

3rd GCC Organ Transplantation & Nephrology Congress

LIVING DONATION HIGH QUALITY PRACTICES

Kuwait – January 20th, 2017

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Assessor on Transplantation-Hospital Clínic de Barcelona

Associated Professor- Universitat de Barcelona

President TPM-DTI Foundation

President ISODP

LID+OBS
LIVING DONOR
OBSERVATORY



ORGANIZED BY **CLÍNIC BARCELONA** **ID BAPS**
Hospital Universitari Institut d'Investigacions Biomèdiques August Pi i Sunyer

LID+OBS CONFERENCE HAS
RECEIVED FUNDING FROM
THE EUROPEAN UNION



Global Activity in Organ Transplantation 2014 Estimates

Kidney	Liver	Heart	Lung	Pancreas	Small bowel
79948	26151	6542	4689	2328	215

≈ 119,873 solid organs reported to be transplanted in 2014

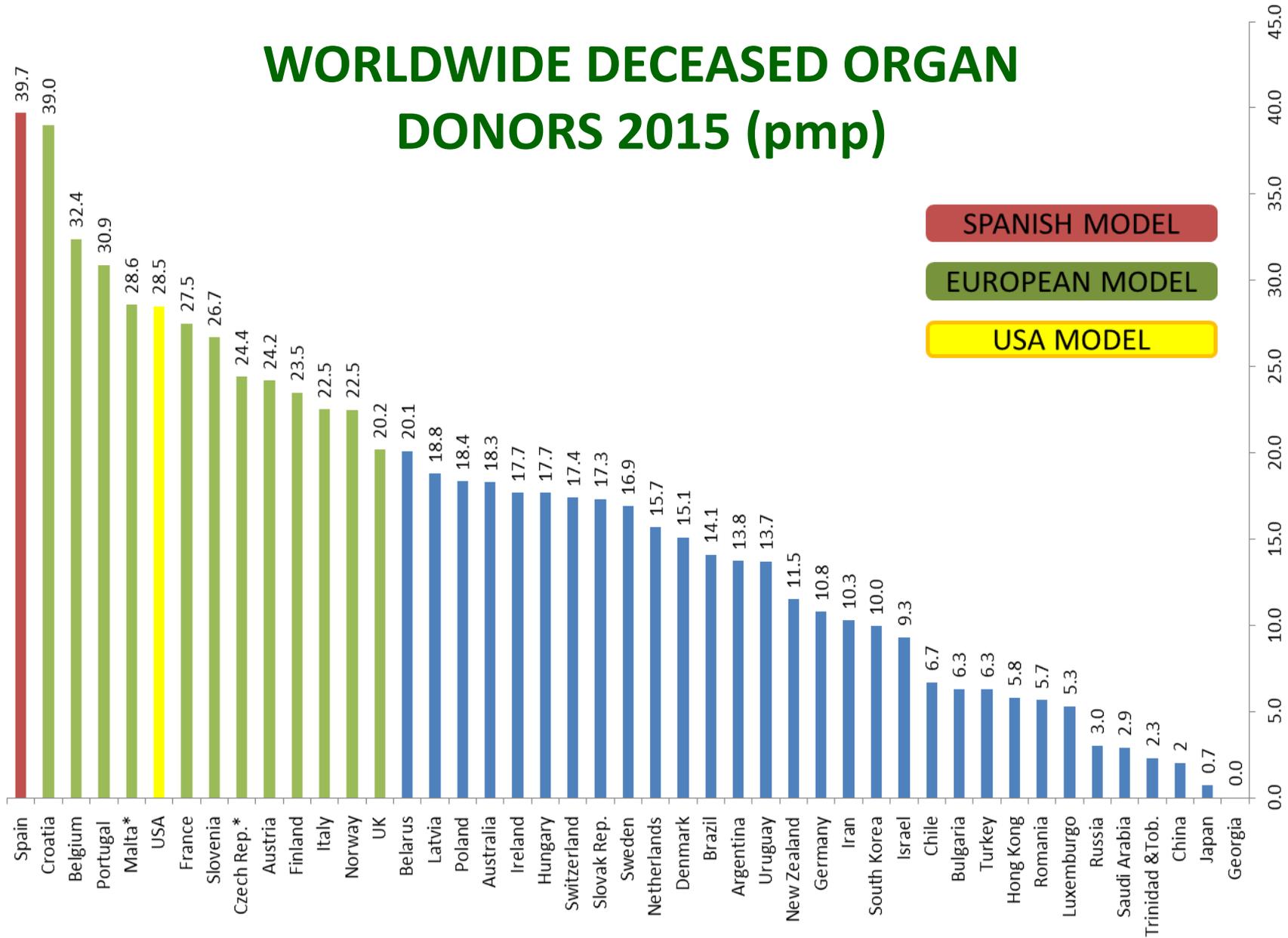
≈ 1.81 % of increase over 2013

≤ 10% of global needs

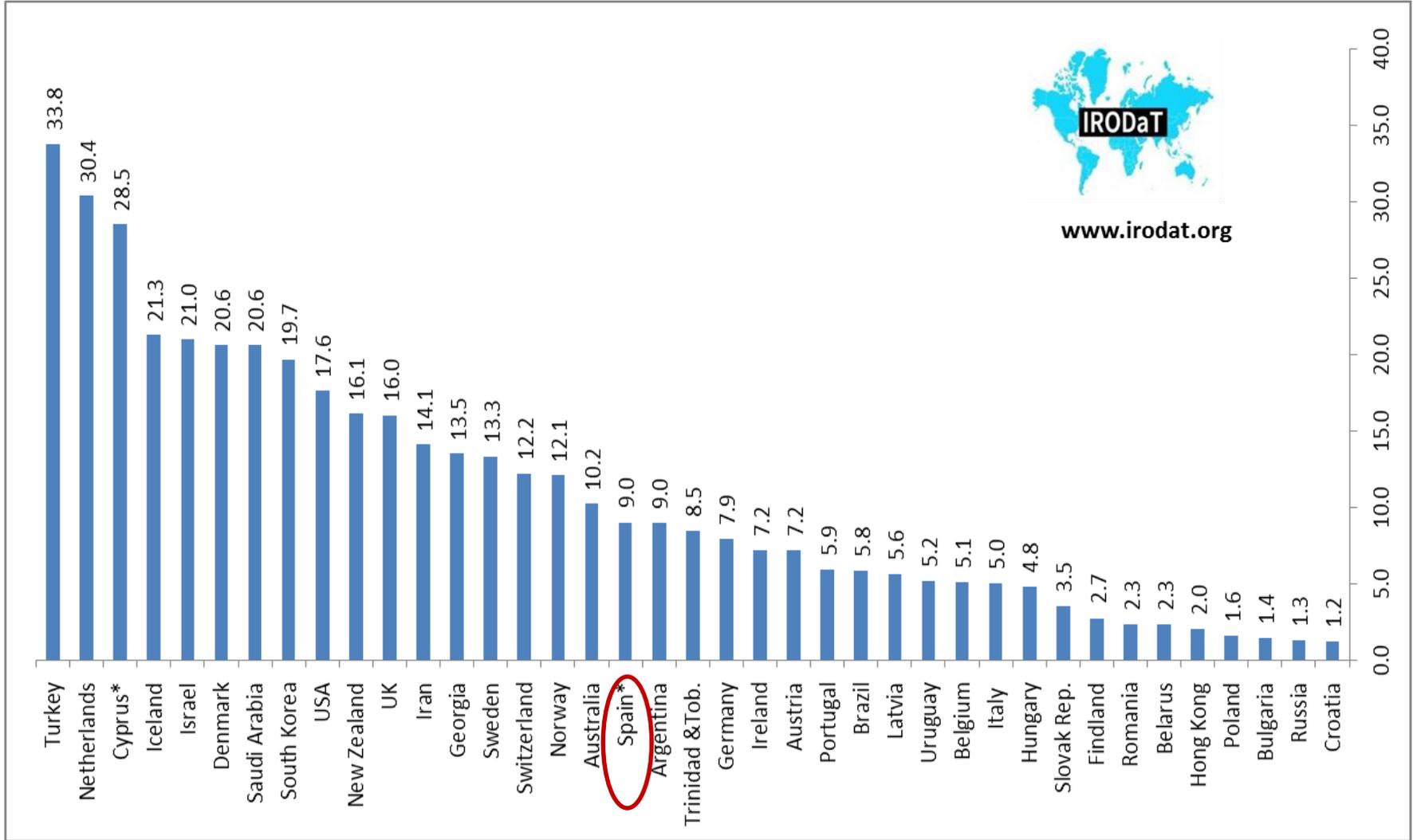
41.6% of living kidney transplants and 19.8% of living liver transplants

Information of 107 Member States on organ transplantation activities is included in the **GODT**: 93 of 2014, 6 of 2013, 2 of 2012, 3 of 2011 and 3 of 2010.

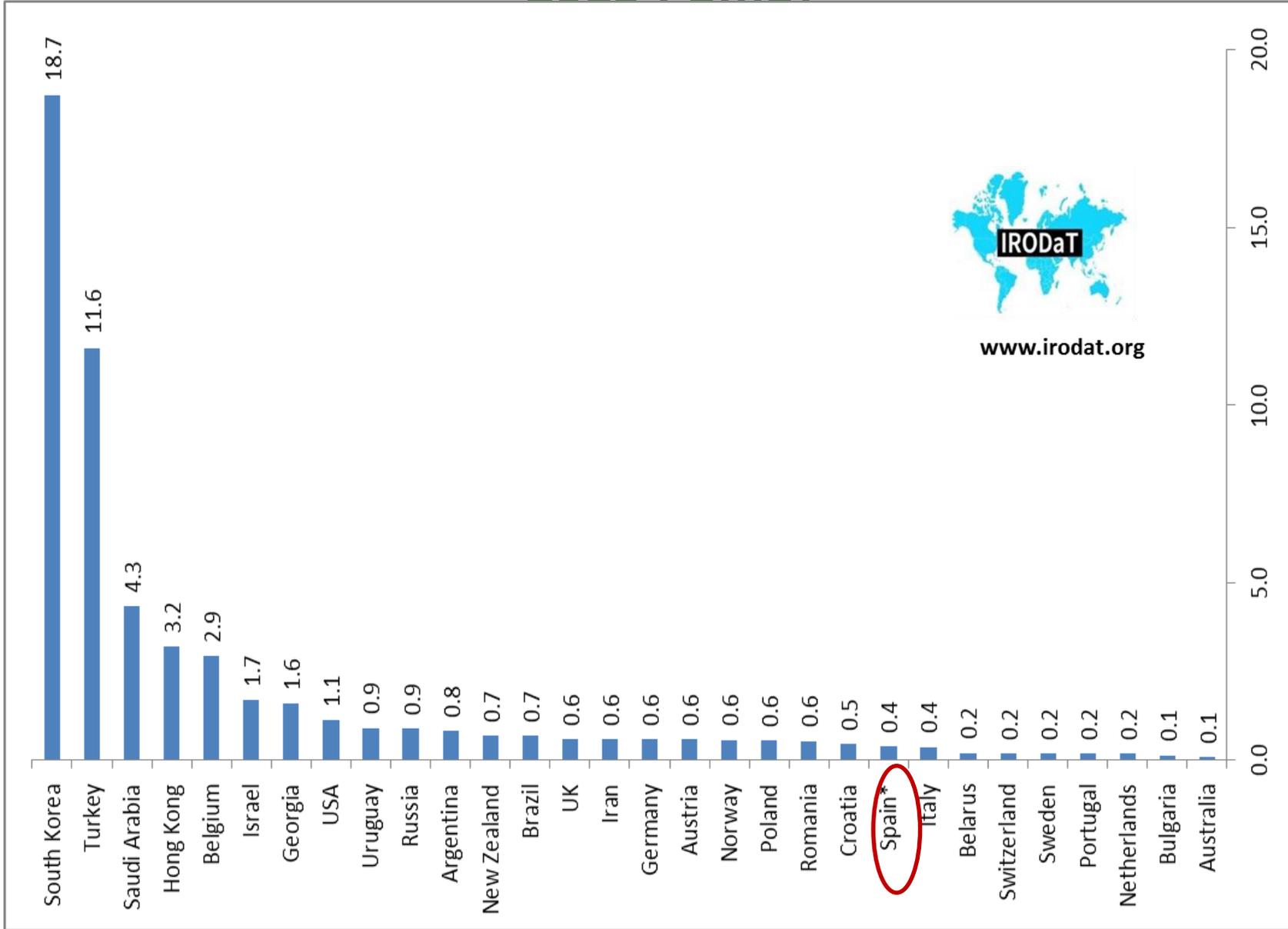
WORLDWIDE DECEASED ORGAN DONORS 2015 (pmp)



KIDNEY TRANSPLANT FROM LIVING DONORS 2015 (PMP)

