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Compliance with ethical standards in the reporting of donor sources and ethics review in peer-reviewed publications involving organ transplantation in China: A scoping review

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Abstract

Introduction

Transplantation of organs procured from executed prisoners is widely condemned, together with presentation and publication of research that involves organs transplanted from executed prisoners. Explicit policy published by The Transplantion Society seeks to exclude research that: (1) involves any biological material from executed prisoners; (2) lacks Institutional Review Board approval; and (3) lacks consent of donors.

The objective of this study is to investigate whether papers reporting research on Chinese transplant recipients comply with this professional standard aimed at excluding publication of research involving prisoners' organs.

Methods

The study design is a scoping review. Inclusion criteria were research papers published in peer-reviewed English language journals reporting on outcomes of research involving recipients of transplanted hearts, livers or lungs in mainland China. Medline, Scopus and Embase were searched from Jan 2000 to April 2017.

Results

445 included studies reported on outcomes of 85,477 transplants. Of these, 324 (73%) reported approval from an IRB; 33 (7%) stated explicitly that transplanted organs were not procured from executed prisoners; and 6 (1%) reported that donors gave consent for transplantation. Of the papers claiming that no prisoners' organs were involved in the transplants, 18 of them involved 2,641 transplants that took place prior to 2010, when there was no volunteer donor program in China.

Discussion

The transplant community has failed to implement ethical standards banning publication of research using material from executed prisoners. As a result, a large body of unethical research now exists, raising questions of complicity to the extent that the transplant community uses and benefits from the results of this research.

Strengths and weaknesses of this study

- The study's main strengths study lie in its originality and in the use of robust scoping review methods.
- The use of these methods gives confidence that the results are reliable.
- However, scoping review methods are less rigorous than systematic reviews and it is possible that some relevant papers were not included.
- This study was limited by poor quality of data in the included studies. It is possible that a small number of liver transplants classified as deceased donor were from living donors.
- The total number of participants (and hence number of transplants) in the included studies is inflated by multiple publication of the same and overlapping research cohorts.

Article Summary

- Prior to 2015, China sourced the majority of organs for transplant from executed prisoners, including prisoners of conscience.
- There is international consensus amongst health and human rights agencies, The Transplantation Society and some transplant journals that this practice is unacceptable and transplant research using organs procured from prisoners should not be published.
- This scoping study investigates the effects of this policy prohibition.
- 412 of 445 (92.5%) Chinese transplant research papers in this study fail to report whether or not organs were sourced from prisoners.
- The majority of the published research reports on transplants that occurred when there was no or very limited access to volunteer donors in China.

  Reviewers, editors and journals have failed to implement ethical policy on transplant research, leading to publication of a large body of unethical research.

Introduction

The transplantation of organs procured from executed prisoners is widely condemned by bodies including the World Health Organisation,[1] the World Medical Association,[2] The Transplantation Society,[3] Amnesty International and the Declaration of Istanbul.[4,5] This condemnation extends to undertaking research and presenting results that involve the use of organs obtained from executed prisoners.[4] In 2006, The Transplantation Society (TTS) explicitly stated that it would not accept conference papers based on research involving organs sourced from executed prisoners.[6,7] The 2006 policy statement by TTS was followed by calls for a boycott on accepting conference papers or publishing journal articles based on research involving organs from executed prisoners.[8–10] Some journals explicitly adopted this ban as policy (*Journal of Clinical Investigation*,[11] *American Journal of Transplantation* and the *Journal of Heart and Lung Transplantation*).[9]

Together, these statements by international bodies, professional societies, academics and journals constitute explicit ethical standards prohibiting the publication or presentation of research involving organs from executed prisoners. These standards are primarily directed towards peer-reviewers, editors and publishers. However, these standards lack regulatory force; there are no sanctions for breaches, and to date there has been no audit investigating compliance.

This study is the first attempt to track the progress of the transplant community in meeting this ethical injunction to avoid engaging with research involving the use of executed prisoners' organs.

The prohibition against the use of executed prisoners' organs is explicitly directed towards China, which is one of the few countries where the use of prisoners' organs has been government-sanctioned. In 2001, a Chinese official dismissed as "sensational lies" reports of organ harvesting from executed prisoners, claiming that the major source of organs was

voluntary donations.[12] This rhetoric changed in 2006 when Chinese officials first openly acknowledged that the majority of transplanted organs were sourced from executed prisoners.[13,14] In 2007, China claimed it would reduce reliance on executed prisoners,[15] but in a 2015 interview, Huang Jiefu, China's most senior transplant official, stated that there had been just 120 cases of volunteer donors up to 2009.[16] In 2014 Huang committed China to using only organs from volunteer donors from 1 January 2015.[17] However, the use of prisoners' organs remains technically legal today in China if "consent" is obtained,[18] and in 2017 Chinese officials admitted that it is not possible to verify that all organ harvesting from prisoners has ceased.[19]

Use of organs from executed prisoners is widely condemned because the coercive situation of being on death row undermines the possibility of ethically valid consent, or consent may not be sought at all.[20] In addition, in China there have been extensive and credible reports of non-voluntary organ harvesting from prisoners of conscience, adding to ethical concern.[21,22]

The transplant community recognises that the most effective way to express their condemnation of Chinese organ procurement practices is through boycott, leading to formal TTS policy and recommendations for banning unethical research as described above. Publication in international, peer-reviewed journals is a marker of academic success and international acceptance. Imposing a ban sends a strong message of disapprobation to researchers whose projects involve transplants of organs from executed prisoners.

The current approach to this issue taken by TTS and some journals is incremental rather than absolutist.[10] An 'absolutist' approach would ban publication of all Chinese transplant data until there is compelling positive evidence that the use of executed prisoners' organs has ceased. This would require free and full on-site inspections of Chinese transplant hospitals, including unfettered access to hospital information systems. China has not agreed to such

inspections and no international or professional body has assumed responsibility for pursuing this issue. Instead, the professions' preferred incremental approach requires assessment of Chinese studies for ethical acceptability prior to publication, with exclusion of any that include data from executed prisoners. The incremental policy therefore requires peer-reviewers and journal editors to ask consistently whether the research: (1) involved any biological material from executed prisoners; (2) received Institutional Review Board (IRB) (Research Ethics Committee) approval; and (3) required consent of donors. For transparency purposes this information should be included in the final publication. Transparency contributes to a culture of accountability and ensures that readers are not unwittingly absorbing and using unethically obtained data. The burden of proof should rest with authors/researchers to supply evidence of consent to donation, and approval by an IRB, and attest that their study does not use material derived from executed prisoners.

In this study, we investigated the extent to which journals have complied with these ethical standards by: 1) excluding any research using organs from executed prisoners; 2) requiring a statement of IRB approval; and 3) providing a statement that consent was obtained from donors. As noted above, 'consent' obtained from executed prisoners does not meet international ethical standards.

Methods

This research used scoping review methodology. Scoping reviews can be used to map an area of research, summarise existing evidence or identify gaps in the literature. Unlike systematic reviews, scoping reviews usually do not assess the quality of the included studies.[23] This review followed the five steps articulated by Arksey and O'Mallee to ensure rigour, transparency and facilitate replication (see Table 1).[24]

Table 1: Arksey and O'Mallee's methodological framework for a scoping review

Framework stage	Description
Stage 1	Identifying the research question
Stage 2	Identifying relevant studies
Stage 3	Study selection
Stage 4	Charting the data
Stage 5	Collating, summarising and reporting the results

The research question was identified and refined through discussion amongst the authors and expert colleagues. The final version was: "To what extent do papers reporting research on Chinese transplant recipients identify the donors of organs, types of donation, and compliance with ethical requirements for human research and organ donation as per international guidelines and professional standards?"

Search Strategy

Relevant studies in English language journals were identified through searching online databases. The electronic search strategies were developed, tested and refined with the assistance of an expert librarian. The search aimed to identify full text papers published in English in peer-reviewed journals by authors based at Chinese institutions that reported on research involving recipients of solid organ transplants. The search strategies for Medline, Scopus and Embase are in Supplementary File 1. The inclusionary criteria were organ transplantation/transplant (title, abstract) and China (institution/affiliation). The exclusionary criteria were stem cells (title, abstract); mice (title, abstract); living donors (title, abstract); case reports/letters/editorials (document type). The searches were limited to English language and humans, and the years were 2000-current. The start date of 2000 was selected as this is when numbers of transplantations and associated research papers rapidly increased in China.

Medline, Scopus and Embase were searched on 5 April 2017 by WR, BB and RCW. All relevant searches were downloaded into an EndNote library by WR. Duplicates were removed by EndNote filter. We did not identify further papers from other sources or search the references of included papers as we aimed to capture papers that are readily available through mainstream databases, and this was a scoping rather than systematic review. Our rationale for this approach was that although our search strategy might potentially miss some papers published in difficult to find journals as well as those not in English, this potential reduction in sensitivity would simply provide a conservative estimate of the magnitude of ethical breaches of publication standards. Notably, a conservative estimate of the volume of problematic publications, if substantial, would lend further support to the pervasiveness and importance of any problems identified.

The title and abstracts remaining after removal of duplicates were screened for obvious exclusionary factors, with each author screening an equal number. All authors were trained in the use of the exclusionary criteria by screening the same 100 abstracts and titles. At the end of the pilot process, the exclusionary criteria were refined following discussion. The final exclusionary criteria for title and abstract screening were:

- transplants other than solid organs;
- transplants not occurring in mainland China;
- clinical case reports and/or incidental inclusion of data from Chinese transplant recipients;
- meta-analyses and systematic reviews;
- animal research;
- English-language journals published in China.

Articles which could not be eliminated by title and abstract were reviewed as full text articles to determine eligibility. Prior to full text review, five of the authors (WR, MPR, RC, BB,

RCW) undertook further training and benchmarking in use of the exclusionary criteria on full text papers. This involved all five screening the same 20 papers, followed by discussion. The exclusionary criteria were finalised after this process (see Table 2), and four authors (RC, WR, MPR, BB) assessed full text articles for eligibility.

Table 2: Exclusion criteria for full text review of papers

"Animal Research" – Exclude any non-human research
"Chinese Journal" – Exclude any papers published in (English language) journals published in China
"Case Report" – Exclude papers reporting on clinical case reports
"Incidental Inclusion" – Exclude papers where transplant recipients are incidentally included as research participants
"Kidneys" – Exclude any papers reporting data from kidney transplant recipients
"Living Donors" – Exclude papers where all the transplanted organs were procured from living donors
"Not China" – Exclude any papers where the transplants took place outside mainland China
"Not Reviewed" – Exclude any non peer reviewed publications (including commentaries, letter to editors etc.)
"Other Organs" – Exclude other tissue or organs i.e., not livers, hearts or lungs
"Other" – State reason
"Review Paper" – Exclude review papers (meta-analysis, systematic reviews etc.)

Papers reporting on recipients of kidney transplants were excluded at the full text review stage due to lack of information as to whether donors were deceased or living. As a key question in our research concerned procurement of organs from executed prisoners, we did

not want to include a potentially large number of papers in which it was unclear whether or not organs were procured from living donors. The reasons for exclusion were recorded, but where more than one reason was present, only the first reason noted by the data extractor is recorded.

The same four authors who determined eligibility of full text papers also extracted data from these papers onto pre-tested forms (see Supplementary File 2 for details extracted). Any details that could not be extracted with certainty were discussed by the group of authors to reach a consensus. No data extraction outcomes were unable to be resolved using this method. Data from 10% of included papers were checked by a second author.

This process is summarised in a PRISMA diagram (Figure 1).

(Insert Figure 1 around here)

Patient and Public Involvement

There was no patient or public involvement in this scoping review of published literature.

Results

The searches identified 6723 records, leaving 4168 after duplicates were removed. After screening of abstracts and titles, 2489 records were excluded. 1679 full text articles were screened for eligibility. 1229 were excluded (see Table 3). 445 papers were included in the final data set (see Supplementary File 3), and 5 papers were unavailable.[25–29]

Table 3: Reasons for exclusions of full text papers (n=1229)

Reason	**Number**
Animal Research	12
Chinese Journal	96
Case Report	3
Incidental Inclusion	14
Kidneys	637
Living Donors	7
Not China	380
Not Reviewed	1
Other Organs	2
Other	49
Review Paper	28

The main results are summarised in Table 4. See Supplementary File 4 for detailed table of results.

Table 4: Results summary table

Variable	Number (%)
Total number of included papers	445 (100%)
Total number of transplants reported	85,477
Median number of transplants per paper (range)	72 (1-20,524)
Number of papers that explicitly stated organs (hearts, livers, lungs) were from deceased donors	173 (39%)
Number of papers reporting research ethics approval	324 (73%)
Number of papers with any information on the identity of the donors	63 (14%)
Number of papers with explicit statement that no organs from prisoners were used	33 (7%)
Number of papers that reported consent for donation (including those that also stated no organs from prisoners were used)	12 (3%)
Number of papers with any statement about the type of donation (after brain death, after cardiac death)	64 (14%)

Overall, 324 (73%) of the 445 papers included a statement regarding approval from an institutional or regional ethics committee. Most of these statements were of a general type such as: “The study protocol was conducted in accordance with the standards of the Declaration of Helsinki and current ethical guidelines”[30]; “All protocols were approved by the ethics committee of the institution before the study began, and the protocols conformed to the ethical guidelines of the 1975 Helsinki Declaration”[31] and “The present study was

approved by the ethics committee of Qingdao University (Qingdao, China)".[32] Few contained an IRB reference number or the date approval was granted. The majority of these statements reported that research participants (who were the transplant *recipients*) had given their informed consent.

The graph in Figure 2 shows ethics approvals by year. These increased substantially after 2006, which was the year that The Transplantation Society published its policy banning conference papers based on data from executed prisoners.[7]

(Insert Figure 2 around here)

Only 63 papers (14%; see Supplementary File 5) included any information about the source of the organs (i.e., whether or not the organs came from executed prisoners or volunteers or if consent was given). This category was called "donor identity" in our data extraction sheet, and was interpreted inclusively. For example, papers reporting that donors gave informed consent were included here even if there was no explicit statement that the donors were not prisoners. Under Chinese policy, prisoners are permitted to make allegedly voluntary donations.[33] The presence or absence of donor identity statements by year is in Figure 3. Only one paper published prior to 2007 included any information about donor identity.[34]

(Insert Figure 3 around here)

Among the 63 papers that provided any information about the donors, 33 (only 7.4% of all included studies) stated explicitly that no organs from executed prisoners were used in the transplantations.[30,31,34–65] Five of these also stated explicitly that organs were sourced from volunteers.[35,39,46,48,61] Three of the 33 reported that informed consent was obtained from donors or their families, and these three papers also included a statement about ethics review. [30,47,61] That is, less than one per cent of included studies contain all three pieces of information mandated by TTS.

However, the claims that organs were not procured from prisoners cannot be true in many of these 33 papers. According to Chinese reports, there were only 120 voluntary donors in the whole of China up until to 2009[16], and donation numbers were low during the nascent volunteer donor program from 2010-2014 (see Table 5).[66]

Table 5: Numbers of volunteer organ donors in China 2000-2014

Year	Number of volunteer donations according to Chinese sources
Up to 2009	120 [16]
2010	34 [66]
2011	132 [66]
2012	433 [66]
2013	849 [66]
2014	1702 [66]

Yet 18 of the 33 papers claiming that organs were not procured from executed prisoners reported on 2,641 transplants that took place prior to 2010.[34,38,40,41,44–51,53,54,58,63,67][35,39,46,48,61],[34,38,40,41,44–51,53,54,58,63,67]. 8 of the 33 papers report on 1,212 transplants that occurred both before and after 2010 [30,31,35,39,43,52,59,62]; and 6 of them report on 1,556 transplants that took place during the period 2010-2014 during pilot volunteer scheme [17,42,55–57,60,64]. One paper did not report the years the organs were procured.[37]

Turning to the 30 papers without explicit statement about prisoners, 14 of these stated that organs were procured from volunteers, without indicating whether or not prisoners were

excluded as volunteers.[68–81] Three of the 14 stated that informed consent was provided by donors or their families.[69,73,75]

Six papers reported that donors gave informed consent for donation, but did not record whether or not donors were volunteers or prisoners.[82–87]

There were 10 papers that contained information implying that donations were from voluntary, non-prisoner sources, without explicitly stating this, or that consent was provided.[88–97] The statements from these papers are in Table 6.

Table 6: Text from papers reported in "Other" category of donor ID information

All the donors were from traffic accidents or cerebral bleeding coma [88]
No organ trafficking involved [89]
Organ donation was conducted legally, following local regulations [90]
Five donors were brain dead due to car accident, their respiration was maintained by mechanical ventilation and hemodynamics was stabilized by minimum doses of catecholamine [91]
The deceased donor livers were obtained through both social and legal donation [92]
The donation procedure followed the DCD guidelines of China [93]
Severe injuries and traffic accidents were the main reasons for DCD [94]
Normal control hearts came from autopsies or donors with no history of heart disease who died in accidents [95]

All the DBCD grafts were procured under controlled condition. Detailed information of the DBCD donors was obtained from The Chinese Red Cross and the OPO records. [96]
All donors were in hospital's ICU before death. (cause of death for each donor is supplied in a table) [97]

These statements do not necessarily preclude inclusion of organs procured from executed prisoners as, for example, two papers refer to legal donation,[90,92] which might include organs from executed prisoners, while two refer to donors dying from severe injuries or in accidents, both of which are potential descriptors for executions.[94,95]

Looking at all of the donor ID statements by year of transplant, there are a total of 30 papers that either stated explicitly that no organs from prisoners were used (18) or indicated that donations were voluntary and/or consenting during the time period when executed prisoners were the sole source (excluding 120 volunteer donations across all of China). These data are in Table 7, along with the same data for the whole set of included papers. Of the 445 papers, 192 (43%) report on research that took place when the only organs available for transplant were from executed prisoners, while another 148 (33%) spanned the start of the volunteer donor pilot so must include at least some data derived from executed prisoners.

