

[Study finds kidney transplant donation rates vary widely across Europe](#)

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A new Europe-wide survey shows significant country-to-country differences in rates of kidney transplant donors. The survey shows for example within the EU, there is a x5 variation in the number of kidney donors per country (per head of population). This variation is probably due to different legal and social standards across Europe.

Kidneys can fail for a variety of reasons, the most common being diabetes, high blood pressure, drug overdose, and physical injury. Kidney dialysis is often used as a treatment, but the best long-term solution is transplant, usually from a recently-deceased donor. Rates of Chronic Kidney Disease vary considerably across Europe, from 3% to 17% of the population, and are increasing.* Demand for kidneys almost always exceeds possible supply, and each country manages transplants differently. Now a new survey, presented at the Annual Congress of the European Association of Urology in Munich, has shown significant differences in the number of donor kidneys available in each country.

Dr. Víctor Díez Nicolás (associated member, European Society for Transplantation in Urology, ESTU) will present the results of this ESTU-led survey on kidney donation rates and kidney transplantation rates across Europe for 2014. Comparing data from a range of registers, they found wide country to country variation. For example:

Russian Federation	3.3	All figures are deceased donors per million population
Greece	4.2	
Germany	10.4	
Switzerland	14.3	
Poland	15.5	
The Netherlands	16.8	
UK	20.6	
Italy	22.7	
France	25.3	
Portugal	27.3	
Croatia	35.1	
Spain	35.7	

All figures are 2014 figures

Dr Díez Nicolás said:

“The circumstances in country are very different, but basically it depends on two factors, social sensitivity, and legislation. Most organs for transplantation are come from brain dead donors. But each country manages organ availability differently. In Spain for example, each citizen is a potential donor unless they opt-out of the transplant scheme, whereas in Germany there is an ‘opt-in’ scheme. Some countries also allow donation from living donors, or from persons whose hearts have stopped. The number of organs from both these sources has been increasing”.

As the technology becomes more mainstream, and rates of kidney failure are increasing, the demand for organs has increased quite significantly, and there is a general need to obtain more organs. At the moment, whether you can find a donor organ largely depends on where you live. If countries want to

increase transplant rates, and so increase survival from kidney failure, they might consider changing the way they source donor organs”.

Professor Arnaldo José Figueiredo (Coimbra, Portugal), chairman of the ESTU said:

“Transplantation remains the most effective way of replacing kidney function. End stage renal failure incidence is increasing steadily in all European countries and, notwithstanding the fact that efforts should primarily be put on prevention, transplantation activity also needs be promoted, as demand clearly exceeds supply. There are significant discrepancies in transplant activity among European countries, and the ones with lower rates of transplant per capita should look at the examples of the leaders. At the same time, there are important differences where the transplanted organs come from, such as brain dead, non-heart beating and living donors, meaning there is scope for improvement in each program”.

There was no external funding for this research.

ENDS

Notes for Editors

**PLEASE MENTION THE EUROPEAN ASSOCIATION OF UROLOGY CONGRESS IN ANY STORY
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Contact details

Víctor Díez Nicolás victordnicolas@gmail.com

EAU Press Officer, Tom Parkhill: tom@parkhill.it telephone +39 349 238 8191

The 31st Annual EAU Congress takes place in Munich from 11th to 15th March. This is the largest and most important urology congress in Europe, with up to 13,000 expected to attend: eau16.org.

*See <https://www.sciencedaily.com/releases/2015/12/151223134127.htm> and <http://jasn.asnjournals.org/content/early/2016/01/11/ASN.2015050542>

Abstract 713

Kidney transplant activity in Europe during 2014: Differences among countries

Díez Nicolás V.¹, Gómez Dos Santos V.¹, Hevia Palacios V.¹, Álvarez Rodríguez S.¹, Martínez Arcos L.¹, Rodríguez Patrón R.¹, Lledó García E.³, Alcaraz Asensio A.⁵, Figueiredo A.⁴, Burgos Revilla F.J.², ESTU Board

