

EUROPEAN DAY FOR ORGAN DONATION AND TRANSPLANTATION

Poland, October 8th 2022

www.eodd2022.eu





European Day for Organ Donation and Transplantation (EODD) Warsaw, Poland, October 8th 2022

Venue: Hotel Bellotto, ul. Senatorska 13/15, Warszawa, www.hotelbellotto.pl

Press conference 9.00 – 10.00

- | | | |
|---------------------|---|--|
| Marta Lopez-Fraga | - | EDQM, Council of Europe |
| Jarosław Czerwiński | - | Medical Director of Poltransplant |
| Maciej Miłkowski | - | Vice-Minister of Health of The Republic of Poland |
| Maciej Kosieradzki | - | Department of General and Transplant Surgery, Medical University of Warsaw |
| Joanna Prorok | - | Heart transplant recipient |

Transplant Conference 10.15 – 14.00

10.15 - 10.30 Introductory remarks		
Artur Kamiński		Director of Poltransplant
Magdalena Kramska		Head of Transplantation Unit of The Ministry of Health
Petra Dörr		Director of the European Directorate for the Quality of Medicines & HealthCare (EDQM, Council of Europe)
10.30 - 11.30 Practices in the field of post-Covid development of organ and tissues donation and transplantation		
10.30-10.50	Spanish policies of post-covid recovery and development of donation and transplant program	<i>Beatriz Dominguez-Gil (ONT, Spain)</i>
10.50-11.10	Italian policies of post-Covid recovery and development of donation and transplant programs	<i>Massimo Cardillo (CNT, Italy)</i>
11.10-11.30	Poltransplant Recommendations on Organ and Tissue Donation and Transplantation in the COVID-19 Era	<i>Jarosław Czerwiński (Poltransplant, Poland)</i>
11.30 - 12.00 Coffee break		
12.00 - 13.00 Experience in donation after circulatory determination of death		
12.00-12.15	Spanish pathways	<i>Beatriz Dominguez-Gil (ONT, Spain)</i>
12.20-12.40	French experience	<i>Corinne Antoine (Agence de la biomédecine, France)</i>
12.40-13.00	Dutch practices	<i>Wojciech Polak (Erasmus MC, Transplant Institute, University Medical Center Rotterdam, The Netherlands)</i>
13.00 - 14.00 Transplant registries in Europe; web-netted tools for quality, monitoring and transparency in transplantation medicine		
13.00-13.20	Experience in management of waiting list for organ transplantation	<i>Axel Rahmel (DSO, Germany, Eurotransplant)</i>
13.20-13.40	Design and functionalities of Italian transplant registries	<i>Massimo Cardillo (CNT, Italy)</i>
13.40- 14.00	e-Transplant; a comprehensive IT tool for monitoring the transplant space	<i>Paweł Kozłowski (e-Health Center, Poland)</i>
14.00 Lunch		

Spanish policies for post-COVID-19 recovery and development of donation and transplant programs

European Organ Donation Day
Warsaw, Poland
7 October 2022

Beatriz Domínguez-Gil, MD, PhD
Directora General
Organización Nacional de Trasplantes, España

Global Donation and Transplantation 2021 Estimates

Kidney	Liver	Heart	Lung	Pancreas	S Bowel
89 244	33 105	8 232	6 301	1 986	172

≈ 139 040 solid organ transplants

≈ 13.6% increase vs 2020

≤ 10% of global needs

37% live kidney transplants

20% live liver transplants

37 653 deceased donors (29 110 DBD and 8 543 DCD)



May 2010. Resolution 63.22

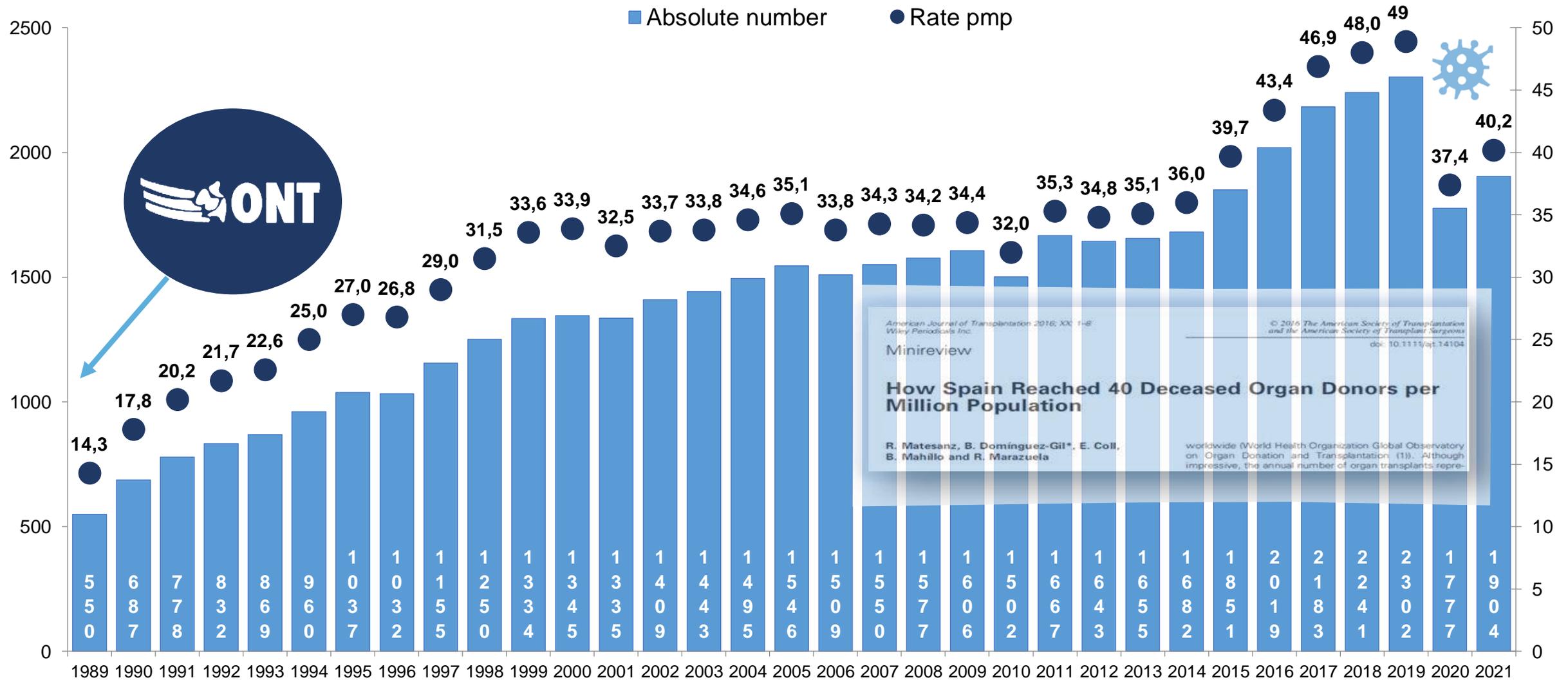


63 WORLD HEALTH ASSEMBLY
Human organ and tissue transplantation

URGES MEMBERS STATES

“to strengthen national and multinational authorities and/or capacities to provide oversight, organization and coordination of donation and transplantation activities, with special attention to maximizing donation from deceased donors and to protecting the health and welfare of living donors with appropriate health-care services and long-term follow up”

DECEASED DONATION IN SPAIN



Source: Organización Nacional de Trasplantes

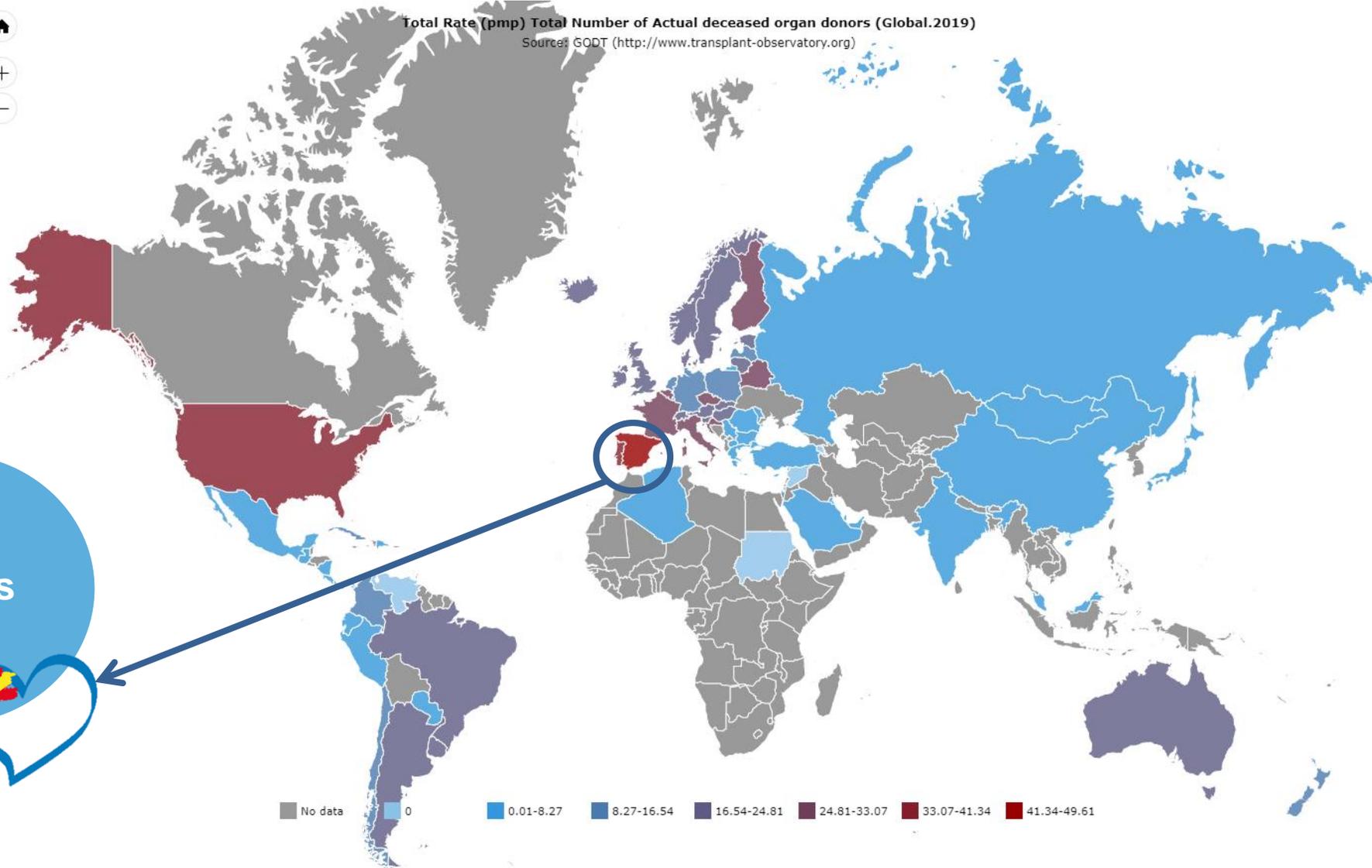
<http://www.transplant-observatory.org/>

Donors
pmp 2019

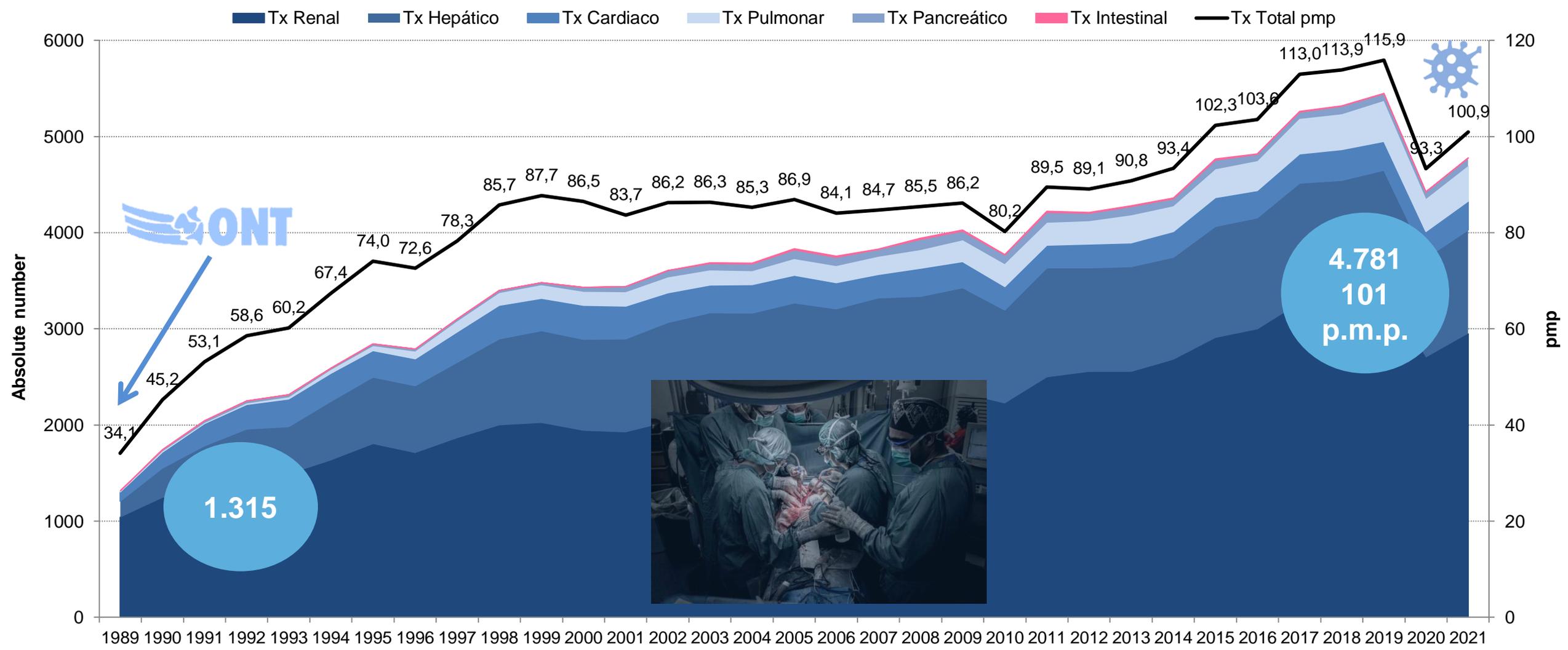


Total Rate (pmp) Total Number of Actual deceased organ donors (Global.2019)
Source: GODT (<http://www.transplant-observatory.org>)

