

2012

Australian and New Zealand Organ Donor Registry



Annual Report

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Contents

Contents	Page
Acknowledgements	vi
Forward	vii
Transplant Regions and Centres	viii
History of ANZOD	xi
Data Collection Form	xii
Methods	xiv
Publications	xv
Chapter 1 Organ Donation in Australia and New Zealand	1-1
Overview of Organ Donation	1-2
Number of Donors by Retrieval State / Country 2008-2012	1-2
Number of Donors Australian States 1998-2012	1-3
Number of Donors Per Million Population Australian States 2008-2012	1-3
Number of Donors Per 10,000 Deaths Australian States 2002-2011	1-4
Donors Per 10,000 Deaths Aged < 75 years 2007-2011	1-4
Total Number of Donors, Organs and Recipients Per Million Population, Australia.	1-5
Type of Organ Donor Australia, 1998-2012	1-5
Australia and New Zealand Overview	1-6
Number of Transplanted Organs Donated by State & Country of Donation	1-7
Number of Organs Transplanted Per Donor 2004-2012	1-7
Organs Transplanted Per Million Population & from DCD Donors	1-8
Location of Postcodes of Deceased Donors 2008-2012	1-9
Chapter 2 International Data	2-1
International Comparisons	2-2
Organ Donors Per Million Population by Definition 1998-2012	2-2
International Deceased Organ Donor Rates 2012	2-3
International Deceased Organ Donor Rates 2011 & 2010	2-4
International Deceased Organ Donor Rates 2009 & 2008	2-5
International Kidney Transplantation from Deceased Donors 2012 & 2011	2-6
International Kidney Transplantation from Deceased Donors 2010 & 2009	2-7
International Liver Transplantation from Deceased Donors 2012 & 2011	2-8
International Liver Transplantation from Deceased Donors 2010 & 2009	2-9
International Heart Transplantation from Deceased Donors 2012 & 2011	2-10
International Heart Transplantation from Deceased Donors 2010 & 2009	2-11
International Lung Transplantation from Deceased Donors 2012 & 2011	2-12
International Lung Transplantation from Deceased Donors 2010 & 2009	2-13
International Pancreas Transplantation from Deceased Donors 2012 & 2011	2-14
International Pancreas Transplantation from Deceased Donors 2010 & 2009	2-15
Chapter 3 Pathway of Organ Donation in Australia and New Zealand	3-1
Donor Intention	3-2-3
Coroner's Cases	3-3
Cause of Death—All Donors	3-4-5
Cardiopulmonary Resuscitation	3-6
Authority Sought for Organ Donation	3-7
Donation Not Proceeding	3-8
Donation After Cardiac Death	3-9
Time From Admission to Brain Death	3-10
Time From Ventilation to Brain Death	3-11
Time From Brain Death to Aortic Cross Clamp	3-12
Donor Maintenance	3-13
Terminal Treatment	3-13
Summary—Organs Requested, Consent Given, Retrieved & Transplanted	3-14-16
Chapter 4 Donor Profile	4-2
Demographics of Deceased Donors in Australia 2011-2012	4-2
Demographics of Deceased Donors in New Zealand 2011-2012	4-3
Age and Gender Distribution in Australia and New Zealand	4-4-9
Ethnic Origin of Donors 2008-2012	4-10
Religious Denomination of Donors 2008—2012	4-10
Donor Weight	4-11

Contents



	Page
Chapter 4 (cont)	
Medical Condition of Donors	4-12-13
Virology Screening	4-14
Hepatitis c Antibody	4-14
Hepatitis B Core Antibody	4-15
Chapter 5	
Organ Data	5-1
Kidney Donation	5-2
Outcome of Request for Kidney Donation 2012	5-2
Kidneys Transplanted by Type of Organ Donor	5-3
Deceased Donor Kidney Transplant Recipients by Transplant State Australia and New Zealand, 2011-2012	5-3
Age of Kidney Donors	5-4
Reasons Kidneys Not Used	5-4
Donor Kidney Function	5-5
Liver Donation	5-6
Outcome of Request for Liver Donation	5-6-7
Livers Transplanted by Type of Organ Donor	5-7
Age of Liver Donors	5-8
Deceased Donor Liver Transplant Recipients	5-8
Reasons Livers Not Used in Australia 2007-2012	5-9
Donor Liver Function	5-9
Cardiothoracic Donation	5-10
Outcome of Request for Heart Donation	5-10
Age of Heart Donors	5-11
Hearts Transplanted by year	5-12
Deceased Donor Heart Transplant recipients	5-12
Deceased Donor Heart/Lung Transplant Recipients	5-13
Reasons Hearts Not Retrieved	5-13
Lung Donation	5-14
Outcome of Lung Request	5-14
Lungs Transplanted by Type of Donor	5-15
Deceased Donor Lung Transplant Recipients	5-15
Age of Lung Donors	5-16
Donor Lung Function	5-16
Pancreas Donation	5-17
Outcome for Request for Pancreas Donation	5-17
Pancreas Transplants by Type of Organ Donor	5-18
Age of Pancreas Donors	5-19
Deceased Donor Pancreas Transplant Recipients	5-19
Chapter 6	
Tissue & Eye Data	6-1
Tissue & Eye Donors	6-3
Number of Tissue Donors	6-3
Number of Eye Donors	6-3
Tissue Donation	6-4
Living Tissue Donation	6-4
Deceased Tissue Donation	6-5
Outcome of Request for Tissue Donation	6-6
Age of tissue Donors	6-6-7
Chapter 7	
Organ Waiting Lists in Australia and New Zealand	7-1
Kidneys	7-3
Liver	7-4
Pancreas	7-4
Cardiothoracic Organs	7-5
Chapter 8	
Organ Donation Outcome Data in Australia and New Zealand	8-1
Graft Survival	8-2
Supplement	
Glossary of Terms	S-1-5
Appendix 1	
Australia	S-1.1-85
Appendix 2	
New Zealand	S-2.1-31



