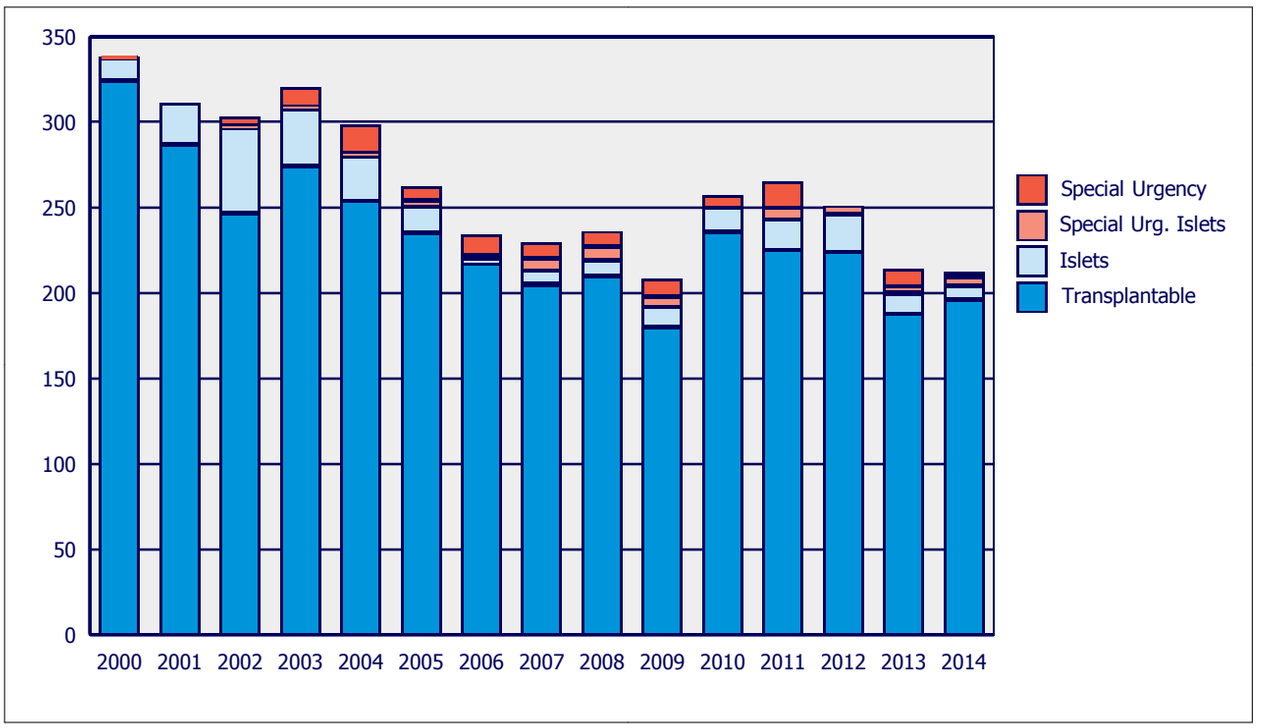


Figure 8.4 Percentage of deceased donor pancreas, by recipient urgency at transplant

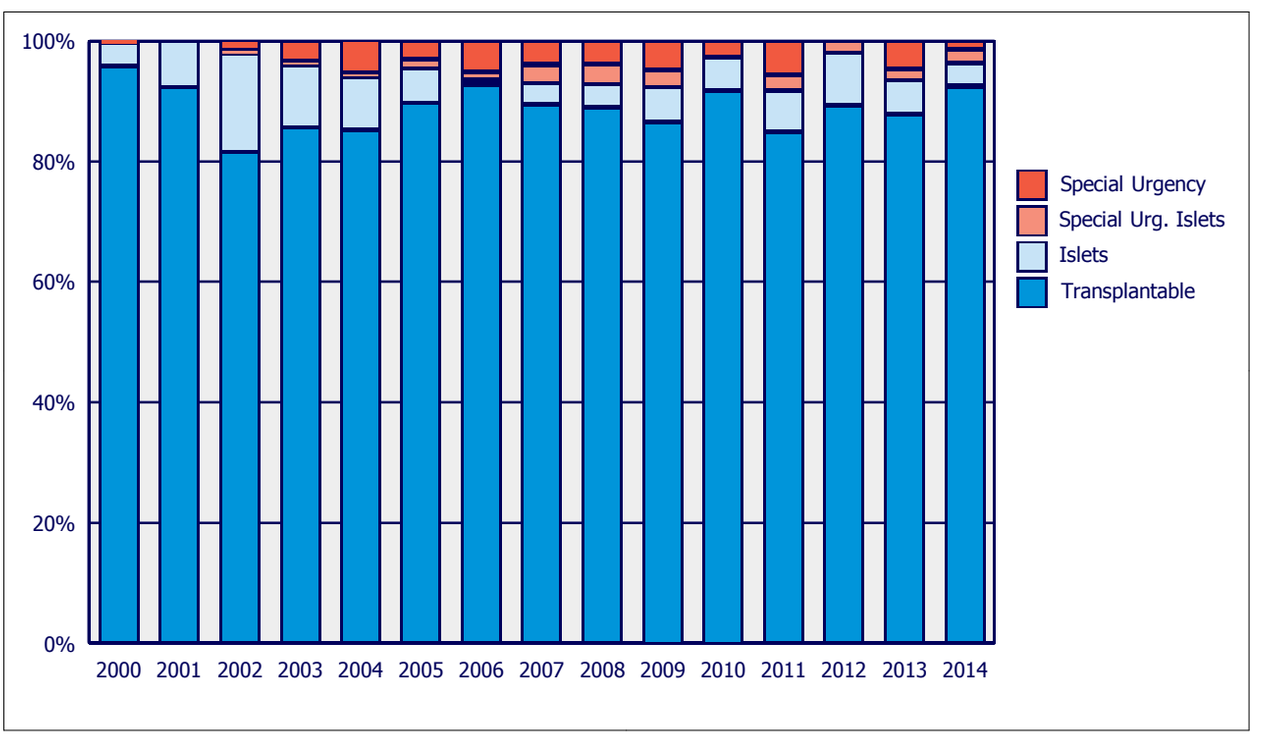


Table 8.4a(i) Pancreas transplants from 2010 to 2014 - characteristics

Deceased donor pancreas transplants

Type of transplant	2010	2011	2012	2013	2014	2013/2014
Pancreas	24	21	24	28	19	-32.1 %
Pancreas islets	14	25	27	16	13	-18.8 %
Pancreas + kidney	211	210	195	164	175	6.7 %
Pancreas + kidney en bloc	0	1	0	1	0	-100.0 %
Pancreas + kidney + heart	1	0	0	0	0	0.0 %
Pancreas + kidney + whole liver	1	2	1	0	1	--
Pancreas + whole liver	6	6	4	5	4	-20.0 %
Total	**257**	**265**	**251**	**214**	**212**	**-0.9 %**