49.0
donors
pmp

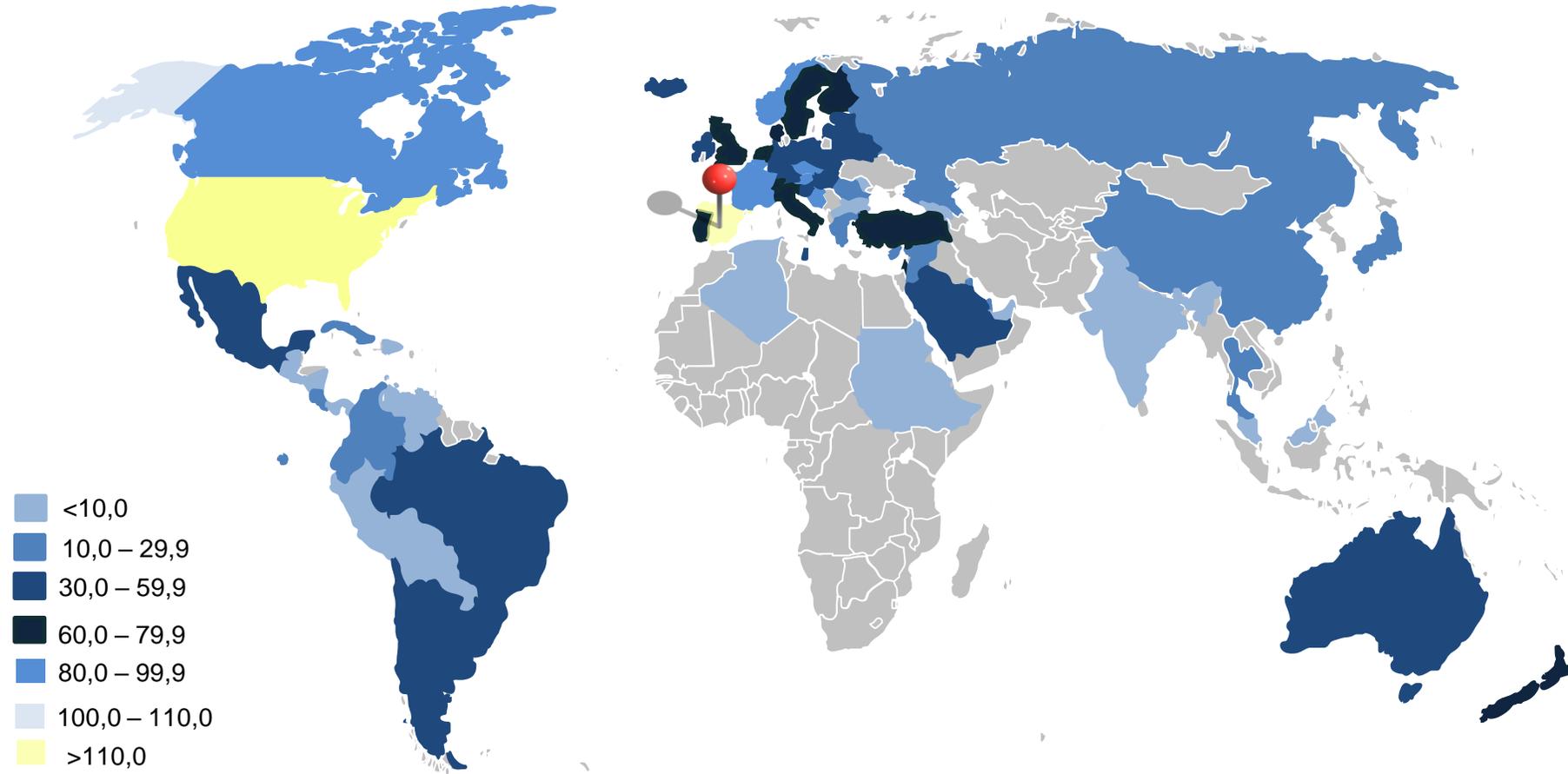


SOLID ORGAN TRANSPLANT IN SPAIN 1989-2021



Source: Organización Nacional de Trasplantes

TRANSPLANT PATIENTS PMP 2019



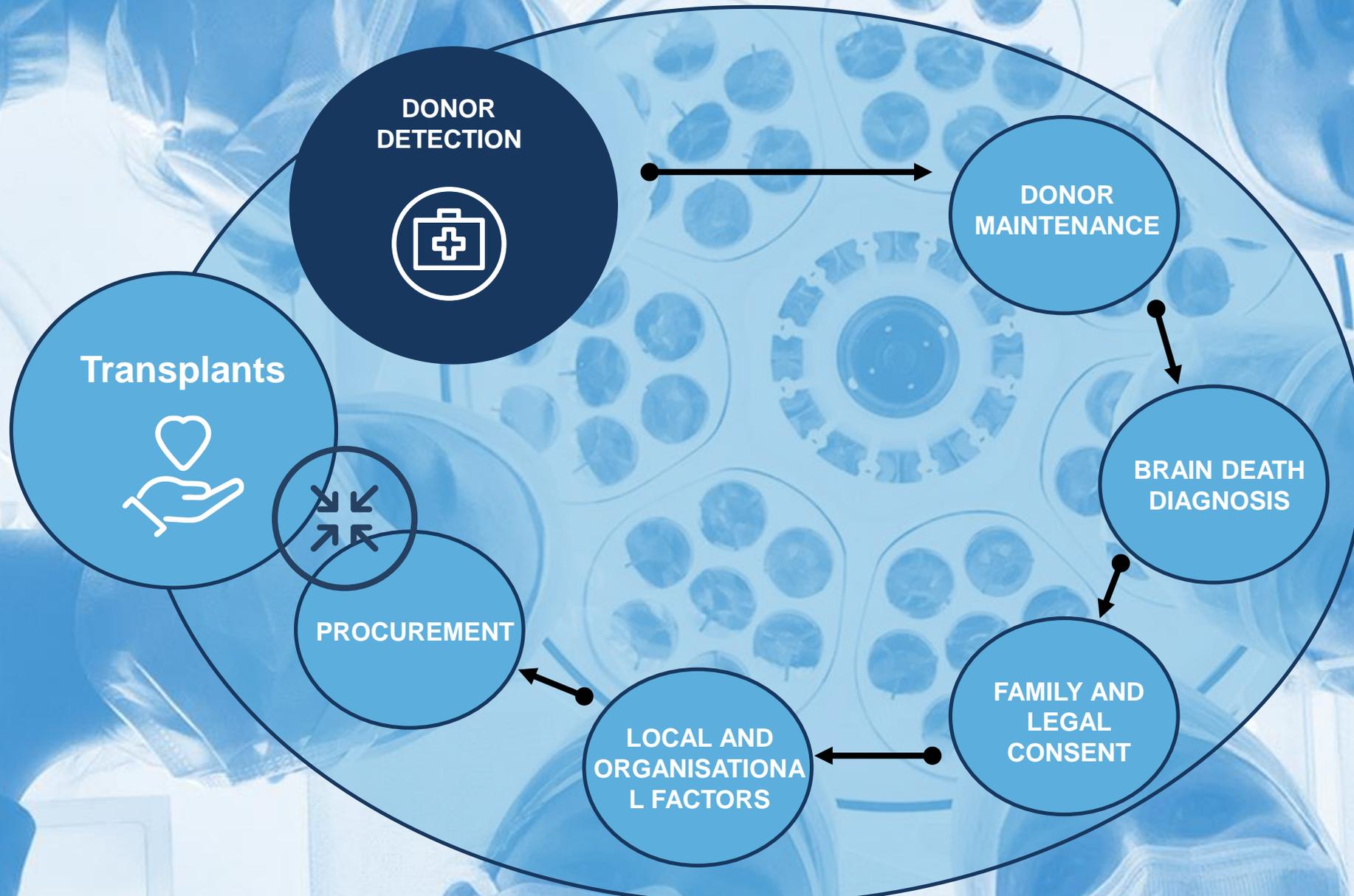


GOBIERNO DE ESPAÑA

MINISTERIO DE SANIDAD



THE PROCESS OF DONATION AFTER BRAIN DEATH



Improvements in donation and transplantation



Improvements in organization

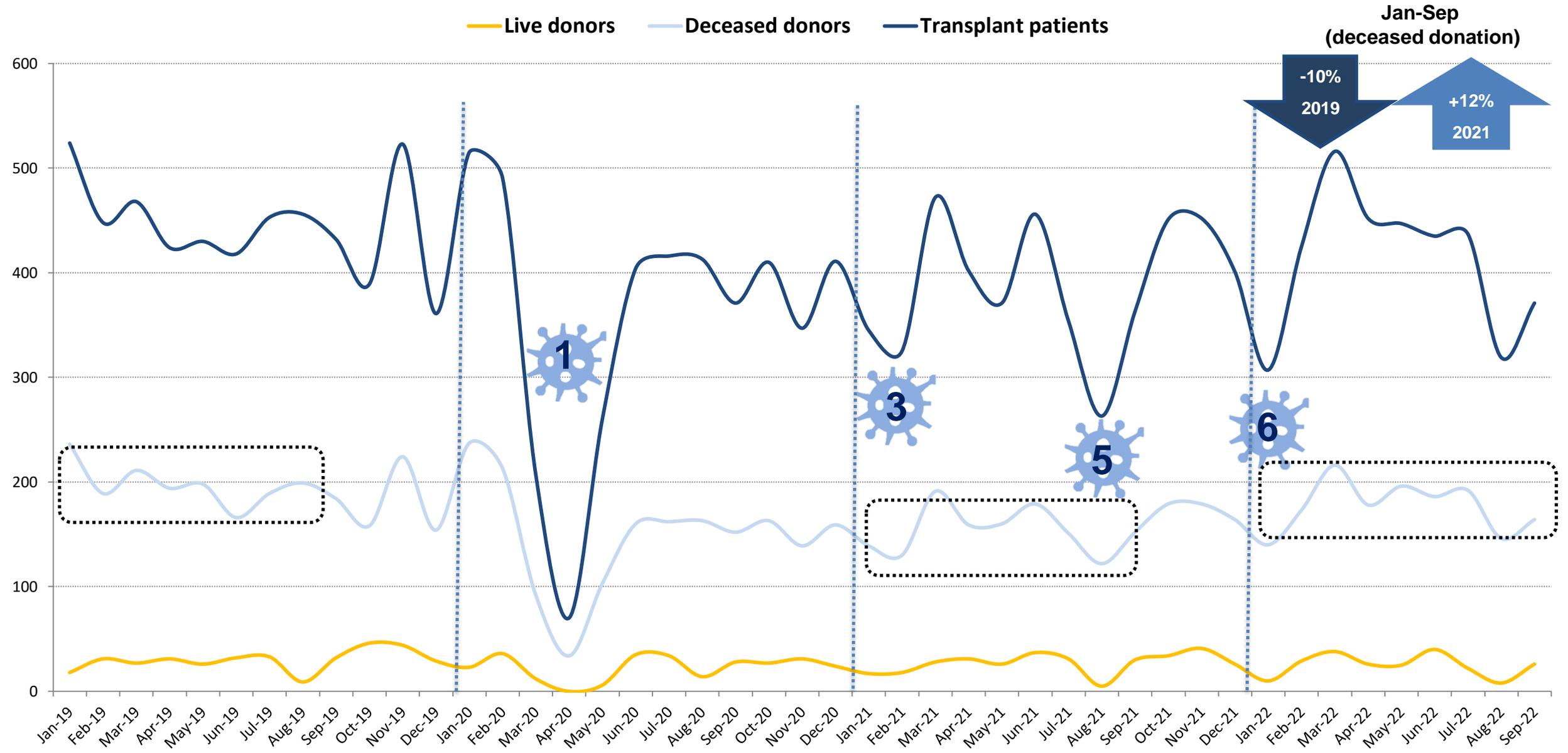
At these points together

- 01 Adequate legal & technical background
- 02 Donor coordination network
- 03 Special profile of donor coordinator
- 04 Donor coordinators inside the hospitals
- 05 Central Office (ONT) as a support agency
- 06 Continuous potential donor audit
- 07 Great effort in professional training
- 08 Hospital reimbursement
- 09 Continuous attention to the mass media



2020

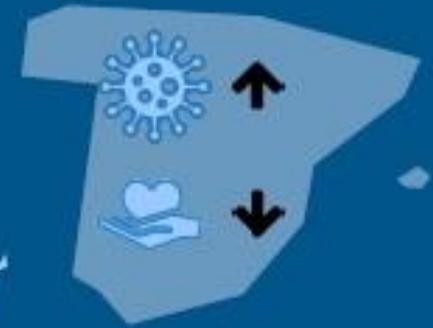
EVOLUTION OF SOLID ORGAN & TRANSPLANT ACTIVITIES IN SPAIN DURING THE COVID-19 ERA



DONATION AND TRANSPLANTATION DURING COVID-19

Spanish experience

Dramatical decrease of donation & transplantation activity during the critical early weeks



The program has recovered and is now rebuilding in the context of COVID-19

FOUR PILLARS UPON WHICH THE SPANISH DONATION AND TRANSPLANTATION PROGRAM IS BEING REBUILT

1



Standards developed and updated for the evaluation and selection of potential donors and recipients regarding SARS-CoV-2

2



Generation of evidence:
 - No case of donor-derived COVID-19 reported
 - More frequent and more aggressive course of COVID-19 in recipients of solid organ transplant than in the general population

3



Recommendations for the management of transplant recipients and candidates on the waiting list

4



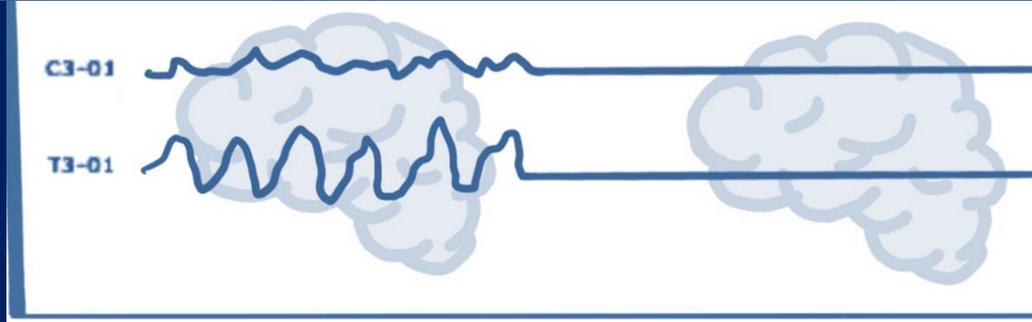
Guidance for centers to manage donation and transplantation programs

WHAT'S
NEXT?

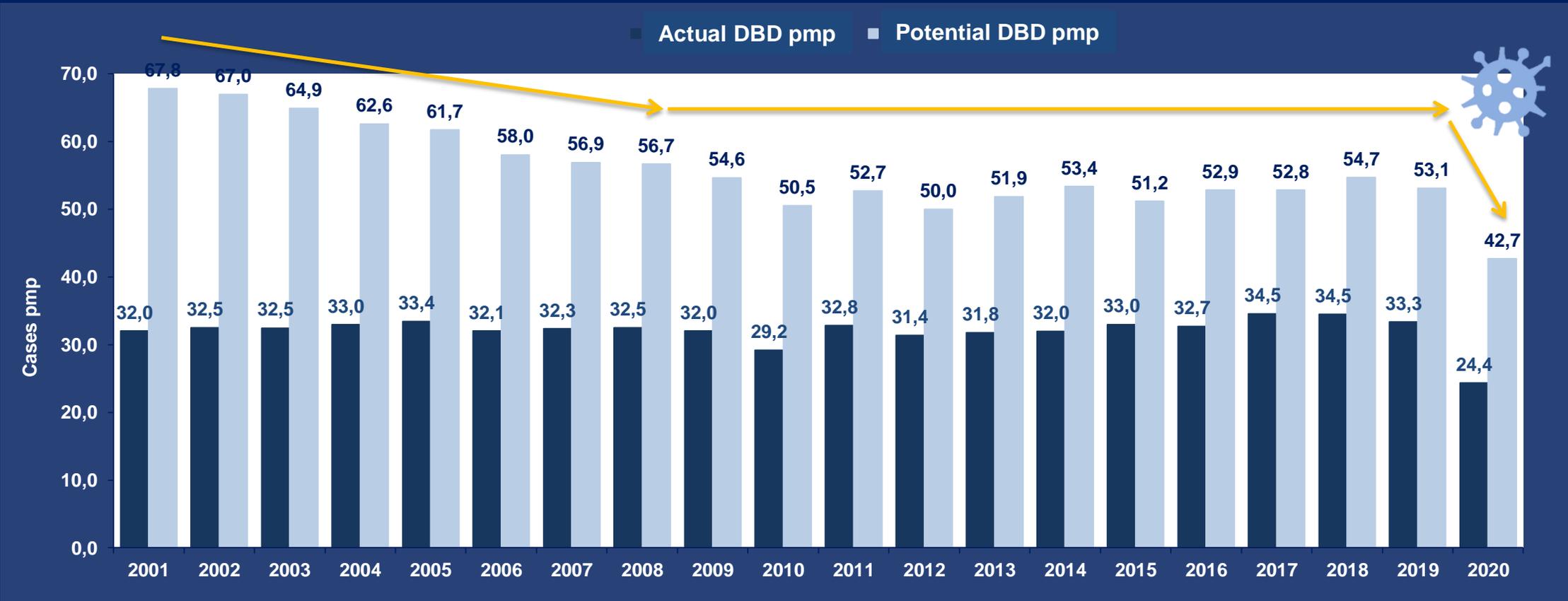


DECREASE IN THE POOL OF POTENTIAL DBD DONORS

50 years
60% CVA



60 years
66% CVA



Source: Organización Nacional de Trasplantes (Programa Garantía de Calidad)

STRATEGY 2018-2022

Intensive care to facilitate organ donation

Participation of private health care in organ donation

Live organ donation

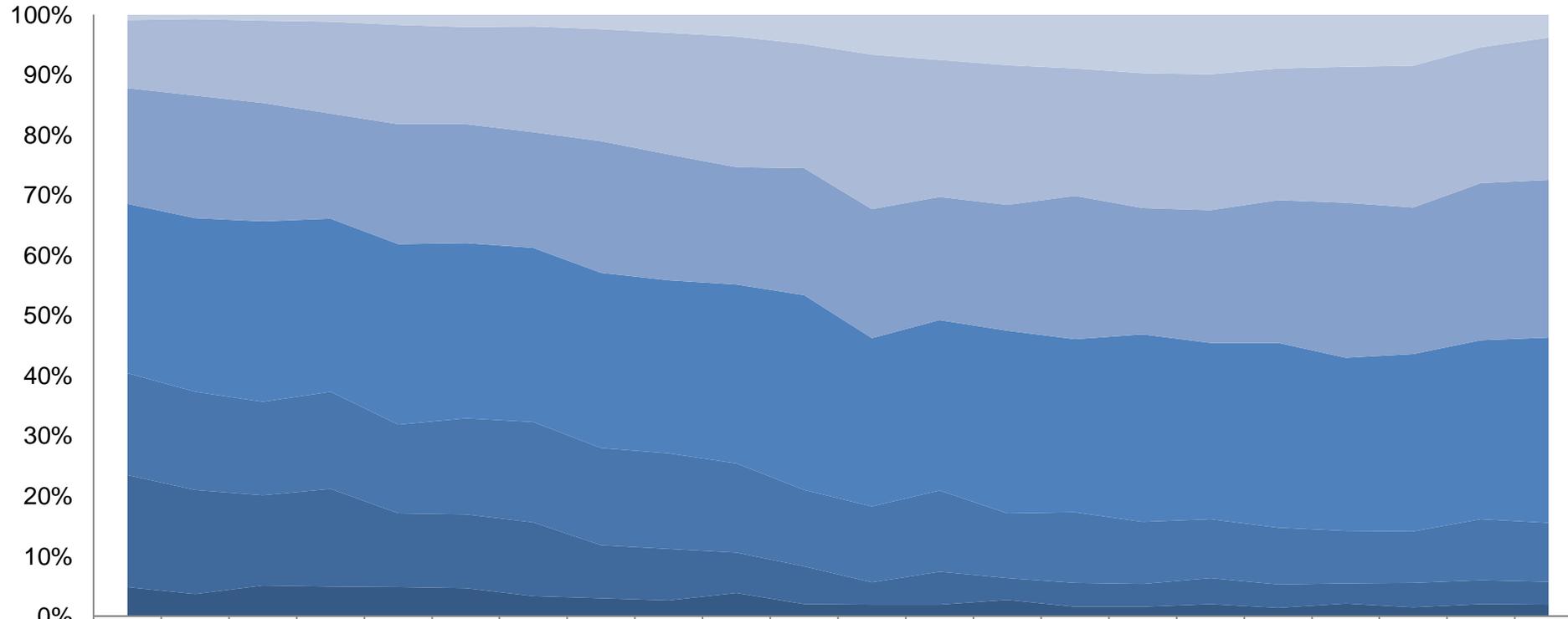
Expanded criteria and non standard risk donors

Donation after circulatory death

Pediatric donation

50 X 22

DECEASED DONOR AGE



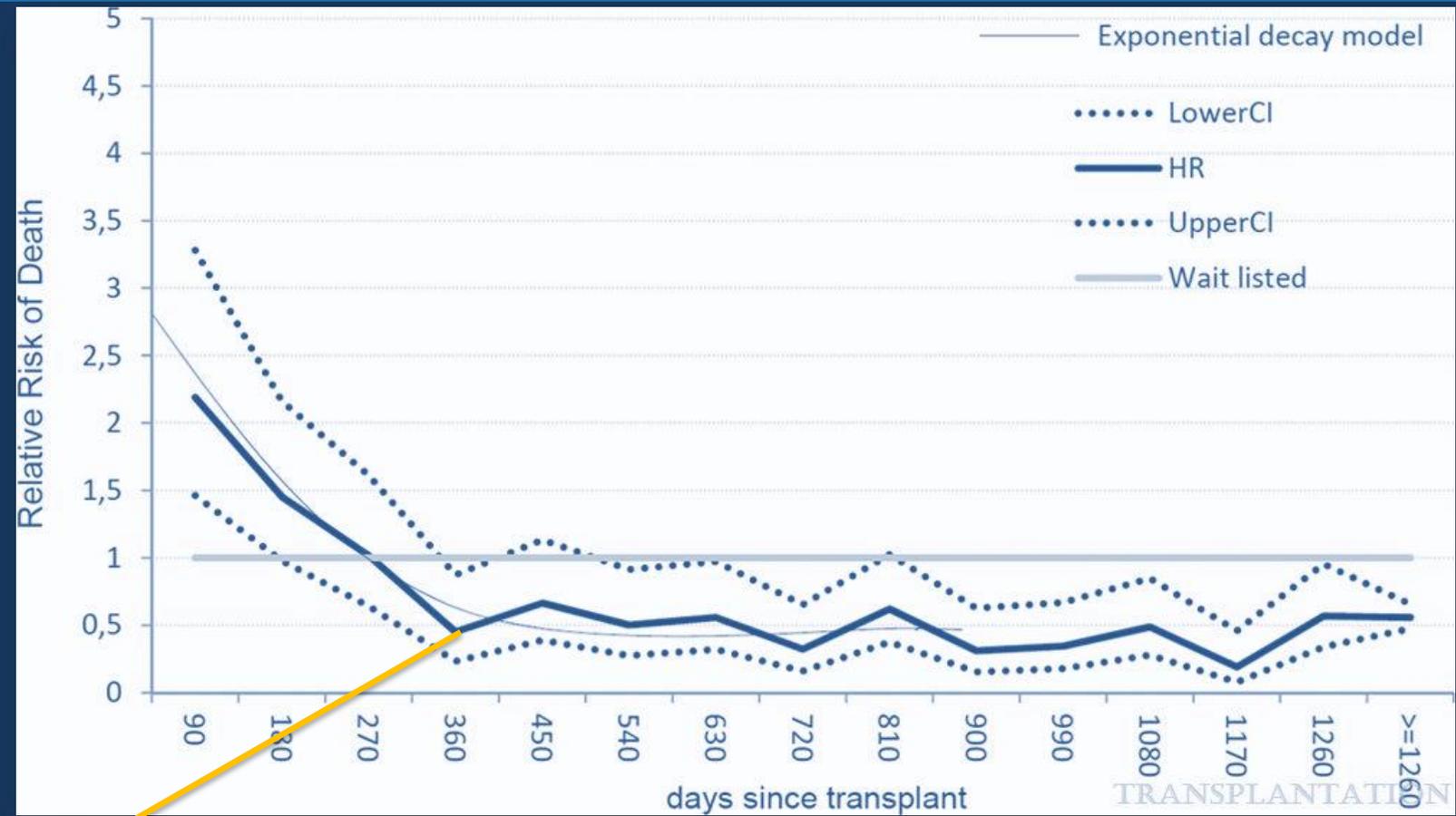
MORE THAN HALF OF DONORS ≥ 60 YEARS, 28% ≥ 70 YEARS 4% ≥ 80 YEARS

