



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

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ABSTRACT BOOK

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ABSTRACT BOOK

Table of Content

TNF-A PATHWAY ACTIVATION ON DECEASED KIDNEY DONORS: A CRITICAL MEDIATOR OF UNFAVORABLE POST-TRANSPLANT OUTCOMES	4
A NEW CIRCUIT DESIGN OF THORACO-ABDOMINAL NORMOTHERMIC REGIONAL PERFUSION WITH BETTER ETHICS, SAFETY, EFFECTIVITY AND COSTS.	6
SWEDISH AND SPANISH INTENSIVE CARE NURSES' EXPERIENCES AND CONCEPTIONS OF PARTICIPATING IN THE ORGAN DONATION AFTER CIRCULATORY DEATH (DCD) PROCESS	8
ORGAN DONOR COORDINATORS' LEADERSHIP IN ORGAN DONATION AND TRANSPLANTATION PRACTICE AND POLICY	9
ORGAN DONATION AFTER BRAIN-DEATH - FAMILY DYNAMICS, FACTORS FOR CONSENT AND ATTACHMENT OF MEANING AS A WAY TO PROCESS LOSS	10
FACTORS DETERMINING CONSENT FOR ORGAN DONATION AFTER BRAIN DEATH IN FRANCE	12
DONATION AFTER CIRCULATORY DEATH INCREASES OVERALL ORGAN DONATION AND TRANSPLANTATION IN SWEDEN, BUT NOT WITHOUT NEW CHALLENGES.	13
ENQUIRIES OF ORGAN REGISTRIES ABROAD IN A POTENTIAL FOREIGN ORGAN DONOR: A EUROPEAN SURVEY	15
DONATION AFTER MEDICAL ASSISTANCE IN DYING IN QUÉBEC – THE FIRST FIVE YEARS	16
"YOUR DEATH, MY LIFE" - A FOCUS GROUP STUDY REGARDING THE ATTITUDES OF THE GREEK POPULATION TOWARDS ORGAN DONATION AFTER CIRCULATORY DEATH	18
DECEASED ORGAN DONATION ACTIVITY, IN THE CRITICAL CARE UNIT OF A GREEK UNIVERSITY HOSPITAL, DURING 2022	19
A LENGTHENED EUTHANASIA ELIMINATES THE BURDEN OF ORGAN DONATION RELATED PREMORTEM INQUIRIES AND IN HOSPITAL PERFORMED EUTHANASIA.	20
ACTIVATION OF THE COMPLEMENT SYSTEM EARLY ON DURING BRAIN DEATH MANAGEMENT	21
PREDICTIVE RADIOLOGIC SIGNS TO EVOLVE TO BRAIN DEATH OR CIRCULATORY DEATH	22
A NOVEL APPROACH TO ADDRESS MASS MEDIA CAMPAIGNS FOR ORGAN DONATION PROMOTION. THE REGIONAL EXPERIENCE OF A 5-MILION INHABITANTS AREA OF ITALY.	24
NORMOTHERMIC REGIONAL PERFUSION REDUCES APOPTOSIS MARKERS IN CONTROLLED DONATION AFTER DETERMINATION OF DEATH	25
ORGAN DONATION AFTER CIRCULATORY DEATH – SHALL WE? PERCEPTIONS AND CHALLENGES OF GREEK NURSING PROFESSIONALS - A FOCUS GROUP STUDY	27
MASS MEDIA CAMPAIGNS SENSITIZE BUT FAIL TO INCREASE ACTUAL ORGAN DONATION RATE	28
ICU STAFF'S SELF-REPORTED NEED FOR SUPPORT AND EDUCATION IN ORGAN DONATION	29



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

IMPROVING DECEASED DONATION THROUGH AN INTERNATIONAL COOPERATION TRAINING FOR HEALTH PROFESSIONALS	30
THE SCARCITY OF ORGAN DONORS IN CHILE IS NOT EXPLAINED BY FAMILIAL REFUSAL, BUT BY UNPREPARED ER AND ICU PROFESSIONALS	31
NEONATAL ORGAN DONATION FOR KIDNEY SHORTAGE; IS THIS THE TIME?	32
KNOWLEDGE EXCHANGE PROGRAM TO FACILITATE THE CREATION OF ORGAN DONATION UNITS IN SAUDI ARABIA	33
ORGAN DONATION: PROMOTING INTER-CULTURAL AND INTER-FAITH DIALOGUE	35
HEALTHCARE WORKERS AND ADMINISTRATIVE STAFF PERCEPTION OF ORGAN DONATION IN TWO HOSPITALS	36
THE EXPERIENCES OF HEALTH CARE PROFESSIONALS APPROACHING FAMILIES FOR ORGAN DONATION CONSENT: A MIXED-METHOD SYSTEMATIC REVIEW	39
EDUCATIONAL INTERVENTION AS AN APPROACH TO SUPPORT COUNTRIES IN EUROPEAN REGION TOWARDS ACHIEVING SELF-SUFFICIENCY IN TRANSPLANTATION	41
DONATION AFTER CARDIOCIRCULATORY DEATH IN PATIENTS OLDER THAN 70 YEARS	43
FROM PEN TO CLOUD – INTRODUCTION OF A DIGITAL DOCUMENTATION PLATFORM FOR ORGAN DONATION COORDINATORS	45
SEARCHING NEW DONATION SCENARIOS: POTENCIAL RECEPTORS "ON THE OTHER SIDE OF THE MIRROR"	46
HOW WE MANAGE THE CRITICAL DONOR AND RECIPIENT SITUATION AFTER THE COVID-19 ERA FROM THE POINT OF VIEW OF A COORDINATOR	47
THE IMPACT OF DECEASED DONOR ORGAN PROCUREMENT WORKSHOP ON SURGICAL TRANSPLANT FELLOWS' CONFIDENCE AND COMPETENCE	49
HEART TRANSPLANTATION FROM ANTI-HBCORE POSITIVE DONORS: A SINGLE-CENTER OBSERVATIONAL STUDY	50
THE CRITICAL PATHWAY FOR DECEASED DONATION: AN ANALYSIS IN THREE REGIONS OF COLOMBIA	52
LEARNING FROM VIGILANCE – THE INSTRUCTIVE VALUE OF THE NOTIFY LIBRARY	55
DISPARITIES IN ORGAN DONATION RATES INSIDE THE EUROPEAN REGION	57
DISCLOSURE LIST	58



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

TNF-A PATHWAY ACTIVATION ON DECEASED KIDNEY DONORS: A CRITICAL MEDIATOR OF UNFAVORABLE POST-TRANSPLANT OUTCOMES

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Background: Elevated levels of TNF- α pathway related proteins have been linked with kidney function decline and injury; yet the mechanisms have not been fully elucidated neither evaluated on deceased donors. The aim of this study was to evaluate the circulating levels of TNF- α , TNFRSF1A, TNFRSF1B and TNFRSF17 in donors after brain (DBD) and circulatory death (DCD) and investigate whether high levels of these mediators may impact graft function posttransplant.

Methods: Plasma samples from 284 deceased donors (158 DBD, 126 DCD) were obtained from the Quality in Organ Donor (QUOD) biobank. Using Luminex assays, longitudinal levels of the analytes were quantified in plasma samples collected during donor management (prior to cross clamp in DBDs and withdrawal of support in DCDs). Statistical associations were performed of donor analyte levels and posttransplant events of primary non-function (PNF), delayed graft function (DGF), acute rejection (AR), 12-month posttransplant graft function (eGFR<30, 30-59, >60 ml/min) and graft loss (GL), within 60 months of follow up.

Results: Among 568 paired recipients of 284 donors, 11 (2%) recipients developed PNF, and 128 (22%) recipients developed DGF (24 pairs, 80 non-pairs). Fifty recipients (9%) experienced at least one AR episode (9 pairs, 32 non-pairs) and 74 (13%) donors had a GL during follow-up. High donor levels of TNFRSF17 were associated with DGF ($p=0.04$). Donor TNF- α , TNFRSF1A, TNFRSF17 levels were significantly elevated ($p<0.05$) in donors who offered concordant grafts with suboptimal 12-month post-transplant function (eGFR<30 ml/min, Fig 1). GL associated with significantly higher levels of TNFRSF1A and TNFRSF17 pre-transplant ($p<0.05$, Fig 2). Grafts developed PNF were obtained from donors with higher levels of TNFRSF1A, TNFRSF2A, TNFRSF17 compared to donors who offered kidneys with immediate function (TNFRSF17, $p=0.04$). Finally, in AR, higher levels of the markers were observed, but were not of significance.

Conclusions: We demonstrated that increased circulating inflammatory levels are associated with poorer prognosis. In an era of donor shortage crisis, our study sheds light on a critical pathway of donor kidney injury in "high-risk" and of uncertain quality donors and offer the opportunity for more granular assessment of transplants.



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

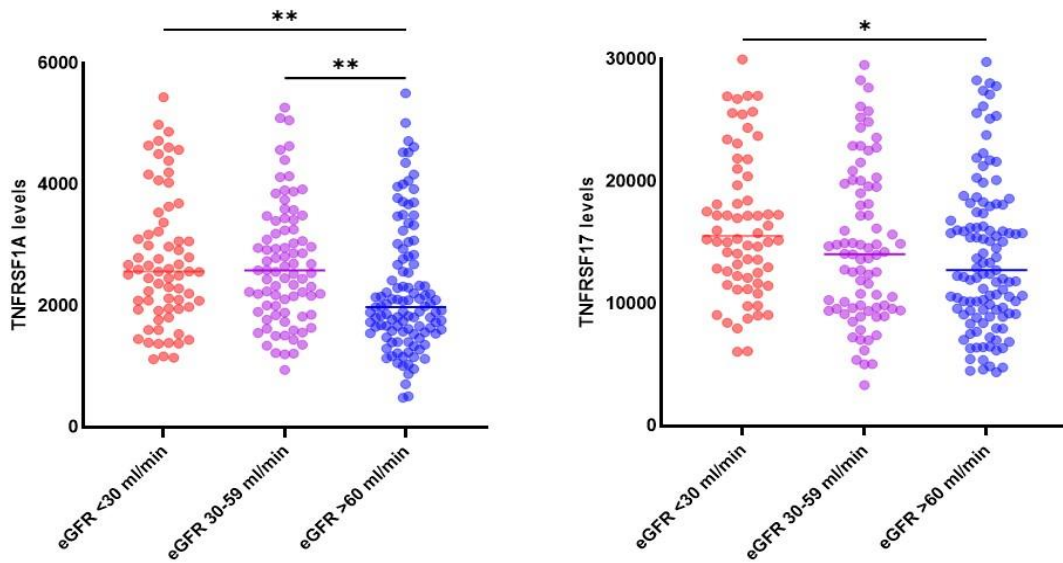


Fig 1

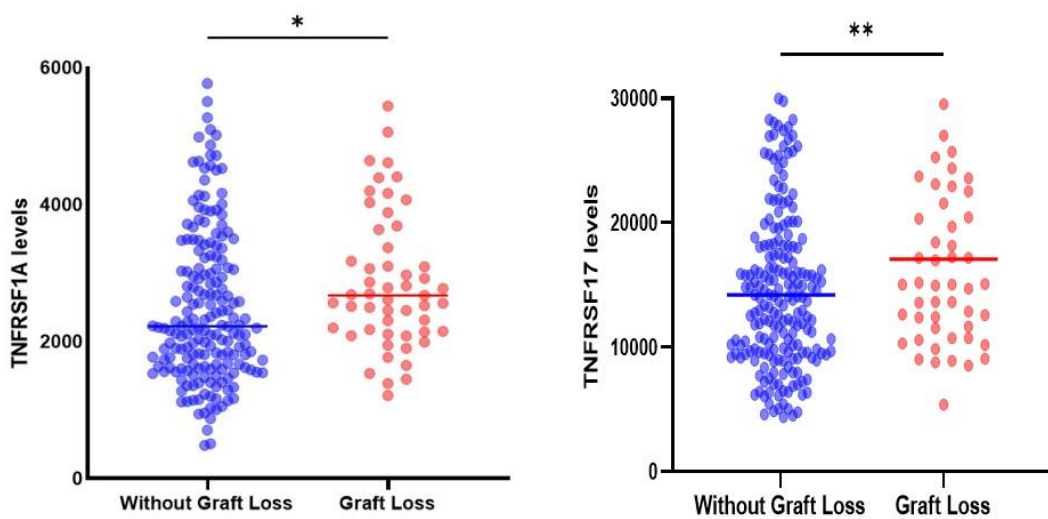


Fig 2



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Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

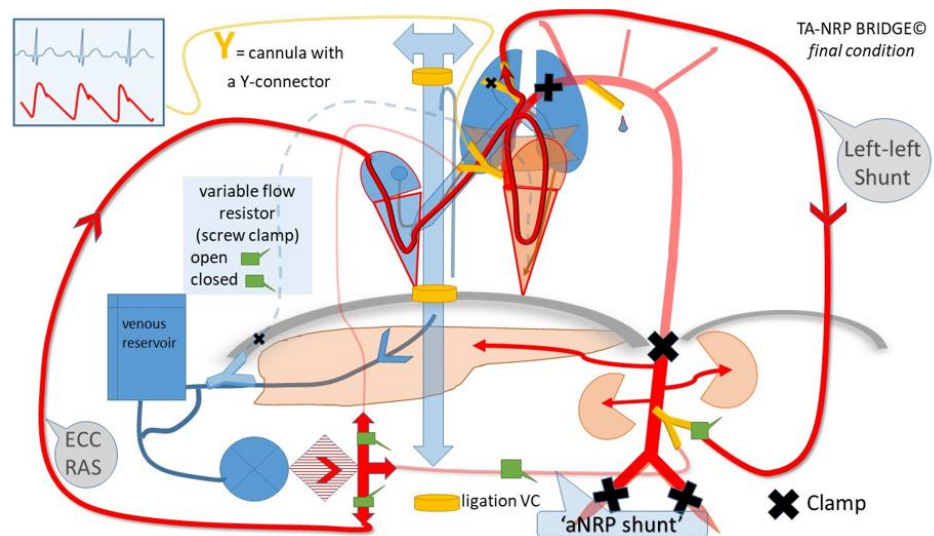
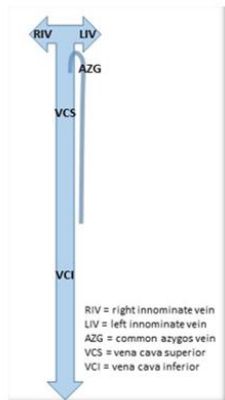
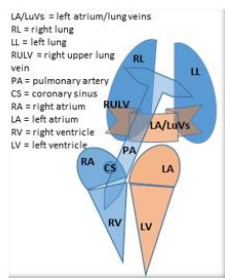
A NEW CIRCUIT DESIGN OF THORACO-ABDOMINAL NORMOTHERMIC REGIONAL PERFUSION WITH BETTER ETHICS, SAFETY, EFFECTIVITY AND COSTS.

