NOTE
Differences in organ donation data for Germany reported by Eurotransplant International Foundation (ET) and the Deutsche Stiftung Organtransplantation (DSO) may be due to different definitions of organ donors, different observation periods and differences in counting organs donated after death and organs transplanted.
# Organ Donation and Transplantation in Germany 2012

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## Organ Donation

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## Organ Transplantation

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Preface

Ladies and Gentlemen,
Dear Colleagues,

The year 2012 was marked by ups and downs for organ donation in Germany. Transplant legislation was amended with a hope to encourage more Germans to become organ donors. At the same time, the manipulations in the organ allocation process that came to light have deeply shaken trust in transplant medicine. Rigorous investigation of these frauds and the introduction of strict quality assurance measures aim at restoring public trust in organ donation and transplant medicine by ruling out such abuses of the system in the future.

The amended German Transplant Act (Transplantationsgesetz, TPG) provides for a strict division of responsibilities for the two key components of the medical procedure of organ transplantation: (1) the responsibility for organ retrieval from a deceased donor after a definitive diagnosis of brain death and (2) the responsibility for transplantation of a donated organ at a specialised transplant centre. The latter involves that all organs must be allocated applying the same priority rules to all candidates waiting for a transplant in Germany.

Although the Deutsche Stiftung Organtransplantation (DSO) has the word “transplantation” in its name, it is legally responsible for the donation process only. A strict division of responsibilities was introduced with the first German Transplant Act and was again confirmed in the amendments that came into force in 2012. Therefore, with our legal responsibilities being limited to the organ donation procedure, we might be tempted to keep our name clean by not getting involved in the debate over the fraudulent manipulation of patient data in some German transplant centres or the subsequent discussion of how such abuses of the organ allocation system could be prevented in the future. This would mean that we are refusing to take responsibility for the deplorable drop in organ donation in the aftermath of this fraud.

Moreover, such an attitude would mean that we shirk our public health responsibility for the joint task of organ donation, which – despite the division of legal responsibilities – the DSO shares with all parties involved. After all, it is the ultimate aim of our activities to help patients who are in need of an organ transplant. More specifically, our public health responsibility commits us to preserve and promote organ donation as a treatment option for severely ill patients. For these patients, a donor organ may be the only chance of once again leading a fairly normal life. This responsibility also involves educating the public about the importance of organ donation.

We have witnessed how the misconduct of some can shake an entire system. Therefore, we must join forces in order to restore people’s faith in the medical and ethical value of organ donation and the fairness of the German system.

This is the challenge that lies ahead of us and will be tackled by the DSO and its partners in 2013. With the new Executive Board of our foundation and the restructuring of the Board of Trustees, we intensify cooperation with all partners and pave the way for creating a better system at all levels and making people regain trust in organ donation.

The new law requires stronger government involvement in the activities of the DSO including the appointment of the DSO as competent authority by the Head Association of German Health Insurers (GKV-Spitzenverband), the Federal Medical Council (BÄK) and the German Hospital Federation (DKG). As a first step, the composition of the Board of Trustees will be adjusted. The role of the German federal and state governments vis-à-vis the autonomous DSO will change from mere supervision towards one of taking greater responsibility for its activities.

In the future, the Board of Trustees will have 14 members who represent the six institutions involved as well as transplanted patients. Two voting members each shall be appointed by the Federal...
Preface

Ministry of Health, the Federal Joint Committee (G-BA; the paramount decision-making body of the self-governing bodies of healthcare providers and health insurance funds in Germany), the Head Association of German Health Insurers, the Federal Medical Council and the German Transplant Society. Two candidates are suggested by major patient support groups and are appointed by the Board of Trustees. They have no voting right but can file applications and propose agenda items to represent and defend the interests of transplanted patients in board meetings.

While the DSO will continue as a private foundation – on condition that its statutes be approved by the responsible state supervisory authority – there will be much stronger involvement of representatives of institutions under public law or private institutions entrusted with public responsibilities. This change in the DSO’s statutes is another measure aimed at restoring public trust in organ donation.

With Eurotransplant, the DSO has agreed to intensify cooperation in order to improve data validity and ensure rapid and reliable availability of data as well as to develop common medical standards. In addition, Eurotransplant is willing to cooperate with the DSO in establishing a German transplant registry.

The Federal Joint Committee and the DSO intend to intensify cooperation in the further development of measures of external quality assurance across medical sectors and institutions. The existing system of quality assurance, which is based on anonymous case data, will be replaced by a system using pseudonymised patient data, which enable qualitative assessment of the course of treatment and its outcome.

Overall, these measures – decided upon and supported by all parties involved – will contribute to a much better validation of data on organ transplants in Germany and thereby enhance the quality of the processes involved in transplantation and its outcome.

We are jointly responsible for the overall functioning of the system of organ donation and transplantation in Germany, while there is a strict separation of organisational responsibilities for organ donation, organ allocation and organ transplantation, each governed by its own set of rules.

Our joint task is to make transplant medicine more transparent and to eradicate all fraud and abuse from the system by implementing strict quality assurance measures. The Federal Joint Committee’s intention to establish a comprehensive quality assurance program for all sectors and institutions is an important measure towards this end. Only in this way can we hope to regain lost trust. On a more general level, we must disseminate the message that organ donation has lost nothing of its value. Every patient on the waiting list is in need of an organ donation to survive. Organ donation saves the lives of seriously ill patients – and this is what motivates us to carry on.

Dr. jur. Rainer Hess
CHIEF EXECUTIVE OFFICER FOR REORGANISATION
DEUTSCHE STIFTUNG ORGANTRANSPLANTATION

Thomas Biet, MBA
CHIEF EXECUTIVE OFFICER, BUSINESS ADMINISTRATION
DEUTSCHE STIFTUNG ORGANTRANSPLANTATION

This annual report was compiled using data from hospitals and transplant centres, the Collaborative Transplant Study (CTS), headed by Professor Dr. Gerhard Opelz, and the Eurotransplant International Foundation (ET). We cordially thank all those who provided data for this report.

Following an initiative of the supervisory commission, in agreement with the German Federal Commissioner for Data Protection, it has been ruled that case numbers of five or less can no longer be listed individually but must instead be grouped in the annual DSO reports, a procedure that has already been in effect for some time for the reports compiled according to the German Transplant Act (Sec. 11, para. 5 TPG).
The German transplant law was amended by two acts passed in July 2012. The two acts became effective on different dates.

**July 18, 2012** The Act to Regulate Informed Consent in the German Transplant Act was published in the Federal Law Gazette and became effective on Nov. 1, 2012. This amendment supplements the existing and still valid opt-in solution by emphasising the importance of an informed decision regarding organ donation. In addition, the amendment for the first time explicitly states that organ donation shall be promoted in Germany (Sec. 1 of amended Transplant Act). According to the new regulations, all Germans will regularly be approached by their health insurers and encouraged to think about organ donation and complete an organ donor card. To this end, national and private health insurers are required to send information on organ donation, along with an organ donor card, to all members aged 16 or older. In the future, it is planned to also use the electronic health insurance card for recording a person's decision on organ donation. All earlier legal regulations regarding consent to organ donation remain in force. If no decision has been made by a possible organ donor, the family or any person named by the deceased can make a decision based on what they think the deceased would have wanted.

**July 25, 2012** The Act to Amend the German Transplant Act was published in the Federal Law Gazette and became effective on Aug. 1, 2012. These amendments are of a more technical nature, prescribing concrete changes in the procedure of organ donation and responsibilities. Moreover, they implement into national German law the European Union directive of July 2010 on standards of quality and safety of human organs intended for transplantation. This directive aims at establishing uniform and clearly defined legal standards for assuring the quality and safety of organ transplantation throughout Europe. These amendments affect nearly all sections of the German Transplant Act. The new legal regulations with direct effects on donor hospitals and the work of the DSO are detailed below.