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Forward



We are pleased to present the 2013 report of the Australia and New Zealand Organ Donation Registry (ANZOD Registry). The Registry has been collecting and reporting on data for deceased organ donors since 1989 in Australia and 1993 in New Zealand. This report contains data for the year 2012 as well as cumulative data from each country since inception.

This report contains some innovations which have not been present in previous years. Firstly, eye and tissue donation data have been collected and reported in chapter 6 of this report. This is a considerable expansion of the previous collections which now include the whole of the eye and tissue donation sector, rather than just eyes and tissues collected from deceased solid organ donors as in the past. In addition, chapter 2 contains international comparisons on deceased organ donor rates comparing Australia and New Zealand with 40 other countries who contribute data to the International register of organ donation and transplantation. We have also included comparisons for transplants for different organs.

The Registry continues to be a collaborative effort of the Australasian Transplant Coordinators Association and the Australia and New Zealand Dialysis and Transplant Registry (ANZDATA). The Registry gratefully receives funding from the Australian Organ and Tissue Donation Authority, Kidney Health Australia and the New Zealand Ministry of Health.

The report can be accessed via our website

<http://www.anzdata.org.au>

Graeme Russ

Chair ANZOD Executive and Advisory Committee



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History of ANZOD



The Australian and New Zealand Dialysis and Transplant Registry (ANZDATA) records that the first deceased donor kidney transplant in Australia was performed (from a donor after cardiac death) in Melbourne in 1963. While systematic collection of information about transplant outcomes was established at the beginning of transplantation in Australia, there was no nation-wide collection of information about deceased organ donors until 1989.

By the mid 1980s, all states and territories had introduced near identical human tissue Acts which defined the legal criteria by which organs could be obtained from deceased and living persons as well as codifying both circulatory and neurological definitions of death. The legal criteria for brain death opened up the field of transplantation to organs and tissues other than kidneys and corneas: heart, liver, lung and kidney/pancreas transplants. With increasing awareness of transplant programs people were able to consider that donation of 'all organs and tissues' was possible in the event of their death and that numerous people could benefit should they do so. This now imposed a logistic challenge on transplant teams, often from different hospitals and in different states, to ensure that the organs were retrieved in a timely and coordinated way. In Australia co-ordination of kidney retrieval from deceased donors between 1963 and 1983 had been performed primarily by renal physicians and their reg-

istrars. The need for a central coordination contact/hub that could liaise with all organ transplant teams and the donor hospital intensive care unit became obvious. By 1983 the role of the organ donor co-ordinator was well established in the United Kingdom and the United States and Australia followed suit with a donor co-ordinator job description based on the UK model.

What is now known as the Australian and New Zealand Organ Donor Registry (ANZOD) was a joint initiative of ATCA and the ANZDATA Registry. At a 1989 ATCA meeting in Melbourne it was proposed that a database of all organ donors be established. Such a registry would provide demographic, clinical and organ distribution data on a national (and later international) scale.

Initially ATCA itself intended to establish the database but following a proposal from the Australian and New Zealand Dialysis and Transplant Registry (ANZDATA) a collaborative venture was undertaken – ATCA would provide the dataset and the data while ANZDATA would provide the data entry and analysis.

