

## An updated Iranian Model in kidney transplantation: Rewarded gifting a practical solution to kidney shortage crisis

Ghahramani has presented a biased aspect of Iranian Model in kidney transplantation<sup>(1)</sup>. He ignores the advantages and the recent upgrade of this model that has been appreciated by others around the world<sup>(2,3)</sup>. Kidney Shortage is a global problem and is growing alarmingly<sup>(2)</sup>. Countries with the most sophisticated and expensive health care systems, including those with full support of the deceased program have not been able to eliminate living transplantation. The waiting list consists of more than 100000 recipients in the U.S. and 4000 recipients have died each year while on the list. Advocates of “only deceased and related transplantations” ignore the lives of recipients who die while on the waiting list<sup>(2,3)</sup>. The Iranian Model and first living unrelated transplantation program started at Shahid Labbafinejad Hospital (from spouse and other unrelated donors). All transplant cases are registered at the CTS registry in Heidelberg (Simforoosh et.al.)<sup>(4)</sup>. Successful results in other centers have been achieved due to using the Iranian Model. There is no doubt that Iran, with using living related and unrelated kidney transplantation, has the shortest waiting list in the world due to the use of all potential sources for kidney transplantation<sup>(2,3)</sup>. The exception is the program in Shiraz, Iran, which has the longest waiting list in Iran, approximately two years. Many recipients from the Shiraz Province have had transplantations in Shahid Labbafinejad Hospital center as well as other centers; because they could no longer wait for a deceased donor in Shiraz. In contrast to the conclusion made by Ghahramani<sup>(1)</sup>, our experience reveals that having regulated paid living donation does not inhibit deceased donor program growth. Last year, with a total of 4500 kidney transplantations in our center we transplanted 123 cadaver transplants with 122 living unrelated transplantations which were all done by laparoscopic donor nephrectomy with excellent results in both groups. Patients in our list receive transplantations in just a few months, and for many recipients, especially children, pre-emptive kidney transplantation is performed without performing dialysis<sup>(5)</sup>. In brief the “Upgraded Iranian Model of Kidney Transplantation” includes the following characteristics:

- Transplantation for citizens of other countries is strictly illegal except for countries with no transplant program like Afghanistan, which needs written permission from the Ministry of Health (MOH).
- Cadaver transplantations are the first priority.
- Living kidney transplantations, related or unrelated, is also performed to further decrease the time on the waiting list.
- Kidney transplantations are only done at the university and governmental hospitals. Private hospitals are banned by law to undertake kidney transplantations in Iran.
- Donors are paid by the government and recipients under control of the MOH and the Dialysis and Transplant Patient Association (DATPA) Encourage Donation Program. Hospitals and medical teams are not allowed to have any financial intervention in donations.

The Ministry of Health and Education and the DATPA control the system. We recommend other countries to consider the above model to save the lives of thousands of recipients currently on the waiting list.

### REFERENCES

1. Ghahramani N. Paid Living Donation and Growth of Deceased Donor Programs. *Transplantation*. 2016 ; 100: 1165-9
2. Bastani B. The worsening transplant organ shortage in USA; desperate times demand innovative solutions. *J Nephrothol*. 2015; 4: 105-9.
3. Rosenberg T. Need a kidney? Not Iranian? You'll wait. *The New York Times*. 2015 <http://opinionator.blogs.nytimes.com/2015/07/31/need-a-kidney-not-iranian-youll-wait>.
4. Simforoosh N, Basiri A, Fattahi MR, Einollahi B, Firouzan A, Pour-Reza-Gholi F, Nafar M, Farrokhi F. Living unrelated versus living related kidney transplantation: 20 years' experience with 2155 cases. *Transplant Proc*. 2006; 38: 422-5.
5. Pour-Reza-Gholi F, Nafar M, Simforoosh N, Einollahi B, Basiri A, Firouzan A, AlipourAbedi B, Farhangi S. Is preemptive kidney transplantation preferred? Updated study. *Urol J*. 2007; 4: 155-8

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