- **Identification of donor hospitals and appointment of transplant coordinators**

Sec. 9a of the amended Transplant Act requires the ministries of the German federal states to report to the DSO those hospitals that meet the legal requirements (in terms of facilities and staff) for performing organ donations. The equipment in the operating room must guarantee the quality and safety of donated organs. The staff involved in organ donation procedures must be qualified for this task. A new subsection of the Transplant Act (Sec. 9b TPG) requires donor hospitals to appoint at least one qualified transplant coordinator. The responsibilities of an transplant coordinator are specified in the form of four major tasks. He or she must ensure that possible organ donors are reported to the DSO, that the hospital provides adequate counseling and care of donor families, that responsibilities and procedures are defined and implemented in accordance with the Transplant Act and that physicians and nurses are regularly informed about the importance of organ donation and about the organ removal procedure. Details on the qualifications of transplant coordinators and the legal framework for their work must be defined by each federal state. Eight German federal states have already passed the necessary legislation to put the compulsory appointment of transplant coordinators into practice. Federal state legislation may also allow the appointment of one transplant coordinator for several hospitals provided that he or she can adequately perform his or her duties in each of the
hospitals. Federal state legislation may also define rules for exempting hospitals from performing organ donations on condition that there are good reasons for such exceptions.

- **Organ and donor characterisation / organ transport**
  Sec. 10a of the amended Transplant Act stipulates that, in order to minimise the risks for organ recipients and to optimise organ allocation, organ and donor characterisation procedures must conform to the state of the art of medical science and technology. The DSO is responsible for ensuring that the laboratories performing these tests have the necessary know-how, facilities and staff. Organs for transplantation must be transported in accordance with the operating procedures developed by the DSO. The Federal Ministry of Health has the right to issue detailed regulations concerning these aspects of the organ donation procedure.

- **More transparency and supervision**
  Sec. 11 of the Transplant Act obliges the DSO’s contractual partners to make sure that the DSO works efficiently and to have audits if deemed necessary. Major financial and organisational decisions must be approved by the DSO’s partners. The DSO publishes an annual report.

Moreover, according to Sec. 11, the existing supervisory committee (according to Sec. 12 TPG) shall have greater legal power and more members.

The members of this supervisory committee are representatives of the DSO’s contractual partners and two additional representatives of the federal states. This committee can request information and disclosure of documents by the DSO, the donor hospitals and the transplant centres. The committee has the duty to report any breaches of the law that come to its attention to the responsible federal state ministry.

- **New responsibilities for the DSO**
  A new task assigned to the DSO in Sec. 11 of the amended Transplant Act is to establish a set of operating procedures. Basically, these pertain to the entire organ donation process in nine steps, with the exception of organ allocation. The DSO and its contractual partners shall negotiate an adequate lump sum to be paid to donor hospitals for the appointment of transplant coordinators. Another task assigned to the DSO is to keep records of the German donor hospitals and transplant centres and to publish an annual report of their activities according to predefined standards.

The amended German Transplant Act (in German) is available on the Internet at: [http://www.gesetze-im-internet.de/tpg](http://www.gesetze-im-internet.de/tpg)

### In-House Coordination in Germany

In 2009, the DSO, along with the Federal Ministry of Health and the German Hospital Federation, launched a pilot project aimed at harmonising in-house coordination in large hospitals all over Germany.

This project had three major goals:
- To evaluate whether there actually is a larger organ donor pool that goes beyond the potential and actual donations currently known, to improve organisation and organ donation procedures in the participating hospitals and to exploit the additional donor potential.
- For the duration of the project, we retrospectively analysed all deaths of patients with primary and secondary brain damage in each participating hospital on a quarterly basis. This analysis was done jointly by representatives of each hospital and a DSO coordinator using a structured dialogue.

This project was completed at the end of 2012. The results suggest that Germany’s below-average organ donor rates compared with other countries are not only attributable to underreporting of potential donors by the hospitals.

Failure to obtain consent to an organ donation from a deceased person themselves (living will or organ donor card) or their families continue to be major obstacles to achieving higher organ donor rates. Patients or their relatives and even hospital staff are often not aware that the refusal of certain advanced life support measures does not automatically mean an organ donation is excluded.

More information is necessary to overcome these misconceptions.
Organ Donation in Germany

Organ donation is a joint task in Germany and relies on the close cooperation of many partners. The German Transplant Act regulates the donation, removal, allocation and transplantation of organs from deceased and living donors. The law provides for the installation of a central agency responsible for organising post-mortem organ donation throughout Germany. This task was assigned to the Deutsche Stiftung Organtransplantation (DSO, German Organ Transplantation Foundation) in June 2000. As stipulated by the German Transplant Act, the tasks of the DSO were laid down in a contract with the Federal Medical Council (BÄK, Bundesärztekammer), the Head Association of German Health Insurers and the German Hospital Federation (DKG, Deutsche Krankenhausgesellschaft).

Hospitals play a key role in organ donation. The hospital staff initiates an organ donation procedure by identifying and reporting a possible organ donor. All hospitals are obliged to report possible organ donors according to the German Transplant Act (Sec. 9, para. 2, No.1 TPG). The implementation of this legal provision is a crucial prerequisite for overcoming the shortage of transplantable organs in Germany.

A potential organ donor is a deceased in whom the complete and irreversible loss of all brain function (brain death) has been diagnosed according to the guidelines of the Federal Medical Council and medical contraindications to organ donation have been ruled out.

The DSO coordinates all steps involved in an organ donation procedure and provides a range of services to support hospitals around the clock. These services, including the transport of organs to the transplant centres, ensure that an organ donation can be performed in any hospital.

The non-profit Eurotransplant International Foundation (ET) in Leiden is responsible for the allocation of all organs donated for transplant after death in Austria, Belgium, Croatia, Germany, Hungary, Luxembourg, the Netherlands and Slovenia. All patients waiting for an organ in these countries are registered with Eurotransplant. In accordance with the German Transplant Act, the Federal Medical Council has issued guidelines for organ allocation in Germany (www.baek.de). The most important allocation criteria are chances of success and urgency.

Transplants are performed in about 50 transplant centres all over Germany. Ten organs are transplanted on average every day.

The aim of the joint task of organ donation is to timely procure suitable donor organs for the roughly 12,000 patients currently waiting for a transplant. Every organ donated means that one of the severely ill patients on the waiting list is given the chance of a new life.
The DSO is responsible for coordinating organ donation in Germany. Our task is to promote and support organ donation and transplantation on all levels. It is our aim to provide all patients on the waiting list with a transplant as quickly as possible.

By promoting organ donation, we have actively contributed to the development of transplant medicine in Germany. The DSO was founded by the Trusteeship for Dialysis and Kidney Transplantation (KfH, Kuratorium für Dialyse und Nierentransplantation e.V.) in Neu-Isenburg near Frankfurt/Main on October 7, 1984. The DSO is an incorporated foundation according to civil law with over 1,200 staff, among them about 200 in full-time positions.

To provide rapid local support to all German hospitals around the clock, the DSO has divided the country into seven geographical organ donor regions. Each donor region comprises one or several federal states. Organ donation in each region is organised by a regional coordinating centre headed by an executive physician of the DSO.

In addition, there are support and organisational offices in the regions to ensure that our transplant coordinators reach the hospitals quickly. The DSO coordinators work directly with intensive care units reporting a potential organ donor and can be contacted to discuss a possible organ donation.

Each region is supported by an advisory board. Its members consist of representatives of the regional transplant centres, the state medical council, the compulsory health insurers and the hospitals of that region as well as a representative of the federal state. On the national level, the DSO is supported by a federal advisory board whose members are representatives of the DSO’s contractual partners, the regional advisory boards, the federal states, the German Transplant Society (DTG, Deutsche Transplantationsgesellschaft) and Eurotransplant International Foundation (ET).