Table 7: Numbers of papers, including those with Donor ID statements by years and numbers of transplants

	No date of transplants in papers	All transplants prior to 2010	Transplants before and after 2010 when volunteer pilot started	All transplants took place during pilot 2010-2014	Transplants occurred before and after 2014	All transplants occurred post 2014
Total included papers (No. of transplants)	61 (2,959)	192 (28,442)	148 (49,376)	38 (3,937)	6 (763)	0
33 papers claiming no executed prisoners (No. of transplants)	1 (47)	18 (2,641)	8 (1,212)	6 (1,556)	0	0
14 papers claiming volunteers (No. of transplants)	1 (321)	8 (2,269)	4 (387)	1 (12)	0	0

6 papers claiming donors gave consent (No. of transplants)	1 (40)	3 (200)	2 (1,197)	0	0	0
10 papers with statement about donors implying voluntariness or consent (No. of transplants)	2 (11)	0	4 (619)	4 (153)	0	0

The majority of the papers reporting on donor identity also reported some form of institutional ethics approval, but 7 papers did not.[37,38,44,69,84,86,97]

Turning to the journals that published the 445 papers, a full list of these is in Supplementary File 6.

Seventeen journals published 5 or more papers during the study period. In this subset of 17, the proportion with ethics statements ranged from 38-100%, while the proportion with donor identity statements ranged from 0-40%. (see Table 8)

Table 8: List of journals publishing 5 or more papers, and numbers of those papers in which there were ethics and/or donor identity statements.

Journal	CiteScore*	Total papers in journal out of 445 (%)	Number of papers with ethics statement (%)	Number of papers with donor ID (%)
Transplantation Proceedings	0.98	65 (15%)	25 (38%)	12 (18%)
PLoS ONE	3.11	20 (4%)	19 (95%)	5 (25%)
Clinical Transplantation	1.67	16 (4%)	9 (56%)	3 (19%)
Liver Transplantation	2.50	15 (3%)	12 (80%)	3 (20%)
Hepato-Gastroenterology	0.98	14 (3%)	11 (79%)	2 (14%)
Experimental and Clinical Transplantation	0.54	11 (2%)	10 (91%)	1 (9%)

Clinics and Research in Hepatology and Gastroenterology	1.61	8 (2%)	7 (88%)	1 (13%)
International Journal of Clinical and Experimental Medicine	1.17	8 (2%)	5 (63%)	1 (13%)
Annals of Transplantation	1.29	7 (2%)	4 (57%)	0 (0%)
International Journal of Clinical Practice	1.91	6 (1%)	5 (83%)	0 (0%)
Journal of Cancer Research and Clinical Oncology	3.32	6 (1%)	5 (83%)	1 (17%)
Transplantation	2.71	6 (1%)	5 (83%)	1 (17%)
European Journal of Gastroenterology and Hepatology	1.88	5 (1%)	5 (100%)	1 (20%)
Experimental and Therapeutic Medicine	1.42	5 (1%)	5 (100%)	1 (20%)
Medical Oncology	1.91	5 (1%)	5 (100%)	0 (0%)
Medicine (United States)	1.63	5 (1%)	5 (100%)	1 (20%)
Surgery (United States)	2.77	5 (1%)	5 (100%)	2 (40%)

*Average citations received per document published in the journal (Source: SCOPUS)

Finally, in terms of journals with specific policies banning publication of research based on use of prisoners' organs, our study identifies one paper published in the *American Journal of Transplantation* [79] and five papers published in *Transplantation* (the official journal of TTS) that appear to be in breach of their own stated policies.[84,98–101]

Discussion

This study shows that the majority of the published literature identified in this scoping review reporting research on transplants in China from 2000-April 2017 fails to comply with ethical standards regarding exclusion of research based on organs procured from prisoners. The body of literature contains a large number of papers that almost certainly include data from executed prisoners given China's acknowledgement that during this period the primary organ source was executed prisoners. While TTS policy appears to have been partially successful in that the number of papers claiming IRB approvals rose steeply after that policy was published in 2006, the inclusion of this information has not addressed the major underlying concern about use of prisoners' organs. This is because the ethics review process focuses on the protection of research participants and their informed consent for participation in research. In transplant research, it is the recipients of transplants who are protected by IRB review, rather than the organ donors. Therefore claims about compliance with the Declaration of Helsinki are largely irrelevant regarding the use of prisoners' organs in research. Few papers (14%) include any information about the organ donors. Only half of these explicitly state that no organs were procured from executed prisoners, but many of these claims are incompatible with what is known about volunteer organ sources in China.

Our findings raise significant issues. First, there is the broad question of what to do about the large body of literature based on research using organs from prisoners. It can be argued that prior to 2006, the international transplant community was not aware that China's transplants

were procured from executed prisoners. However, post-2006 and the publication of TTS policy, professional claims of ignorance are hard to support. This lack of vigilance on the part of reviewers, editors and publishers is morally concerning, given the large numbers of papers (over 85%) accepted for publication with no information at all on the source of donor organs, especially where individual journals have explicitly adopted relevant policy (*Transplantation*, *American Journal of Transplantation*).

Continued use of this research raises potential issues of complicity[102] to the extent that the international community (including members of TTS, journal editors, and peer-reviewers) condemn the use of executed prisoners' organs in research, but nonetheless benefit from this practice by allowing or facilitating the publication of such research, and subsequently using the findings. The obligations of third parties to avoid complicity depend in part on the magnitude of the moral wrong in question.[103] Some research uses of datasets that were obtained illicitly may be permissible.[104] By comparison, there is broad consensus that it is unethical to make use of the data obtained from Nazi medical experiments where the victims were killed or harmed in the course of the research.[105,106] The use of research based on organs sourced from executed Chinese prisoners, many of whom are prisoners of conscience,[21,107] falls at the severe end of this spectrum of moral wrongs in research. The obligation of third parties, such as peer-reviewers, publishers, and editors to avoid complicity is therefore comparatively high in this case, and may warrant consideration of large scale retractions, at least of the 340 papers that are based exclusively or partially on data from executed prisoners (as per Table 7). In addition, due to lack of vigilance by the journals on reporting organ sources, users of the data also risk complicity.

Second, there is a more specific question for journal editors regarding published papers that make almost certainly false claims about sourcing organs from non-prisoner sources. In 29 of the 63 papers claiming or implying that organs were non-prisoner sources and/or donated

voluntarily or with consent, the claims are incompatible with what is known about voluntary donations across China in the relevant time period. There is less certainty regarding the falsity of claims in published papers reporting on transplants that took place between 2010-2014 given the existence of a pilot voluntary donation scheme. Determining the likely veracity of these claims requires sustained investigation, including of Chinese language sources. To date there has been one detailed investigation, leading to the retraction of a paper that falsely claimed more organs were procured from volunteers than there were reported volunteers at the relevant hospital.[108–110] This is to date the only retraction in the literature. At the very least however, reviewers, editors and journals should be aware that prior to 2010 there were almost no voluntary donors, and that the alleged numbers of volunteer donors during the 2010-2014 pilot scheme were low (see Table 5).

Finally, there is a question regarding future publication of Chinese transplant papers. In our view, it is unacceptable to publish any papers that are highly likely to contain data derived from use of prisoners' organs. This includes data from transplants up until the end of 2014, given the difficulty of establishing organ provenance and the demonstrated lack of veracity in the claims of at least some authors. However, even transplants post-2015 may involve prisoners' organs.[19] For this reason, we suggest an interim moratorium on publication of all relevant papers, pending an international summit to develop policy. A summit involving representatives from the International Committee of Medical Journal Editors, Committee on Publication Ethics, The Transplantation Society and members of other relevant national and international transplant societies, China human rights experts, ethicists and any other relevant stakeholders could develop policy on handling relevant published and future research. One outcome of this process could be the development of a checklist tool for all transplant papers. An international and widely adopted process of this kind would provide a strong incentive for China to move more rapidly towards an organ donation system that is ethical, transparent and

verifiable. This incentive is currently lacking given the widespread publication of unethical research.

Limitations

The strengths of the study lie in its originality and robust methods. These give confidence that the results are reliable and likely to be conservative rather than to overestimate the findings. However, there are potential limitations. First, scoping reviews are less comprehensive than systematic reviews, making it possible that relevant papers were not identified and included. Second, we had to change our approach to data collection during the study, as the quality of data in the papers was so poor. This affected the study in two ways. We were not able to report on research involving kidney transplants due to lack of information as to whether donors were living or deceased; and we were not able to report on the type of donation (whether after death declared on cardiac or brain criteria) as this information was poorly and inconsistently reported. Finally, unless stated otherwise in the papers reporting on liver transplants, we have assumed the donors were deceased. It is possible that some of the transplants classified as deceased donor were from living split liver transplants, however we think the number is likely to be very low as deceased donation is the commonest type of transplant and numbers of living liver donations in China are low, at 7.37% of total cumulative liver transplants as of end 2011, according to official data.[111] Finally, we have reported the total number of participants (and hence number of transplants) in the included studies, but this number is likely to be inflated by multiple publication of the same and overlapping research cohorts. However, as our aim was to report on whether or not published research met the ethical reporting standards mandated by The Transplant Society, we do not think this is a critical issue.

Conclusion

The transplant community has failed to implement ethical standards banning publication of research using material from executed prisoners. As a result, a large body of unethical published research now exists, raising questions of complicity to the extent that the transplant community uses and benefits from the results of this research. Our study has identified the extent of this problem as well as specific papers containing demonstrably false claims about organ sourcing. There has been a significant lack of vigilance and failure to adhere to accepted ethical standards by reviewers, editors and publishers. Researchers and clinicians who use this body of research risk complicity by implicitly accepting Chinese methods of organ procurement. We suggest an international summit to determine how to manage this existing body of research and develop future policy for handling Chinese transplant research.

Statements and Declarations

Author contributions

All authors (WAR, MPR, AB, BB, RC, RCW, MFS) contributed substantially to the conception and design of the work and to the analysis and interpretation of the data. All authors contributed to revisions and approved the final draft. All authors agree to be accountable for all aspects of the work in ensuring that any questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Specific individual contributions in addition to the above:

WAR led the drafting of the paper and contributed to data extraction.

MPR contributed to literature searching and data extraction.

AB contributed to literature searching and drafting sections of the manuscript.

BB contributed to data extraction and preparation of figures and tables.

RC contributed to data extraction.

RCW contributed to resolving data extraction outcomes.

MFS contributed to the Introduction.

The lead author (Wendy Rogers, the manuscript's guarantor) affirms that the manuscript is an honest, accurate, and transparent account of the study being reported. No important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

Competing interests disclosures

Dr. Ballantyne is a member of the New Zealand Advocacy & Initiatives Committee (NZAIC) of the International Coalition to End Transplant Abuse in China.

Dr. Blakely has nothing to disclose.

Dr. Catsanos has nothing to disclose.

Dr. Clay-Williams is a member of the Australian Advocacy and Initiatives Committee of the International Coalition to End Transplant Abuse in China.

Prof Fiatarone Singh is a member of the Ethics Committee of Doctors Against Forced Organ Harvesting, and a member of the Australian Advocacy and Initiatives Committee of the International Coalition to End Transplant Abuse in China.

Mr. Robertson reports that he is an occasional expert contributor to the International Coalition to End Transplant Abuse in China.

Prof Rogers is a Director of the NGO "International Coalition to End Transplant Abuse in China" and is chair of its international advisory committee.

Ethics approval

No ethics committee approval was required as this study did not involve any patient data.

Clinical trial registration

This study is a scopoing review therefore was not registered as a clinical trial.

Funding

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Data sharing

The full list of 445 included studies is published in Supplementary File 3.

List of Supplementary Files

Supplementary File 1: Search strategies

Supplementary File 2: Details extracted from included studies

Supplementary File 3: Full list of 445 studies, bibliographic details

Supplementary File 4: Results table

Supplementary File 5: Bibliographic details of 63 studies containing some information regarding identity of and/or consent by donors

Supplementary File 6: Full list of journals publishing papers included in the study

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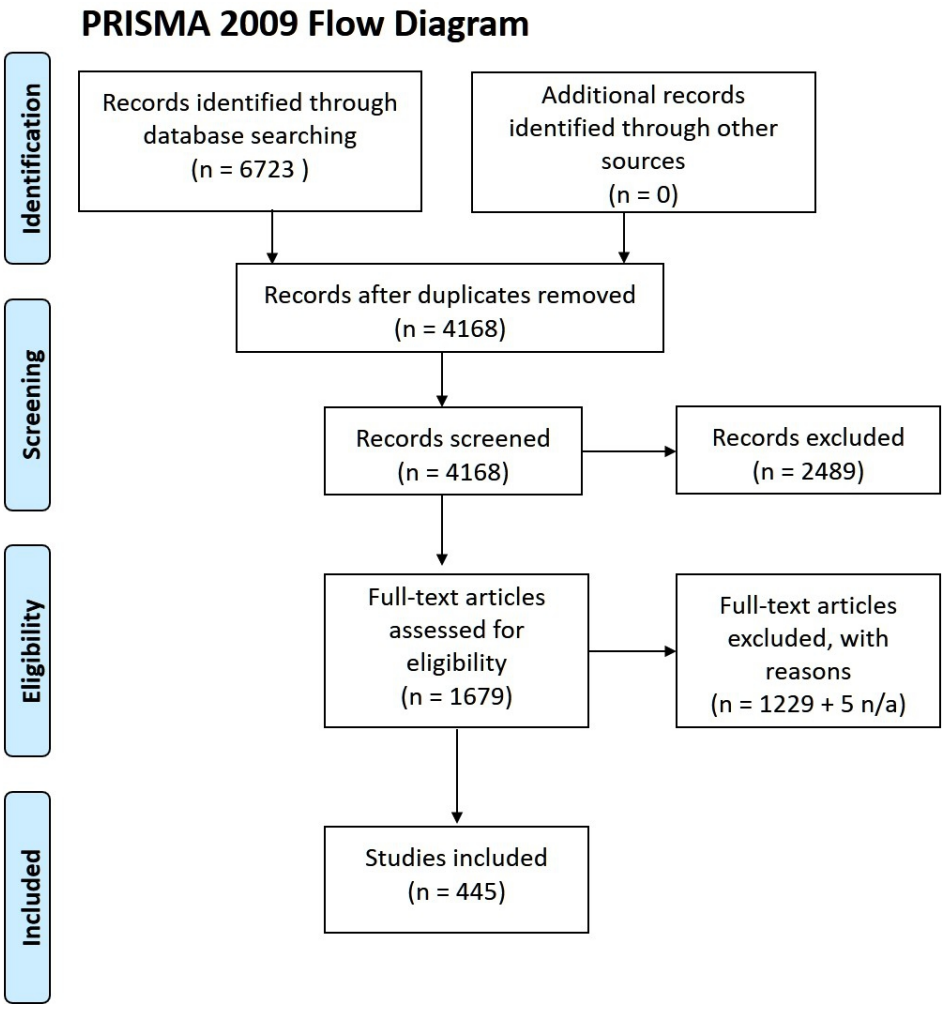

Figure 1: PRISMA flow chart detailing search strategy

180x183mm (150 x 150 DPI)

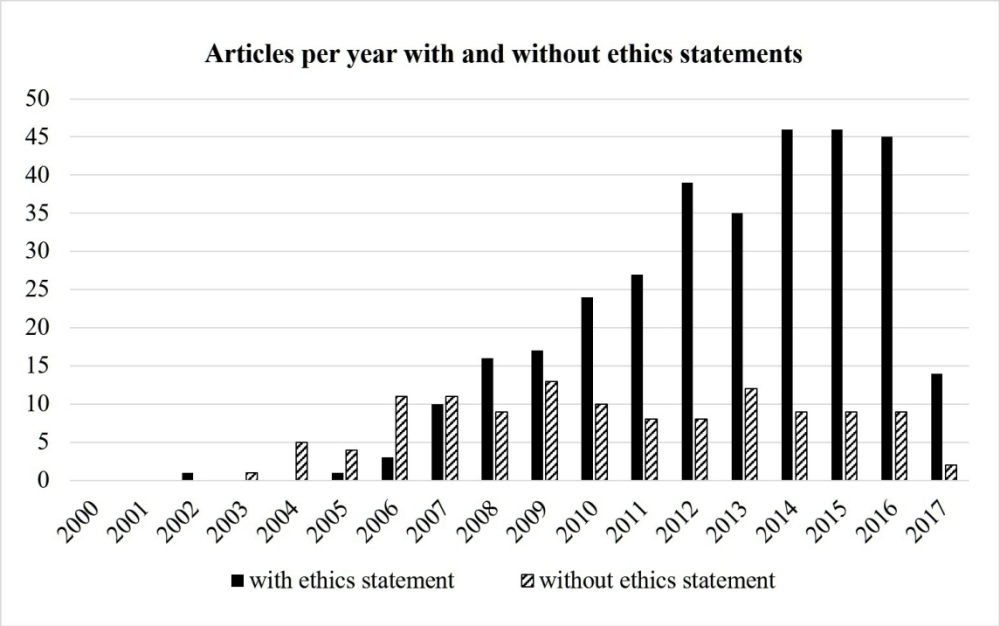

Figure 2: Articles per year with and without ethics statements

261x163mm (150 x 150 DPI)

