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Session Title : Organ Transplantation state in Southeast Asia

Organ Transplantation State in the Philippines

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Data from the Philippine Renal Disease Registry (PRDR) show that about five thousand new patients are diagnosed with ESRD and start dialysis in the Philippines yearly. Chronic kidney disease and its complications was ranked the fourth most common cause of death in the country in 2019. Less than 2% undergo kidney transplantation, and the vast majority are on hemodialysis. There are 31 accredited kidney transplant centers, but procedures are actively done in only 21. About 500 procedures are done per year, and 90% of kidney transplants are performed in the National Capital Region, mainly in our center, the National Kidney and Transplant Institute, and in three other private hospitals. Almost all transplant recipients are given induction therapy with either Basiliximab or rATG, and oral immunosuppression of tacrolimus, mycophenolate mofetil and steroids. Highly sensitized patients undergo desensitization with Rituximab, plasmapheresis, low dose IvIg and rATG with good outcomes. Our 5-year overall death censored graft survival rate is 95.7%. In 2022, our BPAR rate was 6.7%. We have performed only 1 ABO incompatible kidney transplant. In the last 2 decades, deceased donors comprised less than 10% of the kidney transplants. There is a 1.3:1 ratio between living related and living non-related kidney donors. The minimum age requirement was increased to 21 years old in 2022, and all transplants with a living donor, regardless of relationship, have to be approved by the Hospital Transplant Ethics Committee. Foreign nationals can only have their transplants with their living related donors. In our center, laparoscopic nephrectomy is performed in 65% of patients, although for centers outside of the National Capital Region, open donor nephrectomy is more common. There is a consistently high proportion of male donor to male recipient living donor kidney transplants. At 1 year follow-up, most donors in our center have an eGFR of >60 ml/min/1.73m². The numbers of deceased organ donor transplants have remained low. A system dividing the different regions in the country into zones assigned to different organ procurement organizations has remained non-functional, and only one OPO, the National Kidney and Transplant Institute, has been actively involved in procurement. Referrals for deceased donors is not mandatory. Allocation is performed by the Philippine Network for Organ Sharing (PHILNOS). Currently, there are only 224 active patients in the national waiting list for kidneys and 11 for liver. Since 1998, our center has performed 34 liver transplants from deceased donors, and 1 simultaneous kidney-pancreas

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transplant. Training and simulations by the heart and lung transplant teams are underway and we hope to perform multi-organ transplants very soon. Government insurance offers transplant benefit package of 13,000 USD for the kidney transplant of standard immunologic risk patients, while it also pays for 156 sessions of hemodialysis (7,200 USD) per patient per year. In 2020, a government-commissioned cost-effectiveness study showed that shifting to a PD-First policy provides better value-for-money, followed by a PD-first policy combined with pre-emptive transplantation. With Universal Health Care, renal service capability plans include the promotion of organ donation from primary health care facilities to Level 2 hospitals and the performance of low-risk kidney transplants in regional hospitals. Our transplant community continues to advocate for increasing public awareness about kidney transplantation and organ donation, legislation of an opt-out policy for deceased organ donation, a mandatory referral system for deceased donors, continued vigilance against commercial living organ donors, capacitating regional transplant centers, and increasing government funding for transplantation.