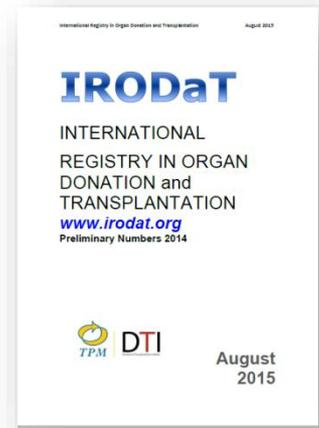
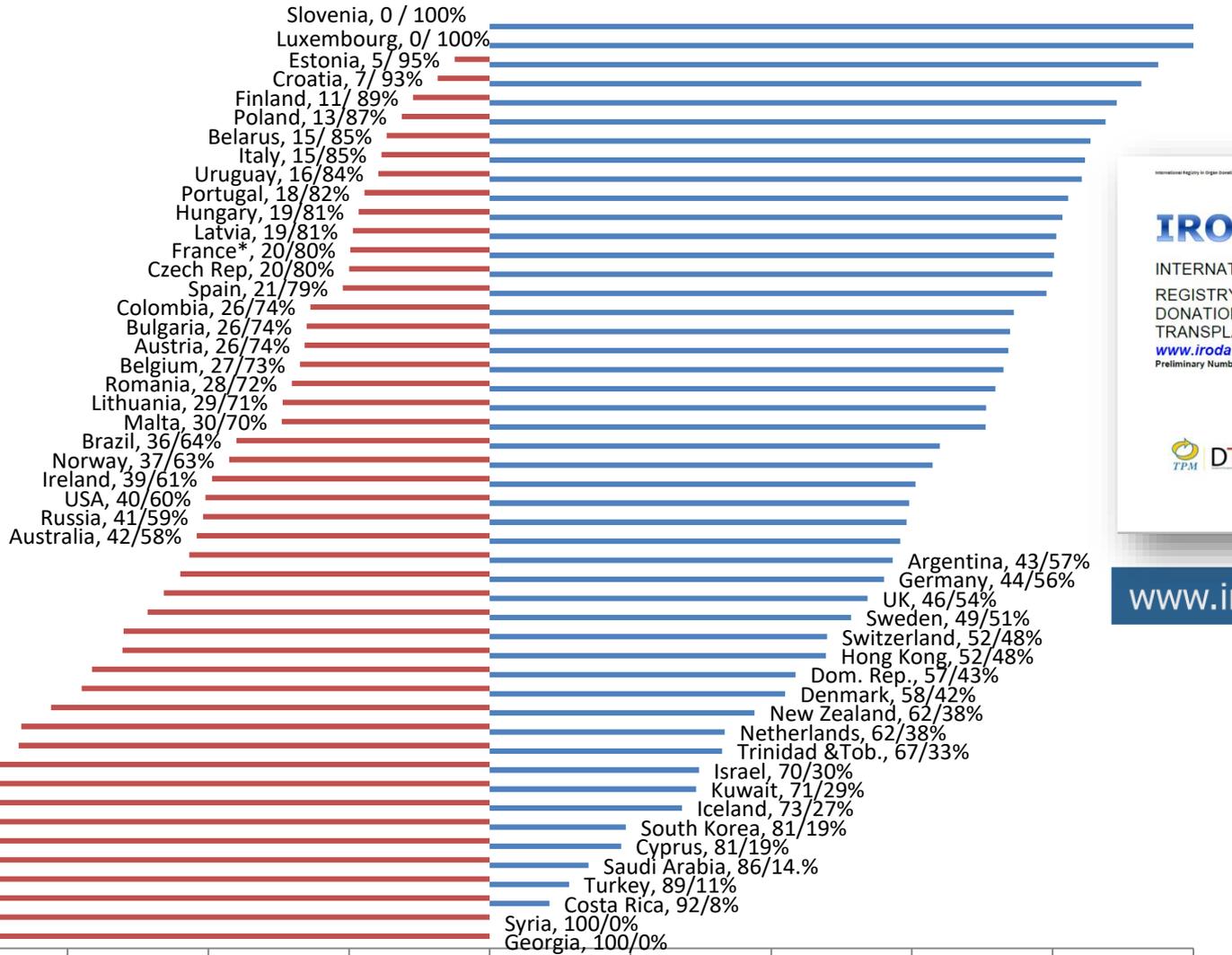


LIVER TRANSPLANT FROM LIVING DONORS 2015 (pmp)



WORLDWIDE ACTUAL LIVING AND DECEASED ORGAN DONOR 2014 (%)

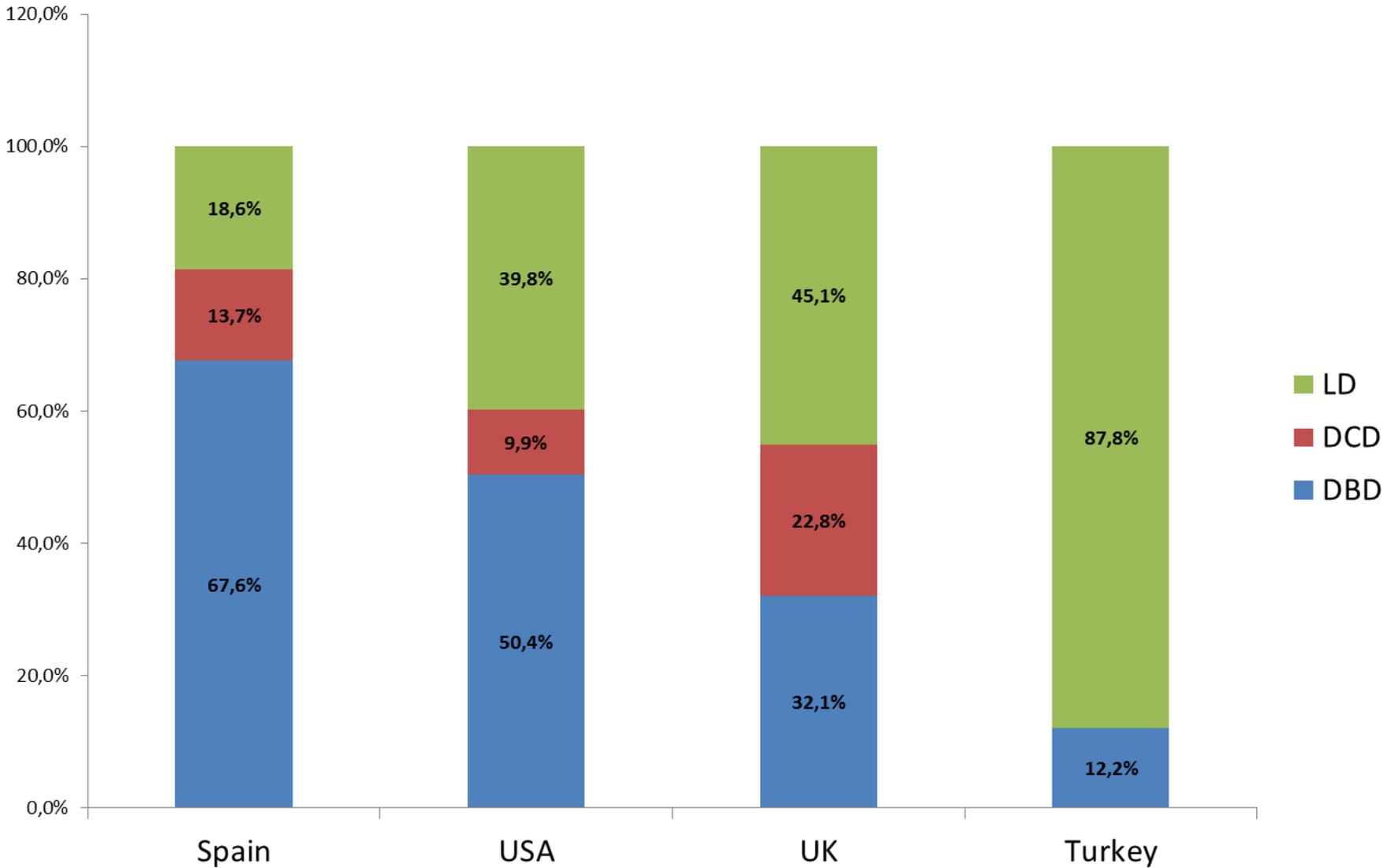
■ LIVING DONOR ■ DECEASED DONOR



www.irodat.org

-100.0% -80.0% -60.0% -40.0% -20.0% 0.0% 20.0% 40.0% 60.0% 80.0% 100.0%

Organ Donation 2015





GOBIERNO DE ESPAÑA

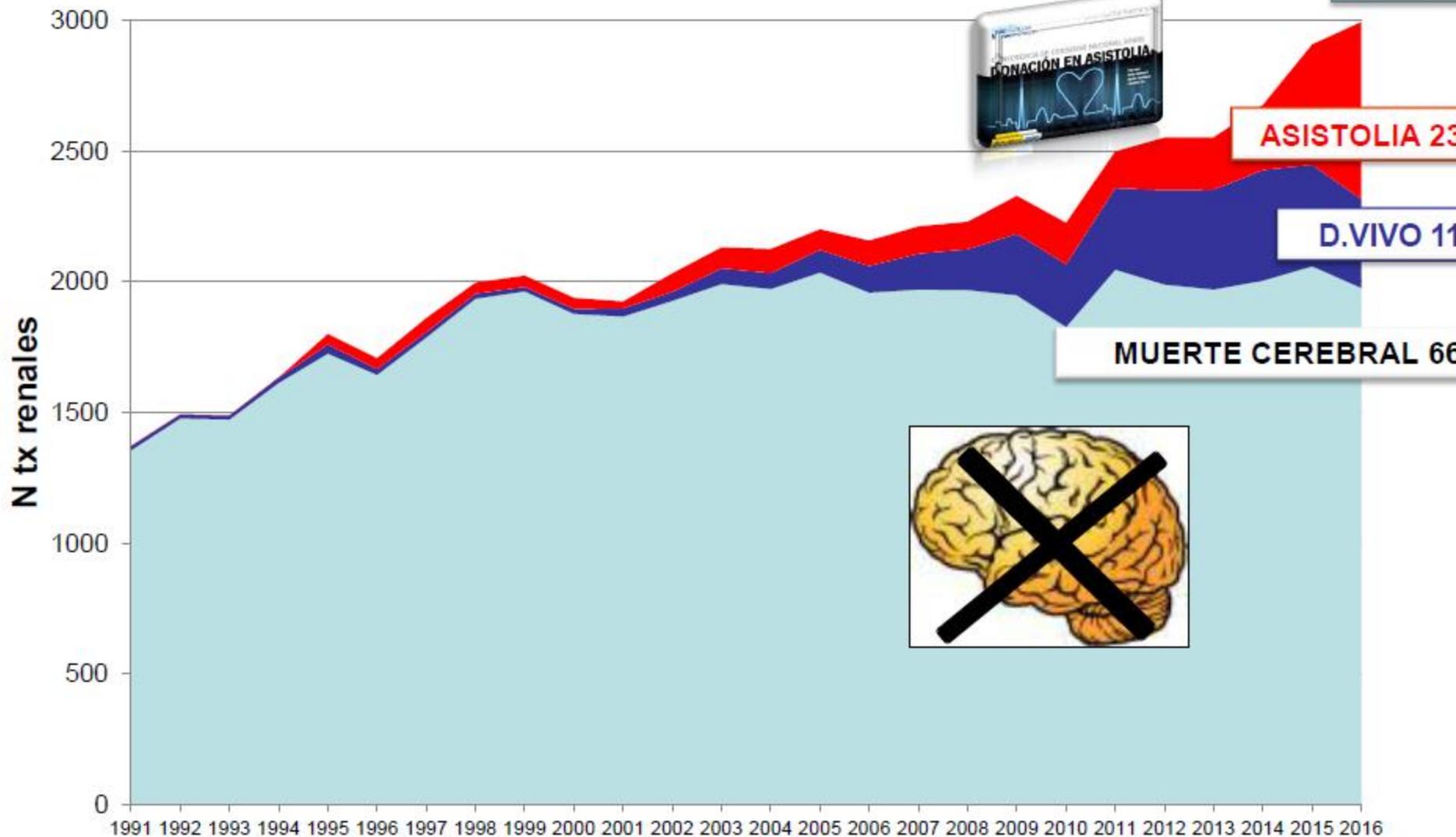
MINISTERIO DE SANIDAD, SERVICIOS SOCIALES E IGUALDAD



RENAL TRANSPLANTS IN SPAIN ACCORDING TO THE TYPE OF DONOR

según e

2994



SALUD

Dominó-Split

25 de Febrero de 2006, número 653

TRASPLANTE

Un hígado providencial

Un solo hígado donado salva tres vidas en una insólita operación quirúrgica

ISABEL PERANCHO

Esta historia empieza a las siete de la mañana del 5 de diciembre de 2003. A esa hora la actividad era ya inusualmente bulliciosa en tres quirófanos del Hospital Clínic de Barcelona: en los que en las siguientes 20 horas iba a desarrollarse una intervención quirúrgica sin precedentes en el país. Alrededor de 25 profesionales se iban a turnar hasta bien entrada la madrugada para llevar a cabo el primer trasplante hepático

'dominó-split'. O lo que es lo mismo, un triple implante que iba a permitir librar de una muerte segura a tres enfermos utilizando sólo un órgano de un donante cadáver. El primer

beneficiario sería Jaume Campaner, de 37 años, cuya vida peligraba debido a una rara dolencia genética. Para él fue la víscera del fallecido. Pero su 'viejo' hígado no se desechó. Se dividió e implantó el mismo día a Rosa Vilasis y a Carmen Portillo, ambas de 65 años y afectadas de cirrosis. Su expectativa de vida hubiera sido de unos meses si en su camino no se hubiera cruzado providencialmente ese órgano enfermo.

