

Registry Report

EDTA Registry Centre Survey, 1986

Report from the European Dialysis and Transplant Association Registry

G. Tufveson¹, W. Geelings², M. Broyer³, F. P. Brunner^{4*}, H. Brynner⁵, S. R. Dykes⁶,
J. H. H. Ehrich⁷, W. Fassbinder⁸, G. Rizzoni⁹, N. H. Selwood¹⁰ and A. J. Wing⁶

¹Transplantation Unit, University Hospital, Uppsala, Sweden, ²Stichting Thuisdialyse Noord Nederland, Haren, Netherlands, ³Hôpital Necker Enfants-Malades, Paris, France, ⁴Departement für Innere Medizin, Universität Basel, Switzerland, ⁵Department of Surgery I, Sahlgrenska Sjukhuset, Göteborg, Sweden, ⁶'St Thomas' Hospital, London, United Kingdom, ⁷Medizinische Hochschule Hannover, Federal Republic of Germany, ⁸Städtische Kliniken Fulda, Federal Republic of Germany, ⁹Ospedale Pediatrico Bambino Gesù, Istituto di Ricerca Scientifica, Roma, Italy, ¹⁰UK Transplant Service, Bristol, United Kingdom

*Chairman

Abstract. This paper summarises the information given on the 1986 EDTA Registry centre questionnaire which was returned by 82% of the 2,065 known dialysis and transplant centres in 33 European countries. Information is given on the number of patients alive on haemodialysis according to the type of dialysis facilities available where the patient was receiving dialysis and the number of patients receiving special types of dialysis. The centre questionnaire also included questions on testing for HIV infection, serological evidence or symptoms of AIDS and the diagnosis of hepatitis B in patients and staff. The data given in response to these questions are presented together with data on the involvement of dietitians and social workers in the treatment of patients with end stage renal failure. Finally, information on transplant activity in Europe and the treatment policies of transplanting centres is provided.

Key words: EDTA Registry; Haemodialysis; AIDS; Hepatitis; Transplant activity; Immunosuppressive regimes

Introduction

The Registry of the European Dialysis and Transplant Association – European Renal Association (EDTA Registry) collects data from three sources: individual patient, centre and mini questionnaires.

Each centre known to the EDTA Registry is requested annually to complete a centre questionnaire and to provide core summary data on their unit's activity during the year. By repeating each year core questions concerning the number of patients accepted for renal replacement therapy, total number of patients on treatment at the end of the year, and number of patients undergoing special forms of dialysis, the centre questionnaire provides a unique opportunity to analyse trends in many aspects of renal replacement therapy. Apart from these core questions, additional data are requested in order to investigate particular aspects. This is possible due to the flexible format of the centre questionnaire. EDTA Registry data on demography and special topics (for example AIDS and hepatitis) are used not only by those directly involved in medical care but also by national and international health care authorities. The Registry, therefore, feels obliged to present data annually. In this communication, the results of the 1986 centre questionnaire are reported.

Table 1. Summary of centres known to the EDTA Registry in 1986, the number per million population (pmp) and the proportion (%) returning the 1986 centre questionnaire. Population figures are taken from the World Bank Atlas [1]

Country	Population in millions	Known centres	Known centres PMP	Replied (%)
Algeria	21.865	21	1.0	61.9
Austria	7.545	34	4.5	97.1
Belgium	9.853	59	6.0	91.5
Bulgaria	8.980	50	5.6	94.0
Cyprus	0.660	5	7.6	100.0
Czechoslovakia	15.497	27	1.7	100.0
Denmark	5.101	12	2.4	100.0
Egypt	47.108	31	0.7	67.7
Fed. Rep. Germany	61.065	346	5.7	78.6
Finland	4.919	26	5.3	100.0
France	55.133	221	4.0	87.3
German Dem. Rep.	16.716	58	3.5	98.3
Greece	9.937	55	5.5	61.8
Hungary	10.660	14	1.3	100.0
Iceland	0.241	1	4.1	100.0
Ireland	3.560	5	1.4	100.0
Israel	4.296	29	6.8	100.0
Italy	56.945	396	7.0	65.7
Lebanon	2.624*	8	3.0	0
Libya	3.600	3	0.8	66.7
Luxembourg	0.366	5	13.7	100.0
Morocco	21.924	9	0.4	66.7
Netherlands	14.486	50	3.5	92.0
Norway	4.144	17	4.1	100.0
Poland	37.288	54	1.4	96.3
Portugal	10.198	50	4.9	90.0
Spain	38.730	207	5.3	85.0
Sweden	8.330	36	4.3	97.2
Switzerland	6.421	40	6.2	97.5
Tunisia	7.143	11	1.5	90.9
Turkey	49.406	20	0.4	90.0
United Kingdom	56.539	68	1.2	92.6
Yugoslavia	23.100	97	4.2	74.2
Total Registry	624.380	2065	3.3	81.8

*Most recent figure available

Materials and Methods

In early 1987, the centre questionnaire was sent to 2065 centres in 33 countries. After a reminder to return this questionnaire, a response rate of 82% was achieved. However, it should be borne in mind that those centres returning this form did not always complete all the appropriate questions. National keymen and national registries contributed, supplemented and/or corrected data. Data handling was carried out in the offices of the EDTA Registry in London.