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Background: Conventional thoraco-abdominal normothermic regional perfusion (conv-TA-NRP) has raised ethical objections. We propose a model as an alternative to avoid this: the TA-NRP BRIDGE© (Bi-phasic Recovery in Donororgans Guided by Extracorporeal circulation).

Methods: After thoraco-abdominal (TA) access, the abdominal aorta (AbdA) and the ascending aorta (AscA) are clamped. The AbdA is cannulated below the clamp. The abdominal inferior caval vein (VCI) is cannulated. An aortic root (AR) cannula is introduced to supply arterial blood from the extracorporeal circulation (ECC) as an AR shunt (ARS). The upper caval vein is closed above the azygos. A drain is introduced in the left ventricle (LV) via the right upper lung vein. The abdominal NRP (aNRP) and ARS are then started as the primary part of the BRIDGE©. The secondary part is then constructed. The AscA is cannulated below the clamp. A left-left shunt (LLS) is made between the AscA and the AbdA and a shunt is made between the ECC and the right atrium (ECC-RAS); these shunts remain currently shut. A ligation is prepared at the VCI above the diaphragm. After the heart regains function, the ligation at the VCI is closed, while the ECC-RAS is gradually opened. The right ventricle and LV start to generate output; the LV and AscA become increasingly volume loaded and pressurized. Drainage of the LV and supply of the ARS are withheld now. When pressure in the AscA surpasses pressure in the aNRP circuit, the LLS is gradually opened, while the supply of the ECC to the aNRP is diverted to the ECC-RAS (figure).



Results: The conv-TA-NRP raised ethical issues have been waived by preventing collateral brain perfusion, as in aNRP. Start of the primary part of the BRIDGE© will immediately eliminate ischemia of the heart and abdominal organs. Additional stepwise development of the BRIDGE© will change continuous flow to pulsatile flow; the heart is assessable now. Oxygenation remains independent from donor lung function, while aNRP can be managed simultaneously and independently 'on' the BRIDGE©, which is always reversible to aNRP only. Finally, the BRIDGE© will be cost saving, as an Organ Care System is no longer necessary.

Conclusions: The TA-NRP BRIDGE© model proved effective and is clinical well applicable and may outweigh the conv-TA-NRP by far with respect to ethics, safety and costs.



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

SWEDISH AND SPANISH INTENSIVE CARE NURSES' EXPERIENCES AND CONCEPTIONS OF PARTICIPATING IN THE ORGAN DONATION AFTER CIRCULATORY DEATH (DCD) PROCESS

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Background: Donation after Circulatory Death (DCD) enables an addition to the Donation after Brain Death to increase the number of organ donors. Organ donation with DCD has been a part of donation since the 1990s in some European countries, while others have started more recently. Previously, there have been no comparative studies conducted between European countries from diverse cultures, with different experiences of and exposure to the DCD process, as well as from the perspective of intensive care unit (ICU) nurses. Therefore, the aim of this study is to describe ICU nurses' experiences of participating in the DCD process where similarities and differences between two European countries will be illuminated.

Methods: Qualitative interview study with Phenomenographic analysis method was used. Participants were nine ICU nurses with experience of DCD, at two university hospitals in two different European countries.

Results: The results are presented within three themes; in relation to the profession, in relation to the organization and in relation to existential issues, describing ICU nurses' conception of participating in the DCD process. Moreover, the results are presented as similarities and differences between ICU nurses representing two countries with a wide variety of experience of DCD, one of the countries with +25y of experience and the other with 5y of experience.

Conclusions: Hospitals that implemented the DCD process early on, in the 1990s, have since then performed numerous DCD's. The result show that this has created vast expertise that may be of beneficial contribution for ICU nurses' professional development in hospitals with less experience of the DCD process.



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

ORGAN DONOR COORDINATORS' LEADERSHIP IN ORGAN DONATION AND TRANSPLANTATION PRACTICE AND POLICY

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Background: Increasing demand for transplantations has motivated many countries worldwide to move their organ donation policies towards opt-out consent systems. Organ donor coordinators' role involves a series of challenges related to leading practice and policy implementation within health institutions. Despite their paramount role, limited studies have explored how coordinators engage professionals and families towards a culture of donation in the Global South.

Methods: Constructivist grounded theory study. Six months of observations across two hospitals in Chile, documents (n=80), interviews (n=27), and focus groups (n=14) from 71 participants, including healthcare professionals (n=51) and families (n=20) were collected and analysed following Charmaz's constructivist grounded theory (Charmaz, 2014).

Results: Organ donor coordinators lead the organ donation process within health institutions using edgework emotion management strategies. Organ donation remains conflictive among professionals and families due to the sociological and philosophical implications of death and loss in this context. As a result, managing others' emotions might facilitate changing culture toward organ donation and end-of-life care, alluding to emotional commitment, engagement and a sense of purpose, balancing ethical values.

Conclusion: The essential role of coordinators leading organ donation practice and policy is not new. However, the findings provide evidence of how organ donation culture can be promoted and fostered within healthcare institutions in the Global South and worldwide. The study informs clinicians, educators, and policymakers and suggests strategies to support organ donation teams better, acknowledging cultural diversity.



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

ORGAN DONATION AFTER BRAIN-DEATH - FAMILY DYNAMICS, FACTORS FOR CONSENT AND ATTACHMENT OF MEANING AS A WAY TO PROCESS LOSS

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Background: Donation after brain death presents an extremely stressful event with significant impact on the entire donor family, which is faced with multiple challenges being called to manage the loss of a loved one and make a decision regarding the donors' life and body.

Methods: The current study investigates via semi-structured interviews the experience of family members who consented to organ donation of a brain-dead relative. Specifically, the study aims to understand the: (1) manner and degree of involvement of first-degree relatives in the consent, (2) factors influencing the decision to donate, (3) meaning participants attach to donation, (4) effect of donation on the perception of self and others, (5) relationship dynamics within the family. Corbin and Strauss' grounded theory was applied for the research design and data analysis.

Results: All participants attach significant meaning to their decision, describing donation as the supreme gift of life and do not regret the decision, despite difficulties managing the loss.

The decision was made on two levels: an individual and a collective one involving discussions with friends and relatives. Determinants for consent were: the health personnel's attitude, the level of understanding brain death, trust in the medical team, past donation experience, the ability to attach meaning to donation, belief in the continuation of the deceased's life through the recipients, the knowledge of the donor's attitude towards donation, specific donor characteristics and the agreement and cooperative decision-making within families.

Most participants show signs of personal growth, despite adjustment difficulties and bereavement. The loss challenged religion-affine individuals who distanced themselves from religion after donation. Already strained family relationships suffered or broke after donation, while stable relationships helped maintain family homeostasis.

Conclusions: The study adds to our knowledge regarding personal growth, decision-making and family dynamics in organ donation. It highlights factors contributing to donation consent and its effect on the



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

family. It reveals the necessity of expanding support structures for the donor family, and contributes to empirically based recommendations for an adequate approach and support of the donor family.



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

FACTORS DETERMINING CONSENT FOR ORGAN DONATION AFTER BRAIN DEATH IN FRANCE

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Background: Opposition to organ donation remains the principal factor in the lack of organ procurement from potential brain-dead donors (DBD) in France. The underlying causes and organizational determiners of this opposition are not well understood due to a lack of research. In order to improve donation rates, this study seeks to address it by examining factors that contribute to organ donation opposition. Our aim was to understand clinical and organizational factors associated with opposition to organ donation in France.

Methods: All potential DBD entered into the French national registry CRISTAL between 2018 and 2019 were included. Connections between donor sociodemographic and clinical data, hospital care quality and procurement center characteristics and refusal to donate were assessed using multivariable multilevel logistic regression models with procurement hospitals as random effects.

Results: We analyzed 6734 DBD. Opposition occurred in 30% of cases. Independent risk factors associated with a higher rate of opposition were age (reference > 65, 50-64 (OR=1.37; 1.19-1.58), 18-49 (OR=1.57; 1.35-1.83), 0-17 (OR=2.03; 1.45-2.84) and blood type B (OR=1.35 ; 1.11-1.64) probably linked with lower socioeconomic level and origins as well as a longer hospital stay prior to brain death (OR=1.14 per 10 days; 1.01-1.28). Factors associated with lower rate of opposition were a suicide context (OR=0.71; 0.55-0.91), being in an hospital with higher satisfaction regarding medical and surgical care as reported by systematic certification visits of all hospitals in France (OR 0.95; 0.91-1.00), being in an hospital in which the process of organ donation was audited (2-3 days audits performed by professionals from the national agency) (OR=0.77; 0.59-1.00), being in an hospital with a higher ratio of paramedical donor coordinators (cut-off > 8 donor coordinators per 100 potential donors; OR=0.72; 0.58-0.90).

Conclusions: On a recent set of all DBD in France, we found several factors correlated with higher or lower levels of opposition to organ donation. Some factors are well known including lower age, socioeconomic level and suicide but other offer scientific evidence of the advantages of auditing the hospital organ donation process and increased staffing of donor coordination teams.



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Towards a new era in donor coordination

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ABSTRACT BOOK

DONATION AFTER CIRCULATORY DEATH INCREASES OVERALL ORGAN DONATION AND TRANSPLANTATION IN SWEDEN, BUT NOT WITHOUT NEW CHALLENGES.

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Background: Donation after Circulatory Death (DCD) was introduced in Sweden 2019, aimed to increase organ transplantation.

Focus of DCD implementations impact on transplantation in Sweden, and the Intensive Care Units (ICUs) perception as well as number of donors and accomplished transplantations will be presented.

Methods: A survey was sent to all ($n = 84$) Swedish ICUs in January 2023, aimed to follow up on the implementation of DCD. Non-respondent units, $n = 22$ (26%), are not included in the result.

The number of donors and transplant statistic were retrieved from the Swedish Intensive Care Registry (SIR) and Scandiatransplant.

Descriptive statistics are presented from the survey.

Results: Overall, 61 % of the respondent ICUs declared implementation of DCD at their unit. In 2023, DCD implementation differs depending on national localisation; university hospitals (81%), county hospitals (57%) and local hospitals (46%).

Implementation of DCD in Sweden was successful. An increase of deceased donations was seen in Sweden during this period, but the number of DBD donors and transplantations of liver, heart and lungs decreased. The reasons for the decrease in DBD are unknown.

DCD heart donations have not been possible in Sweden, and only eight DCD lungs were transplanted during 2020-2022. There is no consensus on whether normothermic regional perfusion for thoracic organs is in accordance with Swedish ethical standards.

Obstacles for implementation were lack of ICU- and OR staff, difficulty staffing DCD-teams, lack of management support or fear of displacement effects.

Support from hospital management and enough staff was perceived as facilitating actors. Mobile DCD-teams or phone support were suggested as solutions for hospitals with few donors. National process indicators are necessary to follow the development.