Mean age 59 years

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
≥ 80 years	0,9	0,7	1	1,2	1,7	2,1	2	2,4	3	3,7	4,9	6,7	7,5	8,4	8,9	9,7	9,9	8,9	8,7	8,5	5,4	3,8
70-79 years	11,3	12,7	13,7	15,2	16,5	16,1	17,6	18,6	20,2	21,7	20,6	25,7	22,8	23,2	21,2	22,5	22,6	21,9	22,6	23,6	22,6	23,7
60-69 years	19,2	20,4	19,7	17,5	19,9	19,8	19,2	21,9	20,9	19,5	21,1	21,4	20,5	20,9	23,8	21	22,1	23,7	25,8	24,3	26,1	26,2
45-59 years	28,1	28,8	30	28,7	30	29,2	29	29,1	28,7	29,8	32,4	28	28,4	30,4	28,7	31,1	29,3	30,7	28,8	29,5	29,8	30,9
30-44 years	17	16,3	15,5	16,2	14,7	16	16,7	16,1	15,8	14,8	12,7	12,7	13,5	10,8	11,8	10,3	9,8	9,4	8,7	8,6	10,1	9,8
16-29 years	18,6	17,2	15	16,2	12,3	12,2	12,3	8,8	8,6	6,7	6,3	3,7	5,5	3,6	3,9	3,8	4,3	3,9	3,4	4	4	3,8
< 16 years	4,8	3,7	5,1	4,9	4,8	4,7	3,3	3	2,6	3,9	2	1,9	1,9	2,7	1,6	1,6	2	1,4	2,1	1,5	2	1,9

15.5%

At 12 months, the RR of death among recipients ≥ 60 years with a first kidney transplant from a donor ≥ 60 years was significantly lower than patients who remained in dialysis waitlisted



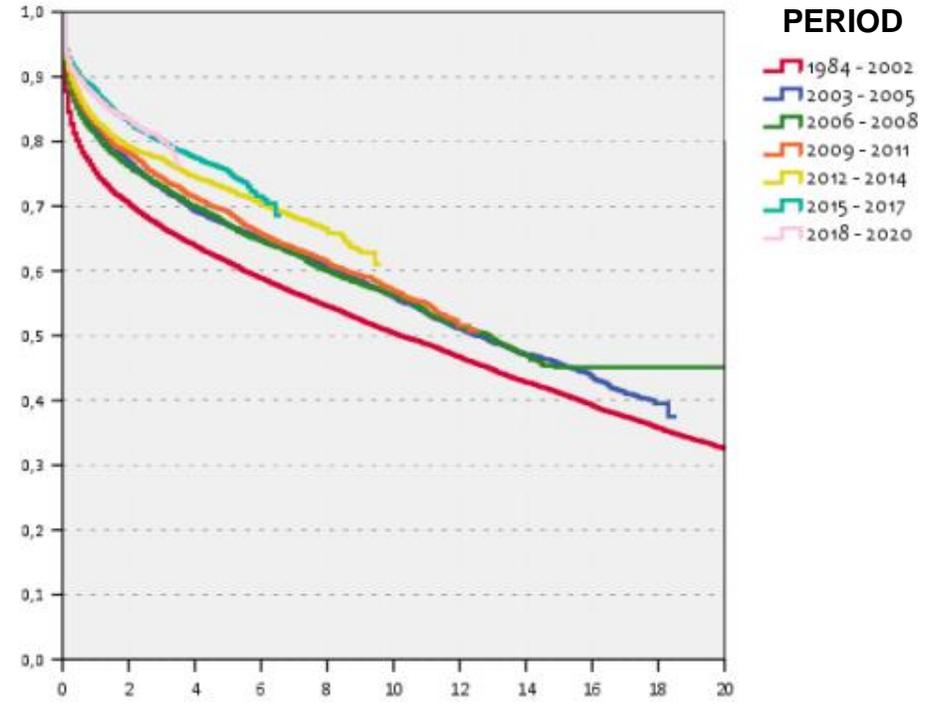
Relative risk of death at 12 mo after kidney transplantation in 2 donor age groups (60–79 y and ≥ 80 y), compared to remaining on dialysis on the waiting list

	Adjusted HR mortality risk from donor 60–79 y ^a ; (n = 1084)	P	Adjusted HR mortality risk from donor ≥ 80 y ^a ; (n = 128)	P
Global	0.50 (0.44–0.58)	<0.001	0.54 (0.38–0.77)	0.001

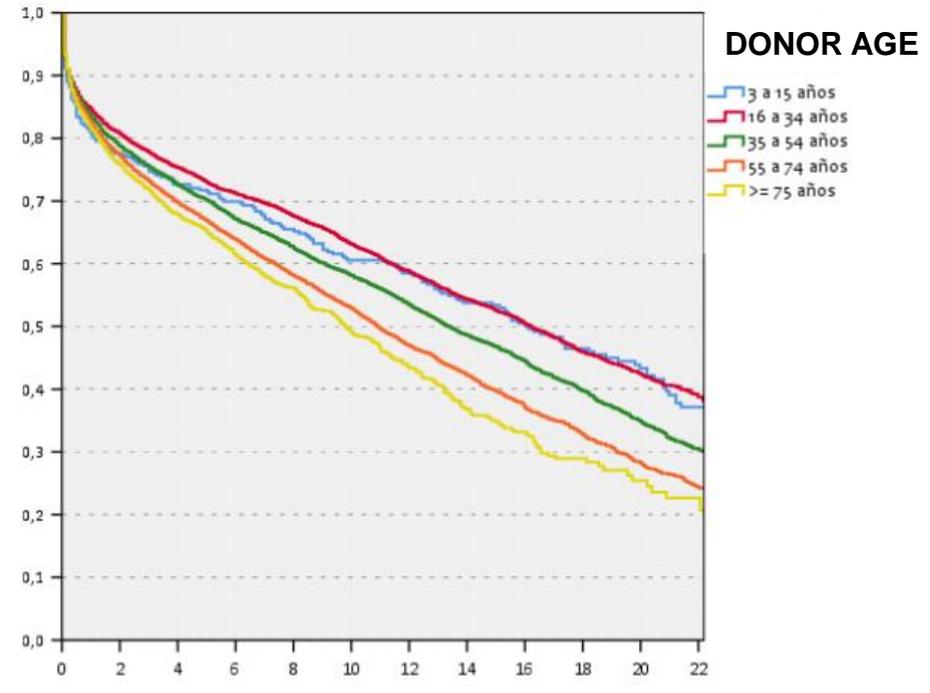
LIVER TRANSPLANT OUTCOMES IN SPAIN 1984-2020

<http://www.ont.es/infesp/Registros/MEMORIA%20RETH%202020.pdf>

GRAFT SURVIVAL BY TRANSPLANT PERIOD



GRAFT SURVIVAL BY DONOR AGE (ONLY ADULTS & ELECTIVE)



Survival (> 25,000)	1 month	3 months	1 year	3 years	5 years	10 years	15 years	20 years
Patient	94.6%	91.5%	86.1%	78.7%	73.4%	62.3%	51.8%	42.4%
Graft	92.3%	88.4%	82.4%	75.1%	70.2%	59.2%	49.4%	40.3%

2019

documento de consenso para la valoración de donantes con serología positiva para el virus de la hepatitis c

ONT - AEEH - GESITRA - SEC - SEN - SEPAR - SET - SETH

Grupo de Consenso para la valoración de donantes virus C
Abril 2019



MINISTERIO DE SANIDAD,
CONSUMO Y BIENESTAR SOCIAL

Organización Nacional de Trasplantes

DOCUMENTO DE CONSENSO SOBRE LA EVALUACIÓN DEL DONANTE DE ÓRGANOS PARA PREVENIR LA TRANSMISIÓN DE ENFERMEDADES NEOPLÁSICAS

Este documento representa la traducción al castellano del Capítulo 9 de la Guía del Consejo de Europa sobre la Calidad y la Seguridad de los Órganos Humanos destinados a Trasplante en su 7ª Edición (<https://www.edqm.eu/en/organs-tissues-and-cells-technical-guides>), relativo al riesgo de transmisión de tumores a través del trasplante de órganos. De detectarse alguna discrepancia entre este documento traducido y el capítulo en su versión inglesa, siempre predominará el texto original. A pie de página se incluyen aclaraciones para la interpretación del documento en su aplicación a la realidad española.

Con fecha 25 de Septiembre de 2019, la Comisión de Trasplantes del Consejo Interterritorial del Sistema Nacional de Salud adoptó este documento como guía de referencia oficial para la evaluación del donante de órganos con respecto a la transmisión de enfermedades neoplásicas en España.

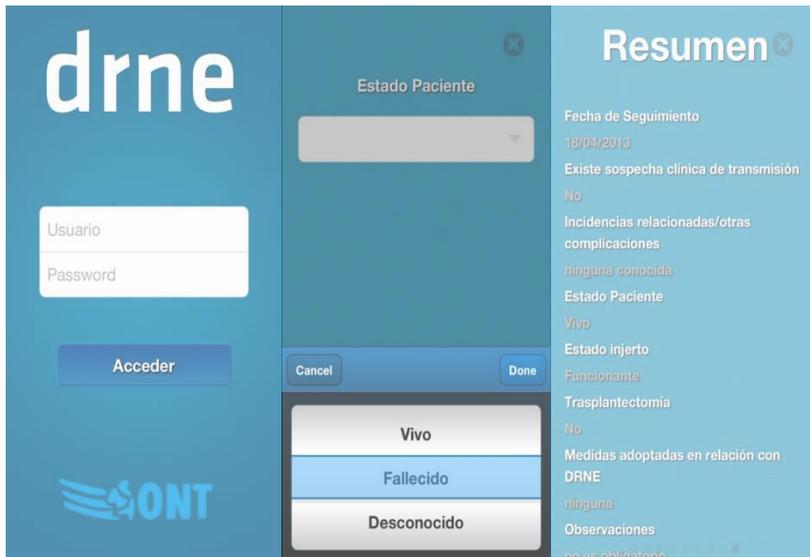
Septiembre 2019



Documento de Consenso del Grupo de Estudio de la Infección en el Trasplante (GESITRA) perteneciente a la Sociedad Española de Enfermedades Infecciosas y Microbiología Clínica (SEIMC) y la Organización Nacional de Trasplantes (ONT) sobre los Criterios de Selección del Donante de Órganos Sólidos en Relación a las Enfermedades Infecciosas

2019

SPECIFIC FOLLOW-UP OF PATIENTS AT RISK



NON-STANDARD RISK DONORS (RISK KNOWN BEFORE TX)

- ✓ Prospective follow-up of recipients
- ✓ Minimum data set
- ✓ Frequency depending on the conditions in the donor
- ✓ Coordinators/transplant teams
- ✓ Mobile devices/PC

BIOVIGILANCE (RISK KNOWN AFTER TX)

- ✓ Alert
- ✓ Investigate
- ✓ Manage
- ✓ Prospective follow-up of recipients

MINISTERIO DE SANIDAD, CONSUMO Y BIENESTAR SOCIAL

ANEXO I. FICHA DE NOTIFICACIÓN DE EVENTO ADVERSO

CENTRO QUE DECLARA:	
COMUNIDAD AUTÓNOMA:	
FECHA DE NOTIFICACIÓN (dd/mm/aaaa):	

1. Persona que notifica y Responsable de Biovigilancia de centro

A rellenar por la persona que notifica		A rellenar por el Responsable de Biovigilancia de centro (RBC)	
Identidad de la persona que notifica		Identidad de la RBC	
Apellido:	Nombre:	Apellido:	Nombre:
Cargo:	Datos de contacto	Cargo:	Datos de contacto
Teléfono:	Fax:	Teléfono:	Fax:
Fax:	E-mail:	E-mail:	Dirección postal:
Dirección postal:			
		<input type="checkbox"/> Notificación inicial <input type="checkbox"/> Notificación de seguimiento (especificar número)	

FMCS - SIST. NAC. DE NOTIFICACIÓN Y GESTIÓN DE REACCIONES Y EVENTOS ADVERSOS EN DON Y TX DE ÓRGANOS - BIOVIGILANCIA DE ÓRGANOS

MINISTERIO DE SANIDAD, CONSUMO Y BIENESTAR SOCIAL

ANEXO III. INFORME DE CASO DE BIOVIGILANCIA

REFERENCIA: CÓDIGO DE BIOVIGILANCIA - CÓDIGO DOCUMENTO	
TEMA DE EMISIÓN DE INFORME	
DESTINATARIOS DEL INFORME	
Centro de obtención de órganos: Centro de trasplante de órganos: Coordinación Autonómica de Trasplantes: Autoridades Competentes de otros Estados: Miembros de la UI y de Terceiros Países	
INFORMACIÓN SOBRE EL CENTRO QUE NOTIFICA	
DONANTE, RECEPTORES IMPLICADOS Y ORGANISMO/INSTITUCIÓN TRASPLANTADORA (si aplica) (CONE/CAT)	
DESCRIPCIÓN DEL CASO	
RESULTADO DE LA INVESTIGACIÓN	
MEDIDAS PREVENTIVAS, TERAPÉUTICAS Y CORRECTIVAS ADOPTADAS	
CONCLUSIÓN DEL CASO <input type="checkbox"/> SEGUIMIENTO, EN CASO NECESARIO	
FIRMA DE RESPONSABLE/RESPONSABLES DEL INFORME	

El responsable de la persona que notifica debe presentar el informe y su documentación adjunta a los equipos de trasplante relacionados con el caso notificado de la oficina de biovigilancia. Así mismo, deberá garantizar la recepción de dicha información por parte de los responsables médicos de cada uno de los pacientes implicados. La Organización Nacional de Trasplantes colaborará con las autoridades del hospital de los receptores de los trasplantes implicados en caso de recibir información relevante y para recabar la información necesaria para completar el estudio y la evolución del caso.

FMCS - SIST. NAC. DE NOTIFICACIÓN Y GESTIÓN DE REACCIONES Y EVENTOS ADVERSOS EN DON Y TX DE ÓRGANOS - BIOVIGILANCIA DE ÓRGANOS

HCV + DECEASED DONORS (2014- 2021)

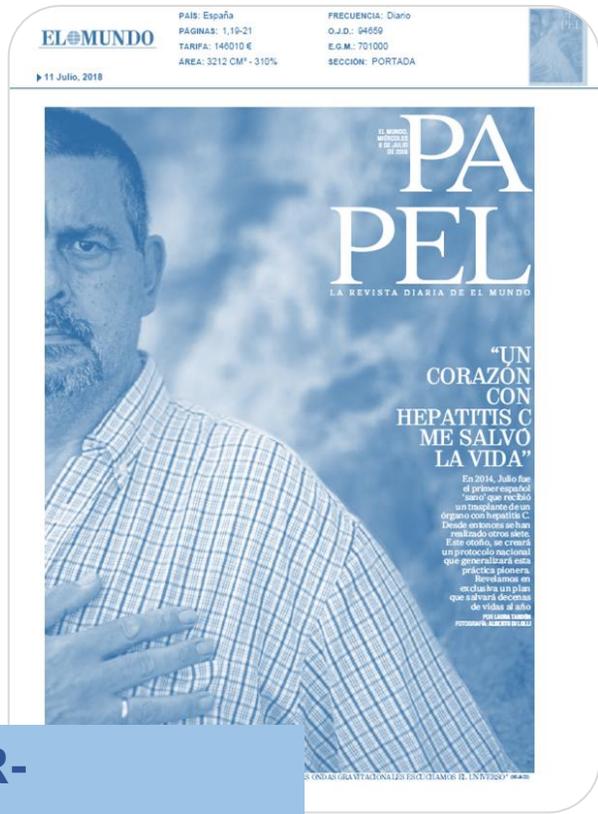
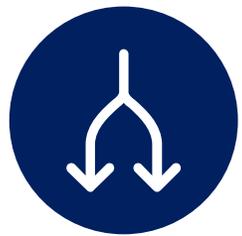
Donors with a positive serology for HCV whose organs were used into recipients with a negative HCV serology (or previously treated)

2019

documento de consenso para la valoración de donantes con serología positiva para el virus de la hepatitis c

ONT - AEEH - GESITRA - SEC - SEN - SEPAR - SET - SETH

113 DONORS HCV +
(2014: 1; 2016: 1; 2017: 6; 2018:23;
2019:23; 2020:27; 2021:32)



24 donors Anti-HCV+ PCR+

- ✓ 36 kidney transplants
- ✓ 3 liver transplants
- ✓ 2 lung transplants
- ✓ 3 heart transplants

44 recipients

89 donors Anti-HCV+ PCR-

- ✓ 149 kidney transplants
- ✓ 20 liver transplants
- ✓ 14 lung transplants
- ✓ 9 heart transplants

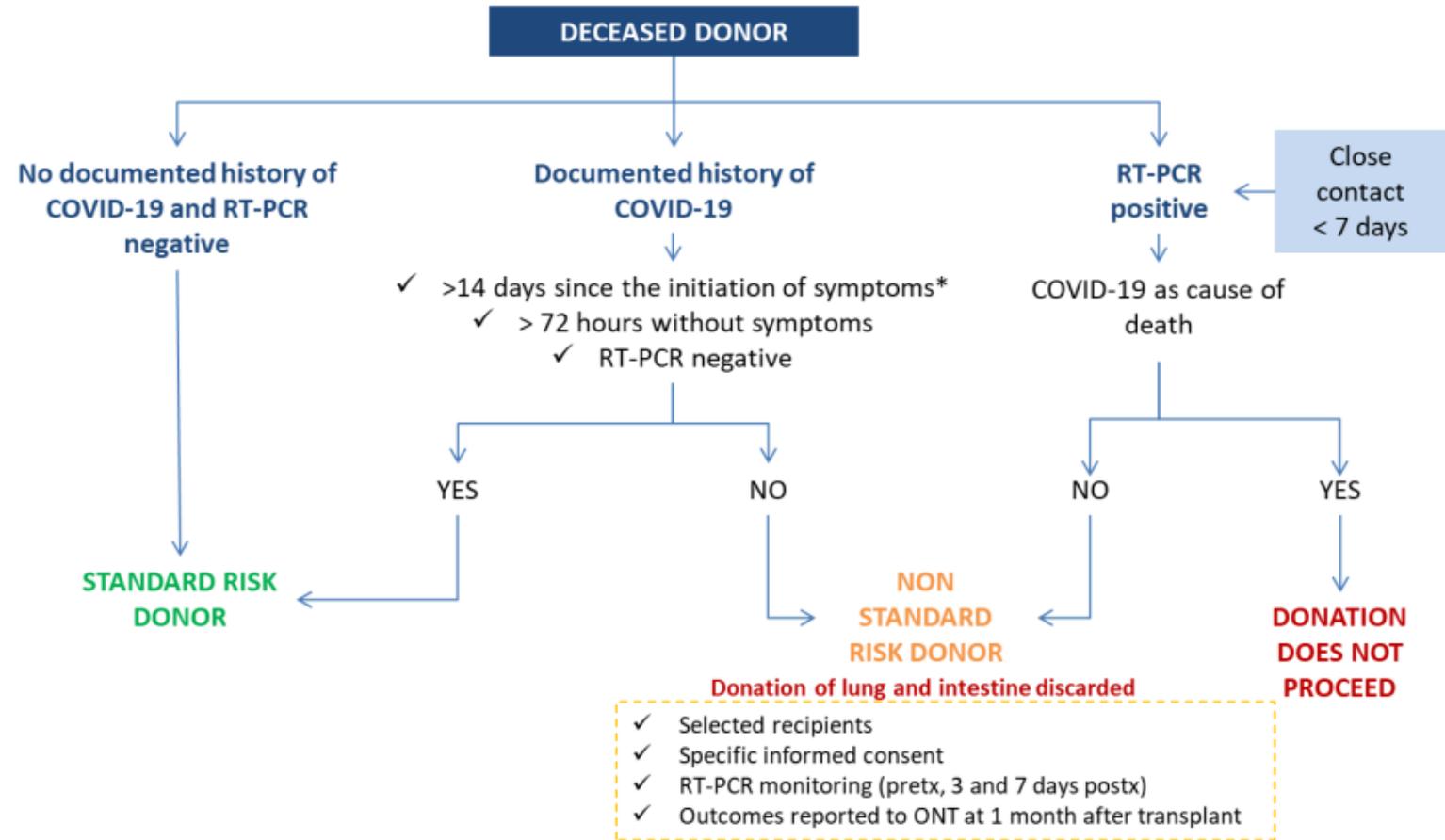
192 recipients

COVID-19: STANDARDS FOR TDONOR EVALUATION AND SELECTION

PCR in sputum of lower respiratory tract*/ NPS <24h donation

*mandatory in case of donation of lung or small bowel or in case of donors with pneumonia

N=128 transplants (80 kidney, 32 liver, 13 heart, 2 liver-kidney, 1 heart-kidney) from donors SARS-CoV-2 PCR positive, with no donor-derived COVID-19 cases



*This period will be extended to 21 days if absence of symptoms cannot be evaluated and in case of lung or intestine donation.

