

What follows is a response to "In my opinion . . .", vol. 11, no. 1, p. 2.

In my opinion, your idea of a central registry for living donations is not only excellent but a *conditio sine qua non* that living donor transplantation should be performed. Moreover, the German transplant law states in § 8,3 that organ procurement from a living donor should only be carried out if a donor agrees to take part in follow-up investigations. This requires a central registry, and this is why I have asked Eurotransplant to officially handle a living donor registry. The registry could be set up in the same way as that of G. Thiel in Basel.

I agree completely with your suggestion that, in addition to the data included in the Basel registry, which focuses mostly on nephrological parameters of kidney function, surgical data on complications in living donors be added to the registry. One certainly would have to divide this data into early and late complications, and to register wound infections, perioperative thromboses, pneumonitis, bleedings and the like among the early

complications. It might be useful to have incidence of hernias, local neurological disturbances, kidney tumors, and death related or unrelated to organ donation registered among the late complications. The Eurotransplant Kidney Advisory Committee is currently working on the details and will certainly be able to provide further information in the very near future.

Finally, in accordance with the German situation, this register would not be used on a voluntary basis, but rather every single center performing living donor transplantation would have to provide the registry with all relevant data.

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