

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		

Donation after the Circulatory Determination of Death: Spanish pathways

Beatriz Domínguez-Gil, MD, PhD
Director General
Organización Nacional de
Trasplantes, Spain

2022 European Organ Donation Day

8 October 2022
Warsaw, Poland



GOBIERNO
DE ESPAÑA

MINISTERIO
DE SANIDAD



ORGANIZACIÓN NACIONAL
DE TRASPLANTES

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

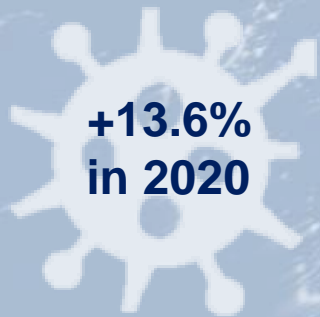
≈ 13.6% increase vs 2020

≤ 10% of global needs

37% live kidney transplants

20% live liver transplants

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



The Madrid Conference

The Madrid Resolution on Organ Donation & Transplantation

National Responsibility in Meeting the Needs of Patients
Guided by the WHO Principles

Every country, in light of its own level of economic and health system development, should progress towards the global goal of meeting patients' needs on the basis of resources obtained within the country, for that country's population, and through regulated and ethical regional or international cooperation when needed.

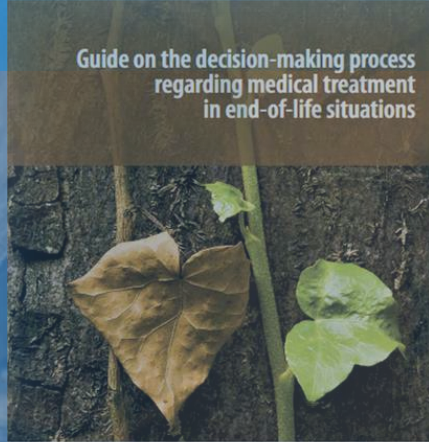
Donation from deceased persons, as a consequence of death determined by neurologic criteria (brain death) or by circulatory criteria (circulatory death), was affirmed as the priority source of organs and as having a fundamental role in maximizing the therapeutic potential of transplantation.



World Health
Organization

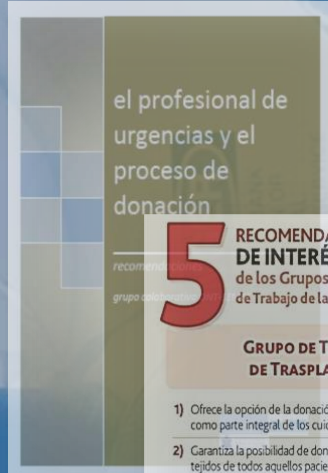


on Organ Donation and Transplantation



Guide on the decision-making process regarding medical treatment in end-of-life situations

Decision-making at the end-of-life should be based not only on the clinical interest of the patient, but also take into account moral, societal, and welfare considerations



el profesional de urgencias y el proceso de donación

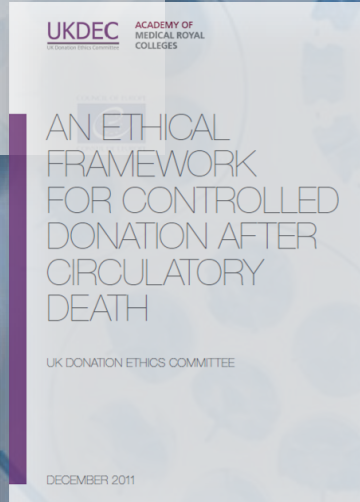
5 RECOMENDACIONES DE INTERÉS ELEVADO de los Grupos de Trabajo de la SEMICYUC

GRUPO DE TRABAJO DE TRASPLANTES

- 1) Ofrece la opción de la donación de órganos y tejidos como parte integral de los cuidados al final de la vida.
- 2) Garantiza la posibilidad de donación de órganos y tejidos de todos aquellos pacientes que fallecen en muerte encefálica.
- 3) Valora la posibilidad de la donación en asistencia controlada en los pacientes en los que se decide la limitación del tratamiento de soporte vital.
- 4) Entrevista a familiares de pacientes con cerebro cerebral catastrófico sin opción de tratamiento, previamente a muerte encefálica, para ofrecer ingreso en cuidados intensivos.
- 5) En la información médica a las familias de aquellos pacientes que fallecen en tu UCI, si la patología lo permite, incorpora la posibilidad de donación de tejidos.

CUIDADOS INTENSIVOS ORIENTADOS A LA DONACIÓN DE ÓRGANOS

RECOMENDACIONES Grupo de trabajo SEMICYUC-ONT



UKDEC ACADEMY OF MEDICAL ROYAL COLLEGES

AN ETHICAL FRAMEWORK FOR CONTROLLED DONATION AFTER CIRCULATORY DEATH

UK DONATION ETHICS COMMITTEE

DECEMBER 2011

Recommendations for end-of-life care in the intensive care unit: A consensus statement by the American College of Critical Care Medicine

Robert D. Truog, MD, MA; Margaret L. Campbell, PhD, RN, FAAN; J. Randall Curtis, MD, MPH; Curtis E. Haas, PharmD, FCCP; John M. Luce, MD; Gordon D. Rubenfeld, MD, MSc; Cynda Hylton Rushton, PhD, RN, FAAN; David C. Kaufman, MD

Donation should be an integral part of end-of-life care

WMA STATEMENT ON MEASURES FOR THE PREVENTION AND FIGHT AGAINST TRANSPLANT-RELATED CRIMES



INTERNATIONAL CONFERENCE ON DCDD (PARIS 2015)



I – Uncontrolled	<i>Found dead Ia. Out-of-hospital Ib. In- hospital</i>	<i>Sudden unexpected CA without any attempt of resuscitation by a life-medical team; WIT to be considered according to National life-recommendations in place; reference to in- or out-of-hospital life-(IH-OH) setting</i>
II - Uncontrolled	<i>Witnessed cardiac arrest IIa. Out-of- hospital IIb. In- hospital</i>	<i>Sudden unexpected irreversible CA with unsuccessful resuscitation by a life-medical team; reference to in- or out-of-hospital (IH-OH)life-setting</i>
III - Controlled	<i>Withdrawal of life-sustaining therapy</i>	<i>Planned withdrawal of life-sustaining therapy*; expected CA</i>
IV – Controlled / Uncontrolled	<i>Cardiac arrest while brain dead</i>	<i>Sudden CA after brain death diagnosis during donor management but prior to planned organ recovery.</i>

**This category mainly refers to the decision to withdraw life-sustaining therapies. Legislation in some countries allows euthanasia (medically assisted death) and subsequent organ donation described as the fifth category.*

THE PROCESS OF UNCONTROLLED DCDD



Courtesy: Francisco del Río. Hospital Clínico San Carlos, Madrid, Spain

2008

RECOMENDACIONES GRUPOS DE TRABAJO DE LA SEMICYUC

Recomendaciones de tratamiento al final de la vida del paciente crítico

Treatment recommendations at the end of the life of the critical patient

J.L. Monzón Marín^a; I. Saralegui Reta^b; R. Abizanda i Campos^c; L. Cabré Pericas^d; S. Iribarren Diarasarri^e; M.C. Martín Delgado^f; K. Martínez Urionabarrenetxea^g y Grupo de Bioética de la SEMICYUC*

^aUnidad de Cuidados Intensivos. Complejo Hospitalario San Millán-San Pedro. Logroño. España.

