

Letter to the Editor

Controlled Donation After Circulatory Determination of Death in Spain

We read with interest Magliocca’s editorial regarding our recent publication on the perioperative management of liver recipients of uncontrolled or unexpected donation after circulatory determination of death (uDCD) (1,2). One comment in particular, that “the ethical and legal environment of transplantation in Spain preclude[s] the use of [controlled donation after circulatory determination of death (cDCD)] transplants as an option,” drew our attention.

Although we have a longer and more storied history with uDCD, it is important to note that cDCD was first piloted in Spain in 2009, and a legal and ethical framework for the practice of cDCD has been in place since 2012 (3,4). Over the past ≥3 years, the evolution of cDCD in Spain has been astounding, increasing annually from 23 cDCD donors in 2012 to 51 in 2013 and 85 in 2014 (Figure 1). In 2015, 211 cDCD donors were registered in Spain, a number that represented 11% of national donor activity

that year. Moreover, the ability to apply postmortem normothermic regional perfusion in cDCD has allowed us to recover a number of abdominal organs of high quality to the point that the postoperative course of cDCD liver recipients can be virtually indistinguishable from that of patients receiving standard donations after brain death.

For obvious reasons, per-center experience with cDCD is still limited; at our center, 40 kidney and eight liver transplants using organs arising from cDCD donors have been performed to date. This is why a comparison with a cDCD cohort was not undertaken in our aforementioned study, not because of a lack of legal or ethical standards.

Although Spain enjoys a privileged position as the country with the highest rate of organ donation in the world, with 39.7 donors per 1 million of the population in 2015, we still fall short when it comes to providing enough

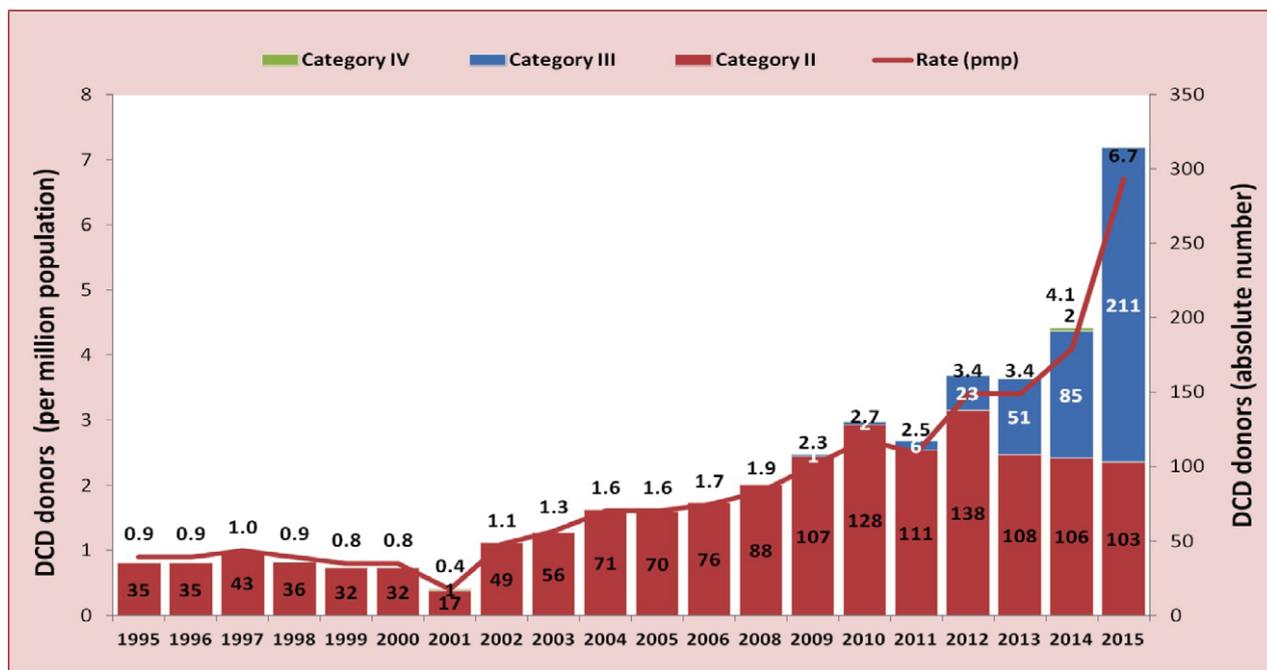


Figure 1: DCD activity in Spain according to Maastricht categories. Absolute number and rate per 1 million of the population (pmp). Category II (uncontrolled or unexpected DCD), death following an unsuccessfully resuscitated cardiac arrest; category III (controlled or expected DCD), death following the planned withdrawal of life-sustaining therapy; category IV, cardiac arrest after brain death. DCD, donation after circulatory determination of death.

organs to treat all terminally ill patients who could potentially benefit from transplantation. The onus is on the transplant community in Spain and in general to maximize the use of transplantable organs from all potential sources. This can be done by adequately training donor coordinators; by educating members of the medical community and the population at large; and, above all, by providing clear and moral constructs governing organ donation and utilization (5).

We would like to thank Magliocca for the editorial lauding the Spanish uDCD experience, and we can only hope that, in the coming years, Spain will become just as much of an international leader in cDCD.

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Disclosure

The authors of this manuscript have no conflicts of interest to disclose as described by the *American Journal of Transplantation*.

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