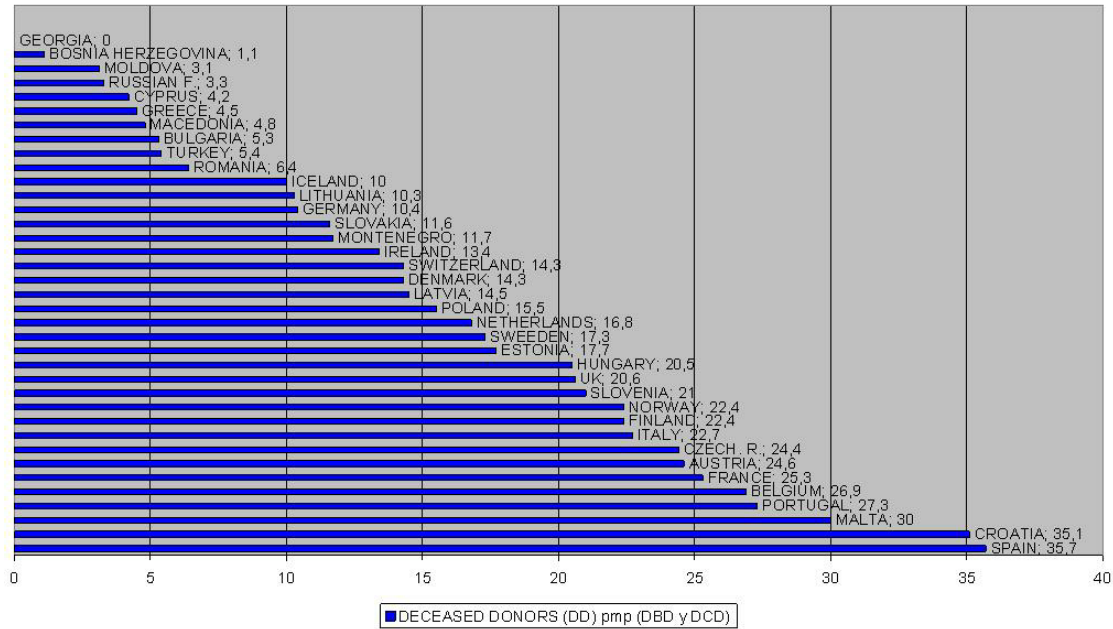
¹Hospital Ramón Y Cajal, Dept. of Urology, Madrid, Spain, ²Hospital Ramón Y Cajal. Universidad De Alcalá, Dept. of Urology, Madrid, Spain, ³Hospital Gregorio Marañón, ESTU Board, Madrid, Spain, ⁴Centro Hospitalar E Universitario De Coimbra, ESTU Board, Coimbra, Portugal, ⁵Hospital Clinic, ESTU Board, Barcelona, Spain

INTRODUCTION & OBJECTIVES: End stage renal disease (ESRD) is a prevalent and high cost medical entity affecting an increasing number of patients in Europe. Today is widely known that survival and morbidity of this patients, and related annual expenditure, are lower for patients who undergo a kidney transplant (KT). The KT activity in Europe is heterogeneous, in number and type of donors and in number of transplantations. The aim of this study is to describe the KT activity in Europe in 2014.

MATERIAL & METHODS: Data from each National Transplantation Organization, Eurotransplant and from the Newsletter of the European Directorate for the Quality of Medicines and Healthcare were collected, including: all EU countries and Bosnia-Herzegovina, Georgia, Iceland, Macedonia, Moldova, Montenegro, Norway, Russian F., Switzerland, Turkey and

Ukraine. Collected data were KT centres, deceased donors (DD), non-heart-beating-donors (NHBD), KT and rate of living-donors.

RESULTS: Results depending on each country are shown below. Spain is the country with higher rate of deceased donors (35.7 pmp). Netherlands leads KT activity, with 59.8 KT pmp. Living-donor KT reach 100% of the total in some countries. Only 11 countries have an active NHBD program.



CONCLUSIONS: Access to KT in Europe is heterogeneous, as well as the optimization on harvesting kidneys from DD. Nowadays, very few countries have a transplant program from NHBD. Rates of living donor KT are also very different among different countries. There are also great differences in the number of KT centers per population. Experience from some countries leaders in DD or living donor KT might be useful to implement these programs in other places.