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CHALLENGES IN KIDNEY TRANSPLANTATION FACED BY EUROPE

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OUTLINE



- Stimuli
 - Living donation
 - Deceased
- Opting in vs. opting out
- Expanded donation
- Patient information & education



STIMULI



 Relaxation donor and acceptor selection criteria (evidence based)



 Relaxation donor and <u>acceptor</u> selection criteria (evidence based)

PATIENTS WITH GOOD OUTCOME CHANCES ARE DENIED TP (USA)



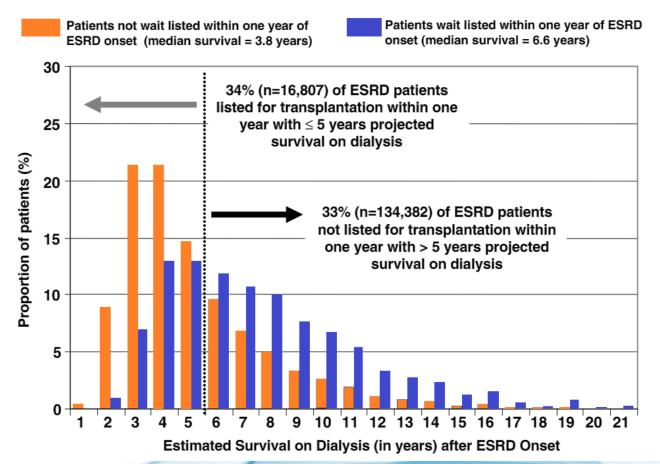


Figure 1: Projected survival following ESRD onset (excludes patients receiving a living transplant within one year after ESRD onset).



- Relaxation donor and acceptor selection criteria (evidence based)
- Support cost and lost income donor (incl FU)



- Relaxation donor and acceptor selection criteria (evidence based)
- Support cost and lost income donor (incl FU)
- Activate spouse and unrelated donation



- Relaxation donor and acceptor selection criteria (evidence based)
- Support cost and lost income donor (incl FU)
- Activate spouse and unrelated donation
- Stimulate ABO incompatible donation
 - Paired donation
 - Specific programs (retuximab, plasma exchange)
- Definition and application of uniform procedures for donor information and recruitment (guidelines)



 Relaxation donor and acceptor selection criteria (evidence based)



- Relaxation donor and acceptor selection criteria (evidence based)
- Reimbursement incentives for families of donors (hospital or funeral costs)



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- Stimulation donor registration



- Relaxation donor and acceptor selection criteria (evidence based)
- Reimbursement incentives for families of donors (hospital or funeral costs)
- Stimulation donor registration
- Simplification donor registration
- Formal recognition of donation



OPTING IN/OUT



PRESUMED CONSENT ENHANCES CADAVERIC DONATION

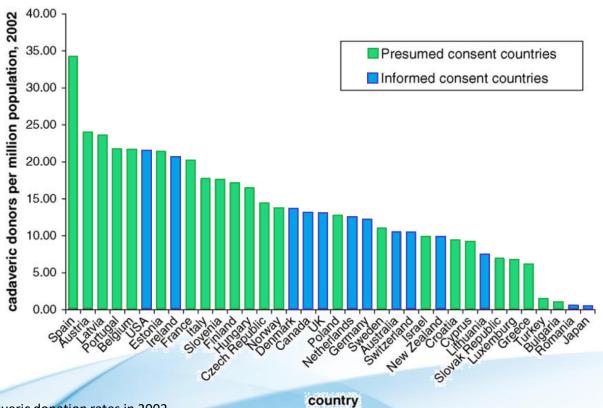


Fig. 3. Cadaveric donation rates in 2002

Fig. 3 shows donation rates (per million population) and type of legislation in 2002 for the 36 countries in our sample. Presumed consent countries seem to have higher donation rates than informed consent countries. However, the connection between legislative defaults and donation rates is not completely unequivocal. Fig. 3 also shows that one country, Spain, has higher donation rates than any other country. This fact is well-documented in the medical literature, where the "Spanish model" of organ procurement has been studied extensively.