Demography, 1986

(a) Regular Dialysis and Transplantation

Table 1 summarises by country the number of centres known to the EDTA Registry. It does not include satellite

Table 2. Number of patients alive on haemodialysis on 31 December 1986 according to type of dialysis facilities available where the patient was receiving dialysis. Type of dialysis facilities was defined on the centre questionnaire as hospital (excluding limited/self-care), limited/self-care in own hospital, limited/self-care in other unit (e.g. satellite, free-standing unit, or other hospital) and patients' own homes

Country	Hospital (excluding self-care)	Self-care in own hospital	Self-care in other unit	Patients' own homes	Total
Algeria	283	26	0	23	332
Austria	1410	47	3	46	1506
Belgium	2062	81	120	87	2350
Bulgaria	1052	58	0	0	1110
Cyprus	140	0	0	0	140
Czechoslovakia	1024	116	21	3	1164
Denmark	402	71	26	51	550
Egypt	579	193	28	0	800
Fed. Rep. Germany	9234	2099	4317	1077	16 727
Finland	263	0	10	2	275
France	9296	224	877	2010	12 407
German Dem. Rep.	1723	104	56	0	1883
Greece	1142	109	0	0	1251
Hungary	434	7	44	28	513
Iceland	7	0	0	0	7
Ireland	210	0	24	15	249
Israel	808	45	35	41	929
Italy	10 590	326	1727	757	13 400
Libya	70	17	0	0	87
Luxembourg	93	0	0	7	100
Morocco	199	32	0	2	233
Netherlands	1302	427	168	139	2036
Norway	133	7	15	33	188
Poland	1083	3	8	0	1094
Portugal	1660	159	192	0	2011
Spain	6130	176	1612	234	8152
Sweden	799	5	25	31	860
Switzerland	902	99	29	144	1174
Tunisia	334	0	0	0	334
Turkey	794	0	34	24	852
United Kingdom	1752	230	154	1868	4004
Yugoslavia	2935	605	147	141	3828
Total Registry	58 845	5266	9672	6763	80 546

units whose data are forwarded through the parent centre. In 22 of the 33 countries reporting to the Registry, there was a response rate of 90% or above.

(b) Special Forms of Haemodialysis

The Registry has obtained information concerning the use of limited/self-care or satellite units in the treatment of patients on haemodialysis for the first time in 1986. Centres were asked to record separately the numbers of patients alive on 31 December on hospital haemodialysis (excluding limited/self-care), on haemodialysis with limited/self-care in the unit's own hospital, or on haemodialysis with limited/self-care in another unit (e.g., satellite, free-standing unit or other hospital). The numbers provided in response to this question are shown according to country in Table 2. The same data shown as

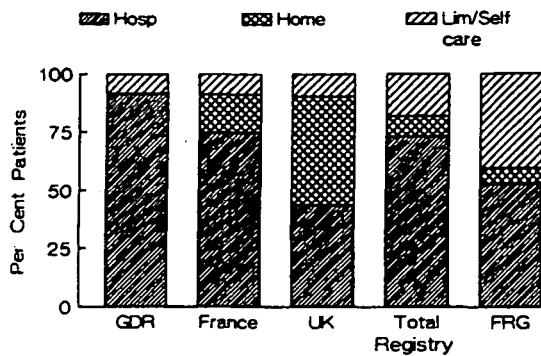


Fig. 1. Proportion of patients on 31 December 1986 alive on hospital, home, or limited/self-care haemodialysis in selected countries and for the total Registry.

proportions are depicted for selected countries in Fig. 1. This demonstrates widely differing national policies. However, it should be borne in mind that definitions for self-care and limited care are not clearly set and may vary between countries.

Centres were also asked to record the number of haemodialysis patients alive at the end of 1986 on bicarbonate haemodialysis, haemofiltration, haemodiafiltration, and haemodialysis combined with haemoperfusion, and the number of patients who were on continuous cycling peritoneal dialysis or on peritoneal dialysis combined with haemodialysis. The numbers given are shown by country in Table 3. As can be seen in Fig. 2, the proportion of patients treated by haemofiltration and haemodiafiltration at the end of the years 1982–1986 changed little, whilst the percentage treated by bicarbonate haemodialysis continued to rise rapidly.

(c) AIDS and Hepatitis

In 1985 the Registry added a question to the centre questionnaire regarding the testing of patients for HIV antibodies. Centres were asked if 'no testing' was carried out on their patients with end-stage renal failure, if tests

Table 3. Number of patients alive on special forms of haemodialysis/haemofiltration and peritoneal dialysis on 31 December 1986

