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Liver transplantation in Brazil

Transplante de fígado no Brasil

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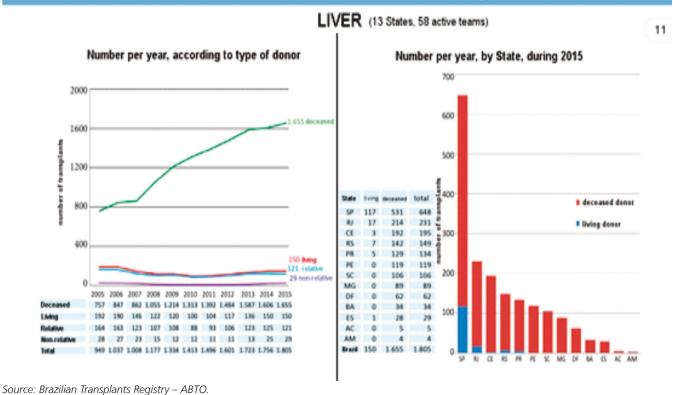
The world's first liver transplant took place on March 1, 1963. In Brazil, the first transplants were performed at the Hospital das Clínicas of the Universidade de São Paulo (USP) in 1968. In the 70s, we observed the development of immunosuppression and in 1984, liver transplant has been recognized as a medical treatment, leaving the experimental field.

In 1985, the liver transplant program at USP was restarted under the command of Professor Silvano Raia and only four years later, in 1989, Brazil entered the forefront of global transplantation after the publication, in the Lancet, of the first description of liver transplantation using grafts from living donors, performed by professors Sergio Mies and Silvano Raia.

In the following years, we observed a great development of liver transplantation in Brazil, with a significant increase in the number of transplantation centers and the consequent increase in the number of transplants. The chart below shows the growth in the number of liver transplants in Brazil.

Brazil currently occupies the second position worldwide in absolute numbers of liver transplants performed per year, behind only the United States. These numbers reflect the increase in cadaver donors in the country. We went from 6.3 donors per million population (pmp) per year in 2007 to 14.2 donors pmp in 2015. We still have much to improve. In Spain, the rate of deceased donors is above 30 pmp; in the United

NUMBER OF TRANSPLANTS PER YEAR, 2005-2015



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States, around 25 donors pmp. We still have a lot to improve...

The Brazilian Association of Organ Transplantation – ABTO – has a plan for Brazil to achieve 20 donors pmp per year in 2017, but in the last two years, we are below the proposed growth and we will not meet this goal. The fall in the number of transplants observed in different states of Brazil in the first quarter 2016 may be a reflection of the great crisis in which the country finds itself, and it is an ABTO's great concern.

Another aspect we have to develop in the setting of liver transplantation in Brazil is the concern for security, the central theme of many current medical discussions. To this end, in addition to standard operating protocols (SOPs) discussions, the knowledge about results in liver transplantation in Brazil is fundamental. In many countries, the outcome of each transplant team is public.

The team has its results published and classified as superior, inferior or within the expected according to the severity of its transplant patients. In this context, a competent clinical governance system is critical.

Finally, I will propose a dispute. It is inconceivable that liver transplantation, which is accepted as a therapeutic procedure since the beginning of the 80s, is still not part of the list of procedures to be covered by health plans in Brazil. Why only the palliative treatments for cirrhotic patients are in the list of the ANS procedures, while transplantation, the only curative treatment, is out?

I could summarize this editorial like so: much has been done in relation to liver transplant in the country, but we still have a lot to evolve, particularly concerning security, analysis of results and increasing the number of deceased donors.