OPTING-OUT INCREASES TRANSPLANTATION RATE



	N	OPTING-IN <i>M (SE)</i>	OPTING-OUT M (SE)	% DIFFERENCE OPTING-OUT VS. OPTING-IN
Deceased donors	12	14.27 (1.84)	23.07 (1.80)	+61.7
Living donors	7	8.01 (0.99)	5.13 (0.98)	-36.0
Total	19	22.43 (1.96)	28.32 (1.93)	+26.3

Adjusted for: GDP, n of road traffic accidents, religion, legal system, N of hospital beds

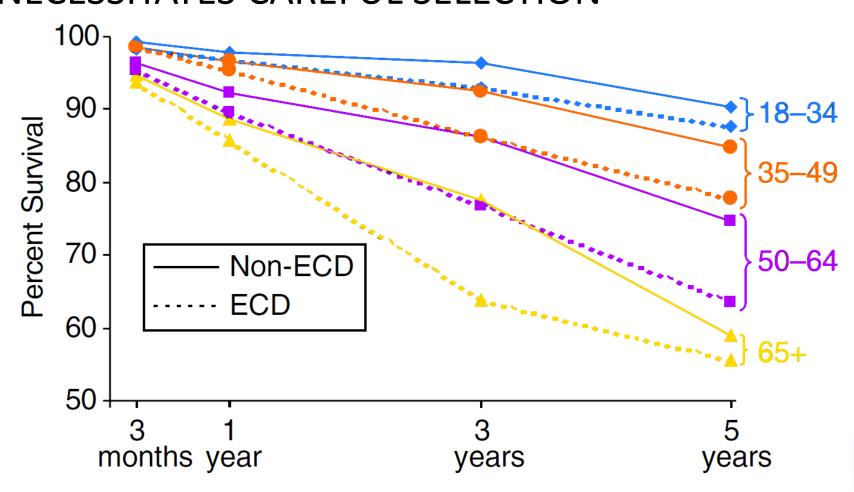
Shepherd et al, BMC Med, 12:131; 2014



EXPANDED DONORSHIP

EXPANDED DONORSHIP MAY HELP BUT NECESSITATES CAREFUL SELECTION





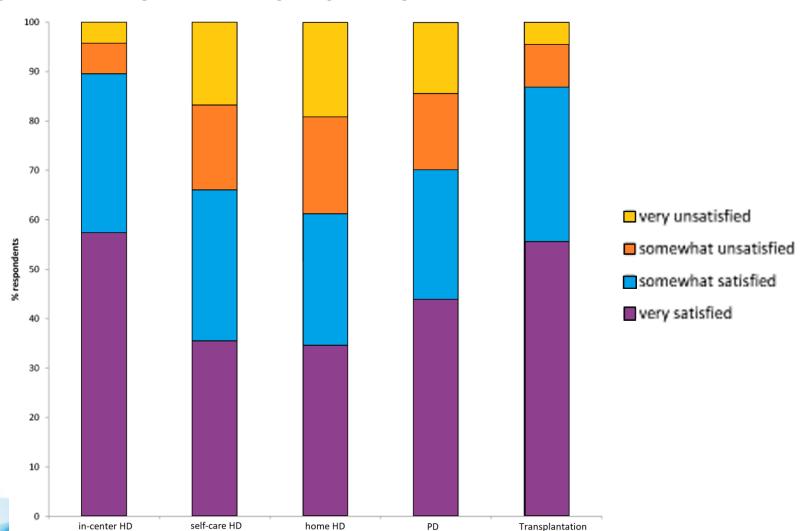
Patient survival after ECD or non-ECD transplant, by recipient age. Source: OPTN/SRTR Data as of August 1, 2002, Tables 10 and 11.