^bUnidad de Medicina Intensiva. Hospital Santiago Apóstol. Vitoria-Gasteiz. España.

^cUnidad de Cuidados Intensivos. Hospital General. Castellón. España.

^dUnidad de Cuidados Intensivos. Hospital de Barcelona. Barcelona. España.

^eUnidad de Cuidados Intensivos. Hospital Txagorritxu. Vitoria-Gasteiz. España.

^fUnidad de Cuidados Intensivos. Hospital General de Cataluña. Barcelona. España.

^gUnidad de Cuidados Intensivos. Hospital de Navarra. Pamplona. España.

*J.F. Solsona, F. Baigorri, A. Rodríguez, J.M. Campos, N. Masnou, E. de Miguel, A. Manzano, S. Ortega, M.T. Saldaña, A. Pouderaux, A. Bernat y F. Guardiola.

'(...) The second concept is based on the principle of non-maleficence and justice. The treating physician is not obliged to perform or continue with futile treatments, these being those which do not achieve their expected objective.

In this sense, continuing futile treatments is considered a bad clinical practice since it is not respectful with human dignity; on the other hand, the unnecessary use of health care resources is against the principle of distributive justice'.



GOBIERNO DE ESPAÑA

MINISTERIO DE SANIDAD



WITHDRAWAL OF LIFE-SUSTAINING TREATMENT IN INTENSIVE CARE: A SPANISH MULTICENTER STUDY

2009

Limitación de Tratamientos de Soporte Vital en Medicina Intensiva: estudio multicéntrico español

Saralegui I¹, Martín J.C², Osés I³, Martín M⁴, Perea M.E⁵, Monzón J.L⁶, González A⁷, Iribarren S⁸, Clemente R⁹, Martín M.C¹⁰, Quintana S¹¹, Abizanda R¹², De Miguel E¹³, Cabré LI¹⁴, Audicana J¹⁵, López V¹⁶, Dorado P¹⁷, Saldaña T¹⁸.



RESULTS (1 Jan-31 March 2009)

4 066 patients admitted

- ✓ 324 patients included in the study
- ✓ WLST applied in 8% of patients admitted to ICU
- ✓ WLST applied in 55% of patients dead in the ICU

**SIMILAR DATA TO WHAT REPORTED
IN NORTH AND CENTRAL EUROPE AT
THE BEGINNING OF THE CENTURY**

Changes in end-of-life practices from 1999-2000 to 2015-2016 in 22 European Intensive Care Units.

The Ethicus 2 Study

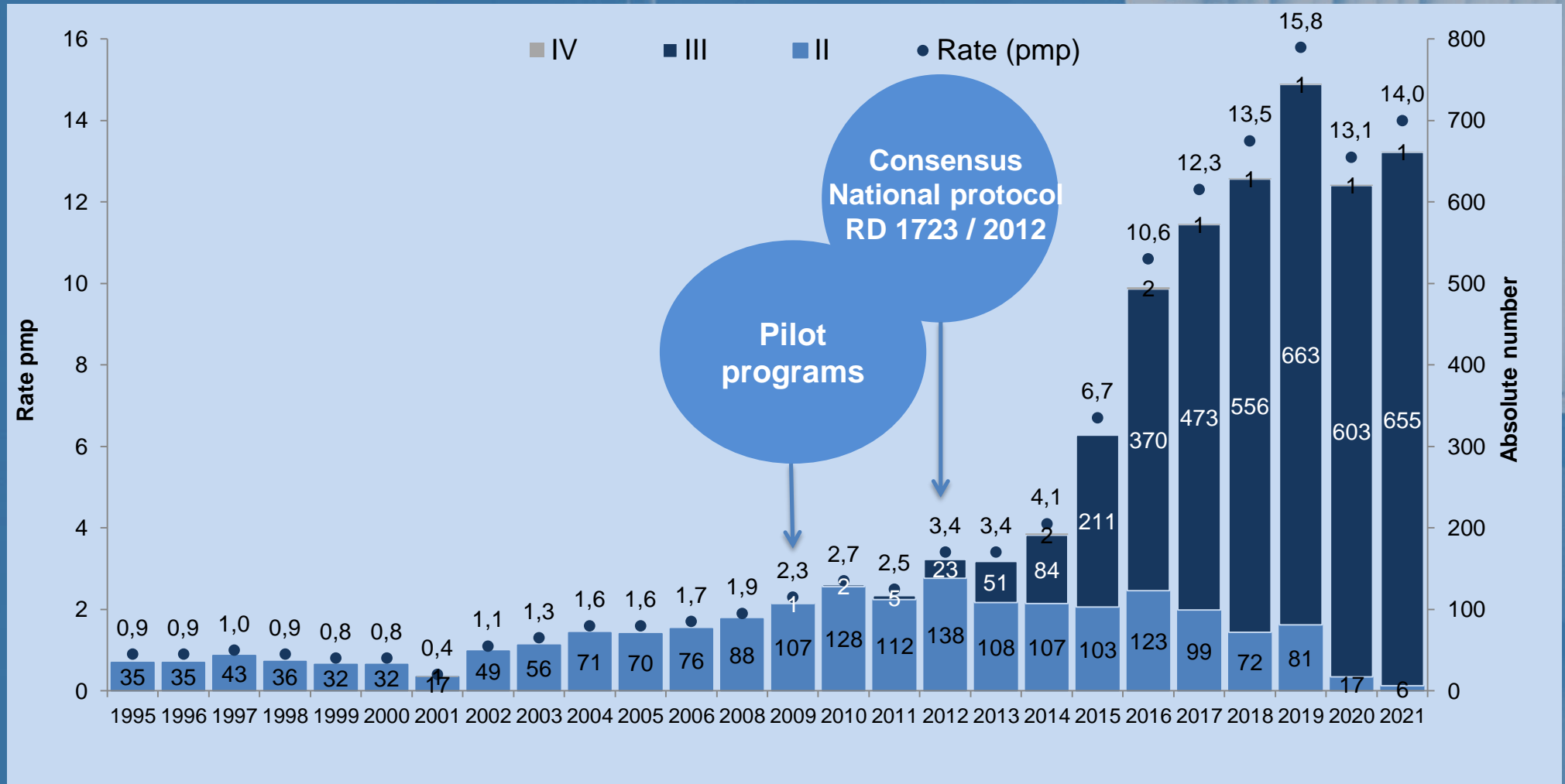


*“Among patients who had treatment limitations or died in 22 European ICUs in 2015-2016, compared with data reported from the same ICUs in 1999-2000, limitations in life-prolonging therapies occurred significantly more frequently and death without limitations in life-prolonging therapies occurred significantly less frequently. **These findings suggest a shift in end-of-life practices in European ICUs (...).**”*

	2015-2016, %	1999-2000, %	Difference (95% CI), %	P Value
Overall				
Failed CPR	6.2	22.4	-16.2 (-18.1 to -14.3)	<.001
Withheld life-sustaining treatment	50.0	40.7	9.3 (6.4 to 12.3)	<.001
Withdrew life-sustaining treatment	38.8	24.8	14.0 (11.2 to 16.8)	<.001
Active shortening of the dying process	1.0	2.9	-1.9 (-2.7 to -1.1)	<.001
Brain death	4.1	9.3	-5.2 (-6.6 to -3.8)	<.001

