

# IRODaT - INTERNATIONAL REGISTRY IN ORGAN DONATION AND TRANSPLANTATION

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## Introduction

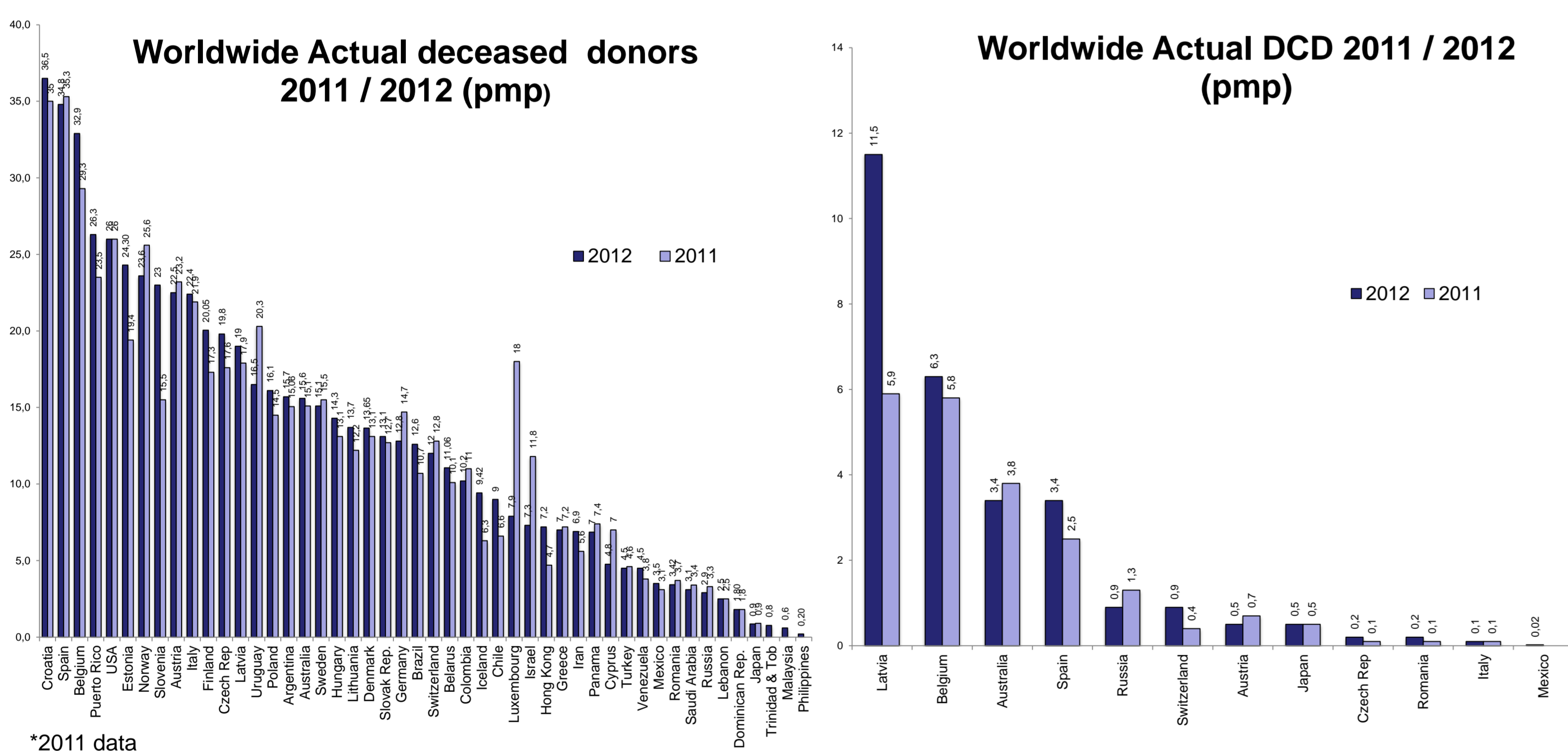
The **World Health Organization** in its resolution WHA63.22 of May 2010, asked to the countries to collect data regarding organ transplantation practices and the **safety, quality, efficacy** and epidemiology of these, highlighting the importance of a record that sets transplant activity in countries.