Late complications of COVID-19 (e.g. thrombotic phenomena) not included. These sequelae are not considered absolute contraindications to organ donation and will be considered carefully on an individual basis.

SPANISH EXPERIENCE WITH DONOR CANCER 2013-2018

10,076 UTILIZED DECEASED ORGAN DONORS

275 DONORS WITH CANCER KNOWN BEFORE TX (2.7%)

23 intermediate/10 high risk

651 RECIPIENTS

- ✓ 354 kidney; 193 liver; 42 heart; 44 lung; 1 pancreas; 11 pancreas-kidney; 6 liver-kidney

Median follow-up: 24 (IQR: 19-25) months

NO DTC REPORTED

64 DONORS WITH CANCER KNOWN AFTER TX (0.6%)*

5 intermediate/11 high/11 unacceptable risk

126 RECIPIENTS

- ✓ 57 kidney; 39 liver; 10 heart; 16 lung; 3 liver-kidney; 1 pancreas-kidney

*36 (56%) RCC identified at back-table surgery

26 (IQR: 22-37) months

**NO DTC REPORTED
5 PROPHYLACTIC TRANSPLANTECTOMIES**

10 DONORS DERIVING IN DTC (0,1%)

ALL UNKNOWN in the donor

25 RECIPIENTS

- ✓ 14 kidney; 6 liver; 2 liver.kidney; 2 lung; 1 heart
- ✓ Lung (9); duodenal (2); RCC (2); cholangiocarcinoma (1); prostate (1); undifferentiated (1)

30 (IQR: 17-52) months

**16 DTC REPORTED
10 GRAFT LOSSES AND
9 DEATHS RELATED**

STRATEGY 2018-2022

Intensive care to facilitate organ donation

Participation of private health care in organ donation

Live organ donation

Expanded criteria and non standard risk donors

Donation after circulatory death

Pediatric donation

50 X 22

What I talk about when I talk about... Intensive Care to facilitate Organ Donation



the initiation or continuation of intensive care measures (e.g. admission to the ICU, respiratory support, haemodynamic support)



in patients with devastating brain injury (imminent risk of death of a neurologic cause) in whom intensive care with a therapeutic purpose has been deemed futile



who are considered possible donors (BD is likely to occur within a short period of time and there are no apparent medical contraindications to organ donation)



in order to incorporate the option of DBD into their end-of-life care pathway

STANDARDS FOR THE PRACTICE OF ICOD

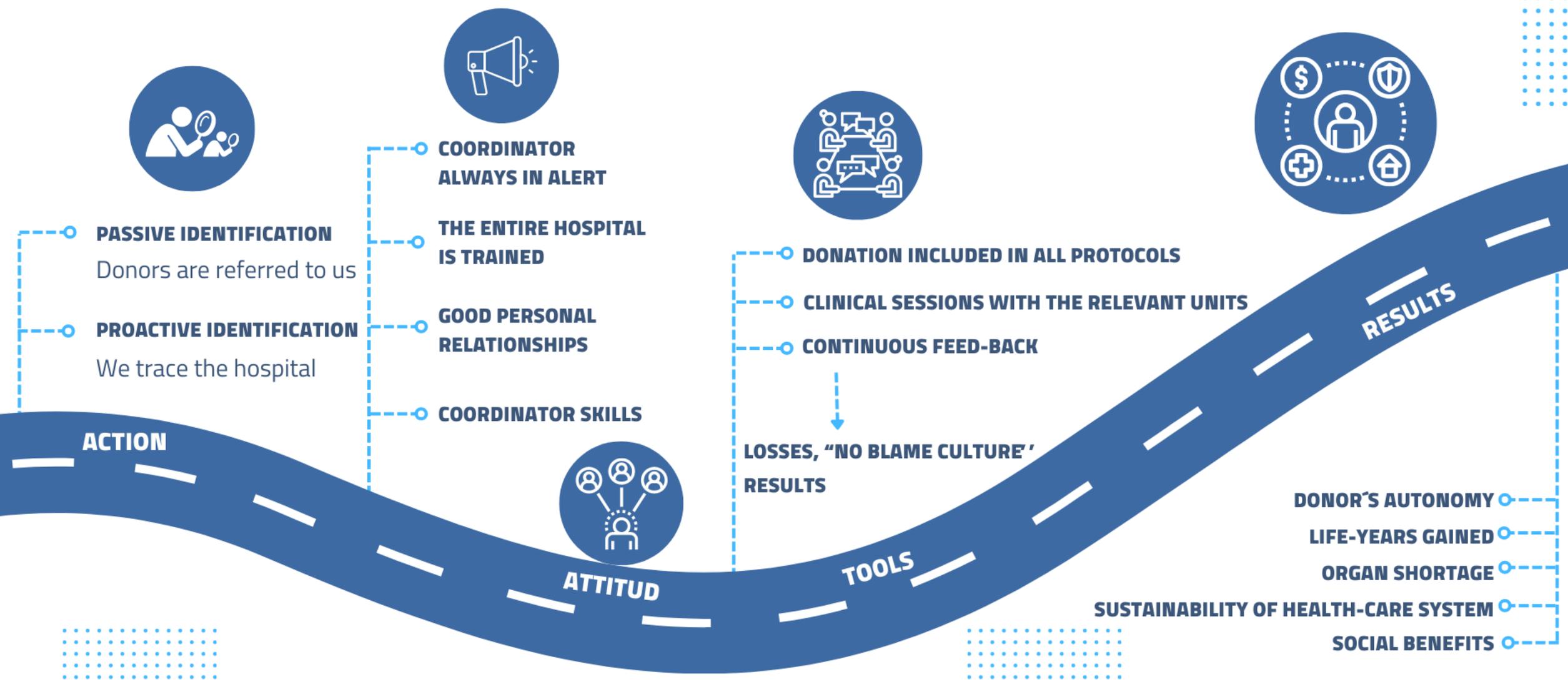


> 9 700 emergency care professionals (2009-2020)



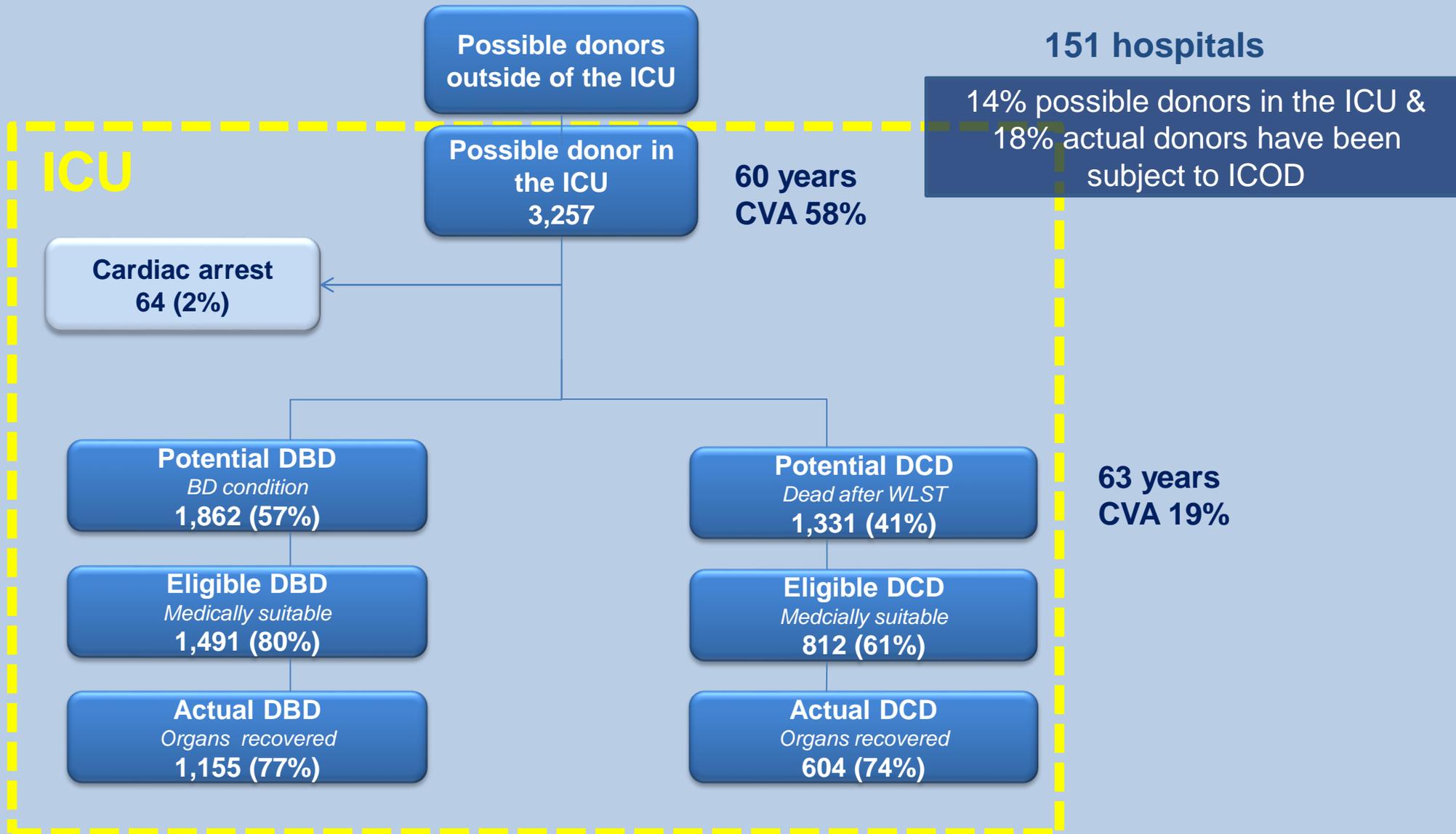
> 1 650 residents in intensive care (2007-2020)

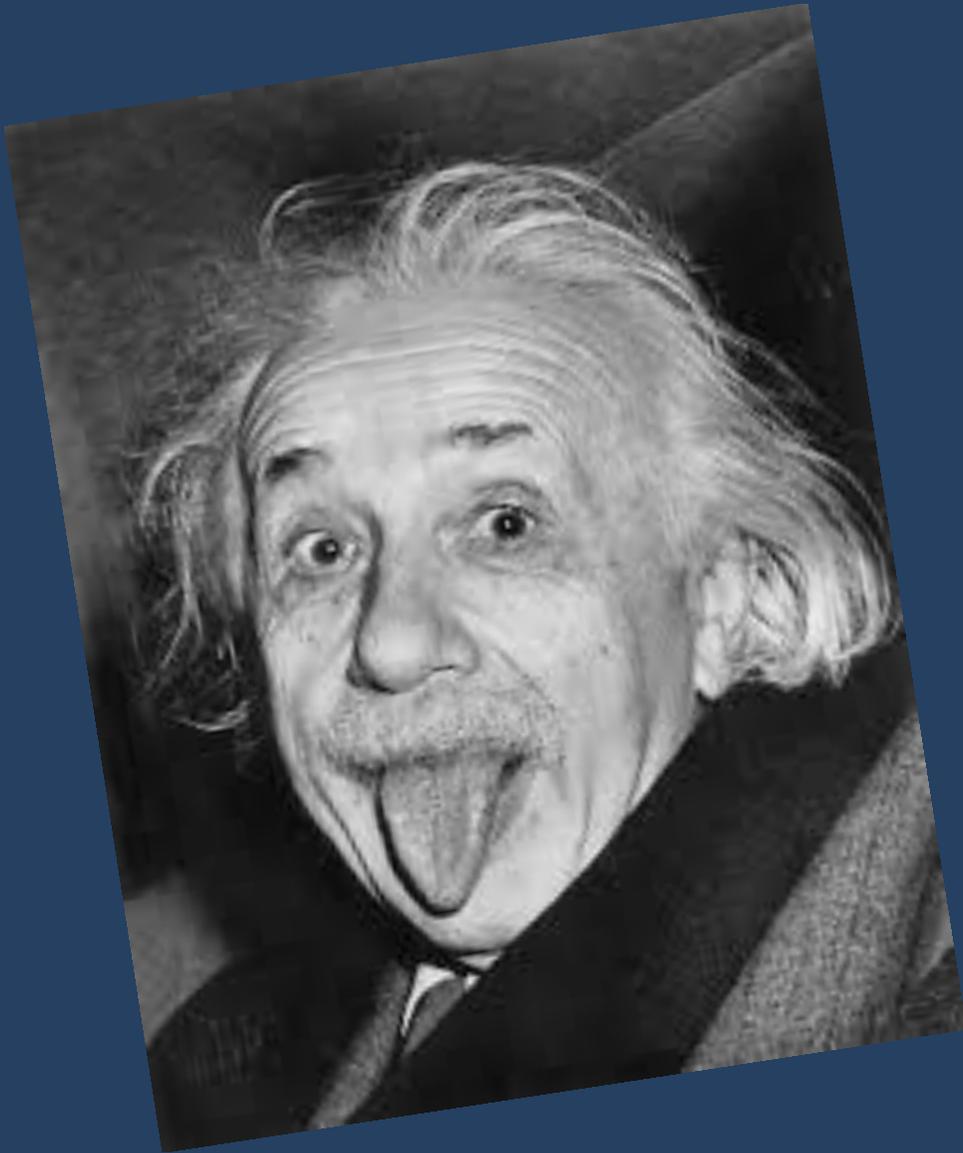
HOW SHOULD THE DONOR COORDINATOR IDENTIFY POSSIBLE DONORS IN THE ENTIRE HOSPITAL?



SPANISH POTENTIAL DONOR AUDIT: 2020 DATA

Possible donor: patient dead as a result of a DBI (selected ICD-10 codes & Glasgow < 9 before dead or WLST)





“Insanity is doing the same thing over and over again and expecting different results”

Albert Einstein



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ORGANIZACIÓN NACIONAL
DE TRASPLANTES



ont@sanidad.gob.es



www.ont.es



[@ONT_esp](https://twitter.com/ONT_esp)



[@ont_donacionytrasplante](https://www.instagram.com/ont_donacionytrasplante)

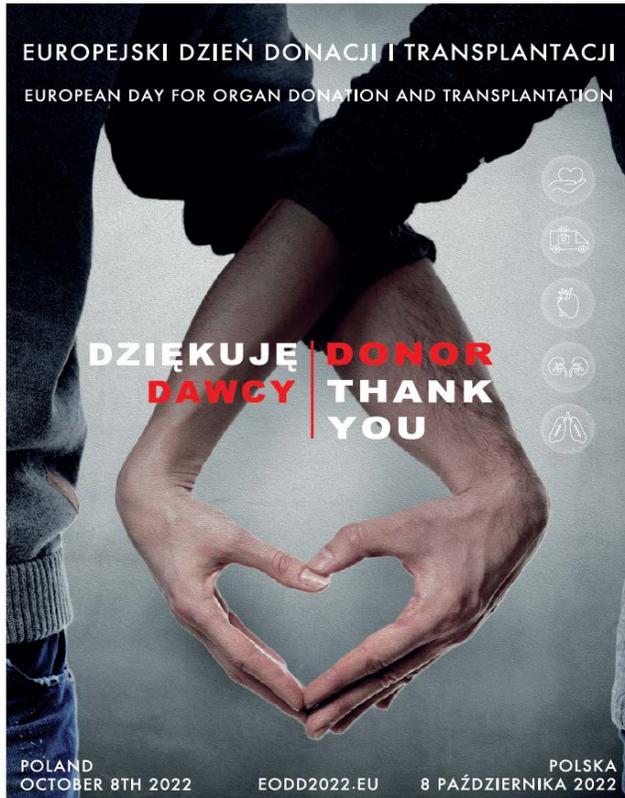


Organización Nacional de Trasplantes

Beatriz Domínguez-Gil, MD, PhD
Director General

Organización Nacional de Trasplantes, Spain

bdominguez@sanidad.gob.es

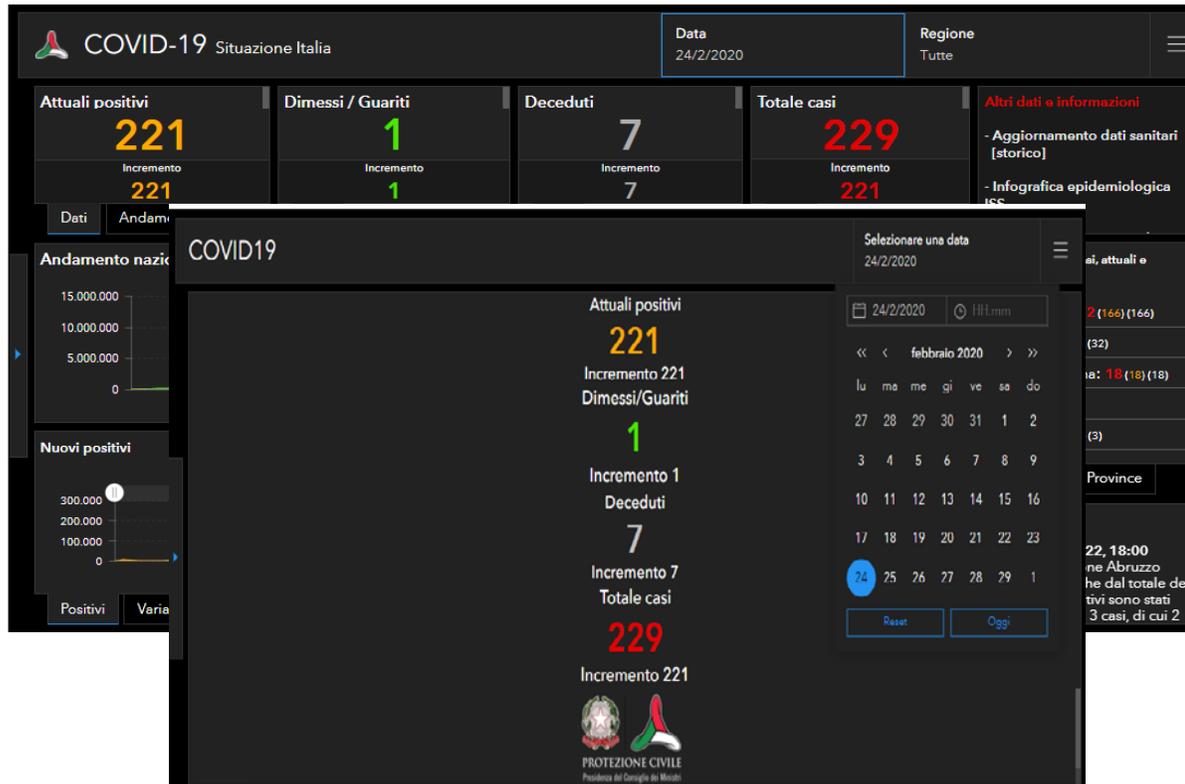


Italian policies of post-Covid recovery and development of donation and transplant programs