DCDD IN SPAIN

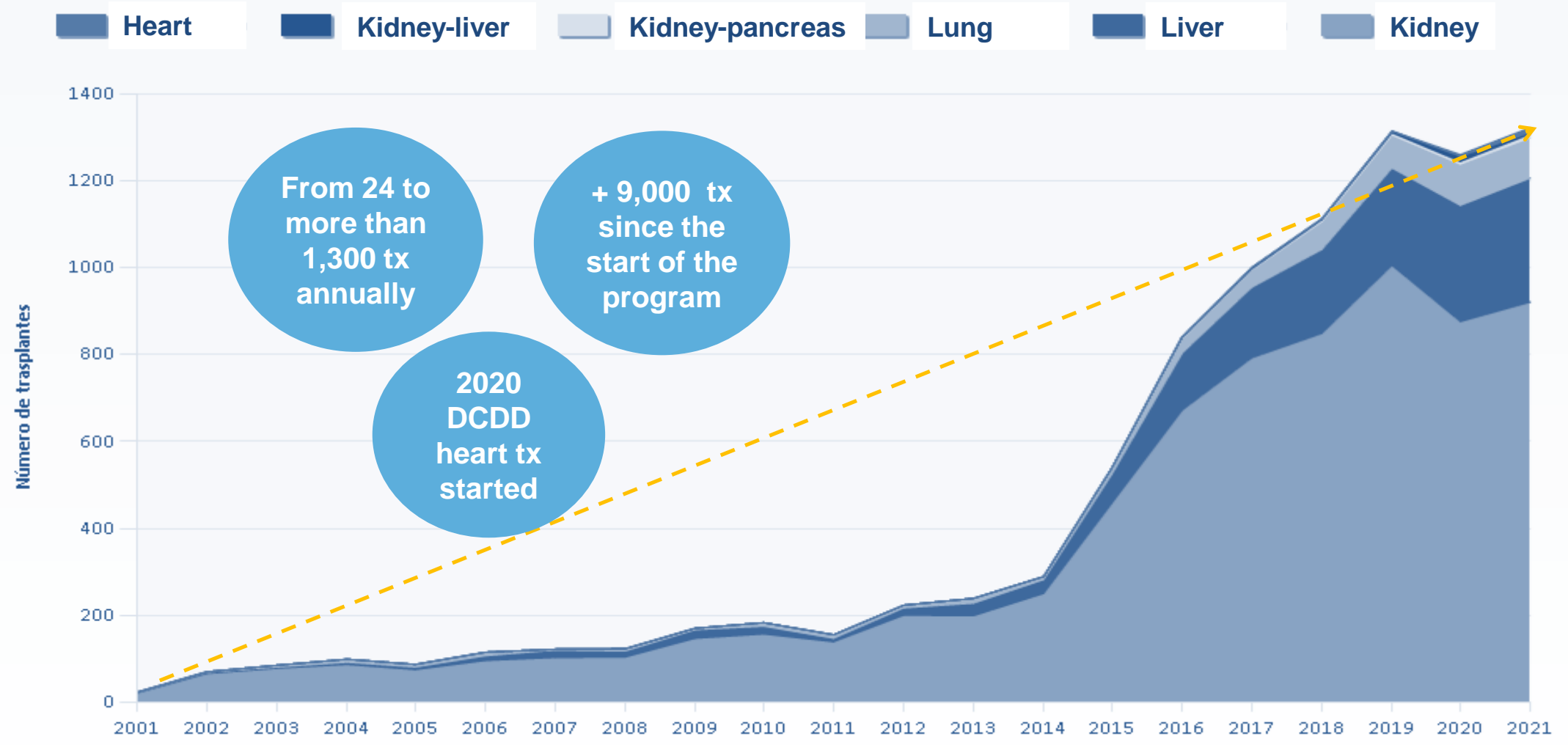
DCDD REPRESENTS 35% OF DECEASED DONATION ACTIVITIES IN SPAIN



662

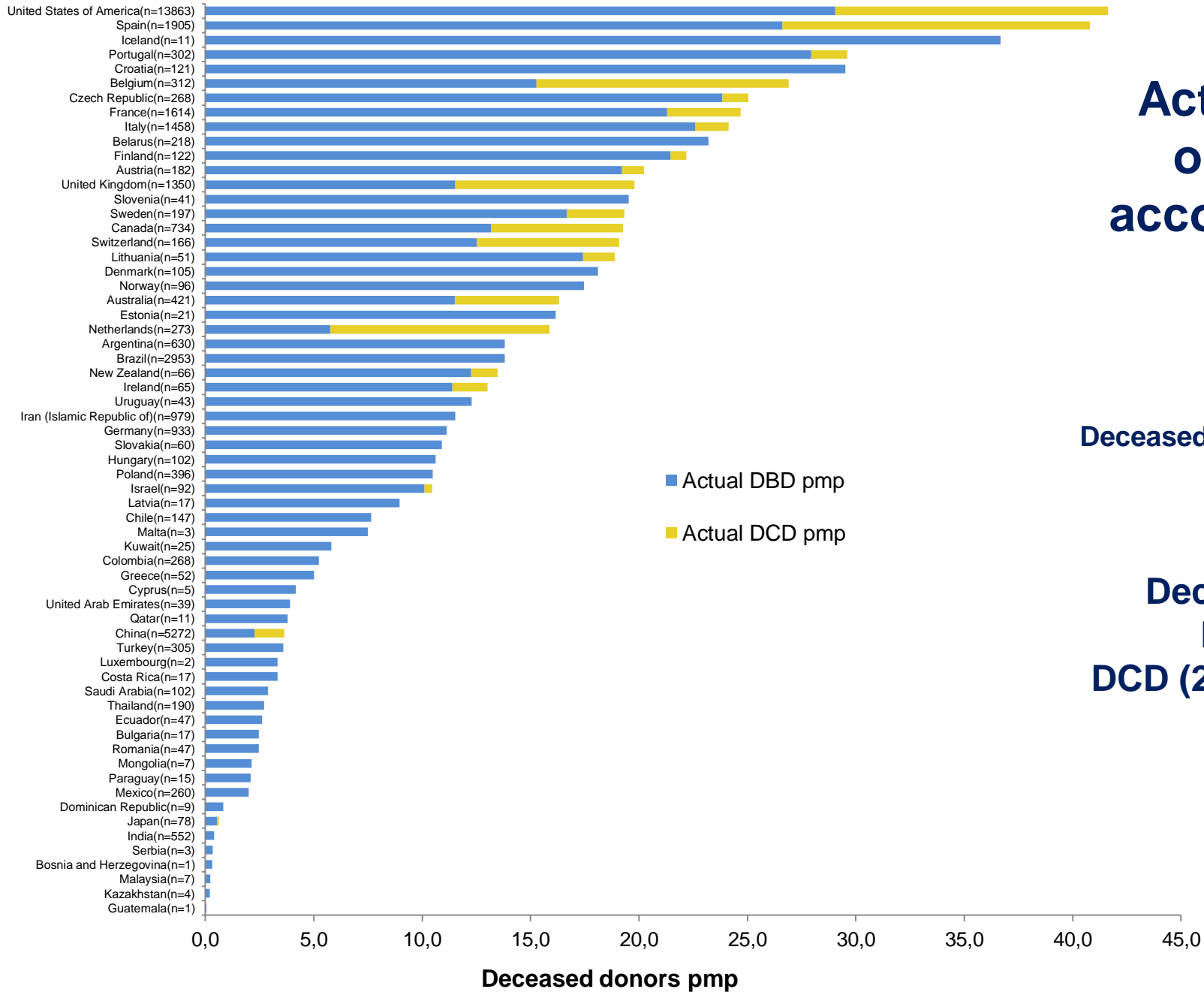
 2021

DCDD TRANSPLANTS IN SPAIN



Source: Organización Nacional de Trasplantes

Source: Global Observatory on Donation and Transplantation
(<http://www.transplant-observatory.org/>)