Country	Haemodialysis/haemofiltration				Peritoneal dialysis	
	Bicarbonate HD	Haemo-filtration	Haemodia-filtration	HD + Haemo-perfusion	CCPD	PD + HD
Algeria	1	0	16	0	0	4
Austria	306	50	60	36	1	0
Belgium	994	72	31	0	7	0
Bulgaria	0	16	14	10	0	0
Cyprus	0	0	0	18	0	0
Czechoslovakia	33	19	0	24	0	1
Denmark	70	33	48	0	15	1
Egypt	0	0	0	0	5	43
Fed. Rep. Germany	4290	861	441	285	29	4
Finland	137	1	0	0	5	1
France	3157	203	210	50	93	5
German Dem. Rep.	557	6	28	83	0	3
Greece	14	4	3	2	0	1
Hungary	6	7	2	15	0	7
Iceland	3	0	0	0	0	0
Ireland	2	0	0	0	4	0
Israel	26	8	21	37	0	7
Italy	3632	535	609	47	52	5
Libya	0	0	0	0	0	0
Luxembourg	30	0	0	0	0	0
Morocco	11	0	0	0	0	4
Netherlands	426	32	52	0	11	8
Norway	15	8	17	0	1	0
Poland	36	6	57	0	3	5
Portugal	13	0	20	49	3	3
Spain	904	215	291	46	14	1
Sweden	65	44	25	11	11	0
Switzerland	205	29	16	20	3	0
Tunisia	0	0	0	60	0	0
Turkey	2	66	20	54	0	28
United Kingdom	281	4	7	0	67	6
Yugoslavia	158	118	58	88	13	41
Total Registry	15 374	2337	2046	935	337	178

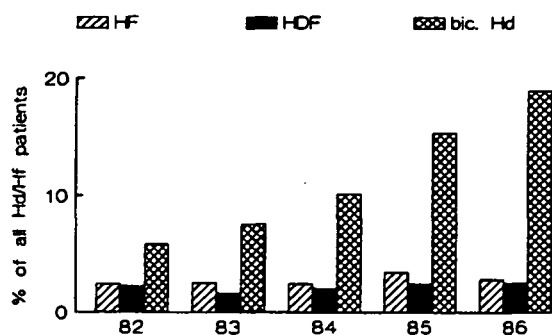


Fig. 2. Proportion of patients treated by haemofiltration, haemodiafiltration, and bicarbonate haemodialysis at the end of the years 1982-1986.

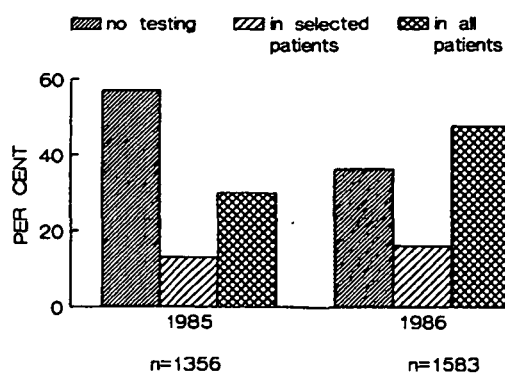


Fig. 3. Centre policy regarding testing for HIV antibodies in patients with end-stage renal failure as reported on the 1985 and 1986 centre questionnaire.

Table 4. Summary of information concerning the practice of centres in testing for HIV antibodies by country. The proportion of centres which responded to the section on AIDS is also given

Country	Testing for AIDS (% centres)			% centres replied
	No testing	In selected patients	In most or all patients	
Algeria	83	17	0	57.1
Austria	6	9	84	94.1
Belgium	30	6	65	91.4
Bulgaria	91	0	9	90.0
Cyprus	0	0	100	100.0
Czechoslovakia	92	0	8	96.3
Denmark	25	8	67	100.0
Egypt	65	24	12	54.8
Fed. Rep. Germany	17	27	56	76.9
Finland	46	15	38	100.0
France	13	15	72	86.1
German Dem. Rep.	77	9	14	96.6
Greece	7	10	83	52.7
Hungary	50	0	50	85.7
Iceland	100	0	0	100.0
Ireland	20	40	40	100.0
Israel	54	36	11	96.6
Italy	38	10	52	63.1
Libya	100	0	0	33.3
Luxembourg	0	60	40	100.0
Morocco	83	17	0	66.7
Netherlands	74	10	17	84.0
Norway	6	18	76	100.0
Poland	83	6	12	96.3
Portugal	9	7	84	86.0
Spain	41	21	38	78.7
Sweden	0	12	88	94.4
Switzerland	26	24	50	95.0
Tunisia	22	44	33	81.8
Turkey	69	19	13	80.0
United Kingdom	37	37	27	92.6
Yugoslavia	67	6	27	64.9
Total Registry	37	16	47	78.4

were done 'in selected patients' or 'in most, or all, of their patients'. This question was asked again for 1986 and the replies given are shown by country in Table 4. Although

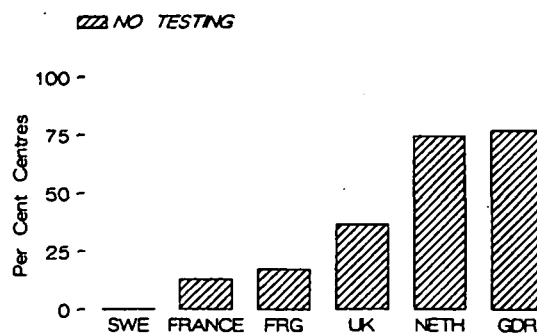


Fig. 4. The percentage of centres in selected countries which reported no testing for HIV antibodies in 1986.

the practice of testing varied widely between countries, the proportion of centres which reported that no testing was performed decreased between 1985 and 1986 from 57% to 37% (Fig. 3). Similarly, the proportion of centres who reported HIV testing in most or all of their patients increased from 30% to 47%. Over 60% of centres in Europe were carrying out tests for HIV antibodies in at least some of their patients. The data were examined for those centres who reported no testing for HIV antibodies in their unit. This information is shown for selected countries in Fig. 4.

Centres reported that a total of 225 patients with end-stage renal failure and on renal replacement therapy in 1986 had serological evidence of infection with HIV (Table 5).