The ANZDATA Registry took on this task and the Australian and New Zealand Organ Donation (ANZOD) registry was commenced in 1989. Funding is provided by the Australia Organ and Tissue Dona-

Data Collection Form



Updated January 2008

AUSTRALIA AND NEW ZEALAND ORGAN DONATION REGISTRY INSTRUCTIONS FOR COMPLETION OF DONOR SHEET

- DONOR NUMBER**
State prefix, then number (eg. Q00001, N00023, V00154, W00122)
Q=Queensland W=Western Australia
N=New South Wales/ACT Z=New Zealand
V=Victoria/Tasmania O=Other
S=South Australia/NT
- DONOR - ACTUAL OR INTENDED**
A=Actual
A person from whom the retrieval operation is commenced for the purpose of transplantation. This includes donors who may be deemed medically unsuitable at time of surgery or after removal of organs.
B=Intended
A person from whom authority has been given or intended, but organ donation did not proceed. (eg positive virology, cardiac arrest, further investigations discovered cancer, infection etc)
Record reason in Section 20 or 35
- DONOR HOSPITAL AND STATE**
Code as per ANZDATA hospital list.
(eg RMBH3, POWH2, QEZB5, RLP7B)
If a hospital is not on the list, write on the sheet and the Registry will provide a code.
Do not use code that is used by the tissue typing laboratory for allocation
- DATE OF BIRTH**
Two digits per box = DD.MM.YY (eg 03.04.80)
- POSTCODE**
Postal residential address of donor. Enter 9999 if overseas resident temporarily in Australia or NZ
- GENDER**
M=Male or F=Female
- HEIGHT**
Enter to nearest centimetre (eg 100.5 = 101)
If unknown enter X
- WEIGHT**
Enter to nearest kilogram (eg 80.6 = 81)
If unknown enter X
- RACIAL / ETHNIC ORIGIN**
10 = Caucasian
11 = Italian
12 = Greek
13 = Turk
20 = Aboriginal
30 = Chinese
40 = Maori
50 = Arab
80 = Pacific People
81 = Indonesian
82 = Malay
83 = Filipino
84 = Vietnamese
70 = Indian
99 = Other (Specify)
- RELIGION**
1 = Christian
2 = Muslim
3 = Buddhist
4 = Hindu
5 = Other (Specify)
6 = No religion
7 = Unknown
8 = Jewish

- OCCUPATION** Write in answer
- PRIMARY CAUSE OF DEATH**
11 = Motor Vehicle Accident
12 = Motor Bike Accident
13 = Cyclist
14 = Pedestrian
15 = Other Road Accident (Specify)
21 = Fall
22 = Other Accident (Specify)
23 = Gunshot
24 = Felony or Crime eg Assault (Specify)
31 = Spontaneous Subarachnoid Haemorrhage
32 = Other Spontaneous Intracranial Haemorrhage
33 = Cerebral Infarct
34 = Hypoxia (Specify)
35 = Cerebral Oedema (Specify)
40 = Cerebral Tumour (Specify benign or malignant)
If malignant-enter cancer sheet with details
50 = Drowning
51 = Sudden Infant Death Syndrome (SIDS)
52 = Hanging
53 = Asphyx
60 = Other (Specify)
Y=Yes or N=No
- HEART BEATING** Y=Yes or N=No
- DIABETES** See Codes on form
- PAST HISTORY OF TREATED HYPERTENSION**
As documented in Medical Records and/or discussion with the Local Medical Officer
- SMOKING** See Codes on form
- PAST HISTORY OF CANCER**
Y=Yes N=No U=Unknown
If Yes, please enter the separate cancer form
- KEY EVENTS**
Admission to Hospital=Initial admission to hospital
When a patient is transferred record admission time
If exact time is unknown place X in box
Ventilation=Time of Intubation
Withdrawal (DCD)=Date and time of withdrawal
Record time of Second Brain Death Test and Cross Clamp of Aorta in Operating Theatre
If Brain Death NOT CERTIFIED (Donation After Cardiac Death (DCD)) record time of cardiac death and commencement of adequate cold perfusion
- LABORATORY RESULTS**
Blood Group A, A1, A2, B, AB, O
(Enter subtypes A1 or A2 if known)
Do not include Rhesus Factor
Tissue Typing
If unknown or not done place X in box
- HEPATITIS HBV sAg, HBV CORE ANTIBODY, HCV Ab, HCV NAT (Nucleic Acid), CMV IgG, EBV (Epstein Barr Virus), HIV Antibody, HIV NAT**
OTHER - Any other virology tests performed eg Toxoplasmosis (Specify test in section below box)
Enter 1=Positive 2=Negative 3=Not Done