Pancreas-only transplants (whole)

Blood group	2010	2011	2012	2013	2014	2013/2014
A	6	8	10	9	5	-44.4 %
AB	3	0	0	1	0	-100.0 %
B	3	4	4	5	4	-20.0 %
0	12	9	10	13	10	-23.1 %
Total	**24**	**21**	**24**	**28**	**19**	**-32.1 %**

Waiting time (months) based on date put on WL	2010	2011	2012	2013	2014	2013/2014
0-5	7	8	5	6	2	-66.7 %
6-11	4	4	4	7	2	-71.4 %
12-23	7	5	8	9	6	-33.3 %
24-59	6	4	6	6	7	16.7 %
60 +	0	0	1	0	2	--
Total	**24**	**21**	**24**	**28**	**19**	**-32.1 %**

Sequence	2010	2011	2012	2013	2014	2013/2014
First	12	7	9	12	4	-66.7 %
Repeat	12	14	15	16	15	-6.3 %
Total	**24**	**21**	**24**	**28**	**19**	**-32.1 %**

Recipient age	2010	2011	2012	2013	2014	2013/2014
16-55	23	18	22	28	18	-35.7 %
56-64	1	3	2	0	1	--
Total	**24**	**21**	**24**	**28**	**19**	**-32.1 %**

Allocation	2010	2011	2012	2013	2014	2013/2014
Standard	22	16	15	20	11	-45.0 %
Rescue	2	5	9	8	8	0.0 %
Total	**24**	**21**	**24**	**28**	**19**	**-32.1 %**

Table 8.4a(i) (continued)

Urgency	2010	2011	2012	2013	2014	2013/2014
Special urgency	4	9	0	6	2	-66.7 %
Elective	20	12	24	22	17	-22.7 %
Total	**24**	**21**	**24**	**28**	**19**	**-32.1 %**

Table 8.4a(ii) Pancreas transplants 2014 - characteristics

Deceased donor pancreas transplants

Type of transplant	A	B	D	H	HR	NL	Total	%
Pancreas	2	1	14	0	1	1	19	9.0 %
Pancreas islets	0	7	0	0	0	6	13	6.1 %
Pancreas + kidney	19	7	104	14	4	27	175	82.5 %
Pancreas + kidney + whole liver	0	1	0	0	0	0	1	0.5 %
Pancreas + whole liver	0	2	2	0	0	0	4	1.9 %
Total	**21**	**18**	**120**	**14**	**5**	**34**	**212**	**100.0 %**

Pancreas-only transplants (whole)

Blood group	A	B	D	HR	NL	Total	%
A	1	1	3	0	0	5	26.3 %
B	1	0	2	0	1	4	21.1 %
0	0	0	9	1	0	10	52.6 %
Total	**2**	**1**	**14**	**1**	**1**	**19**	**100.0 %**

Waiting time (months) based on date put on WL	A	B	D	HR	NL	Total	%
0-5	0	0	1	1	0	2	10.5 %
6-11	0	0	2	0	0	2	10.5 %
12-23	1	0	5	0	0	6	31.6 %
24-59	0	1	5	0	1	7	36.8 %
60 +	1	0	1	0	0	2	10.5 %
Total	**2**	**1**	**14**	**1**	**1**	**19**	**100.0 %**

Sequence	A	B	D	HR	NL	Total	%
First	0	0	4	0	0	4	21.1 %
Repeat	2	1	10	1	1	15	78.9 %
Total	**2**	**1**	**14**	**1**	**1**	**19**	**100.0 %**

Recipient age	A	B	D	HR	NL	Total	%
16-55	2	1	13	1	1	18	94.7 %
56-64	0	0	1	0	0	1	5.3 %
Total	**2**	**1**	**14**	**1**	**1**	**19**	**100.0 %**

Table 8.4a(ii) (continued)

Allocation	A	B	D	HR	NL	Total	%
Standard	2	1	6	1	1	11	57.9 %
Rescue	0	0	8	0	0	8	42.1 %
Total	**2**	**1**	**14**	**1**	**1**	**19**	**100.0 %**

Urgency	A	B	D	HR	NL	Total	%
Special urgency	0	0	1	1	0	2	10.5 %
Elective	2	1	13	0	1	17	89.5 %
Total	**2**	**1**	**14**	**1**	**1**	**19**	**100.0 %**

Table 8.4b(i) Pancreas islet transplants 2010 to 2014

Pancreas islets	2010	2011	2012	2013	2014	2013/2014
Recipients transplanted	10	16	14	11	10	-9.1 %
Number of transplants	14	25	27	16	13	-18.8 %
Number of donors used	30	64	53	31	31	0.0 %

Table 8.4b(ii) Pancreas islet transplants in 2014

Pancreas islets	B	NL	Total
Recipients transplanted	4	6	10
Number of transplants	7	6	13
Number of donors used	24	7	31

Table 8.4c(i) Pancreas + kidney transplants from 2010 to 2014 - characteristics

Whole pancreas + kidney (deceased donor) transplants

Blood group	2010	2011	2012	2013	2014	2013/2014
A	97	103	75	69	85	23.2 %
AB	9	11	9	9	6	-33.3 %
B	32	30	18	24	22	-8.3 %
0	73	67	93	63	62	-1.6 %
Total	**211**	**211**	**195**	**165**	**175**	**6.1 %**

Waiting time (months) based on date put on WL	2010	2011	2012	2013	2014	2013/2014
0-5	46	39	34	28	22	-21.4 %
6-11	26	35	30	19	27	42.1 %
12-23	70	73	59	64	63	-1.6 %
24-59	63	57	66	52	60	15.4 %
60+	6	7	6	2	3	50.0 %
Total	**211**	**211**	**195**	**165**	**175**	**6.1 %**

