EUROTRANSPLANT
newsletter
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CONTENTS

Eurotransplant Newsletter is a publication of the Eurotransplant International Foundation.
The editor welcomes articles pertaining to organ donation, allocation and transplantation.
If there are issues not discussed in the Eurotransplant Newsletter, that you would like to see, please contact the editor. Send copy preferably via e-mail:
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Introduction

Dear reader of the Eurotransplant Newsletter,

You are hereby presented with the latest edition of the Eurotransplant (ET) Newsletter. As usual it covers many interesting topics. First of all, however, I would like to inform you about two recent developments within the ET area.

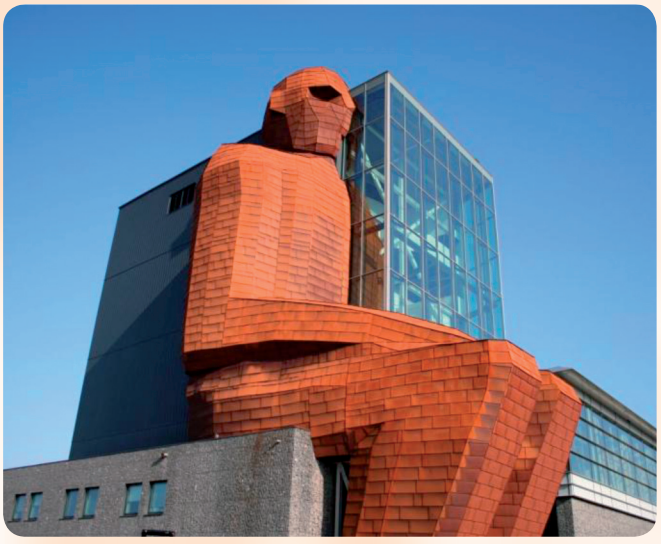
In the first place I would like to inform you that the preparation of Hungary to join ET is well on its way. The scheduled half year's evaluation took place by the beginning of July. A lot of work has been performed in the area of tissue typing as well as in organizing logistics.

Secondly, I have to update you on a rather disturbing issue. You will certainly be aware of the extensive media coverage of the scandal in Germany concerning supposed fraud of patient data by doctors in order to gain a more quick access to a donor organ for some of their patients. ET being as open and transparent as possible is closely working together with the German authorities supporting them with their investigation to clarify all outstanding accusations.

This Newsletter furthermore contains the usual calendar of events and transplant statistics until 31 July 2012. Furthermore a list of the delegates for the year 2012 – 2013 is published. During one of its meetings the ET Board discussed and approved a distinction between so-called recommendations and policies. In this issue of the Newsletter you are informed about this distinction. As usual you are also provided with a summary of the last Board meeting including approved recommendations/policies as well as with reports of meetings of the various ET Advisory Committees.

Finally I would like to mention that I am very much looking forward to meeting you all again at our upcoming annual meeting that for the first time will be organized in the Corpus Congress Center about which venue you will also find information in this Newsletter.

Arie Oosterlee
Director



Statistics

PRELIMINARY CUMULATIVE STATISTICS EUROTRANSPLANT: JANUARY 01 - JULY 31

NUMBER OF ORGANS FROM DECEASED DONORS USED FOR TRANSPLANTATION

	Donor country	Austria	Belgium	Croatia	Germany	Hungary	Luxem-bourg	Netherlands	Slovenia	Non ET	Total
2012	Kidney	218	255	141	1118	13	2	279	48	3	2077
2011	Kidney	206	258	165	1194	-	10	240	32	1	2106
2012	Heart	43	41	34	199	7	-	21	17	7	369
2011	Heart	34	38	22	198	-	2	25	10	5	334
2012	Liver	82	144	81	572	5	1	90	26	14	1015
2011	Liver	77	147	81	590	3	7	90	16	9	1020
2012	Lung	58	127	24	376	40	-	84	6	50	765
2011	Lung	63	102	12	292	60	-	89	8	28	654
2012	Pancreas	10	22	12	86	-	-	26	4	-	160
2011	Pancreas	13	35	7	93	-	-	32	2	-	182

NUMBER OF TRANSPLANTS PERFORMED

	Transplant Country	Ki	BKi	Li	SLi	Pa	Ki + Pa	BKi + Pa	He	BLu	SLu	He + BLu	Li + Ki	SLi + Ki	Li + BKi	Li + Pa	Li + Ki + Pa	He + Ki	He + Li	Lu + Ki	BLu + Ki	BLu + Li	Total
2012	Austria	225	4	73	1	-	9	-	42	75	2	2	1	-	-	-	-	1	-	-	-	-	435
2011	Austria	213	1	73	1	-	9	-	27	69	5	1	3	-	-	-	-	2	-	-	-	1	405
2012	Belgium	238	1	121	-	17	4	-	36	65	3	2	12	-	-	1	-	4	-	-	-	-	504
2011	Belgium	237	4	128	2	29	7	-	39	44	10	3	9	-	-	3	-	2	1	1	-	-	519
2012	Croatia	112	1	65	1	-	4	-	28	-	-	-	1	1	-	-	-	-	-	-	-	-	213
2011	Croatia	138	1	75	4	1	3	1	24	-	-	-	-	-	-	-	-	-	-	-	-	-	247
2012	Germany	1011	16	580	45	15	84	-	199	175	28	7	4	-	-	1	1	2	-	-	-	1	2169
2011	Germany	1052	19	586	33	10	89	-	179	138	29	5	8	2	1	2	1	10	-	-	1	-	2165
2012	Hungary	5	-	1	1	-	-	-	5	-	-	-	-	-	-	-	-	1	-	-	-	-	13
2011	Hungary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2012	Netherlands	252	3	81	5	5	19	-	21	33	12	-	-	-	-	-	-	-	-	-	-	-	431
2011	Netherlands	221	-	73	1	11	15	-	29	38	9	-	2	-	-	-	-	-	-	-	-	-	399
2012	Slovenia	36	-	18	-	-	-	-	18	-	-	-	-	-	-	-	-	-	-	-	-	-	72
2011	Slovenia	25	-	10	1	-	1	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	49
2012	Non ET	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
2011	Non ET	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
2012	Total	1879	25	939	53	37	120	-	350	348	45	11	18	1	-	2	1	8	-	-	-	1	3838
2011	Total	1887	25	945	42	51	124	1	310	289	53	9	22	2	1	5	1	14	1	1	1	1	3785

He-Heart Ki-Kidney Pa-Pancreas Li-Liver SLu-Single Lung BKi-Both Kidneys BLu-Both Lungs SLi-Split Liver

Calendar of Events

37TH NATCO ANNUAL MEETING
August 12 – 15, 2012
Washington DC, USA
For information visit www.natco1.org/Education/annual-meeting.asp

45TH ANNUAL MEETING OF EUROPEAN SOCIETY FOR PEDIATRIC NEPHROLOGY (ESPN)
September 6 – 9, 2012
Krakow, Poland
For information visit www.espn2012krakow.org