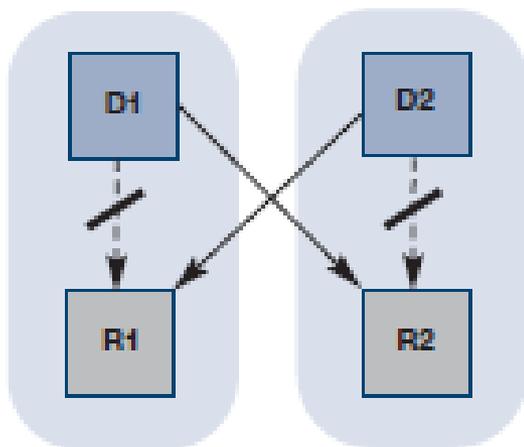


De izquierda a derecha, Carmen Portillo, Jaume Campaner y Rosa Vilasis, en una imagen tomada en los pasillos del hospital unos días después del triple trasplante. | Clínic

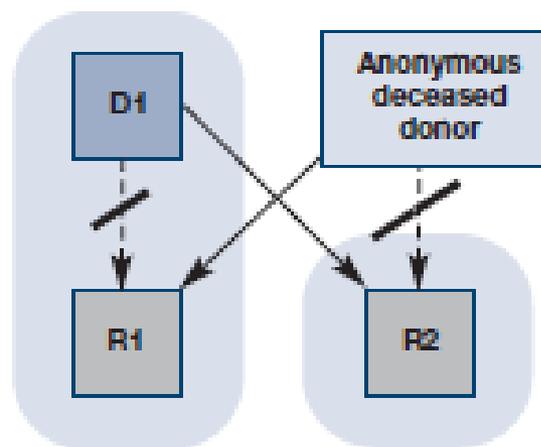
Kidney Exchange

USA, Netherlands, Spain and others
HLA and ABO incompatibility

Pair exchange

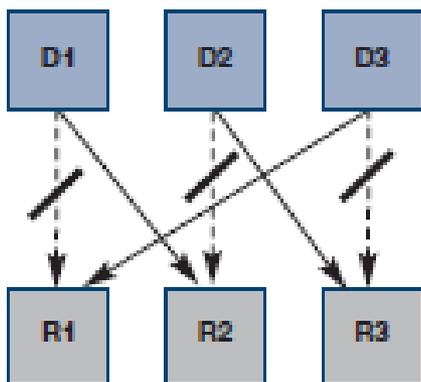


Donor pool

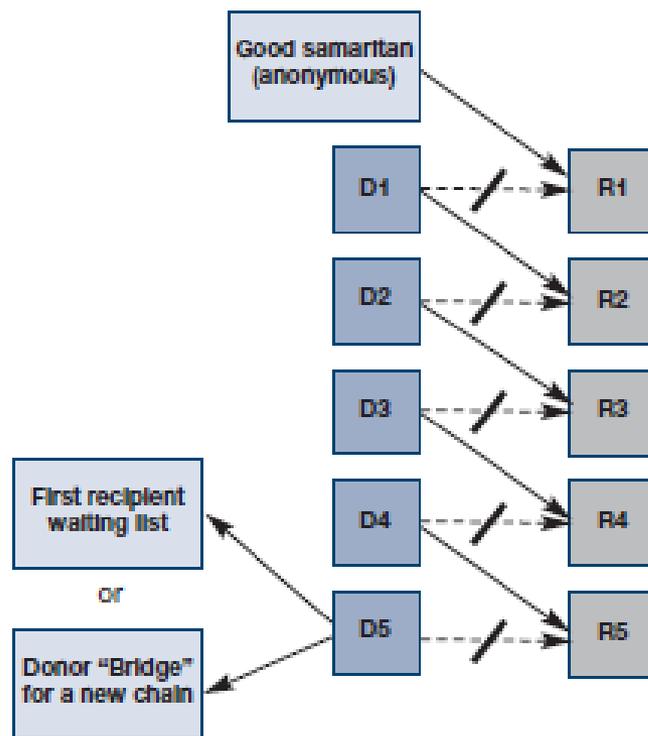


Kidney Exchange

Triple exchange



Chain donor



The Declaration of Istanbul on Organ Trafficking and Transplant Tourism

*Participants in the International Summit on Transplant Tourism and Organ Trafficking
convened by The Transplantation Society and International Society of Nephrology
in Istanbul, Turkey, April 30–May 2, 2008**

Turkey, 30.5.2008

PROPOSALS

1. To respond to the need to **increase deceased donation**
2. **To ensure the protection and safety of living donors** and appropriate recognition for their heroic act while **combating** transplant **tourism**, organ **trafficking** and transplant **commercialism**.

Revised Guiding Principles Summarized



Ethic principle n. 3:

- Donation from deceased persons should be developed to its maximum therapeutic potential.



Ethic principle n. 4:

- In general, living donors should be genetically, legally or emotionally related to their recipients.



Donor Evaluation

The Consensus Statement of the Amsterdam Forum on the Care of the Live Kidney Donor

The Ethics Committee of the Transplantation Society

Transplantation • Volume 78, Number 4, August 27, 2004

A Report of the Vancouver Forum on the Care of the Live Organ Donor: Lung, Liver, Pancreas, and Intestine Data and Medical Guidelines

Mark L. Barr, Jacques Belghiti, Federico G. Villamil, Elizabeth A. Pomfret, David S. Sutherland, Rainer W. Gruessner, Alan N. Langnas, and Francis L. Delmonico

Transplantation • Volume 81, Number 10, May 27, 2006

American Journal of Transplantation 2007; 7: 1047–1054
Blackwell Munksgaard

Meeting Report

Guidelines for the Psychosocial Evaluation of Living Unrelated Kidney Donors in the United States

M. A. Dew^{a,*}, C. L. Jacobs^b, S. G. Jowsey^c,
R. Hanto^d, C. Miller^e and F.L. Delmonico^f

Independent doctor for donor evaluation

EN

Official Journal of the European Union

DIRECTIVE 2010/45/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 7 July 2010

on standards of quality and safety of human organs intended for transplantation

American Journal of Transplantation 2011; 11: 2561–2568
Wiley Periodicals Inc.

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and the American Society of Transplant Surgeons

doi: 10.1111/j.1600-6143.2011.03816.x

Meeting Report

Living Kidney Donor Follow-Up: State-of-the-Art and Future Directions, Conference Summary and Recommendations

Living Kidney Donor Follow-Up Conference Writing Group^{†,*}

[†]Authors for the Living Kidney Donor Follow-up: State-of-the-Art and Future Directions: Alan Leichtman, Michael Abecassis, Mark Barr, Marian Charlton, David Cohen, Dennis Confer, Mathew Cooper, Gabriel Danovitch, Connie Davis, Francis Delmonico, Mary Amanda Dew, Cathy Garvey, Robert Gaston, John Gill, Brenda Gillespie, Hassan Ibrahim, Cheryl Jacobs, Jeffery Kahn, Bert Kasiske, Joseph Kim, Krista Lentine, Marti Manyalich, Jose Medina-Pestana, Robert Merion, Marva Moxey-Mims, Jonah Odum, Gerhard Opelz, Janice Orlovski, Abid Rizvi, John Roberts, Dorry Segev, Tina Sledge, Robert Steiner, Sandra Taler, Steven Textor, Gil Thiel, Amy Waterman, Errol Williams, Robert Wolfe, James Wynn and Arthur J. Matas.

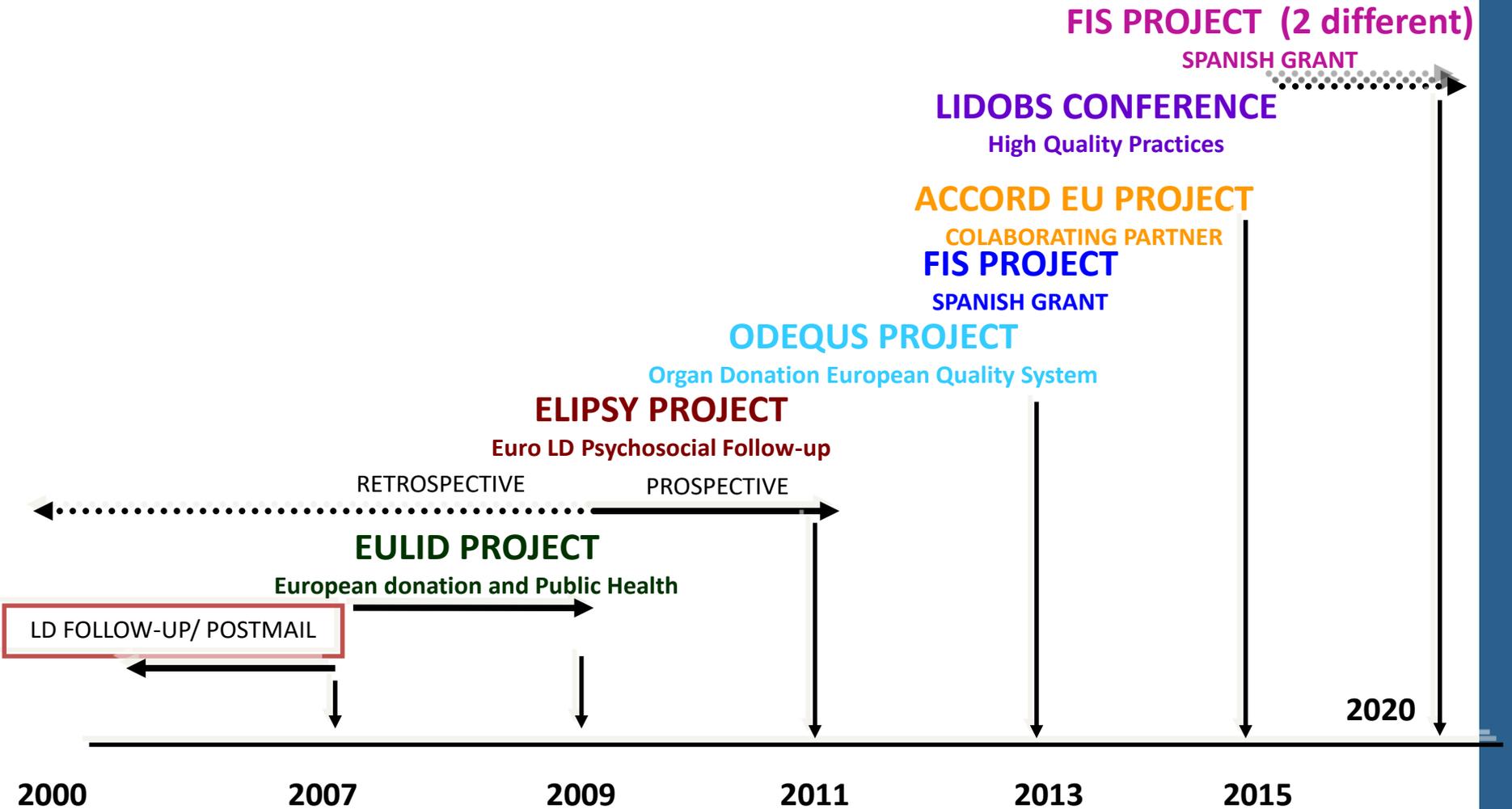
*Corresponding author: Arthur J. Matas, Department of Surgery, University of Minnesota, Minneapolis, MN, matas001@umn.edu

cial Follow-up; EULID, European Living Donation and Public Health; HRSA, Health Resources and Services Administration; LD, living donor; NDI, National Death Index; NIAID, National Institute for Allergy and Infectious Diseases; NIH, National Institutes of Health; NIDDK, National Institute of Diabetes and Digestive and Kidney Diseases; NMDP, National Marrow Donor Program; OPTN, Organ Procurement and Transplantation Network; QOL, quality of life; RELIVE, Renal and Lung Living Donors Evaluation Study; SSDMF, Social Security Death Master File; SRTR, Scientific Registry of Transplant Recipients.

Received 18 July 2011, revised 02 September 2011 and accepted for publication 05 September 2011

Introduction

Timeline living donors research projects



EULID project

European Living Donation and Public Health

This project is
receiving co-funding
from the European
Union in the framework
of the EU Health
Programme 2003-2008



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G. Kyriakides¹², P. Line¹³,
A. Maxwell¹⁴, A. N. Costa¹⁵,
R. Turcu¹⁶ and J. Wałaszewski¹⁷



¹Transplant Coordination, Hospital Clinic of Barcelona, Barcelona, Spain; ²Research, Fundació Clínic per la Recerca Biomèdica, Barcelona, Spain; ³Transplant Coordination, Hospital Clinic of Barcelona, Barcelona, Spain; ⁴Department of Surgery, Universitat de Barcelona, Barcelona, Spain; ⁵Research, Fundació Clínic per la Recerca Biomèdica, Barcelona, Spain; ⁶Slovenija Transplant, Zavod Republike Slovenije za Presaditve Organov, Tkiv, Ljubljana, Slovenia; ⁷Area Medica, CNT ISS-Centro Nazionali Trapianti; ⁸Nephrology and Transplant Departments, Centro Hospitalar do Porto, Porto, Portugal; ⁹Department of Transplantation and Liver Surgery, Sahlgrenska University Hospital, Göteborg, Sweden; ¹⁰IL3, IL3 Institute for LifeLong Learning, Barcelona, Spain; ¹¹Service de transplantation rénale, Hôpital Necker, Paris, France; ¹²Surgical and Transplant Institute, Paraskevaïdion Surgical and Transplant Center, Nicosia, Cyprus; ¹³Division of Surgery, Rikshospitalet, Oslo, Norway; ¹⁴Data Services, UK Transplant, Bristol, United Kingdom; ¹⁵Area Medica, CNT ISS-Centro Nazionali Trapianti, Rome, Italy; ¹⁶National Agency of Transplantation, ANT Fundatia Petru Transplant, Bucharest, Romania and ¹⁷POLTRANSPLANT Centrum Organizacyjno-Koordinacyjne



Contribute to consensus and establish recommendations to ensure the health and safety of the living donor among European countries

Consensus

Legal aspects

Ethical dilemmas

LD protection

Registry model

Tools

Informative leaflet

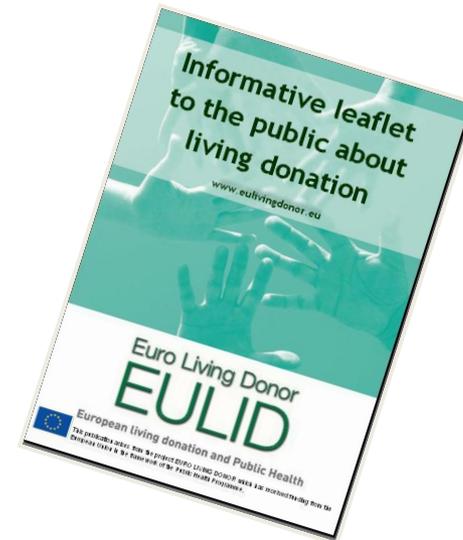
On-line data base

Satisfaction survey

TOOLS DEVELOPED

INFORMATIVE LEAFLET

Translated in **12 languages**, 2 different parts with information for **each organ** about: options to become a donor, investigations and selection, surgical approach, normal course and adverse events and long-term follow-up.

