Descartes Advisory Board declares: New allocation rules have to be developed!

Many developments in renal transplantation have recently taken place. As highlighted in a review previously published in NDT by the Descartes ("Developing Education Science and Care for Renal Transplantation in European States") Advisory Board, current efforts are successfully directed towards increasing utilization and sharing information in addition to reducing kidney wastage and long-term organ loss.

One example is the latest development in machine perfusion. It is becoming clear that static cold storage is inadequate for the preservation of extended criteria donors. Normothermic exsitu perfusion, on the other hand, allows a better organ assessment pre-implantation and appears to lead to a significant reduction in delayed graft function. Another example is the advancement in detecting anti-HLA antibodies due to a more sensitive technology. This allows for a more precise prediction of antibody-mediated rejection and graft loss. Last, but not least, the immunosuppressive agents have evolved continuously and led to less graft rejection and improved survival. Development is still ongoing to find new regimens to improve long-term graft survival with reduced side-effects and promising new drugs are in the pipeline.

“But renal transplantation still faces many challenges”, explains Professor Daniel Abramowicz (Belgium), Chair of the Descartes Advisory Board and first author of the published review. With a persistent demand for transplantation and changes in the demographics of the donor population, smarter ways to use the current supply are needed. Abramowicz and his colleagues claim that new allocation rules have to be developed. “In Eurotransplant, waiting time has a greater weight than histocompatibility in the allocation algorithm. At the moment we accept that a recipient is given an organ that does not match perfectly, due to the fact that she/he has been waiting for so long. This compromise leads to a higher rate of rejection and graft loss, meaning we are losing some organs because of the imperfect organ-recipient-match. So, would it not be better to give the organ to a patient to whom it is a better match and offers the best chance
of lasting over a longer period of time? The HLA match, not the length of waiting time should be the deciding factor in allocating organs.”

In addition, the Descartes Advisory Board claims that there is a need to increase paired donation programs across Europe as presently developed by Eurotransplant and the EU. These programs would allow ABO- and HLA-incompatible transplantation to be overcome by swapping organ donors. The underlying idea is this: If Mr. Smith wants to donate a kidney to his wife, but she has antibodies against her husband’s HLA antigens, the risk of rejection would be rather high. But if Mr. Smith’s kidney would be donated to a recipient without anti-HLA antibodies and Mrs. Smith would receive an “ideally matched” kidney from the recipient’s spouse, both couples would benefit in terms of graft survival. “It is time to overcome ABO- and HLA-incompatible transplantation by swapping organ donors”, Abramowicz points out. “New allocation rules will certainly not increase the number of transplanted organs, but will help to make better use of the available organs.”


About Descartes (“Developing Education Science and Care for Renal Transplantation in European States”) Advisory Board
The Descartes advisory board is the Transplantation working group for the European Renal Association - European Dialysis and Transplant Association (ERA-EDTA) (http://www.era-edtaworkinggroups.org/en-US/group/descartes) and is a pan-European expert panel of transplant physicians and surgeons. The main mission of the Descartes group is to educate professionals and to undertake research reflecting all aspects of kidney transplantation.

About ERA-EDTA
With more than 7,500 members, the ERA-EDTA (“European Renal Association – European Dialysis and Transplant Association”) is one of the biggest nephrology associations worldwide and one of the most important and prestigious European Medical Associations. It supports basic and clinical research in the fields of clinical nephrology, dialysis, renal transplantation and related subjects. It also supports a number of studies as well as research groups and has founded a special "Fellowship Programme" for young investigators as well as grant programmes. In order to involve young nephrologists in all its activities ERA-EDTA has created the "Young Nephrologists’ Platform" (YNP), a very active committee whose board includes members who are 40 years old or younger. In addition, it has established various working groups to promote the collaboration of nephrologists with other medical disciplines (e.g. cardiology, immunology).
Furthermore, a “European Renal Best Practice” (ERBP) advisory board was established by the ERA-EDTA to draw up and publish guidelines and position statements. Another important goal of the ERA-EDTA is education: The series of CME-courses as well as the annual congress offer an attractive scientific programme to cover the need for continuous medical education for doctors working in the fields of nephrology, dialysis and transplantation. The association’s journals, NDT (Nephrology, Dialysis, Transplantation) and CKJ (Clinical Kidney Journal), are currently the leading nephrology journals in Europe; in addition NDT-Educational is the online educational journal of the society, with free access for all users, as well as being a very important and useful feature of NDT-Educational “Literature Review”. The ERA-EDTA Registry is a large epidemiologic database comparing countries by assessing nephrology practice throughout Europe. ENP, the European Nephrology Portal, is the latest new initiative of ERA-EDTA: here all those interested in the activities of the Society can find everything that is happening, all in one place! Finally, ERA-EDTA is a member of the European Kidney Health Alliance (EKHA), a consortium of patients, nurses and foundations all related to renal issues that actively interacts with the European Parliament. For more information please visit www.era-edta.org