questions about attitude toward living donation and other psicosocial variables. The self-administered questionnaire was completed anonymously. Statistics: SPSS database (version 21.0). Descriptive analysis, t-Student test and Chi-square test.
Results: The questionnaire completion rate was 84% (n = 351). Regarding living kidney donation (LKD), 88% (n = 310) of people favored it, although only 3% in unrelated cases. For living liver donation (LLD), 89% (n = 311) were in favor of related donation, but also only 3% were in favor if it was unrelated. The favorable attitude towards LKD and LLD are associated with having a favorable attitude to the organs of a relative (p = 0.031 and p = 0.045, respectively), having received information about ODT through television (p = 0.016; p = 0.045) and friends (p = 0.017 and p = 0.03), accepting the autopsy after death (p = 0.001 and p = 0.002), and have no interest in the scars (p = 0.015; p = 0.044). In the multivariate analysis persist as significant variables: having received information about ODT on television (Odds Ratio (OR) 2), through friends (OR 10.3), and accepting the autopsy (OR 2).
Conclusions: Related living donation is well accepted among the elderly on the Southeast of Spain. However, there is not acceptance of unrelated living donation.

LBP074 PRINCIPLES OF "ENHANCED RECOVERY AFTER SURGERY" REDUCES LENGTH OF STAY AND SEVERE COMPLICATIONS AFTER ORTHOTOPIC LIVER TRANSPLANTATION

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Enhanced recovery after surgery (ERAS) has been shown to reduce morbidity and length of hospital stay without compromising patient safety and increasing readmissions. The principles of ERAS have been applied to still more advanced procedures. In this study we report the results of implementing ERAS in liver transplant (LTx) recipients.
Material: A retrospective study of 98 consecutive patients undergoing LTx after ERAS principles during 2015 and 2016 comparing 81 patients from two previous years 2011 and 2012 was undertaken. Re- and pediatric transplant patients were excluded. Primary endpoint was length of stay and secondary complications by the Dindo-Clavien classification. Ordinal logistic regressions were done to assess complications. Multiple linear regression was used to analyze the impact of ERAS on length of stay after adjusting for predefined covariates.
Results: Patients in the ERAS group had lower admission time (22 days, 95% CI: 20–25 vs 30, 95% CI: 25–35, p = 0.005) after adjusting for age, Eurotransplant Donor Risk Index, and pre-LTx MELD. There was no difference in graft survival at one year (ERAS 90%, 95% CI 83–95% vs 95%, 95% CI: 87–98; p = 0.3). ERAS patients had fewer severe complications (coeff. -3.7, 95% CI: -1.2 to -0.1), but the same number of complications overall (coeff. -0.3, 95% CI: -0.8 to 0.2).
Conclusion: ERAS principles were safe, reduced length of hospital stay and severe complications in orthotopic liver transplantation. The principles of enhanced recovery after surgery must be applied to all surgical procedures.

LBP075 ETHICAL, LEGAL AND PSYCHOSOCIAL ASPECTS OF GLOBAL KIDNEY EXCHANGE: OPPORTUNITY OR EXPLOITATION?

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In this presentation we consider the ethical, legal and psychosocial aspects of 'Global Kidney Exchange' (GKE) proposed by Rees et al, now being carried out in a number of countries. This is the only living donor exchange programme in the world that takes financial benefits of kidney transplantation as compared to dialysis into consideration. Many organizations have raised concerns about this programme including the Council of Europe and the TTS. They state, amongst others, that GKE violates the non-payment principle and may coerce or exploit donors in low and middle income countries. We review the considerations and arguments both for and against. We argue that many of the concerns raised are broadly applicable to living donation and although they can be applied to GKE, these objections are not specific to GKE. An example includes whether or not satisfactory follow-up care can be guaranteed for donors and recipients. Donor assessment, informed consent and long-term follow-up are pertinent issues, however, not necessarily insurmountable hurdles. Recently developed tools could be further adapted for donor screening specifically in the context of GKE. Another concern raised is the potential for organ trade and exploitation. We argue that GKE may have the potential to reduce disparities in access to transplantation, and thus may contribute to the prevention of organ trafficking, rather than being a constituent of it. However, a concern remains GKE's ability to cope with states where corruption is high and where a black market in organs exists. Further exploration of and dialogue on the ethical, legal and psychological barriers, conditions and potential solutions is needed. Additionally, publication of case studies and evaluations of patients and donors who have undergone transplantation/donation through the GKE programme are needed to add insights and further refine this model.