Conclusions: Implementation of DCD has increased overall organ donation in Sweden but is resource demanding, and has not increased liver and heart transplants. Additional efforts, such as considering



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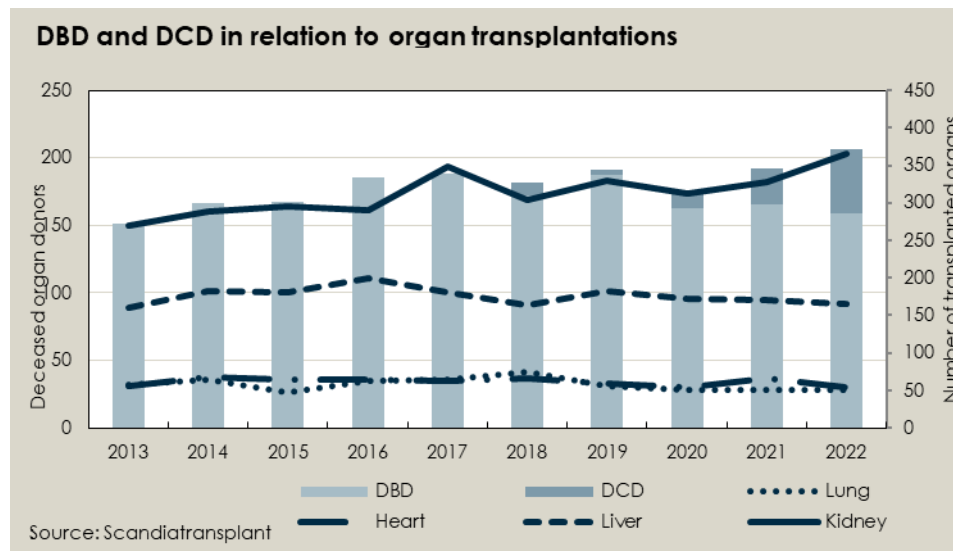
Towards a new era in donor coordination

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an ethical framework regarding machine perfusion for thoracic organ donation, or working to prevent a decrease in DBD, are needed to increase access to transplantation for all organs.



Actual donors in Sweden 2020 - 2022								
Hospital category	2020 DCD	2020 DBD	2021 DCD	2021 DBD	2022 DCD	2022 DBD	Total DCD 2020-2022	Total DBD 2020-2022
University Hospitals	7	84	21	87	41	82	69	253
County Hospitals	4	60	6	71	10	63	20	194
Local Hospitals	0	20	0	11	1	18	1	49



EDTCO ORGAN DONATION CONGRESS 2023

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#ESOT_EDTCO

ABSTRACT BOOK

ENQUIRIES OF ORGAN REGISTRIES ABROAD IN A POTENTIAL FOREIGN ORGAN DONOR: A EUROPEAN SURVEY

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Background: Global mobility is constantly increasing. As a result, more residents can also be expected to die abroad and become potential organ donors. In Europe, most countries have presumed consent and therefore established a donor registry, but this is not usually consulted when a foreign potential donor is referred to the transplant coordinator.

The aim of the study was give an overview of which countries already have a register, who would reply to registry queries abroad and to find out whether there is a need for a centralized solution.

Methods: The online observational survey was sent to the transplant organizations of 27 European countries. The survey contained 20 multiple-choice questions; for some of the questions open-ended questions were used to collect additional information. It was desired to receive one, representative response per country.

Results: Seventeen countries (63%) participated in the survey. We found that 13 countries (76%) find it helpful to implement a document with all the relevant information and/or to establish a standard procedure at the European level for consulting foreign registries. 12 countries (71%), who replied, already have a registry, three others, are working on establishing one. Moreover, 80% stated that they would query foreign registries if the modalities on how to consult organ donor registries in the relevant country would be defined. All respondents have already provided concrete information on how they would be accessible to foreign organizations for a registry query.

Conclusions: This clear position shows the importance of an established solution for all European countries, in order to guarantee that National registries can be consulted from abroad in case of a potential foreign donor from a country with an organ donor registry in place. This was also highlighted by several countries in the voluntary comments. The intention to establish a universal standard shows the importance of knowing the will of people of foreign origin to find out, if there is an accessible decision in a National registry which may help the family members in decision making. The standard should be easily accessible to all countries and cooperation between European countries should be established in the future.



EDTCO ORGAN DONATION CONGRESS 2023

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Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

DONATION AFTER MEDICAL ASSISTANCE IN DYING IN QUÉBEC – THE FIRST FIVE YEARS

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Background: Since the 2015 passage of a law allowing medical assistance in dying (MAID), Québec became one of few jurisdictions where deceased organ donation after MAID was possible.

Methods: We reviewed all cases referred for donation after MAID from January 2018 to December 2022, the first five full years of our program. As a retrospective, anonymized report, we did not seek ethics approval. All data is presented descriptively with no comparison statistics.

Results: We received 240 referrals for donation after MAID. We retained and confirmed initial consent for 81 of these references (81/240, 34%). 130/159 non-retained references had a recorded reason: 75/130 (58%) were for medical unsuitability (age, medical history, etc.), 30/130 (23%) were due to patient refusal, and 12/130 (9%) patients withdrew from the MAID process entirely. Seventeen of the 81 retained cases were canceled later in the process, almost all (16/17, 94%) due to medical contraindication discovered during the donation evaluation. One patient died before MAID was realized. The most common underlying diagnostic group was neurodegenerative disorders (85%), followed by cardiopulmonary disorders (6%), or other (9%).

The average time from administration of the MAID agents to determination of death was 12.6 minutes (3-28 min); the average WIT was 26.6 minutes (16-43 min). A total of 182 organs (116 kidneys, 20 livers, 46 lungs) were transplanted. Table 1 details the transplanted organs per year.

Sixty-four patients became actual donors after MAID increasing from 8 in 2018 to 24 in 2022. The total conversion rate was 26% (64/240) of all referrals and 79% (64/81) of referrals retained after initial evaluation. MAID donors represented 8% (64/803) of total deceased donors during the study period, increasing from 5% (8/164) in 2018 to 14% (24/173) in 2022.

Conclusions: These data describe the substantial increase in deceased donation after MAID in the first 5 years of implementation in Québec and show that ODOs can establish a system that honors the wishes of patients pursuing MAID to donate their organs after their death. Future study will focus on



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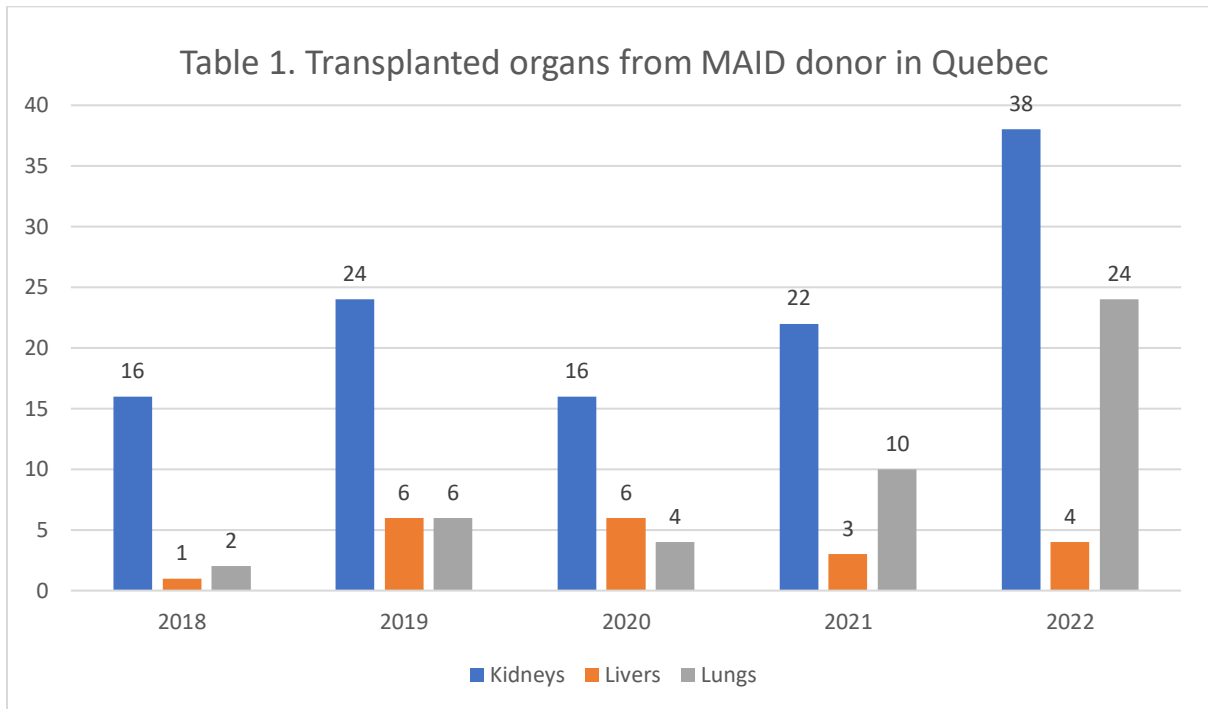
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16 September 2023
Athens, Greece

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ABSTRACT BOOK

how to optimize these systems to ensure these requests are treated in the most ethically and medically effective way possible.





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16 September 2023
Athens, Greece

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ABSTRACT BOOK

"YOUR DEATH, MY LIFE" - A FOCUS GROUP STUDY REGARDING THE ATTITUDES OF THE GREEK POPULATION TOWARDS ORGAN DONATION AFTER CIRCULATORY DEATH

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Background: There has been growing interest in donation after circulatory death (DCD) in recent years with DCD accounting for about 20% of all deceased donations worldwide. In a European survey, 18 countries reported running DCD programs and 17 countries declared no DCD activity, due to a variety of reasons from legislative to organizational obstacles, yet with half of them interested in developing DCD. Greece appeared reluctant towards DCD. The current study aims to identify and understand the attitudes of the Greek population towards DCD in order to inform future policy.

Methods: We conducted a focus group study with members of the general population across regions, age, socioeconomic and educational background about their attitudes and perceptions regarding organ donation and transplantation, and brain death vs circulatory death. Data were analysed using thematic analysis.

Results: Participants took a positive stand towards organ donation in general as part of an altruistic view of human existence. We identified factors who would favour consent to donation of a family member, as the irreversibility of the donors' condition, a sense of wasting valuable organic material if not agreeing to donation and feelings of doing something important. Lack of adequate knowledge about the definitions of death and the donation procedure, mistrust towards the health system and hope of bringing back to life the donor, function counterproductive towards the decision to donate. Participants made no difference between DCD and DBD in terms of supporting organ donation, but expressed that the type of death and its perception of permanence and non-irreversibility would influence their decision. Brain death was perceived as more "certain" and there were some doubts regarding the finality of circulatory death. Still all agreed that DCD should be an option. Participants raised concerns as to whether the family is the right party to decide and emphasized the importance of the individual decision for or against donation during lifetime.

Conclusions: DCD would be a viable option complementary to DBD. Its specific characteristics should be taken into account in all stages of the donation and transplantation process and DCD shall be implemented within a broader context that would favour organ donation and includes multidisciplinary efforts.



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16 September 2023
Athens, Greece

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ABSTRACT BOOK

DECEASED ORGAN DONATION ACTIVITY, IN THE CRITICAL CARE UNIT OF A GREEK UNIVERSITY HOSPITAL, DURING 2022

FRANTZESKA FRANTZESKAKI*¹, Michail Rizos¹, Dimitrios Konstantonis¹, Vasilis Kitsinelis¹, Georgia Psarrou¹, Maria Doumani¹, Georgios Skyllas¹, Ioannis Renieris¹, Manos Cheimonis¹, Iraklis Tsagkaris¹

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Background: Despite the strategies to increase organ availability, the rate of organ donation in Greece remains low, especially during COVID-19 pandemic. The current study is aimed to describe the deceased organ donation activity during 2022, in a medical-surgical critical care unit of a Greek University Hospital.

Methods: We retrospectively studied the deceased organ donation activity during 2022, in the 2nd Department of Critical Care of ATTIKON University Hospital of Athens. This is a 40-bed medical – surgical intensive care unit, in which ten COVID-19 and 30 non COVID-19 patients are hospitalized. Donors' demographic characteristics, cause of death and bacterial colonization data were recorded. Days of mechanical ventilation, time of organ procurement after brain death and number of organs and tissues procured were also provided.

Results: During the study period, there were eleven actual deceased organ donors after brain death, 4 females and 7 males. The mean (\pm SD) donors age was 51.3 (\pm 16) yo, while the most common cause of death was intracerebral or subarachnoid haemorrhage (8 donors). The mean duration of mechanical ventilation until donation was 16 (\pm 5) days, while the time frame between death (confirmed by brain death tests) and donation was 3 (\pm 0.6) days. Bacterial colonization was observed in four donors, who respectively developed *Staphylococcus aureus*, *Klebsiella pneumoniae*, *Acinetobacter baumannii* and *Enterobacter cloacae* in bronchial secretions. All the strains were susceptible to commonly used antibiotics, while the donors did not demonstrate any signs of infection. Thirty-seven solid organs were procured, among which, 18 kidneys, 8 lungs, 2 hearts, 8 livers and one pancreas.. 64% were multiorgan retrievals and 95% of the harvested organs were transplanted in Greek patients. Moreover, 18 cornea procurements have been performed.