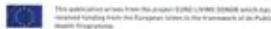


Informationsskrift till allmänheten
om organdonation
från levande givare

www.eulivingdonor.eu

Euro Living Donor
EULID

European Living Donation and Public Health

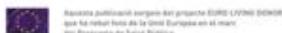


Guia informativa
sobre la donació
d'òrgans de viu

www.eulivingdonor.eu

Euro Living Donor
EULID

European Living Donation and Public Health



Informativni letak za
javnost o darovanju
organov za časa življenja

www.eulivingdonor.eu

Euro Living Donor
EULID

Darovanje za časa življenja v Evropi in javno zdravstvo



Broszura informacyjna
o przeszczepianiu
narządów
od żywych dawców

www.eulivingdonor.eu

Euro Living Donor
EULID

European Living Donation and Public Health



Livret d'information
du grand public
sur le don d'organes
des personnes vivantes

www.eulivingdonor.eu

Euro Living Donor
EULID

European Living Donation and Public Health



Informasjon om
donasjon av organ
fra levende giver

www.eulivingdonor.eu

Euro Living Donor
EULID

Organdonasjon fra levende giver og folkehelse

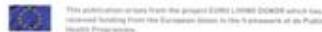


Informative leaflet
to the public about
Living Donation

www.eulivingdonor.eu

Euro Living Donor
EULID

European Living Donation and Public Health



Opuscolo informativo
per il pubblico sulla
donazione in vita

www.eulivingdonor.eu

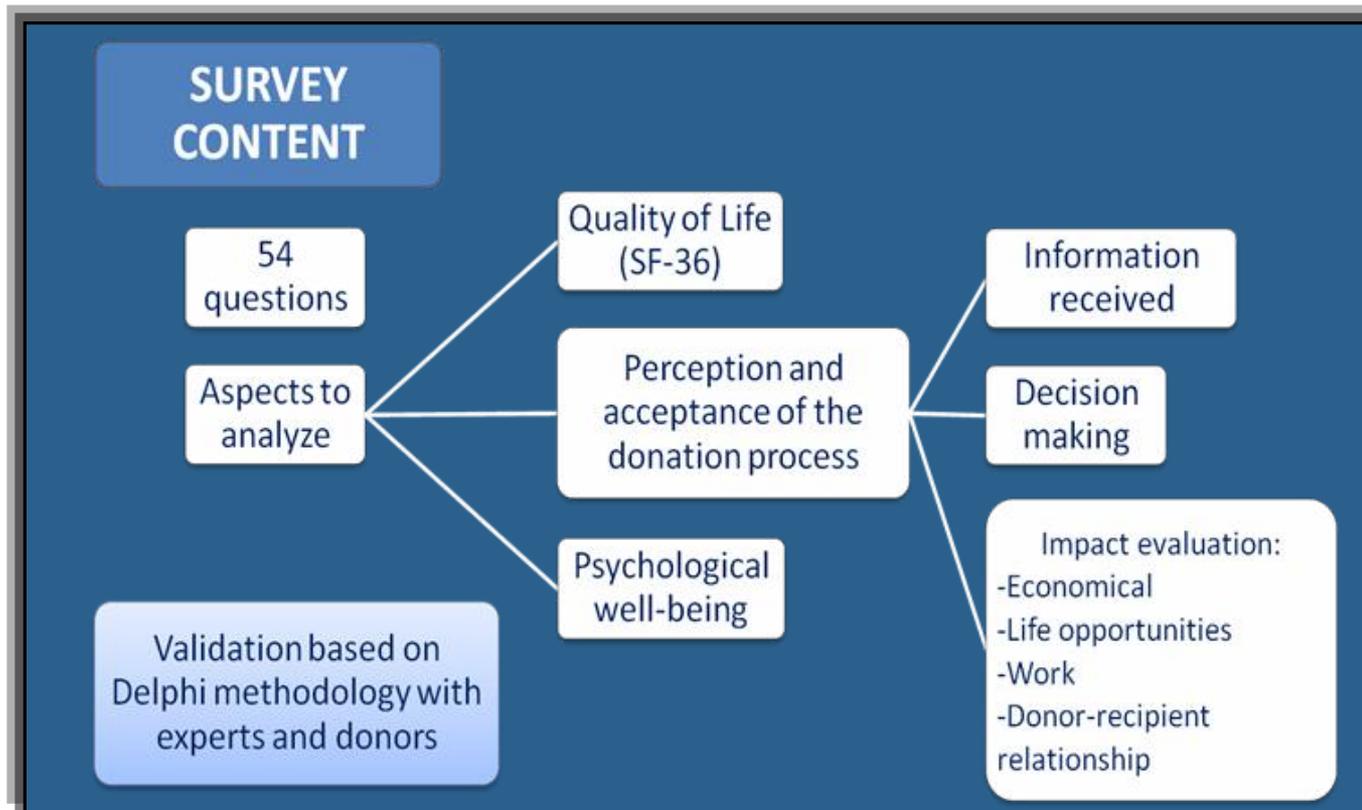
Euro Living Donor
EULID

European Living Donation and Public Health

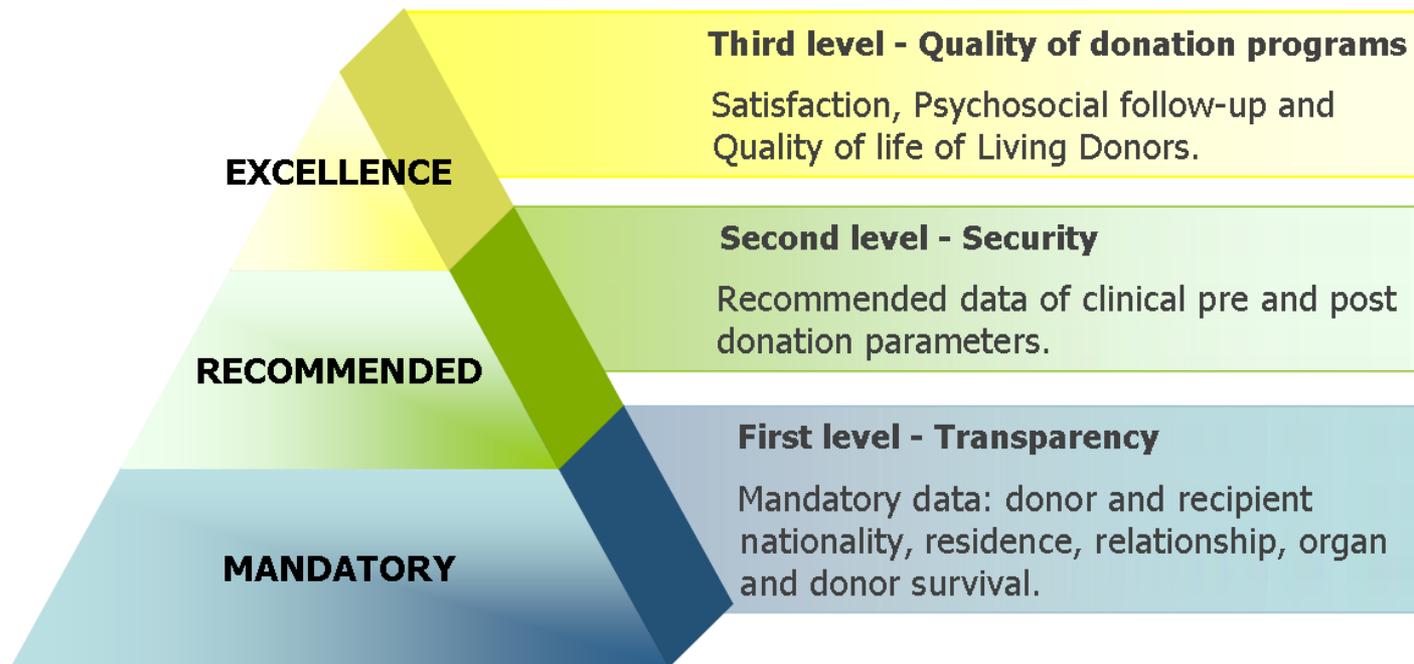


TOOLS DEVELOPED

LIVING DONOR SATISFACTION SURVEY



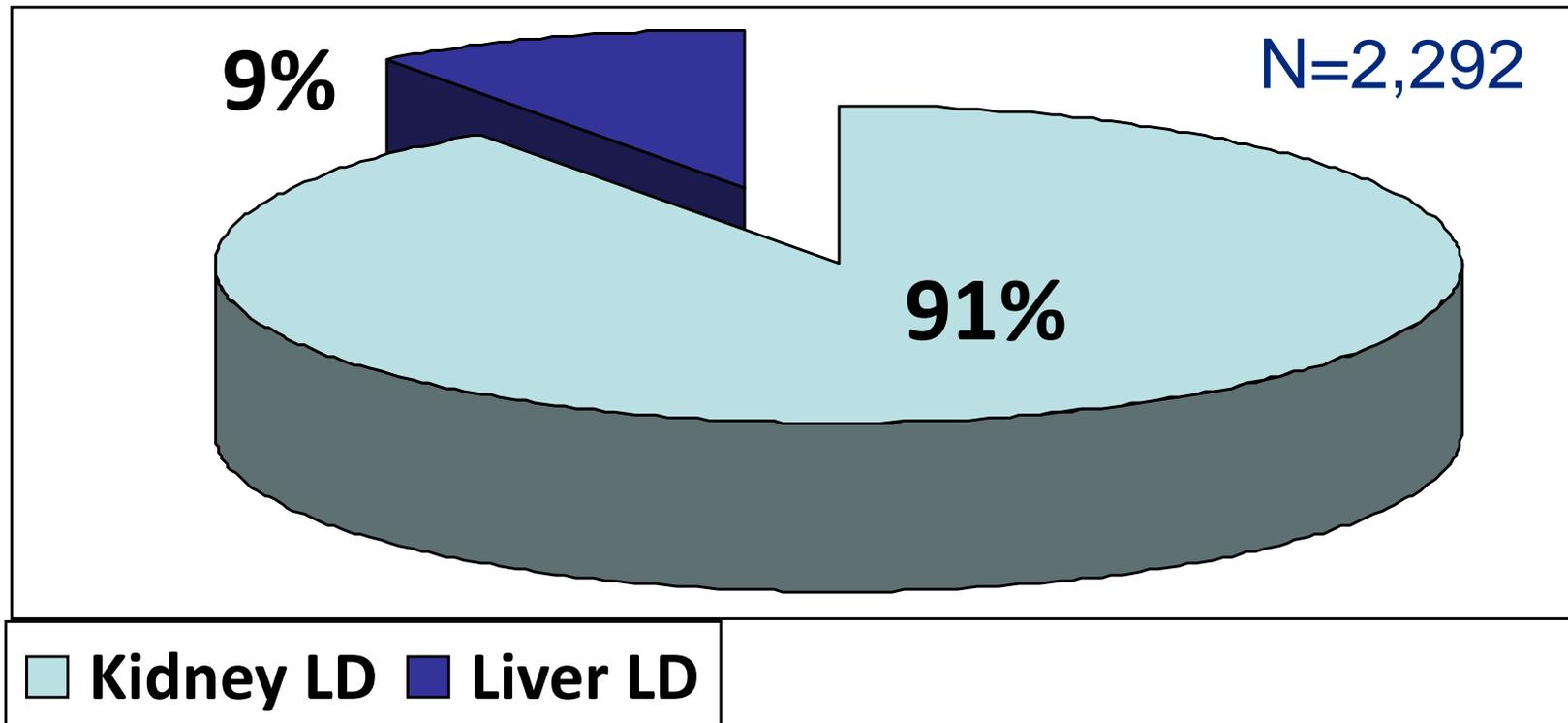
Registry Model Data



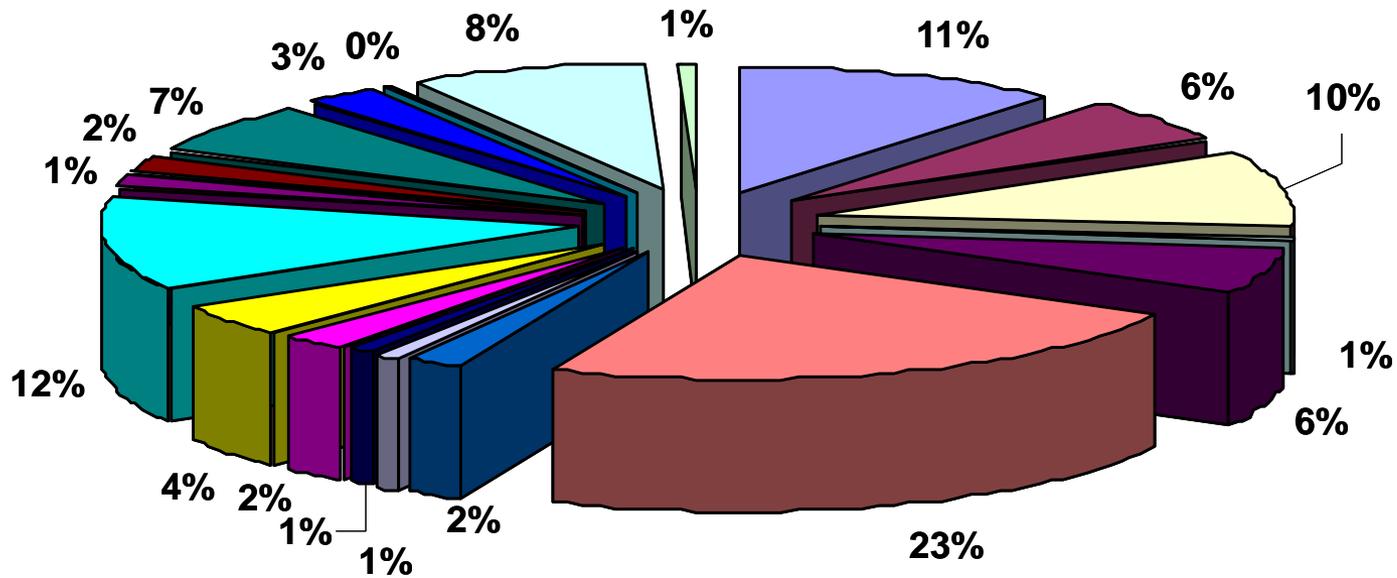
Directive 2010/53/EU of the European Parliament: Registration of all living donor cases is obligated for the purpose of traceability, safety and transparency of activity and outcome of living donor procedures performed.

Registered Living Donor (by organ)

LIVING DONOR REGISTERED (per organ)



Participant centers Kidney Living Donor



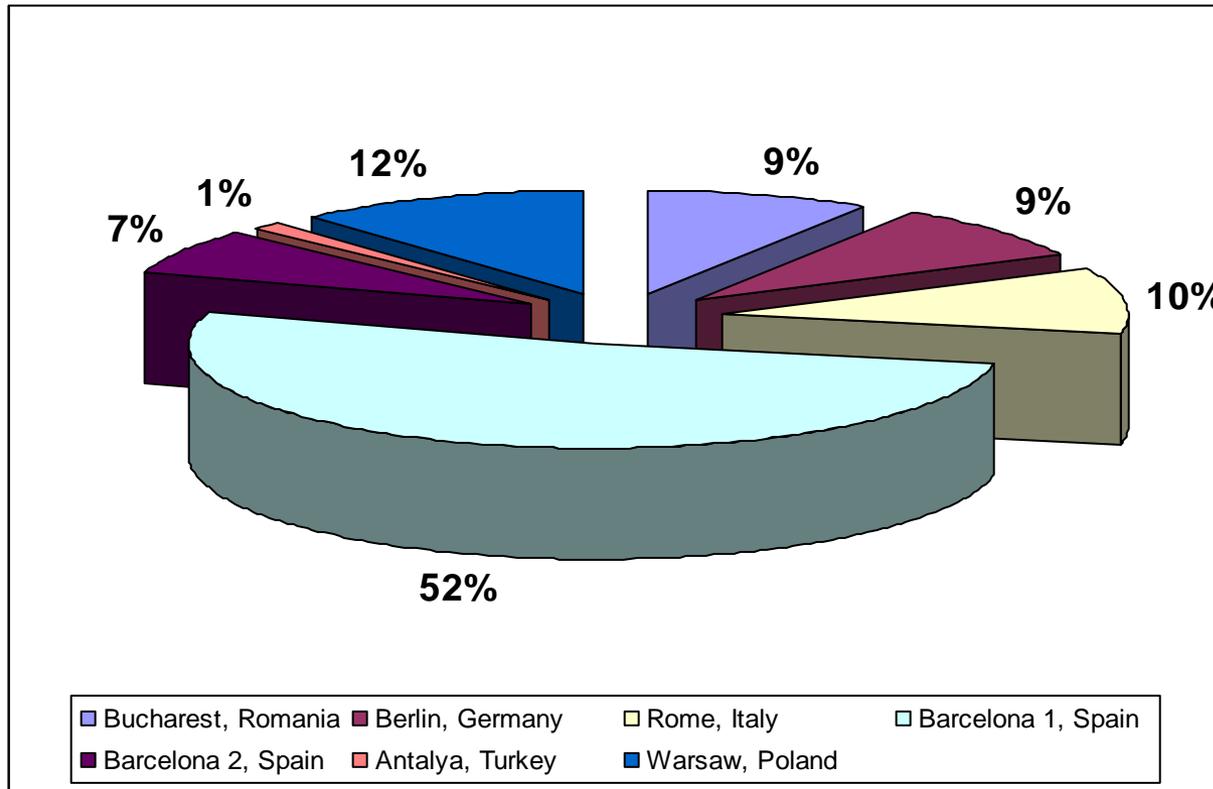
- Bucharest , Romania
- A Coru ña, Spain
- Hospitalet , Spain
- Barcelona 3
- Warsaw , Poland
- Oslo, Norway
- Cucurova , Turkey

- Paris, France
- Porto, Portugal
- Badalona, Spain
- Antalya, Turkey
- Nicosia, Cyprus
- Ljubljana, Slovenia

- Rome , Italy
- Barcelona 1, Spain
- Barcelona 2, Spain
- Bristol, UK
- Göteborg , Sweden
- Berlin , Germany

N=2084
 19 centers

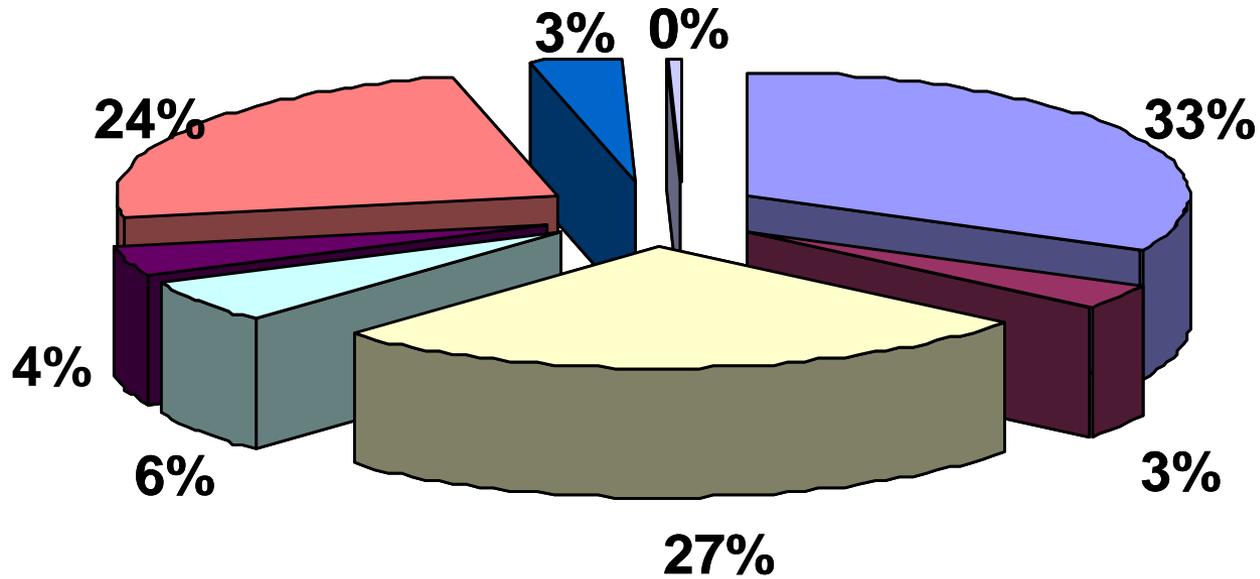
Participant centers Liver Living Donor



N=208

7 centers

Donor-Recipient Relationship



- Mother or father
- Non-genetically related (spouse)
- Non-genetically related (friends)
- Son or daughter
- Non related
- Other genetically related
- Sibling
- Twins

N=2292



ASSOCIATED PARTNERS (23)



COLLABORATING PARTNERS

EOEO

- EUROTRANSPLANT, Leiden (NL)
- SCANDIATRANSPLANT, Aarhus (DK)

Other collaborating partners

- European Hospital and Healthcare Federation (HOPE)
- European Society of Intensive Care Medicine (ESICM)
- European Transplant Coordinators Organisation-European Donation Committee (ETCO-EDC), a section of ESOT
- World Health Organisation (WHO)
- European Directorate for the Quality of Medicines and Healthcare – Council of Europe (EDQM)
- Organisation des Établissements de Soins de Santé (Belgium)
- Hospital Clínic de Barcelona

Consortium

ACCORD Project as Collaborating Partner

EULID registry has been selected as a model for a pilot project intended to realize the European Living Donors registry