As in previous years, the Registry asked centres to report the number of new cases in 1986 of hepatitis B both in patients and staff. Although the number of cases reported was approximately the same as those reported for 1985 [2], the ratio of cases per thousand patients on hospital haemodialysis was reduced from 21/1000 to 18/1000 for patients and from 3.6/1000 to 3.2/1000 for staff (Table 6). This decrease was not observed in all countries, and in a few there was actually an increase.

Table 5. Summary of information on patients with serological evidence or symptoms of AIDS. The Table shows the number of patients with serological evidence of infection with HIV in 1986, and of those, the number whose positive serology was first detected in 1986. The number of patients who developed symptoms of AIDS during the year is also given

Country	Cases of AIDS (n)		
	Serological evidence	Positive serology 1st detected in 1986	Developed symptoms in 1986
Algeria	2	0	0
Austria	4	2	0
Belgium	11	3	0
Bulgaria	0	0	0
Cyprus	0	0	0
Czechoslovakia	0	0	0
Denmark	1	1	0
Egypt	0	0	0
Fed. Rep. Germany	29	15	5
Finland	0	0	0
France	89	51	10
German Dem. Rep.	0	0	0
Greece	2	2	1
Hungary	0	0	0
Iceland	0	0	0
Ireland	0	0	0
Israel	2	2	1
Italy	19	18	6
Libya	0	0	0
Luxembourg	0	0	0
Morocco	0	0	0
Netherlands	2	1	0
Norway	1	0	0
Poland	0	0	0
Portugal	3	1	0
Spain	28	21	0
Sweden	4	4	0
Switzerland	3	1	0
Tunisia	3	3	0
Turkey	0	0	0
United Kingdom	3	3	2
Yugoslavia	19	11	0
Total Registry	225	139	25

(d) Dietitians and Social Workers

Centres were asked if 75% or more of their new patients had been seen by a dietitian and/or social worker during the year. Only the 1178 centres which reported having accepted four or more new patients with end-stage renal failure in 1986 were included in the analysis. Of these centres, 1072 provided information concerning dietitians and 1083 concerning social workers. It can be seen from Table 7 that, overall, a greater proportion of centres involved dietitians with new patients (51%) than social workers (36%), though this was not the case in all countries reporting to the Registry. This is illustrated for selected countries, or groups of countries, in Fig. 5 concerning

Table 6. Hepatitis B diagnosed in patients and staff in 1986. The numbers of cases are shown in absolute numbers and also expressed per thousand patients on hospital haemodialysis at the end of the year

Country	Patients		Staff	
	Hep B n	Cases/1000 pats on Hosp. HD	Hep B n	Cases/1000 pats on Hosp. HD
Algeria	36	116.5	8	25.9
Austria	26	17.8	2	1.4
Belgium	27	11.9	3	1.3
Bulgaria	18	16.2	8	7.2
Cyprus	1	7.1	0	0
Czechoslovakia	154	132.6	11	9.5
Denmark	0	0	0	0
Egypt	32	40.0	2	2.5
Fed. Rep. Germany	51	3.3	5	0.3
Finland	0	0	0	0
France	83	8.0	3	0.3
German Dem. Rep.	225	119.5	38	20.2
Greece	15	12.0	2	1.6
Hungary	28	57.7	2	4.1
Iceland	0	0	0	0
Ireland	0	0	0	0
Israel	4	4.5	0	0
Italy	100	7.9	20	1.6
Libya	0	0	1	11.5
Luxembourg	1	10.8	0	0
Morocco	8	34.6	4	17.3
Netherlands	3	1.6	0	0
Norway	0	0	0	0
Poland	137	125.2	61	55.8
Portugal	85	42.3	8	4.0
Spain	62	7.8	9	1.1
Sweden	1	1.2	0	0
Switzerland	9	8.7	0	0
Tunisia	30	89.8	2	6.0
Turkey	56	67.6	5	6.0
United Kingdom	6	2.8	0	0
Yugoslavia	140	38.0	41	11.1
Total Registry	1338	18.1	235	3.2

dietitians and in Fig. 6 concerning social workers. The proportion of centres which involved dietitians and social workers is much more impressive in the United Kingdom and Benelux and Nordic countries than in other European countries.

(e) Transplantation Activity

By the end of 1986 approximately 65 000 transplants had been performed in Europe, of which 9216 were performed in 1986 (Table 8). The number of transplants performed annually continued to rise and this increase is illustrated in Fig. 7 which shows the number of transplants performed per million population in selected countries for each of the years 1976, 1981 and 1986. Figure 8 shows the proportion of transplants performed in 1986 according to centre activity. Centre activity has been defined by the number of transplants

Table 7. Numbers of centres who reported that they had accepted four or more new patients for the treatment of end-stage renal failure in 1986 and the number (and percentage) of these centres which reported that 75% or more of their new patients were seen by a dietitian/social worker in 1986. The number of centres which responded to this section on the centre questionnaire is also given