Conclusions: Organ donation procedure requires devoted healthcare personnel, to preserve the opportunity of potential organ donation before the death and to ensure actual donation after death, after consent has been obtained from the relatives. The study indicates a deceased donation activity which is reaching the prepandemic rate. However, there are measures that should be taken to maximize the availability of organs and satisfy the transplantation needs.



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16 September 2023
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A LENGTHENED EUTHANASIA ELIMINATES THE BURDEN OF ORGAN DONATION RELATED PREMORTEM INQUIRIES AND IN HOSPITAL PERFORMED EUTHANASIA.

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Background: Organdonation after euthanasia (ODE), has been performed since 2012 in the Netherlands. ODE exposes the euthanasia donor (ED) to a non-familiar environment in the last moments of life. Decoupling of euthanasia and organ donation (OD) has been shown to be feasible in ODE starting from home. Preparations for ODE with premortem inquiries may also be experienced as burdensome. We describe a modified ODE to reduce the ODE related physical and mental burden.

Methods: A patient with a neurodegenerative disease suffered from aggravating symptoms. She lived her life mainly solitarily at night and isolated. She requested for euthanasia and had a sincere wish to donate her organs. Assessments were performed and euthanasia was consented. There were no objections for OD in her medical history. She explicitly preferred not to have any exposure to hospital surroundings and medical professionals in the preparation and performance of ODE.

Results: To facilitate her wish to donate, she consented to come to the hospital, would be deeply sedated in a private room as start of the euthanasia, and thereafter general anesthesia (GA) was provided to maintain sleep and secure vital functions, immediately followed by additional testing (laboratory, CT scanning, echocardiography, bronchoscopy). Allocation was to be awaited in the next hours. After allocation and settlement of the OD procurement team, last acts of euthanasia resulted in a respiratory arrest, 14 minutes later followed by a circulatory arrest, and declaration of death after 5 minutes 'no touch'. The functional warm ischemia time (WIT) was 19 minutes. The body was immediately transported to the operation room. OD procurement followed successfully.

Conclusions: A further decoupling of OD and euthanasia in ODE is feasible. The OD related burden is transferred from the ODE patient to medical professionals, especially to the euthanasia provider, who must attend at the ED from beginning of euthanasia till death declaration. From the perspective of the ED this may result in a significant reduction of moral-ethical and logistical distress. GA followed by last acts of euthanasia might also hasten death, reducing the functional WIT without doing harm to the ED. ODE patients should be informed about the alternative pathways of ODE, decoupling euthanasia and postmortal OD.



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16 September 2023
Athens, Greece

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ABSTRACT BOOK

ACTIVATION OF THE COMPLEMENT SYSTEM EARLY ON DURING BRAIN DEATH MANAGEMENT

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Background: Brain death (BD) results in an inflammatory environment, including activation of the complement system. Currently, the clinical impact of prolonged duration of BD on the donor organ is still unknown. Here, we investigated how different BD durations impact complement activation levels both systemically and locally within renal tissue.

Methods: The QUOD biobank was used to obtain EDTA-plasma samples and kidney biopsies from BD donors. Samples were routinely taken at several time points during BD management. Samples were grouped based on short (<15h), average (18-22h) or long (>25h) BD duration. Furthermore, groups were divided based on the presence of delayed graft function (DGF) (6 groups, n=20 per group for plasma, n=10 per group for biopsies).

Results: ELISAs were used for specific quantification of C4d, C3c and C5b-9 in plasma samples. All three complement activation factors showed high levels at the start of donor management (DB2). C4d levels decreased over time, and were significantly lower in samples taken just before organ retrieval (DB4) compared with DB2 (mean 6122 ng/mL vs. 3601 ng/mL, $p < 0.001$). C3c and C5b-9 also showed a similar trend towards lower complement activation levels at the end of donor management (DB3) and at DB4 compared with DB2. Preliminary analysis between different BD duration groups did not show a difference in C4d, C3c and C5b-9 levels. C4d, C3c and C5b-9 levels, at any point during BD management, did not appear to influence the development of DGF. Biopsies (collected at the time of organ retrieval) have been stained for C4d, C3d and C5b-9 and showed clear signs of local complement activation at different compartments, including glomerular, tubular and peritubular regions. The quantification of different staining patterns is currently under investigation.

Conclusions: In conclusion, the complement system is activated in BD donors already early on during the management period, and is decreasing over time. Prolonged duration of BD does not appear to be associated with increased levels of C4d, C3c and C5b-9. Future studies on administering complement inhibitors to BD donors could benefit from starting therapy early on during management period.



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16 September 2023
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PREDICTIVE RADIOLOGIC SIGNS TO EVOLVE TO BRAIN DEATH OR CIRCULATORY DEATH

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Background: Donors after brain death (DBD) are the main source of organ transplantation. Recently there has been an increase of donors after circulatory death (DCD). It is known that most patients who develop brain death (BD) do so during the first 72 hours, but to identify these patients on admission is difficult, due to the lack of predictive elements. The objective of this study is to identify those radiologic signs associated with BD and to find a cut-off value for the brain midline deviation (MLD) as a predictive factor to evolve to BD.

Methods: Retrospective and observational study of patients admitted to a polyvalent intensive care unit (ICU) of a tertiary hospital, between the years 2015-2022, assessed as possible donors (PD), due to severe neurological damage. All of them underwent a head CT at the time of admission, registering 13 radiological signs and collecting the main causes of BD and CD.

Results: A total of 523 patients were assessed as PD, 67.12% were men, with a mean age of 61.2 +/- 18.8 years. 314 were real donors, 203 DBD (64.65%) and 111 DCD (35.35%). The causes of BD and CD (*Figure 1*) and 13 radiologic signs were recorded, as well as the statistical relationship between the findings and the type of donor (*Table 1*). The MLD cut-off point was 9.5mm, with a sensitivity of 78.57%, a specificity of 51.51%, a positive predictive value of 82.8%, and a negative predictive value of 44.73%.

N = 314	DBD	DCD	OR (CI 95%)	p value
HYDROCEPHALUS	42	18	1,34 (0,73-2,47)	> 0,05
BLEEDING	14	18	0,38 (0,18-0,80)	< 0,05
SPOT SIGN	3	2	0,81 (0,13-4,96)	> 0,05
HERNIATION	107	25	3,83 (2,27-6,47)	< 0,001
UNCAL HERNIATION (UH)	58	16	2,37 (1,28-4,37)	< 0,01
INTRAPARENCHYMAL HEMATOMA (IPH)	71	33	1,27 (0,77-2,09)	> 0,05
MIDLINE DEVIATION (MLD)	98	33	2,20 (1,34-3,6)	< 0,001
ABSENT OF BASAL CISTERNI (ABC)	109	37	2,32 (1,43-3,75)	< 0,001
SUBDURAL HEMATOMA (SDH)	44	11	2,41 (1,24-5,09)	< 0,01
SUBARACHNOID HEMORRHAGE (SAH)	82	18	3,5 (1,96-6,23)	< 0,001
CONTUSIONS	26	3	5,2 (1,56-5,28)	< 0,01
ISCHEMIA	42	40	0,4 (0,27-0,77)	< 0,01
EDEMA	118	41	2,37 (1,47-3,81)	< 0,001

Table 1. Number of patients, in BD and CD, who presented each of the 13 reported findings.

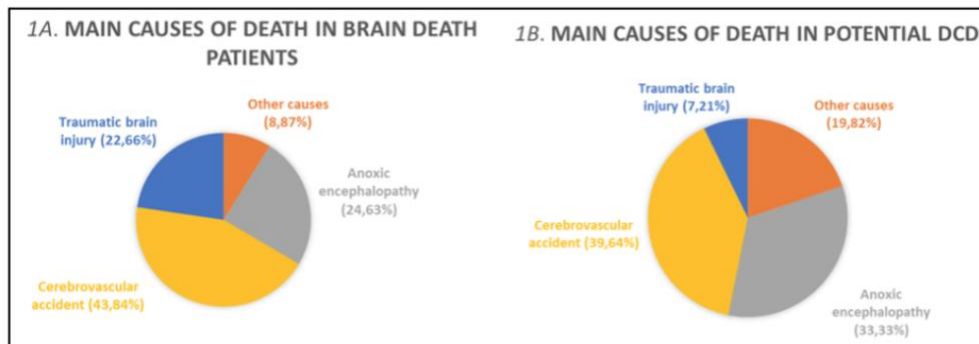


Figure 1. (A). Main causes of death in BD. (B). Main causes of death in potential DCD.

Conclusions: According to our study, the radiologic signs that can anticipate a BD evolution are: presence of cerebral herniation, MLD, ABC and the presence of SAH or edema. Other associated signs are the presence of UH, rebleeding, SDH and contusions. A MLD > 9.5mm is highly suggestive of a PD developing to BD.



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16 September 2023
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A NOVEL APPROACH TO ADDRESS MASS MEDIA CAMPAIGNS FOR ORGAN DONATION PROMOTION. THE REGIONAL EXPERIENCE OF A 5-MILION INHABITANTS AREA OF ITALY.

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Background: The availability of organ donors still represents the major limiting factor to tackle the gap between of demand and offer of organs for transplantation. Although many efforts have been done in order to expand the actual donors' pool both in terms of organ procurement and selection for transplantation, the will to donate is a clue. In Italy we have a soft opt-in system, where, in case no declaration in life is found, we ask permission to donate to the next- of – kin. Unfortunately only a small proportion of potential organ and tissue donors is found to have expressed their will to donate at the moment of organ donation. In such a context, fostering in- life declaration about donation will is of paramount importance and can be obtained by specific mass media regional campaigns to promote organ donation.

Methods: In order to have a targeted and effective communication we experienced a novel bottom-up approach trying to understand the sentiment of the citizens of Veneto Region, a 5-million inhabitants area in north-eastern Italy. In September 2021, we created a research panel of 500 citizens living in Veneto of all ages and genders who were interviewed with a funnel questioning approach, In order to explore their knowledge and propensity towards organ donation and to focus on their needs both in terms of contents and the “tone of voice” to be adopted.

Results: After data collection and analysis, we went back to the panel with different communication proposals. The most voted proposal was used as the main layout and claim of the regional campaign, that was launched in 2022.

Conclusions: promotion of subscription to donors' registries still remains a critical issue , especially in opt-in systems. Media and web campaigns can be a useful tool to promote organ donation. Targeted promotion, especially in this era where social media are a powerful tool to increase to culture of organ donation, can be of great support.



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16 September 2023
Athens, Greece

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ABSTRACT BOOK

NORMOTHERMIC REGIONAL PERFUSION REDUCES APOPTOSIS MARKERS IN CONTROLLED DONATION AFTER DETERMINATION OF DEATH

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Background: Normothermic regional perfusion (NRP) rescues organs for transplantation in controlled donation after circulatory determination of death (DCD), however little is known about the damage molecules that are playing a role in this recovery. Our aim is to address if there is any role of markers of apoptosis in this process.

Methods: We performed a prospective longitudinal study of a cohort of 17 controlled DCD donors with NRP from February 2020 to October 2021. Demographic characteristics was recorded. Standard protocol for DCD were performed. Serum samples were collected at theater entrance, 5 minutes after determination of death, and 60 and 120 minutes of NRP, they were processed and stored at -20°C until analysis. Multiplex analysis of caspase-3 was performed. Biochemical and data of NRP were recorded as standard protocol. Quantitative variables were expressed as mean o median and qualitative as percentage. IBM Statistics 24 package was used.

Results: The mean age of donors was 57 years old; the main cause of death was anoxic encephalopathy in 58,8%. All the DCD was performed with pre-mortem cannulation. The total warm ischemia time (TWIT) was 18 minutes \pm 4,6, and the functional warm ischemia time (FWIT) was 12 minutes \pm 5 whereas the preservation time was 127 \pm 25 minutes (Table 1). Lactate was 1,06mmol/L \pm 0,8 previous initiation of DCD protocol, increases at 5 minutes until 6,9mmol/L \pm 1,78 and then decreased progressively to 4,45 \pm 1,8; 4,0 \pm 1,7; 3,6 \pm 1,5 and 3,53 \pm 1,1 at 30, 60, 90 and 120 minutes during the NRP. The median caspase-3 levels were 833 pg/mL (277- 2494) basal, increase 4407 pg/mL (519 – 7643) at 5 minutes and then decreased progressively to 2745 (1019 – 7933) and 2355 (946 – 5483) at 60 and 120 min of NRP (Figure 1).

Conclusions: There is an increase of caspase-3 and lactate levels after determination of death, and this is reduced progressively during NRP. Further studies are needed to know the mechanisms of this reduction and to determine if this has any impact in the organ function after transplantation.