The **International Registry in Organ Donation and Transplantation (IRODaT)** was created in 1998 with the aim to collect **worldwide annual data** by donation and transplantation activity, developing it the **oldest registry in the world**, offering data in this field. It contains **statistics of deceased/living donors** and **organs transplants**. Currently there are 103 countries in the world which perform some Organ Transplant activity, but only 9.7% of these present good donation statistics. IRODaT has data of approximately 80 of those countries available on its website [www.irodat.org](http://www.irodat.org)

## Methods

IRODaT Registry works in 3 different steps, in order to **offer actualized and validated data** regarding organ donation and transplantation activity worldwide: 1) contact with the *official reportes*. 2) Collect, validate and upload the data, and 3) dissemination. The definitions used for the data collection are specified in each figure and were created following the definitions created by the World Health Organization, in their document Critical Pathway (González-Gil, B.. Et al)<sup>3</sup>.

IRODaT Registry presents in this issue an update on the results of the organ donation and transplantation activity in the worldwide developed during the last year 2012, compared to 2011.

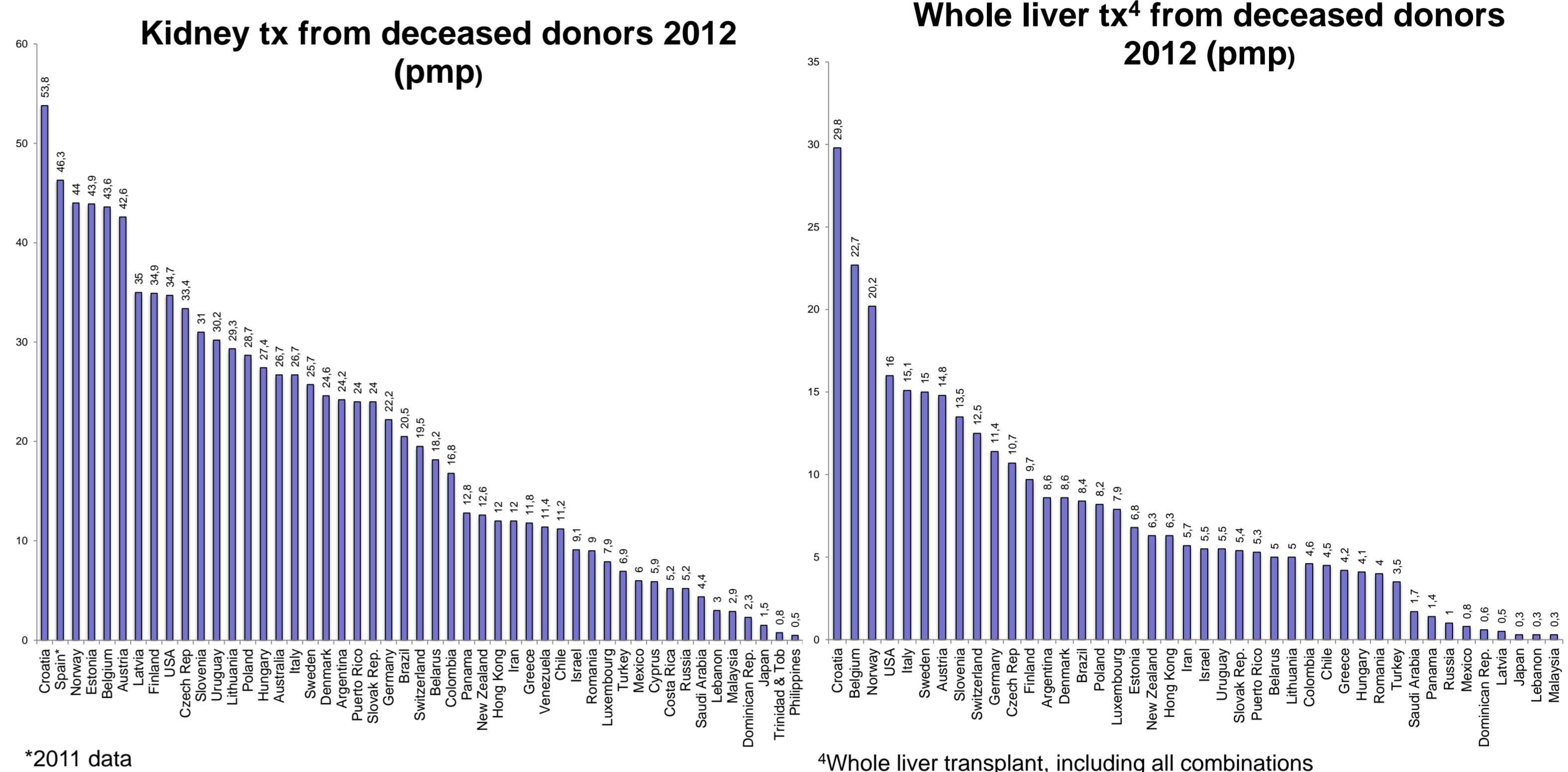


As it is shown in the figures above, between 2011 and 2012 the countries which shows the biggest increase related the Actual deceased donors are **Slovenia** (from 15.5 pmp in 2011 to 23 pmp in 2012), **Estonia** (from 19.4 pmp in 2011 to 24.3 in 2012), **Iceland** (from 6.3 pmp in 2011 to 9,4 in 2012), **Puerto Rico** (from 23.5 pmp in 2011 to 26.3 pmp in 2012), **Hong Kong** (from 4,7 pmp in 2011 to 7.2 pmp in 2012) **Chile** (from 6,6 pmp in 2011 to 9 pmp in 2012) and **Czech Republic** (from 17,6 pmp in 2011 to 19,8 pmp in 2012).

Regarding the Actual donors **After Cardiac Death (DCD)**, **Latvia**, **Belgium**, **Spain** and **Switzerland** (all of them **European** countries) reported the major increase between 2011 and 2012. It is important to mention the biggest increase, which was reported from Lativa. From the data reported by this country, we may say that the 53,5% of their donors are Actual DCD, their 34,9% are Actual DBD and 11,6% are Living donors.

