

529
Postmortem Organ Procurement for Transplantation

THE 1-YEAR SURVIVAL RATE of recipients of heart and liver transplants now exceeds that for recipients of post-mortem donor kidney transplants according to recent reports (1-5). Very promising early results with pancreas and heart-lung transplants have also been reported (6, 7). These accomplishments are due largely to advances in the clinical treatment of allograft rejection. Kidney transplantation programs are well established; extrarenal transplantation programs for other organs will multiply rapidly in the months ahead to meet burgeoning needs. Liver transplantation was recently inaugurated at Massachusetts General Hospital, and cardiac transplantation will soon be initiated at Peter Bent Brigham Hospital. In the next few years, the number of patients in the United States who could benefit from transplants of organs other than kidneys is likely to exceed the nearly 6000 patients now waiting for cadaveric renal transplantation.

The shortage of suitable postmortem organs is clearly impeding wider use of solid organ transplantation. During a recent 2-year period at our center, for instance, 71 patients waiting for a liver transplant died before a donor organ became available. Congressional hearings were held recently to assess the reasons for the shortfall in organs. The Investigations and Oversight Subcommittee of the House Science and Technology Committee (8) heard expert witnesses report that in 1982 only 2200 of the estimated 20 000 potential donors dying in American hospitals actually yielded organs for transplantation. The Surgeon General convened a workshop in June to seek remedies for this shortage.

Specialists at the nation's 110 organ procurement programs state that at least three out of four families offered an opportunity to donate organs of family members suffering from brain death are willing to do so (8). Preoccupied with their own loss, however, these families seldom think to volunteer such donations unless informed of that option.

Regional donor programs provide 24-hour assistance in donor evaluation, discussions with surviving family members, and maintenance of donor organ function after determination of brain death. These programs are also available to remove and preserve donor organs for transplantation. Each regional program has up-to-date information on the need for extrarenal donors at centers performing heart, heart-lung, liver, and pancreas transplants through a nationwide organ-sharing system. Cooperation between surgical teams from geographically distant centers in procuring multiple solid organs is now a routine experience (9). At our center 70% of over 200 extrarenal organs transplanted have been recovered with the help of procurement teams 100 to 1500 miles distant from Pittsburgh.

The participation of physicians attending victims of total, irreparable destruction of brain function is critical to facilitate postmortem donation and recovery of organs. They should consider contacting their local organ-procurement team for information and assistance. Physicians unsure of how to reach the nearest procurement program can quickly secure this information by calling 800-24-DONOR (800-243-6667), a nationwide transplant hotline operated by the North American Transplant Coordinators Organization (NATCO). Staffed by procurement personnel at the University of Pittsburgh, the NATCO

24-DONOR center can also provide information about the need for extrarenal organs at major centers in the United States and Canada. (DAVID H. VAN THIEL, M.D.; THOMAS E. STARZL, M.D.; and DONALD W. DENNY, M.S.W.; University of Pittsburgh, Pittsburgh, Pennsylvania)

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