Funding for the DSO as coordinating agency is provided by a one-year prospective budget that is negotiated with the health insurers and is based on the number of organs expected to be transplanted. The expenses incurred by the hospitals involved in an organ donation are reimbursed by the DSO on a per-case basis.
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* Number of inhabitants as of June 30, 2012
Source: Federal Statistical Office

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**NORTH REGION**
Bremen, Hamburg, Lower Saxony, Schleswig-Holstein
(13.2 mill. inhabitants*)

**NORTH RHINE-WESTPHALIA REGION**
(17.8 mill. inhabitants*)

**CENTRAL REGION**
Hessia, Rhineland-Palatinate, Saarland
(11.1 mill. inhabitants*)

**HEADQUARTERS**

**NORTHEAST REGION**
Brandenburg, Berlin, Mecklenburg-Western Pomerania
(7.6 mill. inhabitants*)

**EAST REGION**
Saxony, Saxony-Anhalt, Thuringia
(8.6 mill. inhabitants*)

**BAVARIA REGION**
(12.6 mill. inhabitants*)

**BADEN-WUERTTEMBERG REGION**
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E-MAIL bayern@dso.de
EXECUTIVE PHYSICIAN
Dr. med. Dipl.-Biol. Thomas Breidenbach

Source: Federal Statistical Office

* Number of inhabitants as of June 30, 2012
Services Offered by the DSO

The DSO provides a range of services to support hospitals around the clock in fulfilling the joint task of organ donation:

- Phone services and coordination with consultation
- Preliminary consultation about patients with therapy-refractory loss of brain stem reflexes
- Verification of the medical and legal prerequisites for an organ donation
- Helping hospitals to find a mobile consultation service for brain death diagnosis
- Assistance in dealing with the bereaved family
- Counselling and support for organ-protective intensive care once brain death has been diagnosed
- Organising comprehensive laboratory tests including toxicological and virological screening
- Reporting data to the organ allocation agency, Eurotransplant (ET)
- Organisation of the removal and preservation of organs
- Organisation of all transports needed in association with an organ donation
- Anonymously informing the hospital staff and the deceased’s family, when desired, about the outcome of transplants with the donated organs

SUPPORT AND COUNSELLING OF HOSPITALS

- On-site seminars, lectures and discussions in the hospitals
- Counselling of transplant representatives in the analysis and optimisation of the organ donation procedure in the hospital
- Organisation of regional seminars
- Provision of information material on organ donation
- Short-term and long-term care of organ donor families

Organ Donation Hotline

Together with the Federal Office for Health Education (BZgA, Bundeszentrale für gesundheitliche Aufklärung) the DSO offers a telephone service for the general public, patient self-help organisations, medical staff, pharmacies, health insurers, schools and public services. A qualified team is available to answer all questions concerning organ donation and transplantation.

Free information material and organ donor cards can also be ordered at infotelefon@dso.de.
He had an accident. A car hit him while he was riding his bike. This accident snatched away the Wulfes’ son from one moment to the next.

When the diagnosis of brain death was made, LICA MEERI and OLAF WULFES themselves approached the physicians about an organ donation. They were surprised that it was us who broached the subject. Our initiative and our willingness to donate our son’s organs were much appreciated," says Olaf Wulfes.

Organ donation had always been a topic for the Wulfes, and it helped them make a fast decision in this situation. Four days later, they learned that five recipients were helped with four of their son’s organs. After their traumatic loss, this was a moment of consolation for the family.
Consultations about Organ Donation (per hospital)

<table>
<thead>
<tr>
<th>Region</th>
<th>Category A (38 university hospitals)</th>
<th>Category B (120 hospitals with neurosurgical departments)</th>
<th>Category C (1,172 hospitals without neurosurgical departments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>20.9</td>
<td>8.4</td>
<td>0.7</td>
</tr>
<tr>
<td>Baden-Wuerttemberg</td>
<td>29.8</td>
<td>8.4</td>
<td>1.0</td>
</tr>
<tr>
<td>Bavaria</td>
<td>22.2</td>
<td>8.7</td>
<td>0.6</td>
</tr>
<tr>
<td>Central</td>
<td>14.6</td>
<td>9.6</td>
<td>0.6</td>
</tr>
<tr>
<td>North</td>
<td>21.0</td>
<td>8.3</td>
<td>0.6</td>
</tr>
<tr>
<td>Northeast</td>
<td>10.8</td>
<td>6.8</td>
<td>0.5</td>
</tr>
<tr>
<td>North Rhine-Westphalia</td>
<td>20.1</td>
<td>9.2</td>
<td>0.8</td>
</tr>
<tr>
<td>East</td>
<td>27.6</td>
<td>7.5</td>
<td>0.6</td>
</tr>
</tbody>
</table>

FIG. 1 presents the average numbers of organ donation consultations, arranged by hospital category, in the seven DSO donor regions in Germany.

The average number of consultations in category A and B hospitals decreased slightly in 2012 compared with the preceding year (2011: 22.3 consultations in category A and 9.6 consultations in category B hospitals). The average of consultations in category C hospitals is unchanged. There were a total of 2,594 consultations (versus 2,778 in 2011).
A potential organ donor is a deceased in whom brain death has been diagnosed according to the guidelines of the Federal Medical Council (Bundesärztekammer) and medical contraindications to organ donation with regard to organ function or a risk of transmitting disease to the recipient have been ruled out.

**FIG. 2** illustrates that the total number of potential organ donors reported in Germany (1,584 cases) is higher than the number of organ donations actually performed (1,046). The discrepancy is primarily attributable to the failure of obtaining consent to an organ donation from the deceased person’s family (434 cases).

As of 2006, the number of refusals in relation to the number of potential organ donors no longer includes those cases where a patient’s family already hinted – before the diagnosis of brain death – that they would not consent to organ donation.
Everyone should think about organ donation and make a personal choice. The best way to ensure that one’s wishes are carried out is to put them in writing (e.g., by completing a donor card or an advance health care directive or living will) and to inform one’s family. If a deceased person’s feelings on organ donation are unknown, the decision is made by the next of kin – based on the presumed will. If the family is unaware of the person’s feelings in the matter, they are asked to decide at their own discretion.

In 2012, the consent to organ donation was based on the deceased’s presumed will in over half of all cases. In 39.4 percent of cases, failure to obtain consent was based on the family’s decision FIG. 3.

As these figures illustrate, talking with the deceased person’s family is an important part of an organ donation. The DSO staff and the treating physician can provide comprehensive information, allowing the family to make a well-informed decision. If desired, our coordinators will also provide donor family aftercare including the option of meeting other donor families.
In talking about organ donation with the family, our coordinators also learn about the extent to which this topic has been discussed among family members. This helps us in identifying topics that should be addressed in public education campaigns.

The most common reason the family gave for refusal was that they knew that the deceased was against organ donation \textbf{FIG. 4}. Doubts about the reliability of brain death diagnosis, fear of misuse (organ trafficking) and dissatisfaction with hospital treatment were given as reasons in rare cases.

The most common reason for consenting to organ donation was knowledge of the deceased’s positive attitude towards organ donation, followed by altruistic motives and the desire to make sense of the sudden death of a loved one \textbf{FIG. 5}.
Organ Donors

FIG. 6 presents the development of organ donation since 2003. In the year under review, there were 1,046 organ donors, a marked drop (-12.8 percent) compared with the preceding year.

By far the most common cause of brain death was nontraumatic brain damage in patients with medical or neurological diseases. Intracranial haemorrhage was the single most common cause, accounting for approx. 56.2 percent of all brain deaths FIG. 7.
The age distribution of organ donors shows a constant decline in donors aged 16 to 54 years Fig. 8, while there has been a continual increase in donors aged 65 or older in recent years. One in three organ donors was over 65 in 2012 (31.5 percent).

