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Graft outcome after introduction of new Eurotransplant allocation system

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Sir: We would like to comment on the recent article by Vereerstraeten et al. [1].

The new Eurotransplant allocation system was introduced in order to correct obvious weaknesses in the old procedure. The most important objectives were already achieved in the 1st year, namely:

1. The transplant rate among patients on the waiting list for a long time (> 5 years) doubled from 9% to 19%.
2. The national net kidney import/export balance shifted from a maximum imbalance of 136 kidneys at the beginning to a stable range of ± 10 kidneys.
3. The transplant rate of highly immunized (HI) patients more than doubled: 24% of all HI patients underwent transplantation in

1997 as compared to 10% in 1996.

4. The rate of homozygous patients on the waiting list decreased by 10%.
5. The number of transplants in children increased by 30%.

This was achieved along with a high HLA-A + B + DR match level (also in Brussels) and an excellent transplant success rate.

In spite of these favorable results, a deterioration in the HLA-DR matching level is possible in individual centers. One important aspect of the new system is the demand for a balanced kidney exchange rate among countries, especially for the "classical" kidney-exporting country, Belgium. With the new allocation system, the number of transplants in Belgium has increased: in Brussels from 70 transplants per year to 84 transplants per year, even though the size of the waiting list and the number of organ donors has remained stable. It is not feasible to obtain optimally matched grafts for all additional patients. Thus, the average HLA-DR mismatch may increase. It is worth noting that while the old allocation procedure was being used, the Brussels transplant center attained an exceptionally high rate of 0 HLA-DR mis-

matches, one of the highest within the Eurotransplant community.

Did the new allocation procedure really produce worse results? The authors show that the number of rejections at their center has increased; however, they do not say that these rejections occurred in patients with lower HLA-DR match grades. The most important parameters remained at a high level, both before and after the change in the allocation system. A 1-year patient survival rate of 100% and a graft survival rate of 90.4% are outstanding results and a reason to extend our congratulations to the transplant team in Brussels.

References

1. Vereerstraeten P, Abramowicz D, De Pauw L, Kinnaert P (1998) Experience with the Wujciak-Opelz allocation system in a single center: an increase in HLA-DR mismatching and in early occurring acute rejection episodes. *Transpl Int* 11: 378-381

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