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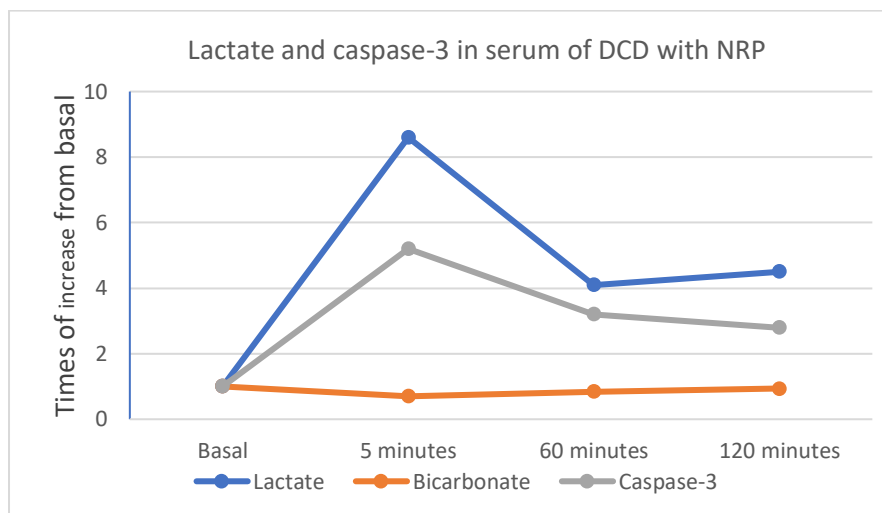
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16 September 2023
Athens, Greece

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Demographic characteristics of DCD donors with NRP n=17		
Sex (Female %)	29%	
Age	57,2 ± 10,7	57 (33 – 73)
BMI	25,8 ± 2,7	26,2 (18,6 – 29,6)
Smoker (yes)	29,5%	
Alcoholism	17,6%	
Drugs	11,8%	
Hypertension	35,3%	
Diabetes mellitus	23,5%	
Dyslipemia	35,3%	
Cardiopathy	4%	
Cause of death		
Anoxic	58,8%	
Stroke	17,6%	
Traumatic	23,5%	
Cannulation	Pre-mortem	
TWIT	18:03 ± 4:46	18 (9:59 – 28:59)
FWIT	12:31 ± 5:27	11:59 (4:49 – 24:59)
Preservation time	127 ± 25	136 (72 – 163)





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16 September 2023
Athens, Greece

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ABSTRACT BOOK

ORGAN DONATION AFTER CIRCULATORY DEATH – SHALL WE? PERCEPTIONS AND CHALLENGES OF GREEK NURSING PROFESSIONALS - A FOCUS GROUP STUDY

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Background: There has been growing interest in donation after circulatory death (DCD) in recent years with DCD accounting for about 20% of all deceased donations worldwide. In a European survey, 18 countries reported running DCD programs and 17 countries declared no DCD activity, due to a variety of reasons from legislative to organizational obstacles, yet with half of them interested in developing DCD. Greece appeared reluctant towards DCD. The current study aims to identify and understand the attitudes of Greek nursing professionals as key stakeholders in transplantation towards DCD in order to inform future policy.

Methods: We conducted a focus group study with nursing professionals of all levels and from institutions spread across the country regarding their attitudes towards organ donation, brain death vs circulatory death, decision-making, current donation practices and the nursing professionals' role. Data were analysed using qualitative research methods.

Results: The majority of participants showed a positive attitude towards organ donation in general as an act that attaches meaning to death and helps families process loss. Despite their positive attitude, they raised numerous conditions not favouring donation like organizational and medical-technical difficulties, lack of knowledge about donation, but also moral conflicts regarding the withdrawal of life support, violation of the donor body, and depriving donor families of a false sense of hope, which turns them subjectively into accomplices. All participants would welcome DCD, but expressed concerns regarding the definition of circulatory death, the ethicality of it, (time) management issues, conflicting roles of the staff and donor-family management issues. Interestingly, participants differentiated between personal and professional attitudes towards donation, which partially explains the conflicting areas. All expressed need for education, targeted training, clear role definitions and discussion in order to fulfil their potential role.

Conclusions: Nursing professionals seem open towards DCD despite the ethical and practical concerns. For a possible successful implementation of DCD in Greece, their views and dilemmas need to be acknowledged and treated through training, active involvement and reflection opportunities.



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ABSTRACT BOOK

MASS MEDIA CAMPAIGNS SENSITIZE BUT FAIL TO INCREASE ACTUAL ORGAN DONATION RATE

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Background: Media campaigns aimed at increasing non-living organ donors (OD) for transplantation have demonstrated increasing intention to donate in their target population, but their effectiveness for increasing donation rates is not clear. The largest broadcasting corporation in Chile conducted a one-year national mass media campaign (2016-2017) intended to decrease familial refusal to donation (FR). It included prime time TV coverages, advertising with well-known personalities, and web, radio, and social media content. In 2016 Chile reached an OD rate of 7.9 donors per million population (dpmp) and 50% FR; and in 2017, 10 dpmp, and 46% FR.

Methods: With the aim of studying the effect of the campaign over OD figures, we analyzed if there were changes in FR and OD between 2016 and 2017 and between the year before and during the campaign, using ANOVA.

Results: For FR we found no statistically significant difference between 2016-17, yearly ($p=0,16$), semesterly ($p=0,28$), nor quarterly ($p=0,54$). Same happened when comparing the period of the campaign (year $p=0,17$, semester $p=0,62$, quarter $p=0,39$). Nonetheless, we found significant differences in OD for both yearly periods ($p<0,01$; $p=0,01$). Semesterly, we found significant differences just comparing calendar years ($p=0,048$), but not campaign years ($p=0,09$). We found no significant differences in the quarterly analyses ($p=0,16$; $p=0,15$).

Conclusions: Even though FR did not change, OD increased. This, because more potential donors reached the donation request stage of the procurement process, which may have been due to more detection and referral, or better care of patients. Both things are the responsibility of the healthcare professionals (HCP) inside the hospitals, so maybe the campaign sensitized HCP, but not its target population. Media campaigns are attractive in the short run, but they are unsustainable and ineffective in the long run. Looking for other interventions, like those targeting HCP should be explored.



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Towards a new era in donor coordination

16 September 2023
Athens, Greece

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ABSTRACT BOOK

ICU STAFF'S SELF-REPORTED NEED FOR SUPPORT AND EDUCATION IN ORGAN DONATION

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Background: Within organ donation (OD) ICU staff members play a key role in identification and management of potential organ donors, as well as the care of relatives. However, OD is a rare event in many centers. This often makes it challenging to achieve and maintain competence needed to fulfill their responsibility in providing a caring environment and in ensuring the availability of organs for patients awaiting transplantation. The aim of this study was to map self-reported educational and supportive needs among ICU staff involved in the OD process.

Methods: A cross-sectional survey was conducted in a large university hospital with 63 ICU-beds and approximately 40 actual donors a year. Around 200 physicians and 800 nurses in 11 ICU departments received an electronic survey. The survey included items about level of experience, educational and supportive needs, and professional competence in OD. Educational need was measured from “no need” to “great need”, and professional competence was measured on a Likert scale (1-5), with ranging from “to a small extent” to “to a great extent”. Descriptive and comparative analyses were performed.

Results: A total of 211 ICU staff (physicians 57, nurses 154) responded. Mean experience in ICU was 15 years (SD=9,5). The majority had participated in OD management (70%) and in approaching relatives (59%) more than 5 times. Guidance from colleagues specialized in OD (72%) and being relieved from other tasks (62%) were reported as most important supportive measures in the OD process. Physicians' mean score (4.3) was slightly higher ($p=0.001$) than nurses' (4.1) on feeling competent in caring for an organ donor. Most physicians and nurses reported further educational needs regarding medical management of the donor (79% and 85%, respectively) and in communication (77% and 79%, respectively).

Conclusions: The participants were highly experienced in OD. This indicates that the responders have an interest in OD that may not be representative of all staff in ICU. The results demonstrated the importance of strengthening professional support in OD and providing regular education in medical management and communication skills. A national survey is needed to investigate the level of professional competence in OD and compare educational and supportive needs between university and local hospitals.



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
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ABSTRACT BOOK

IMPROVING DECEASED DONATION THROUGH AN INTERNATIONAL COOPERATION TRAINING FOR HEALTH PROFESSIONALS

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Background: Nurturing a culture and enhancing the knowledge of donation among health professionals appears to be a crucial factor to improve donation. A Belt and Road Organ Donation Capacity Improvement Cooperation Training Project training was an initiative made to educate health professionals in the practice of donation which includes donor evaluation and management, family communication and organ allocation. The study aimed to evaluate the effectiveness of the training by using pre- and post-tests.

Methods: Personnel who directly or indirectly involved in donation and transplantation were enrolled. The training was conducted virtually with an interactive modality that comprised roundtable, clinical case discussion and quiz. The content was developed by experts to include the best practices of donation processes. Participants were required to complete 25 questions before and after the training. Changes in scores were analyzed with 2-tailed Wilcoxon signed rank test. The satisfaction of the participants with the training was collected with the administration of a post-training survey.

Results: Four editions of 3-day training and one edition of 4-day training were conducted in 2021 and 2022. A total of 271 individuals consists of 77% Chinese and 23% international participants from 43 countries were trained. Health professionals from the donation team formed most of the participants (34%), 21% were from the anesthesia department and 19% were from the transplant team. Analysis of the 241 participants who completed both pre-test (median= 6.8/10.0) and post-tests (median= 7.6/10.0) revealed significant difference in score, $Z = -7.26$, $p < 0.001$. Generally, rating of participants with the training were positive.

Conclusions: The training helped strengthening knowledge and understanding of health professionals. The virtual modality increased accessibility that could reach out and train more individuals. It can be complemented with practical training to further improve the confidence and skills of the practitioners. As a training program based on international cooperation, it promotes participants' understanding on both international standards and local practices and facilitate mutual understanding on organ donation among Belt and Road countries.



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16 September 2023
Athens, Greece

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ABSTRACT BOOK

THE SCARCITY OF ORGAN DONORS IN CHILE IS NOT EXPLAINED BY FAMILIAL REFUSAL, BUT BY UNPREPARED ER AND ICU PROFESSIONALS

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Background: Despite appropriate legislation and adequate financial coverage, organ donation rates (ODR) in Chile remain low. Experts blame high familial refusal rates, while dismissing the effect of procurement process inefficiencies in hospitals. Our objective is to study some of those inefficiencies that may lead to the scarce ODR.

Methods: Using a two-step approach, we started by obtaining two datasets, hospital discharges and organ procurements between years 2013-2017. We considered all patients that entered the system with a critical neurological condition according to ICD10, and exited dead; and all possible organ donors (PD) who entered procurement follow-up. We used descriptive statistics to merge and analyze both datasets. Second, we applied a survey on healthcare professionals (HCP, physicians and registered nurses) in ER and ICU of 3 large hospitals in the capital, which aimed at describing procurement process knowledge and behavior. We used descriptive statistics for analysis.

Results: At the first analysis we found that 87% of patients qualifying as PD never entered procurement follow-up and, as 50% of families refused to donate, 6% of all PD became effective organ donors.

The survey was answered by 88 HCP. 50% physicians, 70% from ER. 51% declared they've actively detected a PD but 43% referred them to the Procurement Unit (PU), thus 22% detected and referred a PD (78% don't). 10% of the surveyed population was not sure about the validity of brain death diagnosis, and 52% never received formal training on any organ donation topic while studying. 73% thought procurement activity as important, but 40% declared not knowing enough about it. ICU HCP was more knowledgeable than ER (81% vs 23% declared more than sufficient knowledge, $p < 0.001$).

Conclusions: The insufficient knowledge of procurement activity and concepts, especially from ER HCP may explain the lack of PD detection and referral found at a national level. It is also interesting that the HCP% who don't refer PDs is like PD% lost nationally. Although the small sample may not be fully representative of the target population, the findings provide the insight that the efforts to increase Chilean DDR should be put in educating HCP that participate in the procurement process, or even automating and standardizing the process to stop relying on people's knowledge.



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16 September 2023
Athens, Greece

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ABSTRACT BOOK

NEONATAL ORGAN DONATION FOR KIDNEY SHORTAGE; IS THIS THE TIME?

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Background: Renal transplantation is the most successful therapy of end-stage renal failure since it is associated with extended life expectancy and quality of life compared to dialysis. As of January 2022, there were in the US, 100,000 patients on the waitlist, with only 24,669 kidneys transplanted the previous year, and an annual death rate of 5,000 patients on the wait-list. Stratagems are sought to expand the donor pool and neonates can be considered a source of kidneys, until now unexplored, since the report by LW Martin in 1969 of the long-term successful transplantation of en bloc anencephalic kidneys to a 17 pound boy.

Methods: To assess the feasibility of neonatal organ donation, we reviewed the neonatal mortality in the US, the physiology of the neonatal kidneys, the ethical, social and medico-legal problems associated with neonatal brain death, and the long-term development of the kidneys after transplantation. The organ procurement and the allocation are also discussed.

Results: Of the 21,000 infants dying in 2020, and taking a conservative approach, 8,600 infants with lethal congenital malformations, 2,380 infants with CNS injuries, and 1,260 infants with respiratory distress could be considered as organs donors. There is ample evidence that en bloc infant kidneys 1- have a catch-up growth, 2- provide excellent long-term function (>25 years) exceeding that of living donor kidneys, 3- are not subjected to hyperfiltration injury, and 4- can be transplanted safely with current techniques at hands.