Table 8.4c(i) (continued)

Sequence	2010	2011	2012	2013	2014	2013/2014
First	208	197	191	159	168	5.7 %
Repeat	3	14	4	6	7	16.7 %
Total	**211**	**211**	**195**	**165**	**175**	**6.1 %**

Recipient age	2010	2011	2012	2013	2014	2013/2014
16-55	190	188	170	146	160	9.6 %
56-64	21	20	23	17	15	-11.8 %
65+	0	3	2	2	0	-100.0 %
Total	**211**	**211**	**195**	**165**	**175**	**6.1 %**

Allocation	2010	2011	2012	2013	2014	2013/2014
Standard	171	129	125	118	130	10.2 %
Rescue	40	82	70	47	45	-4.3 %
Total	**211**	**211**	**195**	**165**	**175**	**6.1 %**

Urgency	2010	2011	2012	2013	2014	2013/2014
Special urgency	3	6	0	4	1	-75.0 %
Elective	208	205	195	161	174	8.1 %
Total	**211**	**211**	**195**	**165**	**175**	**6.1 %**

Table 8.4c(ii) Pancreas + kidney transplants in 2014 - characteristics

Whole pancreas + kidney (deceased donor) transplants

Blood group	A	B	D	H	HR	NL	Total	%
A	9	2	53	5	3	13	85	48.6 %
AB	0	0	3	3	0	0	6	3.4 %
B	3	2	14	1	0	2	22	12.6 %
0	7	3	34	5	1	12	62	35.4 %
Total	**19**	**7**	**104**	**14**	**4**	**27**	**175**	**100.0 %**

Waiting time (months) based on date put on WL	A	B	D	H	HR	NL	Total	%
0-5	4	1	8	6	1	2	22	12.6 %
6-11	9	0	10	4	1	3	27	15.4 %
12-23	4	2	34	4	2	17	63	36.0 %
24-59	2	4	50	0	0	4	60	34.3 %
60+	0	0	2	0	0	1	3	1.7 %
Total	**19**	**7**	**104**	**14**	**4**	**27**	**175**	**100.0 %**

Sequence	A	B	D	H	HR	NL	Total	%
first	19	7	97	14	4	27	168	96.0 %
repeat	0	0	7	0	0	0	7	4.0 %
Total	**19**	**7**	**104**	**14**	**4**	**27**	**175**	**100.0 %**

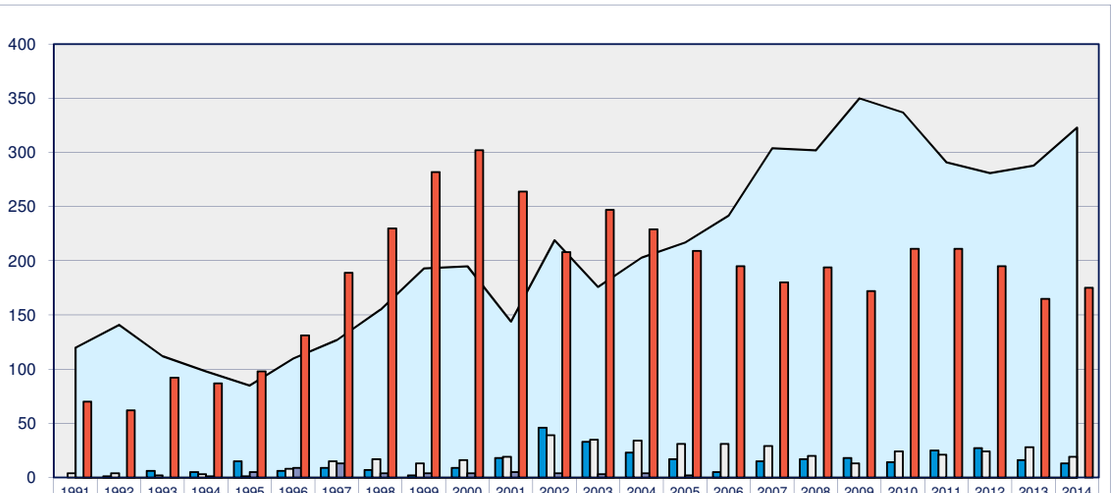
Table 8.4c(ii) (continued)

Recipient age	A	B	D	H	HR	NL	Total	%
16-55	19	7	91	14	4	25	160	91.4 %
56-64	0	0	13	0	0	2	15	8.6 %
Total	**19**	**7**	**104**	**14**	**4**	**27**	**175**	**100.0 %**

Allocation	A	B	D	H	HR	NL	Total	%
Standard	19	7	59	14	4	27	130	74.3 %
Rescue	0	0	45	0	0	0	45	25.7 %
Total	**19**	**7**	**104**	**14**	**4**	**27**	**175**	**100.0 %**

Urgency	A	B	D	H	HR	NL	Total	%
Special urgency	0	0	1	0	0	0	1	0.6 %
Elective	19	7	103	14	4	27	174	99.4 %
Total	**19**	**7**	**104**	**14**	**4**	**27**	**175**	**100.0 %**

Figure 8.5 Dynamics of the Eurotransplant pancreas+kidney and islet+kidney waiting list, pancreas+kidney, islet+kidney, pancreas and islet-only transplants between 1991 and 2014



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Islet+Kidney & Pancreas+Kidney waiting list	120	141	112	98	85	110	127	155	193	195	144	219	176	203	217	242	304	302	350	337	291	281	288	323
Islet transplants	0	1	6	5	15	6	9	7	2	9	18	46	33	23	17	5	15	17	18	14	25	27	16	13
Pancreas transplants	4	4	2	3	1	8	15	17	13	16	19	39	35	34	31	31	29	20	13	24	21	24	28	19
Islets+Kidney transplant	0	0	0	1	5	9	13	4	4	4	5	4	3	4	2	0	0	0	0	0	0	0	0	0
Pancreas+Kidney transplants	70	62	92	87	98	131	189	230	282	302	264	208	247	229	209	195	180	194	172	211	211	195	165	175

9.