## Results

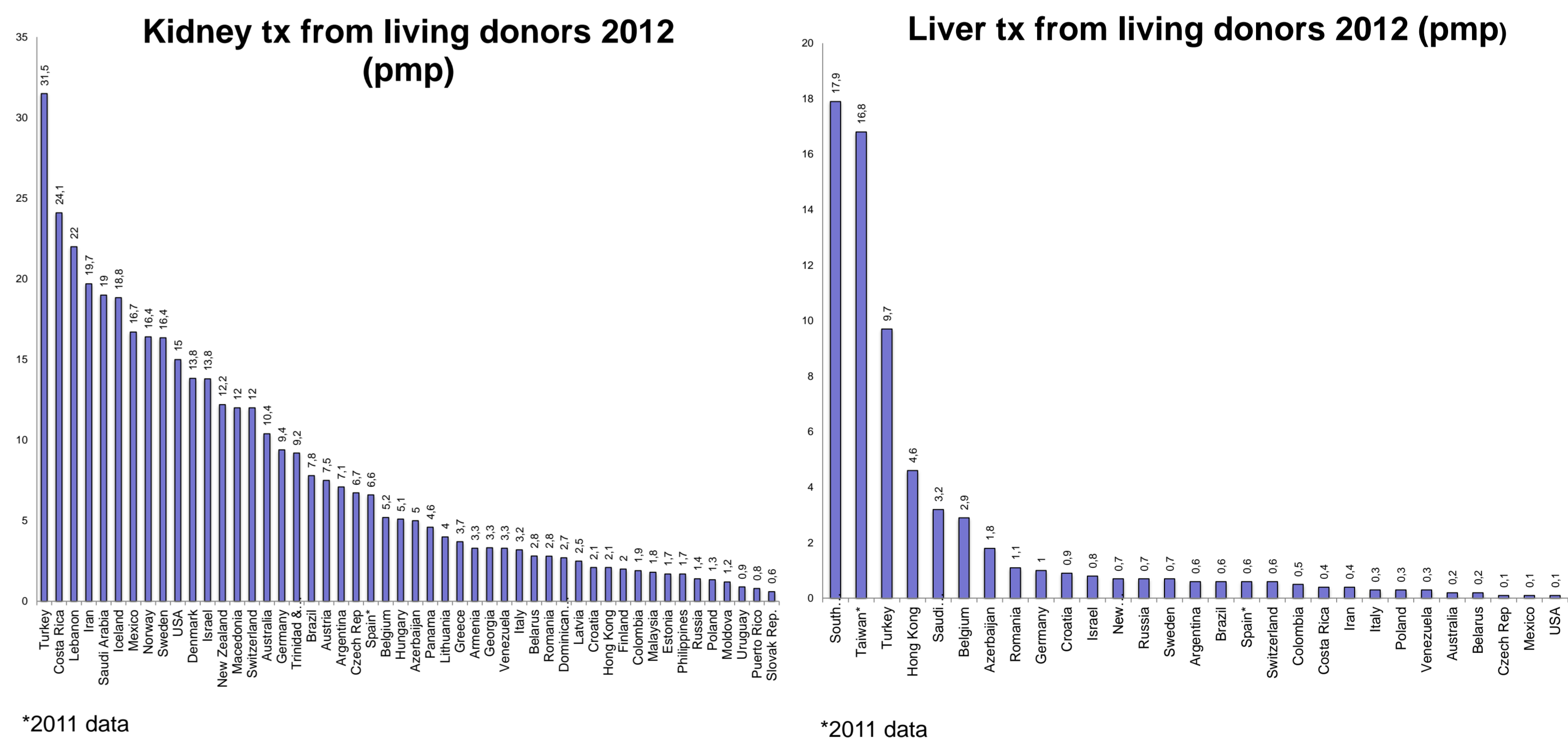
As the follow figures shows, in organ transplantation, Croatia, Spain and Norway report the major activity in deceased kidney transplant, reporting 53.8, 46.3 and 44 pmp respectively. Regarding deceased liver transplant, again Croatia, Belgium and also Norway appears on the first three positions, with 29.8, 22.7 and 20.2 pmp respectively.



\*2011 data  
<sup>4</sup>Whole liver transplant, including all combinations

## Conclusions

Finally, in living kidney transplantation, the highest rates, on 2012, are shown in Turkey, Costa Rica, Lebanon, Iran and Saudi Arabia reporting 31.5, 34.1, 22, 19.7 and 19 dpmp respectively. In living liver transplantation, South Korea, Taiwan and, again, Turkey are on top of the highest rates, reporting 17.9, 16.8 and 9.7 dpmp on 2012, respectively.



\*2011 data

**IRODaT** enables the analysis of donation and transplantation. It is able to provide basic statistics within a short timeframe, based on a worldwide network of experts involved in organ donation and transplantation. The data have proved to be of an extreme value to scientific programs, social and governmental bodies.

## References

<sup>3</sup>Gonzalez-Gil, B., Delmonico, F. L., Faissal, A. M., Matesanz, R., O'Connor, K., Minina, M., Muller, E., Young, E., Manyalich, M., Champan, J., Kirste, G., Al-Mousawi, M., Coene, L., García, V. D., Gautier, S. Hasegawa, T., Jha, V., Kwek, T. K., Chen, Z. K., Loty, B., Costa, A. N., Nathan, H. M., Ploeg, R., Reznik, O., Roselande, J. D., Tibell, A., Tsoulfas, G., Vathsala, A., Noël, L. (2011). *The critical pathway for deceased donation: reportable uniformity in the approach to deceased donation*. Transplant International (24) 373-378



[www.irodat.org](http://www.irodat.org)

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