Conclusions: Ethical, social, medico-legal and technical aspects have been established and are ready for use in neonatal organ donation and transplantation. Policies should be implemented to allow such approach. A simplified allocation system is indicated to avoid long cold ischemia. Neonatal kidneys can improve organ shortage.



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ABSTRACT BOOK

KNOWLEDGE EXCHANGE PROGRAM TO FACILITATE THE CREATION OF ORGAN DONATION UNITS IN SAUDI ARABIA

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Background: Since 2017, the Ministry of Health of the Kingdom of Saudi Arabia (KSA) launched a program coordinated by an international team of experts with the support of the Saudi Center for Organ Transplantation (SCOT) aiming to improve the deceased donation rates by implementing a training program and a quality management system. The present study summarizes the effect of the implementation of a quality indicators pilot program and training programs in the KSA's critical pathway for organ donation.

Methods: The knowledge exchange program has included: a) a diagnosis study to achieve a comprehensive vision of the organ donation system; b) implementation of a pilot program to develop organ donation units in 4 health clusters and a hospital; c) monthly follow-up to analyze the data collected and promote knowledge exchange with international experts, d) implementation of continuous improvement plan and e) Capacity building for the professionals in the region.

Results: At the pilot program hospitals, during 2018 the referrals increased from 100 to 298 during the first year of the project (250 of these were potential, 101 eligible and 26 were actual donors). This represented near 200% increase in potential donor detection and referral and a final 44% increase in the donation rate (Figure 1). The Second phase of the project applies a 3 -level methodology in 5 centers. First, a diagnosis study was performed in those hospitals involved to assess their current situation and potentiality. Second, specialized training was provided to 216 professionals in 2022. And third, a quality management system was implemented with an internal and external audit methodology. Preliminary results from the second phase's implementation suggest that implementing an in-hospital organ donation unit improves the hospital's organ donation activity.

Conclusions: This knowledge exchange program made possible to develop in-hospital organ donation units that enact the organ donation activity inside the hospitals selected. Hospitals with successfully implemented units have shown to provide the best results in the country. Hospitals with the highest potentiality need to have an in-hospital unit that ensures results are optimized.



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16 September 2023
Athens, Greece

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	TOTAL		% increase
	2017	2018	2017 Vs. 2018
Possible	100	298	198
Potential	83	255	207
Eligible	69	106	54
Consented	20	26	30
Actual	18	26	44



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Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

ORGAN DONATION: PROMOTING INTER-CULTURAL AND INTER-FAITH DIALOGUE

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Background: Trust and credibility of the society in donation is a key factor for Spanish model success. In 2019 a “Donation and religions” Project was conceived as a multidisciplinary approach to discuss donation and transplantation concepts with religious leaders from Catalonia, with the aim to improve knowledge about religious or cultural aspects that could encourage dialogue and reduce refusal for donation.

Methods: The project developed 7 activities: 2 open conferences (inauguration and conclusions) and 5 closed workshops. Moderated by Transplant Coordinators (TC) of Catalan hospitals and experts in religious diversity, each workshop focus in a particular confession: Catholicism, non-Catholic Christian, Islam, Judaism and Oriental religions (Hinduism, Sikhism, others). Finally, 60 religious or cultural leaders, 5 Transplant Patients Associations, 11 TC and 5 religious experts participated.

Results: Workshops confirmed that none of the major religions are against organ and tissue donation and reinforced the idea that information and knowledge about donation and its value are basic for a positive donation attitude. However, each religion has some particularities that TC should know before a donor family interview. For Catholics, donation is widely accepted and reinforced by the last three Popes declarations. However, for some Buddhist, aspects related with death (*bardo* state) could difficult donation, or for Hinduism, is still difficult to recognize brain death as the death of the person. To improve society knowledge and facilitate community dialogue, 6 leaflets explaining organ donation and religions and a TC Tool Guide for family approach was developed, according to specific cultural or religious beliefs. In 2022, donation rate in Catalonia increased until 46 pmp donors and 18% of families refuse donation (2% of negatives due to religious reasons, compared with 2-8% during previous years).

Conclusions: Until now very few common donation dialogues have been promoted between TC and religious leaders. The Project facilitate an inclusive multidisciplinary forum for all religions creating a shared space to exchange knowledge and facilitate productive dialogue. The elaboration of informative leaflets and TC guides will facilitate donation dialogues and awareness in our society.



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16 September 2023
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ABSTRACT BOOK

HEALTHCARE WORKERS AND ADMINISTRATIVE STAFF PERCEPTION OF ORGAN DONATION IN TWO HOSPITALS

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Background: Organ transplantation has become a worldwide practice, bringing patients a more prolonged, and improving their quality of life. However, patients die due to a short number of donors; therefore, donation education and awareness represent a challenge. We aim to evaluate the perception of donation of the institutions promoting donation and life (INSPROVIDA) education program in two transplant centres.

Methods: Cross-sectional study in two hospitals through virtual surveying, a test was applied to health and administrative staff between March 2022 and April 2023. The survey included 12 questions and we evaluated donation-related myths, knowledge, religious beliefs and law.

Results: Total population were 5100 workers, the sample included 1436 respondents (28.1%), mean age was 34.3 years, 74.7% were female in one of the centers, 34.9% were nursery technicians and participants worked more frequently in the Emergency department (14.3%). When asked about organ trafficking nearly 67.7% believed it exists. When asked about our country's laws on organ donation the vast 69.1% did not know them and 56.2% were not familiar with the National Institute of Health donation registry. Also, 61.2% of the sample had not expressed their willingness to be organ donors with their family and/or friends.

Conclusions: Health and administrative staff's perception of donation in two hospitals showed the role of education programs. Our results demonstrated myths still are present and such phenomena might impact donation rates. There is a need to promote health education focused on organ donation since there is a lot of unawareness of the regulations and procedures for its implementation.

Table 1. Sociodemographic characteristics of health and administrative staff in two hospitals.



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16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

Characteristic	n (%)
Age	34.3 mean \pm 9.9 years
Female	1073 (74.7%)
Profession	
Nursery technician	138 (34.9%)
Registered nurse	100 (25.3%)
Administrative staff	91 (23.1%)
Physician	35 (8.8%)
Other healthcare providers	25 (6.3%)
Healthcare technician	6 (1.5%)
Service	
Other	181 (17.3%)
Emergency department	149 (14.3%)
Surgical clinics	125 (12.1%)
Other administrative areas	124 (11.9%)
Critical Care	104 (9.9%)
Medical Clinics	99 (9.5%)
Safety	57 (5.4%)
Sexual and reproductive health	51 (4.9%)
Palliative care and religious support	38 (3.6%)
Cardiocirculatory care	30 (2.8%)
Cleaning	21 (2.0%)
Radiology	20 (1.9%)
Clinical laboratory	14 (1.3%)
Transport staff	14 (1.3%)
Outpatient care	9 (0.8%)
Medical education and research	3 (0.2%)
Buffet	2 (0.1%)
Religion	
Catholic Christians	810 (77.8%)
None	84 (8.1%)
Evangelical or Protestant Christians	60 (5.7%)
Other religions	27 (2.5%)
Non-attached believers	26 (2.5%)
Atheist or agnostic	22 (2.1%)
Jehovah's Witnesses	7 (0.7%)
Mormons	2 (0.1%)
Muslims	2 (0.1%)
Jews	1 (0.1%)

Figure 1. Health and administrative staff' perception of organ donation in two hospitals.



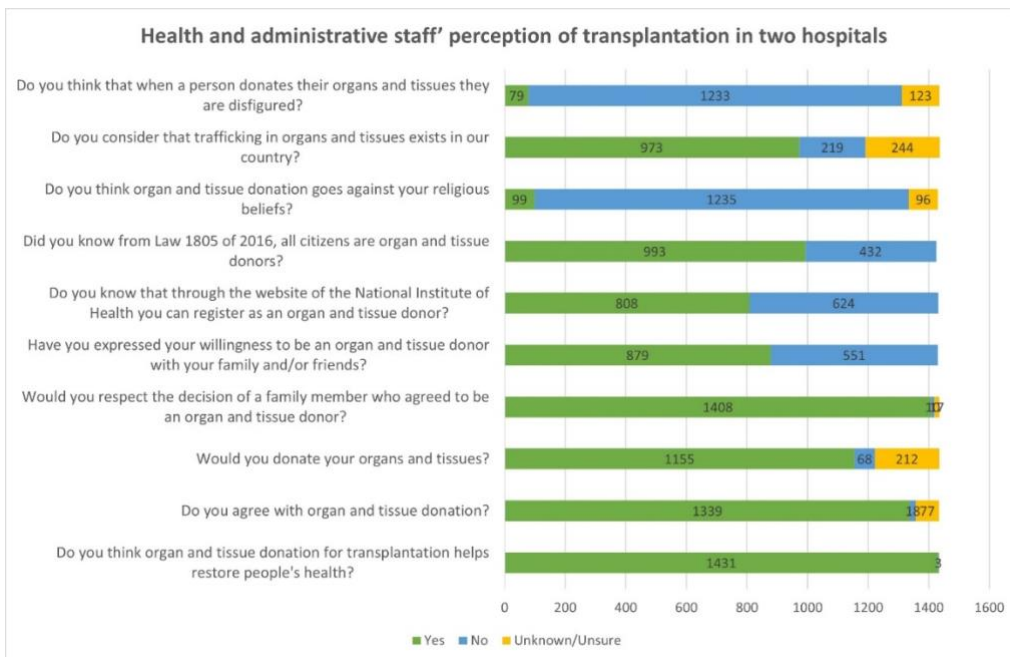
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16 September 2023
Athens, Greece

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ABSTRACT BOOK





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16 September 2023
Athens, Greece

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ABSTRACT BOOK

THE EXPERIENCES OF HEALTH CARE PROFESSIONALS APPROACHING FAMILIES FOR ORGAN DONATION CONSENT: A MIXED-METHOD SYSTEMATIC REVIEW

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Background: Healthcare professionals (HCPs) play an essential role in organ donation (OD) particularly when approaching families to discuss consent to OD. The percentage of families agreeing to deceased donation varies globally and therefore gaining insights in the complexities of approaching families is paramount. We conducted a mixed-method systematic review to synthesize the evidence reporting HCPs' experiences in approaching potential donor families for donation after brain or circulatory death.

Methods: Fourteen bibliographic databases were searched to identify studies describing HCP experiences when approaching potential donor families or associations between HCP experiences and consent rates. Independent reviewers extracted the data and assessed the methodological quality using the Mixed Methods Appraisal Tool. Data were analysed using parallel-results convergent synthesis design using thematic synthesis.

Results: We identified 12,698 unique references of which 86 studies met the inclusion criteria. The methodological quality of studies varied. Despite the common assumption that staff experiences can be improved by training and education, quantitative studies showed that consent rates did not increase significantly following OD training. HCP experiences were categorised according to broad themes including personal, organisational, patient, family, death and approach. HCP experiences were conceptualised as a paradox due to the challenges to negotiate the boundaries between life and death. Organisational and personal aspects shape the experiences of professionals broadly. The complexities of the family approach were evident in the variety of definitions of HCP experiences and experienced interactions between HCPs and the donor family, which may explain why there is no uniform approach across settings and countries.



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

Conclusions: The review highlights the challenges faced by professionals when negotiating policy and practice globally. Findings inform the development of recommendations for good practice and training to support staff involved in the OD process worldwide. This will require strategies of international collaboration and cooperation taking into account legal and sociocultural factors of countries.



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16 September 2023
Athens, Greece

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ABSTRACT BOOK

EDUCATIONAL INTERVENTION AS AN APPROACH TO SUPPORT COUNTRIES IN EUROPEAN REGION TOWARDS ACHIEVING SELF-SUFFICIENCY IN TRANSPLANTATION

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Background: Training of healthcare professional is an essential component in improving quality, safety and capacity of donation and transplantation. The disruptions brought by the COVID-9 pandemic did not deter the educational interventions. A wide range of training experience on donation and transplantation in the European region was presented in this study.

Methods: A variety of programs focusing on enhancing healthcare professionals' skills and knowledge in donation and transplantation were implemented. The programs were diversified and available at different levels to adapt to the different needs and advancements of the donation and transplant communities. There are courses that covered the key donation processes such as identification, evaluation, and management of donors. A more specific trainings or workshops on family approach, donation after cardiac death, tissue banking and regenerative medicine were also encompassed. Three modalities of training namely face-to-face, online, or blended were used. When face-to-face could not be conducted, innovative strategies were developed and these included virtual classroom and internship, interactive gaming, immersive experience with virtual reality tool, and simulation in clinical setting.

Results: A total of 651 participants from 46 countries in the European region were involved in courses that were held between 2019 and 2022. The number participants remained relatively constant with an average of 164 trained per year. In 2019 and 2020, 80% (n= 161) and 70% (n= 95) of the participants were trained face-to-face respectively. In 2021, the participants were 100% trained online. The trend continued in 2022, with 89% of them trained in the online modality.