EUROPEAN LIVER INTESTINE TRANSPLANT ASSOCIATION (ELITA) - LICAGE LIVER MEETING &
4th ELITA split-liver course
September 13 – 15, 2012
Ghent, Belgium
For information visit www.esot.org

EUROTRANSPLANT ANNUAL MEETING 2012
October 11 & 12, 2012
Leiden, the Netherlands
For information: Ms. Marianne Franzen
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24TH EUROPEAN TRANSPLANT COORDINATORS ORGANISATION (ETCO) – EUROPEAN DONATION COMMITTEE (EDC) MEETING
October 5 – 7, 2012
Dubrovnik, Croatia
For information visit www.esot.org

EUROPEAN SOCIETY FOR ORGAN TRANSPLANTATION (ESOT) AND AMERICAN SOCIETY OF TRANSPLANTATION (AST) JOINT MEETING – TRANSFORMATIONAL THERAPIES AND DIAGNOSTICS IN TRANSPLANTATION
October 12 – 14, 2012
Nice, France
For information visit www.esot.org

26. JAHRESTAGUNG DER ÖSTERREICHISCHE GESELLSCHAFT FÜR TRANSPLANTATION, TRANSFUSION UND GENETIK – AUSTROTRANSPLANT
October 17 – 20, 2012
Rust (Burgenland), Austra
For information visit www.austrotransplant.org

AMERICAN SOCIETY OF NEPHROLOGY (ASN) RENAL WEEK
October 30 – November 4, 2012
San Diego, USA
For information visit www.asn-online.org

THE LIVER MEETING OF THE AMERICAN ASSOCIATION FOR STUDY OF LIVER DISEASES (AASLD)
November 9 – 13, 2012
Boston, MA, USA
For information visit www.aasld.org

18TH EDITION OF THE ADVANCED INTERNATIONAL TRAINING COURSE IN TRANSPLANT COORDINATION
November 12 – 16, 2012
Barcelona, Spain
For information visit www.dtifoundation.com/en/tpm.html

INTERNATIONAL CONFERENCE AND EXHIBITION ON SURGERY & TRANSPLANTATION
November 26 – 28, 2012
San Antonio, Texas USA
For information visit www.omicsonline.org/surgery2012

30TH EUROTRANSPLANT WINTER MEETING
January 23 – 25, 2013
Alpbach, Austria
For information: Ms. Laura van Hattum
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3RD JOINT AIDPIT AND EPITA WINTER SYMPOSIUM
January 27 – 29, 2013
Innsbruck, Austria
For information visit www.aidpit.org/index.html

3RD ETHICAL LEGAL AND PSYCHOSOCIAL ASPECTS OF ORGAN TRANSPLANTATION (ELPAT) CONGRESS
April 20 – 24, 2013
Rotterdam, the Netherlands
For information visit www.esot.org

33RD ANNUAL MEETING OF THE INTERNATIONAL SOCIETY FOR HEART & LUNG TRANSPLANTATION (ISHLT)
April 24 – 27, 2013
Montreal, QC, Canada
For information visit www.ishlt.org

50TH EUROPEAN RENAL ASSOCIATION – EUROPEAN DIALYSIS AND TRANSPLANT ASSOCIATION (ERA-EDTA) CONGRESS
May 18 – 21, 2013
Istanbul, Turkey
For information visit www.era-edta2013.org

16TH CONGRESS OF THE EUROPEAN SOCIETY FOR ORGAN TRANSPLANTATION (ESOT)
September 8 – 11, 2013
Vienna, Austria
For information visit www.esot.org

EUROTRANSPLANT ANNUAL MEETING 2013
October 10 & 11, 2013
Leiden, the Netherlands

Distinction Eurotransplant recommendations and policies

During its meeting of 25 January 2012 the Board agreed upon a distinction between Eurotransplant recommendations and policies. The difference between these two instruments is described below:

The Eurotransplant Board currently works with the instrument of „Recommendations“. Since several years ET makes a distinction towards national authorities in recommendations for “authorization” and for “information”. Having in mind the increasing role of national authorities that are formally responsible for allocation guidelines, the two types of recommendations are defined as follows:

A. “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.

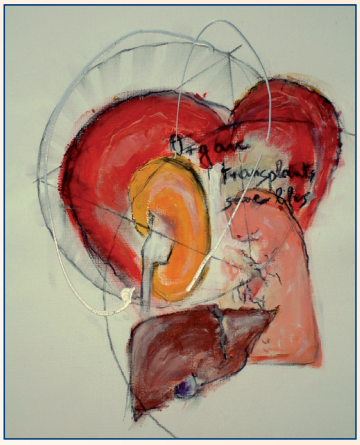
B. “Eurotransplant Policy”

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.

Announcement

Eurotransplant
Meetings 2012-2014

Mark your calendar!



2012	**Annual meeting**	October 11 – 12, Leiden, the Netherlands
2013	**Winter meeting**	January 23 – 25, Alpbach, Austria
	Annual meeting	October 10 – 11, Leiden, the Netherlands
2014	**Annual meeting**	October 9 - 10, Leiden, the Netherlands

Summary of the meeting of the Eurotransplant International Board on Monday, 14 May 2012 in Budapest, Hungary

Laura van Hattum, secretary to the Eurotransplant International Board

The Board was informed on the progress of the implementation of recommendations. First of all, the Board was given an update regarding the LAS score. The technical implementation went without problems.

The ESDP study is ongoing. The new CRO is doing well. A significant number of the kidney transplant centers has indicated to be willing to participate in the study.

Concerning the disentanglement of the shared services of ET, the Dutch Transplantation Foundation (NTS) and BISLIFE, the Board was informed about the progress of this project. The separation process of the shared services regarding BISLIFE is almost completed. As soon as NTS and BISLIFE has reached consensus on which part of the tissue ENIS will belong to BISLIFE, the shared services with BISLIFE can come to an end.

The Board was informed the re-housing project has been finished.

The technical part of the joining of Hungary went without problems. Some minor problems regarding transport issues have risen but have been solved. So far, two kidneys and two hearts have been transplanted. The hearts were allocated to HU patients.

As agreed upon in the previous Board meeting, an overview of the current twinning agreements and the organ exchange taking place in the context of these agreements has been published in the ET Annual Report.

The attendees were informed about the current status regarding a possible follow-up to the EFRETOS project. The ET Director has met with Rafael Matesanz of the Spanish national authority for donation and transplantation (ONT) to discuss preparations of EFRETOS II. In the event such a project would be initiated by the EU, the ONT would take care of the organ vigilance part. Next, the Board was informed regarding ET's mission statement. An adjusted mission statement was discussed. With some minor changes, this statement can be approved. The revised mission statement will be re-discussed in the next Board meeting.

The Board voted and unanimously approved the recommendation to include vascularized composite allograft (VCA) in ET's mission statement.