Two different modules for data uploading

Direct data entry module

Croatia, Latvia, Lithuania, Slovakia, Portugal

The screenshot shows a web browser window with the URL www.eulivdonor.eu/donors/20131007/. The page has a navigation bar with buttons for 'Registrar Nuevo Donante', 'Exportar Información', 'Graficas Y Estadísticas', and 'Administración'. Below the navigation bar, there is a search bar and a table of donors. The table has columns for 'Id', 'Iniciales', 'Fecha Donación', 'Organo', and 'Centro Donación'. The first row is highlighted in blue and contains the following data: 1794, AB, 01.10.2013, Riñón, Hospital Clinic. Below the table, there are several sections for data entry, each with a title and a set of buttons: 'OBLIGATORY' with a 'Donante' field and 'Editar' and 'Borrar' buttons; 'RECOMMENDED' with 'Datos clínicos' and 'Pre Donación' and 'Post Donación' buttons; 'EXCELLENCE' with 'Encuestas Satisfacción' and 'Encuesta de satisfacción' and 'Encuesta Satisfacción (FIS)' buttons; 'Seguimiento Psicossocial' with 'PRE', 'POST', 'RECIPIENT KIDNEY', and 'RECIPIENT LIVER' buttons; and 'ACCORD registry' with '[Kidney] Intrahospital Donor Data', '[Kidney] Follow-up Data', '[Liver] Intrahospital Donor Data', and '[Liver] Follow-up Data' buttons. At the bottom of the page, there is a table with three rows of donor data: 1793, LL, 19.09.2013, Riñón, Hospital Universitari Vall d'Hebron; 1792, CA, 21.03.2005, Riñón, Hospital Clinic.

Id	Iniciales	Fecha Donación	Organo	Centro Donación
1794	AB	01.10.2013	Riñón	Hospital Clinic
1793	LL	19.09.2013	Riñón	Hospital Universitari Vall d'Hebron
1792	CA	21.03.2005	Riñón	Hospital Clinic

File Uploading module

The Netherlands, Poland, Spain, United Kingdom

Data evaluation

(2010-2011)

Country	Number of donors	Percentage of the total included donors	% of expected
Spain	343	11.8	62.1
United Kingdom	2049	70.4	99.8
Croatia	15	0.5	51.7
Lithuania	11	0.4	100
Latvia	5	0.2	100
The Netherlands	337	11.6	36.9
Poland	90	3.1	100
Portugal	39	1.3	39.8
Slovak Republic	20	0.7	100
Total	2909	100	

LIVING DONORS – EUROPEAN UNION COUNTRIES 2014

COUNTRY	KIDNEY		LIVER	
	NUM	PMP	NUM	PMP
AUSTRIA	71	8,4	6	0,7
BELGIUM	67	6,0	40	3,6
BULGARIA	12	1,7	1	0,1
CROATIA	11	2,6	1	0,2
CYPRUS	22	18,3	0	0
CZECH R.	63	5,9	2	0,2
DENMARK	110	19,6	0	0
ESTONIA	1	0,8	0	0
FINLAND	15	2,8	0	0
FRANCE	514	8,0	12	0,2
GERMANY	620	7,5	58	0,7
GREECE	42	3,8		
HUNGARY	46	4,6		
IRELAND	40	8,5	0	0,0
ITALY	251	4,1	16	0,3
LATVIA	7	3,5	0	0
LITHUANIA	13	4,3	0	0
LUXEMBOURG				
MALTA	5	12,5	0	0
NETHERLANDS	534	31,8	3	0,2
POLAND	55	1,4	30	0,8
PORTUGAL	54	5,1	5	0,5
ROMANIA	37	1,7	14	0,6
SLOVAKIA	15	2,7	0	0
SLOVENIA	0	0	0	0
SPAIN	423	9,0	21	0,4
SWEDEN	151	15,7	6	0,6
U.K.	1097	17,3	32	0,5
TOTAL	4276		247	

ELIPSY Project:

Euro Living Donor Psychosocial Follow-up

This project is receiving co-funding from the European Union in the framework of the EU Health Programme 2008 Agreement number – 2008 11 04



Ana Menjivar, Josep M. Peri, Xavier Torres, Ignacio Revuelta, Fritz Diekmann, Constantino Fondevila, Entela Kondo, David Paredes, Christina Papachristou, Christian Hiesse, Ingela Fehrman-Ekholm, Niclas Kvarnström, Leonídio Dias, Levent Yucetin, **Martí Manyalich.**



Methodology

Two follow-up models:

Short follow-up: Prospective

- Compare the **psychosocial well-being** and **quality of life** of the donors before and one year after donation.
- The **impact of donation**, including the **impact of the recipient's outcome** on the living donor well-being.

