

Alliance-O Final Workshop

Coordination of National Research Programmes on Organ Donation and Transplantation

Opening Remarks

Carine CAMBY
Agence de la Biomédecine

Ladies and gentlemen, welcome to the final Alliance-O meeting. Following three years of intensive work, we are now able to present a white-paper with impressive results. I would like to thank Bernard LOTY, the project's coordinator, and Marie-Odile OTT, for their work on the white paper.

Over recent decades, organ transplantation has become a tool of critical importance in terms of both therapeutic efficacy and cost-effectiveness. Consequently, waiting lists are growing at a higher rate than organ donations. Today, over 50 000 patients are waiting for an organ transplant in Western Europe. The mortality rate on waiting lists ranges from 5%-20%, depending on the country and the type of organ.

Due to health-related developments, such as aging or obesity, the organ donor shortage is expected to become a major public-health concern in Europe. Coordination between Member States is therefore necessary in order to identify the best practices in the OT field, and assist Member States whose transplantation systems are not sufficiently developed yet.

The objective of the Alliance-O project, which was supported by the EC, was to extend beyond individual country efforts, and enhance coordination between EU countries, in their efforts to facilitate access to organ transplantation. Alliance-O partners have spent three years, between October 2004 and October 2007, examining every step of the organ transplantation process.

Alliance-O is an extremely innovative project. We were able to produce a detailed analysis of our respective systems, as well as high-level benchmarks relating to all OT activities. Alliance-O partners were also able to agree on common positions and make strong recommendations. We hope that this common effort would lead to increased efficiency, harmonisation, and coordination between national programmes. A follow-up coordination project will be pursued by Alliance-O partners. It will focus on specific operational topics, and aim to involve additional partners.

Finally, I would like to thank the EC for enabling the project, and acknowledge all those who contributed to the task: the advisory board, and particularly Arnt JAKOBSEN, and the representatives of all partner organisations.

Introduction of Alliance-O

Dr. Bernard LOTY
Agence de la Biomédecine

I would also like to begin by congratulating all the project's contributors on the remarkable results achieved. I believe one contribution of the Alliance-O project is that it allowed its partners to establish close, friendly, relations, and form a team.

The Alliance for organ donation and transplantation was founded in 2002 between national organisations involved in this field. In 2003 we organised a meeting joining 6 countries in Francfort. In the joint declaration we issued, we underlined that we would like to learn from the best practices of our respective countries. However, at that stage, we required significant help from the EC to learn how to select the appropriate goals and coordination tools.

We decided to focus merely on organs, and not on tissues or cells, since organs constituted a common mission for all partners. We took into account all the steps of the donation procurement and transplantation process, and our actions covered: donation; procurement; allocation; safety-quality; evaluation; fundamental research; and ethical and legal issues. All the consortium partners were involved in each and every action.

The objective of the Alliance-O project was to promote coordination and cooperation between research programmes aimed at improving organ transplantation efficiency. Since the project was conducted on behalf of national public authorities, its consortium included merely representatives of Health Ministries and public OT agencies. The project was formally selected by the European Commission in April 2004.

Alliance-O Partners include: ABM for France; DSO for Germany; Hungarotransplant for Hungary; CNT for Italy; OPT for Portugal; ONT for Spain; and UKT for the UK. In addition, an Advisory Board played a significant role.

Work on the project's seven work packages was conducted in parallel. WP1 (Management and Dissemination) was led by France; WP2 (Donor Pool Expansion) by Spain; WP3 (Allocation) by France; WP4 (Safety and Quality) by Italy; WP5 (Evaluation) by the UK; WP6 (Fundamental Research) by Germany; and WP7 (Legal and Ethical Aspects) by Germany.

The first part of each WP deliverable consists of a 'state of the art' summary, and the second part presents our recommendations. The work and recommendations of all WPs have been summarized and combined to create a final 'white paper'. Today, each WP leader will present his or her work. Finally, I would like to thank all the departments involved in the enormous administrative and financial efforts this project entailed.

WP2: Expanding Donor Pool

Dr. Beatriz DOMINGUEZ–GIL
Organización Nacional de Trasplantes

Kidney transplantations yielded excellent results over recent years. Consequently, the number of people placed on waiting lists has increased at a significantly higher rate than the number of available organs. In fact, the figures are dramatic: at the end of 2006, approximately 50 000 people in the EU were waiting for a kidney, liver, or heart donation, while merely 25 000 received one in the course of the year. It is noteworthy that organ shortage is a universal problem, not merely a European one.