Reports of the ET Liver Intestine Advisory Committee (ELIAC), the ET Thoracic Advisory Committee (EThAC), ET Kidney Advisory Committee (ETKAC), the ET Pancreas Advisory Committee (EPAC), the Organ Procurement Committee (OPC) and the ET Tissue Typing Committee (TTAC) were discussed. Since the reports will be published in this issue of the ET Newsletter, there is no need to further elaborate on them in this summary.

The Board discussed the development of a non-resident policy for all organs.
It concluded that travel for deceased donor transplantation shall not be actively supported by ET transplant centers. Also ET opposes transplant tourism and 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 transplants according to the different categories of residency status. These reports will be based on self-reporting by the transplant center to ET. This is in line with the self-reporting of other demographic patient data by the transplant centers. ET will continue to report on all transplants performed within the framework of a twinning agreement separately.

Living donor transplantation in non-residents will, however, not be included in the Annual Report since ET is not responsible for living donor selection. The responsibility for the complete living donor procedure lies with the transplant center.

Two Board members will present a revised proposal regarding the definition of residency which will be discussed during the next Board meeting.

The Board has given its approval for the ET Annual Accounts 2011.

The following Board members A indicated that they want to run for re-election at the upcoming meeting of the Assembly, October 11, 2012:

Prof. Dr. C. Süsal	tissue typing section
Prof. Dr. G. Laufer	thoracic section
Prof. Dr. U. Heemann	kidney section

The treasurer of the Board, Prof. Dr. G. van Montfort, has indicated that he wants to run for re-election. The Board has re-elected him for another period.

The Board unanimously agreed to negotiate a year contract with the Donor Action Foundation for hosting its database and limited technical support by ET's system development department.

Summary of the meeting of the Eurotransplant International Board

Finally, the following recommendations and policies have been discussed and approved by the Board:

KIDNEY ADVISORY COMMITTEE

R-KAC01.12 (RKAC01.12 replaces RKAC03.08)
Recipients suffering from end stage renal disease after having donated one of their own kidneys are eligible for pre-emptive listing on the kidney waiting list. Upon registration on the waiting list the recipient will be granted a once-only allocation bonus of 500 points.

In exceptional cases, upon request of the transplant center, this bonus can be granted a second time. Each request for a repeated bonus should be well motivated and will be evaluated by all ETKAC members.

This recommendation will be forwarded to the national authorities for authorization.

R-KAC02.12
Children either on dialysis or registered on the Eurotransplant waiting list before the age of 16, should be granted a pediatric status until either their first successful graft, or their 30th birthday. In case of a pre-emptive registration on the kidney waiting list, the pediatric status will end on the 17th birthday, if dialysis is not initiated before this date.

Recipients on dialysis or registered on the waiting list after their 16th birthday will be granted the pediatric status provided that they are proven to be in maturation. This proof has to be delivered by the transplant center by a report of a competent radiologist or pediatric endocrinologist on an X-ray of the left hand that has to be sent to and judged by two independent auditors appointed by Eurotransplant. In case of a split decision a third auditor has to be consulted for a final decision.

The pediatric status will be withdrawn in the event dialysis does not start within one year after registration, but will be restored at time the recipient fulfils above criteria for maturation at time of institution of dialysis.

In the latter case the pediatric status should be granted until either the first successful graft, or the 30th birthday.

This recommendation will be forwarded to the national authorities for authorization.

R-KAC03.12
In case of rescue allocation for a donor ≥75 years of age, the transplant center is offered the opportunity to transplant both kidneys into one recipient. In all other cases, a single kidney transplant is preferred.

This recommendation will be forwarded to the national authorities for authorization.

LIVER ADVISORY COMMITTEE

P-LAC01.12
In case a patient listed for liver transplantation receives continuous kidney replacement therapy and this fact is reported to ET in order to be taken into account in the calculation of the MELD, the transplant center has to provide the name of the physician responsible for the indication for continuous kidney replacement therapy for this liver transplant candidate.

This policy will be forwarded to the national authorities for information.

ORGAN PROCUREMENT COMMITTEE

P-OPC01.12
1. Each change or addition to the protocols described in chapter 9 'The Donor' of the ET Manual must evaluate the possible risks and repercussion on the procurement and quality of other organs.
2. If there is a possible repercussion, this must be discussed in the respective ET Advisory Committee(s).
3. Thereafter feedback must be given to the organ procurement teams / OPO's about the discussion in the respective ET Advisory Committee(s).

This policy will be forwarded to the national authorities for information.

TISSUE TYPING ADVISORY COMMITTEE

R-TTAC03.11 (rephrased)
All recipients of kidney, pancreas, heart and lung transplants must be screened for HLA specific antibodies at time they are put on the waiting list. Subsequently kidney recipients must be screened quarterly and pancreas, heart and lung recipients after every sensitizing event.

This recommendation will be forwarded to the national authorities for authorization.

The following reports from the Advisory Committees were discussed by the Eurotransplant International Board on 14 May 2012 in Budapest, Hungary

Please note that all approved recommendations/policies mentioned in the following reports, are published elsewhere in this Newsletter.

Report of the meeting of the Eurotransplant Kidney Advisory Committee (ETKAC)

Chairman: *Prof.Dr. U. Heemann*
Secretary: *Dr. J. de Boer*

The ETKAC met on Monday, 7 May 2012
Members present: 14 + 1 observer + 1 external advisor + 1 director + 3 ET co-workers
Members excused: 1

A. Adaptation of the kidney allocation system

The focus of the adaptation of the kidney allocation system should be a good HLA match, at least on the DR locus, as well as organ quality and optimization of cross border exchange. This could be realized by the introduction of donor categories as described in RKAC04.11 (see ET Newsletter 223, April 2012).

It was proposed to give priority to national HLA-DR identical recipients within each donor category. If no recipient is available on the national waiting list anymore, the kidney(s) should be offered to HLA-DR identical recipients registered in the other ET countries.

If a kidney is exported according to this scheme, the importing country has the obligation to compensate the exporting country with a kidney from the same donor category.
This could be established by listing the HLA-DR identical recipients of the exporting country on top of the recipients of the importing country whenever there is a donor in the same category.

The need for HLA-A and -B matching was discussed leading to the proposal to add an additional tier for HLA-A and -B matching (i.e. 0, 1 or 2 mismatches vs 3 or 4 mismatches) in the scheme described above.

A possible increase of cross border exchange might be solved by combining countries (e.g. Austria & Slovenia & Croatia; Belgium & the Netherlands & Luxembourg).

In the new system the allocation concerning AM and zero mismatch HLA-ABDR recipients should not be affected. As the current AM criteria are considered to be quite arbitrary the TTAC is currently developing new inclusion criteria defined as so-called 'difficult to match recipients'.

The majority of the ETKAC members are in favor of the outline of the allocation scheme as presented. Details will be worked out and presented during the next ETKAC meeting.

B. Kidney follow-up registries

The ETKAC was informed about the registry policy plan, developed by the ET Board. In addition ET is in the lead of the EFRETOS project aiming at a European registry of registries. For this purpose a web based follow-up registry will be developed. In order to compose a well defined data set a working group consisting of national ETKAC representatives will be established.