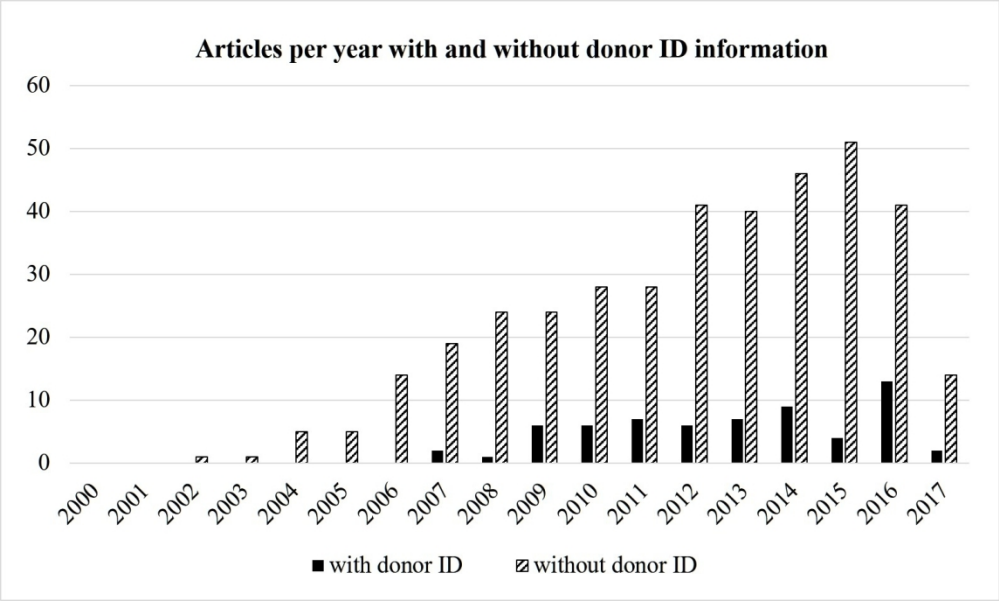

Figure 3: Inclusion of donor information by year of publication

269x161mm (150 x 150 DPI)

Supplementary File1: Search strategies

All searches run on 5 April 2017

Medline®

1	exp Organ Transplantation/	**Results: 1702**
2	transplant*.ti,ab.	
3	1 and 2	
4	China.in.	
5	3 and 4	
6	stem cells.ti,ab.	
7	mice.ti,ab.	
8	Living Donors/	
9	living donor.ti,ab.	
10	Case Reports/	
11	or/6-10	
12	5 not 11	
13	limit 12 to (English language and humans and yr="2000 -Current")	

Timespan: 2000-2017 (5 April)

SCOPUS

((TITLE (transplant) AND AFFILCOUNTRY (china) AND NOT TITLE-ABS-KEY (mice OR "stem cell" OR "living donor" OR "case report")) AND PUBYEAR > 1999) AND (EXCLUDE (DOCTYPE , "cp ") OR EXCLUDE (DOCTYPE , "le ") OR EXCLUDE (DOCTYPE , "ed ")) AND (LIMIT-TO (LANGUAGE , "English ")) AND (LIMIT-TO (EXACTKEYWORD , "Human ") OR LIMIT-TO (EXACTKEYWORD , "Male ") OR LIMIT-TO (EXACTKEYWORD , "Female "))*

Results: 2050

Embase

1	exp organ transplantation/	**Results: 2971**
2	china.in.	
3	1 and 2	
4	stem cells.ti,ab.	
5	mice.ti,ab.	
6	practice guideline/	
7	*"living donor"/	
8	living donor.ti,ab.	
9	or/4-8	
10	3 not 9	
11	limit 10 to (human and English language and yr="2000 -Current")	

12	limit 11 to article
13	transplant*.ti,ab.
14	1 and 13
15	2 and 14
16	15 not 9
17	limit 16 to (human and English language and yr="2000 -Current")
18	limit 17 to article
19	case report/
20	18 not 19

Timespan: 2000-2017 (5 April).
Search language=Auto

Supplementary File 2: Details extracted from included studies

Column ID	Descriptor
A	EndNote reference number
B	Title and abstract
C	Journal title
D	url
E	0: Exclude 1: Include 2: Paper not available 3: For discussion
F	Exclusion reason (see Table 2 for more details)
G	Publication year
H	Organ type: 1=hearts; 2=livers; 3=lungs; 4=other(combined)
I	Are donors clearly identified as deceased? DD=deceased donors.
J	Number of recipients with deceased or unknown source of transplants reported in research
K	Year/month in which first transplants took place
L	Year/month in which final transplants took place
M	Presence (=1) or absence (=0) of Institutional Review Board (Research Ethics Committee) approval for the research
N	Copy of text reporting ethics approval, if present
O	Information on identity of donors: 0 = No statement about identity of donors 1 = Explicit statement that organs came from volunteers or that no prisoners' organs were used 2 = Explicit statement that organs came from prisoners 3 = Sources mixed (i.e., prisoner and volunteer) 4 = Other (make note in column R)
P	Copy of text reporting identity of donors, if present. This included any papers in which there was some statement that organs did not come from executed prisoners, or came from volunteers, or donor gave consent etc.
Q	Type of donation: 0 = No information DBD = Donation after brain death – (death certified on neurological criteria) DCD = Donation after cardiac death – or non-heart beating (death declared on circulatory criteria) CDCD = China donation after citizen death - (a new China specific descriptor which denotes death declared on both neurological and circulatory criteria) OT = Other (make note in column R)
R	Comments
S	Initials of author doing data extraction for this paper
T	Initials of author if this entry was checked
U	Institution where transplants took place

Supplementary File: Full list of 445 studies, bibliographic details

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	B	C	D	E	F	G	H	I	J	K	L	M
1	Reference	Publicati	Organ type	Organs from	No of Tx fron	Year of first T	Year of last T	Ethics approv	Ethics text	Donor identit	Donor identit	Type of dona
2	Awang DVC, Kong L, Jiang W. Schisandra extract et	2010	Livers	DD	32	2004	2008	Yes	This study wa	No		OT
3	Bai DS, Dai Z, Zhou J, et al. Capn4 overexpression u	2009	Livers		252	2001	2005	Yes	Ethical appro	No		0
4	Bu X, Zheng Z, Yu Y, et al. Significance of C4d Depo	2006	Livers	DD	20	2001	2004	No		No		0
5	Cai CJ, Lu MQ, Chen YH, et al. Clinical study on prev	2012	Livers		252	2005	2007	No		No		0
6	Cai Q, Li S, Jiang Y, et al. Alleviating graft injury du	2016	Livers	DD	42	2013	2014	Yes	This study wa	No		0
7	Chen B, Gu Z, Chen H, et al. Establishment of high-	2010	Livers		51	0	0	Yes	The study pro	No		0
8	Chen D, Fan J, Guo F, et al. Novel Single Nucleotid	2013	Livers		96	2007	2011	Yes	This research	No		0
9	Chen D, Guo F, Shi J, et al. Association of hemoglo	2014	Livers		96	2007	2012	Yes	This study wa	No		0
10	Chen G, Liu H, Hu ZQ, et al. A new scheme with inf	2015	Livers		102	2006	2010	Yes	This study wa	No		0
11	Chen GH, Fu BS, Cai CJ, et al. A Single-Center Expe	2008	Livers		31	2004	2007	No		No		0
12	Chen GH, Wang GY, Yang Y, et al. Single-center ex	2009	Livers		20	2003	2007	No		No		0
13	Chen GH, Yang Y, Lu MQ, et al. Liver transplantatio	2010	Livers		268	2003	2007	No		No		0
14	Chen H, Chen E, Mao A, et al. Validation of limited	2007	Livers		30	0	0	Yes	The study wa	No		0
15	Chen H, Gu Z, Chen B, et al. Models for the predict	2008	Livers		60	0	0	Yes	The study pro	No		0
16	Chen H, Peng C, Yu Z, et al. Pharmacokinetics of m	2007	Livers		40	0	0	Yes	The study de	No		0
17	Chen HY, Han ZB, Fan JW, et al. MiR-203 expressio	2012	Livers	DD	66	2002	2007	Yes	Use of forma	No		0
18	Chen J, Li Y, Wang L, et al. Association of three SN	2012	Livers		178	2003	2010	Yes	This study wa	No		0
19	Chen P, Wang W, Yan L, et al. Risk factors for first-	2015	Livers	DD	791	1999	2013	Yes	This study wa	No		OT
20	Chen Y, Zhang H, Xiao X, et al. Peripheral blood tra	2013	Hearts	DD	12	2006	2010	Yes	After approva	Yes	All the donor	0
21	Chen YB, Li SD, Ju BL, et al. Suitable calcineurin inh	2011	Livers		97	2006	2008	Yes	All grafts we	Yes	Nothing in pa	0
22	Chen ZY, Yan LN, Zeng Y, et al. Preliminary Experie	2008	Livers	DD	14	2000	2006	Yes	The ethical a	Yes	All donors in	0
23	Cheng JW, Shi YH, Fan J, et al. An immune functio	2011	Livers		197	2002	2010	Yes	All blood sam	No		0
24	Cheng L, Tian F, Tang L, et al. Local distribution an	2012	Livers		73	2000	2006	Yes	Written infor	No		0
25	Cheng Y, Huang L, Zhang X, et al. Liver transplantat	2015	Livers		12	2013	2014	Yes	This study wa	No		0
26	Chu Z, Zhang J, Zhao Y, et al. Influence of immunos	2010	Livers		47	0	0	No		Yes	No prisoners	0
27	Dai Y, Li C, Wen TF, et al. Comparison of liver rese	2014	Livers	DD	10	0	0	Yes	All transplan	No		0
28	Deng JF, Geng L, Qian YG, et al. The Role of Toll-Li	2007	Livers		66	0	0	No		No		0
29	Dong J, Zhu Y, Ma F, et al. Conditional disease-free	2016	Livers		384	2003	2014	Yes	The study wa	No		0
30	Dong JY, Yin H, Li RD, et al. The relationship betwe	2011	Livers		83	2009	2009	No		No		0
31	Duan BW, Lu SC, Lai W, et al. The detection of (tot	2015	Livers		55	1999	2010	Yes	Prior to the s	No		0
32	Duan BW, Lu SC, Wu JS, et al. Model for end-stage	2014	Livers		78	2004	2010	Yes	Before the s	No		0
33	Fan J, Yang GS, Fu ZR, et al. Liver transplantation c	2009	Livers	DD	1074	2001	2007	No		Yes	All of the cad	OT
34	Fan J, Zhang X, Ren L, et al. Donor IL-18 rs5744247	2015	Livers		84	2007	2011	Yes	The study wa	No		0
35	Feng ZY, Xu X, Zhu SM, et al. Effects of low central	2010	Livers	DD	48	2006	2008	Yes	Under the ap	No		0
36	Fu BS, Zhang T, Li H, et al. The role of liver transpla	2011	Livers	DD	11	2003	2008	No		No		0
37	Fu YW, Wang WG, Zhou HL, et al. Presence of don	2006	Livers		126	1986	2000	Yes	Approval doc	No		0
38	Gao F, Ye Q, Wan Q, et al. Distribution and resista	2015	Livers		17	2007	2014	Yes	Â The ethics	No		0
39	Gao PJ, Gao J, Li Z, et al. Hepatocellular carcinoma	2014	Livers		340	2004/7	2011/12	Yes	The study wa	No		0
40	Gao S, Lin BY, Yang Z, et al. Role of overexpressior	2014	Livers		160	2001/1	2010/1	Yes	This study wa	No		0
41	Gao Y, Ren H, Meng F, et al. Pathological roles of i	2016	Livers		15	2010/6	2014/10	Yes	Ethics approv	Yes	No organ tra	0
42	Gao Y, Zhang M, Li J, et al. Circulating FoxP3+ regu	2015	Livers		12	2010/6	2013/6	Yes	The study pro	Yes	Organ donati	0
43	Gao YJ, Zhang M, Jin B, et al. A clinical-pathologica	2014	Livers		253	2005/7	2010/6	Yes	The study pro	Yes	Organ donati	0
44	Gu L, Jin W, Kan L, et al. A Retrospective Study to C	2014	Livers		190	2007/7	2009/3	No		No		0

	B	C	D	E	F	G	H	I	J	K	L	M
45	Gu L, Yu YC. Clinical outcome of dental implants pl	2011	Livers	DD	13	2005/1	2007/1	No		Yes	No organs fr	0
46	Gu LH, Fang H, Li FH, et al. Prediction of early hepa	2012	Livers		2	2006/10	2010/12	Yes	The study wa	No		0
47	Guo W, Sheng J, Gu Y, et al. Analysis and forecast	2014	Livers		249	2007/1	2009/1	No		No		0
48	Guo Z, He X, Wu L, et al. Model for end-stage liver	2010	Livers	DD	117	1998/1	2007/1	Yes	Informed cor	No		0
49	Han ZB, Zhong L, Teng MJ, et al. Identification of re	2012	Livers		165	2002/1	2007/12	Yes	All patients v	No		0
50	Hei Z, Chi X, Cheng N, et al. Upregulation of TLR2/4	2010	Livers	DD	18	0	0	Yes	This study wa	No		MX
51	Hu B, Gao DJ, Yu FH, et al. Endoscopic stenting for	2011	Livers	DD	13	2008/7	2010/6	Yes	The study pro	No		0
52	Hu J, Wang Z, Fan J, et al. Genetic variations in pla	2011	Livers	DD	209	2004/1	2008/6	Yes	The study pro	No		0
53	Hu J, Xie X, Li Y, et al. A novel noninvasive method	2012	Hearts	DD	47	2001	2010	Yes	The study wa	No		0
54	Hu WY, Wu LQ, Su Z, et al. Expression of human le	2014	Livers	DD	59	2005	2009	Yes	The present s	No		0
55	Hu XX, Yan LN. Retrospective analysis of prognostic	2011	Livers	DD	24	1999/2	2010/2	Yes	All the liver g	Yes	All the liver g	DBD
56	Hu Y, Zhang X, Liu Y, et al. APACHE IV is superior to	2013	Livers	DD	195	2006	2009	No		No		OT
57	Hu Z, Zhou J, Li Z, et al. Salvage liver transplantatio	2014	Livers	DD	53	2004	2012	Yes	Ethical appro	No		0
58	Hu Z, Zhou J, Li Z, et al. Time interval to recurrence	2015	Livers	DD	62	2001	2012	Yes	This single-c	No		0
59	Huang L, Li GM, Zhu JY, et al. Efficacy of sorafenib	2012	Livers	DD	97	2008	2010	No		No		0
60	Huang M, Shan H, Jiang Z, et al. The use of coronar	2006	Livers	DD	430	2003/11	2005/9	Yes	Written infor	No		0
61	Huang Q, Zhai RY, Dai DK. Interventional Treatmen	2007	Livers	DD	11	2004/6	2006/9	No		No		0
62	Huijun M, Ji Z, Ping X, et al. Linkage disequilibrium	2013	Lungs	DD	106	2004/8	2011/7	Yes	All protocols	No		0
63	Jiang GQ, Bai DS, Chen P, et al. Starting hemoglob	2011	Livers	DD	102	1996/7	2009/7	No		No		0
64	Jiang T, Li C, Duan B, et al. Risk factors for and ma	2016	Livers	DD	528	2007/1	2014/1	Yes	This study wa	No		0
65	Jiang T, Liu S, Xiao X, et al. Diagnosis of rejection a	2012	Livers	DD	66	0	0	No		No		0
66	Jiang Z, Chen Y, Feng X, et al. Recipient cytotoxic T	2013	Livers	DD	335	2005/1	2010/12	Yes	Written infor	No		0
67	Jiang Z, Feng X, Zhang W, et al. Recipient cytotoxic	2007	Livers	DD	167	2003/1	2005/12	No		No		0
68	Jiao ZY, Jiao Z. Prophylaxis of Recurrent Hepatitis B	2007	Livers	DD	85	1999/1	2005/9	No		No		0
69	Jin R, Duan H, Zhao C, et al. Pharmacokinetics of Cy	2012	Hearts	DD	5	0	0	No		No		0
70	Jin Z, Zhang WX, Chen B, et al. Stepwise regressio	2009	Livers	DD	29	2006/6	2007/3	Yes	All cases sign	No		0
71	Ju W, Chen M, Guo Z, et al. Allografts positive for I	2013	Livers	DD	23	2007/1	2010/2	Yes	All transplan	No		0
72	Ju WQ, Guo ZY, Liang WH, et al. Sirolimus convers	2012	Livers	DD	25	2005/10	2008/12	Yes	The study pro	No		0
73	Ju WQ, Guo ZY, Ling X, et al. Twenty-four hour ste	2012	Livers	DD	82	2006/9	2008/9	Yes	The study pro	No		0
74	Kong HY, Huang SQ, Zhu SM, et al. Role of anhepat	2013	Livers	DD	50	0	0	Yes	The study wa	No		0
75	Kong HY, Wen XH, Huang SQ, et al. Epsilon-aminoc	2014	Livers	DD	59	0	0	Yes	The study wa	No		0
76	Lai MC, Yang Z, Zhou L, et al. Long non-coding RNA	2012	Livers	DD	60	2003/1	2005/12	Yes	Our work wa	No		0
77	Lei J, Yan L. Outcome Comparisons Among the Har	2013	Livers	DD	197	2001/4	2012/8	Yes	Each organ d	Yes	No prisoners	0
78	Lei JY, Wang WT, Yan LN. Hangzhou criteria for live	2014	Livers	DD	278	2000/8	2010/12	Yes	All of the livi	Yes	The donors v	0
79	Lei JY, Yan LN, Zhu JQ, et al. Hepatocellular Carcino	2015	Livers	DD	53	2009/1	2014/8	No		No		0
80	Li C, Zhang F, Zhang W, et al. Feasibility of 125I br	2010	Livers	DD	8	2006/7	2009/12	Yes	All patients g	No		0
81	Li C, Zhu WJ, Wen TF, et al. Child-Pugh A Hepatitis	2014	Livers	DD	39	2007/1	2012/12	Yes	All transplan	No		0
82	Li D, Lu W, Zhu JY, et al. Population pharmacokinet	2007	Livers	DD	104	2004/7	2006/8	Yes	The study wa	No		0
83	Li D, Zhu JY, Gao J, et al. Polymorphisms of tumor	2007	Livers		70	2004/7	2006/7	Yes	The study wa	No		0
84	Li F, Yang M, Li B, et al. Initial clinical results of ort	2007	Livers		7	2001/4	2006/4	Yes	All 7 donated	Yes	All 7 donated	0
85	Li H, He JW, Fu BS, et al. Immunosuppressant-rela	2013	Livers		175	2004/1	2007/12	Yes	The study pro	Yes	All organ dor	0
86	Li H, Li B, Wei Y, et al. Preoperative transarterial ch	2015	Livers		450	2001/1	2013/12	No		No		0
87	Li H, Li J, Wang Y, et al. Proteomic analysis of efflu	2012	Hearts	DD	5	0	0	Yes	The study pro	Yes	Five donors v	DBD
88	Li H, Wang S, Wang G, et al. Yes-associated protei	2014	Livers		105	2004/6	2009/9	Yes	The present s	No		0