LBP076 CASE REPORT: SERIOUS ADVERSE REACTION OF PANCREAS ADENOCARCINOMA TRANSMISSION IN CADAVERIC KIDNEY RECIPIENT - PERSPECTIVE OF A TRANSPLANT COORDINATING INSTITUTION

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We present a case report of a serious adverse reaction of pancreas adenocarcinoma tumour transmission in a cadaveric kidney recipient from the perspective of a transplant coordinating institution.

With careful donor selection risk of neoplastic diseases transmission in organ donor recipients remains small but nevertheless important with potentially serious consequences for recipient. In this case donor tumour was diagnosed after donor autopsy and reported to recipient centre with final autopsy results 1 month after implantation of the kidney. After being made aware of tumour risk transmission the kidney recipient opted not to have transplant nephrectomy performed immediately. Signs of adenocarcinoma in transplant kidney were found on imaging 15 months later and recipient then opted to have transplant nephrectomy performed. Follow-up tests revealed no further metastasis and the recipient was again registered on kidney transplant waitlist. Subsequently legal proceedings were initiated by the recipient against the transplant coordinating institution and transplant centre concerning serious adverse reaction preventability. We review biovigilance and surveillance procedures involved in evaluation of this particular serious adverse reaction and discuss ethical and legal aspects of subsequent proceedings in regard to safety and quality of organ transplantation.

LBP077 ACUTE KIDNEY INJURY IN PATIENTS WITH ISCHAEMIC CHOLANGIOPATHY POST LIVER TRANSPLANTATION: THE ISCHEMIA RIPERFUSION INJURY AS A COMMON PATHOGENETIC MECHANISM

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Background: The damage following ischaemia-reperfusion injury (IRI) after transplant seems to play a role on the pathogenesis of local (ischaemic cholangiopathy-IC) and remote organ (acute kidney injury-AKI) complications after liver transplantation (LT). Aim of the study was to evaluate this relationship.
Methods: Sixty-two consecutive LT patients with common bile duct sample retrieved after liver graft reperfusion, before biliary anastomosis (2014–2015) were enrolled. The occurrence of post-tx IC was recorded and related to post-tx bile duct injury. The occurrence of AKI (KDIGO 2012 GL) in the first-week post-tx was also recorded. Histologic examination and immunohistochemistry of the common bile duct were conducted to evaluate bile duct injury (Biliary epithelial cell loss, Mural stroma necrosis, Inflammation, Peribiliary vascular plexus damage, Arteriolonecrosis, Thrombosis, Periluminal, and deep peribiliary glands damage), apoptosis, and proliferation of cholangiocytes in peribiliary glands.
Results: Five patients (8.1%) developed IC (4 DCD, 1 DBD). The 4 DCD patients showed severe post-tx histological damage defined as combined damage of mural stroma (necrosis > 50%), perivascular plexus and peribiliary glands (p = 0.018), longer agonal phase (25 vs 16 min, p = 0.048), asystolic phase (34 vs 27 min, p = 0.039) and dWIT (59, vs 41 min, p = 0.015), higher post-tx peak AST (328 vs 55 min, p = 0.042).

All the 5 IC patients, with median pre-tx creatinine 0.9 mg/dL, developed post-tx AKI (2 pts Stage 1, 1 pt Stage 2 and 2 pts Stage 3). No differences in apoptosis and proliferation were detected.
Conclusion: The occurrence of IC is characterized by more severe damage related to the IRI and is more frequent in DCD patients. The development of AKI, despite normal pre-tx renal function in all these patients supports the hypothesis of a common pathogenetic mechanism mediated by IRI, that acts both at the local and remote organ level.

The evaluation of VEGF and HIFs (under completion) will further clarify the underlying mechanisms.

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