The ETKAC was furthermore briefly informed about the Cooperative European Pediatric Renal Transplant Initiative (CERTAIN) and the German AQUA registry which registries are intended to be included in the registry of registries.

C. Discussion on the current HU kidney system

The main question for the HU system is: *do recipients really benefit from the system?*
In order to investigate this a questionnaire has been sent to the transplant centers asking for the outcome of HU kidney transplants.
First the follow-up data will be collected. Based on the outcome the HU system will again be discussed within the ETKAC.

The following issues were also discussed during the ETKAC meeting and resulted in the recommendations as described elsewhere in this Newsletter:

- Bonus system for recipients having donated one of their own kidneys (R-KAC01.12).
- Age limit for the pediatric status (R-KAC02.12).
- Discussion on 75 / 75 rule (R-KAC03.12).

D. Progress on the Code of Conduct for kidney audits

The objection procedure in relation to declines of an HU request by the audit committee was discussed. The suggestion to send objections to the decline of a request to a new group of auditors was considered to lead to several problems:

- the new auditor group might feel uncomfortable disputing their co-members judgment;

- If e.g. the first request is declined unanimously (2 votes) and the objection accepted after a split decision (2 in favor, 1 against), the HU status will be granted based on the outcome of the objection. However the overall outcome would be 2 in favor, 3 against. Therefore the final result would not reflect the general opinion.

Therefore it was decided to send an objection to all ETKAC members and to decide by a majority of votes.

E. Study proposal on the mechanisms possibly involved in reduced donor organ viability (Prometeus Study)

The ETKAC discussed the problem of biopsies taken in accordance to the study protocol.
Since the ETKAC is interested in the verdict of the center's ethics committee on this issue it was decided to ask the ethics committee for its verdict on the study protocol.

Report of the meeting of the Eurotransplant Pancreas Advisory Committee (EPAC)

Chairman: *Prof. Dr. W. Schareck*
Secretary: *M. van Rosmalen, MD*

The EPAC met on Friday, 27 April 2012 in a telephone conference
Members present: 7 + 1 director + 2 ET co-workers
Members excused: 4

A. Progress on renewed data exchange with the International Pancreas Transplant Registry (IPTR)

The EPAC discussed the revival of data exchange with IPTR to which end the existing memorandum of agreement had been revised. In this agreement the expectations of both parties are clearly stated. The IPTR will provide us with additional information and data. Analyses can be requested from the IPTR directly. Only data available in the ET data base will be exchanged with IPTR; centers will not be obliged to enter more data for completeness of the IPTR data base.

B. Discussion on kidney-after-pancreas transplantation

The EPAC proposal for granting bonus points for kidney-after-pancreas transplantation, derived from the similar kidney-after-liver recommendation, was discussed during the last ETKAC meeting. The ETKAC proposed the following recommendation:

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

The EPAC considered several aspects of the ETKAC proposal but could not achieve consensus. It was therefore decided to first send a survey to all pancreas transplant centers about this proposed recommendation. The aim is to obtain information on the number of interested centers and the amount of recipients involved. The results will be discussed in the next EPAC meeting where the above proposals and conditions for applying for the bonus should also be further specified.

C. Transplantation of patients with diabetes mellitus type II

The results in diabetes mellitus (DM) type II transplantations as presented during the 2012 ET winter meeting in Alpbach were discussed.

Although there are already recipients with DM type II on the waiting list, the possibility to register this type of patients is not generally known by all pancreas transplant centers nor is it mentioned in the ET manual. These DM II recipients probably have been audited for having high C-Peptides which made them eligible for registration.

The risk of overflowing waiting lists if opening it for all DM type II recipients and thus decreasing chances for DM type I recipients of receiving a pancreas made the EPAC decide to review the last 10 audited DM type II recipient cases with high C-Peptide. If consensus can be achieved further discussion will take place about:

- possible acceptance of DM type II recipients on the waiting list;
- criteria for listing as DM type II;
- the allocation system.

D. Quality of pancreas procurement

It was decided to discuss the quality of pancreas procurement in national committees in order to gather ideas on this topic.

E. Consequences of a new allocation sequence pancreas-after-intestine

Analysis of the in 2011 implemented allocation sequence pancreas-after-intestine had shown that 5 pancreata out of 25 (combined pancreas and intestine procurements) were not being transplanted because of this combined procurement.

The EPAC stated to regret the loss of these pancreata due to the new allocation sequence, and requested the ELIAC to analyze the increase in the intestine transplant rate with this allocation sequence. If no significant improvement will be found, reversal of the allocation sequence should be considered.

F. EPAC representation in the OPC and in the ISWG

The EPAC members re-elected Dr. J. Ringers as the EPAC representative in the OPC. The vacancy in the ISWG remains open.

Report of the meeting of the Eurotransplant Thoracic Advisory Committee (EThAC)

Chairman: *Prof.Dr. G. Laufer*
Secretary: *Dr. J. Smits*

The EThAC met on Tuesday, 8 May 2012
Members present: 13 + 1 director + 2 ET co-workers
Members excused: 1

A. EThAC representation in the OPC and ISWG

The EThAC unanimously re-elected Dr. Wim van der Bij and Prof. Andreas Zuckermann as the EThAC representatives in the ISWG and OPC respectively.

B. Progress report on the lung allocation score (LAS)

In the period between 10 December 2011 (date of LAS implementation) and 24 April 2012, 257 lung transplants were performed in ET. Of these the median LAS was 35.5 and 28.8% were patients with a high LAS (i.e. ≥50). Twenty four patients with a national HU were transplanted, 15 of these had a high LAS. Four patients with an exception LAS (e-LAS) status were transplanted.

E-LAS requests
Since the LAS implementation until 24 April 2012 the German LAS review board (RB) has processed 18 requests of which 2 (11%) were accepted. One of the reasons for this low acceptance rate was that centers obtained a low calculated LAS because not all data were filled in or because the wrong data were used. After correction, most patients obtained an higher calculated LAS whereupon the centers refrained from continuing the request for an e-LAS.

The international LAS RB judged 14 requests, of which 5 (36%) were accepted. In this first 4 months, the international LAS RB has been repeatedly confronted with requests for an e-LAS for patients not even on a national HU status, which the RB considered not to be in line with the idea of upgrading the calculated LAS to an e-LAS.

The international LAS RB suggested requiring that, in order to be eligible of an e-LAS status, the patients should fulfill national HU criteria and asked the EThAC secretary to consult the EThAC members on this issue. The EThAC supported this notion and formulated P-ThAC01.12.

Mortality on the waiting list
At time of LAS implementation, 29 patients on the HU waiting list in Germany were downgraded to an elective status. There was a concern that the LAS system would not appropriately address this urgency status leading to death on the waiting list of these former HU patients. In a 4 months period 3 out of these 29 patients had deceased. Of these, 1 patient had a LAS of 33; this concerned a fibrosis patient who deceased from septicemia, the other 2 patients had a LAS of 88 and 92. At present it is too early to draw any conclusions on the evolution of waiting list mortality.