In recent years, more and more organs have been accepted from older donors as the outcome of transplantations performed with these organs is good. However, the organ donation procedure may take longer in older donors because more time-consuming evaluation of organ function and extended diagnostic testing are necessary for recipient protection.
On average three organs are removed per donor, providing transplants for three patients on the waiting list. In the year under review, multiple organs were recovered from 943 of the total of 1,046 organ donors (90.2 percent) FIG. 9.
FIG. 10 shows the duration of organ donation procedures in 2012. The durations given include the time left to the deceased’s family to make a well-informed decision after brain death has been diagnosed, the notification of Eurotransplant (ET) and all necessary diagnostic procedures and laboratory tests.

Seventy percent of all organ donation procedures were completed within 18 hours, among them over a fourth within 12 hours.
In the year under review, 3,511 organs from deceased donors were transplanted, down from 3,917 organs in 2011. The decline in donation was most obvious for kidneys and livers, while there was a slight upward trend in lung donation.
Organ donation rates varied widely between the DSO donor regions and German states. In 2012, the regional donor rate was highest in the Northeast region with 14.8 organ donors per million population (German average: 12.8) FIG. 12.

More data and background information on organ donation in the German donor regions are available in the 2012 DSO regional reports (in German only). The regional reports provide detailed statistics on the development of organ donation in the German states and describe the cooperation of the local hospitals with the DSO as the nationwide coordinating agency for organ donation in Germany.

The regional reports can be downloaded from the internet at www.dso.de or can be ordered from the regional coordinating centres (see addresses on page 9).

<table>
<thead>
<tr>
<th>Region</th>
<th>Donors per Million Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast</td>
<td>14.8</td>
</tr>
<tr>
<td>Mecklenburg-Western Pomerania</td>
<td>16.6</td>
</tr>
<tr>
<td>Berlin</td>
<td>15.6</td>
</tr>
<tr>
<td>Brandenburg</td>
<td>12.4</td>
</tr>
<tr>
<td>East</td>
<td>13.8</td>
</tr>
<tr>
<td>Thuringia</td>
<td>15.4</td>
</tr>
<tr>
<td>Saxony</td>
<td>13.3</td>
</tr>
<tr>
<td>Saxony-Anhalt</td>
<td>13.0</td>
</tr>
<tr>
<td>North Rhine-Westphalia</td>
<td>13.0</td>
</tr>
<tr>
<td>North</td>
<td>12.7</td>
</tr>
<tr>
<td>Hamburg</td>
<td>27.2</td>
</tr>
<tr>
<td>Bremen</td>
<td>12.1</td>
</tr>
<tr>
<td>Schleswig-Holstein</td>
<td>10.9</td>
</tr>
<tr>
<td>Lower Saxony</td>
<td>10.1</td>
</tr>
<tr>
<td>Bavaria</td>
<td>12.3</td>
</tr>
<tr>
<td>Baden-Wuerttemberg</td>
<td>11.0</td>
</tr>
<tr>
<td>Germany total</td>
<td>12.8</td>
</tr>
</tbody>
</table>
Hospitals with the Most Explantations in 2012 by Category

The DSO coordinators are in charge of a total of 1,330 German hospitals having intensive care units with equipment for artificial respiration. The DSO supports and counsels hospitals in fulfilling their legal obligation to contribute to the joint task of organ donation.

The map shows the hospitals in which most explantations were performed per category throughout Germany in 2012.

### Number of Hospitals by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Cat. A</th>
<th>Cat. B</th>
<th>Cat. C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>38</td>
<td>120</td>
<td>1,172</td>
</tr>
</tbody>
</table>

**Category A: university hospitals**

**Category B: hospitals with a neurosurgical department**

**Category C: hospitals without a neurosurgical department**

The internal classification by category was introduced by the DSO in 2006 as a means of providing a uniform system which would ensure the comparability of organ donation results among German states. This is something which was not possible with the old system as the definition of treatment levels varies from state to state.

IC Hospitals participating in the in-house coordination project

A Universitätsklinikum Hamburg-Eppendorf 16
A Universitätsklinikum Schleswig-Holstein, Campus Kiel 13
A Medizinische Hochschule Hannover 11
B Asklepios Klinik Hamburg Altona 14

A Uniklinik Köln 15
A Universitätsklinikum Bonn 14
A Universitätsklinikum Münster 12
B Ev. Krankenhaus Bielefeld Gilead/Bethel 10
C HELIOS Klinikum Wuppertal 5

A Universitätsklinikum Frankfurt 12
B Klinikum Kassel 14
B Stiftungsklinikum Mittelrhein, Gesundheitszentrum Evangelisches Stift St. Martin, Koblenz 12
C Klinikum Darmstadt 4

A Universitätsklinikum Freiburg 13
A Klinikum Mannheim GmbH Universitätsklinikum 12
A Klinikum der Eberhard-Karls-Universität, Tübingen 12
B Klinikum Stuttgart 16

A Klinikum der Julius-Maximilians-Universität Würzburg 12
A Klinikum rechts der Isar, TU München 11
B Klinikum Deggendorf 10
B Klinikum Süd der Stadt Nürnberg 10
Charité - Universitätsmedizin Berlin Campus Virchow-Klinikum
b Unfallkrankenhaus Berlin
c HELIOS Hanseklinikum Stralsund

Universitätsklinikum Frankfurt
Klinikum Kassel
Stiftungsklinikum Mittelrhein, Gesundheitszentrum Evangelisches Stift St. Martin, Koblenz
Klinikum Darmstadt
Klinikum der Julius-Maximilians-Universität Würzburg
Klinikum rechts der Isar, TU München
Klinikum Deggendorf
Klinikum Süd der Stadt Nürnberg

Altenburg
Wuppertal
Leipzig
Jena
a Universitätsklinikum
b Klinikum der Carl Gustav Carus der TU Dresden
a Universitätsklinikum Leipzig
c Klinikum der Friedrich-Schiller-Universität Jena

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Charité - Universit...
Spain had the highest organ donor rate in the world in 2011, with 35.3 donors per million population Fig. 14. The figure presents the situation in 2011. Data for 2012 were not yet available at the time of publication of this report.
Organ Transplantation

CORDULA PETERS, a trained nurse, was in her early twenties when she developed breathing problems, suddenly making every breath a struggle. Her shortness of breath persisted for many years. She depended on oxygen from a bottle to survive. Then, on August 22, 1994, she received a new lung and a new life.

She could enjoy life again to the full. And she could return to her beloved sports. Horseback riding with friends and swimming helped her get back into shape.

«Experiencing how one can once again do things is an enormous boost to one’s self-esteem.»

Cordula Peters leads a fairly normal life now. She completed training in caring for the demented and does voluntary work in this field.
In 2012 German transplant centres transplanted a total of 4,555 organs. This included 2,586 kidneys, 346 hearts, 1,097 livers (including 2 domino transplants; see explanation below), 359 lungs (in some instances combined with a heart), 161 pancreata (mostly in combination with a kidney) and six small intestines.

**Domino Transplant**

The organ removed from a recipient before the donated organ is implanted may have intact parts (heart valves, liver portions) that can be transplanted into another recipient. A domino donation is a specific type of liver donation that can be performed in accordance with the applicable legal framework.

**Liver**

Amyloidosis is a metabolic disorder of the liver that damages various organs (heart, gastrointestinal tract and peripheral nervous system). Patients with this condition would die without a liver transplant, while their own liver can be transplanted into someone else. This is possible because the liver is anatomically intact and functions well otherwise (despite the enzyme defect) and will not cause symptoms of the disease in another person for at least 20 to 30 years. Therefore, a domino transplant is an option for elderly patients with life-threatening liver failure for whom no other liver is available.

**Heart-Lung Transplants**

A lung transplant may be technically easier to accomplish by en-bloc transplantation of the lung and heart. The recipient’s own healthy heart can be donated to a patient in need of a heart transplant.
Since 1963, a total of 112,598 organs (including living donations and domino donations) have been transplanted in Germany FIG. 16. This includes over 73,000 kidneys, over 20,000 livers and over 11,000 hearts.