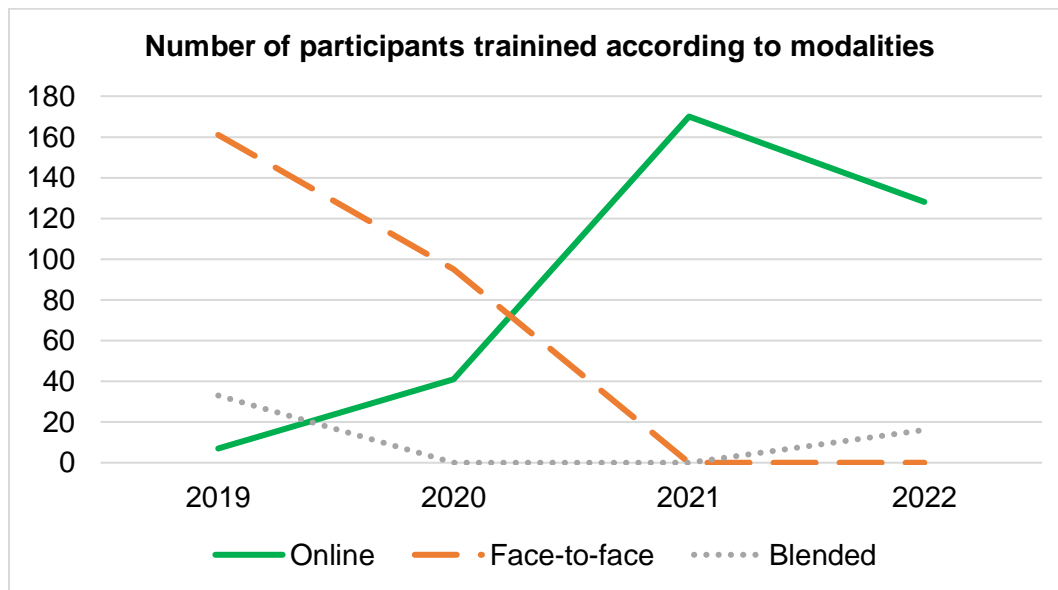
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Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK



Conclusions: The training experience donation and transplantation among health professionals in pre- and post- covid time was shown. The training modality switched from face-to-face to online modality from 2020 onwards. The training opportunity and quality could not be compromised even in the unprecedented event, and these could be achieved through innovative adaptations.



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16 September 2023
Athens, Greece

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ABSTRACT BOOK

DONATION AFTER CARDIOCIRCULATORY DEATH IN PATIENTS OLDER THAN 70 YEARS

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Background: Organ transplantation improves the quality of life and increases the life expectancy of patients with end-stage organ failure. The demand of organs for transplant is continually increasing given the aging population. In Spain, more than a decade ago, controlled asystole donation (CAD) emerged as a strategy to solve the shortage of organs available for transplant. Despite, there is not a stablish age limit in controlled asystole donors, exists an “unconscious bias” to reject asystole organs by age criteria. The main objective of this study is to determine if CAD in patients over 70 years of age is feasible in terms of the effectiveness of the donation and number of organs per real and used donor.

Methods: Retrospective observational study including donors in controlled asystole older than 70 years from November 2014 to December 2022 in a tertiary care hospital.

Results: During the study period, a total of 57 real controlled asystole donors were collected. Of the sample studied, the median age was 74.4 ± 2.6 years, being a most men (59.6%). Regarding to cardiovascular risk factors, 59.6 % patients suffered from arterial hypertension, 22.5% from diabetes and 21.1% from dyslipidemia. The most frequent blood type included was O+ (50.9%) followed by A+ (35.1%) and B+ (8.8%). The median length of stay in the critical care unit before donation was 7 [1; 38] days. The analysis of the data showed an effectiveness of 87.7%, 50 donors used out of the total number of patients included. A total of 40 livers and 50 kidneys were valid and transplanted on their appropriate receptors. In 45.6% of the total of sample it was possible to use one organ, in 19.3% two organs and in 22.8% three organs, assuming a rate of 1.52 organs per real donor and 1.74 in donor used.

Conclusions: The effectiveness of the CAD in this age group is high (87.7%), similar to the Spanish average in previous years (87%). The rate of organs per donor it exceeds 1.5 organs by transplanted donor, which is enough to not dismiss a potential controlled asystole donor based solely on age criteria.



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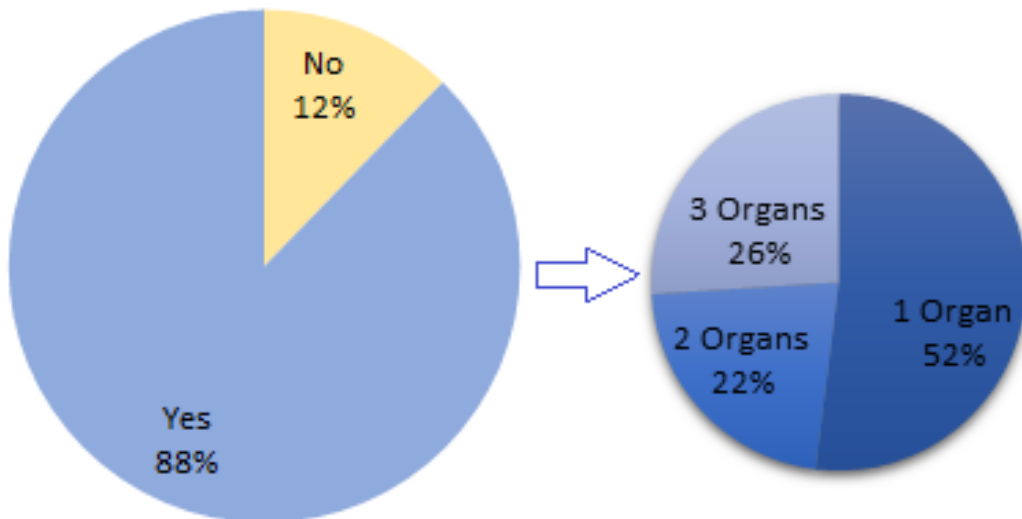
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16 September 2023
Athens, Greece

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Donors used





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Towards a new era in donor coordination

16 September 2023
Athens, Greece

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ABSTRACT BOOK

FROM PEN TO CLOUD – INTRODUCTION OF A DIGITAL DOCUMENTATION PLATFORM FOR ORGAN DONATION COORDINATORS

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Background: In the context of digitalisation, the analogue National Coordination paper protocol, where all telephone calls and allocation decisions are documented, should be replaced by a cloud-based digital solution. This should improve traceability, minimise errors during transfer (e.g. readability of entries) and simplify cooperation between team members, especially in the home office and in shift work with duty handover. Cooperation with the local coordinators is also to be facilitated by the introduction of a status terminal. The status terminal with all important time points is to be filled in real time, directly from the protocol, without duplicate entries.

Methods: Advantages and disadvantages of paper documentation and digital documentation were collected and compared. Technical options were looked at and a budget was created. After the analysis, we found that there is a need for different roles with different permissions for all stakeholders involved in organ donation.

Results: In several sprints (each sprint approx. 4 weeks), the protocol was programmed and finally introduced by an external company after the needs of the national coordination, represented by a specialist project manager. Improvements are constantly being made to simplify the protocol and make the status terminal more interesting for the coordinators in the hospitals. Data protection aspects were also taken into account during implementation.

Attention was also paid to who should have access rights to the status terminal and what type of access (read only or read/write).

Conclusions: The digital protocol was introduced over a year ago. It has simplified the cooperation, the handover to colleagues is faster and more error-free. The protocol also serves as a checklist and processes can be standardised. Digitalisation has also proved its worth in the case of queries about organ donations that took place some time ago. The introduction of the real time status terminal supports the coordinators in the hospitals. The issue of data security was somewhat underestimated at the beginning, but it is very important and must be reassessed and tested continuously.



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16 September 2023
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ABSTRACT BOOK

SEARCHING NEW DONATION SCENARIOS: POTENCIAL RECEPTORS "ON THE OTHER SIDE OF THE MIRROR"

Paula Rivera Sánchez¹, Ramón Mula Martínez*¹, María del Mar Martín Magán¹, Nayara López Hernández¹, Maria Granados Madero¹, Marta Mateos Llosa¹, Clara Manso Murcia¹, José Moya Sánchez¹, M Dolores Victoria Rodenas², Mónica Valer Rupérez³

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Background: Advances in the field of extracorporeal circulation have improved the prognosis and survival of patients in situations of respiratory failure or cardiogenic shock. However, due to disease progression or not considering the inclusion on the waiting list, the purpose of extracorporeal support treatment may be considered futile. These patients who were waiting for an organ can become new donation scenarios, placing a potential receptor just "on the other side of the mirror". The descriptively study analyzed the potential receptor of a thoracic organ with extracorporeal assistance who become donors in controlled asystole.

Methods: Retrospective observational study of those donors who met the aforementioned criteria from January-2016 to September-2021 in a tertiary care hospital. Demographic, clinical, organ traceability, and donation effectiveness variables were collected.

Results: 9 real donors were collected. 77.8% were men with a median age of 56 years. 55% had some cardiovascular risk factor. The mean ICU stay was 12.1 days. 7 patients carried veno-arterial ECMO due to: postinfarction cardiogenic shock (4), pulmonary thromboembolism (1), primary heart transplant failure (1), non-ischemic dilated cardiomyopathy (1). 2 patients with veno-venous ECMO due to pulmonary fibrosis pending transplantation. 19 organs were obtained (7 livers and 12 kidneys), which represents a ratio of 2.1 organs per donor and an effectiveness of 88.9%.

Conclusions: The shortage of donors forces us to broaden the search for new scenarios of donation. Although this type of "mirror" donor represents a significant change in treatment and emotional stress for their families, it is a source to consider once their care team considers the adequacy of life-sustaining treatment.



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16 September 2023
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ABSTRACT BOOK

HOW WE MANAGE THE CRITICAL DONOR AND RECIPIENT SITUATION AFTER THE COVID-19 ERA FROM THE POINT OF VIEW OF A COORDINATOR

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Background: This presentation focuses on the results of our Lung Transplantation Program from its beginning and what innovations we performed to rebuild our Program after the coronavirus pandemic: We have centralised recipients' evaluation and have simplified the referral process. We also implemented personal visits to the pulmonology clinics and wards as a new feature.

Methods: We made retrospective data analysis of all transplanted patients and all donors between 12.12.2015-27.04.2023. We extracted data from healthcare software, Eurotransplant Statistics Library, Donordata and our transplantation (Tx) databases. We also used data from the National Blood Transfusion Service.

Results: After an uneventful beginning, the Program was still relatively young when a pandemic coronavirus disease spread all around the World. There was a dramatic shortage of donors, and the recipients' condition worsened. The recipients' evaluation process stopped. After the end of the COVID-19 pandemic, it was necessary to reorganise both the recipient and donor sides. In our centrum, we deal with recipient coordination. The donor coordination is organised centrally. Related to this problem on the recipient side, we have visited pulmonologists dealing with end-stage lung patients (148 pulmonology centres). We have simplified the referral protocol for appearing before the Lung Transplant Committee. We have centralised the evaluation process to shorten the examination time and register the recipients on the waiting list as soon as possible. In the last years, we had to accept extended criteria donors (4 other criteria in addition to age), so the Program slowly started again. As a result of these necessary steps, our Program has been restarted after a five-month no-transplant period: the next 1.5 years, we performed 18 transplantations.



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Towards a new era in donor coordination

16 September 2023
Athens, Greece

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ABSTRACT BOOK

Conclusions: As a coordinator, we have a determinant connecting role between the evaluating pulmonology departments and our medical team. We take a crucial part in the recipients' evaluation process and the Lung Transplant Committee from the beginning. We took an important role in centralising and rebuilding our Program. In addition to visiting pulmonology centres, the centralisation of the evaluation process is the solution for having significantly more recipients on our waiting list.



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

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ABSTRACT BOOK

THE IMPACT OF DECEASED DONOR ORGAN PROCUREMENT WORKSHOP ON SURGICAL TRANSPLANT FELLOWS' CONFIDENCE AND COMPETENCE

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Background: Deceased donor organ procurement entails complex techniques and meticulous anatomical dissection, and is vital to the success of organ transplantation. In our institution, this surgery is often performed by a surgical transplant fellow. Thus, training transplant fellows in these intricate surgical techniques is imperative, but such opportunities are currently limited in Canada. To address this, we organized a two-day hands-on deceased donor workshop for the abdominal transplant fellows at our institution. The objective of this study is to assess the workshop's impact on fellows' confidence and competence to gauge its overall benefit and to identify areas of improvement.

Methods: The abdominal transplant fellows who attended the workshop were invited to participate in the study. At the beginning of the workshop, the participants were asked to report their exposure to and confidence on various aspects of the organ procurement surgery. The fellows' knowledge on organ procurement were also assessed using multiple choice questions. Participants were asked to complete the questionnaires immediately post-workshop, and at one month and six months following the workshop. Descriptive statistics and t-test or Wilcoxon test were used, as appropriate, to compare the responses of participants pre and post workshop.