Agreements between transplant programs within and outside Eurotransplant

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

Twinning 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 2014	Number of transplants resulting from non-ET-TC donors in 2014
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Tartu Universtiy Hospital Tartu, Estonia	None	None
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Chest Clinic Nicosia General Hospital, Strovolos/Nicosia, Cyprus	1 x Both lungs	1 x Both lungs
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Fakultná nemocnica s poliklinikou Bratislava Bratislava, Slovakia	8 x Both lungs	3 x Both lungs
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Institutul de Pneumologie ‚Marius Nasta' Bucharest, Romania	7 x Both lungs	None
Allgemeines Krankenhaus, Univ. Klinik für Chirurgie Vienna, Austria	Sismanoglio General Hospital Athens, Greece	5 x Both lungs	1 x Both lungs
Allgemeines Krankenhaus, Univ.- Klinik für Chirurgie Vienna, Austria	Bulgarian Executive Agency for Transplantation, Sofia, Bulgaria	1 x Both lungs	None
Allgemeines Krankenhaus, Univ.- Klinik für Chirurgie Vienna, Austria	Clinic of Thoracic Surgery, Clinical Center of Serbia, Belgrade, Republic of Serbia	1 x Both lungs	None

Twinning 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 the same amount and same type of organ(s) to the ET pool as transplanted. 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 2014	Number of transplants resulting from non-ET-TC donors in 2014
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	University of Bratislava Univerzitná nemocnica Bratislava Bratislava, Slovakia	None	None

Besides the ET twinning models, ET-countries have the possibility to set-up separate agreements with non-ET-countries for cooperation in the field of organ transplantation.
These agreements have to be approved by the ET Board before being considered to be valid and implemented in the ET systems.
The agreement between the Republic of Croatia and Montenegro was approved by the ET Board in January 2014.

ET-transplant center	Non-ET transplant center	Number of non-ET-TC recipients transplanted in 2014	Number of transplants resulting from non-ET-TC donors in 2014
Ministry of Health and Social Welfare Zagreb, Republic of Croatia	Ministry of Health Montenegro, Podgorica, Rimski trg 46, PC Vektra	1 x whole liver	None
Ministry of Health and Social Welfare Zagreb, Republic of Croatia	Bosnia Herzegovinia*	None	1 x Heart 1x Whole liver (2 x Split liver)

*The agreement between the Republic of Croatia and Bosnia Herzegovina has been approved by the ET Board under certain conditions. Upon date of this publication, the respective adjustments have not yet been received.

In addition to the agreements with centers outside the ET area, the transplant center in Vienna (AWGTP) has agreements with the ET states Croatia, Hungary and Slovenia to support them with regard to lung transplantation of their patients.

Lung transplantation (deceased donor) in 2014 – Non-Austrian ET donors and recipients

ET-support center	ET transplant cooperating country	Number of recipients transplanted in 2014	Number donors reported in 2014
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Croatia	9	13
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Hungary	22	42
Allgemeines Krankenhaus, Univ.-Klinik für Chirurgie Vienna, Austria	Slovenia	3	7

10.

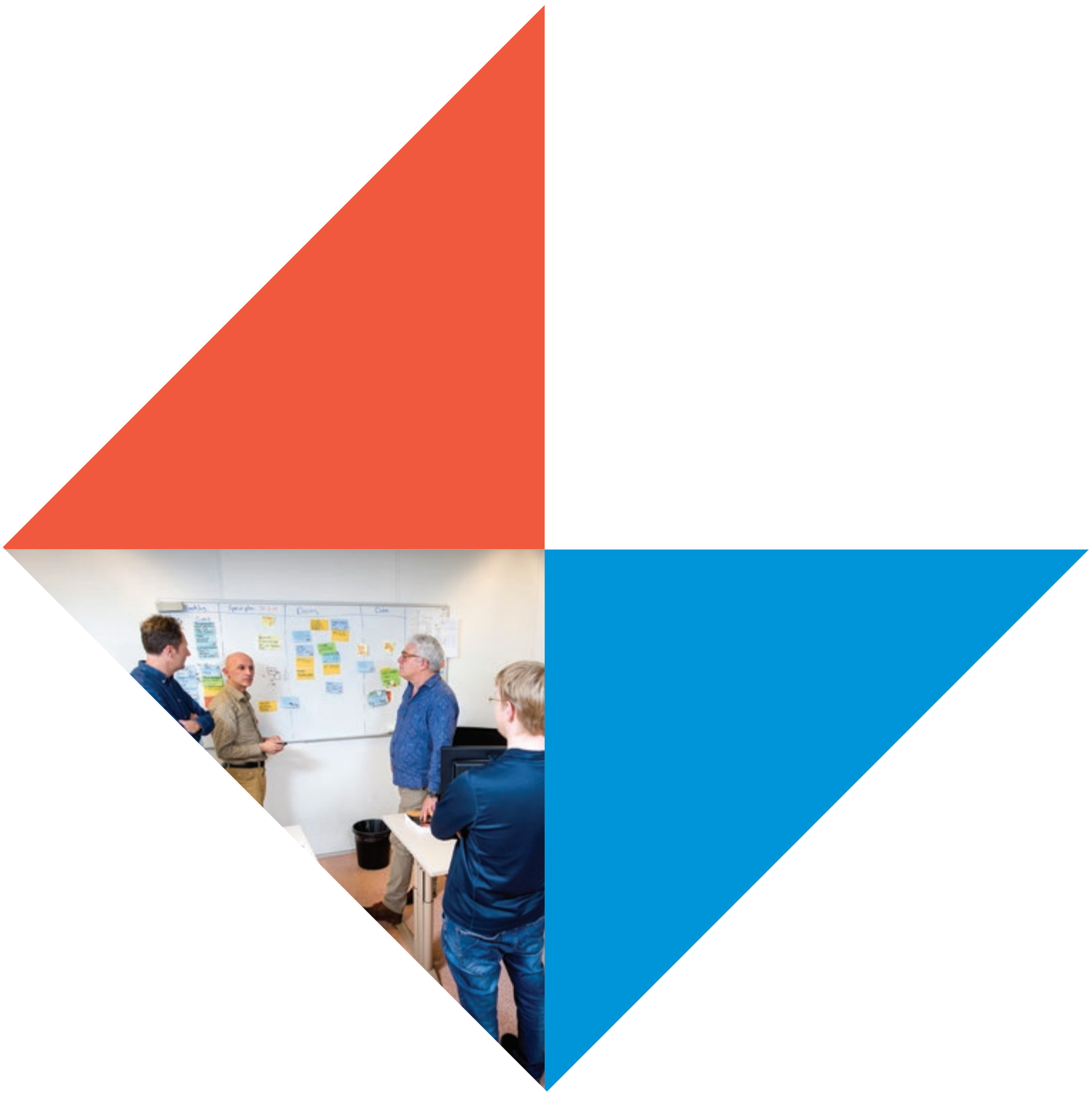
Reporting of non-resident transplants in Eurotransplant