	B	C	D	E	F	G	H	I	J	K	L	M
89	Li H, Xie HY, Zhou L, et al. Copy number variation in	2012	Livers		266	2006/1	2009/3	Yes	This study wa	No		0
90	Li J, Liu B, Yan LN, et al. Reversal of Graft Steatosi	2009	Livers	DD	73	2003/7	2008/2	Yes	The study wa	Yes	No prisoners	DBD
91	Li MR, Chen GH, Cai CJ, et al. High hepatitis B virus	2011	Livers		322	2004/1	2009/1	No		No		0
92	Li Q, Yao G, Ge Q, et al. Relevant risk factors affec	2010	Livers		96	2004/8	2006/5	No		No		0
93	Li QY, Qin YS, Ling Q, et al. No therapeutic ERCP in	2011	Livers	DD	592	2004/5	2010/6	Yes	Each organ d	No		0
94	Li RD, Sun Z, Dong JY, et al. A quantitative assessm	2013	Livers		194	2009	2010	Yes	All persons h	No	Included in th	0
95	Li T, Chen ZS, Zeng FJ, et al. Impact of early biliary	2007	Livers	DD	84	2002/11	2005/6	No		No		0
96	Li WX, Li Z, Gao PJ, et al. Histological differentiatic	2014	Livers	DD	107	2002	2011	Yes	Informed cor	Yes	The deceased	0
97	Li X, Li X, Chi X, et al. Ulinastatin ameliorates acute	2015	Livers		60	0	0	Yes	Informed cor	No		0
98	Li Y, Shi Y, Chen J, et al. Association of polymorphis	2012	Livers		200	2000/4	2011/3	Yes	All the liver t	No		0
99	Li Y, Zhu M, Xia Q, et al. Urinary neutrophil gelatin	2012	Livers	DD	11	2007/12	2008/12	Yes	After the stu	No		0
100	Li Y, Zou Y, Cai B, et al. The associations of IL-18 se	2012	Livers		155	2000/4	2008/3	Yes	All liver trans	No		0
101	Liang TB, Bai XL, Li DL, et al. Early Postoperative He	2007	Livers		261	2003/1	2005/12	No		No		0
102	Liang TB, Li DL, Liang L, et al. Intraoperative blood	2008	Livers		37	2006/1	2006/12	Yes	The clinical s	No		0
103	Liang TB, Li JJ, Li DL, et al. Intraoperative blood sal	2010	Livers		45	2005/12	2006/10	Yes	Because of th	No		0
104	Lianghui G, Shusen Z, Tingbo L, et al. Deferred vers	2004	Livers		89	1999/1	2003/6	No		No		0
105	Lin MJ, Yang YL, Yu Q, et al. Value of percutaneous	2016	Livers		17	2008/4	2013/1	Yes	This study wa	No		0
106	Ling Q, Xie H, Lu D, et al. Association between don	2013	Livers		125	2006/11	2009/7	Yes	Informed cor	Yes	No donor liv	0
107	Ling Q, Xu X, Li J, et al. A new serum cystatin C-bas	2008	Livers	DD	60	2006/6	2007/1	Yes	Informed cor	No		0
108	Ling Q, Xu X, Wang K, et al. Donor PPAR? Gene Pol	2015	Livers	DD	176	2010/1	2012/10	Yes	This study wa	Yes	No donororg	0
109	Ling Q, Xu X, Wei Q, et al. Downgrading MELD imp	2012	Livers		189	2001/1	2010/6	Yes	Informed cor	No		0
110	Ling Q, Xu X, Wei Q, et al. Impact of preexisting dia	2011	Livers	DD	48	2003/9	2007/5	Yes	Informed co	No		0
111	Liu B, Teng F, Fu H, et al. Excessive intraoperative	2015	Livers	DD	479	2001/1	2012/12	Yes	Thisstudy wa	No		0
112	Liu C, Shang YF, Zhang XF, et al. Co-administration	2009	Livers		30	2000	2006	Yes	After the stu	No		0
113	Liu CZ, Hu SY, Jin B, et al. Hemodialysis-induced hy	2008	Livers		5	0	0	Yes	After obtaini	No		0
114	Liu D, Huang P, Li X, et al. Using inflammatory and	2014	Livers	DD	28	0	0	Yes	All study er	No		OT
115	Liu D, Luo G, Luo C, et al. Changes in the concentra	2015	Livers		28	0	0	Yes	This study wa	No		0
116	Liu J, Yan J, Wan Q, et al. The risk factors for tuber	2014	Livers	DD	4	2000/1	2013/8	Yes	The study pro	No		OT
117	Liu S, Fan J, Wang X, et al. Intraoperative Cryoprec	2013	Livers	DD	356	2005/1	2010/12	Yes	National legi	No		DCD
118	Liu S, Wang X, Lu Y, et al. The effects of intraopera	2013	Livers	DD	389	2003/1	2010/12	Yes	National legi	No		0
119	Liu S, Xing T, Sheng T, et al. The reduction rate of s	2014	Livers	DD	232	2007/1	2011/12	No		No		DCD
120	Liu XX, Xu BM, Chen H, et al. Limited Sampling Stra	2016	Livers		28	0	0	Yes	The study pro	No		0
121	Liu ZN, Wang WT, Yan LN. De Novo Malignancies a	2015	Livers	DD	6	2002/4	2009/3	Yes	All liver graft	No		DBD
122	Lu D, Xu X, Wang J, et al. The influence of a conten	2014	Livers	DD	184	2007/1	2010/1	Yes	Institutional	Yes	The liver don	DCD
123	Lu H, He J, Wu Z, et al. Assessment of Microbiome	2013	Livers		12	2011/3	2011/12	No		No		0
124	Lu NN, Huang Q, Wang JF, et al. Non-anastomotic	2012	Livers		42	2002/1	2011/1	No		No		0
125	Lu Q, Zhong XF, Huang ZX, et al. Role of contrast-e	2012	Livers		45	2005/1	2011/1	Yes	This study wa	No		0
126	Luo A, Wan Q, Ye Q, et al. The clinical manifestatic	2014	Livers		31	2007/1	2014/8	Yes	The present s	No		0
127	Luo A, Zhong Z, Wan Q, et al. The distribution and	2016	Livers		15	2003/1	2015/7	Yes	The ethics co	No		0
128	Luo YL, Yang XL, Cui JB, et al. Health-related qualit	2012	Livers		55	2009	2010	Yes	Transplantat	No		0
129	Lv Z, Cai X, Weng X, et al. Tumor-stroma ratio is a	2015	Livers		112	2006/1	2013/12	Yes	All patients s	No		0
130	Lv Z, Weng X, Du C, et al. Downregulation of HDAC	2016	Livers		69	2007/3	2013/3	Yes	Informed cor	No		0
131	Lyu SQ, Ren J, Zheng RQ, et al. Contrast-enhanced	2015	Livers	DD	98	2004/4	2014/5	Yes	This study wa	No		0
132	Mao W, Chen J, Zheng M, et al. Initial experience c	2013	Lungs		100	2002/6	2010/12	No		No		DBD

	B	C	D	E	F	G	H	I	J	K	L	M
133	Mao W, Hu Y, Lou Y, et al. Immature platelet fract	2015	Livers		30	2012	2013	Yes	The study wa	No		0
134	Mao WJ, Chen JY, Zheng MF, et al. Lung transplant	2011	Lungs		5	2002/9	2010/12	Yes	Lung transpla	No		0
135	Men TY, Wang JN, Li H, et al. Prevalence of multid	2013	Livers		100	2007/4	2010/12	Yes	The protocol	No		0
136	Minmin S, Zhidong G, Hao C, et al. Correlation bet	2010	Livers	DD	24	0	0	Yes	This study pr	No		0
137	Mu HJ, Xie P, Chen JY, et al. Association of TNF-?,	2014	Livers		113	2004/12	2012/11	Yes	All protocols	Yes	We did not u	0
138	Niu YJ, Shen ZY, Xu C, et al. Establishment of tacro	2013	Livers		86	2009/1	2011/1	No		No		0
139	Pan C, Shi Y, Zhang JJ, et al. Single-Center Experier	2009	Livers		253	1998/9	2007/7	No		Yes	No prisoners	0
140	Pan C, Wang C, Pan W, et al. Usefulness of real-tir	2011	Hearts	DD	95	2005/1	2009/2	Yes	The study co	No		0
141	Pan L, Zhang W, Zhang J, et al. The analysis of CD4	2012	Livers		31	0	0	Yes	Our study wa	No		0
142	Pei F, Shang K, Jiang B, et al. Clinicopathologic stu	2013	Livers		54	2000/8	2004/8	No		No		0
143	Qin J, Fang Y, Dong Y, et al. Radiological and clinic	2012	Livers		25	2003/1	2010/1	Yes	Approval wa	No		0
144	Qin J, Xu J, Dong Y, et al. High-resolution CT findin	2012	Livers		453	2000/1	2011/1	No		No		0
145	Qin Z, Linghu EQ. New endoscopic classification sy	2014	Livers	DD	78	2006/5	2011/9	No		No		0
146	Qiu Y, Zhu X, Wang W, et al. Nutrition Support Wit	2009	Livers		65	2002/1	2005/7	Yes	This randomi	No		0
147	Qu W, Zhu ZJ, Sun LY, et al. Salvage liver transplan	2015	Livers		108	2000/4	2011/6	Yes	This study wa	No		0
148	Ran JH, Zhang SN, Liu J, et al. In-hospital and follo	2016	Livers		34	2006/5	2010/12	Yes	Â The study v	Yes	researchers s	DCD
149	Ren J, Lu MD, Zheng RQ, et al. Evaluation of the m	2009	Livers		25	2007/2	2007/7	Yes	Informed cor	No		0
150	Ren J, Zheng BW, Wang P, et al. Revealing Impaire	2013	Livers		42	2007/2	2009/12	Yes	The study wa	No		0
151	Sha J, Tao Y, Li D, et al. Outcome of heart transpla	2008	Hearts	DD	10	2004/5	2006/2	No		No		0
152	Shaoyin D, Yongmei Y, Tong S, et al. Follow-up exa	2012	Hearts	DD	12	2006/6	2011/9	Yes	was approve	No		0
153	Shen JY, Li C, Wen TF, et al. Liver transplantation v	2016	Livers		102	2001/1	2014/12	Yes	Written infor	No		0
154	Sheng H, Lu Y, Chen H. Ocular Complications of Hea	2008	Hearts	DD	138	2000/5	2005/10	Yes	This study wa	No		0
155	Sheng L, Jun S, Jianfeng L, et al. The effect of siroli	2015	Livers	DD	127	2008	2013	No		No		DCD
156	Shi SH, Kong HS, Xu J, et al. Multidrug resistant gra	2009	Livers		475	2003/1	2006/12	Yes	This study wa	No		0
157	Shi Y, Li Y, Tang J, et al. Influence of CYP3A4, CYP3	2013	Livers		216	2000/4	2008/3	Yes	This study wa	No		0
158	Shi Z, Yan L, Zhao J, et al. Prevention and treatmer	2010	Livers	DD	275	1999/2	2007/12	Yes	Written, info	No		BDD
159	Song SH, Li XX, Wan QQ, et al. Risk factors for mor	2014	Livers		51	2007/1	2014/5	Yes	The present s	No		0
160	Su H, Liu Z, Sun Y, et al. Efficacy and safety of low	2015	Livers		31	2005/1	2010/12	Yes	This study wa	No		0
161	Sun B, Li XY, Gao JW, et al. Population pharmacoki	2010	Livers		124	2000	2007	Yes	The study wa	No		0
162	Sun H, Teng M, Liu J, et al. FOXM1 expression pred	2011	Livers	DD	5	2001/10	2009/4	Yes	Ethical appro	No		0
163	Sun J, Cao G, Zhang L, et al. Human cytomegaloviru	2012	Livers		69	2002/1	2009/6	Yes	The study wa	No		0
164	Sun XY, Dong JH, Qin K, et al. Single center study o	2016	Livers	DD	6	2011/1	2013/12	Yes	with the app	Yes	The donation	DCD
165	Sun Y, Yin S, Xie H, et al. Immunophenotypic shift c	2009	Livers		62	0	0	Yes	This study wa	No		0
166	Tu Z, Xiang P, Xu X, et al. DCD liver transplant infec	2016	Livers	DD	257	2010/10	2015/5	Yes	Our study fol	No	Donor factors	DCD
167	Vitale A, Cucchetti A, Qiao GL, et al. Is resectable h	2014	Livers		441	2000/1	2011/12	No		No		0
168	Wan P, Xia Q, Zhang JJ, et al. Liver transplantation	2014	Livers	DD	114	2007/1	2010/12	Yes	Organ donati	No		DBD + DCD
169	Wan P, Zhang J, Long X, et al. Serum levels of prec	2014	Livers	DD	189	2007/1	2010/6	Yes	Organ donati	No		DBD + DCD
170	Wan Q, Ye Q, Su T, et al. The epidemiology and dis	2014	Livers		35	2002/1	2014/4	Yes	upon approva	No		0
171	Wan QQ, Ye QF, Ming YZ, et al. The risk factors for	2013	Livers	DD	43	2002/1	2012/1	Yes	The present s	No		0
172	Wang B, He HK, Cheng B, et al. Effect of low centra	2013	Livers	DD	65	2003/6	2009/12	Yes	This study wa	No		0
173	Wang CM, Li X, Song S, et al. Newly designed γ-co	2012	Livers	DD	10	2000/7	2010/7	Yes	Study approv	No		0
174	Wang E, Nie Y, Zhao Q, et al. Circulating miRNAs r	2013	Hearts	DD	7	2011/7	2011/8	Yes	The protocol	No		0
175	Wang G, Yang J, Li M, et al. Liver transplant may in	2013	Livers		60	2003/10	2008/12	Yes	The study wa	No		0
176	Wang GY, Jiang N, Yi HM, et al. Pretransplant elev	2016	Livers	DD	41	2007/10	2009/1	No		No		DCD

