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Letter to the Editor

Comment on the Article “On Patients Who Purchase Organ Transplants Abroad”

To the Editor:

Because transplant tourism (TT) provides patients with opportunities to obtain organ transplants illicitly in foreign countries, it has provoked considerable concern worldwide. Information about global activities and trends in TT is essential to raise awareness and to prepare responses that will prevent the occurrence of illicit organ transplant practices through TT. Consequently, the recent paper by Ambagtsheer et al (1) is quite important.

The paper highlights the difficulty of obtaining data that would provide accurate estimates of overseas transplantation in the absence of national registries reporting TT activities. Even when existing national transplant registries collect data on transplants performed overseas, they often miss a considerable amount of data because health professionals and patients may be reluctant to request or provide information about illegal organ transplantation activities.

Ambagtsheer et al (1) noted that South Korea is one of the two “most commonly reported departure countries” for TT, and this may create the false impression that South Korea is a major source of transplant tourists. The paper demonstrates the problems with drawing conclusions about TT activities from reviews of the peer-reviewed literature. First, analytical errors are easily introduced. In the case of South Korea, the reported number of kidney transplantation (KT) cases in South Korea performed abroad is incorrect. Kwon et al (2) reported a total of 436 KT cases, not 462, using a survey conducted by the Korean Society for Transplantation. At least 46 patients in the report by Cha et al (3) and 34 in the report by Chung et al (4) were duplicated in the report by Kwon et al (2).

Second, the increased availability of data concerning TT from particular countries may simply reflect efforts taken in those countries to address the problem of TT through research and reporting. The Korean data reported by Ambagtsheer et al (1), for example, included a large number of liver transplantation (LT) cases, whereas the data from most other countries included only KT cases. In comparison with KT, reports of LT abroad in the primary literature are scarce, perhaps reflecting the

common perception that TT is largely a concern of persons working in the field of KT.

Third, literature searches may miss or overlook valuable data. An annual report of national transplant activities published in the peer-reviewed literature, for example, revealed that Saudi Arabia routinely reports KT performed abroad. A 2013 report revealed that a total of 6079 KTs were performed abroad between 1998 and 2013 (5). In contrast, the review by Ambagtsheer et al (1) identified only 6002 cases internationally (inclusive of KT and LT) between 1979 and 2013.

Collection and analysis of data concerning TT from national and international registries will provide the best estimates of global activities; these estimates are necessary to inform local and collaborative worldwide responses to organ trafficking and TT. International collaboration and multifaceted strategies are needed to address the complex challenges of TT. The introduction of registries for foreign transplant donors and recipients and for recipients and donors who receive surgery abroad is an essential component of this work (6).

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Disclosure

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