LAS procedure rules
In order to ensure good quality data a rule was established prior to the LAS implementation, stating that between the time of measurement and data entry a maximal time span of 7 days was allowed. Several programs in ET have sent in complaints to the ET office mentioning that this procedure is not consonant with current practice of screening a lung transplant candidate. All EThAC members acknowledged the fact that this time span is rather short and are in favor of extension of this time span for low LAS patients (P-ThAC02.012).

C. Report of the heart allocation workshop at the ET winter meeting 2012

The EThAC members were informed about the ET winter meeting 2012 in Alpbach where a workshop was organized entitled 'Is it time to introduce a heart allocation score (HAS)?' The workshop was chaired by Prof. Martin Strüber from Hanover and Prof. Andreas Zuckermann from Vienna.

At that occasion, work from ET on the HAS was presented. The results of this work can be summarized as follows:
- for patients not on VAD support at time of listing, both the SHFM and the IMPACT score are good predictors of mortality on the waiting list and mortality after transplant, respectively;
- for patients on VAD at time of HU listing the matter is more complicated.

Hence the discussion focused on how to rank the VAD patients in a future HAS scheme.

Several suggestions were made by the EThAC members:
- Delist patients with a too poor expected predicted outcome;
- Apply an adjusted score for the VAD patients and rank them together with the non-VAD patients;
- Rank the VAD patients by duration of device use and apply a rota system weighted by waiting list ratio (if 1/3 of WL are VAD pts, 1 out of 3 donors should go to VAD pts).

The different national EThAC reprentatives expressed their opinions. The discussion led to the conclusion that the EThAC members support the work done so far. They are of the opinion that a possible implementation of HAS is certainly worthwhile to be further explored in order to solve the problem of the too long HU lists.

D. Diversity and complexity of the different national thoracic allocation schemes

This issue was put forward for discussion as the ET medical director, during one of the internal ET meetings for allocation officers, had realized that the daily practice of working with different national allocation schemes is quite complex. Presentations were given by two ET allocation officers who illustrated the complexity. They also illustrated that any change in an allocation scheme is not only very demanding on the programming side but also requires additional training of all allocation officers.

The discussion was concluded by the statement that Austria has a really complex system and it was agreed upon to look for options to simplify the scheme.

E. Standardization of donor items

The EThAC considers the standardization of donor items as an improvement to the current situation in which an echo report stating 'no problem' is not a preferred way to report on e.g. heart quality.

Report of the meeting of the Eurotransplant Organ Procurement Committee (OPC)

Chairman: *Prof.Dr. D. Ysebaert*
Secretary: *Dr. I. Tieken*

The OPC met on Tuesday, 8 May 2012
Members present: 10 + 1 director + 2 ET co-worker + 4 observers
Members excused: 3 + 4 observers

DONOR INFORMATION AND ALLOCATION

A. Classification of kidney donors

The ETKAC decided in 2011 that the donor categories described in RKAC04.11 will be used in the calculation of the balancing factor in ETKAS and possibly for the allocation. During the ETKAC meeting of 7 May 2012 kidney allocation was again discussed and this time the ETKAC concluded to be in favor of developing a completely new system in which the balancing factor will not be calculated on the basis of points but based on a payback system. Although the new algorithm is still being developed it has been accepted as a general principle. It is not yet clear what the new kidney allocation will look like. For the further development of the system the ETKAC is interested in the opinion of the OPC with regard to the following questions.

The OPC discussed the questions the ETKAC had initially submitted to the OPC:

1. Does the OPC agree with implementation of the proposed severe hypertension marker?
2. Does the OPC see any problems for the referring transplant coordinators with regard to the identification and reporting of this marker for severe hypertension?

The OPC members unanimously agreed upon the implementation of a severe hypertension marker.

B. Improvement of entry of donor match criteria

Although it is mandatory to enter the donor match criteria (malignancy, IV drug abuse, sepsis and meningitis) in ENIS, analysis had shown that donor centers poorly adhere to this regulation. Only as far as IV drug abuse is concerned an improvement is seen. The percentage of entering IV drug abuse improved from 2% to 94%.

It was explained that for donors reported from Germany a reason can be given for the low entering of malignancy. The information ET receives from the German system (through the Schnittstelle) in use for reporting donors to ET does not contain a tick box to indicate malignancy as 'yes' or as 'no evidence'. For other countries no explanation can be given why the field is not always entered.

All OPC members agreed that the donor match criteria IV drug abuse, malignancy, sepsis and meningitis should be made mandatory and must be entered upon reporting a donor to ET. The software should be adjusted in such way that a donor can only be reported if the donor match criteria are entered.

The DSO is currently working on an update of its system as a consequence of which there is limited time to implement other issues. As a result it seems unlikely that the implementation of making donor match criteria mandatory will be finalized already this year in Germany. The implementation of making the above mentioned donor match criteria mandatory upon reporting a donor to ET will therefore be postponed until the moment DSO has also realized this feature.

C. Adaptation of donor reports (project COLD)

The OPC members discussed the question whether or not implementation should be postponed until Germany is able to implement the proposed data fields in DSO's ISYS system.

It was explained that the adaptation of donor reports was first discussed in 2010, but after the start of the project it

became clear that the implementation in Germany was not feasible in the near future. As already pointed out in the above paragraph, the DSO is currently working on an update of its system and has limited time to implement other issues. The purpose of this adaptation is to realize standardized donor reporting in the English language. If Germany – being the country that reports most of its donors in a non-English language – is not able to implement the fields, it should be realized that the above mentioned purpose of the adaptation of donor reports will not be achieved.

The OPC members agreed that the project COLD should be put on hold until the moment the DSO will be ready to implement the standardized fields for the COLD project as well.

The OPC discussed some suggestions regarding ultrasound abdomen that were made by the ET transplant coordinators. Some of these suggestions were accepted by the OPC such as adding the field for parenchyma thickness of the kidney. Furthermore the addition of a liver field for focal lesions yes/no was accepted by the OPC.

Next a discussion followed on the fact that the developed standardized fields (in the frame work of the COLD project) are clear; however information related to these fields cannot always be found in the reports by the radiologists. In an attempt to optimize the radiology reports, the information on the standardized fields should be given to the radiologists in order to persuade them to move them in a direction of providing their information in such way that it is in line with the standardized fields.

PROCUREMENT, PRESERVATION AND ORGAN QUALITY

A. Risk assessment of communicable diseases in potential ET member states

The main problem concerns the fact that each country has different surveillance systems and criteria regarding which infectious diseases do and which infectious diseases do not need to be reported. These different systems make it difficult to compare the infectious disease rate of each member state in an accurate and appropriate way. However reports of the European Centre for Disease Prevention and Control (ECDC) conclude that infectious disease trends can be compared, giving a general indication in the prevalence and incidence of infectious diseases.