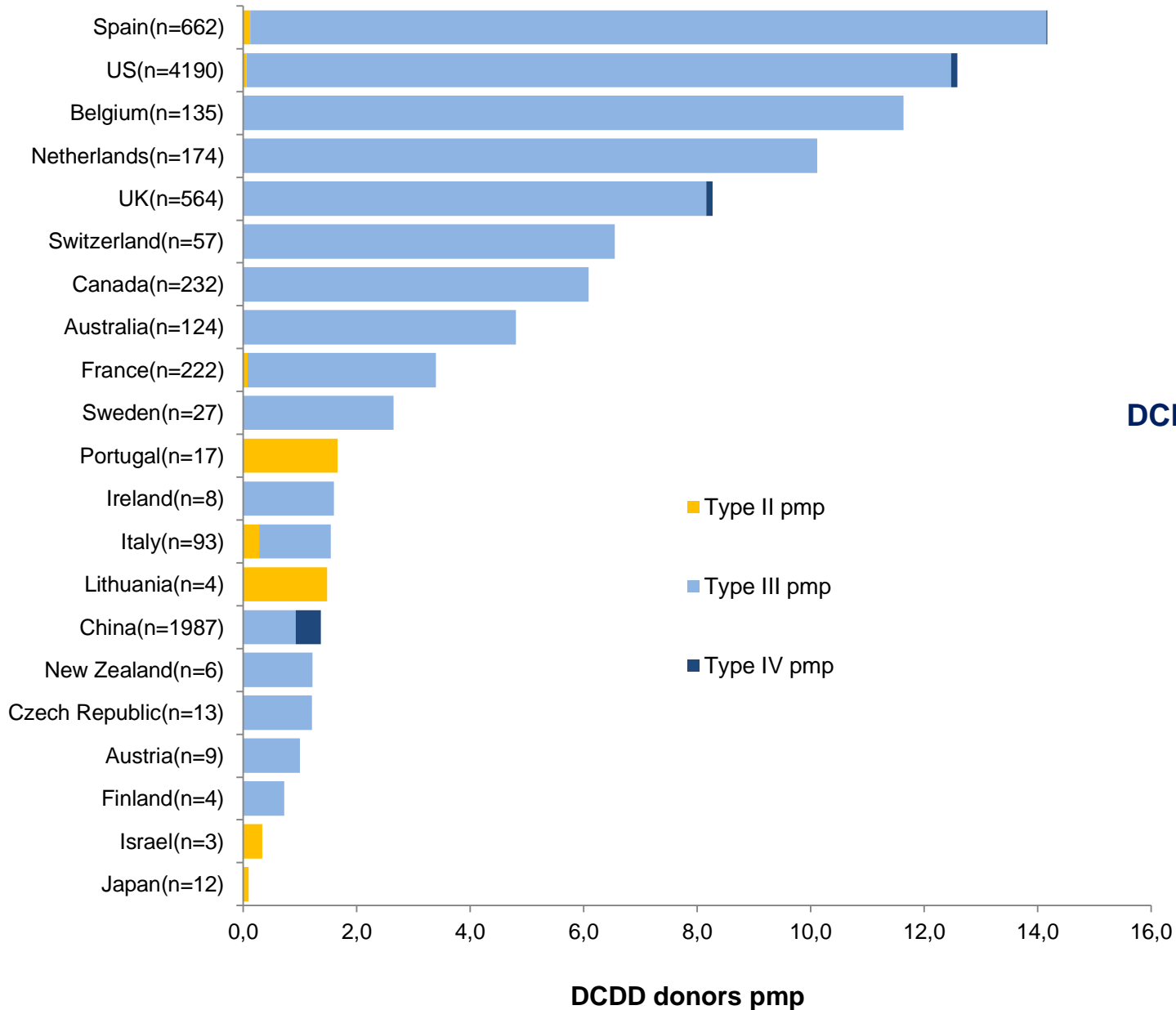


Actual deceased organ donors according to donor type (pmp) 2021

Deceased donation activities reported in 63/79 countries

Deceased donors: 37 653
DBD: 29 110 (77%)
DCD (21 countries): 8 543 (23%)

Source: Global Observatory on Donation and Transplantation
(<http://www.transplant-observatory.org/>)



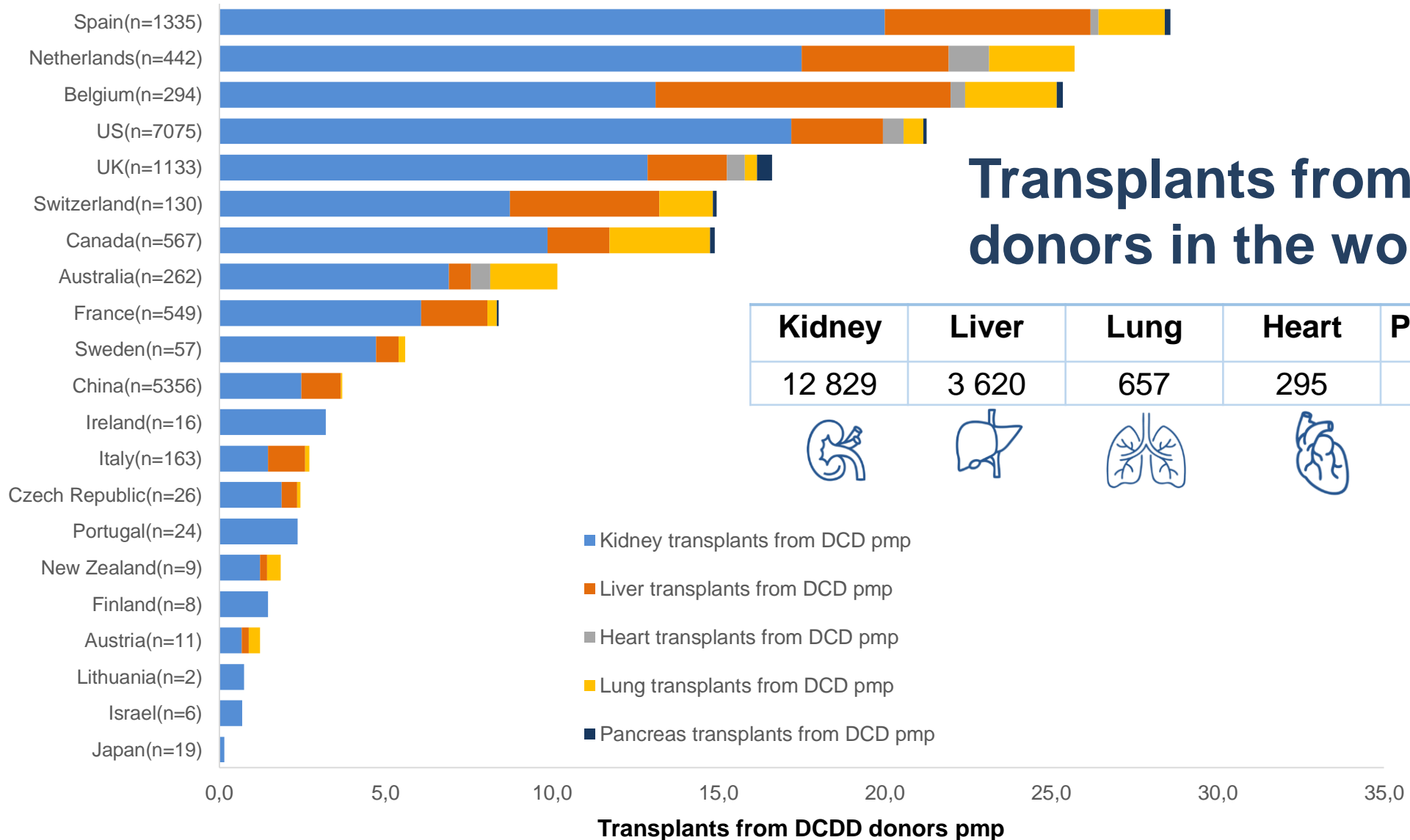
Actual DCDD donors according to Maastricht type (pmp) 2021