The objective of WP2 was to explore ways of expanding the donor pool for the European population. We have produced several different deliverables. Naturally, the cost-effectiveness of all the programmes we recommend should be analysed.

I. State-of-the-Art in Expanding Donor Pool

Organ donation rates vary significantly across Europe. We first examined the correlation between deceased donation rates and several quantifiable factors. We did not find any significant correlation between the rates and the socio-demographic, economic, and healthcare characteristics of different countries. Mortality data also seemed to have little effect on the donation rate variance.

We then reviewed the organisational, technical, human resources, training and promotional initiatives developed in Alliance-O partner countries. We observed outstanding differences in the area of non-heart beating donations and the ‘Expanded Criteria Donors’ category. This category includes aged donors, and donors with transmissible diseases or other pathologies that could affect the quality of the donated organs. The use of special surgical techniques, such as split liver, domino liver, and double kidney transplantations, also varied greatly across countries. Thus, all these areas offer potential room for improvement.

II. Position on Expanding Donor Pool

We then tried to identify the best practices within Alliance-O countries.

1. Heart-Beating Donations

We believe every hospital with an ICU should be able to activate the heart-beating donation process. A network of transplant procurement hospitals should be constructed at the national level, and key people should be appointed to develop proactive donor detection programmes. In addition, a supra-hospital transplant organisation should be operated, in order to treat broader questions. In some countries, we have identified well-developed programmes that help estimate donor potential, identify areas for improvement and offer corrective measures.

2. NHBD and Living Donations

We believe that NHBD and living donations present a significant potential for increasing the donor pool. However, it is important to ensure such activities do not negatively impact HBD activities. With respect to NHBD, we believe that success of such programmes would rely on qualified

hospital teams, available 24h. Research, particularly in the field of preservation techniques, will also be required.

With respect to living donations, many of our recommendations focus on ensuring the safety of the living donor: a distinction should be made between kidney and liver donations, since the latter is riskier; information should be collected on the possible psychological and financial impacts on the donor, and not merely on the medical ones; and authorities should ensure the long-term healthcare coverage of living donors. We also observed that often the possibility of living donations is not offered to all patients. A useful UK initiative is the appointment of professionals responsible for transmitting relevant information to the patients and their relatives in large hospitals. Finally, we believe that paired kidney donation should be promoted.

III. Promotion of Organ Donation

We have made several recommendations with respect to the promotion of organ donation. First, while we believe the impact of direct-publicity campaigns is typically low, efficient information should be easily available to the public. Second, although we believe donor cards could be useful for communicating with the families, they should not be used as an official document in countries with presumed consent systems. Third, maintaining useful relationship with the mass media is extremely important. We thus recommend that OT organisations conduct periodical meetings with journalists. Fourth, healthcare professionals deserve special attention, due to their responsibilities in identifying potential donors and approaching grieving families. Thus, promotion activities must be complemented with training of the professionals responsible for approaching the families.

Promotional activities should be defined as a national strategic plan. A general consensus is required at both the national and European level, in order to facilitate information exchange and generate a positive climate for organ donation.

IV. Estimation of Donation Potential

Various methodologies are used to estimate donor potential. While Donor pmp provides a reference value for cross-country comparisons, it is not a true representation of the donor potential. The use of mortality data is also problematic, particularly since it relies on death certificates, which do not contain sufficient data to assess the donor's suitability. We believe the most adequate evaluation tool is the examination of the medical charts of patients dying at ICUs. The necessary data should be provided through self-reporting of procurement hospitals to procurement organisations. Once the programme is developed, external audits could be performed.

We have provided a set of indicators for estimating the donation potential, and evaluating the performance of the donation process and its efficiency in specific hospitals, regions, or countries. We have also established relations with another European project, DOPKI, whose objective is to develop methodology for improving the evaluation of donor potential and the donation process. DOPKI members intend to develop a pilot and practical applications in selected European hospitals, based on a methodology agreed between DOPKI and Alliance-O.

V. Q&A Session

Bernard LOTY, ABM

Would you agree that numerous tools for donation procurement are already available, and could be shared and implemented in any European country?

Beatriz DOMINGUEZ-GIL, ONT

I would agree that we have managed to collect a significant amount of information, and perhaps it is time to begin implementing it. Particularly, I believe we offer an effective methodology for estimating donation potential, through the use of consensual indicators. This methodology could be applied in the future in many European programmes.

Danica AVSEC-LETONJA – Slovenija Transplant

Could you describe the differences between DOPKI, Alliance-O, and Donor-Action?