- DONOR MAINTENANCE (POST BRAIN DEATH or PRE DCD)** No doses required
If maintenance drugs given post brain death certification Enter Y=Yes or N=No
Terminal = In Intensive Care Unit (ICU) (Immediately preceding retrieval)
Mean Arterial Blood Pressure (MAP) >50 mm Hg
Enter Y=Yes or N=No (If Yes, enter duration)
- TERMINAL TREATMENT**
Drugs given to the donor terminally
Enter Y=Yes or N=No
- KIDNEY DONOR** Enter Y=Yes or N=No in box
If not all information known, enter X in box
Admission = First available result
Terminal = In Intensive Care Unit (ICU) (Immediately preceding retrieval)
Creatinine Enter as 0.08 mmol/L
Urea Enter up to three digits
eg 3.5, 12.5 mmol/L
Urine Output = last hour in ICU preceding transfer to Operating Theatre
Oliguria In last 12 hours
If Yes - Enter Duration in Hours
- LIVER DONOR** Enter Y=Yes or N=No in box
Enter most recent donor values prior to retrieval
- HEART DONOR** Enter Y=Yes or N=No in box
ECG Normal Y=Yes or N=No
Echocardiogram Y=Yes or N=No
- LUNG DONOR** Enter Y=Yes or N=No in box
Bronchoscopy Y=Yes or N=No
Enter last arterial blood gas
Do not use gases taken to determine brain death
Chest Trauma Enter Y=Yes or N=No in box
1=Pneumothorax 2=Chest Drain 3=Other (Specify)
- PANCREAS DONOR** Enter Y=Yes or N=No in box
- ENROLLED WITH ORGAN DONOR REGISTRY**
Enter Y=Yes R=Not Registered
A=Not Accessed S=Not Applicable
- DRIVER'S LICENCE** See Codes
- AUTHORITY (Sought By Initially)**
1 = Donor Coordinator
2 = ICU Consultant
3 = ICU Trainee eg Registrar
4 = Social Worker
5 = Other (Specify)
9 = Unlicensed
7 = Nursing staff
- CONTACT WITH DONOR COORDINATOR**
See Codes
- CORONER'S CASE** See Codes

- AUTHORITY SOUGHT FOR**
Y=Yes or N=No (If No, specify reason)
1 = Disease of organ
2 = Staff oversight
3 = Trauma to organ
4 = Staff reluctance
5 = Age of donor
6 = Other (Specify)
7 = Family refusal
8 = Donor refusal
9 = Donor refusal
If authority obtained enter Y in box-If not enter N
Reason for N is not coded
- ORGANS RETRIEVED** Y=Yes or N=No
Complete only for organs where authority obtained (If not retrieved - enter reason)
10 = No suitable recipient
11 = Disease of organ
12 = Trauma to organ
13 = Cardiac arrest
14 = Infection
15 = Malignancy
16 = Hypotension
17 = Blochemistry
18 = ECG
19 = ABG
20 = ABG
21 = Chest Xray
22 = Logistics (Specify)
23 = Other (Specify)
24 = Age of donor
25 = Retrieval Team not available
- PRESERVATION (Solution in organ at storage)**
Record in order of solutions given
If two solutions used (eg Ross followed by UW)
Code Ross (20) in first column - then Code UW (70) in second column
10 = No washout (see slush only)
20 = Citrate solution (Ross)
31 = Eurocollins solution
32 = St. Thomas solution
33 = HTK
50 = Normal Saline
51 = Crystalloid cardioplegia
52 = Albumin based blood cardioplegia (pneumoplegia)
56 = Perfadex
57 = Celsior
60 = Other (specify)
70 = University Wisconsin (UW)
80 = Not applicable (cornea / bone)
90 = Hartman's solution
95 = PFC (Perfluorodecalin)-UW (Islets Storage)
- RETRIEVAL TEAM**
Code as per ANZDATA Hospital List. See Question 3
- DESTINATION**
Hospital and State -
Code as per ANZDATA hospital list. See Question 3
Enter Transplant Hospital NOT Caring Hospital
- OUTCOME** Enter Code
T = Transplanted
E = En bloc
D = Double Adult
R = Research
S = Stored (for bone, heart valves etc)
N = Not used (Specify reason in Surname section)
U = Unusable (Specify reason in Surname section)
- RECIPIENTS' SURNAME AND GIVEN NAMES**
IMPORTANT for all solid organs
Not essential for tissue recipients

**Database:**

Data is stored on a relational database using ORACLE version 9i.

Statistical Methods:

All statistical analyses were performed using STATA/IC version 13.0. StataCorp. 2013. Stata Statistical Software: Release 13. College Station, TX: StataCorp LP.

Data reported were obtained from the ANZOD 2012 database.

Australian death statistics were obtained from the Australian Bureau of Statistics, 3303.0 Causes of Death, Australia, 2011, released 15 March 2013.

New Zealand death statistics were obtained from Statistics New Zealand, Births and Deaths: Year Ended December 2012.