Country	Eligible centres* n	Dietitians				Social workers			
		Centres replying n	'Yes'		Centres replying n	'Yes'			
			n	%		n	%		
Algeria	12	8	0	0	11	5	45		
Austria	25	23	11	48	24	3	13		
Belgium	42	40	32	80	42	36	86		
Bulgaria	25	23	2	9	24	2	8		
Cyprus	3	3	3	100	3	0	0		
Czechoslovakia	24	23	8	35	22	4	18		
Denmark	9	8	7	88	7	6	86		
Egypt	15	11	2	18	11	1	9		
Fed. Rep. Germany	194	179	85	47	176	36	20		
Finland	13	12	10	83	13	12	92		
France	141	131	87	66	131	40	31		
German Dem. Rep.	44	40	23	58	42	12	29		
Greece	21	16	7	44	19	4	21		
Hungary	10	8	5	63	7	1	14		
Iceland	1	1	1	100	1	0	0		
Ireland	4	4	4	100	4	2	50		
Israel	20	20	15	75	20	17	85		
Italy	183	162	69	43	164	56	34		
Libya	2	1	0	0	1	0	0		
Luxembourg	3	2	1	50	2	1	50		
Morocco	6	6	0	0	6	0	0		
Netherlands	35	30	30	100	30	29	97		
Norway	14	14	10	71	14	8	57		
Poland	43	39	12	31	40	4	10		
Portugal	23	22	10	45	22	14	64		
Spain	110	99	8	8	104	20	19		
Sweden	21	21	16	76	21	12	57		
Switzerland	25	23	18	78	22	8	36		
Tunisia	5	4	2	50	4	2	50		
Turkey	8	8	4	50	6	0	0		
United Kingdom	57	56	53	95	56	45	80		
Yugoslavia	40	35	11	31	34	8	24		
Total Registry	1178	1072	546	51	1083	388	36		

*Eligibility for inclusion in this table; four or more new patients in 1986 reported on the centre questionnaire

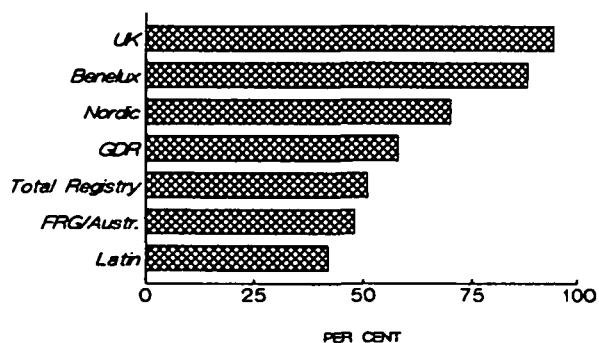


Fig. 5. Proportion of centres, in selected countries or groups of countries, reporting that 75% or more of their new patients in 1986 were seen by a dietitian. (UK = United Kingdom; Benelux = Belgium, Luxembourg, Netherlands; Nordic = Denmark, Finland, Iceland, Norway, Sweden; GDR = German Democratic Republic; FRG/Austr. = Federal Republic of Germany/Austria; Latin = France, Italy, Portugal, Spain).

performed in 1986. More than 40% of all grafts were performed in the 49 centres which carried out 51–100 grafts during 1986.

(f) Waiting List for Transplantation

Of all the patients on dialysis at the end of 1986, 26% were on a waiting list for cadaver transplant (Table 8), with marked variation between countries. A 'projected waiting time' was calculated by dividing the number of patients on the waiting list at the end of 1986 by the number of transplants performed during 1986. Figure 9 shows the 'projected waiting time' in selected countries, which range from approximately 6 months in Norway to nearly 8 years in Portugal. Generally the shortest 'projected waiting

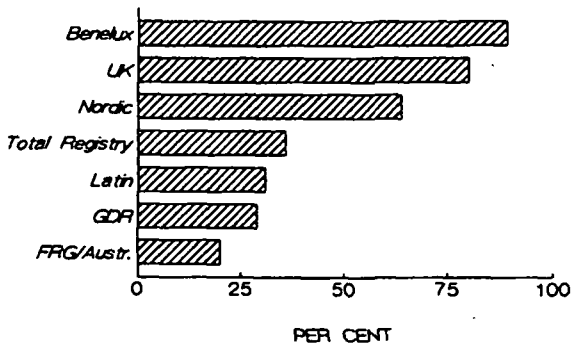


Fig. 6. Proportion of centres, in selected countries or groups of countries, reporting that 75% or more of their new patients in 1986 were seen by a social worker. (Countries and regions as defined in Fig. 5.)

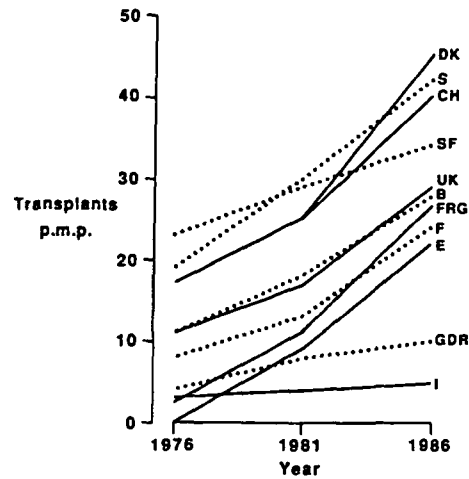


Fig. 7. Number of transplants performed per million population (p.m.p.) in selected countries for each of the years 1976, 1981 and 1986. (DK = Denmark; S = Sweden; CH = Switzerland; SF = Finland; UK = United Kingdom; B = Belgium; FRG = Federal Republic of Germany; F = France; E = Spain; GDR = German Democratic Republic; and I = Italy.)