Beatriz DOMINGUEZ-GIL, ONT

Since some partners participated in both the Alliance-O and the DOPKI project, we managed to agree on a methodology and a set of indicators we all felt were the most adequate. An important difference is that DOPKI tries to implement this type of programmes in selected European hospitals, as though they all belonged to single country. However, we believe such programmes should be applied on a national basis, in order to maintain a global perspective of the country and identify country-specific problems. DOPKI also performs a complementary activity to Alliance-O in the field of Expanded Donor Criteria. It is developing an international database for collecting information on donors with rare diseases, and the outcome of such transplants.

Bernard LOTY, ABM

With respect to Donor-Action, all activities must go through the agency, and a coordinated global strategy is achieved through our regional coordinators.

WP3: Impact of Allocation Rules on Equity and Efficacy

Dr. Christian JACQUELINET
Agence de la Biomédecine

The main objective of WP3 was to compare organ allocation rules in different European countries, and their impact on the efficacy and equity of transplantations. It also aimed to provide a conceptual toolbox for public-policy decision-makers involved in organ allocation within the European community.

Organ allocation is a complex 24 hour process, with ‘winners’ and ‘losers’. General principles (equity and efficiency), as well as allocation criteria (severity of disease, HLA Matching, age, etc), have already been defined. However, the optimisation of organ allocation remains an open issue, and no unique evidence-based solution can be applied. Rather, each Alliance-O country reaches its own empirical compromise between efficacy, equity and practicability, as well as a political compromise between the competing interests of different transplant centres. The result is a wide range of allocation systems applied in different countries, and even in different regions within a single country.

I. Recommendations

Our first recommendation is to ensure that organ allocation results are conformed to predefined general principles. The definition of organ allocation objectives must be related to precise, sound and comprehensive valuable metrics. While all systems claim to promote equity and transparency, we must ensure that these good intentions are implemented.

Our second recommendation is the establishment of an information system, responsible for the registration and management of national waiting lists, as well as the implementation and monitoring of allocation schemes. Such a system is necessary for ensuring the transparency, objectivity, fairness and efficiency of the Organ Allocation systems, and for supporting scientific surveys and the evaluation of results.

Our third recommendation is to establish permanent collaboration between national institutions responsible for Organ Allocation in the EU. Such collaboration would facilitate the exchange of allocation methods across countries, by promoting the interoperability and standardisation of allocation systems.

Our fourth recommendation is to consider sharing organs on an international basis (or a national one, in countries where it is currently conducted on a regional basis) when significant benefits in terms of efficacy and equity can be expected.

Finally, we would like to stress that organ allocation is an open and dynamic process, which should be improved and adapted over time, following the emergence of new paradigms and results of scientific surveys. We discovered that simulation tools could significantly assist in the definition and the implementation of new allocation schemes. We therefore strongly recommend the development of a common generic Organ Allocation Simulation Tool (OAST), to be disseminated among our institutions. In addition, we recommend setting up a common task force in order to share our expertise and capitalise on our knowledge.

I. Q&A Session

Bernard LOTY, ABM

In addition to Eurotransplant area, several EU countries, such as the UK, and to a certain extent, France, are already using the 'score' system. Are other countries planning to migrate to a similar system?

Janusz WALASZEWSKI - Poltransplant

In Poland, I believe the score system will be the only system used for kidney allocation. However, we still require domestic data with respect to liver allocation.

Manuel ABECASSIS - OPT

In Portugal, we use a score system for kidney allocation, but not for liver allocation. The kidney score has been recently agreed upon among all the transplant teams. It should be reviewed at regular intervals, in order to meet the true needs of patients.

Arnt JAKOBSEN – Scandiatransplant

In Scandinavia, we have developed centre-based kidney allocation system. Thus, for example, the four Swedish transplantation centres might use different allocation systems. At the moment, we feel that while a point system would be more transparent, it would also be too stringent. Therefore, although I agree with the general principles described in WP3, I believe there are no 'golden rules' for organ allocation.

Janusz WALASZEWSKI - Poltransplant

Do you believe the number of people on the Scandinavian waiting lists affected that decision?

Arnt JAKOBSEN – Scandiatransplant

The Scandinavian transplant rates are fairly high for both deceased and living donors. Our kidney waiting list consists of approximately 1 000 people, out of a population of 25 million. This fact might have affected our willingness to accept such an allocation strategy.

Alessandro NANNI-COSTA - CNT

In Italy, we use regional score systems for kidney allocation. Each system must be validated by the CNT, and we are planning to introduce a similar system for liver allocations. I believe the score system is necessary for achieving transparency and equity. I also believe a common European basis should be promoted.

Rafael MATESANZ - ONT

In Spain, we use a centre and regional score-based allocation systems. At the moment, we are satisfied with these systems, and we do not believe higher-level exchange would improve the results.

