DONATION AFTER CIRCULATORY DEATH INCREASES THE CADAVERIC DONOR POOL

Authors: Olivier Detry\textsuperscript{1, 2}, Arnaud Deroover\textsuperscript{1, 2}, Jean-Paul Squifflet\textsuperscript{1, 2}, Hans Marie-France\textsuperscript{1, 3}, Jean Joris\textsuperscript{1, 4}, Didier Ledoux\textsuperscript{1, 2}, Pierre Damas\textsuperscript{1, 4}, Hieu Le Dinh\textsuperscript{1, 5}, Pierre Honore\textsuperscript{1, 4}, Michel Meurisse\textsuperscript{1, 6}

Affiliations: University of Liege, CHU Liege\textsuperscript{1}, Assistant Professor\textsuperscript{2}, Coordinating nurse\textsuperscript{3}, Associate Professor\textsuperscript{4}, Physician\textsuperscript{5}, Head of Department\textsuperscript{6}

Background: There is a controversy on the possibility to increase the organ donor pool by donation-after-circulatory-death (DCD) and the possible decrease in donation-after-brain-death (DBD) by DCD programs. Our aim is to report the DCD experience at the University Hospital of Liege, Belgium, from 2002 through 2012, in a donor region of about 1 million inhabitants.

Methods: The prospective organ donor and recipient databases were retrospectively reviewed.

Results: 94 and 331 procurements were performed from controlled DCD and DBD donors in the time period, respectively. DCD donors contributed to 22.1\% of the deceased donor (DD) organ procurement activity from Jan 2002 to Dec 2012, and up to one-third annually since 2009. DCD liver and kidneys contributed 23.7\% and 24.2\% of the DD liver and kidney transplantation activity, respectively. There was no decrease of the DBD procurement in the study period. In 2012, overall 54 DD were procured in the Liege region, reaching a high procurement activity.

Conclusions: Controlled DCD donors are a valuable source of transplantable liver and kidney grafts, and in our experience do not adversely affect DBD organ procurement activity.