Massimo Cardillo

Italian National Transplant Centre

Rome, Italy



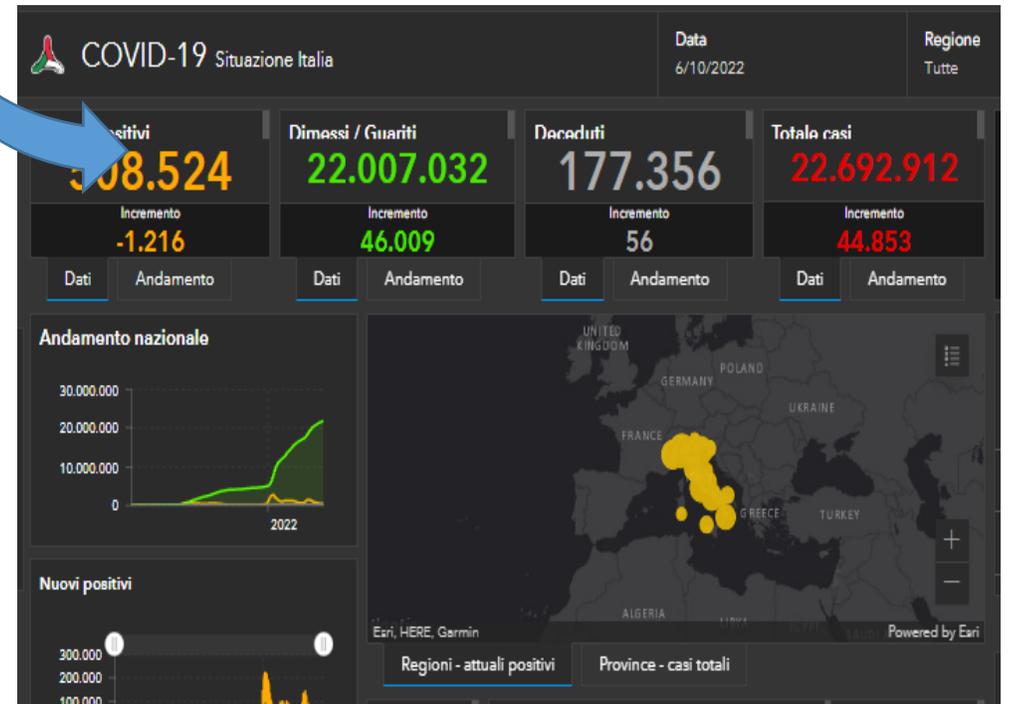
21 .2.2020: Official identification of FIRST CASES in Italy



ITALY

First LOCKDOWN in SIX ITALIAN REGIONS

PANDEMIC START: 24/2/2020





Centro Nazionale Trapianti

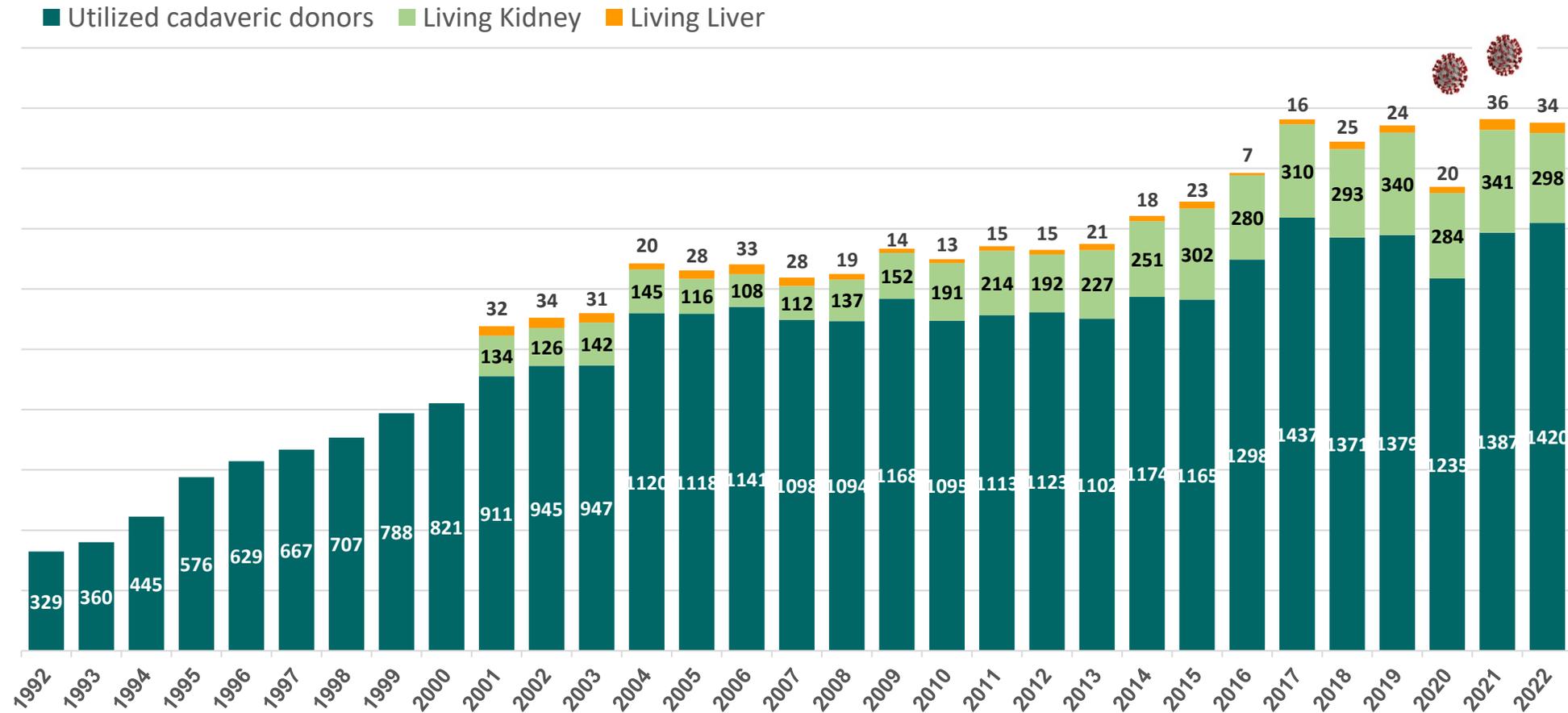
 ISTITUTO SUPERIORE DI SANITÀ

Donation Activities

National Donation Activity

1992 – 2022*

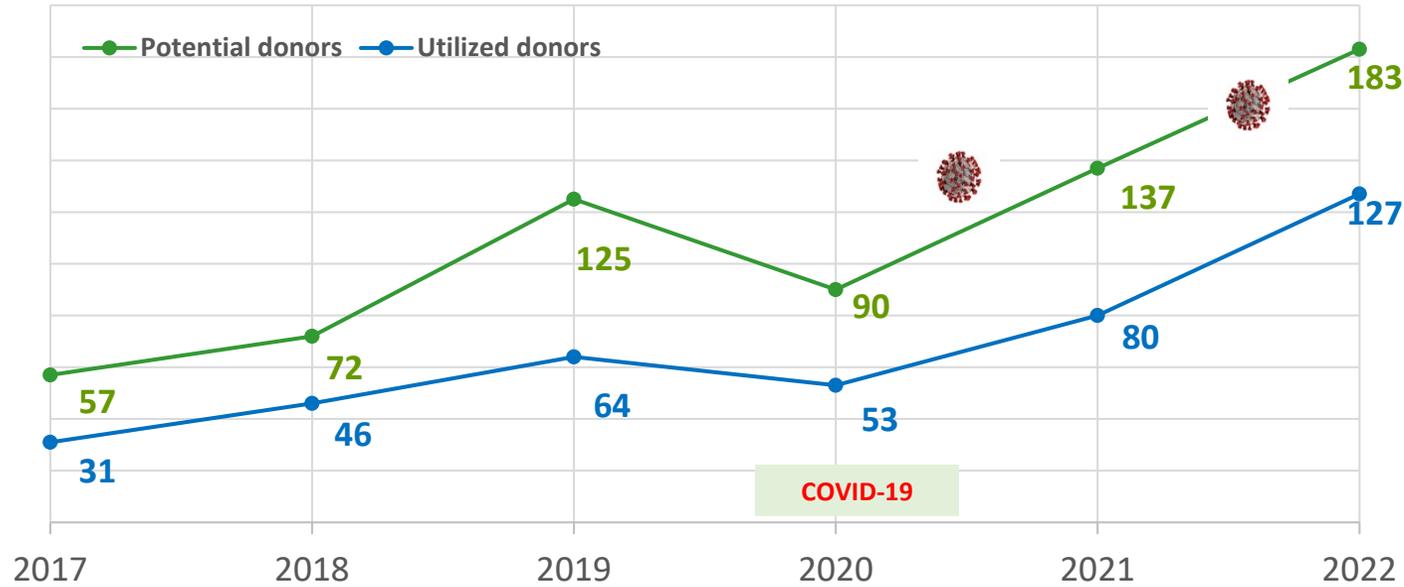
Deceased + Living donors



*Preliminary data at 31/7/2022

Performance of DCD Activity

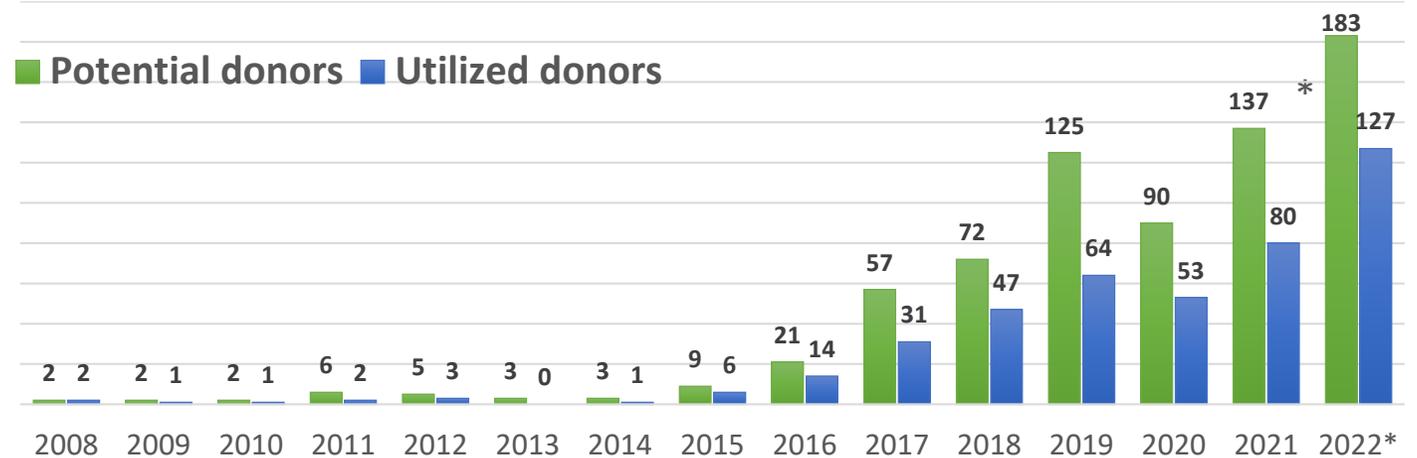
from the launch of the national program
“Methods of organ perfusion in transplantation”



2021 vs 2022

+ 34 % potential donors
+ 59 % utilized donors

*Preliminary data at 31/7/2022

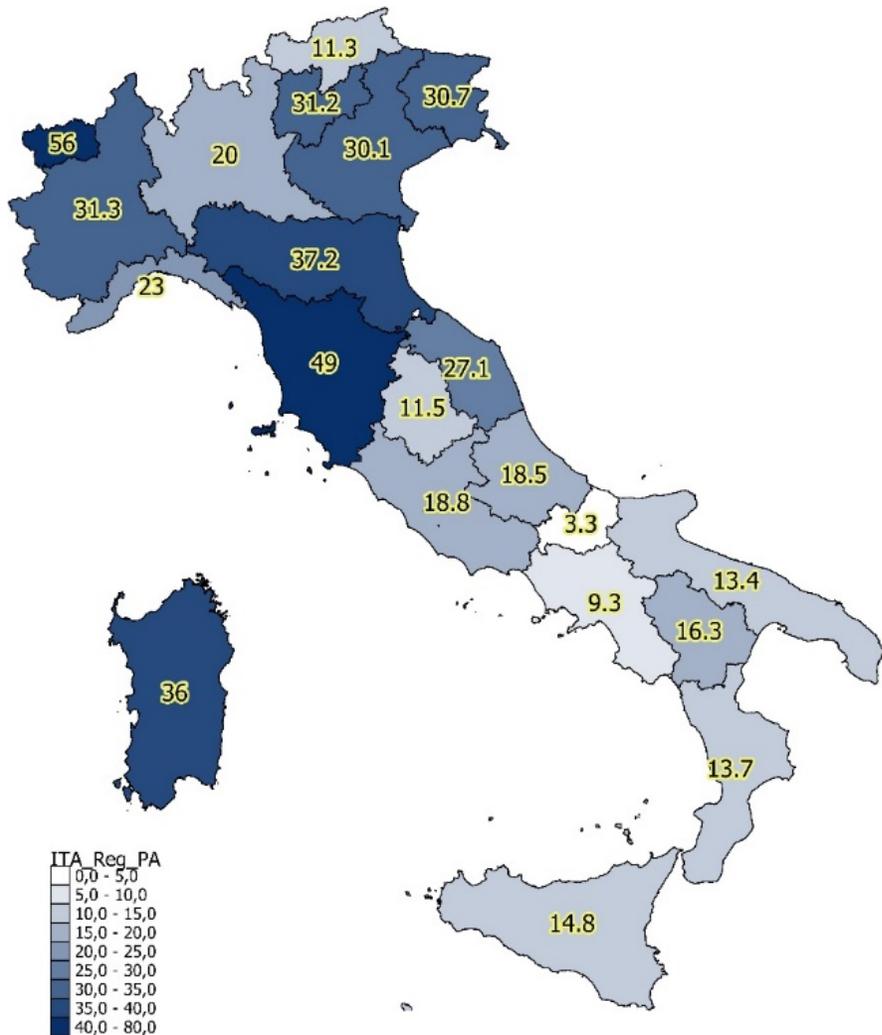


Donation Activity: Utilized donors

2021 – 2022*

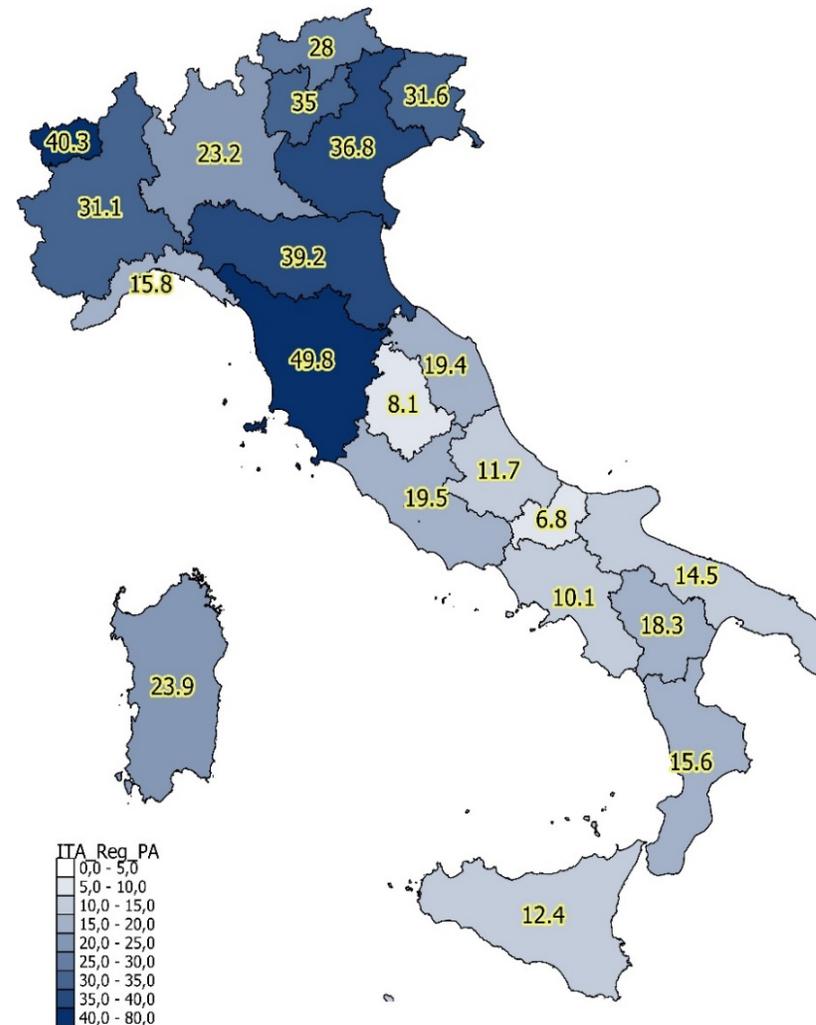
PMP

2021: 23,3



PMP

2022: 24

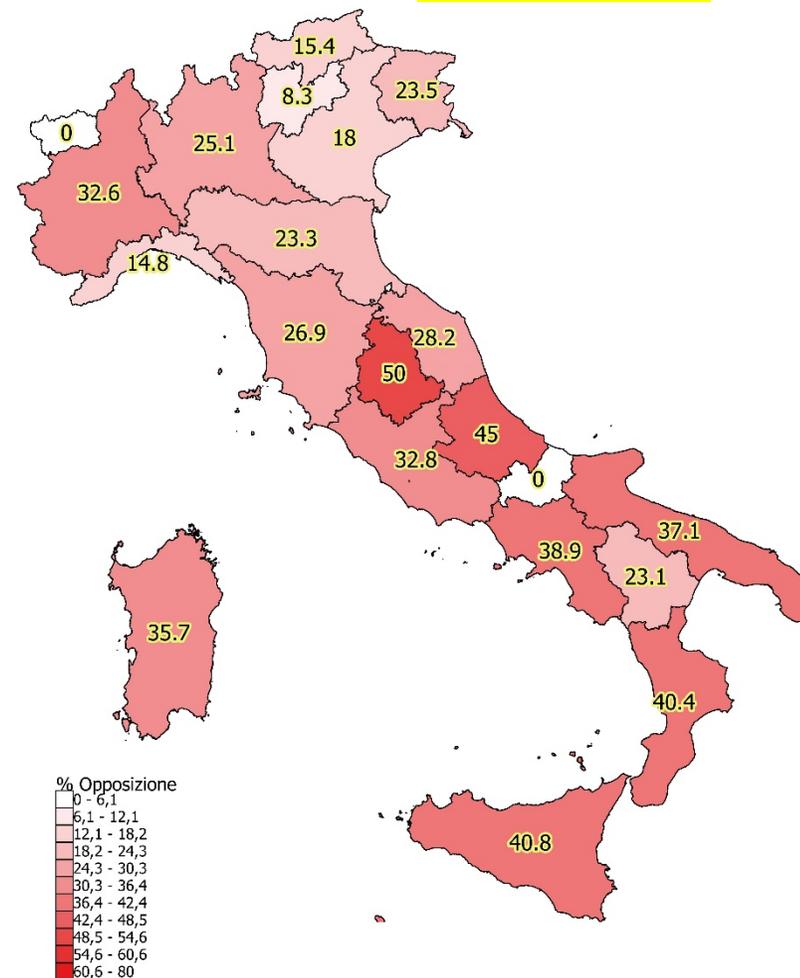
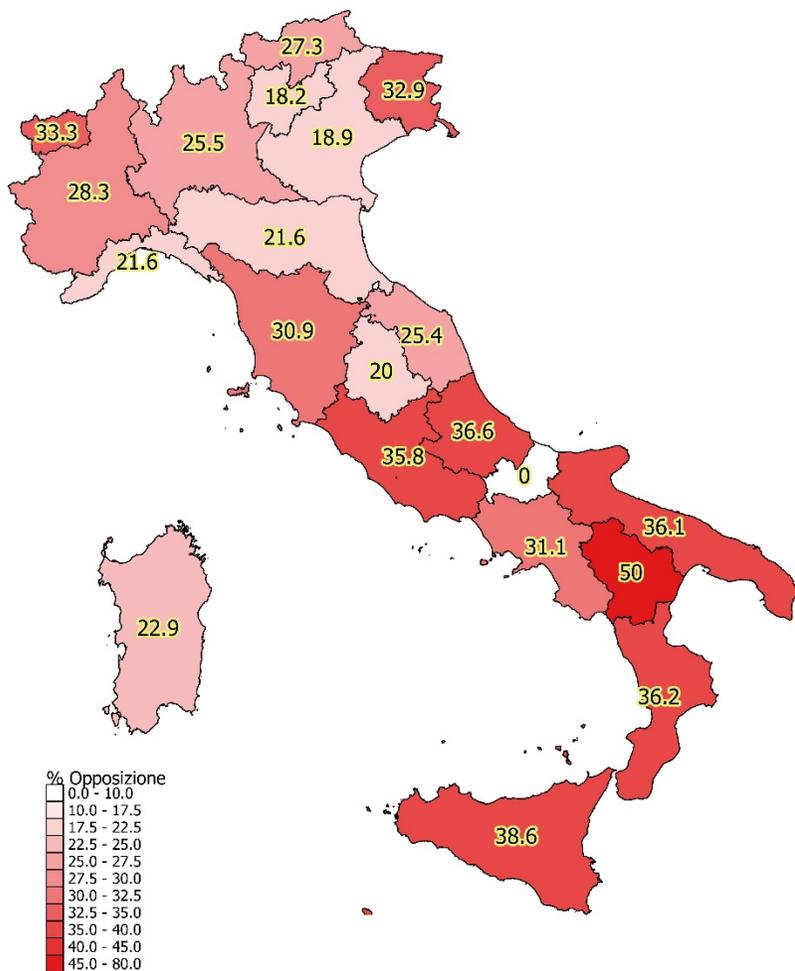