Christian JACQUELINET, ABM

I would like to stress that we do not wish to promote a 'European golden standard'. We merely suggest that organ allocation is a dynamic process, which could be improved by using simulation tools. For example, if, in the future, Scandinavia or Spain would wish to shift from a centre or regional-based allocation system to a patient-based one, simulation might be useful in explaining the centres the benefit of the change.

Bernard LOTY, ABM

I am sure it would not have been possible to implement the French kidney and liver allocation systems without this simulation tool. We should thus develop an improved tool that could be used by any national organisation, since the existing one is merely a proto-type.

WP4: Improvement of OT Safety and Quality

Alessandro NANNI-COSTA
Centro Nazionale Trapianti

WP3 examined the quality and safety of the transplantation process.

I. Task 4.1: Safety and Risk Assessment

Safety and risk assessment questions represent one of the major challenges in EU public-health programmes, and particularly in OT activities. A multi-phase, multi-disciplinary risk assessment process is applied, in order to reach the appropriate balance between the donor, the organ, and the recipient. During our work on the safety task, we first collected information through technical questionnaires and analysed the inventory results. Then, we identified common risk management strategies, and proposed common risk categories and safety guidelines for organ donation.

1. State-of-the-Art and Guidelines

We observed that all countries collect most of the relevant information concerning the donors' medical history. However, the situation relating to serological tests should be improved, since we must be attentive to new diseases. Although guidelines are a useful tool, we must be aware of their limitations.

The complexity of transplant field gives rise to situations that cannot always be foreseen by a reference guide. In Italy, the solution was the creation of a group of experts, who offer second-opinion advice 24h. The basic guideline we propose is that any organ retrieved for transplantation should have acceptable quality, and not expose the recipient to unacceptable risk. We thus defined five risk levels: unacceptable risk; increased but acceptable risk; calculated risk; unassessable risk; and standard risk. For example, an HCV positive person could be accepted as a donor for an HCV-positive recipient (Calculated Risk). However, it the same person would be accepted as a donor for HCV-negatives recipients merely in situations of proven medical urgency (Increased Risk).

2. Recommendations

First, we should establish a common set of donor information that should be collected. Second, we should set up registries for the collection of data related to the risk-evaluation of donors. Third, we should consider the use of donors who bear the risk of infectious or neoplastic disease transmission, in order to expand the donor pool. Fourth, the definition of risk levels and the possible adoption of second-opinion expertise should be considered. Finally, it is important to choose certified diagnosis pathways and record the transplant procedure, in order to deal with unforeseen events.

II. Task 4.2: A Coordinated Approach on Quality Management System

The objective of task 4.2 was to develop a coordinated approach to Quality Management Systems.

1. Definition of Common QMS Best-Practices

First, we identified the different components of the organ transplantation process. Then, we identified and benchmarked the best-practices of different countries. Finally, we created a shared document that included the common QMS best-practices for numerous requisites. It is noteworthy that the best-practices of each requisite were agreed by all Alliance-O partners. We consider the requisites relating to the information system and to safety criteria standards to be of particular importance.

We also strongly recommend the establishment of a QMS auditing system for both donation and transplantation, even though it is often difficult for our organisations to accept the idea of inspections. The auditing process requires working at the ICU or centre-level for a sufficient amount of time, in order to thoroughly examine all the relevant aspects and hold discussions with the professionals.

2. Future Common Actions

The future actions we recommend include: establishing standards for a continuous education on donation and transplantation; standardization of the donation form; establishment of a transversal auditing model defining the auditing procedures; definition of transparency and communication principles of allocation criteria; development of methods and criteria for the evaluation of results; a system for reporting, investigating, registering and transmitting information relating to serious adverse events and reactions; ensuring safety standards throughout the process; and cooperation among the information system for data exchange. One of the pilot actions we propose is the development of a Unique EU Donation Form. Although the form's draft should be further discussed, I believe it can already be used and diffused.

I. Q&A Session

Bernard LOTY, ABM

I believe this is the first proposal for an objective, 'scientific' risk assessment system. How do you propose to implement this idea?

Alessandro NANNI-COSTA, CNT

I believe we require a single European reference point with respect to safety. The risk-level assessments are a first step towards this goal, although follow-up assessments would also be required. It would be useful to share this experience with other agencies working at European level, perhaps within the Alliance-O follow-up activities. Information sharing is also necessary with respect to adverse events. For example, in Florence, we experienced a risk of transmission from an HIV-positive donor to three patients, due to a medical error. We require common instruments that would enable us to describe such events, and share them at the European level.