The question was raised whether additional testing is necessary in those countries where a far higher incident/prevalence of a disease is known (e.g. HIV in Estonia) and whether this additional testing should be made mandatory upon reporting a donor to ET.
The majority of the OPC members are of the opinion that additional testing is not necessary as labs in the ET member states currently have to comply with EU legislation on quality and safety. Most important is that testing of diseases must be done via the optimal testing techniques according to the rules of the EU directive. The discussion was concluded by the decision that at this moment no additional information is necessary on communicable diseases.

B. How to achieve agreement between donor and recipient center on organ transports

Currently organ procurement organizations (OPO's) and donor transplant coordinators are responsible for quality, safety and arrangement of organ transports to the recipient center. The recipient center on the other hand is financially responsible for the organ transport and has other priorities in quality assurance. This has led to some conflicts of interest between OPO and recipient center: quality assurance of the OPO (reliability of the airline) versus quality assurance by the recipient center (minimizing CIP).

The conclusion of the discussion was that the current situation is not ideal; in the ideal situation the donor center/OPO is responsible for the transport to the airport and delivering the organ to the carrier. Thereafter the recipient center takes over the responsibility of the transport.

It was agreed upon that transfer of responsibilities must be realized but that this has to be well prepared, to ensure that the integrity of the logistical chain is not jeopardized through this change in policy. In the first phase the recipient center will get the opportunity to take over the responsibility in these cases that donor center/OPO and recipient center cannot agree on the transport.

C. Feed back on the joint OPC/ETKAC meeting on machine perfusion

The OPC chairman informed the OPC members about the joint ETKAC/OPC meeting that took place on the evening of 7 May (without steering committee) and the morning of 8 May 2012 (including steering committee) on kidney machine perfusion.
After having discussed this issue several times in the past, the ETKAC still had questions regarding the machine perfusion trial. The purpose of this meeting was to clarify these questions and come to a conclusion about the machine perfusion in the ET area.

During the meeting with the steering committee it became apparent that the questions that were still open could not be sufficiently answered by the steering committee. The medical grounds (biological effect) of the machine perfusion were not clear enough for an ET policy to be based on. Although the study on the specific groups DCD and ECD give promising results they were not considered to be convincing enough to justify starting machine perfusion throughout ET.
One of the major objections from the side of the ETKAC/OPC was that the performed study concerns a protocol study that lacked an intention-to-treat analysis. The steering committee replied that the study was not designed for an intention-

to-treat analysis and that the follow-up needed for the intention-to-treat analysis is not available.

The final conclusion of the ETKAC/OPC members present was that a new study with an intention-to-treat analysis is to be set-up.

This decision is to be taken by the ETKAC. The OPC members will be updated whenever more information on the topic is known.

D. Presentation by NTS representative on 'how to implement electronic quality forms'

The OPC members positively reacted on the application of Dutch quality forms, particularly the part of the communication between procurement and transplant surgeon was well received. The following comments were given in order to optimize the communication between procurement and transplant surgeons:

- Possibility to upload pictures by procurement- as well as transplant surgeons;
- Secure that only the surgeons responsible for organ procurement can see their own performance and not that of other surgeons.

The topic was concluded by the question to the NTS to provide ET with a demo of their application. The other ET countries can then use the demo and have a look at the possibilities of the application.

E. Tuning of organ procurement guidelines

The OPC made several revisions for 'The Donor' chapter of the ET Manual regarding intestine procurement and bile duct flushing in order to further improve these techniques.

The priority of intestine above the pancreas was also discussed. The discussion made clear that simultaneous procurement of the pancreas and the intestine must be performed by experienced teams which resulted in a discussion on certification of surgeons and procurement teams. Although certification is a task of national authorities rather than of ET, the OPC decided to invite the chairman of the pancreas committee of the German Transplant Society (DTG) for the next OPC meeting since the DTG is currently developing a program for procurement surgeons in Germany aiming at improvement of procurement quality.

F. Discussion on machine perfusion in heart transplantation (Organ Care System [OCS])

The OPC was informed about the working of the heart perfusion machine OCS. This information led to the question what kind of consequences the abdominal organs could have from the withdrawal of significant quantities of blood from the donor prior to the procurement of abdominal donor organs, which is part of the machine perfusion procedure. It was decided to perform a retrospective analysis of the abdominal organs of all donor procedures in which this heart perfusion machine was used.

Report of the meeting of the Eurotransplant Tissue Typing Advisory Committee (TTAC)

Chairman: *Prof. Dr. F. Claas*
Secretary: *Prof. Dr. I. Doxiadis*

The TTAC met on Saturday, 31 March 2012 in Berlin
Members present: 8 + 1 observer + 1 ET director
Members excused: 1

A. Progress on implementation of recommendations

Regarding RTTAC01.11, on mandatory electronic reporting of tissue typing data, the TTAC was informed that the IT department of ET made already a tool for the electronic report of the cross matching and is working on making the electronic report of donor HLA typing.

A task force, consisting of some TTAC members, has been installed to facilitate electronic reporting of HLA typing data of patients.

B. News on new or potential ET countries

Hungary
The TTAC was informed about the Hungarian situation in relation to tissue typing, screening and cross match activities. In essence typing can be accredited which does not yet holds true for screening and cross matching due to the lack of proficiency testing and the fact that screening is performed in a different location than the Budapest laboratory. The TTAC decided to inform the director of the Budapest laboratory that all transplantation related activities, i.e. typing, initial and quarterly screening as well as cross matching must be done in one location which is currently the laboratory in Budapest. This laboratory will seek for EFI accreditation for all categories that are required for the full membership of Hungary in ET. It was furthermore decided that the ET Reference Laboratory will facilitate the Hungarian laboratory as much as possible in order to achieve an EFI accreditation.

There is no news with regard to Serbia. A point of concern is that a laboratory in Novi Sad already received the accreditation but is not mentioned by the national authorities.

Estonia
The country is currently discussing joining Scandia Transplant (instead of ET) which organization will facilitate the logistics of organ shipment.

Close cooperation with the UK TP is agreed for small bowel.

Poland and the Czech Republic might in a later stage wish to join ET.

- *External Proficiency Testing (EPT)*

The TTAC was informed on the results of the EPT 2011 which will be published in the ET Annual Report 2011. No severe problems with participants were reported.

C. HLA specific antibody screening

The TTAC formulated a recommendation that will concentrate on heart, pancreas and kidney in first instance [RTTAC03.11 (rephrased)]. The ELIAC will be informed with regard to the data for the relevance of HLA specific antibodies in liver transplantation.

D. New allocation parameters

The TTAC chairman reported about the ET winter meeting 2012 in Alpbach where the new allocation parameters for kidneys were discussed. The subsequent TTAC discussion resulted in the following conclusions:

1. All patients will receive by default and if possible an HLA-DR compatible organ;
2. The waiting time will be corrected by country;
3. Main basis for allocation will be the frequency to be offered an adequate cross match negative organ;
4. Country balance will be on the basis of donor category.