Table 8. Transplant activity in 1986. Total number of grafts and number per million population, the proportion of dialysis patients on a waiting list for cadaver transplant at end of 1986 as reported by dialysis centres, and the proportion of highly sensitised patients on the waiting list

Country	Grafts in 1986		Patients on waiting list	
	n	p.m.p.	%	% highly sensitised*
Algeria	2	0.1	23.3	35.1
Austria	271	35.9	35.7	12.9
Belgium	296	30.1	14.4	14.2
Bulgaria	2	0.2	34.5	6.9
Cyprus	0	0.0	30.7	—
Czechoslovakia	151	9.8	41.4	13.5
Denmark	227	44.5	23.1	10.2
Egypt	80	1.7	0.6	—
Fed. Rep. Germany	1627	26.7	19.9	6.4
Finland	143	29.1	32.4	9.0
France	1319	23.9	16.4	16.0
German Dem. Rep.	167	10.0	27.5	7.5
Greece	62	6.2	17.8	11.3
Hungary	52	4.9	58.0	9.1
Iceland	0	0.0	78.9	—
Ireland	100	28.1	54.8	19.8
Israel	90	21.0	22.4	20.2
Italy	250	4.4	18.6	8.8
Lebanon	0	0.0	0.0	—
Libya	0	0.0	0.0	—
Luxembourg	5	13.7	21.8	7.1
Morocco	1	0.1	9.3	0.0
Netherlands	430	29.7	25.6	18.4
Norway	171	41.3	38.5	25.9
Poland	279	7.5	51.4	6.0
Portugal	92	9.0	28.2	8.5
Spain	877	22.7	39.9	10.6
Sweden	347	41.7	28.9	13.3
Switzerland	259	40.3	20.5	15.4
Tunisia	9	1.3	20.6	—
Turkey	145	2.9	46.1	1.2
United Kingdom	1625	28.8	44.9	11.2
Yugoslavia	137	5.9	29.0	9.4
Total Registry	9216	14.8	25.6	10.6

*Most recent serum reacting with more than 80% of random donor panel

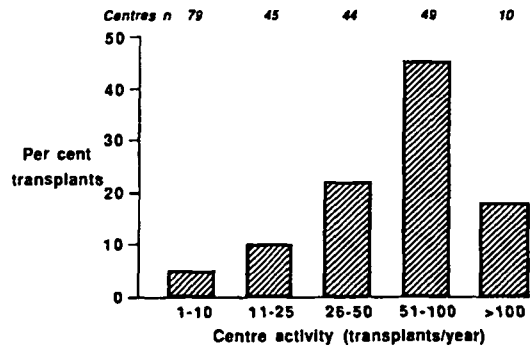


Fig. 8. Percent transplants performed in 1986 according to centre activity, which is defined by number of transplants performed in 1986.

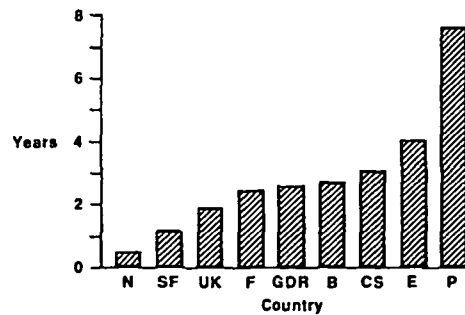


Fig. 9. 'Projected waiting time' (in years) in December 1986 for a renal transplant in selected countries. (N = Norway; SF = Finland; UK = United Kingdom; F = France; GDR = German Democratic Republic; B = Belgium; CS = Czechoslovakia; E = Spain; and P = Portugal.)

times' were calculated for the Nordic countries and Switzerland, countries which have previously demonstrated high transplant activity.

Table 9. Most commonly reported upper age limit for a donor from which centres would accept a cadaver kidney. Results are shown for selected countries

Country	Upper age limit (years)
Nordic	None
France	60
Fed. Rep. Germany	60-70
Greece	70
Israel	70
Italy	60
Netherlands	70
Portugal	60
Spain	60
Switzerland	60
United Kingdom	70

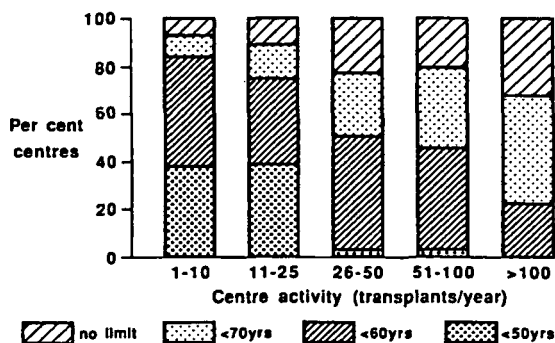


Fig. 10. Centre policy concerning the upper age limit for a donor from which a cadaver kidney would be accepted, according to centre activity.

(g) Cadaveric Kidney Graft Retrieval

The transplant centres were asked for their policy concerning the upper age limit for a donor from which they would accept a cadaver kidney. Table 9 shows the most commonly reported acceptable upper age limit for a donor in selected countries. The centre policy concerning the upper age limit for a donor according to centre activity is shown in Fig. 10 and demonstrates that centres with high transplant activity are more willing to accept donors with a higher age than centres with a low transplant activity. One wonders whether activity is low in some centres because of a reluctance to use donors from the upper age range.