The number of lung and pancreas transplants remains low, totaling 4,224 and 3,311, respectively.

Organ transplantation has become an established treatment option performed by approximately 50 German hospitals.

**Eurotransplant**

*Since 1967, the non-profit Eurotransplant International Foundation (www.eurotransplant.org) has been responsible for the allocation of all organs donated for transplant after death in Austria, Belgium, Croatia, Germany, Luxembourg, the Netherlands, Hungary and Slovenia.*

All patients who are waiting for a kidney, liver, lung, heart, pancreas or small intestine transplant in the member countries - about 15,000 at present - are registered with Eurotransplant. The multinational organ-sharing network improves patients’ chances of getting an immunologically compatible organ and of being transplanted rapidly in case of urgency.

Organs are allocated to the patients on the waiting list according to predefined criteria that differ for individual organs. The most important criteria are chances of success and urgency. For Germany, allocation guidelines have been established by the Federal Medical Council (Bundesärztekammer, www.baek.de) in accordance with the German Transplant Act.*
Kidney Transplantation

The decrease in kidney transplants observed in 2011 continued in 2012. There were only 2,586 kidney transplants in 2012, after a peak of 2,937 transplants in 2010. Despite a small decline in kidney transplants after living donation in 2012, there is an overall upward trend FIG. 17.

In 2012, a total of 3,522 individuals were registered for a new kidney. These were 3,018 new registrations and 504 repeat registrations.

A repeat registration refers to organ transplant recipients who are put back on the waiting list for a second transplant of the same organ FIG. 17.

![Graph showing kidney transplants and registrations over years (2003-2012)]

**Registrations and Kidney Transplants**

<table>
<thead>
<tr>
<th>Registrations (including repeat registrations)</th>
<th>Transplants total</th>
<th>Transplants after post-mortem donation</th>
<th>Transplants after living donation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat registrations</td>
<td>466</td>
<td>516</td>
<td>523</td>
</tr>
<tr>
<td>Transplants after post-mortem donation</td>
<td>2,111</td>
<td>1,989</td>
<td>2,190</td>
</tr>
<tr>
<td>Transplants after living donation</td>
<td>405</td>
<td>490</td>
<td>522</td>
</tr>
<tr>
<td>Transplants total</td>
<td>2,516</td>
<td>2,479</td>
<td>2,712</td>
</tr>
</tbody>
</table>

1Source: Eurotransplant
Thirty-nine German transplant centers transplanted a total of 1,820 kidneys donated after death in 2012 Fig. 18.

Most kidney transplants were performed by Hannover Medical School.
There are 58 separate diagnoses in patients on the waiting list for a kidney transplant. Chronic nephritic syndrome is the most common diagnosis, accounting for 517 cases FIG. 19.

Patients on the active waiting list for a kidney are those registered with Eurotransplant who have no current health problems that would preclude transplantation.

The number of patients on the active waiting list for a kidney transplant has been relatively constant since 2010 FIG. 20.
Living-donor transplantation reduces the waiting time for a new kidney, thereby preventing the complications associated with long-term haemodialysis treatment.

In the year under review, 39 German transplant centres transplanted 766 kidneys from living donors (including blood-group-incompatible transplants) FIG. 21. Most kidney transplants (86) were performed by the Charité in Berlin (Campus Mitte and Campus Virchow) in 2012.

Case numbers of five or less are grouped (see note on page 3).

<table>
<thead>
<tr>
<th>City</th>
<th>Kidney Transplants</th>
<th>ABO-incompatible Kidney Transplants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berlin*</td>
<td>69</td>
<td>17</td>
</tr>
<tr>
<td>Heidelberg</td>
<td>47</td>
<td>10</td>
</tr>
<tr>
<td>Munich-Grosshadern</td>
<td>32</td>
<td>7</td>
</tr>
<tr>
<td>Hannover</td>
<td>31</td>
<td>13</td>
</tr>
<tr>
<td>Cologne Lindenthal</td>
<td>27</td>
<td>≤ 5</td>
</tr>
<tr>
<td>Stuttgart</td>
<td>27</td>
<td>7</td>
</tr>
<tr>
<td>Freiburg</td>
<td>26</td>
<td>10</td>
</tr>
<tr>
<td>Hann.-Muenden</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Muenster</td>
<td>25</td>
<td>≤ 5</td>
</tr>
<tr>
<td>Essen</td>
<td>24</td>
<td>≤ 5</td>
</tr>
<tr>
<td>Duesseldorf</td>
<td>23</td>
<td>≤ 5</td>
</tr>
<tr>
<td>Cologne Merheim</td>
<td>23</td>
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</tr>
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<td>6</td>
</tr>
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<td>Regensburg</td>
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<td></td>
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<tr>
<td>Tuebingen</td>
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<tr>
<td>Frankfurt/Main</td>
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<tr>
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</tr>
<tr>
<td>Aachen</td>
<td>12</td>
<td>≤ 5</td>
</tr>
<tr>
<td>Berlin**</td>
<td>12</td>
<td>≤ 5</td>
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<tr>
<td>Giessen</td>
<td>11</td>
<td>≤ 5</td>
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<tr>
<td>Halle</td>
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<td>≤ 5</td>
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<tr>
<td>Dresden</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Mannheim</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Bochum</td>
<td>8</td>
<td>≤ 5</td>
</tr>
<tr>
<td>Marburg</td>
<td>8</td>
<td>≤ 5</td>
</tr>
<tr>
<td>Kaiserslautern</td>
<td>7</td>
<td>≤ 5</td>
</tr>
<tr>
<td>Leipzig</td>
<td>7</td>
<td>≤ 5</td>
</tr>
<tr>
<td>Wuerzburg</td>
<td>7</td>
<td>≤ 5</td>
</tr>
<tr>
<td>Jena</td>
<td>6</td>
<td>≤ 5</td>
</tr>
<tr>
<td>Kiel</td>
<td>6</td>
<td>≤ 5</td>
</tr>
<tr>
<td>Bremen</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

Source: Eurotransplant

* Berlin Charité Campus Mitte and Campus Virchow Klinikum
** Berlin Charité Campus Benjamin Franklin

FIG. 21
The number of kidney transplants after living donation also continued to increase in 2012 FIG. 22.

The 5-year graft survival rate of kidneys from living donors is 87.2 percent in Germany. The rate for kidneys recovered from deceased donors is 71.1 percent FIG. 23.

The improved outcome after living donation is due to the shorter cold ischaemic time (i.e., the time during which the donor kidney is not perfused) resulting from the fact that the kidney is removed and transplanted in the same hospital.

The overall 5-year graft survival rate after kidney transplants is 74.3 percent in Germany, compared with 79.8 percent internationally. For details on the CTS see page 47.

![Diagram showing Contribution of Living Kidney Donation to Kidney Transplantation](image)

![Diagram showing Graft Survival* after Kidney Transplantation (CTS)](image)
A pancreas is usually transplanted in conjunction with a kidney from the same donor.

In 2012 there were fewer registrations for pancreas transplants, and the number of pancreas-only and combined pancreas-kidney transplants performed was also lower than in the preceding year FIG. 24.