Acceptable Mismatch program

Patients will be accepted on the waiting list for the prioritized program on the basis of the chance to be offered a suitable cross match negative organ.
A joint meeting of the ETKAC and the TTAC will be organized in autumn to discuss the further procedure.

The % virtual PRA value will be based on the HLA antigens listed as unacceptable for the patient.

Delegates of the Eurotransplant Assembly 2012 - 2013

Open places mean: no delegate appointed by transplant / tissue typing program

KIDNEY section

Center	Name of delegates	Votes	Center	Name of delegates	Votes
AGA	A. Horn	1	GDR		2
AIB	C. Bösmüller	2	GDU		2
AOE	R. Oberbauer	2	GER	K. Pressmar	2
AOL	E. Pohanka	1	GES	O. Witzke	2
AWG	F. Mühlbacher	2	GFD	T. Kälble	1
BAN	D. Ysebaert	1	GFM	I. Hauser	2
BBJ	J. Sennesael	1	GFR	P. Pisarski	2
BBR	D. Abramowitz	2	GGI	F. Renner	1
BGE	P. Peeters	2	GGO		1
BLA	M. Mourad	2	GHA	K. Weigand	2
BLE	E. Levtschenko	1	GHB	C. Morath	2
BLG	J.P. Squifflet	2	GHG	F. Thaiss	2
BLM	D. Kuypers	2	GHM	V. Kliem	2
COS	J. Galic	1	GHO	F. Lehner	2
CRI	S. Zivcic-Cosic	1	GHS	U. Sester	1
CZA	D. Hauptman	2	GJE	C. Rüster	2
CZM	S. Gracin	2	GKI	F. Braun	1
GAK	A. Homburg	1	GKLM	W. Arns	2
GAU	H. Weihprecht	1	GKS	T. Rath	1
GBB	P. Schenker	2	GLP	M. Bartels	1
GBC	A. Pascher	2	GLU	M. Nitschke	2
GBE	M. van der Giet	1	GMA	R. Birck	1
GBM	S. Melchior	1	GMH	U. Heemann	2
GBO	R. Woitas	1	GML	K.W. Jauch	2

KIDNEY section (continued)

Center	Name of delegates	Votes	Center	Name of delegates	Votes
GMN	H. Wolters	2	NAW	F. Bemelman	2
GMR	J. Hoyer	1	NGR	J. Sanders	2
GMZ	O. Schreiner	1	NLB	J. de Fijter	2
GRB	B. Banas	2	NMS	M. Christiaans	2
GRO	O. Hakenberg	2	NNY	A. Hoitsma	2
GST	J. Wollmeyer	2	NRD	W. Weimar	2
GTU	S. Nadalin	2	NRS	K. Cransberg	1
GWZ	K. Lopau	1	NUT	A. van Zuilen	2
NAV	S. Nurmohamed	1	SLO	D. Kovac	1

LIVER section

Center	Name of delegates	Votes	Center	Name of delegates	Votes
AGA	F. Iberer	1	GHG	L. Fisscher	2
AIB	R. Ollinger	2	GHO	F. Lehner	2
AWG	R. Steiniger	2	GHS		1
BAN	D. Ysebaert	1	GJE	U. Settmacher	2
BBR	V. Donckier	2	GKI	F. Braun	2
BGE	X. Rogiers	2	GKL	D. Stippel	1
BLA	J. Lerut	2	GLP	S. Jonas	2
BLG	O. Detry	2	GMB	H. Lippert	1
BLM	J. Pirenne	2	GMH	E. Matevossian	2
CRI		1	GML	M. Guba	2
CZA	B. Kocman	2	GMN	H. Wolters	2
CZM	J. Nukovic	1	GMZ	M. Heise	2
GAK	C. Heidenhain	2	GRB	M. Scherer	2
GBC	A. Pascher	2	GRO	E. Klar	1
GBO	S. Manekeller	1	GTU	S. Nadalin	2
GER	V. Müller	1	GWZ		1
GES	A. Paul	2	NGR	R. Porte	2
GFM	A. Schnitzbauer	2	NLB		1
GGO	O. Kollmar	2	NRD		2
GHB	P. Schemmer	2	SLO	S. Markovic	1

PANCREAS section

Center	Name of delegates	Votes	Center	Name of delegates	Votes
AIB	P. Hengster	2	GJE	C. Malessa	1
AWG	F. Mühlbacher	1	GKI	F. Braun	1
BBR	A. Hoang	1	GKL	D. Stippel	1
BGE	C. Randon	1	GKM	R. Wohba	1
BLA	L. de Pauw	1	GKS	C. Mönch	1
BLG	J.P. Squifflet	1	GLP	C. Benckert	1
BLM	J. Pirenne	1	GLU	M. Nitschke	1
CZM	S. Jadrijevic	2	GMH	S. Thorban	1
GBB	P. Schenker	2	GML	M. Stangl	1
GBC	A. Kahl	1	GMN	H. Wolters	1
GDR	S. Kersting	1	GMR	J. Hoyer	1
GER	V. Müller	1	GRB	S. Farkas	1
GES	A. Paul	1	GRO	W. Schareck	1
GFM	C. Woeste	1	GTU	S. Nadalin	1
GFR	P. Pisarski	1	NGR	C. Krikke	1
GHB	P. Schemmer	1	NLB		2
GHG		1	SLO	A. Tomazic	1
GHO	F. Lehner	2			

Delegates of the Eurotransplant Assembly 2012 - 2013

HEART section

Center	Name of delegates	Votes	Center	Name of delegates	Votes
AGA	A. Wasler	1	GES	M. Kamler	1
AIB	D. Hoefer	2	GFR	M. Berchtold-Herz	1
AWG	G. Laufer	2	GGI	J. Bauer	1
BAN	I. Rodrigus	1	GGO	A. Popov	1
BAS	B. Stockman	1	GHB	A. Ruhparwar	2
BBR	M. Antoine	1	GHG	F. Wagner	1
BGE	F. Caes	1	GHO	G. Warnecke	2
BLA	O. van Caenegem	1	GJE	T. Doenst	1
BLG	J. Defraigne	1	GKI	A. Reinecke	1
BLM	J. Vanhaecke	2	GKL	P. Rahmanian	1
CZA		2	GLP		2
CZD	D. Unic	1	GML	B. Meiser	2
GAK	A. Menon	1	GMN	J. Sindermann	1
GBA	U. Schulz	2	GRB	S. Hirt	1
GBD	C. Knosella	2	GWZ	J. Hoffmann	1
GBH	M. Richter	1	NGR	J. Brugemann	1
GDR		1	NRD	A. Maat	2
GDU	U. Boeken	1	NUT	N. de Jonge	1
GER	R. Tandler	1	SLO	I. Knezevic	1