	B	C	D	E	F	G	H	I	J	K	L	M
177	Wang GY, Yang Y, Li H, et al. A scoring model base	2011	Livers		101	2003/10	2009/6	No	Â	No		0
178	Wang J, Liu JJ, Liang YY, et al. Could diffusion-weig	2012	Livers		55	2005/4	2009/11	Yes	Informed cor	No		0
179	Wang J, Yang W, Huang Q, et al. Interventional tre	2015	Livers	DD	12	2007/7	2013/4	Yes	This study wa	No		0
180	Wang JF, Zhai RY, Wei BJ, et al. Percutaneous Intra	2006	Livers		10	2004/4	2005/5	No		No		0
181	Wang K, Zhu ZJ, Zheng H, et al. Protective hepatitis	2012	Livers		26	2006/11	2007/2	Yes	All subjects s	No		0
182	Wang L, Li N, Wang MX, et al. Benefits of minimiz	2015	Livers	DD	206	2010/1	2012	Yes	The study wa	No		0
183	Wang P, Song W, Li H, et al. Association between	2015	Livers		76	2001/7	2012/8	Yes	Informed cor	No		0
184	Wang P, Wang C, Li H, et al. Impact of age on the	2015	Livers	DD	290	2001/1	2011/12	Yes	This study wa	No		0
185	Wang S, Li J, Xie A, et al. Dynamic changes in Th1,	2011	Hearts	DD	24	0	0	Yes	the study wa	No		0
186	Wang SY, Tang HM, Chen GQ, et al. Effect of ursoc	2012	Livers	DD	112	2005/5	2008/4	Yes	Informed cor	Yes	DCD livers w	DCD
187	Wang W, Ye Y, Wang T, et al. Prognostic predictio	2016	Livers		248	2002/1	2012/12	Yes	All participar	No		0
188	Wang WL, Jin J, Zheng SS, et al. Tacrolimus dose r	2006	Livers	DD	50	2004/7	2005/3	No		No		0
189	Wang Y, Liu Y, Han R, et al. Monitoring of CD95 an	2010	Livers	DD	44	2004	2004	Yes	The present s	Yes	All recipients	0
190	Wang Y, Liu Y, Han R, et al. Temporal evolution of	2008	Livers	DD	20	0	0	No		No		0
191	Wang Y, Liu Y, Han R, et al. Hemostatic variation d	2008	Livers	DD	20	2004	2004	Yes	The present s	No		0
192	Wang Y, Liu Y, Zhang Y, et al. The role of the CD95	2006	Livers	DD	30	2003	2004	No		No		0
193	Wang Y, Zhang M, Liu ZW, et al. The ratio of circul	2014	Livers	DD	38	0	0	Yes	The study pro	No		0
194	Wang YI, Li G, Zhang Y, et al. The Expression of vo	2007	Livers		20	2004	2004	No		No		0
195	Wang YL, Li G, Wu D, et al. Analysis of Alpha-fetop	2007	Livers		30	2004	2004	No		No		0
196	Wang YL, Tang ZQ, Gao W, et al. Influence of Th1,	2003	Livers		25	0	0	No		No		0
197	Wang YL, Zhang YY, Zhou YL, et al. T-helper and T-	2004	Livers		30	2002	2002	No		No		0
198	Wang Z, He JJ, Liu XY, et al. The evaluation of ente	2015	Livers	DD	92	0	0	Yes	The study wa	No	The liver was	DCD
199	Wang Z, Liao J, Wu S, et al. Recipient C6 rs9200 ge	2016	Livers		71	2007/7	2012/3	Yes	This research	No		0
200	Wang Z, Shi B, Jin H, et al. Low-dose of tacrolimus	2009	Livers		25	0	0	Yes	This study wa	No		0
201	Wang Z, Wu S, Chen D, et al. Influence of TLR4 rs1	2014	Livers		86	2007/7	2011/2	Yes	The protocol	No		0
202	Wang ZX, Song SH, Teng F, et al. A single-center re	2010	Livers	DD	251	2001/12	2007/12	No		No		0
203	Wang ZX, Yan LN, Wang WT, et al. Impact of Pretr	2007	Livers		42	1999/12	2005/11	No		No		0
204	Wei Q, Xu X, Wang C, et al. Efficacy and safety of a	2016	Livers	DD	166	2009/4	2011/6	Yes	Each organ d	No		DCD, OT
205	Wei Y, Zhang L, Lin H, et al. Factors Related to Pos	2006	Livers		82	1999	2002	No		No		0
206	Wen O, Li X, Wan Q, et al. The risk factors for mor	2015	Livers		37	2002/1	2013/9	Yes	The present s	No		0
207	Wu B, Wu H, Chen J, et al. Comparative proteomic	2013	Livers	DD	5	2008/11	2009/3	Yes	Written infor	No		DCD
208	Wu CZ, Ni XJ, Zheng SL, et al. A fast SSP-PCR meth	2009	Livers		59	0	0	No		No		0
209	Wu J, Xu X, Liang T, et al. Long-term outcome of co	2008	Livers		69	1999/1	2006/10	Yes	Each organ d	No		0
210	Wu J, Zhu SM, He HL, et al. Plasma propofol conce	2005	Livers		10	0	0	Yes	The study wa	No		0
211	Wu L, Chen L, Zhou L, et al. Association of interleul	2011	Livers		125	2004	2008	Yes	Informed cor	No		0
212	Wu L, Hu A, Tam N, et al. Salvage liver transplanta	2012	Livers	DD	339	2004	2008	Yes	Prior to the s	No		0
213	Wu L, Tam N, Deng R, et al. Steroid-resistant acute	2014	Livers	DD	962	2004	2012	Yes	Prior to the s	No		0
214	Wu L, Xu X, Shen J, et al. MDR1 gene polymorphisr	2007	Livers		99	2003/2	2006/9	No		No		0
215	Wu L, Zhang J, Guo Z, et al. Diagnosis and treatme	2011	Livers		8	2000/1	2007/12	Yes	Each organ d	No		0
216	Wu L, Zhang J, Guo Z, et al. Hepatic artery thrombo	2011	Livers		726	2004	2009	Yes	Before the st	No		0
217	Wu LM, Xie HY, Zhou L, et al. A Single Nucleotide F	2009	Livers		93	2003/2	2006/2	Yes	This study pr	No		0
218	Wu LM, Yang Z, Zhou L, et al. Identification of histo	2010	Livers		43	2003	2005	Yes	The study pro	No		0
219	Wu LM, Zhang F, Xie HY, et al. MMP2 promoter po	2008	Livers		93	2003/2	2006/2	Yes	This study wa	No		0
220	Wu LM, Zhang F, Zhou L, et al. Predictive value of (	2010	Livers		65	2003	2005	Yes	This study wa	No		0

	B	C	D	E	F	G	H	I	J	K	L	M
221	Wu Y, Cai B, Tang J, et al. Tacrolimus may induce t	2011	Livers		94	2007	2010	Yes	This study ha	No		0
222	Wu ZW, Lu HF, Wu J, et al. Assessment of the Fec	2012	Livers		74	0	0	Yes	The project w	No		0
223	Xia D, Yan LN, Li B, et al. Orthotopic liver transplan	2005	Livers		5	2001/4	2002/11	No		No		0
224	Xia D, Yan LN, Xu L, et al. Postoperative Severe Pne	2006	Livers		132	1999/2	2004/4	No		No		0
225	Xia W, Ke Q, Wang Y, et al. Donation after cardiac	2015	Livers	DD	127	2010/10	2014/4	Yes	Informed cor	No		DCD
226	Xia W, Ke Q, Wang Y, et al. Predictive value of pre-	2015	Livers	DD	302	2003/1	2013/12	Yes	Ethical appro	No		0
227	Xia ZW, Jun CY, Hao C, et al. The occurrence of dia	2010	Livers		67	2005/5	2008/8	Yes	The study de	No		0
228	Xiao L, Fu ZR, Ding GS, et al. Liver Transplantation	2009	Livers	DD	244	2001/12	2006/12	No		No		0
229	Xiao L, Fu ZR, Ding GS, et al. Prediction of survival	2009	Livers	DD	137	2002/8	2007/11	Yes	None of the	Yes	None of the	DCD
230	Xiao M, Xu X, Zhu H, et al. Efficacy and safety of ba	2015	Livers		268	2008/6	2011/3	Yes	Institutional	No		0
231	Xie BX, Zhu YM, Chen C, et al. Outcome of TiNi ste	2013	Lungs		24	2003/1	2010/6	Yes	This study wa	No		0
232	Xie HY, Wang WL, Yao MY, et al. Polymorphisms in	2008	Livers		186	2003	2005	Yes	The local Eth	No		0
233	Xie M, Rao W, Sun LY, et al. Tacrolimus-related se	2014	Livers	DD	13	2007/1	2010/12	Yes	Conduct of ou	No		0
234	Xie M, Rao W, Yang T, et al. Occult hepatitis B viru	2015	Livers		65	2008/6	2012/6	Yes	The conduct	No		0
235	Xie SB, Zhu JY, Ying Z, et al. Prevention and risk fac	2010	Livers	DD	160	2003/10	2008/8	No		No		0
236	Xing T, Huang L, Yu Z, et al. Comparison of Steroid-	2013	Livers	DD	178	2003/1	2009/12	Yes	The study wa	No		0
237	Xing T, Qiu G, Zhong L, et al. Calcitriol reduces the	2013	Livers		75	2010/3	2011/3	Yes	The study pro	No		0
238	Xing T, Zhong L, Chen D, et al. Experience of combi	2013	Livers	DD	133	2001/1	2009/12	Yes	The study, a	No		0
239	Xing T, Zhong L, Qiu G, et al. Evolution of CD4+CD2	2014	Livers		75	2010/3	2011/3	No		No		0
240	Xu G, Li LL, Sun ZT, et al. Effects of dexmedetomid	2016	Livers		80	2014/12	2015/12	Yes	The study wa	No		0
241	Xu H, Li W, Xu Z, et al. Evaluation of the right ventr	2012	Livers		30	0	0	Yes	After obtaini	No		0T
242	Xu J, Shen ZY, Chen XG, et al. A randomized contro	2007	Livers	DD	60	2004/7	2004/11	Yes	The study wa	Yes	donor livers v	0
243	Xu L, Li X, Xu M, et al. Perioperative use of ECMO d	2009	Lungs	DD	9	2002	2006	No		No		0
244	Xu L, Xu MQ, Yan LN, et al. Causes of mortality afte	2012	Livers	DD	472	1999/2	2009/12	No		No		0
245	Xu X, Guo HJ, Xie HY, et al. ZIP4, a novel determina	2014	Livers		60	2002	2009	Yes	The study pro	Yes	No donor live	0
246	Xu X, Ke QH, Shao ZX, et al. The value of serum ?-f	2009	Livers		97	2004/2	2006/12	No		No		0
247	Xu X, Ling Q, Gao F, et al. Hepatoprotective effects	2009	Livers	DD	151	2003/9	2006/1	Yes	The ethical c	Yes	DONORS gav	0
248	Xu X, Ling Q, Wu J, et al. A novel prognostic model	2007	Livers	DD	199	2003/1	2006/9	Yes	Each organ c	No		0
249	Xu X, Ling Q, Zhang M, et al. Outcome of patients v	2009	Livers	DD	32	2003/1	2006/3	No		Yes	Informed cor	0
250	Xu X, Liu X, Ling Q, et al. Artificial Liver Support Sys	2013	Livers		171	2001/1	2009/12	Yes	This study wa	Yes	No donor live	0
251	Xu X, Qu K, Wan Y, et al. Tumor existence and tum	2014	Livers		111	2002/8	2012/3	Yes	The procedur	No		0
252	Xu X, Tu Z, Wang B, et al. A novel model for evalua	2011	Livers	DD	185	2006/1	2008/12	Yes	The guideline	Yes	No donor live	0
253	Xu ZD, Xu HT, Li WW, et al. Influence of preoperati	2013	Livers	DD	330	2005/1	2009/12	No		No		0
254	Xue F, Higgs BW, Huang J, et al. HERC5 is a progno	2015	Livers		21	2008	2012	Yes	Informed wri	Yes	No donor org	0
255	Xue F, Zhang J, Han L, et al. Immune cell functiona	2010	Livers		79	2008/4	2009/1	No		No		0
256	Xue J, Wang L, Chen CM, et al. Acute kidney injury	2014	Lungs		88	2002/9	2011/12	Yes	All transplan	No		0
257	Xue M, Lv C, Chen X, et al. Donor liver steatosis: A r	2017	Livers		739	2001/4	2014/12	Yes	The study wa	No		0
258	Yambe T, Meng X, Hou X, et al. Cardio-ankle vascul	2005	Hearts	DD	7	0	0	No		No		0
259	Yan S, Tu Z, Lu W, et al. Clinical utility of an autom	2009	Livers		183	2007/1	2009/1	Yes	This study wa	No		0
260	Yang CH, He XS, Chen J, et al. Fungal infection in pa	2012	Livers		886	2003/1	2012/9	No		No		0
261	Yang JW, Liao SS, Zhu LQ, et al. Population pharma	2015	Livers		52	2011	2012	Yes	Approval for	No		0
262	Yang X, Lu Q, Tang T, et al. Prediction of the progn	2013	Livers	DD	74	1999/1	2010/12	Yes	The study pro	Yes	None of the	0
263	Yang YJ, Chen DZ, Li LX, et al. Sirolimus-Based Imn	2008	Livers		16	2004/1	2005/1	No		No		0
264	Yang YL, Shi LJ, Lin MJ, et al. Clinical analysis and s	2013	Livers		14	2001/11	2005/10	No		No		0

	B	C	D	E	F	G	H	I	J	K	L	M
265	Yang Z, Zhou L, Wu LM, et al. Overexpression of lo	2011	Livers		60	2003	2005	Yes	This study wa	No		0
266	Yang Z, Zhou L, Wu LM, et al. Combination of polyr	2010	Livers		97	2003	2006	Yes	This study pr	No		0
267	Yao J, Feng XW, Yu XB, et al. Recipient IL-6-572c/G	2013	Livers		335	2005/1	2010/12	Yes	This study wa	No		0
268	Yi H, An Y, Lv H, et al. The association of lipopolysa	2014	Livers		26	2004/3	2006/1	Yes	The study pr	No		0
269	Yu S, He X, Yang L, et al. A retrospective study of c	2008	Livers		44	2004/1	2007/1	No		No		0
270	Yu S, Wu L, Jin J, et al. Influence of CYP3A5 gene p	2006	Livers	DD	53	2004/7	2005/3	No		No		0
271	Yu X, Wei B, Dai Y, et al. Genetic polymorphism of	2014	Livers		289	2006	2011	Yes	The research	No		0
272	Yu X, Xie H, Wei B, et al. Association of MDR1 gene	2011	Livers		64	0	0	Yes	The research	No		0
273	Yuan D, Wei YG, Lin HM, et al. Risk factors of biliar	2009	Livers	DD	263	1999/1	2005/11	Yes	All the liver t	No		0
274	Zeng Z, Jiang Z, Wang CS, et al. Preoperative evalu	2010	Hearts	DD	106	2004/1	2006/3	No		No		0
275	Zhai H, Liang P, Yu XL, et al. Microwave ablation in	2015	Livers		11	2008/10	2014/8	No		No		0
276	Zhang A, Zhang M, Shen Y, et al. Hepatitis B virus r	2009	Livers		144	2002/1	2005/12	No		No		0
277	Zhang C, Rao J, Tu Z, et al. Surgical resection of res	2009	Livers		5	2003/10	2007/9	No	The study wa	No		0
278	Zhang D, Jiao Z, Han J, et al. Clinicopathological fea	2014	Livers		184	1999	2010	Yes	This study w	Yes	Grafts were	0
279	Zhang F, Wu LM, Zhou L, et al. Predictive value of e	2008	Livers		65	2003	2005	Yes	This study wa	No		0
280	Zhang FJ, Li CX, Liang Z, et al. Short- to mid-term e	2009	Livers		10	2004/11	2008/5	Yes	All procedur	No		0
281	Zhang H, Chen L, Gu G, et al. Clinical observation a	2013	Livers		8	2004/5	2009/3	No		No		0
282	Zhang HM, Jiang WT, Pan C, et al. Milan criteria, U	2015	Livers	DD	1554	2000/1	2011/12	No		No		0
283	Zhang HM, Li SP, Yu Y, et al. Bi-directional roles of	2016	Livers		127	2011/7	2014/7	Yes	The study wa	No		0
284	Zhang LJ, Yang GF, Jiang B, et al. Cavernous transf	2008	Livers		14	2003/1	2005/2	No		No		0
285	Zhang M, Yin F, Chen B, et al. Mortality risk after li	2012	Livers	DD	290	1999/2	2009/8	Yes	Each liver do	Yes	All organ dor	MX
286	Zhang M, Zhong X, Zhang W, et al. Human parvovi	2015	Livers	DD	13	2011/11	2014/5	Yes	We obtained	No	The livers for	DCD
287	Zhang ML, Xu J, Zhang W, et al. Microbial epidemi	2016	Livers	DD	198	2010/1	2014/12	No		No		DCD
288	Zhang P, Guo Z, Zhong K, et al. Evaluation of Immu	2015	Livers		68	0	0	Yes	This study wa	No		0
289	Zhang Q, Chen H, Li Q, et al. Combination adjuvant	2011	Livers		95	2005/2	2006/12	Yes	The protocol	No		0
290	Zhang Q, Chen X, Zang Y, et al. The Survival Benefi	2012	Livers		313	2002	2008	Yes	This retrospe	No		0
291	Zhang Q, Shang L, Zang Y, et al. ?-Fetoprotein is a	2014	Livers		203	2002/7	2006/12	Yes	This study w	No		0
292	Zhang W, Zhong H, Zhuang L, et al. Peripheral bloc	2016	Livers	DD	76	2011/1	2013/12	Yes	This study wa	No		0
293	Zhang X, Fan J, Yang MF, et al. Monitoring of huma	2009	Livers		51	2005/11	2007/9	No		No		0
294	Zhang X, Wang Z, Fan J, et al. Impact of interleukin	2011	Livers		53	2006/5	2010/3	Yes	This study wa	No		0
295	Zhang X, Xu J, Fan J, et al. Influence of IL-18 and IL	2017	Lungs	DD	51	2005/7	2015/7	Yes	The study wa	No		0
296	Zhang XD, Cheng Y, Poon CS, et al. Long-and short-	2015	Livers		13	2013/12	2014/9	Yes	This prospect	No		0
297	Zhang XF, Lv Y, Xue WJ, et al. Mycobacterium tube	2008	Livers		85	2000	2006/4	No		No		0
298	Zhang XQ, Wang ZW, Fan JW, et al. The impact of	2012	Livers		262	2002/3	2009/7	Yes	This study wa	No		0
299	Zhang Y, Wang YL, Liu YW, et al. Change of Periphe	2009	Livers	DD	20	2003	2004	Yes	The present s	No		0
300	Zhang Y, Yan L, Wen T, et al. Prophylaxis against h	2012	Livers		510	1999/6	2009/10	Yes	These were a	Yes	All liver graf	0
301	Zhang YC, Qu EZ, Ren J, et al. New diagnosis and t	2014	Livers		594	2003/10	2012/6	Yes	All the patier	No		0
302	Zheng RQ, Mao R, Ren J, et al. Contrast-enhanced	2010	Livers		47	2005/3	2008/12	Yes	Written, info	No		0
303	Zheng S, Chen Y, Liang T, et al. Prevention of hepat	2006	Livers		165	1999/12	2004/6	No		No		0
304	Zheng SS, Xu X, Wu J, et al. Liver transplantation fo	2008	Livers		195	2000/1	2007/1	Yes	In-formed co	No		0
305	Zheng Z, Gao S, Yang Z, et al. Single nucleotide po	2014	Livers		187	2003	2012	Yes	This study pr	No		0
306	Zheng Z, Lin B, Zhang J, et al. Absolute lymphocyte	2015	Livers		269	2004	2013	Yes	This study wa	No		0
307	Zhenglu W, Hui L, Shuying Z, et al. A Clinical-Patho	2007	Livers		131	2000/6	2006/8	No		No		0
308	Zhong L, Men TY, Li H, et al. Multidrug-resistant gr	2012	Livers	DD	217	2007/1	2010/4	Yes	This study wa	No		0