### New Registrations and Pancreas Transplants

<table>
<thead>
<tr>
<th>Year</th>
<th>New Registrations</th>
<th>Transplant Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>161</td>
<td>155</td>
</tr>
<tr>
<td>2011</td>
<td>163</td>
<td>171</td>
</tr>
<tr>
<td>2010</td>
<td>163</td>
<td>163</td>
</tr>
<tr>
<td>2009</td>
<td>167</td>
<td>163</td>
</tr>
<tr>
<td>2008</td>
<td>171</td>
<td>163</td>
</tr>
<tr>
<td>2007</td>
<td>167</td>
<td>163</td>
</tr>
<tr>
<td>2006</td>
<td>167</td>
<td>163</td>
</tr>
<tr>
<td>2005</td>
<td>187</td>
<td>163</td>
</tr>
<tr>
<td>2004</td>
<td>190</td>
<td>208</td>
</tr>
<tr>
<td>2003</td>
<td>212</td>
<td>202</td>
</tr>
</tbody>
</table>
A pancreas-only transplant is performed after kidney transplantation or in patients suffering from severe secondary complications of diabetes mellitus. A total of 161 pancreas-only and combined pancreas-kidney transplants were performed by 24 German transplant centres in 2012 Fig. 25. Bochum has been the leading German pancreas transplant center for many years. Case numbers of five or less are grouped (see note on page 3).

**Fig. 25**

### Pancreas and Combined Pancreas-Kidney Transplants

<table>
<thead>
<tr>
<th>Transplant Centre</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bochum</td>
<td>31</td>
</tr>
<tr>
<td>Munich-Grosshadern</td>
<td>19</td>
</tr>
<tr>
<td>Heidelberg</td>
<td>17</td>
</tr>
<tr>
<td>Berlin*</td>
<td>10</td>
</tr>
<tr>
<td>Hannover</td>
<td>10</td>
</tr>
<tr>
<td>Jena</td>
<td>9</td>
</tr>
<tr>
<td>Bonn</td>
<td>8</td>
</tr>
<tr>
<td>Freiburg</td>
<td>7</td>
</tr>
<tr>
<td>Kiel</td>
<td>6</td>
</tr>
<tr>
<td>Dresden, Erlangen-Nuremberg, Essen, Frankfurt/Main, Hamburg, Cologne Lindenthal, Kaiserslautern, Leipzig, Mainz, Marburg, Munich r. d. Isar, Muenster, Regensburg, Rostock, Tuebingen</td>
<td>Cases ≤ 5</td>
</tr>
</tbody>
</table>

* Berlin Charité Campus Virchow Klinikum

A pancreas-only transplant is performed after kidney transplantation or in patients suffering from severe secondary complications of diabetes mellitus. A total of 161 pancreas-only and combined pancreas-kidney transplants were performed by 24 German transplant centres in 2012 Fig. 25. Bochum has been the leading German pancreas transplant center for many years. Case numbers of five or less are grouped (see note on page 3).

**Fig. 26**

### Indications for Pancreas Transplantation

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Diagnosis</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>E10</td>
<td>Insulin-dependent diabetes mellitus (type 1 diabetes mellitus)</td>
<td>149</td>
</tr>
<tr>
<td>K86</td>
<td>Other diseases of pancreas</td>
<td>6</td>
</tr>
</tbody>
</table>

Total: 155 cases

A patient can have more than one diagnosis. Total: 2 diagnoses in 155 cases

Source: Eurotransplant

Primary insulin-dependent diabetes mellitus (type 1 diabetes mellitus) was the most common indication for pancreas-only or pancreas-kidney transplants in 2012 Fig. 26.
The current 5-year graft survival rate after pancreas transplant is 67 percent in Germany, which is 0.7 percent below the international rate FIG. 27. For details on the CTS see page 47.
Heart Transplantation

The number of heart transplants performed is not only affected by availability of donor hearts but also by changes in the indications for heart transplants, as cardiac support devices have entered routine use and the medical treatment of heart disease has improved.

The slight downward trend in heart transplants and new registrations for heart transplants in Germany already observed for some years continued in 2012 FIG. 28.
In 2012, 22 German transplant centres performed a total of 331 heart transplants and 14 combined heart-lung transplants. Most heart transplants, 73, were performed by the centre in Bad Oeynhausen. These data do not include domino transplants.

Case numbers of five or less are grouped (see note on page 3).
As in the preceding years, cardiomyopathy was the most common indication for a heart transplant Fig. 30.

The current 5-year graft survival rate after heart transplants is 64.4 percent in Germany, compared with 72.8 percent internationally Fig. 31. For details on the CTS see page 47.
The number of liver transplants after post-mortem organ donation decreased in 2012 [FIG. 32]. The number of living segmental liver donations increased slightly. A total of 1,689 patients were newly put on the waiting list for a liver.

### New Registrations and Liver Transplants

- **2012 Germany**
- **New registrations (not including repeat registrations)**
- **Transplants total**
- **Transplants after post-mortem donation (including domino transplants)**
- **Transplants after living donation**

Source: Eurotransplant

**FIG. 32**

<table>
<thead>
<tr>
<th>Year</th>
<th>New Registrations</th>
<th>Transplants Total</th>
<th>Transplants after post-mortem donation</th>
<th>Transplants after living donation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>1,424</td>
<td>855</td>
<td>781</td>
<td>74</td>
</tr>
<tr>
<td>2004</td>
<td>1,427</td>
<td>881</td>
<td>817</td>
<td>64</td>
</tr>
<tr>
<td>2005</td>
<td>1,401</td>
<td>976</td>
<td>898</td>
<td>78</td>
</tr>
<tr>
<td>2006</td>
<td>1,636</td>
<td>1,063</td>
<td>980</td>
<td>83</td>
</tr>
<tr>
<td>2007</td>
<td>1,590</td>
<td>1,156</td>
<td>1,096</td>
<td>60</td>
</tr>
<tr>
<td>2008</td>
<td>1,649</td>
<td>1,122</td>
<td>1,067</td>
<td>55</td>
</tr>
<tr>
<td>2009</td>
<td>1,853</td>
<td>1,180</td>
<td>1,120</td>
<td>60</td>
</tr>
<tr>
<td>2010</td>
<td>1,846</td>
<td>1,283</td>
<td>1,192</td>
<td>91</td>
</tr>
<tr>
<td>2011</td>
<td>1,792</td>
<td>1,199</td>
<td>1,128</td>
<td>71</td>
</tr>
<tr>
<td>2012</td>
<td>1,689</td>
<td>1,097</td>
<td>1,019</td>
<td>78</td>
</tr>
</tbody>
</table>
In 2012, a total of 24 German transplant centres transplanted 1,017 livers donated after death (not including domino transplants) Fig. 33. The largest number of livers donated after death, 125, were transplanted by the centre in Essen.

Case numbers of five or less are grouped (see note on page 3).

### 2012 Germany

#### Liver Transplants (excluding living donation)

<table>
<thead>
<tr>
<th>Transplant Centre</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essen</td>
<td>125</td>
</tr>
<tr>
<td>Heidelberg</td>
<td>106</td>
</tr>
<tr>
<td>Hannover</td>
<td>88</td>
</tr>
<tr>
<td>Berlin*</td>
<td>71</td>
</tr>
<tr>
<td>Hamburg</td>
<td>68</td>
</tr>
<tr>
<td>Aachen</td>
<td>64</td>
</tr>
<tr>
<td>Leipzig</td>
<td>61</td>
</tr>
<tr>
<td>Tuebingen</td>
<td>53</td>
</tr>
<tr>
<td>Munich-Grosshadern</td>
<td>48</td>
</tr>
<tr>
<td>Jena</td>
<td>47</td>
</tr>
<tr>
<td>Regensburg</td>
<td>45</td>
</tr>
<tr>
<td>Muenster</td>
<td>35</td>
</tr>
<tr>
<td>Mainz</td>
<td>34</td>
</tr>
<tr>
<td>Frankfurt/Main</td>
<td>32</td>
</tr>
<tr>
<td>Munich r. d. Isar</td>
<td>31</td>
</tr>
<tr>
<td>Kiel</td>
<td>28</td>
</tr>
<tr>
<td>Bonn</td>
<td>17</td>
</tr>
<tr>
<td>Goettingen</td>
<td>15</td>
</tr>
<tr>
<td>Magdeburg</td>
<td>14</td>
</tr>
<tr>
<td>Homburg/Saar</td>
<td>10</td>
</tr>
<tr>
<td>Wuerzburg</td>
<td>10</td>
</tr>
<tr>
<td>Cologne Lindenthal</td>
<td>8</td>
</tr>
<tr>
<td>Erlangen-Nuremberg, Rostock</td>
<td>Cases ≤ 5</td>
</tr>
</tbody>
</table>

* Berlin Charité Campus Virchow Klinikum

Source: Eurotransplant
Living segmental liver donation accounted for 7.1 percent of all liver transplants performed in 2012 FIG. 35.