DCDD activities reported in 21/79 countries

DCDD donors: 8 543

Type II: 83 (1%)
Type III: 7 769 (91%)
Type IV: 691 (8%)

Source: Global Observatory on Donation and Transplantation
(<http://www.transplant-observatory.org/>)



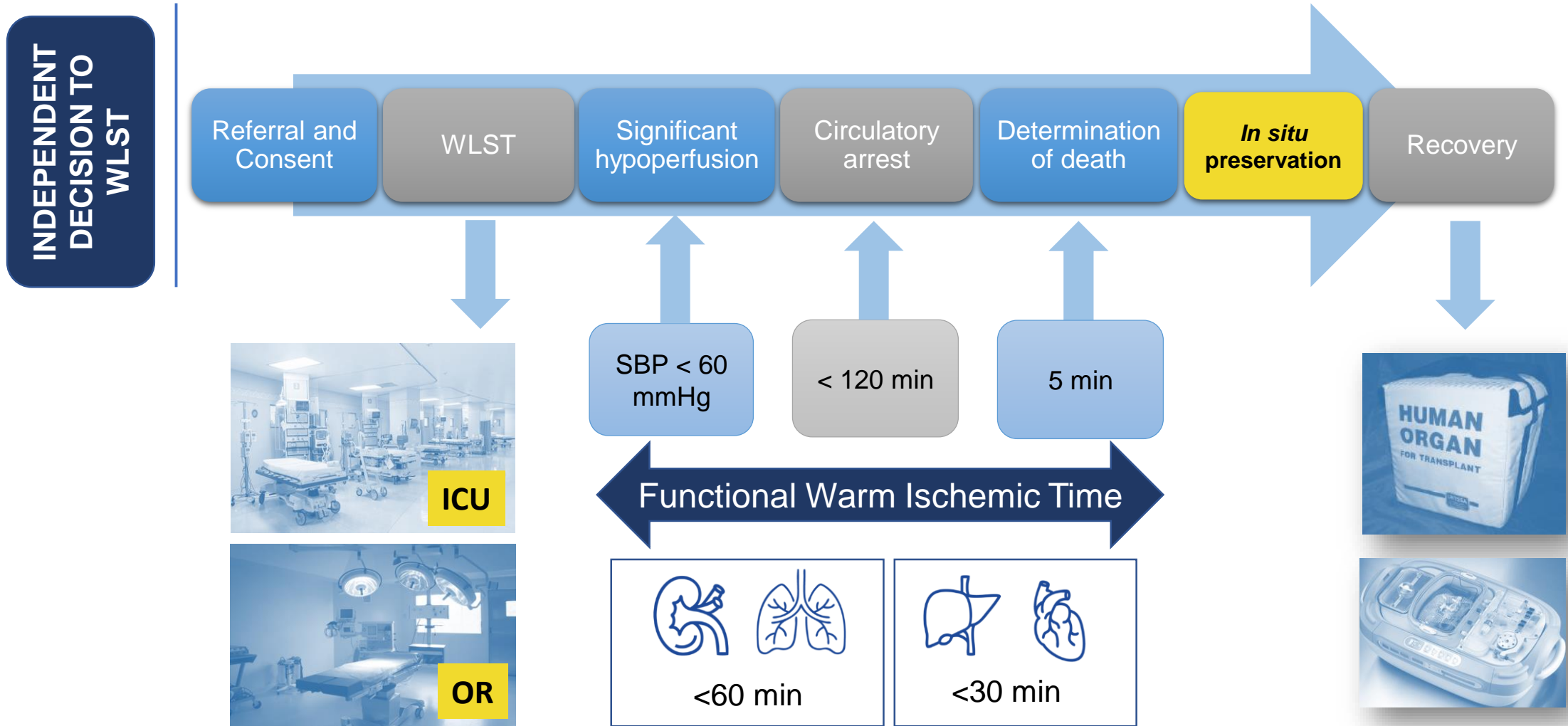
Transplants from DCDD donors in the world. 2021

Kidney	Liver	Lung	Heart	Pancreas	Total
12 829	3 620	657	295	83	17 484



- Kidney transplants from DCD pmp
- Liver transplants from DCD pmp
- Heart transplants from DCD pmp
- Lung transplants from DCD pmp
- Pancreas transplants from DCD pmp