Long follow-up: Retrospective

- Assessing the **long-term impact of donation** and the impact of the recipient's outcome on the donor.
- **Psychosocial well-being, quality of life and impact of recipient's outcome** data will be collected to the donors who donated from year 2005 until year 2010.

Methodology

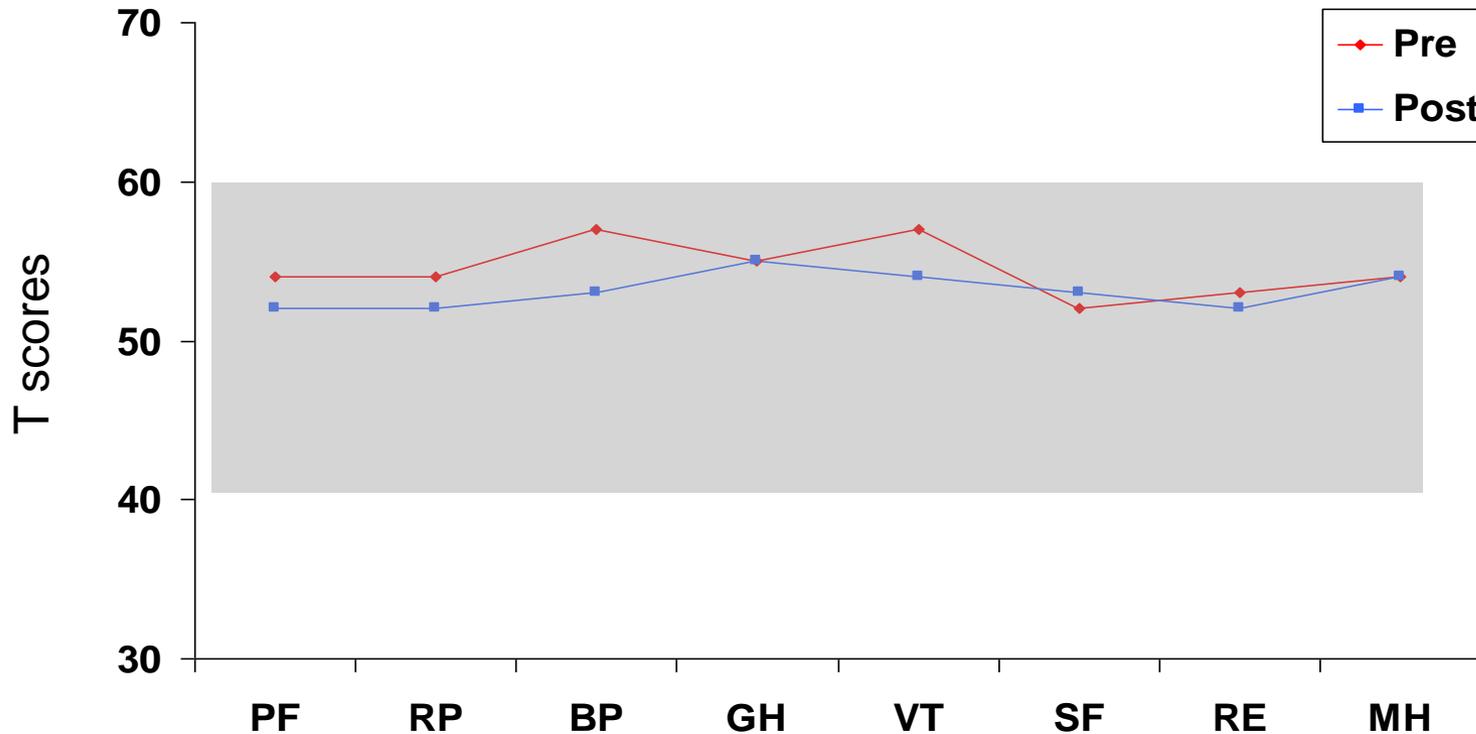
SF-36: Short Form General Health Survey

Scales	Interpretation of scores	
	Low scores	High scores
Physical functioning (PF)	Limited in performing all physical activities, including bathing or dressing, because of health	Performs all types of physical activities, including the most vigorous, without limitations caused by health
Role—physical (RP)	Problems with work or other daily activities as a result of physical health	No problems with work or other daily activities as a result of physical health
Body pain (BP)	Very severe and extremely limiting pain	No pain or limitations as a result of pain
General health (GH)	Evaluates personal health as poor and believes it is likely to get worse	Evaluates personal health as excellent
Vitality (VT)	Feels tired and worn out all of the time	Feels full of pep and energy all of the time
Social functioning (SF)	Extreme and frequent interference with normal social activities because of physical or emotional problems	Performs normal social activities without interference from physical or emotional problems
Role—emotional (RE)	Problems with work or other daily activities as a result of emotional problems	No problems with work or other daily activities as a result of emotional problems
Mental health (MH)	Feels nervous and depressed all of the time	Feels peaceful, happy, and calm all of the time

^a Adapted from Ware JE, Sherbourne CD, eds. The MOS 36-item short-form health survey (SF-36). I. Conceptual framework and item selection. Med Care 1992; 30: 475.

Short follow-up

Quality of Life was not affected...



PF – Physical Functioning (limitations in performing physical activities because of health)

RP – Role Physical (Problems with daily activities (incl. work) due to physical health)

BP – Body Pain

GH – General Health (current and predicted)

VT – Vitality (Energy/Fatigue)

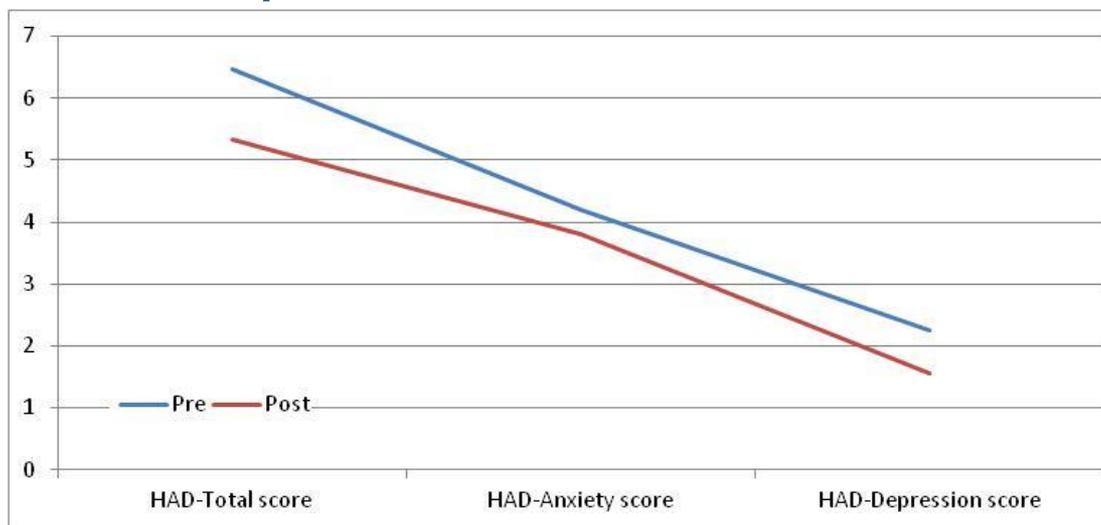
SF – Social Functioning (Interference with social activities due to physical or emotional problems)

RE – Role Emotional (Problems with daily activities due to emotional problems)

MH – Mental Health

Short follow-up

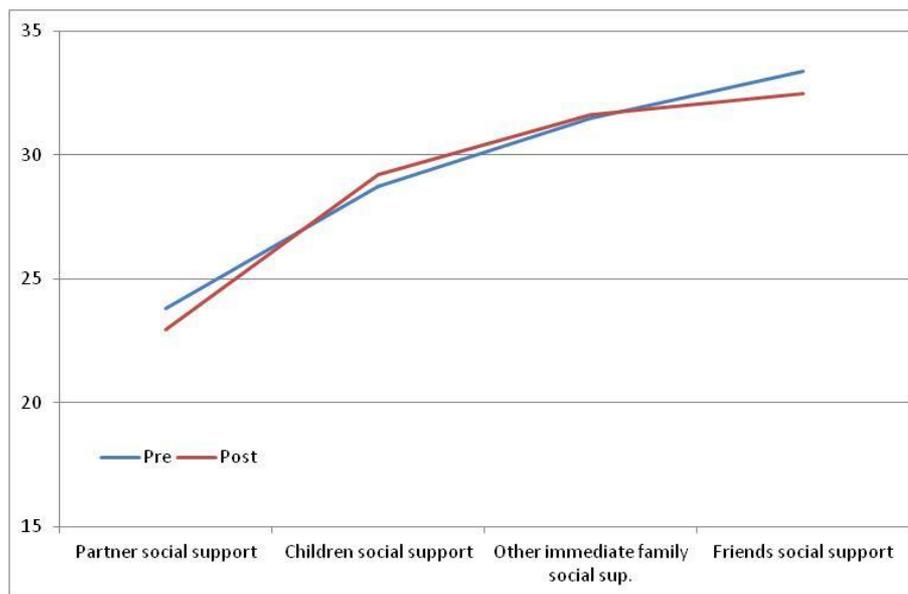
Mood remained euthymic...



Patient Health Questionnaire	
Somatoform Disorder	1 (1.2%)
Depressive Disorder	1 (1.2%)
Anxiety Disorder (Panic Disorder)	1 (1.2%)
Donor needed ψ treatment because of donation	1 (1.2%)

n=83

Short follow-up



Social issues did not change..

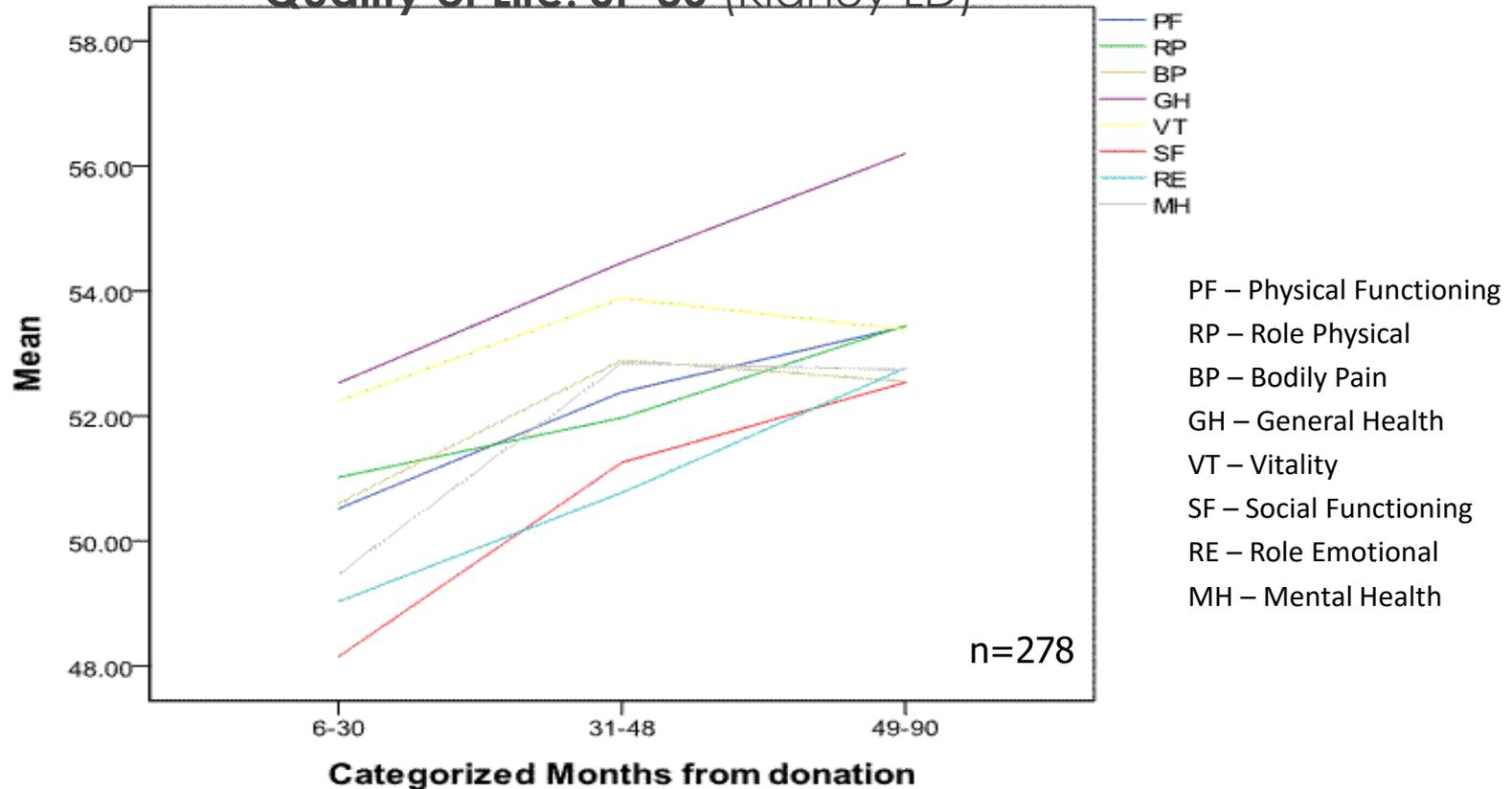
n=83

Donor-Recipient relationship is:-Post

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Worse	1	1.2	1.2	1.2
	Has not changed	46	55.4	55.4	56.6
	Better	13	15.7	15.7	72.3
	Much better	23	27.7	27.7	100.0
	Total	83	100.0	100.0	