Günter KIRSTE, DSO

It is noteworthy that the question of auditing is still under discussion, even within Alliance-O.

Alessandro NANNI-COSTA, CNT

Yes, this issue was not part of the consensual white paper. Rather, it is part of the discussion on possible future actions. I believe this issue should be discussed at Brussels, Alliance-O, and the Council of Europe, and we should strive to find a common position.

Bernard LOTY, ABM

What does the EC think about the tools presented?

Participant, the European Commission

This project has been funded by DG Research. However, DG SANCO is very interested in the results, and I believe the safety WP will be extremely useful to our activities.

WP5: Evaluation of Transplantation Performance

Prof. Dave COLLETT
UK Transplant

A vast amount of data is collected during the transplantation process. The goal of WP5 was to review and summarise the major statistical methods involved in the analysis of this data.

I. Deliverables

Deliverable 5.1 reviewed the current methods used to collect, publish and analyse transplant data. We observed that while all Alliance-O partners were actively collecting and summarising data, only France, Spain, Italy and the UK are routinely using more complex methods for assessing the impact of different risk factors on transplant outcomes. A continuous monitoring procedure for centre performance is routinely carried out in the UK, and is currently being developed in France and Italy. We also observed that most European organisations employ very few statisticians. This highly undesirable situation, which limits the ability to analyse the collected data, highlights the need for knowledge transfer.

In deliverable 5.2, we aimed to provide information on the most useful statistical methods for summarising and monitoring transplant data, in order to assist emerging transplant organisations. We also summarised the advantages and disadvantages of each method, and described available software that could facilitate the implementation of the recommended techniques.

Two sections in deliverable 5.2 are particularly important: first, the identification of factors that affect transplant outcomes; second, the monitoring of centre performance. We also discussed possible actions that may be taken if a centre's performance deviates from expected outcomes.

Deliverable 5.3 concerns simulation. The key idea is that we must rely on simulation to estimate the effect of changes in allocation systems, such as changing the age difference between recipients and donors. We examined how simulation could be used to compare allocation rules in terms of their impact on survival. We described potentially useful methods, as well as the recent successful introduction of a revised kidney allocation scheme in the UK, in which simulation tools were used.

II. Conclusions

Since all Alliance-O partners expressed great enthusiasm for continuing the work, the final deliverable described some possible areas for further collaboration. We believe this collaboration should not be restricted to Alliance-O partners, but involve other European transplant organisations. Opportunities include the further development and implementation of methods for monitoring centre performance; and the development of benefit-based allocation rules through the comparison of the expected lifetime with and without the transplant. We are also interested in the further development of the simulation model, and its validation in additional countries.

Data exchange across countries is a particularly exciting prospect, since it would allow us to compare data and analyse rare events. Other opportunities relate to database quality standards, and the development and dissemination of relevant statistical methods.

III. Q&A Session

Ylana CHALEM, ABM

I believe that when conducting centre performance studies, it is extremely important to inform the transplant teams that the statistical methods used were validated on a European basis. I believe it would increase their confidence in the results.

Dino Alberto MATTUCCI, CNT

I would like to underline the importance of sharing software platforms across Europe, since it would allow countries to share data more easily.

Bernard LOTY, ABM

Michèle, what is your impression?

Michèle KESSLER, CHU – Hôpital de Brabois-Adultes

I believe nothing is possible without a strong epidemiological basis.

WP6: State of Fundamental Research Activities

Daniela NORBA
Deutsche Stiftung Organtransplantation

WP6 examined fundamental research linked to organ transplantation. Our initial goal was to inventory all existing national or regional programmes, and then make recommendations for enhancing research performance and avoiding duplication.

I. State-of-the-Art

We first asked each partner to provide information about the OT research landscape in his or her country, as well as a list of research projects. For each project, we tried to obtain an abstract and contact person. In addition, in order to achieve comparable data, we tried to find the time-frame, and the level and source of funding of each project. Although we collected information about over 500 projects, we believe it is merely the tip of the iceberg.

We learned that most OT research is conducted in universities (university hospitals/transplant centres); in extra-university research facilities; and in private/industry facilities. Research and funding levels are comparable across most Alliance-O countries. However, the picture became more heterogeneous when we sorted the projects according to categories.

Unfortunately, we faced several difficulties in obtaining the relevant data of many projects. First, since fundamental research covers a wide variety of projects, many of which are multi-disciplinary, it is difficult to examine all the relevant databases. Particularly since in most countries, there is no system or institution that deals merely with OT research. Second, many people were reluctant to reveal what they are currently researching or funding. Thus, since we often did not know the projects' funding level, which typically ranged from EUR 5000 to EUR 2 million, it was difficult to make comparisons.