THE PROCESS OF CONTROLLED DCDD



30 mins CA

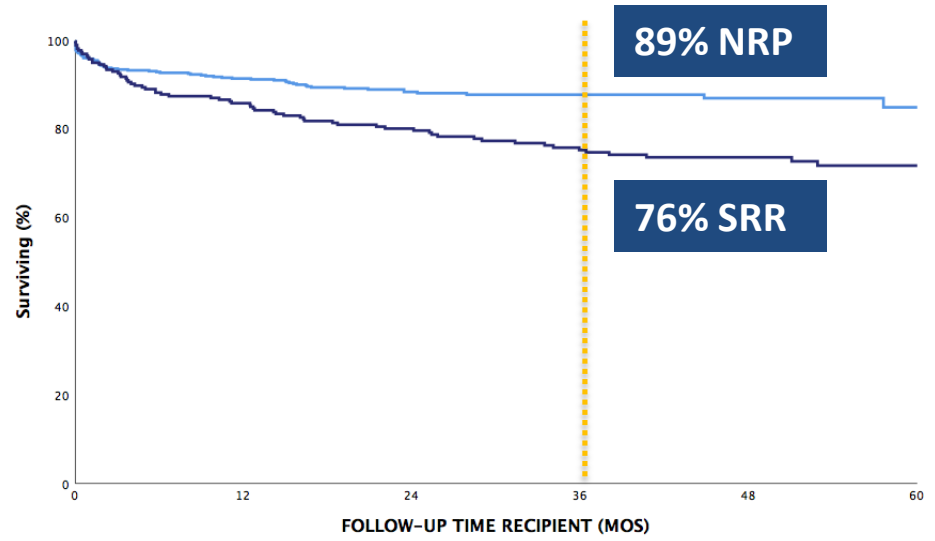
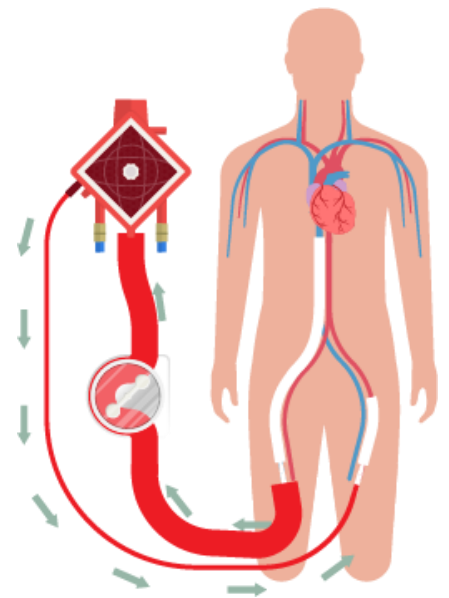
30 mins CA + 30 mins nRP

POTENTIAL BENEFITS OF NRP

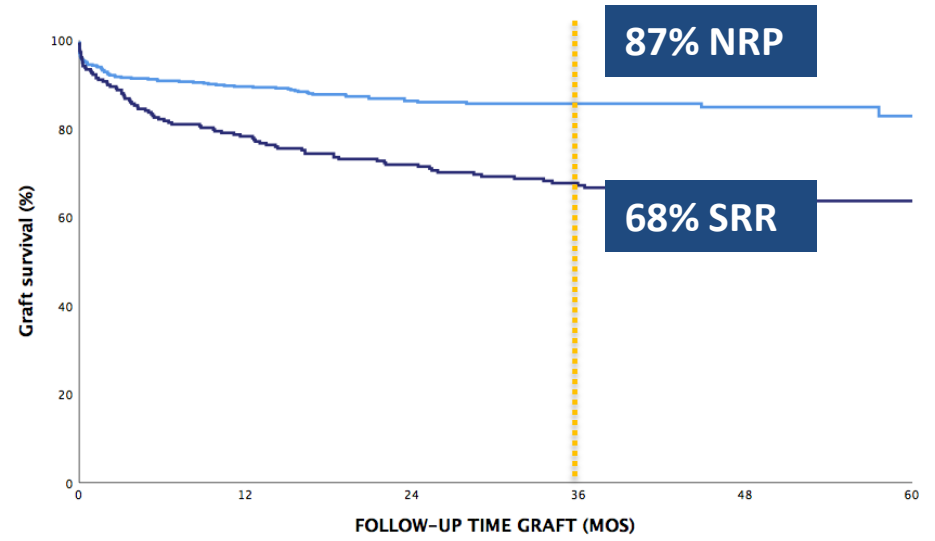
- ✓ Regeneration of ischemically-damaged tissue
- ✓ Facilitation of logistics and recovery
- ✓ Evaluation of organ viability
- ✓ Simultaneous perfusion of different organs without the need of organ-specific *ex situ* devices

cDCD LIVER TRANSPLANTATION. SPAIN 2012-2019

803 cDCDD LIVER TX
2012-2019:
NRP: 545
SRR: 258



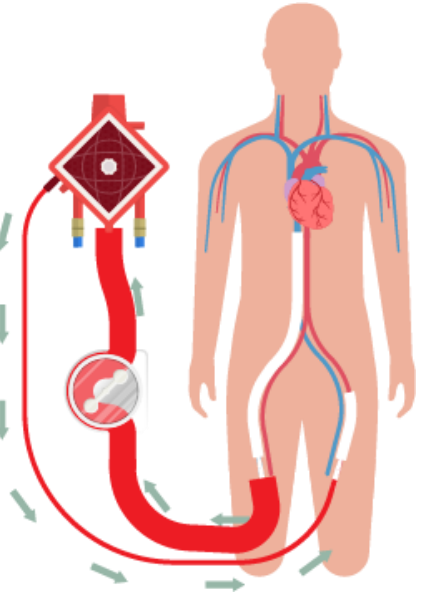
No. at risk	0	12	24	36	48	60
NRP	545	498	320	181	92	34
SRR	258	220	180	142	99	49



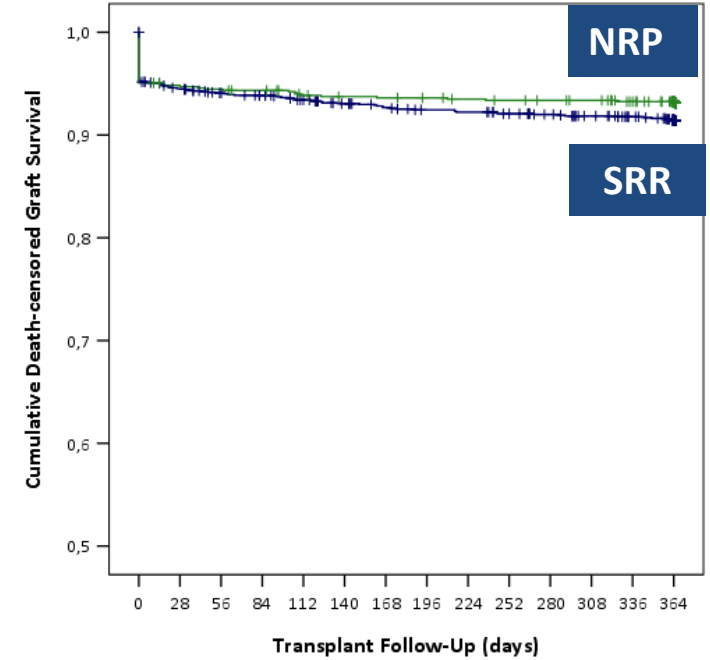
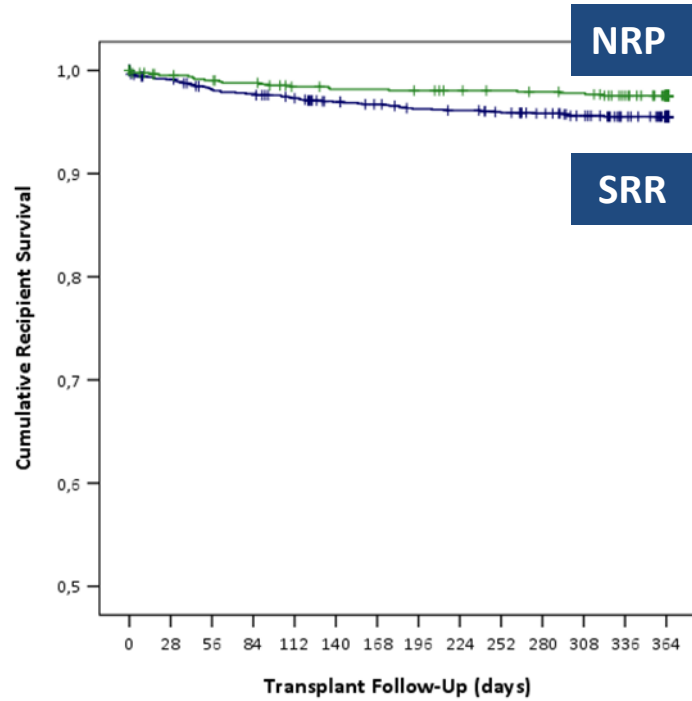
No. at risk	0	12	24	36	48	60
NRP	545	488	316	179	91	34
SRR	258	202	167	130	88	41