Family refusals

Comparison 2021-2022*

2021: 28,6%

2022: 29,2%



* Preliminary data at 31/7/2022

Data source: CRT



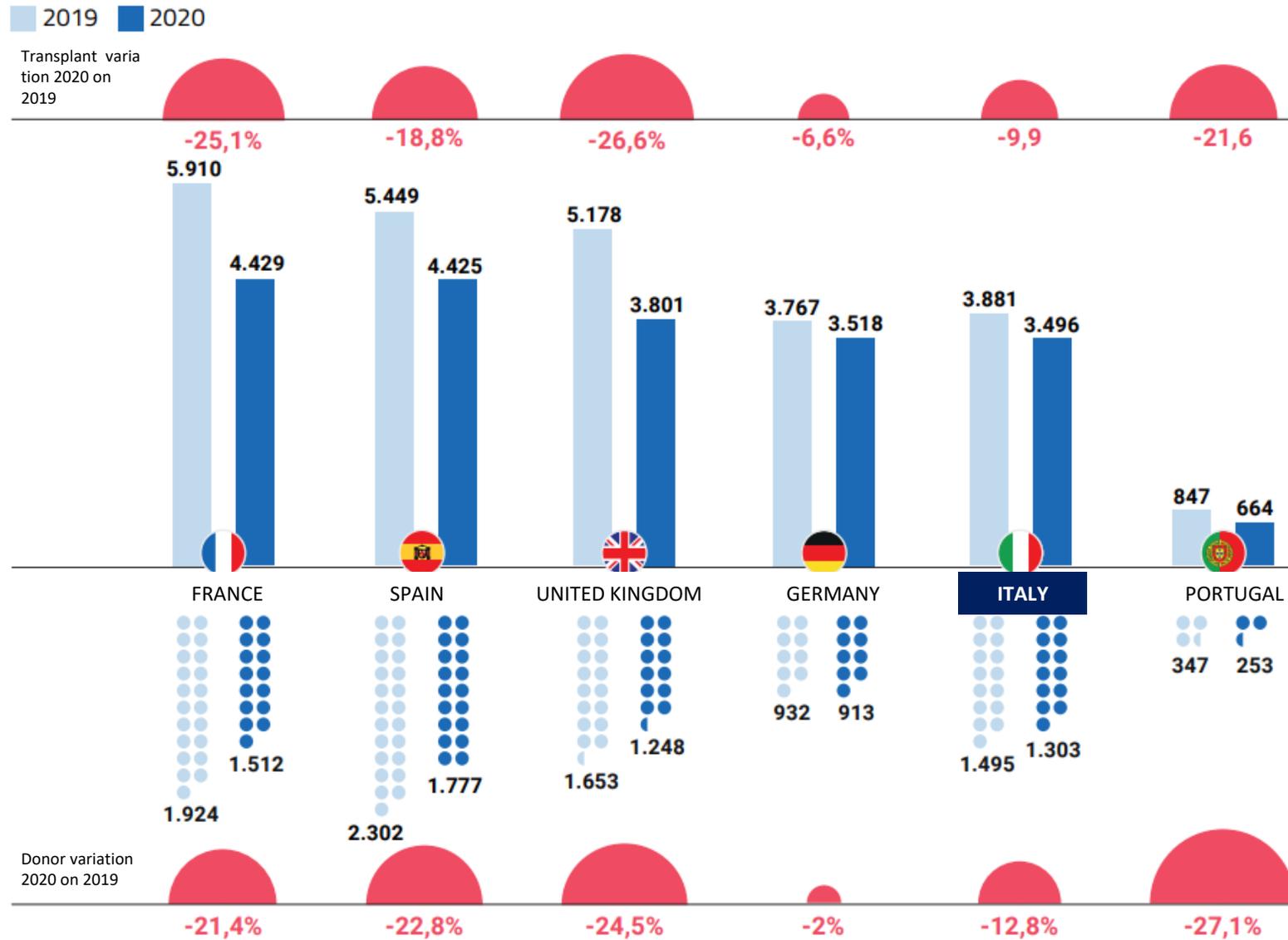
Coronavirus: impact on activity in Europe



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TRANSPLANTS

DONORS



SOURCE: NEWSLETTER TRANSPLANT, PRELIMINARY REPORT 2020

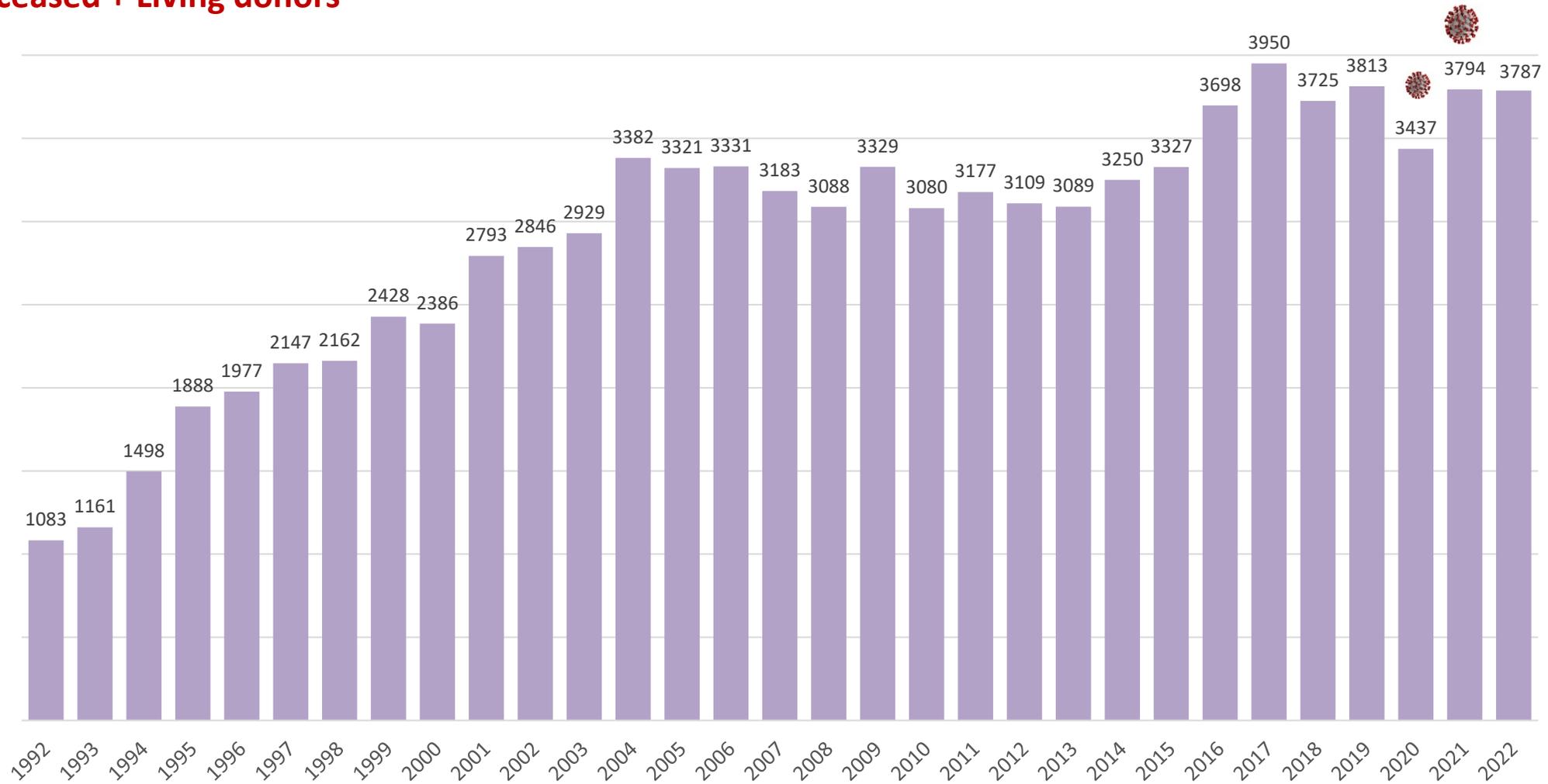


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Transplant Activities

Transplant Activity 1992-2022*

Deceased + Living donors

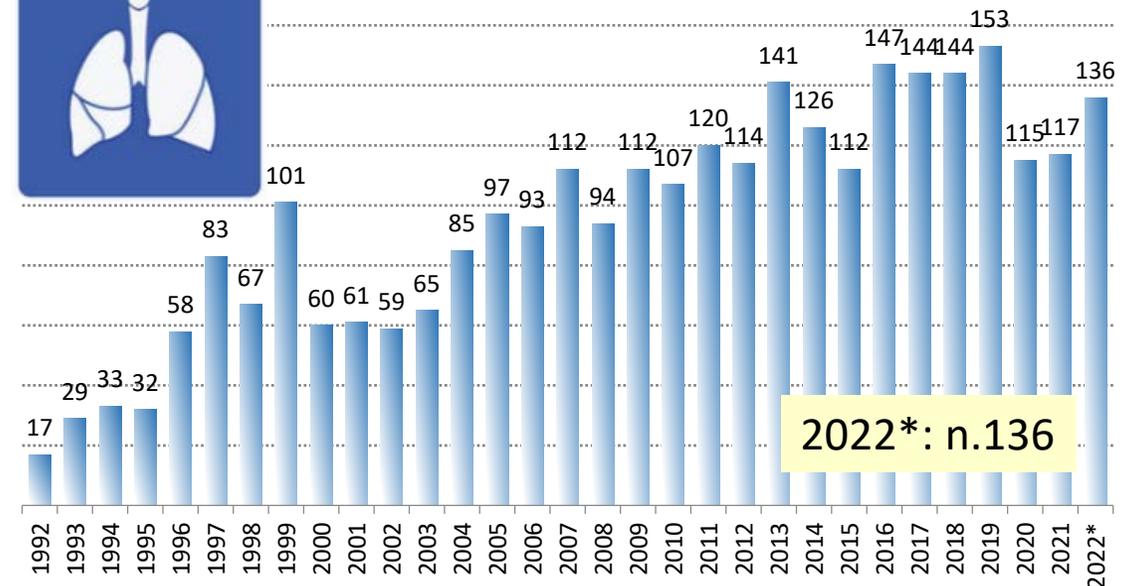
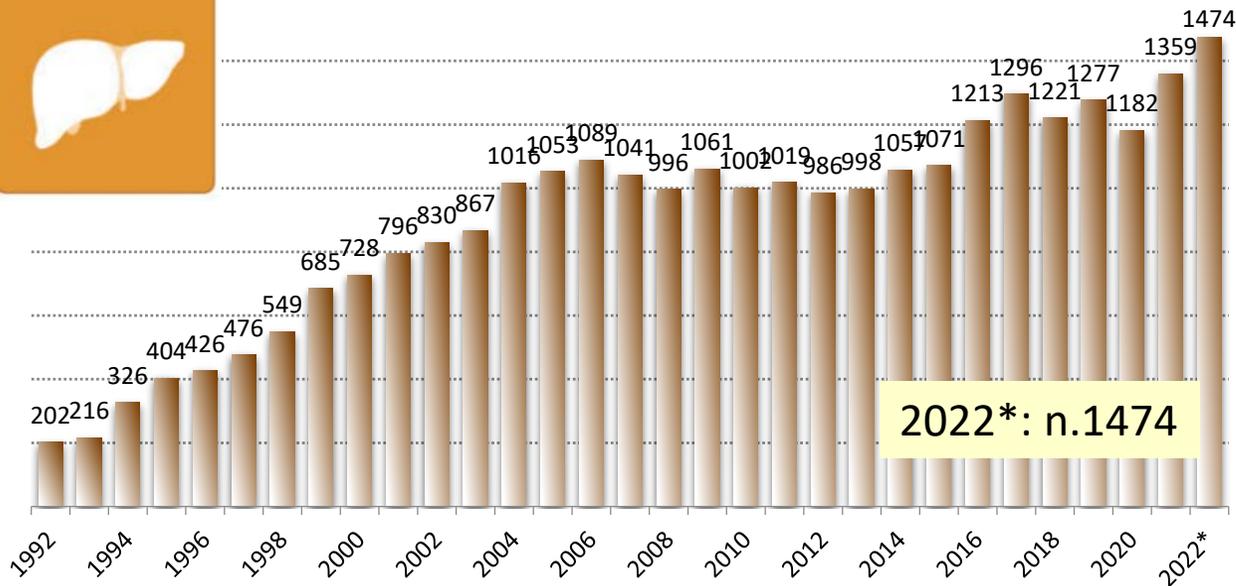
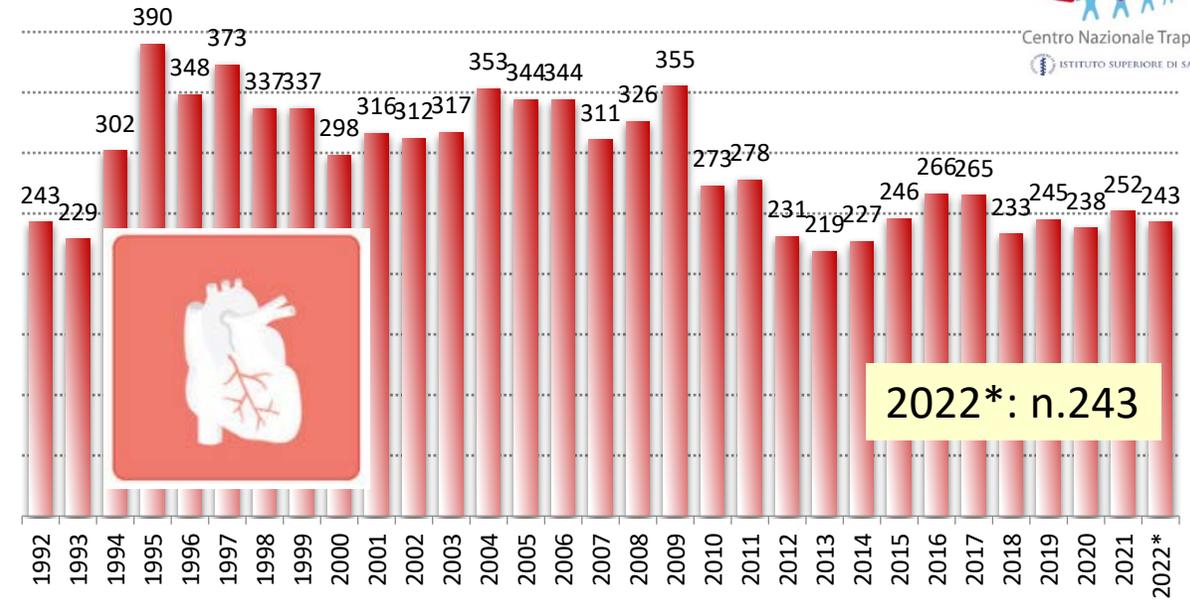
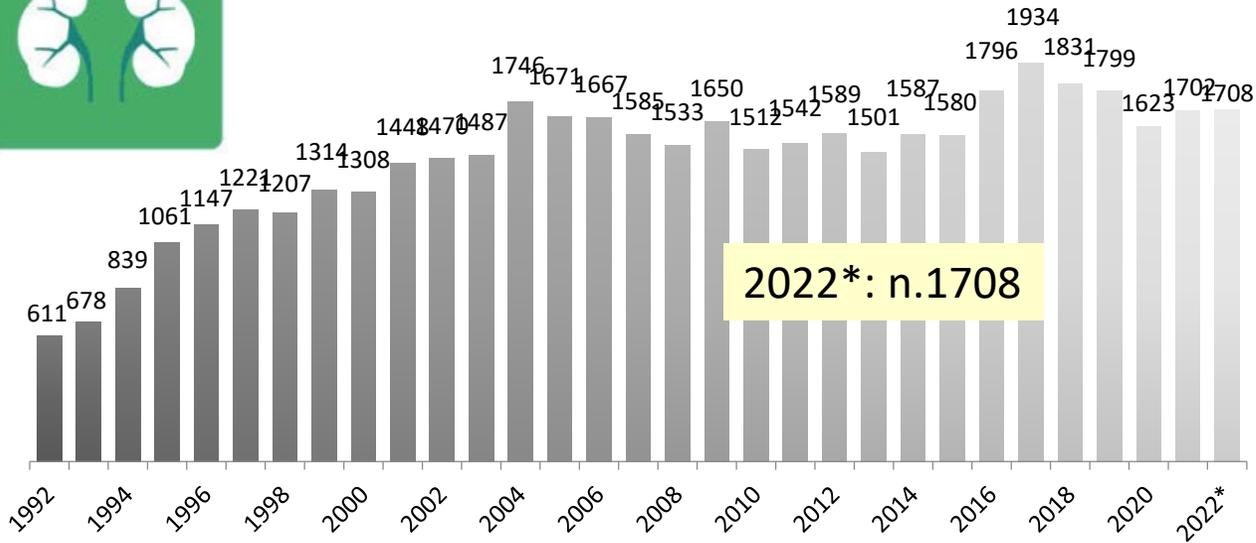
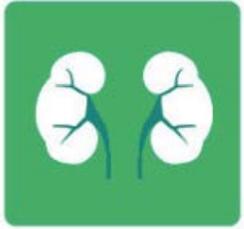