Segmental liver transplantation is an important component of the management of patients with liver disease. Until a few years ago, this type of living-donor transplant was performed exclusively in children, but it has since become a valid treatment option for adults as well.

Alcoholic liver disease was the most common indication for a liver transplant in the year under review FIG. 34.
In the year under review, twelve German transplant centres performed 78 living-donor segmental liver transplants. Most liver transplants, 13 each, were performed in Essen and Hannover. These data do not include domino transplants.

Case numbers of five or less are grouped (see note on page 3).

In Germany, the 5-year graft survival rate for livers donated after death is 53.4 percent – compared with 58.9 percent for living-donor segmental liver transplantation. The overall 5-year graft survival rate after liver transplants is 53.8 percent in Germany, compared with 66.1 percent internationally. For details on the CTS see page 47.

*according to Kaplan-Meier

**FIG. 36**

Transplants after Living Segmental Liver Donation

<table>
<thead>
<tr>
<th>NUMBER PER TRANSPLANT CENTRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essen</td>
</tr>
<tr>
<td>Hannover</td>
</tr>
<tr>
<td>Jena</td>
</tr>
<tr>
<td>Berlin*</td>
</tr>
<tr>
<td>Kiel</td>
</tr>
<tr>
<td>Regensburg</td>
</tr>
<tr>
<td>Tuebingen</td>
</tr>
<tr>
<td>Aachen, Frankfurt/Main, Hamburg, Heidelberg, Mainz</td>
</tr>
</tbody>
</table>

Source: Eurotransplant

**FIG. 37**

Graft Survival* after Liver Transplantation (CTS)

In Germany, the 5-year graft survival rate for livers donated after death is 53.4 percent – compared with 58.9 percent for living-donor segmental liver transplantation. The overall 5-year graft survival rate after liver transplants is 53.8 percent in Germany, compared with 66.1 percent internationally. For details on the CTS see page 47.

*according to Kaplan-Meier
As in the preceding year, 435 patients were newly registered for a lung transplant in 2012. The number of lung transplants again increased markedly.

**FIG. 38**

**New Registrations and Lung Transplants**

As in the preceding year, 435 patients were newly registered for a lung transplant in 2012. The number of lung transplants again increased markedly.

**FIG. 38**

<table>
<thead>
<tr>
<th>Year</th>
<th>New registrations (not including repeat registrations)</th>
<th>Transplants total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>353</td>
<td>212</td>
</tr>
<tr>
<td>2004</td>
<td>405</td>
<td>240</td>
</tr>
<tr>
<td>2005</td>
<td>388</td>
<td>262</td>
</tr>
<tr>
<td>2006</td>
<td>396</td>
<td>253</td>
</tr>
<tr>
<td>2007</td>
<td>448</td>
<td>284</td>
</tr>
<tr>
<td>2008</td>
<td>442</td>
<td>270</td>
</tr>
<tr>
<td>2009</td>
<td>443</td>
<td>272</td>
</tr>
<tr>
<td>2010</td>
<td>416</td>
<td>298</td>
</tr>
<tr>
<td>2011</td>
<td>435</td>
<td>337</td>
</tr>
<tr>
<td>2012</td>
<td>435</td>
<td>359</td>
</tr>
</tbody>
</table>

(Source: Eurotransplant)
In 2012 a total of 357 lungs were transplanted by 14 German centres FIG. 39. These data do not include transplants after domino donation.

Case numbers of five or less are grouped (see note on page 3).

The most common indication for lung transplantation was chronic obstructive pulmonary disease FIG. 40.

<table>
<thead>
<tr>
<th>2012 GERMANY</th>
<th>Lung Transplants (including Heart-Lung)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number per transplant centre n=357*</td>
</tr>
<tr>
<td>Hannover</td>
<td>133</td>
</tr>
<tr>
<td>Munich-Grosshadern</td>
<td>73</td>
</tr>
<tr>
<td>Berlin DHZ</td>
<td>31</td>
</tr>
<tr>
<td>Leipzig</td>
<td>30</td>
</tr>
<tr>
<td>Freiburg</td>
<td>17</td>
</tr>
<tr>
<td>Giessen</td>
<td>15</td>
</tr>
<tr>
<td>Homburg/Saar</td>
<td>14</td>
</tr>
<tr>
<td>Jena</td>
<td>14</td>
</tr>
<tr>
<td>Essen</td>
<td>8</td>
</tr>
<tr>
<td>Hamburg</td>
<td>8</td>
</tr>
<tr>
<td>Mainz</td>
<td>6</td>
</tr>
<tr>
<td>Muenster</td>
<td>6</td>
</tr>
<tr>
<td>Bad Oeynhausen, Kiel</td>
<td>Cases ≤ 5</td>
</tr>
</tbody>
</table>

Source: Eurotransplant *not including living donation

FIG. 39

<table>
<thead>
<tr>
<th>2012 GERMANY</th>
<th>Indications for Lung Transplantation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The most common ICD-10 diagnoses in new registrations for lung transplants n=435</td>
</tr>
<tr>
<td>J44</td>
<td>Other chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td>J81</td>
<td>Pulmonary oedema</td>
</tr>
<tr>
<td>J84</td>
<td>Other interstitial pulmonary disease</td>
</tr>
<tr>
<td>E84</td>
<td>Cystic fibrosis</td>
</tr>
<tr>
<td>J98</td>
<td>Other respiratory disorders</td>
</tr>
<tr>
<td>E88</td>
<td>Other and unspecified metabolic disorders</td>
</tr>
<tr>
<td>Q27</td>
<td>Other congenital malformations of peripheral vascular system</td>
</tr>
<tr>
<td>D86</td>
<td>Sarcoidosis</td>
</tr>
<tr>
<td>J47</td>
<td>Bronchiectasis</td>
</tr>
<tr>
<td>J27</td>
<td>Other pulmonary heart diseases</td>
</tr>
</tbody>
</table>

421

A patient can have more than one diagnosis. Total: 16 diagnoses in 435 cases

Source: Eurotransplant

FIG. 40
The current 5-year graft survival rate after lung transplants is 48.7 percent in Germany, compared with 54.4 percent internationally FIG. 41. For details on the CTS see page 47.
Small Intestine Transplantation

Small intestine transplantation is indicated in patients suffering from certain forms of short-bowel syndrome. These develop after repeated surgical resection for inflammatory bowel disease or after thrombotic occlusion of the veins draining the small intestine. Small intestine transplantation used to be associated with a number of surgical difficulties, with rejection representing a major obstacle. The experience in recognising and treating immunological problems occurring in small intestine recipients has increased as have the surgical skills.

A total of six small intestines were transplanted in Germany in 2012.
The Collaborative Transplant Study

**FIG. 43** presents the results of the Collaborative Transplant Study (CTS) of the last ten years. The graph represents the graft survival rates by organ in Germany.

The CTS is an ongoing international study of multicentre data that was initiated in 1982 and aims at identifying factors having positive and negative effects on the outcome of organ transplants.

The CTS is coordinated by the Dept. of Transplant Immunology of the University of Heidelberg, Germany. The study is conducted at over 400 transplant centres in 43 countries. To date, extensive data on over 500,000 transplants have been compiled for scientific investigation. More information is available at www.ctstransplant.org.