II. Recommendations

We were thus obliged to conclude that the inventory we established would not allow us to identify the main focuses and needs, and to make realistic and responsible proposals for enhancing research performance and avoiding duplication. We then decided to adapt our task, and explore what would be required, on both the national and the European level, in order to perform the task put forward by the Alliance-O project.

We believe the goal of national institutions should be to become the institutions everyone would turn to in order to obtain information on research conducted in the field. We therefore recommend that they: take into account national peculiarities and legislation; allow for a multidisciplinary approach; be an independent body; be a source of information open to everybody; coordinate research; be responsible for public relations and dissemination; and enhance transparency and trust in research. We have also examined the possibility of setting a European network, which would define benchmarks, in order to oblige national authorities to take action. We believe such a network should focus on the areas where cooperation is most needed, such as diseases with low case numbers.

III. Q&A Session

Bernard LOTY, ABM

Gwennaël, would you like to comment on the European research strategy?

Gwennaël JOLIFF-BOTREL, RTD European Commission

I believe closer cooperation is required between clinicians, who work directly with patients, and the scientific community that performs basic science. Today, it is clear that the relations between these two communities are not sufficiently close to allow them to propose a common scheme for allocating funds among research priorities. Thus, although we are currently funding many OT-related research initiatives, they are fairly dispersed, and we do not have any real strategy. I believe it is in your hands to tell us if you wish to remain involved in the future.

Bernard LOTY, ABM

When we discussed our future activities, we felt it would probably not be possible for us to better organise activities in the area of fundamental research. Since we are transplantation agencies, and not research ones, our budgets and people would never be sufficient.

Antonio AMOROSO, Centro Regionale di Riferimento per i Trapianti

I have noticed that you did not examine the final research products.

Daniela NORBA, DSO

We considered examining the published scientific papers, but then we realised that they would not assist us in our main objectives, which were to identify possible collaboration areas, and understand how to avoid duplications. We therefore decided to focus on current projects in order to gain insight about the system of funding.

Alessandro NANNI-COSTA, CNT

I believe this point should be further considered, since the research results are extremely important. They might help us obtain funding, which is a difficult task. I also believe that in the long-term, it would not be useful to dissociate the ICU research from the transplant activities.

WP 7: Ethical and Legal Aspects

Daniela NORBA
Deutsche Stiftung Organtransplantation

I believe great work has been achieved with respect to the ethical and legal aspects.

I. Donation Consent

We first focused on organ donation consent. Today, there are two major pre-requisites for post-mortem organ donation in the participation countries: death certification, and consent of either the donor or a next of kin.

We carefully examined the differences between the presumed-consent and the informed-consent systems. Today, it is widely believed that the differences between the two systems account for the donation rate variability across EU countries. We cannot deny that the donation rates of presumed-consent countries are usually slightly higher. However, we discovered that in practice, organ retrieval is not carried out against the will of the families, regardless of the legal provisions. We thus concluded that in day-to-day practice, the two concepts do not differ significantly. A significant difference does only exist when the next of kin of a potential donor is not identified.

We also examined the procedure of handling exceptional cases. For example, In Germany, we faced a case in which a person agreed to donate a kidney to his wife during, who refused to accept the donation she feared for her husband's health. Then, when the husband died, the family consented to organ donation, merely if a kidney would be provided to the wife. We decided to comply with their demand, although technically speaking it violated our allocation rules. We learned during the project that the partners faced similar situations that were dealt with on a case by case basis without strictly applying the law. We therefore recommend that Member States define procedures for cases in which a 'human decision' might be more appropriate than a legal one, in order to ensure that such exceptional cases do not compromise the entire allocation system.

II. Factors Influencing Donation Rates

We then examined the major factors influencing donation rates, and made several recommendations. The main task is the detection and referral of potential donors. We require tools to evaluate the true donor potential, monitor the referral process, and allow for referrals of immanent deaths as soon as possible. Our ambitious end-goal is a 100% referral rate, and an 85% conversion rate.

A second factor is the reimbursement of donor hospitals. In order to ensure that organ donation would never be a disincentive for hospitals, they must be adequately reimbursed even if the retrieval is not completed.

The third factor is the post-mortem organ donation incentives of the donors or their families. The Alliance-O group opposes any such incentives, such as a reduction in insurance fees.

III. International Aspects

One of the main problems faced by the international transplantation community relates to the access of ‘non-residents’ to transplantation. While this problem should be addressed on the national level, EU regulation should also be taken into account.