* preliminary data at 31.7.22

Data source: SIT and TCs

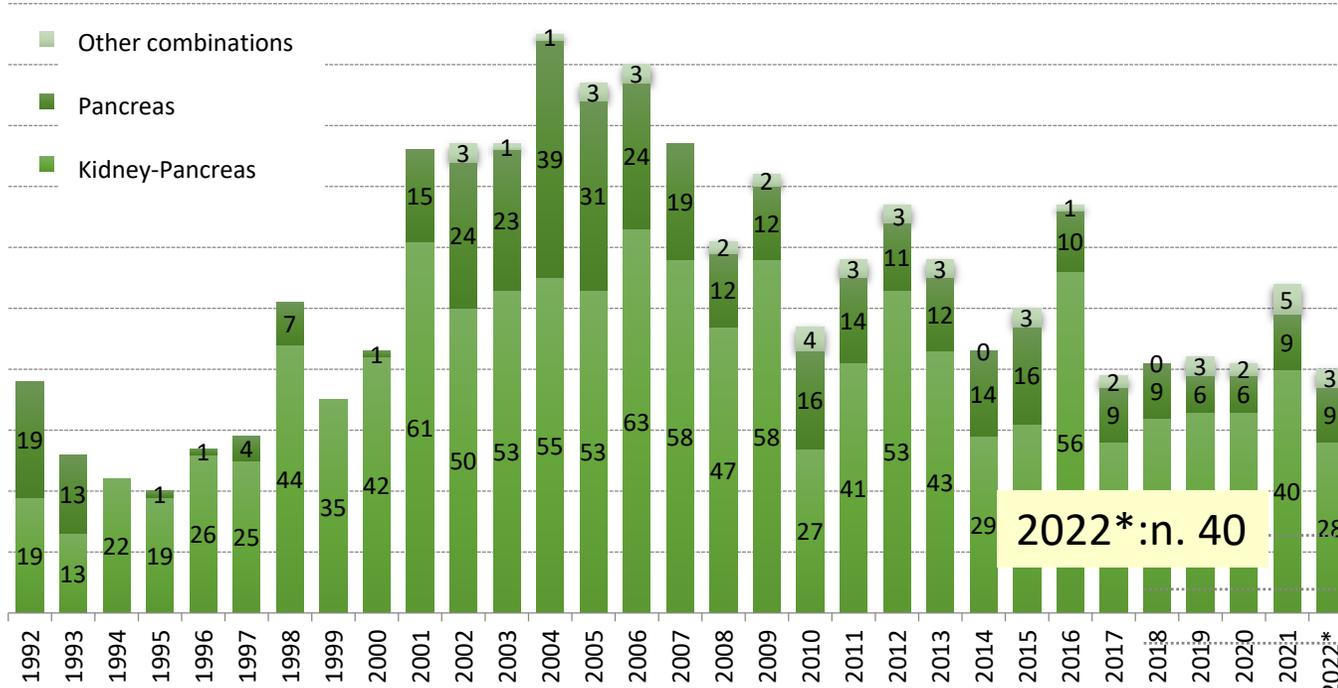
Transplant Activity 1992-2022*

* preliminary data at 31.7.22



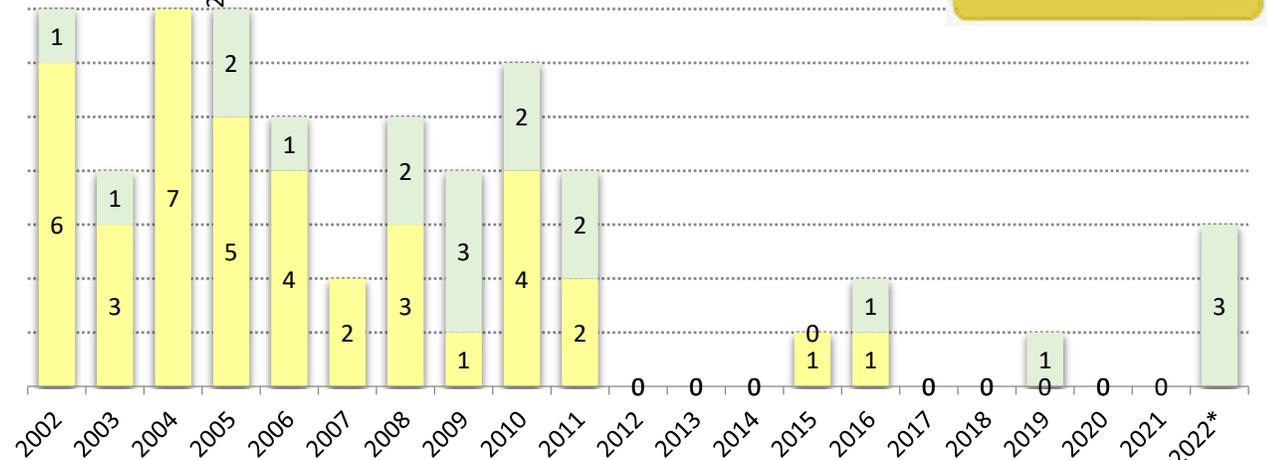
Transplant Activity 1992-2022

N° trasplants from cadaveric donors: all combinations



2022*:n. 40

Intestino intestino comb.

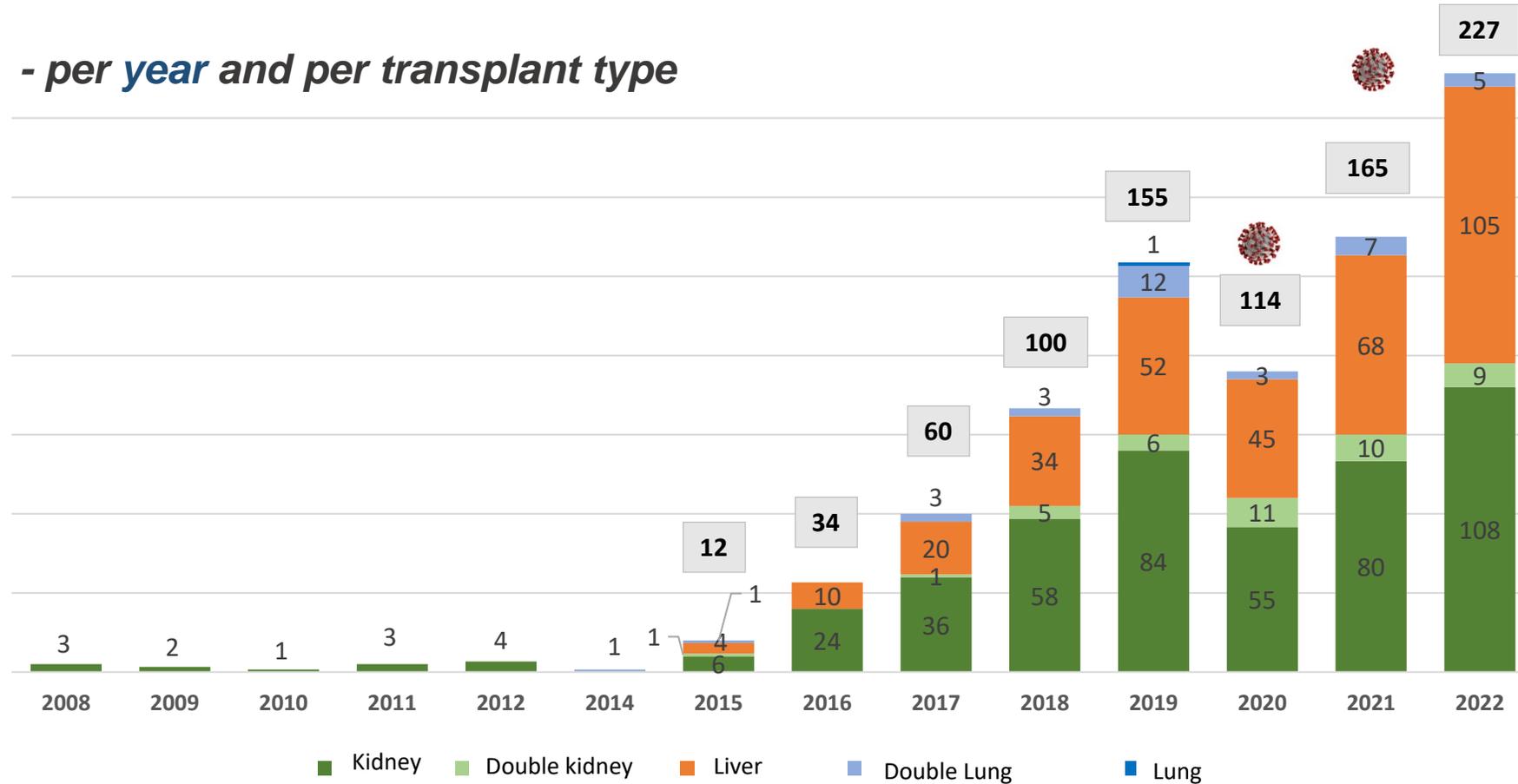


* preliminary data at 31.7.22

Data source: CRT

Transplant Activity DCD: 2008 – 2022 *

- per year and per transplant type



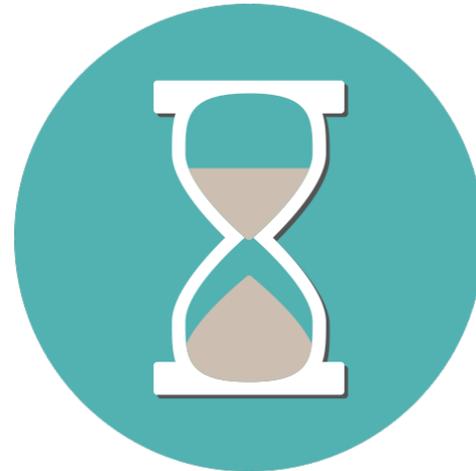
Two kidneys from type III DCD from Emilia-Romagna transplanted in Switzerland are NOT included in the calculations

- per year and per DCD type

	2008-2014	2015	2016	2017	2018	2019	2020	2021	2022
da uDCD	14	9	11	25	39	29	20	23	36
da cDCD		3	23	35	60	124	91	142	191
da DCD IV					1	2	3		
Total	14	12	34	60	100	155	114	165	227

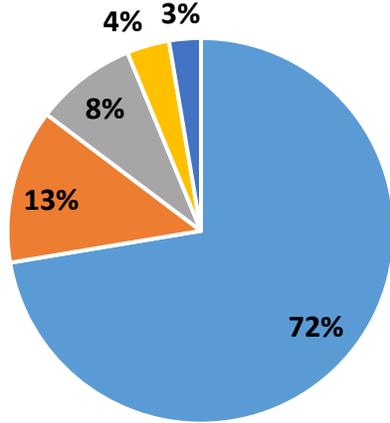
* Preliminary data

Waiting Lists



at 31.7.2022

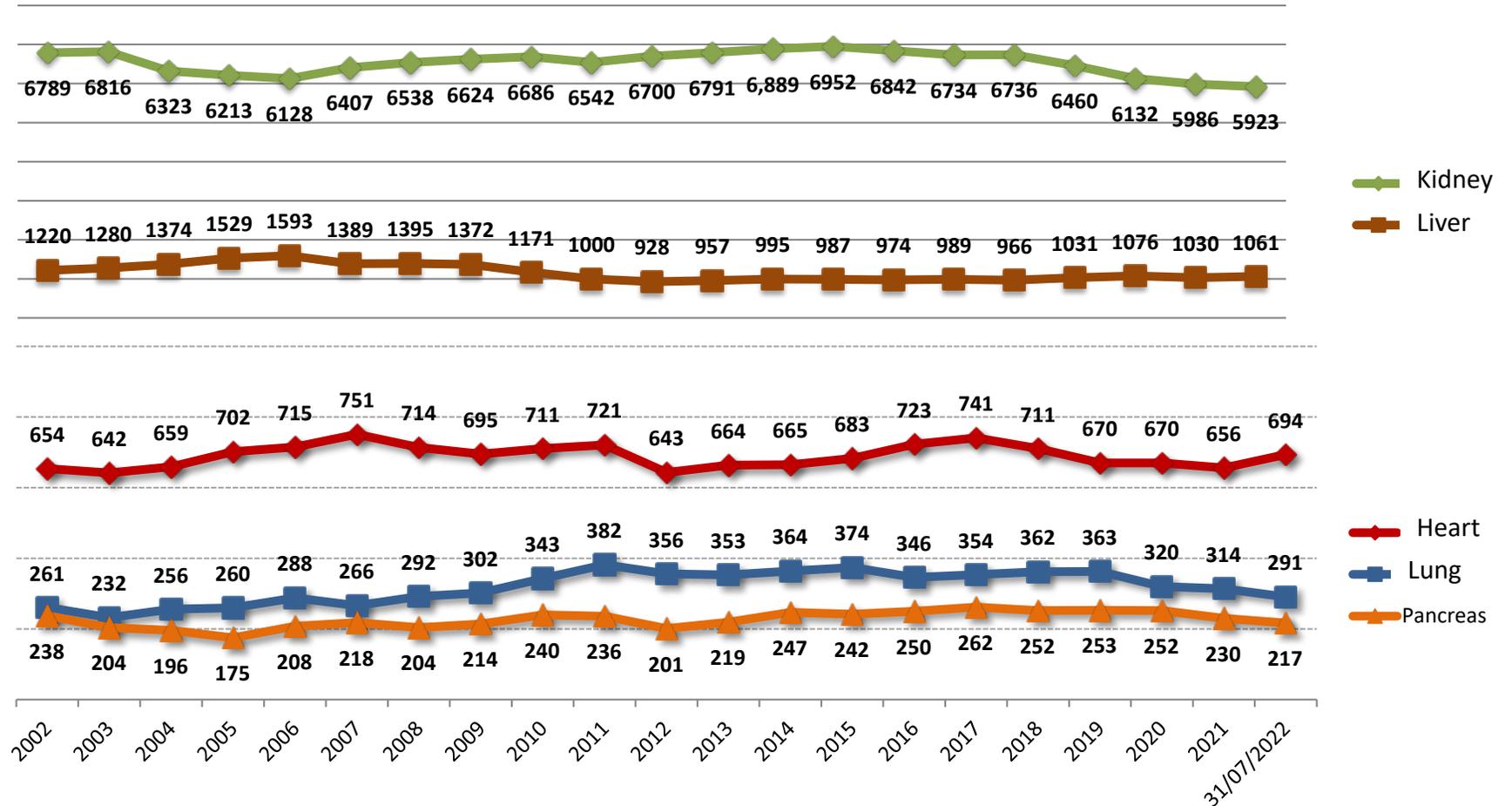
NUMBER of PATIENTS on WAITING LISTS 2002 – 31/07/2022



■ Kidney ■ Liver ■ Heart ■ Lung ■ Pancreas

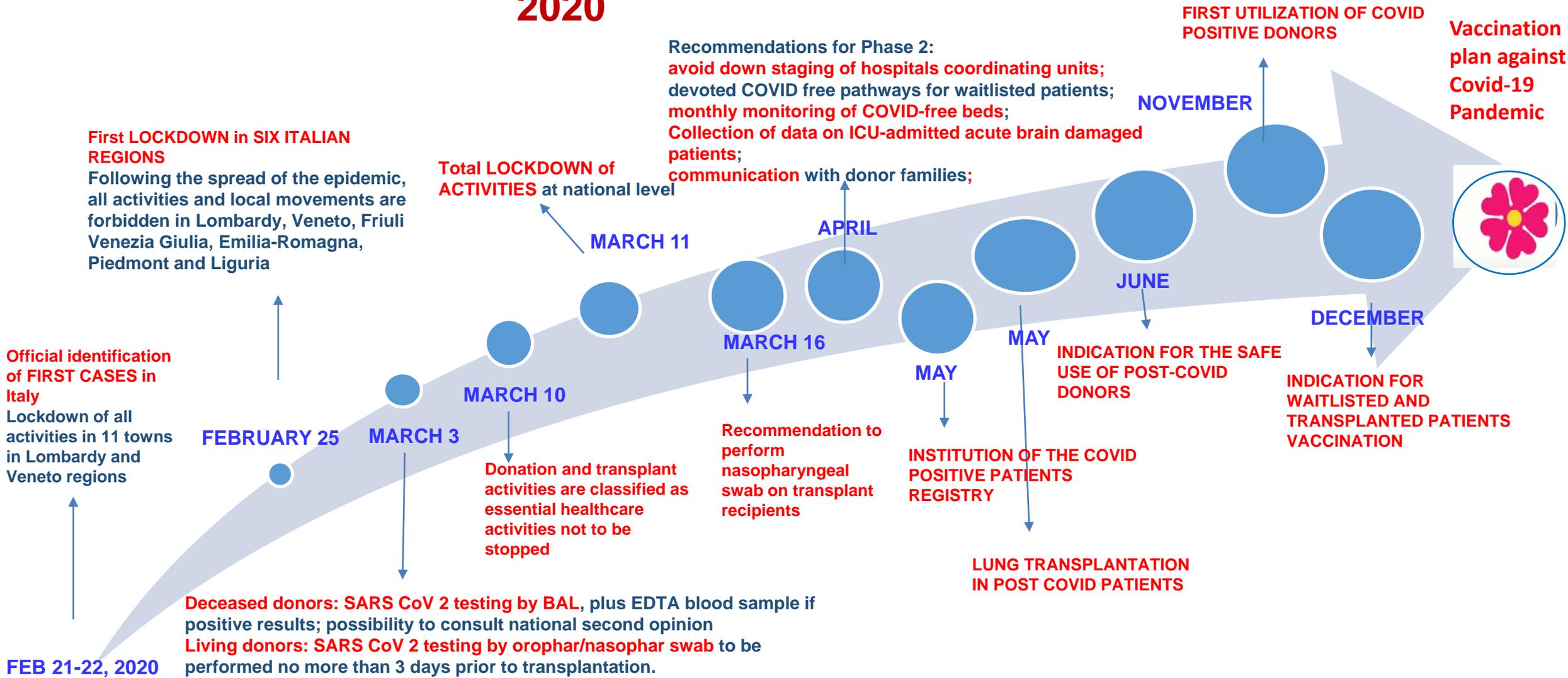
Kidney	5923**
Liver	1061
Heart	694
Lung	291
Pancreas	217
Intestine	6

Kidney enrollments
7200**



** For kidney transplant, every patient can be enrolled more than once.

ITALY: MAIN STEPS IN COVID-19 PANDEMIC 2020



Sars Cov 2 deceased donors with active Sars Cov 2 infection:

(positive BAL): who died from other causes, with no sign of clinical Covid-19 disease

Requirements:

- After second opinion of infectious disease expert
- Specific informed consent for transplant with organ from Sars-CoV-2 positive donor

Recipients:

1. Patients listed for **heart or liver transplant** in severe clinical conditions

- SARS-CoV-2 positive with no symptoms or with mild symptoms
- Medical history of Covid-19
- Fully vaccinated (3 doses)

2. Patients listed for **kidney transplant** (in national urgency, or included in the Hyperimmune National Program, or in regional urgency, or with a long waiting period on dialysis or with a hyperimmunization condition)

- Medical history of Covid-19
- Fully vaccinated (3 doses)

Acceptable risk level

Covid: realizzati in Italia i primi due trapianti al mondo da donatori positivi a riceventi negativi, nessuna infezione

COMUNICATO



Sono stati realizzati in Italia i **primi due trapianti al mondo da donatori deceduti positivi al Sars-Cov-2 su riceventi negativi e privi di anticorpi**. In entrambi i casi i pazienti hanno ricevuto un nuovo cuore e nessuno dei due ha contratto il Covid-19 dopo il trapianto.