In 2012, the Board adapted the non-resident policy, wherein it is stated that:
Travel for deceased donor transplantation for countries outside the Eurotransplant (ET) region shall not be actively supported by ET transplant centers, for example by advertising deceased donor transplants outside ET, cooperation with organizations doing so or by in any other way encouraging possible recipients to travel for transplant to an ET transplant center.
ET is opposing transplant tourism as transplantation of non-residents within ET undermines the ET country's ability to provide transplant services for its own population. ET condemns organ trafficking. ET transplant centers shall abstain from any activity involving transplant tourism and organ trafficking.
In order to achieve the best possible transparency regarding the transplantation activities ET will report on an annual basis per transplant center all non-resident transplants according to national legislation on residency status in its Annual Report. In addition ET will continue to report on all transplants performed in the framework of a twinning agreement separately.
These reports will be based on self-reporting this type of data by the transplant centers. ET recognizes that relying on self-reporting by the transplant centers has its limitations but given the limited legal role and responsibility of ET it is felt that this approach is appropriate. It is also in line with the self-reporting of other demographic patient data by the transplant centers to ET.

Non-resident transplants (deceased donor) in 2014 (Twinning regarded as resident)

Country	Center	All transplants	Non-resident transplants
Austria	AWG - Vienna	356	13
Belgium	BLA - Bruxelles, St. Luc	149	1
Croatia	CZA - Zagreb, Univ. Clinic Hosp.	133	2
Germany	GES - Essen	187	3
Germany	GGI - Gießen	48	1
Germany	GHB - Heidelberg	187	1
Germany	GHG - Hamburg	148	5
Germany	GHO - Hannover	347	5
Germany	GJE - Jena	75	1
Germany	GKI - Kiel	71	1
Germany	GMN - Münster	95	1
Germany	GMZ - Mainz	80	3
Netherlands	NNY - Nijmegen	56	1
Netherlands	NUT - Utrecht	82	1
Slovenia	SLO - Ljubljana	118	1
Total			**40**

Disclaimer:
Please note that the criterion for the resident/non-resident status as defined in the ENIS system is "minimum six month residency". The residency status is specified and verified by the transplant center and not verified by ET. As laid down in the policy, ET will report on all transplants performed in the framework of a twinning agreement separately and these numbers are not included in this table.



11.
Histocompatibility Testing

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11.1 Introduction

An ongoing task of the Eurotransplant Reference Laboratory (ETRL) is the maintenance and improvement of high quality HLA typing, screening for transplantation relevant antibodies and crossmatching by the Eurotransplant (ET) affiliated Tissue Typing Centers (TTC). This task is performed by organizing schemes for External Proficiency Testing (EPT) exercises. Furthermore, the ETRL initiates studies and promotes discussions on possible new recommendations with the help of the Tissue Typing Advisory Committee (TTAC), the Annual Tissue Typers meeting and the extra mural meetings. 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, as well as TTC from emerging countries. For example, the ETRL actively supported the TTC in Hungary to obtain the accreditation by the European Federation for Immunogenetics (EFI; www.efiweb.org), which is essential for the participation in Eurotransplant. The ETRL is involved in the discussion on modification of the ET kidney allocation system (ETKAS) and finally, the ETRL provides 24 hours a day, 7 days a week duty for all transplantation related immunological aspects for patients within ET, including the Acceptable Mismatch program.
In October 2014, a new managing director of the ETRL was appointed. Dr. Sebastiaan Heidt, senior scientist at the department of Immunohaematology and Blood Transfusion, is the successor of Prof.Dr. Ilias Doxiadis, who retired from his job in 2013. Sebastiaan will combine the duties for the ETRL with his research, which focuses on the role of HLA antibodies and memory B cells in organ transplantation.

11.2 Eurotransplant External Proficiency Testing Schemes

The results of the EPT exercises performed in 2014, with the aim to determine the individual performance of the TTC, are reported below.

11.2.1 External Proficiency Testing on HLA typing

Each participating laboratory received 12 blood samples for typing and was asked to report the results of the HLA-A, -B, -C, -DR, -DQ typing prior to a certain deadline. For analysis of the results the typing as performed by the ETRL was considered 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 ET matching algorithm and screening results. Most participants used both cytotoxicity and molecular typing (42/63)for HLA class I, and molecular typing and incidentally cytotoxicity (10/63) for HLA class II. Amongst the total of 760 typing results reported, 18 results were incorrect (2.4%).
ET affiliated laboratories, as well as those affiliated to other organ exchange organizations use the results of the serological typing mainly as a marker for expression of HLA antigens on the cell surface, in order to facilitate the evaluation of the crossmatches.

11.2.2 External Proficiency Testing on crossmatching

The participants of this EPT exercise were asked to perform crossmatches using cells and sera provided by the ETRL. The TTC applied the local Complement Dependent Cytotoxicity (CDC) crossmatch protocols to simulate day-to-day practice, using dithiothreitol (DTT) to disintegrate IgM antibodies. 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 11.1).
In total, 12 sera had to be crossmatched per participating laboratory. Each time, three typing samples were sent, which were also used for crossmatching with three sera. Over the whole period, 36 crossmatches were performed. 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 recipient centers are the laboratories doing recipient associated immunological diagnostics. The target cells and the respective results are presented in table 11.1.