EDUCATION/INFORMATION

PATIENT EDUCATION ON TRANSPLANTATION IS BETTER THAN FOR OTHER MODALITIES BUT NOT BRILLIANT





Van Biesen et al, Plos One, 9:e103914; 2014



On patient choice and education: results of an European questionnaire in 9 European countries

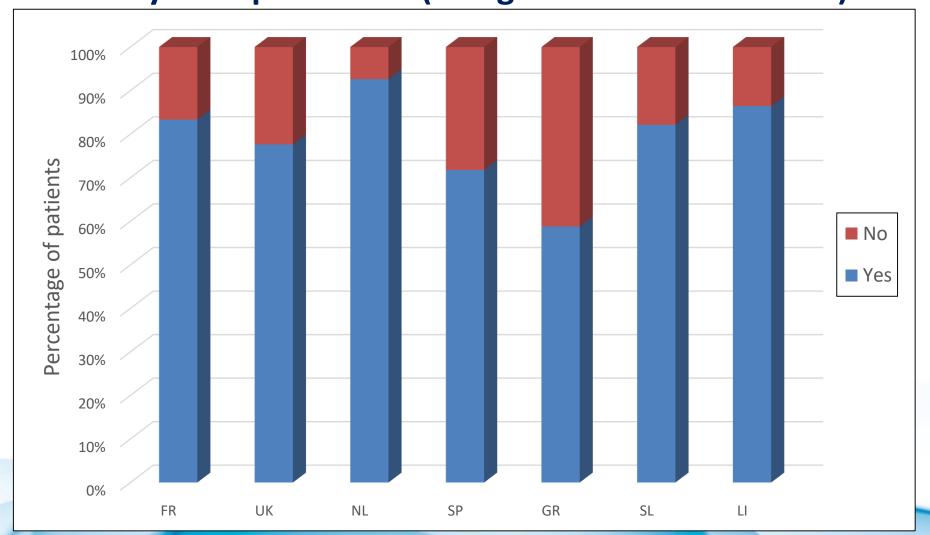
PARTICIPATION



COUNTRY	PATIENTS	PROFESSION.	INHABITANTS	% TP
Spain	163	120	46	52
France	78	55	64	44
UK	110	75	65	53
Greece	136	101	11	20
Lithuania	52	5	3	32
Slovenia	28	16	2	33
Netherlands	95	49	17	59
Portugal	0	9		
Poland	0	0		

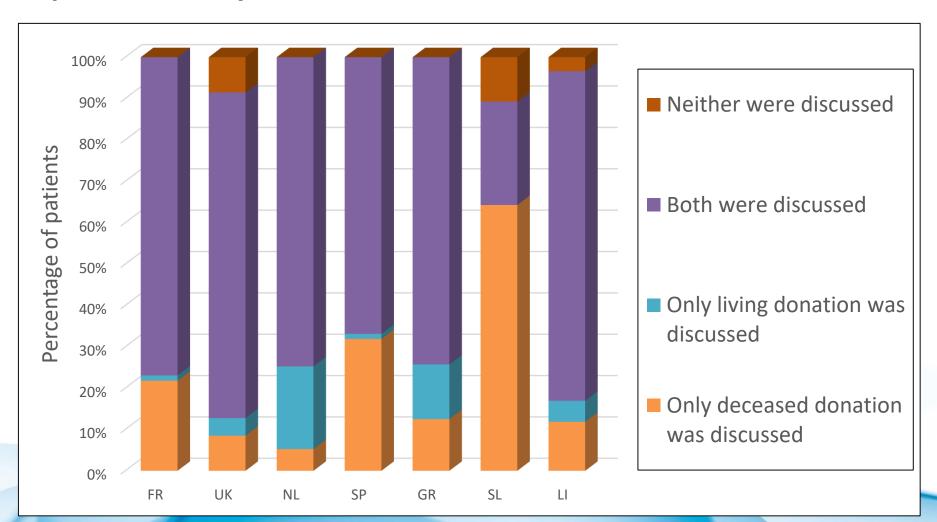


Do you think you received enough information about kidney transplantation (living and deceased donor)?





If kidney transplantation was discussed, were all options presented to you?