A second international issue is organ exchange. A minimum standard of quality and tests is already followed, at least among Alliance-O partners. However, international coordination should be further facilitated for patient groups that greatly require such an exchange, such as children or high-urgency patients.

‘Double listing’ on more than one national transplant system is yet another international concern. We believe it is preferable to avoid double listing, in order to ensure transparency. At the same time, we should verify that people who move across national borders would be able to maintain their accumulated waiting time.

IV. Q&A Session

Günter KIRSTE, DSO

I would like to emphasise our key finding, that the differences between ‘presumed’ and ‘informed’ consent systems are not as significant as we believed in the past, and have little influence on organ donation rates. I believe it is important that European citizens be informed that wherever they travel to in Europe, nothing will be done against their will.

Danica AVSEC-LETONJA, Slovenija Transplant

The Slovenian donation rates significantly increased since we improved the organisational aspects of organ donation. However, they are still relatively poor, and we believe the reason is that the ethical obligations of ICU doctors towards near-death patients are not clearly defined. I believe we should establish ‘normal’ ICU procedures of determining death, informing the family, and initiating the donation procedure. Currently, these procedures vary across countries.

Günter KIRSTE, DSO

It is true that the criteria for terminating therapy at the end of ICU treatment are not entirely clear. It is a complex issue, since there are documented cases in which the families refused to allow the ICU doctors to stop therapies, and some patients recovered.

Bernadette HAASE-KROMWIJK, Dutch Transplant Organisation

It is difficult for me to accept the conclusion that a country’s legal framework has little influence on its donation rate, since the legal system determines the starting point. For example, in the Netherlands, when the donor’s position is unknown, the starting point is negative, while in Spain, it might be positive. I believe these differences are significant for the doctors in charge.

Günter KIRSTE, DSO

I believe the organisational aspects are the most important ones. In Germany, although we have a single legal system across the country, the donor rate of the Northeast region is 30 pmp, while that of other regions is merely 10 pmp.

Bernadette HAASE-KROMWIJK, Dutch Transplant Organisation

I believe it is a combination of legal and organisational aspects.

Alessandro NANNI-COSTA, CNT

Our experience is similar to that of Germany. However, I believe the law should depend on the specific social environment of the country. For example, I believe that in Austria, an 'opting-in' system would pose real difficulties, due to cultural reasons.

Stratos CHATZIXIROS, Greece

Are there laws in your countries that oblige doctors to perform brain-death diagnoses? The problem in Greece is that many ICU doctors choose not to provide a legal diagnosis, even when they know the patient is brain-dead, so we do not even reach the consent stage.

Günter KIRSTE, DSO

The German law explicitly states that ICU doctors must 'refer' brain-death patients, which implicitly indicates that they must diagnose brain-death. However, doctors are not punished for not following that regulation, and many choose not to perform the diagnosis.

Christian JACQUELINET, ABM

The Spanish model suggests that an educational programme is extremely important. Thus, it might be preferable to inform ICU doctors of the importance of brain-death diagnosis, rather than force them to perform it.

Participant

What are the Spanish donor rates, since the model seems to be an important reference point?

Rafael MATESANZ, ONT

The regional donation rates in Spain are 26-48 pmp, while the European mean is 17 pmp.

Analysis and Proposal for the Future of Alliance-O

Dr. Bernard LOTY
Agence de la Biomédecine

I. Alliance-O Analysis

The work conducted by Alliance-O was a comprehensive one. From the benchmarking perspective, we are now able to cover each step of the organ transplantation process. Since all the partners participated in each and every work package, the project's deliverables are all consensual.

The state-of-the-art analyses generally revealed significant discrepancies among partner countries, some of which cannot be easily explained.

National or regional funding is a priority factor for optimising different OT activities. Such funding is largely justified by the significant cost-effectiveness of OT. A French cost-analysis demonstrated that kidney transplantation is six times less expensive than dialysis treatment. For the French state, such a difference represented cost-savings in the range of € 3 billion in 10 years. On the other hand, the programmes funded by the government to increase procurement coordination personnel in 2000-2003 are in the range of € 2 million for three years.

Many of the Alliance-O proposals imply collaboration between Member States. The goal is not to obtain a uniform system, but to allow for more powerful strategies. We realised that most relevant tools are already available at least in one country, while no country possesses all tools. It is therefore our responsibility to share these tools and adapt them to local needs, in order to decrease the need for new investments.