Table 11.1 **Results of the EPT on crossmatching (DTT = dithiothreitol): the number represents the % discrepancy rate on the basis of the 75% consensus**

	Unseparated		T cells		B cells		Final results	
Center	(-) DTT	(+) DTT	(-) DTT	(+) DTT	(-) DTT	(+) DTT	(-) DTT	(+) DTT
Donor	3.0%	1.6%	2.4%	1.0%	4.1%	2.7%	4.3%	2.6%
Recipient	4.0%	1.8%	3.3%	0.5%	4.3%	2.1%	5.4%	10.9%

11.2.3 External Proficiency Testing Exercise on screening

In 2014, the scheme of the EPT exercise on screening for HLA specific antibodies comprised one shipment of 12 sera. The HLA typing of the donor serum is known, and is reported to the participants beforehand. For screening detection of HLA antibodies, the ETRL received results from 63 participants. Discrepancy rates were 1.7% for HLA class I and 3.7% for HLA class II.

For screening identification of HLA antibodies, the ETRL received results from:
- 61 participants using the CDC assay;
- 58 using the Luminex based Solid Phase Assay Single Antigen (SPA-SA) testing
- 8 using other Solid Phase Assays based on Luminex or ELISA. These results could not be analyzed due to the low number of participants.

The analysis of the results is based on 75% consensus for positive results in CDC, 95% consensus for positive results in SPA-SA and the 95% consensus (both CDC and SPA-SA) for negative results. If a minimum of 75% (CDC) or 95% (SPA-SA) of participants report that a specificity is positive then this specificity is marked positive. If 95% of the participants report a specificity as negative then this specificity is regarded as not present in the respective serum.
The analysis of this EPT exercise are presented below. Results have been analyzed differently from previous years. To facilitate comparison of the results with previous years, both the results from 2013 (table 11.2) and from 2014 (table 11.3) are depicted. The analysis was performed as follows:

$$\text{Concordant \%} = \frac{\text{total number of concordant (consensus) specificities}}{\text{total number of scored specificities from all centers}}$$

$$\text{False negative \%} = \frac{\text{total number of false negative specificities}}{\text{total number of scored specificities from all centers}}$$

$$\text{False positive \%} = \frac{\text{total number of false positive specificities}}{\text{total number of scored specificities from all centers}}$$

Table 11.2 Results of the EPT on screening 2013

Method	Participants (N)	Concordant %	False negative %	False positive %
CDC	59	49.3	4.1	6.7
SPA-SA	50	53.2	0.9	0.8

Table 11.3 Results of the EPT on screening 2014

Method	Participants (N)	Concordant %	False negative %	False positive %
CDC	61	50.7	5.3	7.8
SPA-SA	58	50.1	0.5	0.6

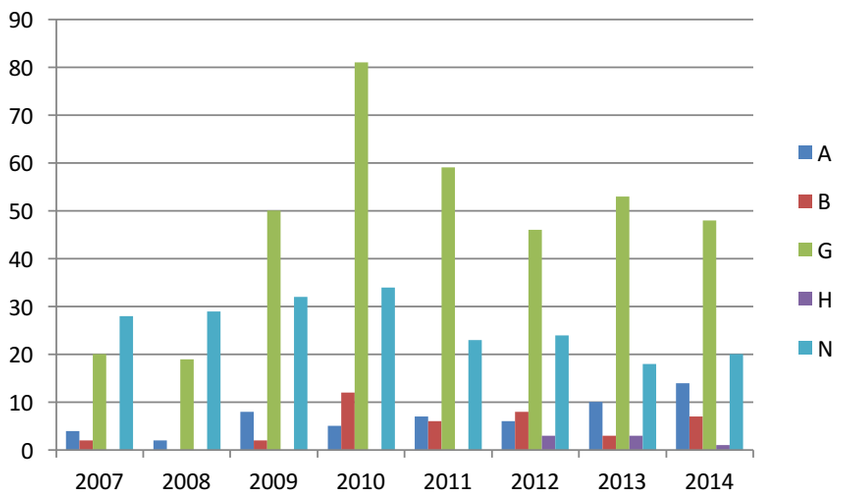
The SPA-SA resulted in a significantly higher number of recognized HLA specificities per tested serum compared to CDC. In total, 201 consensus specificities were found in SPA-SA vs. 19 consensus specificities in CDC. It is important to note that not all antibodies detected by solid phase assays only are relevant for transplantation.

11.3 Program for the highly sensitized patients in Eurotransplant

The Acceptable Mismatch Program (AM) program organized by the ETRL is an efficient tool to enhance transplantation of highly sensitized patients. The AM program is open for all patients within ET. Information for participation can be obtained directly from the ETRL etrlam@eurotransplant.org, the ET Medical Administration, or from the ETRL website (see below).

This year we celebrated the 25th anniversary of the AM program. Since the start of the program in 1989, more than 2000 patients participated and more than 1000 patients were transplanted with excellent transplant survival, comparable to non-AM transplants. In 2014, 207 applications for the AM program were received by the ETRL, of which 153 met the criteria for inclusion. In total, 90 AM patients were transplanted with a crossmatch negative kidney. This number has been consistent for the last four years (figure 11.1).

Figure 11.1 Number of patients transplanted via the AM program per country



11.4 Other activities

The ETRL site

The website of the ETRL (http://etrl.eurotransplant.nl) is available for all laboratories working in the field of organ transplantation immunology and histocompatibility. Besides information on the duties of the ETRL, the participants of the EPT can find information on the EPT schemes. For the AM program, additional information and forms for application can be found on the site. Further information of future meetings within ET as well as reports of these meetings can be found.

In 2013, the development of a web-based tool for entering EPT data was initiated. Starting January 2015, all EPT data must be submitted via this web-based tool, that can be found on a private part of the ETRL EPT website (http://www.etrl.org). In addition, two programs, which have been used by the ETRL for several years already, can be found on the public part of the ETRL EPT website: the virtual PRA calculator, which is based on the HLA typing results of organ donors procured within ET (N=4000), but which also allows PRA calculations on the national data bases of Austria, Belgium, Germany and the Netherlands. The second program, the donor frequency calculator, allows the calculation of the chance of a patient to obtain a crossmatch negative organ, when HLA type, blood group and acceptable mismatches are defined.

