

LETTER TO THE EDITORS

Reply to Chen et al.

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Dear Editor,

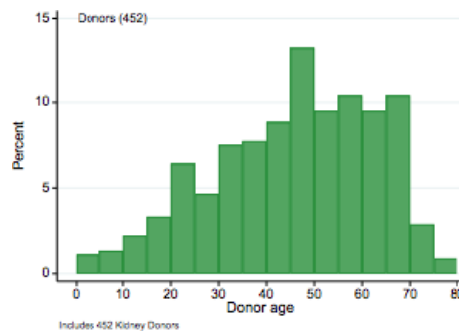
We write to express our concerns over the recently published paper by Chen *et al.*, “Outcomes in kidney transplantation with mycophenolate mofetil-based maintenance immunosuppression in China: a large-sample retrospective analysis of a national database” and request details of the kidney procurement process in DCD or DCBD donors in relation to the short WIT” (*Transplant International* 2020, <https://doi.org/10.1111/tri.13566>).

There are two anomalies in the paper that warrant further investigation, given ongoing concerns about both the publication of papers reporting on transplants that use organs procured from executed prisoners [1] and the falsification of Chinese transplant data on national and other datasets [2].

The first concerns demographic characteristics of the deceased donors. The authors report that the mean donor age of the DCD donors was 39 years, that of the DCBD donors was 34.8 years, and the mean age for all deceased donors was 37.0 years. No further data is provided about the distribution of donors in various age brackets.

These ages are unusually young by international standards. For example:

- In Canada the mean age of DCD kidney donors between 2013 and 2018 was 53 years [3];
- In the UK, the mean age of DCD kidney donors between 2004 and 2009 was 45.5 years [4];
- In the US in 2019, 63% of deceased kidney donors were aged over 35 years, with 37% aged below [5].
- In Australia, the age profile of deceased donors is similarly skewed to older age groups [6]:



Can the authors explain why the mean age of their donor pool is so low by international standards, provide a further breakdown of donor characteristics, and indicate causes of death?

The second anomaly concerns warm ischemic times [WIT as defined as the time from withdrawal of life-sustaining measures to cold organ flush (see e.g. Law *et al.* [3]; Gill *et al.* [7])].

For the DCD donors in the Chen *et al.* paper, the WIT was 5 min; for the DCBD, the WIT was 7.6 min. The percentages of donors with WIT greater than 30 min was 0.3% for the DCD cases, and 1.1% for the DCBD.

These times are short by international standards. For instance:

- In Canada, a recent study of DCD kidney donors reported that 53% had WITs greater than 30 min – i.e. two orders of magnitude greater than in the study reported by Chen *et al.*;
- In the US, in a study including 15 467 kidneys from DCD donors, WITs ranged from 10 to 174 min. The 50th, 75th, and 90th percentiles of WIT were 26, 34, and 48 min, respectively [7].
- In the UK, median asystolic warm ischaemic period in the UK is 14 min (interquartile range 11–17 min; Summers *et al.* [8]). Note that these shorter WITs in the UK are associated with a different definition of WIT calculated from asystole rather than withdrawal of life sustaining treatment, but even using this definition, the UK times are nearly three times greater than those reported in Chen *et al.*

Given these significant discrepancies, can the authors explain how they are defining and measuring WIT, and why it is short by international standards?

We urge you undertake this investigation because the young age of donors and short WITs are consistent with procuring organs from intentionally killed prisoners rather than from persons who are dying of trauma or natural causes. Without adequate explanations from the authors, it is possible that this paper is in breach of international standards prohibiting the publication of research based on the use of organs procured from executed prisoners.

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