	B	C	D	E	F	G	H	I	J	K	L	M
309	Zhongyang S, Yihe L, Lixin Y, et al. An experience fr	2006	Livers	DD	1510	2000/1	2005/6	No		No		0
310	Zhou B, Shan H, Zhu KS, et al. Chemoembolization	2010	Livers		726	2003/11	2007/10	Yes	This retrospe	No		0
311	Zhou J, Fan J, Wang JH, et al. Continuous transcath	2005	Livers		287	2001/4	2005/4	No		No		0
312	Zhou J, Huang H, Liu S, et al. Staphylococcus Aureu	2015	Livers		20	2001/1	2014/12	No		No		0
313	Zhou J, Ju W, Yuan X, et al. ABO-incompatible liver	2015	Livers		103	2006/1	2010/12	Yes	This study ha	No		0
314	Zhou J, Wang Z, Qiu SJ, et al. Surgical treatment fo	2010	Livers	DD	1105	2003/1	2007/12	Yes	Allexcept tw	No		0
315	Zhou J, Wang Z, Wu ZQ, et al. Sirolimus-Based Imr	2008	Livers		73	2004/3	2005/12	Yes	This study wa	No		0
316	Zhou L, Fan J, Zheng SS, et al. Prevalence of Huma	2006	Livers		5	0	0	No		No		0
317	Zhou L, Wei B, Xing C, et al. Polymorphism in 3'-un	2011	Livers		125	2004	2008	Yes	This study wa	No		0
318	Zhou L, Zhou W, Wu L, et al. The association of fre	2010	Livers		37	0	0	Yes	This study wa	No		0
319	Zhou ZB, Shao XX, Yang XY, et al. Influence of Hydr	2015	Livers		394	2003/5	2013/12	No		No		0
320	Zhu L, Wang H, Rao W, et al. A limited sampling st	2013	Livers		26	0	0	No		No		0
321	Zhu M, Li Y, Xia Q, et al. Strong impact of acute kid	2010	Livers	DD	193	2004/10	2006/1	Yes	This study wa	Yes	No prisoners	0
322	Zhu Q, Zhou L, Yang Z, et al. O-GlcNAcylation plays	2012	Livers		60	2003	2005	Yes	This study wa	No		0
323	Zhu X, Wu Y, Qiu Y, et al. Effects of ?-3 fish oil lipid	2013	Livers		98	2006/1	2010/7	Yes	The protocol	No		0
324	Zhu XD, Shen ZY, Chen XG, et al. Pathotyping and c	2013	Livers		103	2002/4	2006/3	Yes	All protocols	No		0
325	Zhu XS, Gao YH, Wang SS, et al. Contrast-enhanced	2012	Livers	DD	247	2003/8	2010/12	Yes	This retrospe	Yes	Severe injurie	DCD + DBD
326	Zhu XS, Wang SS, Cheng Q, et al. Using ultrasonog	2016	Livers	DD	40	0	0	Yes	Written infor	Yes	Written infor	DBD
327	Zhu ZJ, Shen ZY, Gao W, et al. Feasibility of using a	2010	Livers	DD	14	2003/5	2009/12	No		No		DCD
328	Zicheng Y, Weixia Z, Hao C, et al. Limited sampling	2007	Livers		38	0	0	Yes	The study pro	No		0
329	Zou SJ, Chen D, Li YZ, et al. Monitoring Hepatocyte	2015	Livers		57	2011/1	2014/1	Yes	This study wa	No		0
330	Zou Y, Yang X, Jiang X, et al. High levels of soluble	2009	Livers	DD	133	2005	2007	Yes	The Universit	No		0
331	Cai X, Liu F, Zhu F, et al. Cholangiographic features	2015	Livers		76	2006	2009	Yes	The study pro	No		0
332	Chen D, Liu S, Chen S, et al. Donor interleukin 6 ger	2016	Livers		110	2006/12	2013/12	Yes	Written infor	No		0
333	Chen H, Miao R, Fan J, et al. Decreased expression	2013	Livers		68	2002	2007	Yes	All samples v	No		0
334	Chen J, Wang Y, Shen Z, et al. Early diagnostic valu	2011	Livers	DD	55	2008	2009	Yes	The present s	Yes	No prisoners	0
335	Chen J, Zhong L. Clinical significance of serum hepc	2013	Livers		18	2009/10	2010/1	No		No		0
336	Chen X, Meng X, Xu Y, et al. Cytokine and human le	2016	Livers		23	2004/1	2014/12	Yes	This compara	No		0
337	Chen XY, Hou PF, Bi J, et al. Detection of human cy	2014	Livers		133	0	0	No		No		0
338	Cheng Y, Huang LX, Zhang L, et al. Longitudinal intr	2017	Livers		20	2013/12	2015/10	Yes	This study wa	No		0
339	Chuan W, Li C, Wen TF, et al. Short-term and long-	2014	Livers	DD + LD	39	2008/5	2011/10	No		No		0
340	Dai X, Zhao HQ, Liu RH, et al. Percutaneous radiofr	2012	Livers		124	0	0	Yes	This study wa	No		0
341	Fan J, Zhang X, Chen XM, et al. Monitoring of huma	2009	Livers		97	0	0	No		No		0
342	Fan X, Chen Z, Nasralla D, et al. The organ preserva	2016	Livers	DD	32	2010/4	2015/5	Yes	This study wa	Yes	All organs th	DBD
343	Fang C, Yan S, Liu J, et al. Gastrointestinal perforat	2016	Livers	DD	8	2008/5	2014/2	No		No		0
344	Fu SJ, Ji F, Han M, et al. Prognostic value of combi	2017	Livers		130	0	0	No		No		0
345	Gao PJ, Gao J, Li Z, et al. Liver transplantation in ac	2016	Livers		20,524	1993/1	2013/6	Yes	This study wa	No		0
346	Gao S, Yang Z, Zheng ZY, et al. Reduced expressior	2013	Livers		61	2003	2005	Yes	The study wa	No		0
347	Guo QL, Duan BW, Lu SC, et al. Liver transplantatic	2017	Livers	DD	370	2010/1	2014/12	Yes	the protocol	No		DCD
348	Han ZB, Chen HY, Fan JW, et al. Up-regulation of n	2011	Livers		100	2002	2007	Yes	All patients	No		0
349	Huang J, Yan L, Wu H, et al. Is radiofrequency ablat	2016	Livers	DD	269	1997/3	2012/12	Yes	This study co	No		0
350	Huang Y, Yang X, Zhao F, et al. Overexpression of D	2014	Livers		148	2001	2005	Yes	Ethicalapprov	No		0
351	Huang ZY, Liang BY, Xiong M, et al. Severity of cirr	2016	Livers		51	2001	2009	Yes	The study p	No		0
352	Lei JY, Yan LN, Wang WT, et al. Health-Related Qu	2016	Livers	DD	95	2000/8	2010/7	Yes	All of the livi	Yes	Inaddition, th	DBD

	B	C	D	E	F	G	H	I	J	K	L	M
353	Li D, Lu T, Shen C, et al. Expression of fibroblast gr	2016	Livers		15	2014/1	2014/12	Yes	Written info	No	Hepatic tissu	DCD
354	Li H, Xie HY, Zhou L, et al. Lack of association of th	2011	Livers	DD	185	2006/1	2009/3	Yes	This study wa	No		0
355	Li J, Bai Y, Wang L, et al. Regulatory Effect of FK50	2008	Livers		22	2006/11	2007/3	No		No		0
356	Li W, Yuan G, Liu H, et al. Comparison of HPLC-MS/	2015	Livers		not specified	0	0	No		No		0
357	Li X, Chi X, Luo G, et al. Ulinastatin ameliorates ac	2015	Livers		60	0	0	Yes	Informed cor	No		0
358	Lin B, Geng L, Zheng Z, et al. The predictive value o	2016	Livers		84	2004/1	2011/12	Yes	All LT were p	Yes	In this study,	0
359	Lin XH, Teng S, Wang L, et al. Fatigue and its assoc	2017	Livers	DD	281	0	0	Yes	Ethical appro	Yes	The organ t	0
360	Lin YH, Cai ZS, Jiang Y, et al. Perioperative risk fact	2010	Livers		107	2007/4	2009/3	Yes	The Clinical F	No		0
361	Ling L, He X, Zeng J, et al. In-hospital cerebrovascu	2008	Livers		337	1996/1	2005/6	Yes	The research	No		0
362	Ling Q, Xie H, Li J, et al. Donor Graft MicroRNAs: A	2017	Livers		213	2011/9	2014/12	Yes	This study wa	Yes	No donor live	OT
363	Liu C, Tsai HL, Chin T, et al. Experience of surgical t	2016	Livers	DD	213	2011/9	2014/12	Yes	This study wa	Yes	No donor live	DCD
364	Liu S, Bai Y, Huang J, et al. Do mitochondria contrib	2013	Hearts	DD	6	0	0	Yes	All participar	Yes	Normal cont	0
365	Liu X, Wang B, Zhang X, et al. Liver Transplantation	2016	Livers	DD	102	2010/3	2014/12	Yes	. The study p	Yes	All the DBCD	DBCD
366	Liu Y, Liu YY, Li CP, et al. Comprehensive comparisc	2015	Livers		1163	2008/1	2012/12	Yes	This study wa	Yes	None of the	0
367	Lu HW, Dong JH, Li CH, et al. The defects of cholan	2014	Livers	DD	4	2008/1	2010/12	Yes	The study wa	No	Thedonor liv	DCD
368	Lu SC, Jiang T, Lai W, et al. Reestablishment of act	2014	Livers		200	1999	2010	Yes	This study wa	No		0
369	Luo XJ, Wang W, Hu SS, et al. Extracorporeal mem	2009	Hearts	DD	45	2005/2	2008/6	No		No		0
370	Meng X, Chen X, Wu L, et al. The Hyperlipidemia C	2017	Livers		38	0	0	Yes	The study wa	No		0
371	Niu Y, Chen X, Feng L, et al. Anti-HBc-positive/HBs	2014	Livers		19	2012/1	2012/5	Yes	The Medical	No		0
372	Peng C, Zhang Z, Wu J, et al. A critical role for ZDH	2014	Livers		40	2006	2009	Yes	This study wa	No		0
373	Qiao B, Wu J, Wan Q, et al. Factors influencing mo	2017	Livers	DD	44	2003/1	2016/2	Yes	The study pro	No		DCD/DBD
374	Qu W, Zhu ZJ, Sun LY, et al. Correlation Between In	2016	Livers		172	2010/7	2012/10	Yes	The study wa	No		0
375	Qu W, Zhu ZJ, Sun LY, et al. Correlation Between S	2017	Livers		273	1998/12	2011/12	Yes	The study wa	No		0
376	Ren L, Teng M, Zhang T, et al. Donors FMO3 polym	2017	Livers		110	2007/7	2012/3	Yes	This research	No		0
377	Ren QQ, Fu SJ, Zhao Q, et al. Prognostic value of p	2016	Livers	DD	101	2009/1	2013/5	No		No		0
378	Ren X, Guan J, Gao N, et al. Evaluation of pediatric	2016	Livers	DD	10	2007/5	2015/8	Yes	All the surge	No		DBD
379	Ren X, Luo Y, Gao N, et al. Common ultrasound and	2016	Livers		2085	2005/1	2015/11	Yes	The present s	No		0
380	Shan Y, Shen N, Han L, et al. MicroRNA-499 Rs374	2016	Livers	DD	36	2006/1	2014/7	Yes	The protocol	No		DCD
381	Shen C, Peng C, Shen B, et al. Sirolimus and metfo	2016	Livers		133	2001/1	2013/12	No		No		0
382	Shen Z, Zhu Z, Zhang Y, et al. Liver transplantation	2005	Livers		1803	1998/8	2005/9	No		No		0
383	Shen ZY, Zheng WP, Deng YL, et al. Variations in th	2012	Livers		34	2002/6	2003/12	Yes	The study w	No		0
384	Shi F, Zhang JY, Zeng Z, et al. Skewed ratios betwe	2010	Livers		10	0	0	No		No		0
385	Shi SH, Kong HS, Jia CK, et al. Risk factors for pneu	2010	Livers		475	2002/1	2006/12	No		No		0
386	Su H, Ye Q, Wan Q, et al. Predictors of mortality in	2016	Livers		310	2003/1	2015/6	Yes	The Third Xia	No		0
387	Wang L, Zang Y, Lu S, et al. Efficacy of sirolimus or	2017	Livers		52	2004/5	2016/4	No		No		0
388	Wang LJ, Liu ZR, Zhang YM, et al. Clinical analysis	2016	Livers	DD	15	2001	2014	No		No		0
389	Wang P, Li H, Shi B, et al. Prognostic factors in pat	2016	Livers		74	2001/10	2013/2	Yes	This study wa	No		0
390	Wang PL, Wang J, Zhou Y, et al. Expression of prog	2017	Livers		15	2014/7	2015/7	Yes	Ethical appro	No		0
391	Wang Y, Shen Z, Zhu Z, et al. Clinical values of AFP	2011	Livers		29	2008/1	2008/12	Yes	The present s	Yes	All recipients	0
392	Wang Z, Gong W, Shou D, et al. Clonal origin of he	2016	Livers		60	2007/8	2012/12	Yes	The study wa	No		0
393	Wei YJ, Huang YX, Zhang XL, et al. Apolipoprotein I	2008	Hearts	DD	6	0	0	Yes	All patients a	No		0
394	Wu D, Shen ZY, Zhang YM, et al. Effect of liver tran	2015	Livers	DD	21	2000/4	2011/4	Yes	This studywa	No		0
395	Xia W, Ke Q, Guo H, et al. Expansion of the Milan c	2017	Livers		343	2003/1	2013/12	Yes	Ethical appro	No		0
396	Xiao H, Tong R, Cheng S, et al. BAG3 and HIF-1 alp	2014	Livers		40	2005	2010	Yes	Letters of cor	No		0

	B	C	D	E	F	G	H	I	J	K	L	M
397	Xing T, Zhong L, Qiu G, et al. Evolution of CD4<sup:	2014	Livers		75	2010/3	2011/3	No		No		0
398	Xu SL, Zhang YC, Wang GY, et al. Survival analysis	2016	Livers		142	2006/1	2012/1	Yes	The study pro	No		0
399	Xu X, Ling Q, Wang J, et al. Donor miR-196a-2 poly	2016	Livers		155	2007/1	2011/3	Yes	Each organ d	Yes	No donor org	0
400	Xue M, Lv C, Chen X, et al. Effect of interleukin-2 re	2015	Livers		757	2001/4	2014/12	Yes	All study part	No		0
401	Yan L, Li B, Wen T, et al. Prophylaxis Against hepat	2010	Livers	DD	184	2002/5	2009/12	Yes	Living and de	Yes	Living and de	DBD
402	Yang J, Zhu L, Zhang Y, et al. PPK analysis of tacrol	2017	Livers		46	2011	2013	Yes	Approval was	No		0
403	Yu D, Liu J, Chen J, et al. GGPPS1 predicts the biolo	2014	Livers		10	2005/1	2012/8	Yes	This study wa	No		0
404	Yu S, Gao F, Yu J, et al. De novo cancers following	2014	Livers		17	2005/1	2011/12	Yes	Ethical appro	No		0
405	Yu X, Liu Z, Wang Y, et al. Characteristics of Vdelta	2013	Livers	DD	63	0	0	Yes	The study pro	No		0
406	Yu Z, Sun Z, Yu S, et al. Safety limitations of fatty l	2016	Livers	DD	563	2010/4	2014/10	Yes	Written infor	Yes	no allografts	DCD
407	Yuan X, Chen C, Zhou J, et al. Organ Donation and T	2016	Livers	DD	30	2013/1	2014/12	No		Yes	All donors we	DBD + DCD
408	Zhang G, Cheng Y, Shen W, et al. The short-term e	2016	Livers		30	0	0	Yes	This study wa	No		0
409	Zhang H, Shi Y, Wu H, et al. Change of hepatic arte	2016	Livers	DD	128	2013/9	2014/8	No		No		DCD
410	Zhang M, Yin F, Chen B, et al. Pretransplant predic	2012	Livers	DD	360	1999/2	2009/8	Yes	Each liver do	Yes	All organ dor	DBD + DCD
411	Zhang XX, Bian RJ, Wang J, et al. Relationship betv	2016	Livers		359	2013	2015	Yes	All participar	No		0
412	Zhang YC, Liu W, Fu BS, et al. Therapeutic potentia	2017	Livers		12	2013/1	2014/6	Yes	The study pro	No		0
413	Zhong L, Li H, Li Z, et al. C7 genotype of the donor	2016	Livers		190	2007/7	2011/1	Yes	Written infor	Yes	None of the	0
414	Zhong X, Zhang W, Xu J, et al. Human parvovirus B	2015	Livers	DD	13	2011/11	2014/5	Yes	We obtained	No		DCD
415	Zhong ZQ, Luo AJ, Wan QQ, et al. Pseudomonas Ae	2016	Livers	DD	15	2003/1	2015/6	No		No		0
416	Zhou Q, Wang Y, Zhou X, et al. Prognostic analysis	2011	Livers	DD	12	2003/1	2010/6	No		No		DCD
417	Zhu B, Chen Y, Xie Y, et al. Kaposi's sarcoma-assoc	2008	Livers		33	0	0	No		No		0
418	Zhu L, Yang J, Jing Y, et al. Effects of CYP3A5 genot	2015	Livers		95	2013	2014	Yes	Approval was	No		0
419	Aidong W, Zhenjie C, Tong L, et al. Therapeutic dru	2004	Hearts	DD	23	2000	2003	No		No		0
420	Chen Z, Gong R, Luo Y, et al. Surgical procedures fo	2010	Livers		15	2000/1	2006/12	Yes	The ethical a	Yes	All donors in	0
421	Chen ZS, Zeng FJ, Ming CS, et al. The survival and v	2004	Livers		50	1999/1	2002/2	No		No		0
422	Cheng J, Xie HY, Xu X, et al. NDRG1 as a biomarker	2011	Livers		143	0	0	Yes	This study wa	No		0
423	Gurbanov E, Meng X, Cui Y, et al. Evaluation ECMO	2011	Hearts	DD	22	2005/2	2009/9	Yes	Informed cor	No		0
424	Hao C, Anwei M, Bing C, et al. Monitoring mycophe	2008	Livers		63	0	0	Yes	The study de	No		0
425	Hao C, Erzheng C, Anwei M, et al. Validation of lim	2007	Livers		30	0	0	Yes	The study wa	No		0
426	Jiang L, Lei JY, Wang WT, et al. Immediate radical	2014	Livers	DD	13	2003/8	2008/10	Yes	LT includes li	Yes	All of the dec	DBD
427	Lei J, Wang W, Yan L. Downstaging advanced hepa	2013	Livers	DD	132	2001/7	2013/1	No		No		0
428	Li H, Yang S, Chen H, et al. Survival after heart tran	2016	Hearts	DD	6	2008	2011	Yes	This study pr	No		0
429	Li N, Zhou J, Weng D, et al. Adjuvant adenovirus-m	2007	Livers		45	2000/9	2006/10	Yes	The study wa	No		0
430	Liu Y, Sun LY, Zhu ZJ, et al. Measles Virus Infection	2015	Livers	DD	3	2014/3	2014/4	No		No		0
431	Liu Z, Yu X, Ren W, et al. CD152 and PD-1 down-reg	2014	Livers		63	0	0	Yes	The study pro	No		0
432	Shi R, Shen ZY, Teng da H, et al. Gallstones in liver	2015	Livers		1640	1994/5	2011/7	Yes	This study wa	No		0
433	Teng da H, Zhu ZJ, Zheng H, et al. Effect of steatos	2012	Livers	DD	131	2007/1	2008/12	Yes	Signed inforr	No		DCD
434	Teng F, Han QC, Ding GS, et al. Validation of a crite	2015	Livers	DD	1309	1980/1	2008/6	Yes	The study pro	No		0
435	Wang C, Wang G, Yi H, et al. Symptom experience	2013	Livers		94	0	0	Yes	This study wa	No		0
436	Wang GY, Li H, Liu W, et al. Elevated blood eosinop	2013	Livers		37	0	0	No		No		0
437	Wang ZX, Fu ZR, Ding GS, et al. Prevention of hepa	2004	Livers		68	2002/1	2003/7	No		No		0
438	Wei-lin W, Jing J, Shu-sen Z, et al. Tacrolimus dose	2006	Livers	DD	50	2004/7	2005/3	Yes	This study wa	No		0
439	Xing T, Zhong L, Chen D, et al. Experience of combi	2013	Livers	DD	133	2001/1	2009/12	Yes	The study, ap	No		0
440	Xing T, Zhong L, Lin L, et al. Immunity of fungal inf	2015	Livers	DD	168	2010/1	2012/6	Yes	Â This study	No		0