LUNG section

Center	Name of delegates	Votes	Center	Name of delegates	Votes
AIB		1	GHS	F. Langer	2
AWG	G. Lang	2	GJE	M. Breuer	1
BAN	W. De Backer	1	GKI	A. Reinecke	1
BBR	B. Rondelet	2	GKL	P. Rahmanian	1
BLA	P. Evrard	2	GLP		2
BLM	D. van Raemdonck	2	GML	B. Meiser	2
GBD	C. Knosella	2	GMN	K. Wiebe	1
GES	M. Kamler	2	GMZ	O. Senbaklavaci	1
GFR	D. Wagnetz	2	NGR	M. Erasmus	2
GGI	K. Mayer	2	NRD		2
GHG	F. Wagner	2	NUT	E. van de Graaf	2
GHO	G. Warnecke	2			

TISSUE TYPING section

Center	Name of delegates	Votes	Center	Name of delegates	Votes
AGA	W. Helmberg	1	GHB	C. Susal	1
AIB	A. Mühlbacher	1	GHG	T. Binder	1
AOL	Ch. Gabriel	1	GHO	M. Hallensleben	1
AOW	R. Loizenbauer	1	GKI	M. Marget	1
AWG	G. Fischer	1	GKTT	U. Bauerfeind	1
BBJ	C. Demanet	1	GKS		1
BBR	M. Toungouz	1	GLU	M. Ziemann	1
BLA	D. Latinne	1	GML	T. Kauke	1
BLG	G. Maggipinto	1	GMN	R. Kelsch	1
BME	M-P. Emonds	1	GMZ	W. Hitzler	1
CRI	M. Fucak	1	GRO		1
CZA	R. Zunec	1	GST	A. Ender	1
GBC	C. Schönemann	1	GTU	B. Schmid-Horch	1
GDU	J. Rox	1	LLX	F. Hentges	1
GER	B. Spriewald	1	NAW	N. Lardy	1
GES	F. Heinemann	1	NGR	S. Lems	1
GFM	C. Seidl	1	NLB	F. Claas	1
GFR	F. Emmerich	1	NMS		1
GGI	S. Wienzek-Lischka	1	NNY	W. Allebes	1
GGO	H. Neumeyer	1	NUT	E. Spierings	1
GHA	G. Schlaf	1	SLO	B. Vidan-Jeras	1

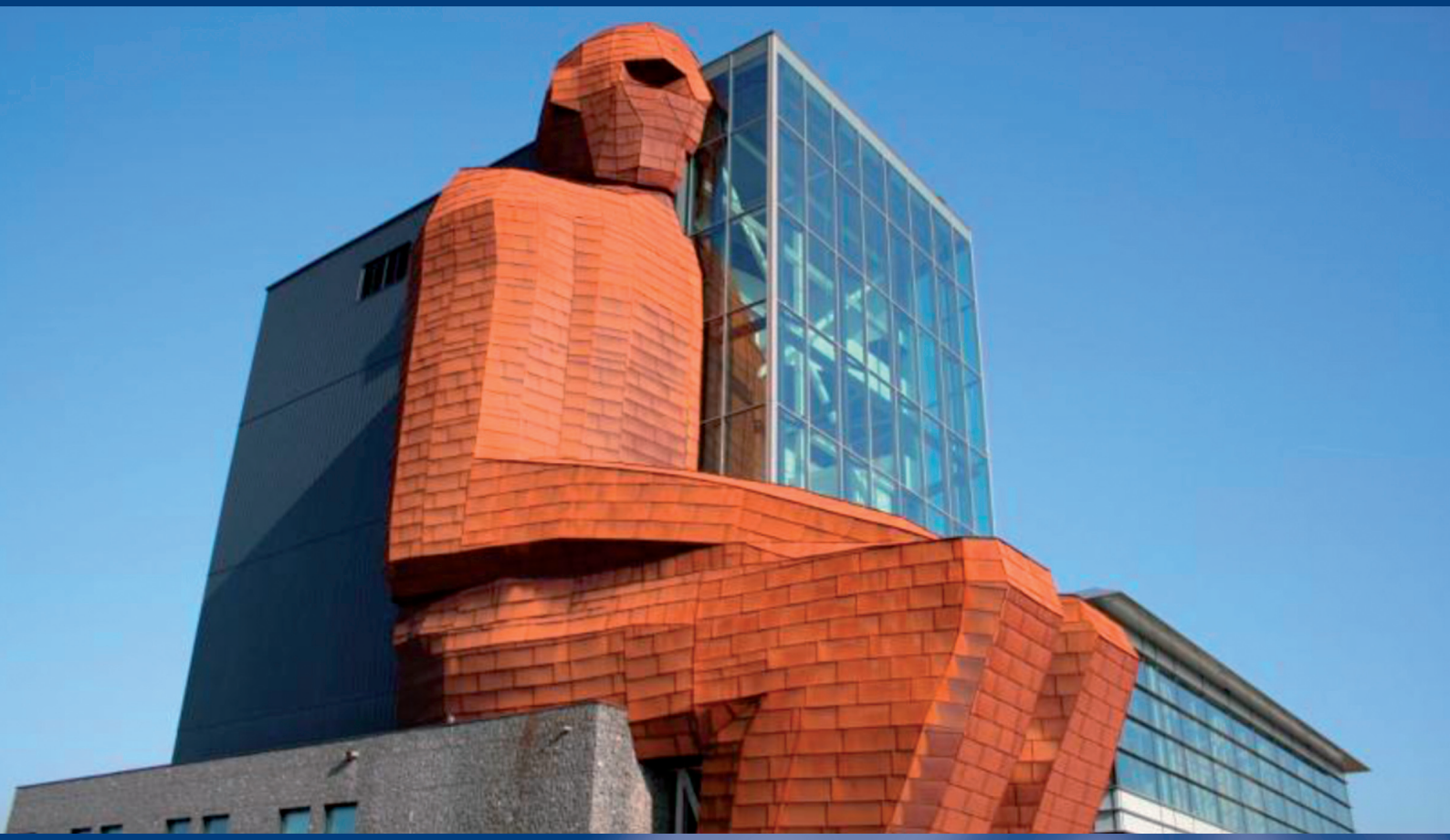
Delegates of the Eurotransplant Assembly 2012 - 2013

Announcement

Eurotransplant Meeting 2013

October 11 & 12, 2012

This year the meeting will take place at the Corpus Congress Center. Rooms have been reserved at the new Hilton Garden Inn hotel which is next to Corpus.



In addition to hosting business events, Corpus accommodates the journey through the human body, offering visitors a spectacular opportunity to see, feel and hear everything there is to know about the workings of the human body, as well as the roles that a wholesome diet, healthy living, and plenty of exercise play in the process.

After the meeting on Thursday we would like to invite you to make this journey - which lasts 55 minutes - through the 35 meters high body. Although most of our participants have a medical training we believe they will enjoy this.
The first journey leaves 19.30, the last journey leaves 20.45. Each journey 16 people can join in.

For more information: www.corpusexperience.nl.
For meeting registration: www.eurotransplant.org
Looking forward to seeing you in October!