Results: Seven transplant fellows participated in the study. The fellows' confidence improved at the end of the workshop ($t(6) = -4.05$, $p = 0.006$), at 1 month ($t(6) = -3.68$, $p = 0.01$) and six months post-workshop ($t(6) = -3.31$, $p = 0.016$). Participants' competence also increased at the end of the workshop (72.4% vs. 81.6%, $p = 0.46$), at one month (72.4% vs. 85.7%, $p = 0.06$) and six months post-workshop (72.4% vs. 86.7%, $p = 0.11$). All of the participants reported that the course was useful and that they would like to see this course offered in future.

Conclusions: The workshop led to a significant improvement in post-workshop trainee confidence, which remained evident even after six months. Although competence levels did not increase significantly, the results indicate a positive impact on trainees. Future studies will explore alternative measures of technical competence and the impact of regular deceased donor workshops on surgical trainees.



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ABSTRACT BOOK

HEART TRANSPLANTATION FROM ANTI-HBCORE POSITIVE DONORS: A SINGLE-CENTER OBSERVATIONAL STUDY

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Background: Organ transplantation is constrained by the scarcity of available organs, necessitating efforts to increase organ availability while preserving positive recipient outcomes. Extended criteria donors, including HbS(-) and anti-HBcore(+) donors, have emerged as a promising option for individuals on the organ transplant waiting list. This study aimed to assess the long-term safety of heart transplantation (Htx) from anti-HBcore (+) donors.

Methods: Retrospective analysis of heart transplant recipients operated in a single high-volume transplant center between January 2013 and June 2023. In further analyses, HbS(-) recipients with Htx from both HbS(-) and anti-Hbcore(+) donors were identified.

Results: Among the 583 transplanted patients during the analysed period, a total of 29 cases (including 6 females) received Htx from anti-Hbcore (+) and HbS(-) donors. The mean recipient age at the time of transplant was 53.7±12 years. The median observation period equaled 11.25, IQR: 0.9-34.5 months. All except for one recipient declared complete hepatitis B vaccination. Prior to Htx, the anti-HbS antibody level was assessed in three patients, with only one patient showing an antibody level ≥ 12mIU/mL.

Among Htx recipients, none received Anti-HbS globulin at the time of Htx. As there are no unequivocal guidelines, the decision to use prophylaxis against hepatitis B was at the discretion of the attending physician. One-year prophylaxis with lamivudine was used in four cases. Additionally, up to 3 months, 65.5% of the patients received valganciclovir.

In the whole group of recipients, frequent transaminase and HbS controls (every month in the first three months and every three months up to one year and then every 6 months) were performed. In the whole observation period, none of the patients developed HbS antigen. Mean(±SD) ASPAT, ALAT, bilirubin, and GGTP levels were at the one year: 26(12)U/L, 28(24)U/L, 10(4)umol/L, 103(234)U/L. Mean LVEF at one year, 2, and 5 years was 60(±3)%, 58(±3)%, and 58(±4)% accordingly.



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

Conclusions: Htx from anti-Hbcore (+) donors in patients vaccinated against hepatitis B seems to be viable and safe option even without the application of additional antiviral prophylaxis.



EDTCO ORGAN DONATION CONGRESS 2023

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16 September 2023
Athens, Greece

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ABSTRACT BOOK

THE CRITICAL PATHWAY FOR DECEASED DONATION: AN ANALYSIS IN THREE REGIONS OF COLOMBIA

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Background: The critical pathway for deceased donation allows a systematic approach to the donation process, it provides a tool for evaluating performance and identifying areas of potential improvement. Therefore, possible organ donor (POD) detection and selection is a key process. This study aims to describe the critical pathway for deceased donation in a cohort of POD in three regions of Colombia.

Methods: We retrospectively reviewed data of 1458 POD reported in three regions of Colombia. Those POD were assessed between January 2022 and December 2022. General characteristics of POD, diagnosis, contraindication causes, and organ procurement were described.

Results: Of 1458 POD assessed, 62.2% were male and the mean age was 46.2 years. However, approximately 48.1% of POD were older than 50 years. Among the POD assessed, 441 (30.2%) were diagnosed with brain death. Among potential donors after brain death, 310 (21.2%) were eligible donors (medically suitable). Of those, 201 donors (13.8%) were actual donors (in whom operative incision was made with the intent of organ recovery) and 160 (11.0%) had at least one organ recovered (actual donors with organ recovery). Finally, we identified 150 utilized donors (10.3%) (in whom at least one organ was transplanted) (Figure 1).

Conclusions: This study reports the critical pathway for deceased donation in a cohort of POD in three regions of Colombia. This provides useful information and helps to gain insight and understanding into the process of organ donation and organ procurement in order to take actions that could improve the donation rates.

Table 1. Sociodemographic and clinical characteristics of possible organ donors in three regions.



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16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

Variable	Total (n=1458)
Sex, n (%)	
Female	551 (37.7)
Male	907 (62.2)
Age, group (%)	
<18	92 (6.3)
18-49	665 (45.6)
>50	701 (48.1)
Mean age	46.2 SD 19.2
Donors by region, n (%)	
Central	693 (47.5)
Oriental	440 (30.1)
North	325 (22.2)
Donors by month, n (%)	
January	97 (6.6)
February	106 (7.2)
March	104 (7.1)
April	110 (7.5)
May	125 (8.5)
June	114 (7.8)
July	121 (8.3)
August	134 (9.1)
September	123 (8.4)
October	151 (10.3)
November	131 (8.9)
December	142 (9.7)
Diagnosis, n (%)	
HCVD	602 (41.2)
ICVD	139 (9.5)
Hypoxic	128 (8.7)
CNS infection	31 (2.1)
Unknown	14 (0.9)
Miscellaneous	12 (0.8)
Metabolic	8 (0.5)
Contraindication, n (%)	
Medical	719 (49.3)
Withdrawal	334 (22.9)
Interview	310 (21.2)
Legal medical	47 (3.2)
Follow-up	22 (1.5)
Logistic	14 (0.9)
Personal	12 (0.8)
Donor type, n (%)	



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

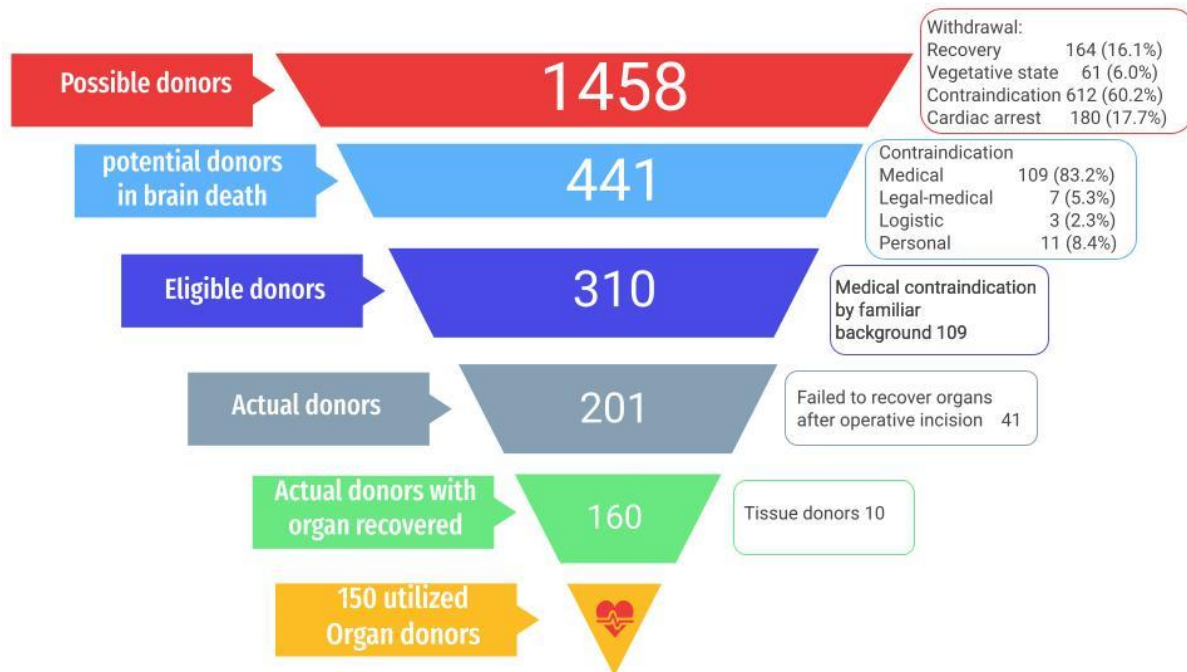
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Athens, Greece

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ABSTRACT BOOK

HCVD: hemorrhagic cerebrovascular disease, ICVD: ischemic cerebrovascular disease, CNS: central nervous system.

Figure 1. The critical pathway for deceased donation in three regions of Colombia





EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

LEARNING FROM VIGILANCE – THE INSTRUCTIVE VALUE OF THE NOTIFY LIBRARY

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Background: Since 2012, the Notify Library (<https://www.notifylibrary.org>) collects scientific literature related to different types of adverse occurrences associated with the clinical use of blood, organs, tissues and cells (Medical Products of Human Origin, MPHO). The scope of the Library is to support the sharing of published vigilance information for educational purposes by making available the existing knowledge on serious adverse events and reactions in transfusion and transplantation.

Methods: Each record in the Notify Library can be linked with one or multiple references. The record inclusion criteria are that it has been reliably documented in a published article or official vigilance reporting system and that it has instructive value for the fields of transfusion and transplantation. The selection and review of references for publication is performed by international experts who collaborate in 5 topic-specific editorial groups: infection transmission, malignancy transmission, living-donor reactions, process-related incidents, and other clinical complications. The aim of this communication is to provide an overview of the Notify Library and promote its use among the European Transplant community.

Results: The Notify Library contains 1848 didactic records quoting 2742 published references. Analyzing the database content by MPHO type, 44% of records (809/1848) were related to organs (kidney, 338; liver, 248; lung, 75; heart, 53; combined/multivisceral, 26; pancreas, 14; other/unspecified, 55), 20% (370/1848) to blood and blood components, 16% (301/1848) to hematopoietic progenitor cells, 14% (266/1848) to tissues and 6% (102/1848) to other MPHO. Of the 809 records that involve organs, 640 were categorized as “Harm to a recipient” (infection transmission, 333; malignancy transmission, 270; immunological complications, 20; non infectious-non malignant transmissions, 13; other, 4), 101 as “Harm to donor” and 68 as “Risk of harm” (including 36 cases of donor disease without documented transmission in the recipient).



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023
Athens, Greece

#ESOT_EDTCO

ABSTRACT BOOK

Conclusions: Notify Library is the first open-access, searchable database of systematically identified reports of disease transmission and other adverse occurrences arising from the donation and clinical application of MPHO.



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

16 September 2023, Athens, Greece

#ESOT_EDTCO

DISPARITIES IN ORGAN DONATION RATES INSIDE THE EUROPEAN REGION

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Background: World Health Organization (WHO) is advocating for the development of self-sufficiency in donation and transplantation (D&T) worldwide.

European countries represent 8 from the 10 worldwide countries with highest organ donation rates. Nevertheless, many countries in the region still present low rates with great opportunities for improvement. The International Registry for Organ Donation and Transplantation (IRODAT registry) is the oldest worldwide registry for organ donation and transplantation activity, reporting information since 1996 from 106 different countries.

Methods: A retrospective analysis of the organ donation activity from the information reported from European countries between 2019 to 2022 in the IRODAT registry has been conducted. European countries have been selected according to the World Health Organization's classification. Data from the actual deceased organ donors per million population (PMP) rate, living organ donors PMP rate and actual donors after circulatory death PMP rate has been analyzed.

Results: From the 53 countries in the European region, 43 have submitted data to our registry. COVID pandemic showed a big impact in the programs' activity, with 30 countries having a decrease in their deceased donation rates during 2019 and persist until 2021.

In the analysis of total deceased donation activity, 3 countries (7%) did not report deceased donation in the period studied, and only 23 countries (52%) reported more than 15 donors PMP in at least 1 of the 3-year period studied, with 20 of them maintaining this level during 2021. 34% (15) countries reported having an active Donation after Circulatory Death (DCD) program and 27% (12) of the countries reported having more living than deceased donation activity.

Conclusions: To achieve self-sufficiency in organ transplantation in the European region, more efforts should be allocated to develop efficient deceased donation programs. Despite the WHO's third guiding principle which mentions that donation from deceased persons should be developed to its maximum therapeutic potential, many European countries have living donation programs with poor or no deceased donation activity at all.



EDTCO ORGAN DONATION CONGRESS 2023

Towards a new era in donor coordination

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Disclosure List

The following abstract authors have declared POTENTIAL FINANCIAL AND/OR NON-FINANCIAL CONFLICT OF INTEREST with regards to their presentation:

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Towards a new era in donor coordination

16 September 2023, Athens, Greece

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16 September 2023, Athens, Greece

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