	NRP (N=545)	SRR (N=258)	Unadjusted Risks estimate (95% CI) ²	P value	Adjusted ¹ Risks estimate (95% CI) ²	P value
EAD (%)	81 (15)	60 (23)	0.576 (0.397-0.837)	0.004	0.562 (0.363-0.871)	0.010
PNF (%)	16 (3)	15 (6)	0.490 (0.238-1.007)	0.052	0.573 (0.252-1.303)	0.184
HAT (%)	22 (4)	19 (7)	0.529 (0.281-0.996)	0.049	0.452 (0.219-0.932)	0.032
All biliary complications (%) ³	63 (12)	75 (29)	0.319 (0.219-0.464)	<0.001	0.300 (0.197-0.459)	<0.001
ITBL (%)	6 (1)	24 (9)	0.109 (0.044-0.269)	<0.001	0.112 (0.042-0.299)	<0.001
Re-transplantation (%)	19 (3.5)	31 (12)	0.265 (0.146-0.478)	<0.001	0.279 (0.147-0.531)	<0.001
Graft loss (%)	77 (14)	88 (34)	0.422 (0.311-0.574)	<0.001	0.371 (0.267-0.516)	<0.001
Patient death (%)	65 (12)	66 (26)	0.494 (0.350-0.696)	<0.001	0.540 (0.373-0.781)	0.001

cDCD KIDNEY TRANSPLANTATION. SPAIN 2012-2018

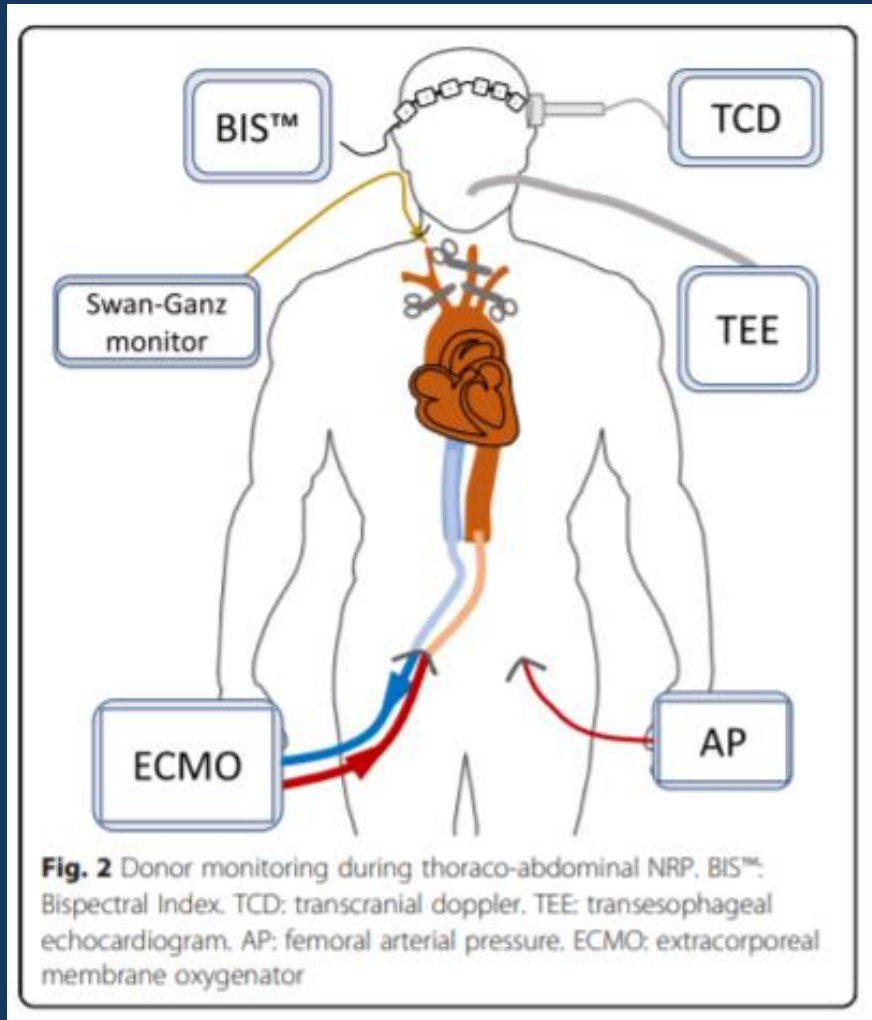


**2,302 cDCD KIDNEY
TX 2012-2018:
NRP: 865
SRR: 1.437**



	UNIVARIATE				ADJUSTED				ATT (%)	PSM			
	P	OR	CI95%		P	OR	CI95%	P		OR	CI95%		
Primary non function	0.637	0.91	0.6	1.36	0.426	1.26	0.71	2.22	(6.6 vs. 4.7)	0.261	1.44	0.73	2.91
Delayed graft function	<0.001	2.16	1.79	2.6	<0.001	2.1	1.6	2.78	(45.4 vs. 29.7)	<0.001	1.97	1.43	2.72
		HR				HR					OR		
1-year graft loss	0.165	1.25	0.91	1.72	0.051	1.49	1	2.28	(9.9 vs. 5.8)	0.034	1.77	1.01	3.17
1-year patient death	0.017	1.85	1.12	3.07	0.055	1.83	0.99	3.46	(4.3 vs. 2.3)	0.111	1.93	0.8	4.97

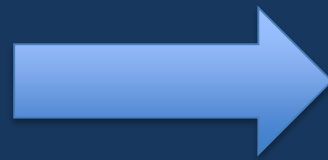
cDCDD HEART TRANSPLANTATION IN SPAIN



BRIEF COMMUNICATION

Spanish experience with heart transplants from controlled donation after the circulatory determination of death using thoraco-abdominal normothermic regional perfusion and cold storage

Eduardo Miñambres, Mario Royo-Villanova, Marina Pérez-Redondo, Elisabeth Coll, Susana Villar-García, Sergio J. Canovas, Juan Francisco Nistal, Iris P. Garrido, Manuel Gómez-Bueno, Manuel Cobo, Beatriz Dominguez-Gil ... See fewer authors ^



cDCDD HEART TRANSPLANTS IN SPAIN (30/09/2022)



39
7 (ped)

EL MUNDO
18 Febrero, 2020

PAÍS: España	FRECUENCIA: Diario
PÁGINAS: 26	O.J.D.: 85628
TARIFA: 32850 €	E.G.M.: 671000
ÁREA: 777 CM² - 75%	SECCIÓN: SALUD

EL PRIMER CORAZÓN DE UN DONANTE EN PARADA CARDÍACA

Una intervención pionera. El Hospital Puerta de Hierro de Madrid trasplanta, por primera vez en España, un corazón cuyo donante había muerto por parada cardiorrespiratoria. La técnica podría aumentar hasta un 10% los órganos aptos...