	B	C	D	E	F	G	H	I	J	K	L	M
441	Ye D, Li H, Wang Y, et al. Circulating Fibroblast Gro	2016	Livers		13	0	0	Yes	Written cons	No		0
442	Yu S, Yu J, Zhang W, et al. Safe use of liver grafts f	2014	Livers	DD	369	2010/1	2013/2	Yes	Ethical appr	Yes	We declared	DCD
443	Yuefeng M, Weili F, Wenxiang T, et al. Long-term	2011	Livers		17	2001/7	2005/5	No		Yes	Beforethe op	0
444	Zhang Q, Chen X, Zhou J, et al. CD147, MMP-2, MM	2006	Livers		82	2002/1	2003/12	No		No		0
445	Gu Z, Chen B, Song Y, et al. Pharmacokinetics of fr	2002	Livers		50	0	0	Yes	Informed cor	No		0
446	Guo CB, Li YC, Zhang MM, et al. Early Postoperativ	2002	Livers	DD	1	2006/1	2009/1	Yes	We retrospe	Yes	No grafts we	0

Supplementary File 5: Bibliographic details of 63 studies containing some information regarding identity of and/or consent by donors

1. Chen J, Wang Y, Shen Z, et al. Early diagnostic value of plasma PCT and BG assay for CRBSI after OLT. Transplant Proc 2011;43(5):1777-79 Online First.

2. Chen Y, Zhang H, Xiao X, et al. Peripheral blood transcriptome sequencing reveals rejection-relevant genes in long-term heart transplantation. Int J Cardiol 2013;168(3):2726-33 doi: 10.1016/j.ijcard.2013.03.095published Online First.

3. Chen YB, Li SD, Ju BL, et al. Suitable calcineurin inhibitor concentrations for liver transplant recipients in the Chinese population. Transplant Proc 2011;43(5):1751-53 doi: 10.1016/j.transproceed.2010.11.025published Online First.

4. Chen Z, Gong R, Luo Y, et al. Surgical procedures for hepatolithiasis. Hepatogastroenterology 2010;57(97):134-7 Online First.

5. Chen ZY, Yan LN, Zeng Y, et al. Preliminary Experience With Indications for Liver Transplantation for Hepatolithiasis. Transplant Proc 2008;40(10):3517-22 doi: 10.1016/j.transproceed.2008.07.142published Online First.

6. Chu Z, Zhang J, Zhao Y, et al. Influence of immunosuppressive drugs on the development of CD4 +CD25high Foxp3+ T cells in liver transplant recipients. Transplant Proc 2010;42(7):2599-601 doi: 10.1016/j.transproceed.2010.04.026published Online First.

7. Fan J, Yang GS, Fu ZR, et al. Liver transplantation outcomes in 1,078 hepatocellular carcinoma patients: A multi-center experience in Shanghai, China. J Cancer Res Clin Oncol 2009;135(10):1403-12 doi: 10.1007/s00432-009-0584-6published Online First.

8. Fan X, Chen Z, Nasralla D, et al. The organ preservation and enhancement of donation success ratio effect of extracorporeal membrane oxygenation in circulatory unstable brain death donor. Clin Transplant 2016;30(10):1306-13 Online First.

9. Gao Y, Ren H, Meng F, et al. Pathological roles of interleukin-22 in the development of recurrent hepatitis C after liver transplantation. PLoS One 2016;11(4) doi: 10.1371/journal.pone.0154419published Online First.

10. Gao Y, Zhang M, Li J, et al. Circulating FoxP3+ regulatory T and interleukin17-producing Th17 cells actively influence HBV clearance in De Novo Hepatitis B virus infected patients after orthotopic liver transplantation. PLoS One 2015;10(9) doi: 10.1371/journal.pone.0137881published Online First.

11. Gao YJ, Zhang M, Jin B, et al. A clinical-pathological analysis of hepatitis B virus recurrence after liver transplantation in Chinese patients. Journal of Gastroenterology and Hepatology (Australia) 2014;29(3):554-60 doi: 10.1111/jgh.12404published Online First.

12. Gu L, Yu YC. Clinical outcome of dental implants placed in liver transplant recipients after 3 years: A case series. Transplant Proc 2011;43(7):2678-82 doi: 10.1016/j.transproceed.2011.06.037published Online First.

13. Gu Y, Li J, Li N. Insulin sensitivity after pancreaticoduodenal transplantation with systemic and portal venous drainage in inbred rats. Chin Med J 2002;115(4):549-51 Online First.

14. Hu XX, Yan LN. Retrospective analysis of prognostic factors after liver transplantation for intrahepatic cholangiocarcinoma in China: A single-center experience. Hepatogastroenterology 2011;58(109):1255-59 doi: 10.5754/hge10704published Online First.

15. Jiang L, Lei JY, Wang WT, et al. Immediate radical therapy or conservative treatments when meeting the Milan criteria for advanced HCC patients after successful TACE. J Gastrointest Surg 2014;18(6):1125-30 Online First.

16. Lei J, Yan L. Outcome Comparisons Among the Hangzhou, Chengdu, and UCSF Criteria for Hepatocellular Carcinoma Liver Transplantation after Successful Downstaging Therapies. J Gastrointest Surg 2013;17(6):1116-22 doi: 10.1007/s11605-013-2140-6published Online First.

17. Lei JY, Wang WT, Yan LN. Hangzhou criteria for liver transplantation in hepatocellular carcinoma: A single-center experience. Eur J Gastroenterol Hepatol 2014;26(2):200-04 doi: 10.1097/MEG.0b013e3283652b66published Online First.

18. Lei JY, Yan LN, Wang WT, et al. Health-Related Quality of Life and Psychological Distress in Patients With Early-Stage Hepatocellular Carcinoma After Hepatic Resection or Transplantation. Transplant Proc 2016;48(6):2107-11 Online First.

19. Li F, Yang M, Li B, et al. Initial clinical results of orthotopic liver transplantation for hepatic alveolar echinococcosis. Liver Transpl 2007;13(6):924-26 doi: 10.1002/lt.21187published Online First.

20. Li H, He JW, Fu BS, et al. Immunosuppressant-related hip pain after orthotopic liver transplant. Exp Clin Transplant 2013;11(1):32-38 doi: 10.6002/ect.2012.0026published Online First.

21. Li H, Li J, Wang Y, et al. Proteomic analysis of effluents from perfused human heart for transplantation: Identification of potential biomarkers for ischemic heart damage. Proteome Science 2012;10(1) doi: 10.1186/1477-5956-10-21published Online First.

22. Li J, Liu B, Yan LN, et al. Reversal of Graft Steatosis After Liver Transplantation: Prospective Study. Transplant Proc 2009;41(9):3560-63 doi: 10.1016/j.transproceed.2009.06.222published Online First.

23. Li WX, Li Z, Gao PJ, et al. Histological differentiation predicts post-liver transplantation survival time. Clinics and Research in Hepatology and Gastroenterology 2014;38(2):201-08 doi: 10.1016/j.clinre.2013.11.002published Online First.

24. Lin B, Geng L, Zheng Z, et al. The predictive value of blood neutrophil-lymphocyte ratio in patients with end-stage liver cirrhosis following ABO-incompatible liver transplantation. J Res Med Sci 2016;21(5):20-25 Online First.

25. Lin XH, Teng S, Wang L, et al. Fatigue and its associated factors in liver transplant recipients in Beijing: A cross-sectional study. BMJ Open 2017;7 (2) (no pagination)(A113) Online First.

26. Ling Q, Xie H, Li J, et al. Donor Graft MicroRNAs: A Newly Identified Player in the Development of New-onset Diabetes After Liver Transplantation. Am J Transplant 2017;17(1):255-64 Online First.

27. Ling Q, Xie H, Lu D, et al. Association between donor and recipient TCF7L2 gene polymorphisms and the risk of new-onset diabetes mellitus after liver transplantation in a Han Chinese population. J Hepatol 2013;58(2):271-77 doi: 10.1016/j.jhep.2012.09.025published Online First.

28. Ling Q, Xu X, Wang K, et al. Donor PPAR? Gene Polymorphisms Influence the Susceptibility to Glucose and Lipid Disorders in Liver Transplant Recipients. Medicine (United States) 2015;94(35):e1421 doi: 10.1097/MD.0000000000001421published Online First.

29. Liu C, Tsai HL, Chin T, et al. Experience of surgical treatment for hepatoblastoma. Formosan Journal of Surgery 2016;49(2):56-62 Online First.

30. Liu S, Bai Y, Huang J, et al. Do mitochondria contribute to left ventricular non-compaction cardiomyopathy? New findings from myocardium of patients with left ventricular non-compaction cardiomyopathy. Mol Genet Metab 2013;109(1):100-06 Online First.

31. Liu X, Wang B, Zhang X, et al. Liver Transplantation Using Donation After Brain and Cardiac Death: A Single-Center Experience in China. Transplant Proc 2016;48(6):1879-86 Online First.

32. Liu Y, Liu YY, Li CP, et al. Comprehensive comparison of three different immunosuppressive regimens for liver transplant patients with hepatocellular carcinoma: Steroid-free immunosuppression, induction immunosuppression and standard immunosuppression. PLoS One 2015;10 (3) (no pagination)(e0120939) Online First.

33. Lu D, Xu X, Wang J, et al. The influence of a contemporaneous portal and hepatic artery revascularization protocol on biliary complications after liver transplantation. Surgery (United States) 2014;155(1):190-95 doi: 10.1016/j.surg.2013.06.056published Online First.

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35. Pan C, Shi Y, Zhang JJ, et al. Single-Center Experience of 253 Portal Vein Thrombosis Patients Undergoing Liver Transplantation in China. Transplant Proc 2009;41(9):3761-65 doi: 10.1016/j.transproceed.2009.06.215published Online First.

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37. Sun XY, Dong JH, Qin K, et al. Single center study on transplantation of livers donated after cardiac death: A report of 6 cases. Exp Ther Med 2016;11(3):988-92 doi: 10.3892/etm.2016.3001published Online First.

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40. Wang Y, Shen Z, Zhu Z, et al. Clinical values of AFP, GPC3 mRNA in peripheral blood for prediction of hepatocellular carcinoma recurrence following OLT. Hepatitis Monthly 2011;11(3):195-99 Online First.

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43. Xu X, Guo HJ, Xie HY, et al. ZIP4, a novel determinant of tumor invasion in hepatocellular carcinoma, contributes to tumor recurrence after liver transplantation. Int J Biol Sci 2014;10(3):245-56 doi: 10.7150/ijbs.7401published Online First.

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45. Xu X, Ling Q, Wang J, et al. Donor miR-196a-2 polymorphism is associated with hepatocellular carcinoma recurrence after liver transplantation in a Han Chinese population. Int J Cancer 2016;138(3):620-29 Online First.

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50. Yan L, Li B, Wen T, et al. Prophylaxis Against hepatitis B recurrence posttransplantation using lamivudine and individualized low-dose hepatitis B immunoglobulin. Am J Transplant 2010;10(8):1861-69 Online First.

51. Yang X, Lu Q, Tang T, et al. Prediction of the prognosis after liver transplantation in severe hepatitis B-induced liver failure and clinical decision for liver transplantation. J Surg Res 2013;183(2):846-51 doi: 10.1016/j.jss.2013.01.034published Online First.

52. Yu S, Yu J, Zhang W, et al. Safe use of liver grafts from hepatitis B surface antigen positive donors in liver transplantation. J Hepatol 2014;61(4):809-15 Online First.

53. Yu Z, Sun Z, Yu S, et al. Safety limitations of fatty liver transplantation can be extended to 40%: Experience of a single centre in China. Liver International 2016 Online First.

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55. Yuefeng M, Weili F, Wenxiang T, et al. Long-term outcome of patients with lamivudine after early cessation of hepatitis B immunoglobulin for prevention of recurrent hepatitis B following liver transplantation. Clin Transplant 2011;25(4):517-22 Online First.

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58. Zhang M, Yin F, Chen B, et al. Pretransplant prediction of posttransplant survival for liver recipients with benign end-stage liver diseases: A nonlinear model. PLoS One 2012;7 (3) (no pagination)(e31256) Online First.

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60. Zhong L, Li H, Li Z, et al. C7 genotype of the donor may predict early bacterial infection after liver transplantation. Sci Rep 2016;6:24121 Online First.

61. Zhu M, Li Y, Xia Q, et al. Strong impact of acute kidney injury on survival after liver transplantation. Transplant Proc 2010;42(9):3634-38 doi: 10.1016/j.transproceed.2010.08.059published Online First.

62. Zhu XS, Gao YH, Wang SS, et al. Contrast-enhanced ultrasound diagnosis of splenic artery steal syndrome after orthotopic liver transplantation. Liver Transpl 2012;18(8):966-71 doi: 10.1002/lt.23453published Online First.

63. Zhu XS, Wang SS, Cheng Q, et al. Using ultrasonography to monitor liver blood flow for liver transplant from donors supported on extracorporeal membrane oxygenation. Liver Transpl 2016;22(2):188-91 doi: 10.1002/lt.24318published Online First.