Il primo intervento è stato eseguito a fine aprile scorso al **Policlinico Sant'Orsola di Bologna** (<https://www.aosp.bo.it/content/covid-primi-due-trapianti-al-mondo-bologna-e-roma-da-donatori-positivi-al-covid-19-pazienti->) su un **uomo**

di 64 anni, mentre il secondo è stato realizzato a metà maggio all'**Ospedale pediatrico Bambino Gesù di Roma** (<https://www.ospedalebambinogesu.it/covid-primi-trapianto-pediatrico-al-mondo-da-donatore-positivo-a-ricevente-negativo-125488/>) su un **ragazzo di 15 anni**. I due riceventi, affetti da cardiopatie severe, erano in lista d'attesa urgente nazionale e hanno ottenuto l'organo grazie a una **deroga** concessa dal **Centro nazionale trapianti** ai due ospedali rispetto al **programma sperimentale**

AL CENTRO DI ECCELLENZA «ISMETT»

Covid, a Palermo primo trapianto di fegato da donatore a paziente positivo

L'organo donato da una ragazza deceduta in un incidente ha salvato la vita ad una donna norvegese di 41 anni che vive in Sicilia con la famiglia



Un intervento, ai tempi del Covid, che apre nuove frontiere nel campo dei trapianti dando una chance di guarigione anche ai pazienti colpiti dal virus. Un gesto di grande generosità da parte dei genitori di una ragazza catanese, morta in un incidente, che hanno dato il loro assenso all'espianto degli organi dopo che i medici

A Siena il primo trapianto di rene da donatore positivo al Covid

L'intervento è stato eseguito dal centro di trapianti della provincia di Arezzo



Donatori Covid+, da oggi si potranno trapiantare anche i reni

NOTIZIA



La positività al SARS-CoV-2 non rappresenta più una controindicazione assoluta al prelievo di reni per il trapianto. A stabilirlo è il nuovo **protocollo operativo** del Centro nazionale trapianti, in vigore da oggi. Dopo cuore e fegato **sarà possibile procedere anche al trapianto di rene da un donatore Covid+**, in presenza di alcune condizioni specifiche: uno dei requisiti essenziali per i pazienti candidabili riguarda l'aver superato l'infezione nei 4 mesi precedenti oppure l'aver completato il ciclo vaccinale, comprensivo di terza dose, non prima di 120 giorni dall'eventuale

Liver transplantation from active COVID-19 donors: A lifesaving opportunity worth grasping?

Renato Romagnoli¹  | Salvatore Gruttadauria²  | Giuseppe Tisone³  |
Giuseppe Maria Ettorre⁴  | Luciano De Carlis⁵  | Silvia Martini⁶  | Francesco Tandoi¹  |
Silvia Trapani⁷  | Margherita Saracco⁶  | Angelo Luca²  | Tommaso Maria Manzia³  |
Ubaldo Visco Comandini⁴  | Riccardo De Carlis⁵  | Valeria Ghisetti⁸  |
Rossana Cavallo⁹  | Massimo Cardillo⁷  | Paolo Antonio Grossi¹⁰ 

Received: 29 April 2021 | Revised: 29 June 2021 | Accepted: 30 June 2021

DOI: 10.1111/ajt.16765

BRIEF COMMUNICATION

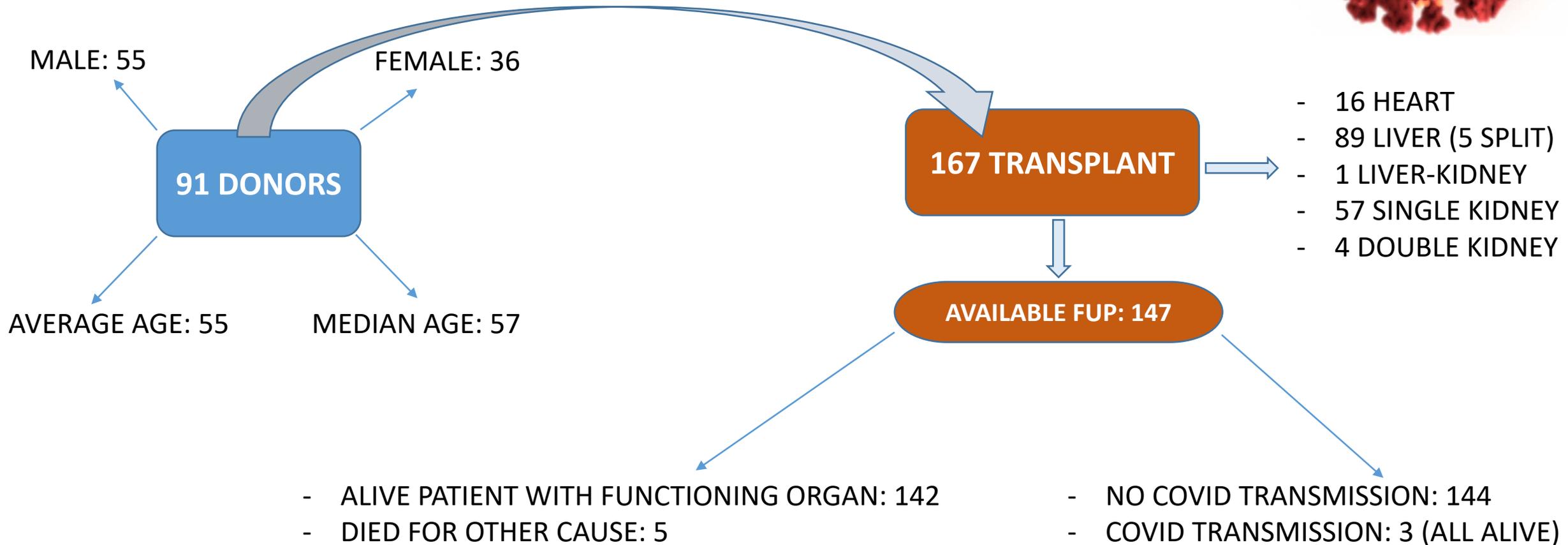
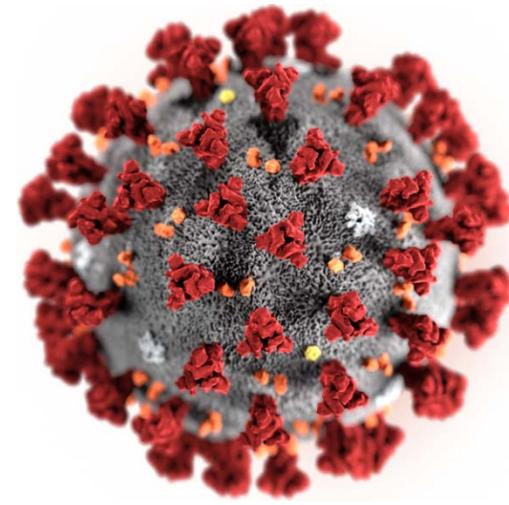
AJT

Early success transplanting kidneys from donors with new SARS-CoV-2 RNA positivity: A report of 10 cases

Christine E. Koval¹  | Emilio D. Poggio²  | Yi-Chia Lin³  | Hannah Kerr³  |
Mohamed Eltemamy³  | Alvin Wee³ 

SARS-COV-2 POSITIVE DECEASED DONORS UTILIZED FOR TRANSPLANT

REFERENCE PERIOD: 20/11/2020 to 04/10/2022



Monitoring of transplanted patients' vaccination status - 11 July 2022

Transplanted patients in follow-up: Data source SIT – updated at 27 May 2022

Vaccinated patients: National Vaccine Registry, anti-COVID-19 vaccination flow – updated at 11 July 2022

TOTAL TRANSPLANTED PATIENTS IN FOLLOW-UP: 42.137

Vaccinated with at least 1 dose 36.716 = 87,1%

(Non-Vaccinated 5.421 = 12,9%)

Vaccinated with at least 3 doses 32.582 = 77,3% of transplanted patients



Among those vaccinated with at least 1 dose, 88,7% completed the vaccination cycle



Total patients with 4 doses

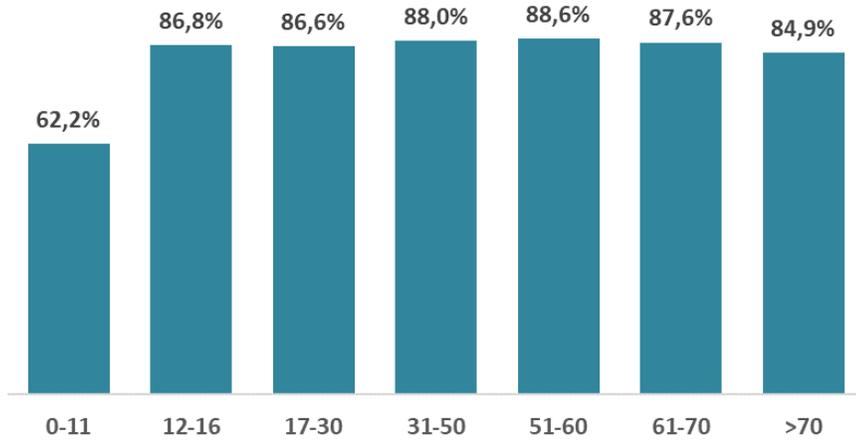
11.557

35,5% of the patients vaccinated with 3 doses

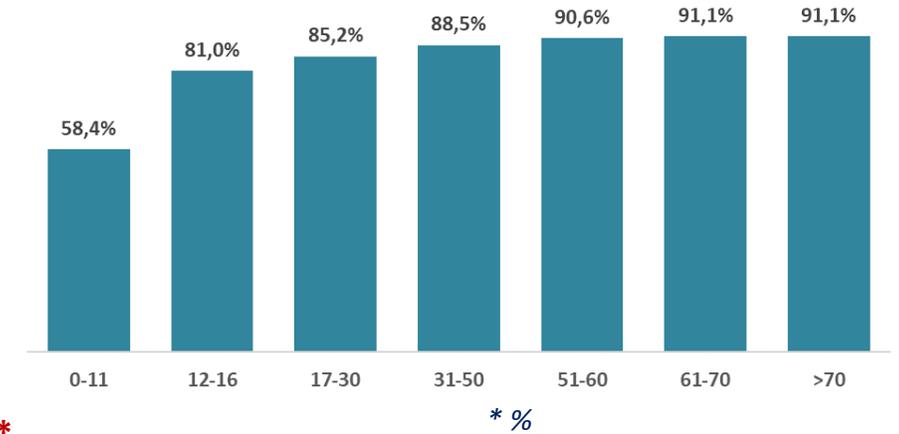


Vaccinations by age of transplanted patients

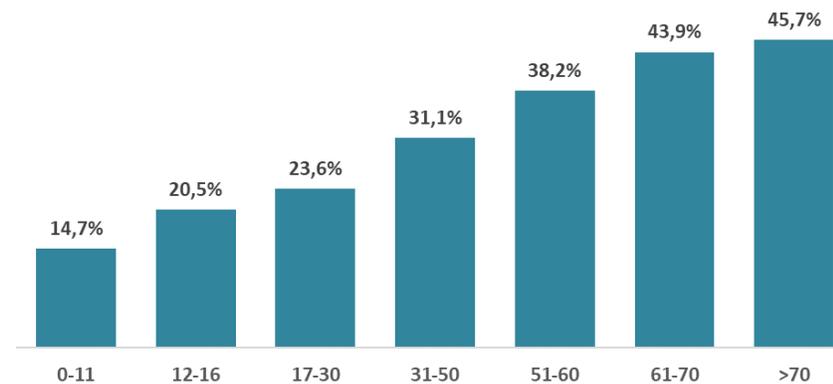
% patients vaccinated with at least 1 dose



% patients vaccinated with at least 3 doses



% patients vaccinated with 4 doses**



** % calculated on the population of patients who received the 3rd dose

* %
calculated on the population of patients
who started the vaccination cycle



Incidenza di infezione

Vaccinati

	Time at risk = Person-time (DAYS)	Casi	Incidence Rate x 10.000	95%IC	
DUE o TRE DOSI	6.170.857	468	0,697	0,637	0,764
TRE DOSI	1.387.249	84	0,606	0,489	0,750

Non vaccinati

	Time at risk = Person-time (DAYS)	Casi	Incidence Rate x 10.000	95%IC	
Total	5.544.484,9	1.475	2,660	2,528	2,800

Rischio Relativo di Infezione

2,660 (Non Vaccinati)

----- = **4,4**

0,606 (Vaccinati con 3 dosi)

Letalità a 30 gg

Vaccinati

	Time at risk = Person-time (DAYS)	Casi	Incidence Rate x 10.000	95%IC	
Due dosi	8.308	17	20,462	12,721	32,915
Tre dosi	3.819	2	5,237	1,310	20,940
Total	12.127	19	15,668	9,994	24,563

Non vaccinati

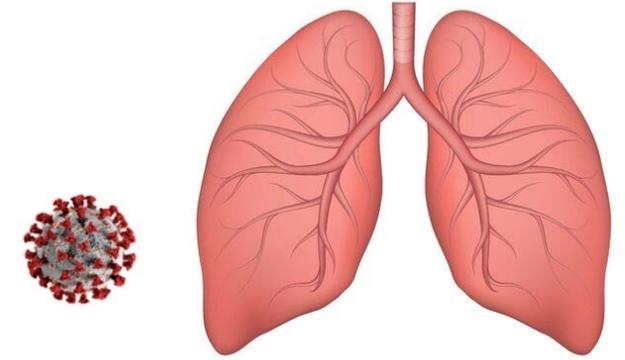
	Time at risk = Person-time (DAYS)	Casi	Incidence Rate x 10.000	95%IC	
Total	42.094	126	29,933	25,137	35,644

Rischio Relativo di Letalità a 30 giorni

29,933 (Non Vaccinati)

----- = **5,7**

5,237 (Vaccinati con 3 dosi)



PILOT PROTOCOL FOR LUNG TRANSPLANT IN RECIPIENTS WITH COVID-19 INFECTION OUTCOMES

Objective

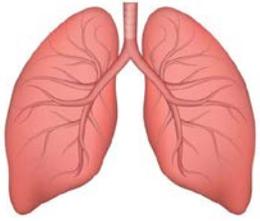
Evaluate safety and efficacy of lung transplant in patients affected by ARDS and interstitial pulmonary fibrosis secondary to Covid-19.

2 branches of analysis

- 
- Post Covid-19 ARDS
 - Post Covid-19 pulmonary fibrosis

Monitoring

To document/exclude the possibility of a relapse of SARS-CoV-2, when evaluating peri-operative mortality, and when carrying out specific lung transplant follow-up.



Lung Transplantation Post-COVID-19 ARDS/Fibrosis

Urgent requests received

5 patients

		Total	ARDS	Fibrosis
Requests received	Total	5	2	3
	ECMO	5	2	3
	IOT	0	0	0
Patients transplanted		3	1	2
Requests rejected		1		1 (age 63)
Drop out (improved)		1	1	
Mean WT to Tx (dd)		11,33	18	8 (4 e 12 gg)
Follow-up post tx	Exitus	1	0	1
	Alive with good graft function	2	1	1

Bergamo

Padua

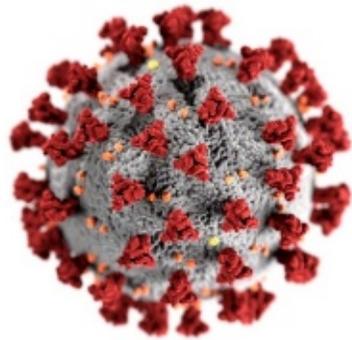
Milan, sepsis non Covid-related

- Lung transplantation during COVID-19 crisis is possible.
- Lung Transplantation for ARDS/Fibrosis COVID-19 correlated is possible.
- At least 2 weeks of SARS-CoV-2 negative patients molecular tests are mandatory.
- Careful evaluation of possible comorbidities including MRD germ colonisations and rehabilitation potential



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Activities have not stopped But they have been revised



Comunicati

Donazioni e trapianti, nel 2021 oltre il 10% in più: l'Italia torna ai livelli pre-Covid

Online il report del Cnt: recuperato completamente il calo dello scorso anno dovuto alla prima ondata della pandemia. Mai così basse le opposizioni alla donazione degli organi, record di trapianti di midollo. Il ministro Speranza: "Straordinaria capacità di reazione del Ssn, ora più informazione"



ORGAN DONATION AND TRANSPLANTATION: Training activities 2022

- **PROCUREMENT**

- ✓ TPM course - 2 Editions
- ✓ TRAIN TO ACTION – e:learning

- **DCD**

- ✓ Itinerant course based on live simulation scenarios

- **TRANSPLANT**

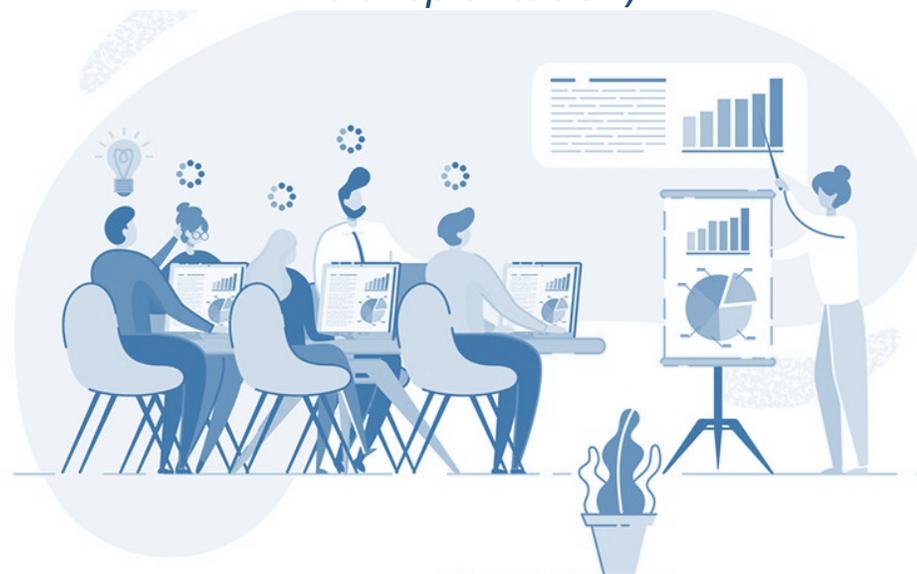
- ✓ TRANSPLANT NURSE COORDINATOR
- ✓ E-LEARNING: living donor kidney transplantation
- ✓ E-LEARNING: return to work of transplanted patients
- ✓ E-LEARNING: Physical activity as a therapeutic option for the transplant recipient

- **SURGEONS**

- ✓ DONOR SURGEON
- ✓ LAPAROSCOPIC KIDNEY SURGERY

- **Webinar**

- ✓ Update webinars on different *topics* (i.e. update of national guideline on malignancy transmission, Covid-19, lung transplantation)



Communication and awareness campaigns for citizens to lower refusal rates



**Donare
è una scelta
naturale**

DIAMO IL MEGLIO DI NOI



@centronazionaletrapianti



@centronazionaletrapianti



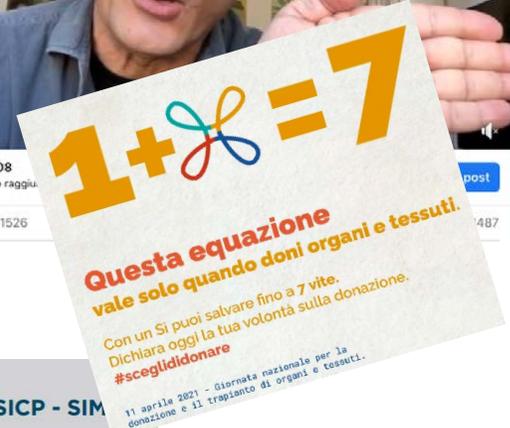
@CNTrapianti



@centronazionaletrapianti



@c/CentroNazionaleTrapiantiCNT



DOCUMENTO INTERSOCIETARIO: **SIARTI - Aniarti - SICIP - SIM**



COMUNICoViD
POSITION PAPER

**COME COMUNICARE CON I FAMILIARI
IN CONDIZIONI DI COMPLETO ISOLAMENTO**

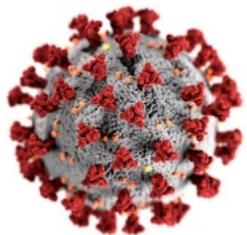


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**Migrant and ethnic minority Education on
Transplantation and Organ donation and
process Optimization
(ME TOO)**



UNIVERSITÀ STUDI DI ROMA



FIRST UTERUS TRANSPLANT IN ITALY

Primo trapianto di utero in Italia, è nata una bambina a Catania

La donatrice è una donna deceduta. È il sesto caso al mondo



Thank you!