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## TRANSPLANT TOURISM: DATA ESSENTIAL TO GOOD CARE

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OVER a quarter of patients returning to Australia after receiving an organ transplantation overseas will experience complications, including bacterial and viral infections, according to research published online today by the *Medical Journal of Australia*.

Until now, data about Australians going overseas for organ transplantation has been hard to come by, according to the authors of the research, led by Professor Toby Coates, Professor of Medicine – Transplantation at the University of Adelaide's Royal Adelaide Hospital campus.

"In contrast to transplantations performed in Australia, there is no systematic registration of Australian patients who have received a transplant overseas and no specific mechanism for collecting data on such patients," Coates and colleagues wrote.

The authors distributed a survey to all 540 registered Australian nephrologists and transplant physicians and surgeons through the Transplantation Society of Australia and New Zealand (TSANZ) and the Australia and New Zealand Society of Nephrology (ANZSN). They asked for information about patients who had considered or actually travelled overseas for transplantation (kidney or other organ). Secondary outcomes included their characteristics, subsequent medical complications, and a comparison of our data with data on overseas transplantations in the Australia and New Zealand Dialysis and Transplant Registry (ANZDATA) registry.

"Most responders (133, 68%) reported having discussed overseas travel for transplantation with at least one patient, and 105 (53%) had cared for at least one patient after an overseas transplantation," Coates and colleagues found. "For the 129 reported overseas transplantations (including 121 kidney transplantations) during 1980–2018, China (40, 31%), India (10, 16%), and Pakistan (11, 9%). were the most frequent destinations. Most organ recipients were born in countries other than Australia (119, 93%); 50 were transplanted in their countries of birth (39%).

"Complications following overseas transplantation were frequent, including bacterial and viral infections (33 patients, 26%)."

The authors pointed out that people who travel overseas for organ transplantation "may acquire organs by gaining access to local waiting lists for organs from deceased donors, by receiving an organ from a related or unrelated living donor, or through illegal organ trading".

"International travel for transplantation sometimes involves illegal activities, such as trafficking in organs or trafficking in humans for organ removal."

Better data collection was essential to being able to advise and treat patients considering or returning from overseas transplantation, Coates and colleagues wrote.

"Our findings suggest that routine reporting of these events needs to be improved in order to collect detailed data on factors that influence such activity and facilitate international travel for obtaining organ transplants, as well as about the choice of destination and the outcomes of overseas transplantation," they concluded.

"More systematic data collection could provide information for informing strategies that support clinicians and patients when making decisions about overseas travel for organ transplantation and care for people who intend to or have travelled abroad for this purpose."

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