EL PRIMER CORAZÓN DE UN DONANTE EN PARADA CARDÍACA

FOR: CRISTINA G. LUCIO Macías

DCDD PROVIDES THE OPPORTUNITY TO DONATE TO PATIENTS OTHER THAN THOSE WITH A DEVASTATING BRAIN INJURY



DCDD

+DBD

Devastating brain injury

Respiratory failure

Heart failure

Neurodegenerative diseases

- ✓ Emergency care
- ✓ Neurology
- ✓ Neurosurgery
- ✓ Internal medicine
- ✓ Oncology, neurology, palliative care (CNS neoplasia)

- ✓ Emergency care
- ✓ Neumology
- ✓ Internal medicine

- ✓ Emergency care
- ✓ Cardiology
- ✓ Coronary unit
- ✓ Internal medicine

- ✓ Neurology
- ✓ Neumology
- ✓ Palliative care
- ✓ ALS units

2013-2021

130 actual donors with ALS (324 transplants) in Spain through DCDD protocols

MINISTERS' DEPUTIES

Recommendations

CM/Rec(2022)3

23 February 2022

Recommendation CM/Rec(2022)3 of the Committee of Ministers to member States on the development and optimisation of programmes for the donation of organs after the circulatory determination of death

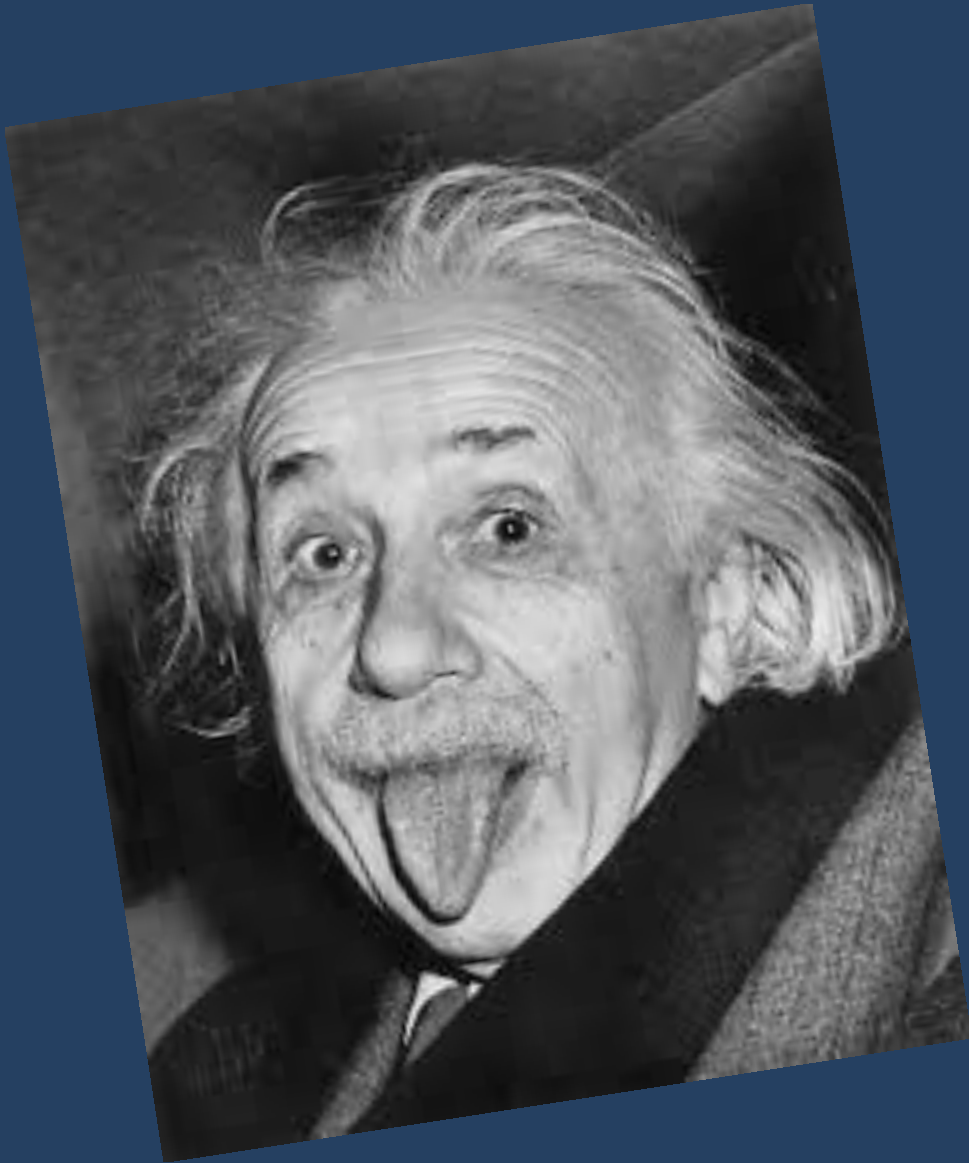
(Adopted by the Committee of Ministers on 23 February 2022 at the 1426th meeting of the Ministers' Deputies)

COMMITTEE OF MINISTERS
COMITÉ DES MINISTRES



RECOMMENDS TO THE GOVERNMENTS OF MEMBER STATES THE FOLLOWING:

- i. to **EXPLORE THE OPPORTUNITY of developing DCDD programs** to offer more patients the option of post-mortem donation and increase the availability of organs for transplantation;
- ii. for those countries who decide to follow the practice of DCDD, to **develop a comprehensive REGULATORY FRAMEWORK** that is continuously revised and aligned with the advancements of medical science; this regulatory framework should specify, at a minimum:
 - a. the **independence of decisions** related to treatment options of patients from any consideration of organ donation;
 - b. that professionals who participate in the recovery or transplantation of DCDD organs are not involved in decisions or actions pertaining to the WLST or the termination of aCRP;
 - c. the **criteria for determining death** prior to the recovery of organs;
 - d. the **ante- and post-mortem interventions** to improve the quality of organs for transplantation that are deemed acceptable within that jurisdiction;
- iii. to **provide healthcare professionals and other relevant professional groups and stakeholders with REGULAR TRAINING** on the practice of DCDD;
- iv. to **promote PUBLIC AWARENESS and understanding** of national DCDD programs;
- v. to **REGISTER INFORMATION** on DCDD procedures and on the outcomes of transplants performed with organs obtained from DCDD donors in the relevant national registries;
- vi. to **promote RESEARCH** in the field of DCDD to optimize practices and improve post-transplant outcomes with DCDD organs.



“The people who are crazy enough to think they can change the world are the ones who do”

Albert Einstein

THINK DIFFERENT





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ORGANIZACIÓN NACIONAL
DE TRASPLANTES



ont@sanidad.gob.es



www.ont.es



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



Organización Nacional de Trasplantes

Beatriz Domínguez-Gil, MD, PhD
Director General

Organización Nacional de Trasplantes, Spain

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