Extra Mural Meeting Vienna

In 2014 an extra mural meeting was organized in Vienna, Austria for the ET tissue typers community. The web based EPT data entry was shown. The future users could give their ideas for improvement of the website. In 2014 the program was tested by a limited number of centers, in order to incorporate further improvements.
The main topic of the extra mural meeting was the definition of acceptable and unacceptable HLA mismatches in sensitized patients. Local policies were presented by Constance Schönemann (Berlin), Malte Ziemann (Lübeck), Blanka Vidan-Jeras (Ljubljana) and Dave Roelen (Leiden). Furthermore, Caner Süsal (Heidelberg) presented a preliminary version of the German guidelines.

Annual Tissue Typers Meeting

The Annual Tissue Typers Meeting was held in September 2014 in Leiden. Over 100 participants from the different TTC were present. Marian Witvliet from the ETRL presented data from 25 years AM program (presentation can be found here: http://etrl.eurotransplant.org/cms/mediaobject.php?id=749). Since the start of the AM program in 1989, more than 1000 highly sensitized patients have been transplanted via this program. Sebastiaan Heidt, also from the ETRL, presented new tools to monitor donor-specific B cell reactivity. In this presentation, novel ELISPOT-based assays for quantification of HLA-specific memory B cells developed in Leiden, were discussed. Eric Spierings from Utrecht Medical Center, the Netherlands presented data on predicted indirectly recognizable HLA epitopes (PIRCHES) for CD4+ T cells and the impact on transplantation. Finally, a short report on the EPT activities of the ETRL was delivered by Yvonne Zoet. She also showed the new web based EPT data entry tool to be used from Januray 1, 2015.

12.
Scientific Output in 2014

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

PUBLICATIONS – articles

Spaderna H, Vögele C, Barten MJ, *Smits JM,* Bunyamin V, Weidner G
Physical activity and depression predict event-free survival in heart transplant candidates
Health Psychol. 2014 Feb 10. [Epub ahead of print]
PMID: 24512323 [PubMed - as supplied by publisher]

Suhling H, Rademacher J, Zinowsky I, Fuge J, Greer M, Warnecke G, *Smits JM,* Bertram A, Haverich A, Welte T, Gottlieb J
Conventional vs. tablet computer based patient education following lung transplantation - A randomized controlled trial
PLoS One. 2014 Mar 7;9(3):e90828. doi: 10.1371/journal.pone.0090828. eCollection 2014.

Smits JM, Thul J, De Pauw M, Delmo WE, *Strelniece A, Green D, Vries de E,* Rahmel AO, Bauer J, Laufer G, Hetzer R, Reichenspurner H, Meiser B
Pediatric heart allocation and transplantation in Eurotransplant
Transpl Int. 2014 Sep;27(9):917-25. doi: 10.1111/tri.12356. Epub 2014 Jun 23.

Gottlieb J, Greer M, Sommerwerck U, Deuse T, Witt C, Schramm R, Hagl C, Strueber M, *Smits JM*
Introduction of the lung allocation score in Germany
Am J Transplant. 2014 Jun;14(6):1318-27. doi: 10.1111/ajt.12752.

Samuel U
Allokation in Zeiten des Organmangels
Mitteilung der DGfN, Heft 4/2014, 23-27.

Köster L, Krupka K, Höcker B, Rahmel A, *Samuel U, Zanen W,* Opelz G, Süsal C, Döhler B, Plotnicki L, Kohl CD, Knaup P, Tönshoff B.
Integrating data from multiple sources for data completeness in a web-based registry for pediatric renal transplantation - the CERTAIN Registry
Submitted on December 19, 2014 for the MedInfo2015 Congress

LECTURES

Leaping forward – Lisbon International Clinical Congress, February 15, 2014, Lisbon, Portugal
Organ allocation in times of organ shortage
Rahmel AO

21. Walter-Brendel-Kolleg, March 15, 2014, Wildbad Kreuth, Germany
Organverteilung: Aufgaben von ET
Rahmel AO

Congress Deutsche Gesellschaft für Chirurgie (DGCH), March 25, 2014, Berlin, Germany
Kerndaten eines Transplantationsregisters
Rahmel AO

Workshop „10 Jahre ABO inkompatible Nierenlebendspende-Transplantation in Deutschland", September 5, 2014, Freiburg, Germany
Facilitating evidence based Kidney Allocation Development and beyond
Meel van M

7th Brano Heart Failure Forum. Opatija Croatia, September 17, 2014
The past, the present and the future of heart transplantation in Eurotransplant.
Smits JM

7th Brano Heart Failure Forum. Opatija Croatia, September 17, 2014
Allocation in Eurotransplant: How it's done in practice
Konter I

GIFT Symposium, October 16, 2014, Brussels, Belgium
Werking en taken van Eurotransplant
Samuel U

Curriculum Organspende, November 15, 2014, Bad Segeberg, Germany
Dringlichkeit/ Erfolgsaussichten / Chancengleichheit/ Allokationsregeln
Samuel U

Curriculare Fortbildung Organspende, November 17, 2014, Bad Münster am Stein, Germany
Organallokation
Samuel U

Universitätsklinikum Regensburg, 10. Update Lebertransplantation, December 3, 2014, Regensburg, Germany
Aktuelle Entwicklungen und Änderungen in der Lebertransplantation
Samuel U

Ministry of Health Turkey, Ankara Turkey, December 4, 2014
Statistical methods in Eurotransplant and the comparison with Turkey
Smits, JM

Meeting with Slovenija Transplant and the Slovenian Minister of Health, December 18, 2014, Ljubljana, Slovenia
Vision and strategy of Eurotransplant
Samuel U

13.

Eurotransplant personnel related statistics

Intake	Number of new employees	Number of employees (Dec. 31, 2014)	Intake percentage
Regular	5	78	6.4%
Flex	6	28	21.4%
Total	11	106	10.4%

Outflow	Exit number	Number of employees (Jan. 1. 2014)	Outflow percentage
Regular	6	79	7.6%
Flex	6	28	21.4%
Total	12	107	11.2%

Employees on December 31. 2014	Numbers	FTE
Flex	28	7.44
Part-timer	43	32.84
Full-timer	27	27.00
Full-timer + (>36 hours/week)	8	8.78
Total	106	76.06

Average FTE's	Gross FTE	Recharged*	Nett FTE
Personnel in fte's	77.97	9.11	68.86

* The fte's based on the shared services will partially be recharged to the Dutch Transplant Foundation.