Long follow-up

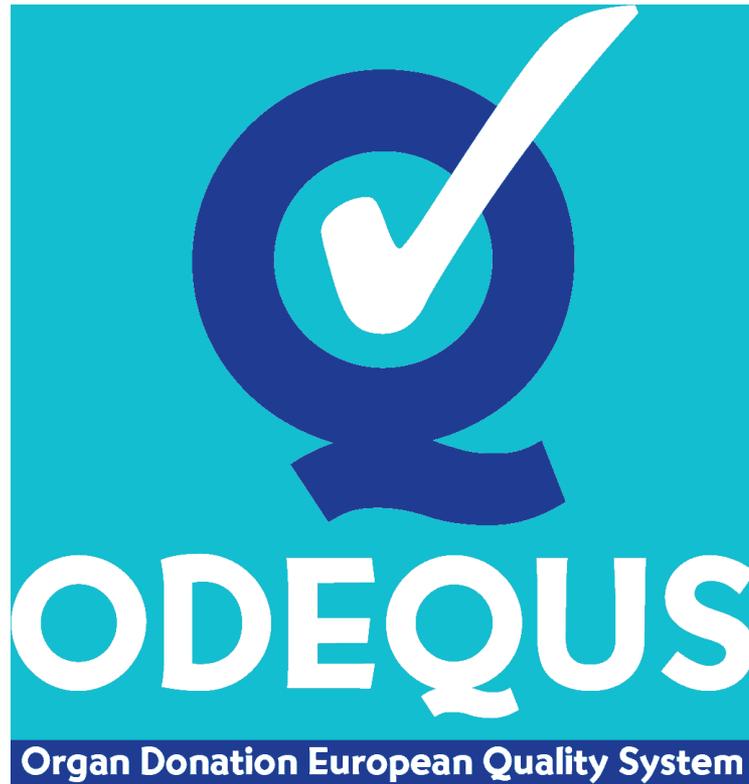
Quality of Life: SF-36 (Kidney LD)



There is a clear direct relation between the 8 scales of SF-36 and time since donation

Project remarks

- The survey about Current psychosocial Follow-up practices, show **no standardized methodology for the donor follow-up** in terms of: quality of life, psychological well-being and satisfaction with the donation process.
- The **retrospective study** up to five years follow-up shows no significant differences in the psychosocial outcome of living **donors compare to the healthy general population.**
- The **prospective study** shows no changes in the psychosocial outcome of donors assessed before and after donation, **compare to the healthy general population.**
- **Strong relationship** with the recipient before donation influence in a **better post donation general quality of life for the LD.**



WWW.ODEQUS.EU

Objective

- To define a methodology to evaluate the performance of Procurement
 - ✓ At Hospital Level
 - ✓ DBD & DCD & LD
 - ✓ Useful for
 - Self-Assessment
 - External Evaluation



Quality Criteria

Living Donation		number of criteria
1	Legal Framework (Legal Requirements)	3
2	Organisation: Protocols	2
3	Living Donor Coordinator and Team Requirements	1
4	Documentation and Registries	2
5	Donor Identification	2
6	Donor Evaluation	3
7	Follow-Up of Living Donor and Recipient	2
8	Research	1
9	Quality Evaluation and Outcomes	1
10	Donor Protection	3
Total		20

Quality Indicators

Living Donation		Type	Standard
1	Approval for living donation from a council	process	100%
2	Participation of the centre in living donors registry	process	100%
3	Identification of potential kidney living donors	outcome	20%
4	Long-term follow-up of living donors	process	100%
5	Evaluation of potential living donors	outcome	80%

LID \oplus BS Knowledge Community

Consensus and recommendations in Living Donation to guarantee the safety, quality and transparency of the procedures.

www.eulivingdonor.eu/lidobsconference



**INTERNATIONAL
CONFERENCE ON
LIVING DONATION
HIGH QUALITY
PRACTICES**

NOV 6-7th 2014
BARCELONA SPAIN

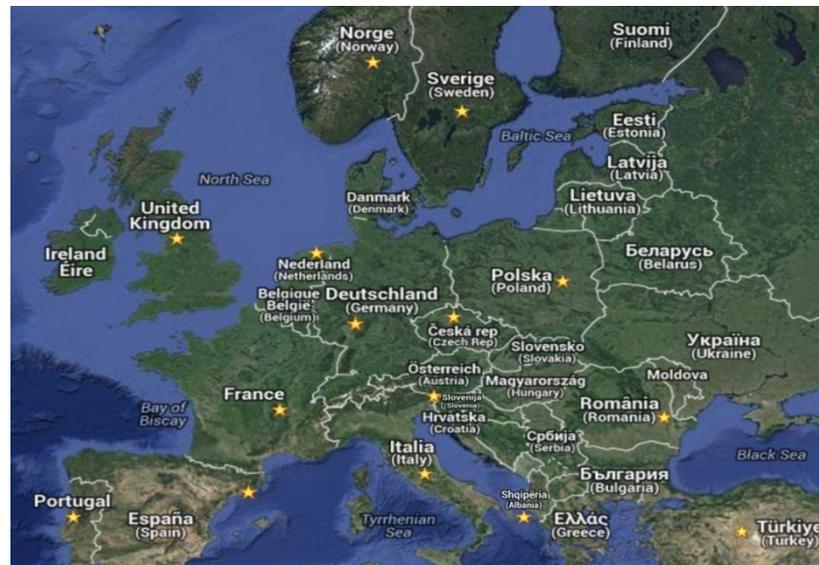
ORGANIZED BY **CLÍNICA BARCELONA** Hospital Universitari **IDIBAPS**
Institut d'Investigacions Biomèdiques August Pi i Sunyer

LID \oplus BS CONFERENCE HAS
RECEIVED FUNDING FROM
THE EUROPEAN UNION



Participants

- More than 100 participants
- 56 Institutions were represented
- 31 countries
- 4 Continents (Europe, Asia, America and Africa)



LIDOBBS Conference Focus

The Conference was structured in six working groups (WGs).



LIDOBBS Consensus leaflet

LIDOBBS CONSENSUS ON LIVING ORGAN DONATION PROGRAMMES TO GUARANTEE QUALITY, SAFETY AND TRANSPARENCY IN LIVING ORGAN DONATION

_1
Ethical and legal aspects

_2
Living donor protection

_3
Kidney living donor follow-up

_4
Liver living donor follow-up

_5
Living donor registry

_6
Quality indicators and certification

VALUES



Safety
Quality
Transparency

LEVEL OF REQUIREMENT



Excellence
Advisable
Compulsory



22 RECOMMENDATIONS FOR HIGH QUALITY PRACTICES

Recommendations

LIDOBS Consensus Canvas

1. Ethical and legal aspects

1. Commitment to non-commercialization of living organ donation.	
2. Development of binding guidelines for transplant centres and professionals regarding the selection and follow-up of living organ donors .	
3. Development and provision of quality indicators for transplant centres regarding living organ donation.	
4. Empowerment and training of transplant professionals and students from all involved disciplines in the ethics of living organ donation .	
5. Legislation and policy to protect non-resident living organ donors .	
6. Legislation and policy to protect living organ donors from discrimination in issues related to employment and health insurance.	

Recommendations

LIDOBS Consensus Canvas



2. Living donor protection

<p>7. It is highly recommended that donors undergo psychosocial evaluation prior to selection and donation. After donation, healthcare services should always be available and regular evaluations should be performed.</p>	 <p>Excellence</p>
<p>8. Valid written informed consent should be given after the donor has been interviewed and approved by an independent donor advocate who is not involved in the recipient care.</p>	 <p>Compulsory</p>
<p>9. Living organ donation should be cost-neutral. The living organ donor should not be subjected to any prejudice detrimental to employment, insurance coverage, or obtaining of credit, loans or mortgages.</p>	 <p>Compulsory</p>

Recommendations

LIDOBS Consensus Canvas



3. Kidney living donor follow-up Medical & psychosocial

<p>10. Donor education should be performed by transplant institutions that provide high quality educational resources and tools. Harmonizing tools between different centres is recommended.</p>	
<p>11. Short- and long-term donor medical follow-up is mandatory after living kidney donation.</p>	
<p>12. Psychosocial follow-up is mandatory in the short-term, and long-term follow-up is recommended for donors and/or recipients with high medical or psychological stress levels.</p>	

Recommendations

LIDOBS Consensus Canvas



4. Liver living donor follow-up Medical & psychosocial

<p>13. The most important factor for good living liver organ donor outcomes is the preoperative evaluation. A thorough psycho-social, anatomical and medical evaluation of each potential donor by an impartial team is essential.</p>	
<p>14. In the immediate post-operative period, frequent laboratory analyses and imaging of the remnant liver should be performed to ensure appropriate recovery and the absence of early biliary and vascular complications.</p>	
<p>15. The minimum period for medical follow-up of living liver donors should be one year. Follow-up should be performed at 1, 3, 6 and 12 months, and include patient interviews, physical examinations, laboratory tests and ultrasounds, and psychological examinations. These resources should also be available if needed by living organ donors after the first post-donation year. In particular, psychosocial follow-up should be available for life.</p>	

Recommendations

LIDOBS Consensus Canvas



5. Living donors registry

<p>16. Registration of all living organ donors is mandatory, and adequate donor follow-up is necessary for the purposes of traceability, safety, and transparency of activities and outcomes of living donor procedures performed within all EU member states. A donor follow-up registry can help to protect living organ donors, and be a mechanism through which the scientific community can learn more about living organ donation.</p>	
<p>17. Collection of living organ donor data must be through a central database system that is accessible to appropriately authorized persons, and compliant with legal requirements for data protection.</p>	
<p>18. Regulatory audits are mandatory and data should be monitored on both national and institutional levels.</p>	
<p>19. A specifically purposed, carefully designed registry of living kidney and liver donors is recommended to foster accurate assessments of the living donor experience.</p>	

Recommendations

LIDOBS Consensus Canvas



6. Quality indicators and certification

<p>20. A quality management system in living organ donation to provide more efficient and standardized care; ensure detection of safety issues; and improve outcomes is recommended.</p>	 <p>Excellence</p>
<p>21. Written, up-to-date, protocols to evaluate health status, donor-recipient immunology and organ compatibility, surgery, and short- and long-term follow-up after donation should be available.</p>	 <p>Compulsory</p>
<p>22. All living organ donor transplant programs should maintain an up-to-date donor registry, and collect, analyze and report data on short- and long-term outcomes and complications of living organ donation.</p>	 <p>Compulsory</p>

INTERNATIONAL CONFERENCE ON LIVING DONATION HIGH QUALITY PRACTICES – BARCELONA Nov. 6-7th 2014



Living Donation: Organization

TPM

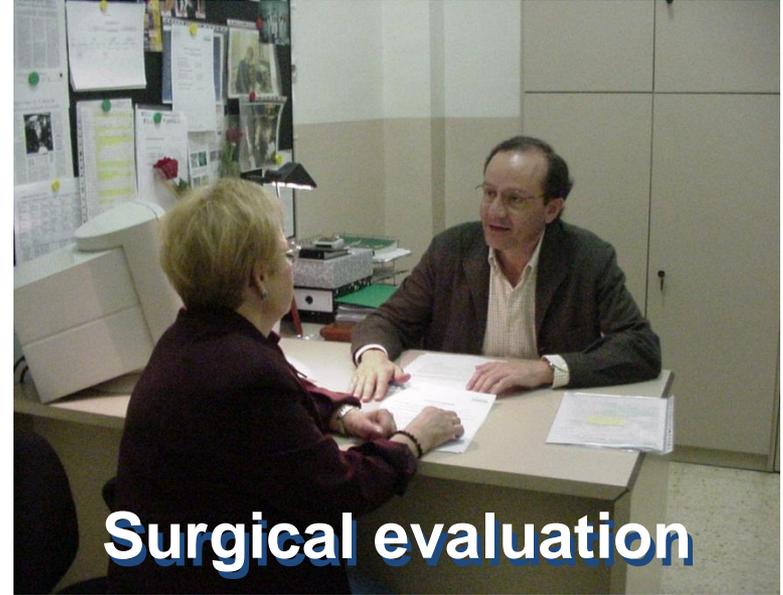
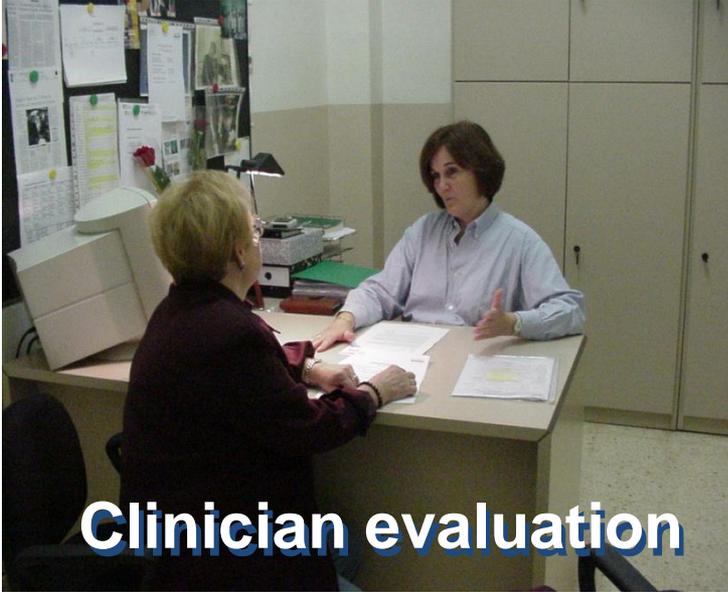
**Living
Donor**