II. Proposals for the Future

The Alliance-O partners feel it would not be useful to launch a second large-scale project. Rather, we would like to work on the operational aspects of the recommendations made, and on enlarging the consortium. We will focus on implementing national transplant activities at an operational level. Most importantly, we should avoid duplication of work undertaken by others (EU, EC, EOEO, and research projects such as DOPKI and ETPOD).

In the future, we will maintain a secretariat and a website on a voluntary basis. We will use technical groups on a voluntary basis, and participation will be open to additional organisations. Funding might be required for specific actions, such as the development of the allocation simulation tool.

We decided not to work on donor pool expansion and safety, since other groups are already working in these areas. We also have no plans regarding fundamental research at this point. However, we would like to continue collaborating on several aspects regarding allocation, quality and evaluation. While we will not examine ethics directly, we might deal with some of the more technical aspects, such as the development of tools that would enable a common approach with respect to children, non-residents, minorities, and double listings.

Round Table

All Participants

Bernadette HAASE-KROMWIJK, Dutch Transplant Organisation

We have recently launched a platform entitled: “Ethical, Legal, and Sociological Aspects of Organ Donation Transplantation”. Would it be possible to cooperate in that area?

Bernard LOTY, ABM

While we did not plan to work on this subject within Alliance-O, we will naturally be willing to cooperate on a less formal basis.

Participant

How could the results and recommendations of the different WPs be disseminated?

Bernard LOTY, ABM

Today, we provided you a CD and a white paper that contain all the deliverables. I have also verified that we face no restrictions on the use of our documentation. Thus, the different agencies could put the documents on their websites. I have also written a short press release, which might be useful for them.

Christian JACQUELINET, ABM

We also operate our own website. However, I believe that for some aspects, writing scientific papers might be the best way to share the knowledge.

Beatriz DOMINGUEZ-GIL, ONT

I believe the dissemination efforts should be tailored for the target. It is true that the best way to reach healthcare professionals is through scientific journals.

Alessandro NANNI-COSTA, CNT

The goal should be to diffuse and use the work as much as possible, although some basic agreement with respect to publications would be required. I believe Alliance-O could serve as an important reference point.

Marie-Emmanuelle BEHR GROSS, EDQM, Council of Europe

Several responsible of Council of Europe Member States requested access to Alliance-O data. We are therefore planning to put the white paper on our website. We might also send the data directly to representatives, and provide them instructions for disseminating it locally. If you would like us to send complementary documents, such as position papers, we would be glad to do so.

Stratos CHATZIXIROS, Greece

Do you believe the proposed supra-national organisations could be presented to the Committee of Ministers, and thereby be included in national legislations? This approach might be easier than proposing such initiatives directly to our governments.

Eduardo ZINCKE, EU Sanco Commission

This information will be taken into account in the development of the action plan the Commission is carrying out, and sent to our contact points in Member States. Furthermore, it might be useful to try and prepare a workshop on the dissemination of the project's results at the European Parliament. The timing is appropriate, since the Parliament is currently preparing an opinion on The Communication on Organ Donation and Transplantation.

Arnt JAKOBSEN, Scandiatransplant.

I would like to take this opportunity to congratulate the consortium on the fine work achieved. Serving on the Advisory Board was not always easy, but we feel our advice has been taken seriously. I believe the final document is impressive, and would be accessible for many people. Although some of the work has been duplicated, it is useful to have it combined in a single booklet, which I believe should become a reference for the organisation of OT activities.

Bernard LOTY, ABM

I would like to thank all the members of the Advisory Board for their helpful contributions.

Dino Alberto MATTUCCI, CNT

What are the possibilities for future coordination with DOPKI?

Bernard LOTY, ABM

Since many people participate in both Alliance-O and DOPKI, we would like to avoid duplication. When the DOPKI project will be completed in 2008, its team will be obliged to consider its future. One possibility is that DOPKI will join the Alliance-O Group, and share a common secretariat. Any coordination will be conducted on a voluntary basis. The French agency, for example, does not consider ethics a priority at the moment, but prefers focusing on quality, evaluation and allocation. However, its priorities might change in the coming years. Is it the way you see it, Alessandro?

Alessandro NANNI-COSTA

Quality is a key priority for us as well. Furthermore, we would also like to establish a single European group that addresses safety questions. Currently, Alliance-O, DOPKI and a Council of Europe team are all addressing this issue. Obviously, this European group should be open to all, and not become a 'private club' of southern or western countries.

Bernard LOTY, ABM

I believe these questions will become clearer as we progress. The next Alliance-O meeting will be held in Bristol in April 2008, and hosted by the UK team. We are pleased to invite the EOEO, the Commission and the Council of Europe to the meeting, in order to avoid work duplication. Finally, I would like to thank you all for attending this meeting.