OUTLINE



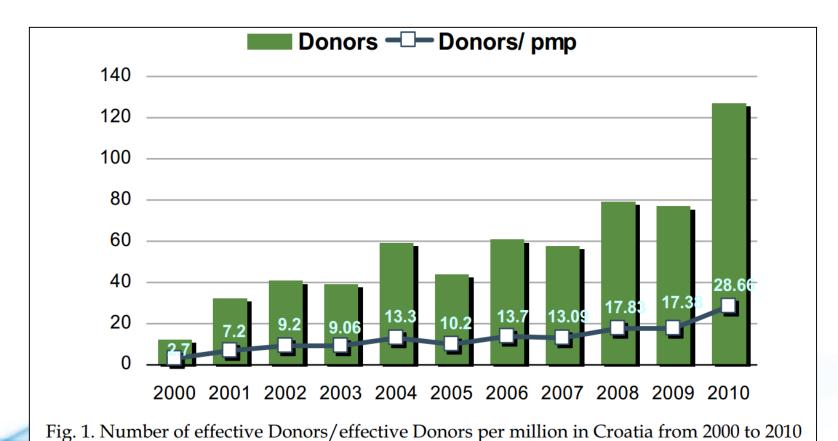
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Back-ups

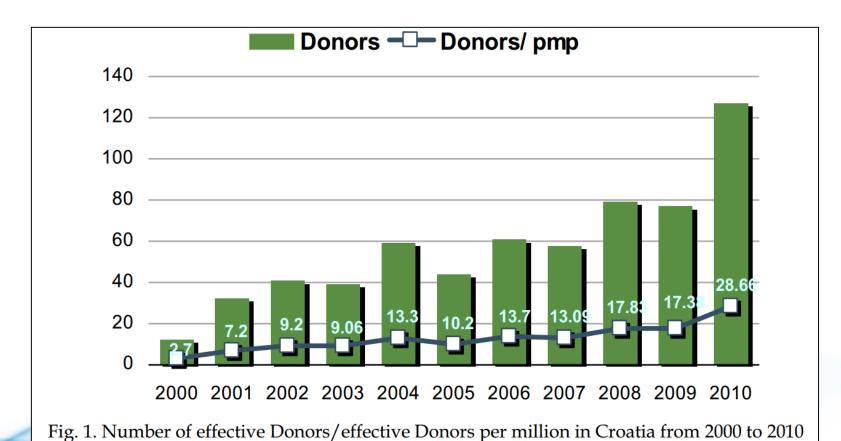


CHANGING TO OPTING-OUT INCREASES TRANSPLANTATION RATE: THE CASE OF CROATIA





ACTIVE CAMPAIGNING INCREASES TRANSPLANTATION RATE: THE CASE OF CROATIA



Summary

- Europe is heterogenous ©
- Incidence of patients with ESRD will increase
- Live donor kidney transplantation is the solution (CEAs)
- CMEs by many professional societies (ERA-EDTA, ESOT)





Full Members - founding members of the Alliance:

- EKPF: European Kidney Patients' Federation (formerly CEAPIR)
- EDTNA/ERCA: European Dialysis & Transplant Nurses Association/European Renal Care Association
- IFKF: International Federation of Kidney Foundations
- ERA-EDTA: European Renal Association European Dialysis and Transplant Association













Associate Members - European national and other non-profit kidney organisations:

- 1. Austria: Austrian Society of Nephrology (joined in 2016) 8.
- Bosnia: Society of Nephrology, Dialysis and Transplantation of Bosnia & Herzegovina
- **3. Estonia**: Estonia Society of Nephrology
- **4. France:** French Speaking Society of Dialysis
- **5. Germany:** German Society of Nephrology
- Georgia: Georgian Union of Dialysis,Nephrology and Transplantation
- 7. Netherlands: Dutch Kidney Patient Association

- 8. Portugal: Portuguese Society of Nephrology
- **9. Poland:** Polish Kidney Association (joined in 2016)
- 10. Russia: Russian Dialysis Society
- 11. Slovenia: Slovenian Society of Nephrology
- **12. Spain:** Sociedad Española de Diálisis y Trasplante
- 13. Spain: Spanish Dialysis Foundation
- **14. Spain:** Spanish Society of Nephrology
- **15. Turkey:** Turkish Society of Nephrology
- **16. UK:** Renal Association of the UK





Mank won.