	Male		Female	
Divison Male/Female	Nr.	%	Nr.	%
Regular	29	37.2%	49	62.8%
Flex	13	46.4%	15	53.6%
Total	42	39.6%	64	60.4%

Nett Absentee rates*	absenteeism	Rolling absentee frequencies	Average absentee duration
Regular & Flex	2.29%	1.15	7.0
Gross Absentee rates**	**absenteeism**	**Rolling absentee frequencies**	**Average absentee duration**
Regular & Flex	2.60%	1.16	7.9

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

** Gross absenteeism concerns all absenteeism caused by illness.

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.

14.
Abbreviated financial statements

Abbreviated financial statements of Stichting Eurotransplant International Foundation, for the year ended December 31, 2014

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

Assets	31.12.2014	31.12.2013
	x € 1.000	x € 1.000
Fixed assets	512	445
Short term receivables	3.286	3.376
Liquid assets	1.203	837
	5.001	4.658

Liabilities	31.12.2014	31.12.2013
	x € 1.000	x € 1.000
Capital	235	235
Reserve funds	2.291	2.031
Provisions	86	82
Short term liabilities	2.388	2.309
	5.001	4.658

Statement of income and charges

Income	**2014** x € 1.000	**2013** x € 1.000
Registration fees	7.419	6.685
Procurement fees	3.522	3.112
Miscellaneous	304	386
	11.245	10.183

Charges	2014 x € 1.000	2013 x € 1.000
Salaries	5.012	5.505
Procurement charges	3.556	3.109
General expenses	1.097	1.096
Medical expenses	428	425
Transport	107	18
Housing	286	291
Depreciation	213	173
Audits	107	117
Miscellaneous	61	63
	10.866	10.797
Equalization registrations and audits	120	-336
Exploitation balance	260	-278

Appropriation of the exploitation balance

Addition General Reserve	346	-206
Release Reserve Fund Reorganization	-	-398
Release Reserve Fund Housing	-	-73
Release Reserve Fund Information Backbone	-110	300
Addition Reserve Fund Clearinghouse procurement fees	24	173
Release Reserve Fund Integration new member states	-	-74
	260	-278

Accounting policies

General accounting principles for the preparation of the abbreviated financial statements

The financial statements 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 abbreviated financial statements.

Financial instruments

Financial instruments be both primary financial instruments, such as receivables and payables, and financial derivates.
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 abbreviated financial statements at the exchange rates prevailing at transaction date. The exchange differences resulting from the translation as of balance sheet date, taking into account possible hedge transactions, are recorded in the profit and loss account.

Principles of valuation of assets and liabilities

Tangible fixed assets

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

Accounts receivable

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

Other receivables, prepaid expenses, accruals and short term liablities

These items are stated at nominal value.

Reserve Funds

Reserve Funds are formed for future expenditures which should be covered out of the available assets.
The Reserve Funds can be considered as reserves as set out in Dutch Accounting Guideline 640 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 Foundation are stated on the basis of transaction costs.

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

Exploitation Balance

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

Independent auditor's report

To the Board of Management of
Stichting Eurotransplant International Foundation

The accompanying abbreviated financial statements, which comprise the abbreviated balance sheet as at December 31, 2014, the abbreviated statement of income and charges for the year then ended and related notes, are derived from the audited annual accounts of Stichting Eurotransplant International Foundation for the year ended December 31, 2014. We expressed an unqualified audit opinion on those financial statements in our report dated April 30, 2015.

The abbreviated financial statements do not contain all the disclosures required by the Guideline for annual reporting 640 "Not-for-profit organizations" 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 Team's responsibility

The Management Team is responsible for the preparation of the abbreviated financial statements in accordance with the accounting policies as applied in the 2014 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 December 31, 2014 are consistent, in all material respects, with those annual accounts, in accordance with the accounting policies described in the abbreviated financial statements.

The Hague, April 30, 2015

Deloitte Accountants B.V.

Drs. T.J. Stalvord, RA

Annual Report list of abbreviations

ACO	Approved Combined Organ
AGT	Alanine-glyoxylate aminotransferase
AM	Acceptable Mismatch
BR	Business Rule
CAS	Cardiac Allocation Score
CDC	Complement Dependent Cytotoxicity
CERTAIN	Cooperative European Pediatric Renal Transplantation Initiative
CTS	Collaborative Transplant Study
DCD	Donation after Cardiac Death
DPA	Donation Procedure Application
DSO	Deutsche Stiftung Organtransplantation
DTT	Dithiothreitol
ECMO	Extra Corporal Membrane Oxygenation
EFI	European Federation for Immunogenetics
ELIAC	ET Liver Intestine Advisory Committee
ELTR	European Liver Transplant Registry
ENIS	ET Network Information System
EPAC	ET Pancreas Advisory Committee
EPAS	ET Pancreas Allocation System
EPT	External Proficiency Testing
ESDP	ET Senior DR-matching Program
ET	Eurotransplant
ETEC	ET Ethics Committee
EThAC	ET Thoracic Advisory Committee
ETKAC	ET Kidney Advisory Committee
ETKAS	ET Kidney Allocation System
ETRL	ET Reference Laboratory
ET-TC	ET Transplant Center
EU	European Union
FC	Financial Committee
FTE	Full Time Equivalent
HLA	Human Leucocyte Antigen
HSYI award	Henk Schippers Young Investigators award
HU	High Urgent
IgM	Immunoglobuline M
ISWG	Information Services Working Group
ISHLT	International Society for Heart & Lung Transplantation
ISO	International Organization for Standardization
LAS	Lung Allocation Score
MARS	Molecular Adsorbents Recirculation System
MELD	Model End stage Liver Disease
MT	Management Team
NT	Not Transplantable
NTS	Nederlandse Transplantatie Stichting
OEO	Organ Exchange Organization
OPC	Organ Procurement Committee
PAH	Pulmonary Artery Hypertension
PDCA	Plan Do Check Act
PFT	Pulmonary Function Test
PRA	Panel Reactive Antibodies
RB	Review Board
SAE/R	Serious Adverse Event/Reaction
SPA-SA	Solid Phase Assays Single Antigen
TTAC	Tissue Typing Advisory Committee
TTC	Tissue Typing Centers