It was also found that the greater the centre activity, the higher the proportion of centres which in 1986 sent a surgical team to other hospital(s) to perform cadaver donor nephrectomy (Fig. 11). The proportion of centres (excluding paediatric units) which sent a surgical team to other hospital(s) for cadaver donor nephrectomy in 1986 according to country or region is shown in Fig. 12. In Nordic countries this practice has been adopted by nearly all the transplant units (90%), whereas in Spain only a small proportion of transplant units (17%) sent a surgical

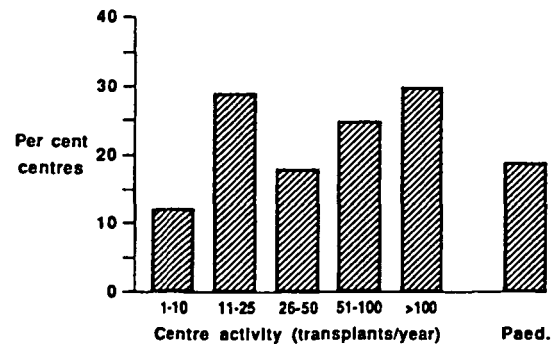


Fig. 11. Proportion of centres sending a surgical team to other hospital(s) for cadaver donor nephrectomy in 1986, according to centre activity and in paediatric centres.

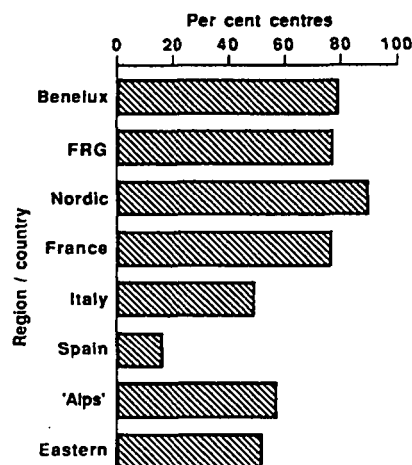


Fig. 12. Proportion of centres sending a surgical team to other hospital(s) for cadaver donor nephrectomy in 1986 according to country or region. Paediatric centres have been excluded from this analysis. (Benelux = Belgium, Netherlands, Luxembourg; FRG = Federal Republic of Germany; Nordic = Denmark, Finland, Iceland, Norway, Sweden; 'Alps' = Austria, Switzerland; Eastern = Czechoslovakia, German Democratic Republic, Hungary, Poland.)

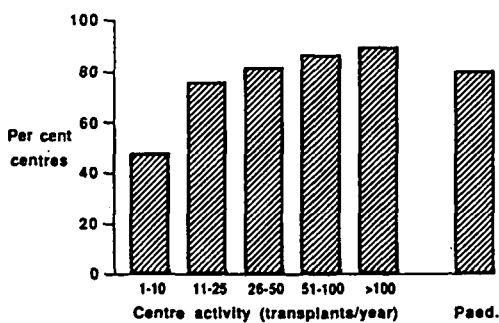
team to other hospital(s) for procurement of cadaver kidneys.

(h) Immunosuppressive Regimes

Transplant centres were asked to record their policy in 1986 regarding the use of antilymphocyte globulin (ALG), antithymocyte globulin (ATG) or monoclonal antibodies for prophylactic immunosuppression, and the use of ALG, ATG, monoclonal antibodies and plasma exchange for antirejection therapy. Results concerning prophylactic immunosuppression are shown in Table 10 according to country. Twelve per cent of centres reported having used either ALG, ATG or monoclonal antibodies for prophylactic immunosuppression for most or all of their patients, 20% reported one of these immunosuppressive agents for some of their patients, and 62%

Table 10. Centre policy concerning the use of ALG, ATG or monoclonal antibodies for prophylactic immunosuppression in 1986. Numbers of centres reporting that these regimes were never used, used in some patients, or used in most or all patients

Country	ALG			ATG			Monoclonal antibodies		
	Never used	Some patients	Most/all patients	Never used	Some patients	Most/all patients	Never used	Some patients	Most/all patients
Austria	4	1	0	4	2	0	4	1	0
Belgium	2	2	1	5	0	0	5	0	0
Czechoslovakia	4	0	0	4	0	0	4	0	0
Denmark	4	0	0	4	0	0	4	0	0
Egypt	2	0	0	2	0	0	2	0	0
Fed. Rep. Germany	12	5	2	11	8	0	17	3	0
Finland	0	1	0	0	1	0	1	0	0
France	2	3	12	8	5	2	12	3	0
German Dem. Rep.	2	0	0	1	1	0	2	0	0
Greece	0	1	0	0	0	0	0	0	0
Hungary	2	0	0	2	0	0	2	0	0
Ireland	1	0	0	1	0	0	0	0	0
Israel	1	0	0	1	0	0	1	0	0
Italy	6	0	1	6	0	0	5	1	0
Netherlands	7	0	0	6	0	1	6	1	0
Norway	1	0	0	1	0	0	1	0	0
Poland	3	0	0	3	0	0	3	0	0
Portugal	2	0	0	2	0	0	2	0	0
Spain	15	5	0	14	4	2	19	1	0
Sweden	3	0	0	2	2	0	2	0	0
Switzerland	5	0	0	3	2	1	5	1	0
Turkey	2	0	0	2	0	0	2	0	0
United Kingdom	29	3	0	27	7	0	31	2	0
Yugoslavia	1	2	2	3	1	0	5	0	0
Total Registry	110	23	18	112	33	6	135	13	0

**Fig. 13.** Proportion of centres using ALG, ATG, monoclonal antibodies or plasma exchange for prophylactic immunosuppression or in the treatment of rejection episodes in 1986, according to centre activity and in paediatric centres.

never to have used any of these agents. Table 12 gives information by country concerning treatment of rejection episodes.