The DSO thanks Professor Dr. Gerhard Opelz and the CTS team for providing data for this annual report.

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Since January 1, 2010, the Aqua-Institut GmbH, on behalf of the Federal Joint Committee (Gemeinsamer Bundesausschuss, G-BA), has been responsible for quality assurance in Germany.

Quality assurance reports on transplant medicine are available at www.sqq.de/themen/qualitaetsreport.
### Capital Account

#### as of Dec. 31, 2011

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EUR</td>
<td>EUR</td>
</tr>
<tr>
<td><strong>Fixed assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Software</td>
<td>1,067,703.00</td>
<td>1,481,909.00</td>
</tr>
<tr>
<td><strong>Tangible assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real estate and buildings</td>
<td>10,583,703.99</td>
<td>10,970,121.99</td>
</tr>
<tr>
<td>Outside facilities</td>
<td>51,409.00</td>
<td>55,187.00</td>
</tr>
<tr>
<td>Vehicles</td>
<td>7,728.00</td>
<td>15,224.00</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>1,079,612.00</td>
<td>1,165,463.00</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>0.00</td>
<td>11,722,452.99</td>
</tr>
<tr>
<td></td>
<td>12,790,155.99</td>
<td>13,698,674.49</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td>200,579.50</td>
<td>208,645.62</td>
</tr>
<tr>
<td>Accounts receivable and other assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables from services rendered</td>
<td>5,233,610.20</td>
<td>5,588,825.53</td>
</tr>
<tr>
<td>Receivables from per-case compensations</td>
<td>854,704.05</td>
<td>145,689.30</td>
</tr>
<tr>
<td>Other assets</td>
<td>1,458,733.45</td>
<td>7,547,047.70</td>
</tr>
<tr>
<td><strong>Cash resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>5,688.88</td>
<td>7,779.43</td>
</tr>
<tr>
<td>Bank deposits</td>
<td>11,120,070.56</td>
<td>11,125,759.44</td>
</tr>
<tr>
<td></td>
<td>19,856,386.64</td>
<td>19,836,639.45</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>179,780.19</td>
<td>169,136.44</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>32,826,322.82</td>
<td>33,704,450.38</td>
</tr>
<tr>
<td>Trust assets</td>
<td>1,841,203.31</td>
<td>1,007,394.22</td>
</tr>
<tr>
<td>------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td></td>
<td>EUR</td>
<td>EUR</td>
</tr>
<tr>
<td></td>
<td>EUR</td>
<td>EUR</td>
</tr>
<tr>
<td>Capital resources</td>
<td>EUR</td>
<td>EUR</td>
</tr>
<tr>
<td>Endowment funds</td>
<td>511,291.88</td>
<td>511,291.88</td>
</tr>
<tr>
<td>Reserves</td>
<td>EUR</td>
<td>EUR</td>
</tr>
<tr>
<td>Reserve for funds used</td>
<td>16,401,740.67</td>
<td>16,103,491.75</td>
</tr>
<tr>
<td>Investment reserve</td>
<td>441,397.08</td>
<td>601,200.00</td>
</tr>
<tr>
<td>Project reserve</td>
<td>546,726.09</td>
<td>1,743,930.28</td>
</tr>
<tr>
<td>Operating expenses reserve</td>
<td>3,724,523.61</td>
<td>21,114,387.45</td>
</tr>
<tr>
<td></td>
<td>21,625,679.33</td>
<td>22,270,589.30</td>
</tr>
<tr>
<td>Long-term provisions</td>
<td>EUR</td>
<td>EUR</td>
</tr>
<tr>
<td>Pension provisions</td>
<td>2,488,859.60</td>
<td>2,016,134.35</td>
</tr>
<tr>
<td>Other provisions</td>
<td>5,128,281.74</td>
<td>7,617,141.34</td>
</tr>
<tr>
<td>Liabilities</td>
<td>EUR</td>
<td>EUR</td>
</tr>
<tr>
<td>Liabilities towards banks</td>
<td>5.02</td>
<td>0.00</td>
</tr>
<tr>
<td>Liabilities from supplies and services</td>
<td>2,336,772.41</td>
<td>2,270,377.46</td>
</tr>
<tr>
<td>Liabilities from per-case compensations</td>
<td>870,281.71</td>
<td>1,238,900.31</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>356,971.81</td>
<td>3,564,030.95</td>
</tr>
<tr>
<td>Deferred income</td>
<td>EUR</td>
<td>EUR</td>
</tr>
<tr>
<td></td>
<td>19,471.20</td>
<td>57,762.23</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>EUR</td>
<td>EUR</td>
</tr>
<tr>
<td></td>
<td>32,826,322.82</td>
<td>33,704,450.38</td>
</tr>
<tr>
<td>Trust liability</td>
<td>EUR</td>
<td>EUR</td>
</tr>
<tr>
<td></td>
<td>1,841,203.31</td>
<td>1,007,394.22</td>
</tr>
</tbody>
</table>
## Profit and Loss Account
from Jan. 1 to Dec. 31, 2011

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EUR</td>
<td>EUR</td>
</tr>
<tr>
<td><strong>Compensation for transplantations</strong></td>
<td>42,577,834.34</td>
</tr>
<tr>
<td><strong>Income from interest payments</strong></td>
<td>191,055.94</td>
</tr>
<tr>
<td><strong>Other operating income</strong></td>
<td>2,586,123.63</td>
</tr>
<tr>
<td><strong>Cost of materials</strong></td>
<td>1,664,405.90</td>
</tr>
<tr>
<td><strong>Personnel costs</strong> including external personnel</td>
<td>19,943,430.97</td>
</tr>
<tr>
<td><strong>Allowance for depreciation</strong> of intangible and tangible assets</td>
<td>1,101,803.42</td>
</tr>
<tr>
<td><strong>Laboratory costs</strong></td>
<td>3,371,639.79</td>
</tr>
<tr>
<td><strong>Organ procurement and transport</strong></td>
<td>13,421,250.70</td>
</tr>
<tr>
<td><strong>Interest payments</strong></td>
<td>191,350.10</td>
</tr>
<tr>
<td><strong>Rent and other facilities expenses</strong></td>
<td>1,059,286.43</td>
</tr>
<tr>
<td><strong>Other costs</strong></td>
<td>5,233,794.40</td>
</tr>
<tr>
<td><strong>Extraordinary expenses</strong></td>
<td>28,990.25</td>
</tr>
<tr>
<td></td>
<td>-660,938.05</td>
</tr>
<tr>
<td><strong>Donations and allowances received</strong></td>
<td>16,028.08</td>
</tr>
<tr>
<td><strong>Annual net profit/net loss</strong></td>
<td>-644,909.97</td>
</tr>
<tr>
<td><strong>Utilization</strong></td>
<td></td>
</tr>
<tr>
<td>of investment reserve</td>
<td>298,248.92</td>
</tr>
<tr>
<td>of project reserve</td>
<td>1,320,865.92</td>
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<tr>
<td>of reserve for operating expenditures</td>
<td>2,998,457.39</td>
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<tr>
<td><strong>Dissolution</strong></td>
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<tr>
<td>of investment reserve</td>
<td>250,000.00</td>
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<tr>
<td>of project reserve</td>
<td>340,538.27</td>
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<tr>
<td>of reserve for operating expenditures</td>
<td>312,218.00</td>
</tr>
<tr>
<td><strong>Allocation to</strong></td>
<td></td>
</tr>
<tr>
<td>reserve for funds used</td>
<td>298,248.92</td>
</tr>
<tr>
<td>investment reserve</td>
<td>388,446.00</td>
</tr>
<tr>
<td>project reserve</td>
<td>464,200.00</td>
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<tr>
<td>operating expenses reserve</td>
<td>3,724,523.61</td>
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<tr>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Annual net profit/net loss of the foundation trust</strong></td>
<td>780,653.06</td>
</tr>
</tbody>
</table>