Surgeon

**Nephrologist
Hepatologist**

Donor Evaluation



TPM – Valid informed consent

Transplant Procurement Management

- **Medical evaluation, ethical and legal**
 - Biological Risk
 - Altruistic Donation
 - Social and Economic Evaluation
 - **Valid Informed Consent**
 - Clinical Session Presentation

Donor Evaluation

LEGAL RESOLUTIONS PERFORMANCE

NATIONAL

- Identity Document
- Medical Insurance
- Justification of relation-ship
- Family Knowledge

FOREIGNER

- Valid Passport
- **Visa/Residence Permit**
- Medical Insurance
- Justification of relation-ship
- Family Knowledge
- **Communication to Embassy**

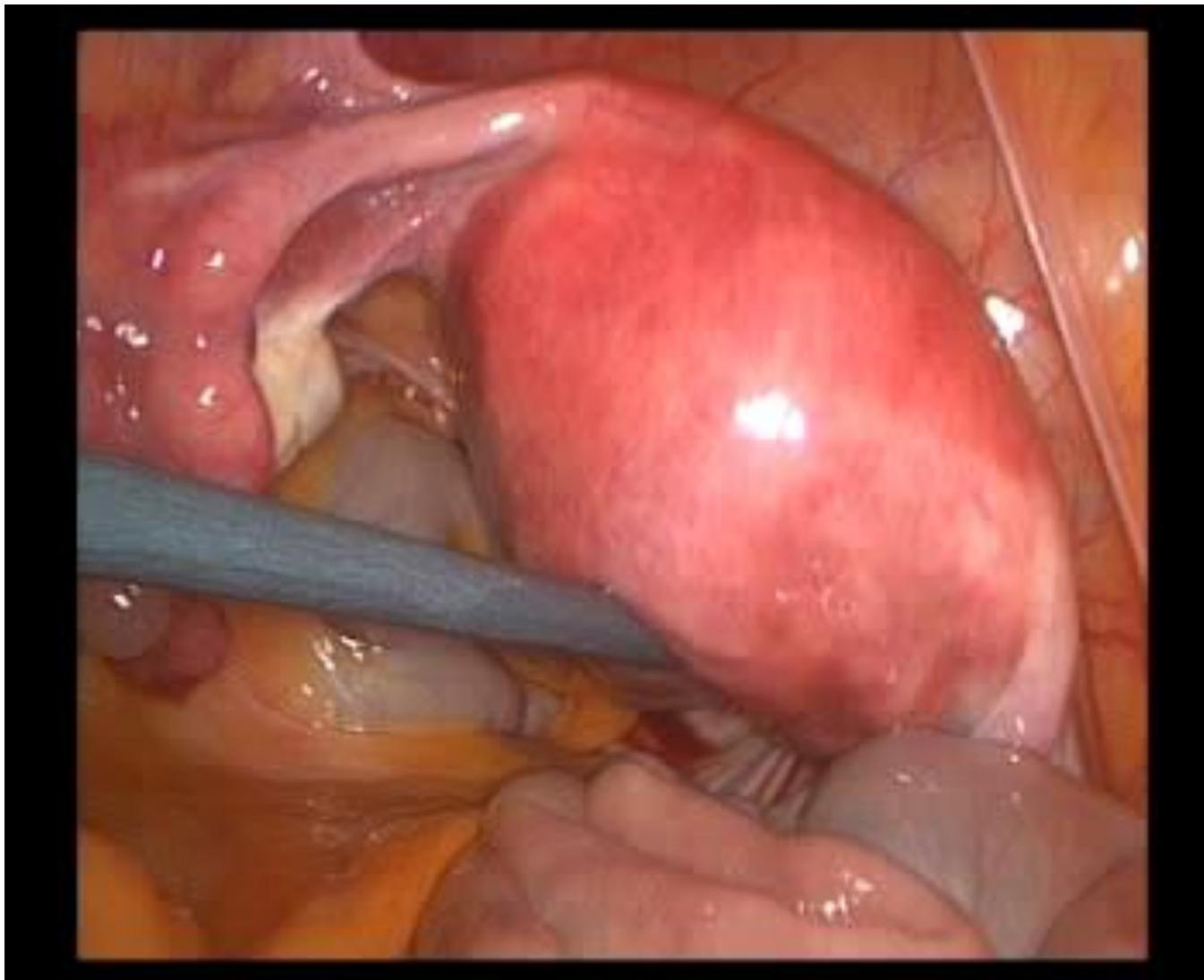
Procedure of the Civil Registry



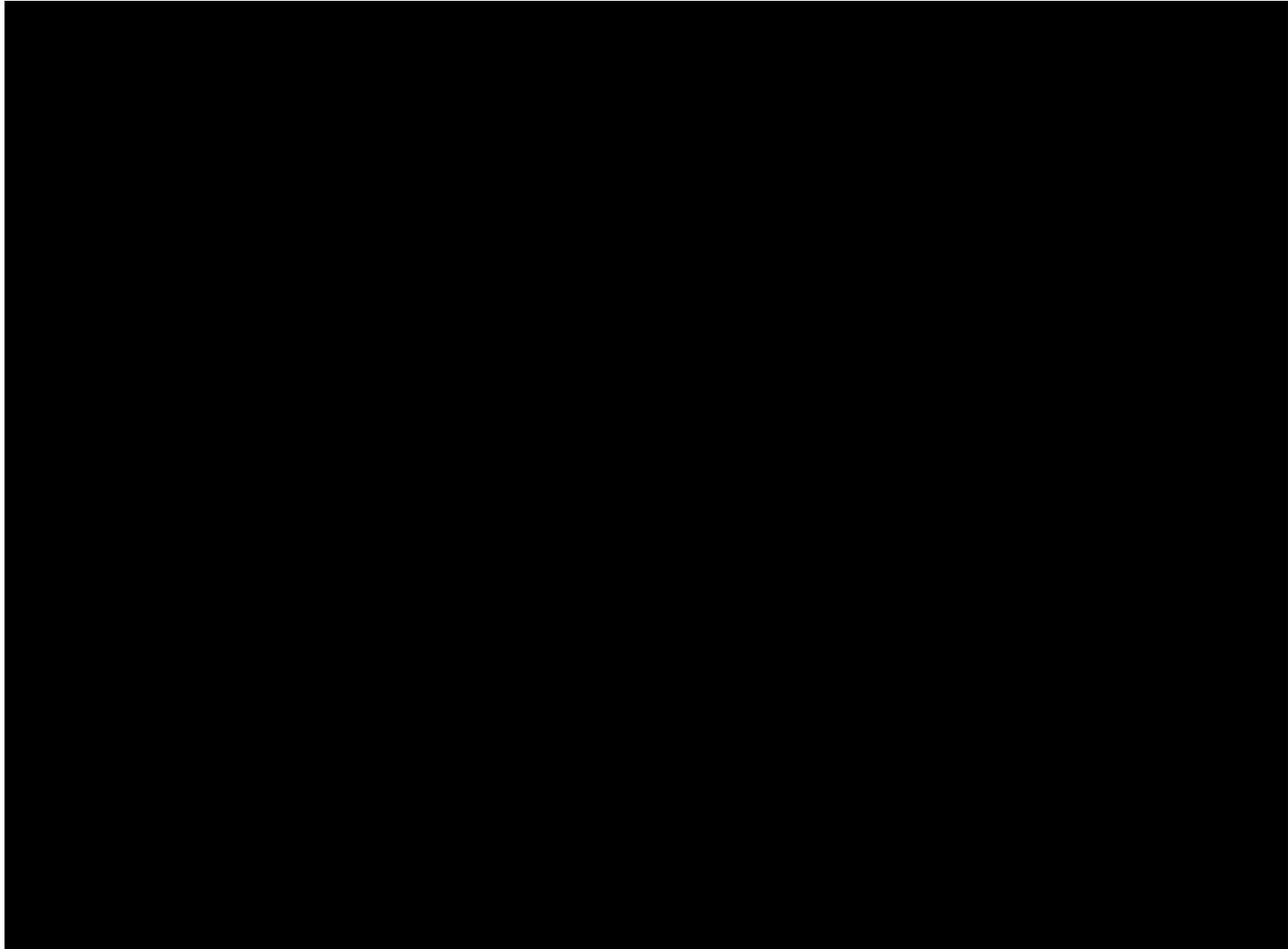
RETRIEVAL



TRANSVAGINAL NEPHRECTOMY



Video Kidney Transplant



Hospital Monitoring

- **Hospital monitoring of the donor**
 - Donation protocol
 - Insert in OCATT-ONT registry
 - Exclusion of the organ recipient waiting list
- **Opinion Pool of donors satisfaction**
 - Satisfaction survey EULID. At 1 year
 - ELIPSY. Pre and post 1 to 5 years

Conclusions

Strict Ethical-Legal Regulation

Complete Protection and Registry of the Donor

**New Organizing Challenge in Transplant
Procurement Management**

Living Donor High Quality Programs

- Self Sufficiency. WHO Madrid Resolution. Developing Deceased Donation
- Amsterdam Forum, Clinical recommendations Practices
- Istanbul Declaration and IDC G, Combating Traffic and Commercialism
- WHO, 2010 Assembly . D-R Close Relationship
- EU Directive 2010/53/EU, Registry and Independent evaluation
- Washington Meeting, USA LD follow-up



Living Donor High Quality Programs

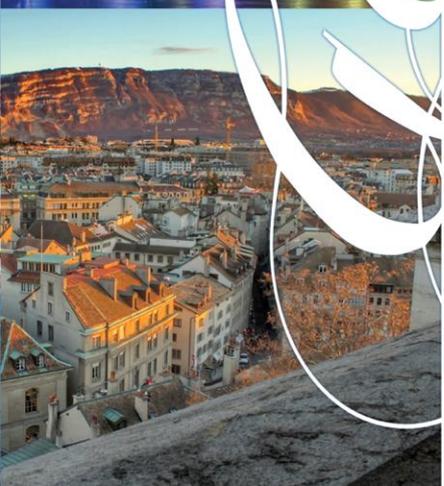
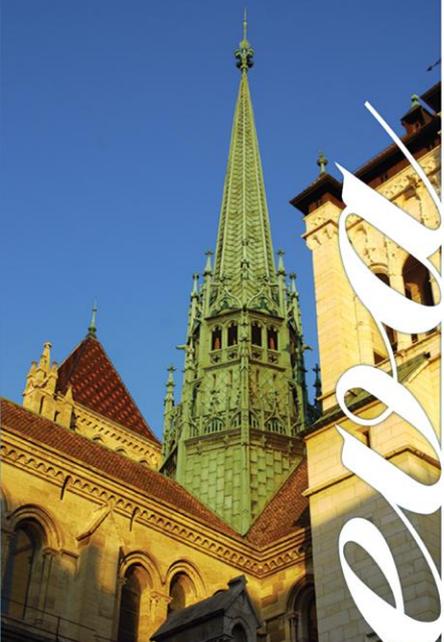
- Legal, EULID recommendations
- Ethical, EULID recommendations
- Protection, Leaflet and Satisfaction survey
- Long Term Follow-up, QL and Psychosocial, ELIPSY
- Registry for Transparency, LIDOBS Observatory
- Report of adverse events. Global Consultative Meeting of the BIG (Bologna - Rome – Barcelona) NOTIFY - WHO
- ODEQUS, Quality Hospital indicators for Living Donation
- LIDOBS, Safety , Quality and Transparency



A word cloud centered on the English phrase "THANK YOU". The words are arranged in a roughly rectangular shape, with "THANK" and "YOU" being the largest and most prominent. Other words include "GRACIAS", "ARIGATO", "SHUKURIA", "JUSPAKAR", "DANKSCHEEN", "TASHAKKUR ATU", "YAQINAYELAY", "SUKSAMA", "BIYAN SHUKRIA", "TRAQO", "GRAZIE", "MEHRBANI", "MANT", "SCHÖNEN", "OCCANADITA", "BICHAJISTO", "PALUCI", and "BOLZIN MERCI". The words are in various orientations, some horizontal and some vertical.

THANK YOU

GRACIAS
ARIGATO
SHUKURIA
JUSPAKAR
DANKSCHEEN
TASHAKKUR ATU
YAQINAYELAY
SUKSAMA
BIYAN SHUKRIA
TRAQO
GRAZIE
MEHRBANI
MANT
SCHÖNEN
OCCANADITA
BICHAJISTO
PALUCI
BOLZIN MERCI



Geneva 2017

Organ Donation Congress

14th Congress of
The International Society for
Organ Donation and Procurement

September 6–9 | Geneva, Switzerland | www.isodp2017.org

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