Figure 13 shows that the higher the transplant activity, the greater the percentage of centres which used ALG, ATG, monoclonal antibodies or plasma exchange for either prophylactic immunosuppression or treatment of rejection episodes. Most centres performing more than 10 transplants in 1986 used one or several of these agents for the treatment of at least some rejection episodes.

Table 11. Number of combined kidney/pancreas transplants performed in 1986 according to country and number of centres performing these transplants

Country	Transplants (n)	Centres (n)
Austria	5	1
Belgium	3	2
Czechoslovakia	4	1
Fed. Rep. Germany	25	5
France	13	2
German Dem. Rep.	2	1
Italy	3	2
Netherlands	10	3
Norway	10	1
Spain	4	2
Sweden	31	4
Switzerland	4	1
United Kingdom	8	4
Total Registry	122	29

A total of 21% of transplant centres were using monoclonal antibodies. Again, there is a relationship between the use of monoclonal antibodies and centre activity. Of centres performing 50–100 transplants in 1986, more than 40% reported at least occasional use of monoclonal antibodies. Approximately 22% of transplant centres

2. Centre policy concerning the use of ALG, ATG, monoclonal antibodies or plasma exchange for antirejection therapy in 1986. Number of centres reporting that these were never used, used in some rejection episodes, or used in most or all rejection episodes

Country	ALG			ATG			Monoclonal antibodies			Plasma exchange		
	Never used	Some episodes	Most/all episodes	Never used	Some episodes	Most/all episodes	Never used	Some episodes	Most/all episodes	Never used	Some episodes	Most/all episodes
Austria	4	0	0	0	5	1	2	3	0	1	3	0
Denmark	3	2	1	2	3	0	3	2	0	4	1	0
Czechoslovakia	2	1	1	2	2	0	4	0	0	3	1	0
France	4	0	0	4	0	0	3	1	0	4	0	0
Germany	2	0	0	1	1	0	1	1	0	2	0	0
West Germany	10	9	0	4	13	2	9	10	1	11	9	0
Sweden	0	1	0	0	1	0	1	0	0	1	0	0
Switzerland	0	11	6	10	5	1	10	6	0	8	5	0
Yugoslavia	2	0	0	0	1	1	2	0	0	1	1	0
Spain	0	1	0	0	0	0	0	0	0	0	1	0
Italy	1	1	0	2	0	0	2	0	0	2	0	0
Belgium	1	0	0	1	0	0	0	1	0	0	1	0
Portugal	2	0	0	1	1	0	1	1	0	1	1	0
Finland	5	1	1	5	1	0	3	3	0	6	0	0
Netherlands	7	0	0	0	5	2	6	1	0	7	0	0
Poland	1	0	0	1	0	0	1	0	0	1	0	0
East Germany	2	1	0	2	1	0	2	1	0	3	0	0
Spain (Basque)	2	0	0	3	0	0	2	0	0	1	1	0
Denmark (North)	8	12	0	7	12	1	19	1	0	16	4	0
Denmark (South)	3	0	0	0	4	0	2	1	0	2	1	0
Ireland	3	2	0	0	6	0	5	1	0	4	1	0
Sweden (North)	1	1	0	2	0	0	1	1	0	1	1	0
United Kingdom	19	14	0	17	17	0	25	7	0	25	8	0
Latvia	0	4	1	3	1	1	4	1	0	0	5	0
Registry	82	61	10	67	79	9	108	42	1	104	44	0

reported occasional use of plasma exchange for the treatment of rejection episodes and this percentage did not appear to depend on centre activity.

(i) Combined Kidney and Pancreas Grafts

In 1986, 28 centres performed 122 combined kidney/pancreas transplants (Table 11). This number should be compared to the 58 grafts reported by 14 centres in 1983 [3]. The numbers for each country are small, with the highest number in 1986 reported from Sweden. All four Swedish transplant centres carried out combined kidney/pancreas transplants and between them reported a total of 31 such grafts.

Conclusions

EDTA Registry centre questionnaire data continues to be an important source for analysing trends in renal replacement therapy. The large number of centres reporting outweighs individual shortcomings in these types of analyses. This paper summarises several topics and, wherever possible, data have been presented on a countrywide basis.

Although there are national variations in treatment, attitudes and modalities, some generalised conclusions can be made. The total number of patients on hospital haemodialysis has started to level off, accompanied by a decrease in the number of patients treated with home haemodialysis. On the other hand, the number of patients

alive on CAPD or with a functioning graft continues to increase.

The frequency of new cases of hepatitis B amongst patients and staff declined in 1986. Renal transplant activity is still rapidly increasing, but the number of patients on a waiting list for a renal graft was much higher than the number of available organs in most countries. Also the number of combined kidney/pancreas transplant operations increased, but only a minority of patients with diabetic end-stage renal failure were treated by this procedure.

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