Supplementary File 6: Full list of journals in which the included papers were published

Journal	Number
Transplantation Proceedings	65
PLoS ONE	20
Clinical Transplantation	16
Liver Transplantation	15
Hepato-Gastroenterology	14
Experimental and Clinical Transplantation	11
Clinics and Research in Hepatology and Gastroenterology	8
International Journal of Clinical and Experimental Medicine	8
Annals of Transplantation	7
International Journal of Clinical Practice	6
Journal of Cancer Research and Clinical Oncology	6
Transplantation	6
European Journal of Gastroenterology and Hepatology	5
Experimental and Therapeutic Medicine	5
Medical Oncology	5
Medicine (United States)	5
Surgery (United States)	5

BMC Cancer	4
European Journal of Clinical Pharmacology	4
Genetics and Molecular Research	4
Hepatology International	4
Journal of Gastrointestinal Surgery	4
Journal of International Medical Research	4
Liver International	4
Oncotarget	4
Therapeutic Drug Monitoring	4
Biomarkers	3
Cytokine	3
Gene	3
International Journal of Medical Sciences	3
Journal of Gastroenterology and Hepatology (Australia)	3
Journal of Hepatology	3
Journal of Surgical Research	3
Scientific Reports	3
Transplant Infectious Disease	3
World Journal of Surgery	3

Abdominal Imaging	2
American Journal of Transplantation	2
Annals of Surgical Oncology	2
Archives of Medical Research	2
Asian Pacific Journal of Cancer Prevention	2
BioMed Research International	2
BMC Infectious Diseases	2
Brazilian Journal of Medical and Biological Research	2
British Journal of Radiology	2
Cancer Letters	2
Clinical Chemistry and Laboratory Medicine	2
Clinical Imaging	2
Digestion	2
Digestive Diseases and Sciences	2
European Journal of Radiology	2
European Surgical Research	2
Hepatitis Monthly	2
Hepatology	2
Hepatology Research	2

Immunopharmacology and Immunotoxicology	2
International Journal of Clinical Pharmacology and Therapeutics	2
Journal of Cardiothoracic Surgery	2
Journal of Immunology Research	2
Journal of Surgical Oncology	2
Latin American Journal of Pharmacy	2
Medical Science Monitor	2
Microbial Ecology	2
OncoTargets and Therapy	2
Pharmacogenomics	2
Postgraduate Medical Journal	2
Surgery Today	2
Therapeutics and Clinical Risk Management	2
Transplant Immunology	2
Tumor Biology	2
World Journal of Surgical Oncology	2
Acta Anaesthesiologica Scandinavica	1
Acta Cardiologica	1
Alcohol	1

American Journal of Chinese Medicine	1
American Journal of Roentgenology	1
Annals of Hepatology	1
ASAIO Journal	1
Asian Journal of Andrology	1
Biochemical and Biophysical Research Communications	1
Biomedicine and Pharmacotherapy	1
BMC Gastroenterology	1
BMC neurology	1
BMJ Open	1
Brain Imaging and Behavior	1
Brain Research	1
Cancer Biology & Therapy	1
Cancer Biology and Therapy	1
Cancer Gene Therapy	1
CardioVascular and Interventional Radiology	1
Cell Biochemistry and Biophysics	1
Clinica Chimica Acta	1
Clinical and Developmental Immunology	1

Clinical and Experimental Metastasis	1
Clinical Cancer Research	1
Clinical Genetics	1
Clinical Laboratory	1
Clinical Pharmacokinetics	1
Clinical Therapeutics	1
Clinical transplants	1
Cytotherapy	1
Diagnostic Pathology	1
Digestive and Liver Disease	1
Digestive Surgery	1
Disease Markers	1
Drug Metabolism and Pharmacokinetics	1
European Journal of Medical Research	1
European Journal of Pharmaceutical Sciences	1
European Review for Medical and Pharmacological Sciences	1
Focus on Alternative and Complementary Therapies	1
Formosan Journal of Surgery	1
Gut and Liver	1

Human Vaccines and Immunotherapeutics	1
Interactive Cardiovascular and Thoracic Surgery	1
International Anesthesiology Clinics	1
International Immunopharmacology	1
International Journal of Biological Sciences	1
International Journal of Cancer	1
International Journal of Cardiology	1
International Journal of Clinical & Experimental Pathology	1
International Journal of Clinical and Experimental Pathology	1
International Journal of Clinical Oncology	1
International Journal of Hyperthermia	1
International Journal of Immunogenetics	1
Investigational New Drugs	1
Journal of Cardiovascular Surgery	1
Journal of Clinical Nursing	1
Journal of Clinical Pharmacology	1
Journal of Clinical Pharmacy and Therapeutics	1
Journal of Clinical Virology	1
Journal of Critical Care	1

Journal of Diabetes Investigation	1
Journal of Diabetes.	1
Journal of Gastrointestinal and Liver Diseases	1
Journal of Hepato-Biliary-Pancreatic Sciences	1
Journal of Infection	1
Journal of Nanoscience and Nanotechnology	1
Journal of Occupational and Environmental Medicine	1
Journal of Parenteral and Enteral Nutrition	1
Journal of Research in Medical Sciences	1
Journal of Thoracic and Cardiovascular Surgery	1
Journal of Thoracic Disease	1
Journal of Translational Medicine	1
Journal of Ultrasound in Medicine	1
Journal of Vascular and Interventional Radiology	1
Journal of Virological Methods	1
Korean Journal of Radiology	1
Liver International.	1
Mediators of Inflammation	1
Medicinal Chemistry	1

Metabolic Brain Disease	1
Minerva Anestesiologica	1
Molecular Carcinogenesis	1
Molecular Genetics and Metabolism	1
Molecular Oncology	1
Pakistan Journal of Medical Sciences	1
Pediatric Transplantation	1
Pharmacology	1
Pharmazie	1
PLoS ONE [Electronic Resource]	1
Proteome Science	1
Renal Failure	1
Respiratory Care	1
Scandinavian Journal of Clinical and Laboratory Investigation	1
Surgical Practice	1
Thrombosis Research	1
Transplant International	1
Tumori	1
Turkish Journal of Gastroenterology	1

Ultrasound in Medicine and Biology	1
Viral Immunology	1
World Journal of Pediatrics	1
Xenobiotica	1

PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Identified as a scooping report, Title page
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	Structured summary included; study not registered
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	See p.2,3
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Not applicable as this is not a comparative study. Research question on p. 5.
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	There is no published protocol for this study
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	Study characteristics described on p. 5
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	Information sources

PRISMA 2009 Checklist

			described on p. 5.
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	This is provided in Supplementary file 1
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Described on p. 6
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	Described on p. 7
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	Described on p. 8 and Supplementary file 2
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	N/A
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	N/A
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	N/A

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	No formal risk of bias, but there is a lot of redundant publication. We have indicated potential unreliability of data on

PRISMA 2009 Checklist

			p. 24.
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	N/A
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	See p and Figure 1
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Data extraction items are listed in Appendix 2
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	N/A
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	N/A as no intervention groups
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	N/A
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	N/A
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	Descriptive analyses only
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	Strength of evidence not applicable
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	See p. 24.
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	See pp. 21-4
FUNDING			

PRISMA 2009 Checklist

Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	There was no funding for this review.

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

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BMJ Open

Compliance with ethical standards in the reporting of donor sources and ethics review in peer-reviewed publications involving organ transplantation in China: A scoping review

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Compliance with ethical standards in the reporting of donor sources and ethics review in peer-reviewed publications involving organ transplantation in China: A scoping review

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Key words

Organ donation, China, Publication ethics, scoping review, executed prisoners

Word count

4336 excluding tables and references

Abstract

Objectives: The objective of this study is to investigate whether papers reporting research on Chinese transplant recipients comply with international professional standards aimed at excluding publication of research that: (1) involves any biological material from executed prisoners; (2) lacks Institutional Review Board approval; and (3) lacks consent of donors.

Design: Scoping review based on Arksey and O'Mallee's methodological framework.

Data sources: Medline, Scopus and Embase were searched from January 2000 to April 2017.

Eligibility criteria: We included research papers published in peer-reviewed English language journals reporting on outcomes of research involving recipients of transplanted hearts, livers or lungs in mainland China.

Data extraction and synthesis: Data were extracted by individual authors working independently following training and benchmarking. Descriptive statistics were compiled using Excel.

Results: 445 included studies reported on outcomes of 85,477 transplants. 412 (92.5%) failed to report whether or not organs were sourced from executed prisoners; and 439 (99%) failed to report that organ sources gave consent for transplantation. In contrast, 324 (73%) reported approval from an IRB. Of the papers claiming that no prisoners' organs were involved in the transplants, 19 of them involved 2,688 transplants that took place prior to 2010, when there was no volunteer donor program in China.

Discussion: The transplant research community has failed to implement ethical standards banning publication of research using material from executed prisoners. As a result, a large body of unethical research now exists, raising issues of complicity and moral hazard to the extent that the transplant community uses and benefits from the results of this research. We call for retraction of this literature pending investigation of individual papers.

Strengths and weaknesses of this study

- The study's main strengths lie in its originality and in the use of robust scoping review methods, giving confidence that the results are reliable.
- However, scoping review methods are less rigorous than systematic reviews and it is possible that some relevant papers were not included.
- Publications were excluded if they were in langagues other than English, or published in Chinese journals, regardless of the language of publication.
- The data in the included studies was of poor quality. It is possible that a small number of liver transplants classified as deceased donor were from living donors.
- The total number of participants (and hence number of transplants) in the included studies is inflated by multiple publication of the same and overlapping research cohorts.

Introduction

The transplantation of organs procured from executed prisoners is widely condemned by bodies including the World Health Organisation,[1] the World Medical Association,[2] The Transplantation Society,[3] Amnesty International and the Declaration of Istanbul.[4,5] This condemnation extends to undertaking research and presenting results that involve the use of organs obtained from executed prisoners.[4] In 2006, The Transplantation Society (TTS) explicitly stated that it would not accept conference papers based on research involving organs sourced from executed prisoners.[6,7] The 2006 policy statement by TTS was followed by calls for a boycott on accepting conference papers or publishing journal articles based on research involving organs from executed prisoners.[8–10] Some journals explicitly adopted this ban as policy (*Journal of Clinical Investigation*,[11] *American Journal of Transplantation* and the *Journal of Heart and Lung Transplantation*).[9]

Together, these statements by international bodies, professional societies, academics and journals constitute explicit ethical standards prohibiting the publication or presentation of research involving organs sourced from executed prisoners. These standards are primarily directed towards peer-reviewers, editors and publishers. However, these standards lack regulatory force; there are no sanctions for breaches, and to date there has been no audit investigating compliance.

This study is the first attempt to track the progress of the transplant community in meeting this ethical injunction to avoid publication of research based on organs sourced from executed prisoners.

Background

The prohibition against the use of executed prisoners' organs is explicitly directed towards China, which is one of the few countries where the use of prisoners' organs has been

government-sanctioned. In 2001, a Chinese official dismissed as “sensational lies” reports of organ harvesting from executed prisoners, claiming that the major source of organs was voluntary donations.[12] This rhetoric changed in 2006 when Chinese officials first openly acknowledged that the majority of transplanted organs were sourced from executed prisoners.[13,14] In 2007, China claimed it would reduce reliance on executed prisoners,[15] but in a 2015 interview, Huang Jiefu, China’s most senior transplant official, stated that there had been just 120 cases of volunteer donors up to 2009.[16] In 2014 Huang committed China to using only organs from volunteer donors from 1 January 2015.[17] However, the use of prisoners’ organs remains technically legal today in China if ‘consent’ is obtained,[18] and in 2017 Chinese officials admitted that it is not possible to verify that all organ harvesting from prisoners has ceased.[19]

Use of organs from executed prisoners is widely condemned because the coercive situation of being on death row undermines the possibility of ethically valid consent, or consent may not be sought at all.[20] In addition, in China there have been extensive and credible reports of non-voluntary organ harvesting from prisoners of conscience, adding to ethical concern.[21,22]

The transplant community recognises that boycott is an effective way to express condemnation of Chinese organ procurement practices, leading to formal TTS policy and recommendations for banning unethical research as described above. Publication in international, peer-reviewed journals is a marker of academic success and international acceptance. Imposing a ban sends a strong message of disapprobation to researchers whose projects involve transplants of organs sourced from executed prisoners.

The current approach to this issue taken by TTS and some journals is incremental rather than absolutist.[10] An ‘absolutist’ approach would ban publication of all Chinese transplant data until there is compelling positive evidence that the use of executed prisoners’ organs has

ceased. This would require free and full on-site inspections of Chinese transplant hospitals, including unfettered access to hospital information systems. China has not agreed to such inspections and no international or professional body has assumed responsibility for pursuing this issue. Instead, the professions' preferred incremental approach requires assessment of Chinese studies for ethical acceptability prior to publication, with exclusion of any that include data from executed prisoners. The incremental policy therefore requires peer-reviewers and journal editors to ask consistently whether the research: (1) involved any biological material sourced from executed prisoners; (2) received Institutional Review Board (IRB) (Research Ethics Committee) approval; and (3) required consent of donors. For transparency purposes this information should be included in the final publication. Transparency contributes to a culture of accountability and ensures that readers are not unwittingly absorbing and using unethically obtained data. The burden of proof should rest with authors/researchers to supply evidence of consent to donation, and approval by an IRB, and attest that their study does not use material derived from executed prisoners.

In this study, we investigated the extent to which journals have complied with these ethical standards by: 1) publishing only research using organs from volunteer donors; 2) requiring a statement of IRB approval; and 3) providing a statement that consent was obtained from donors. As noted above, 'consent' obtained from executed prisoners does not meet international ethical standards.

Methods

This research used scoping review methodology. Scoping reviews can be used to map an area of research, summarise existing evidence or identify gaps in the literature. Unlike systematic reviews, scoping reviews usually do not assess the quality of the included studies.[23] This

review followed the five steps articulated by Arksey and O'Mallee to ensure rigour, transparency and facilitate replication (see Table 1).[24]

Table 1: Arksey and O'Mallee's methodological framework for a scoping review

Framework stage	Description
Stage 1	Identifying the research question
Stage 2	Identifying relevant studies
Stage 3	Study selection
Stage 4	Charting the data
Stage 5	Collating, summarising and reporting the results

The research question was identified and refined through discussion amongst the authors and expert colleagues. The final version was: "To what extent do papers reporting research on Chinese transplant recipients identify the sources of organs, whether sources were living or deceased, and compliance with ethical requirements for human research and organ donation as per international guidelines and professional standards?"

Search Strategy

Relevant studies in English language journals were identified through searching online databases. The electronic search strategies were developed, tested and refined with the assistance of an expert librarian. The search aimed to identify full text papers published in English in peer-reviewed journals by authors based at Chinese institutions that reported on research involving recipients of solid organ transplants. The search strategies for Medline, Scopus and Embase are in Supplementary File 1. The inclusionary criteria were organ transplantation/transplant (title, abstract) and China (institution/affiliation). The exclusionary criteria were stem cells (title, abstract); mice (title, abstract); living donors (title, abstract); case reports/letters/editorials (document type). The searches were limited to English language

and humans, and the years were 2000-date of search. The start date of 2000 was selected as this is when numbers of transplantations and associated research papers rapidly increased in China.

Medline, Scopus and Embase were searched on 5 April 2017 by WR, BB and RCW. All relevant searches were downloaded into an EndNote library by WR. Duplicates were removed by EndNote filter. We did not identify further papers from other sources or search the references of included papers as we aimed to capture papers that are readily available through mainstream databases, and this was a scoping rather than systematic review. We recognised that our search strategy might potentially miss some papers published in difficult to find journals as well as those published in languages other than English, with a potential reduction in sensitivity. However, we do not think that papers omitted as a result of this strategy undermine the reliability of the findings. Rather, these omissions may make our estimate of the magnitude of any ethical breaches of publication standards conservative, based on the assumption that ethical compliance is likely to be higher in international journals published in English compared to journals published in China whether in Chinese or English language.

The title and abstracts remaining after removal of duplicates were screened for obvious exclusionary factors, with each author screening an equal number. All authors were trained in the use of the exclusionary criteria by screening the same 100 abstracts and titles. At the end of the pilot process, the exclusionary criteria were refined following discussion. The final exclusionary criteria for title and abstract screening were:

- transplants other than solid organs;
- transplants not occurring in mainland China;
- clinical case reports and/or incidental inclusion of data from Chinese transplant recipients;

- meta-analyses and systematic reviews;
- animal research;
- English-language journals published in China.

Articles which could not be eliminated by title and abstract were reviewed as full text articles to determine eligibility. Prior to full text review, five of the authors (WR, MPR, RC, BB, RCW) undertook further training and benchmarking in use of the exclusionary criteria on full text papers. This involved all five screening the same 20 papers, followed by discussion. The exclusionary criteria were finalised after this process (see Table 2), and four authors (RC, WR, MPR, BB) assessed full text articles for eligibility.

Table 2: Exclusion criteria for full text review of papers

"Animal Research" – Exclude any non-human research
"Chinese Journal" – Exclude any papers published in (English language) journals published in China, on the assumption of low compliance with Western ethical standards
"Case Report" – Exclude papers reporting on clinical case reports
"Incidental Inclusion" – Exclude papers where transplant recipients are incidentally included as research participants
"Kidneys" – Exclude any papers reporting data from kidney transplant recipients
"Living Donors" – Exclude papers where all the transplanted organs were procured from living donors, including split livers from living donors
"Not China" – Exclude any papers where the transplants took place outside mainland China
"Not Reviewed" – Exclude any non peer reviewed publications (including commentaries, letter to editors etc.)

"Other Organs" – Exclude other tissue or organs i.e., not livers, hearts or lungs
"Other" – State reason
"Review Paper" – Exclude review papers (meta-analysis, systematic reviews etc.)

The reasons for exclusion were recorded, but where more than one reason was present, only the first reason noted by the data extractor was recorded. Papers reporting on recipients of kidney transplants were excluded at the full text review stage after a trial of 200 full text analyses. In this sample, 40% of kidney papers failed to report whether organ sources were living or deceased. As a key question in our research concerned procurement of organs from executed prisoners, we did not want to include a potentially large number of papers in which it was unclear whether or not organs were procured from living donors.

The same four authors who determined eligibility of full text papers also extracted data from these papers onto pre-tested forms (see Supplementary File 2 for details extracted). Any details that could not be extracted with certainty were discussed by the group of authors to reach a consensus. No data extraction outcomes were unable to be resolved using this method. Data from 10% of included papers were checked by a second author.

This process is summarised in a PRISMA diagram (Figure 1).

(Insert Figure 1 around here)

Patient and Public Involvement

There was no patient or public involvement in this scoping review of published literature.

Results

The searches identified 6723 records, leaving 4168 after duplicates were removed. After screening of abstracts and titles, 2489 records were excluded. 1679 full text articles were

screened for eligibility. 1229 were excluded (see Table 3). 445 papers were included in the final data set (see Supplementary File 3), and 5 papers were unavailable.[25–29]

Table 3: Reasons for exclusions of full text papers (n=1229)

Reason	**Number**
Animal Research	12
Chinese Journal	96
Case Report	3
Incidental Inclusion	14
Kidneys	637
Living Donors	7
Not China	380
Not Reviewed	1
Other Organs	2
Other	49
Review Paper	28

The main results are summarised in Table 4. See Supplementary File 4 for a full table of results.

Table 4: Results summary table

Variable	Number (%)
Total number of included papers	445 (100%)
Total number of transplants reported	85,477
Median number of transplants per paper (range)	72 (1-20,524)
Number of papers that explicitly stated organs (hearts, livers, lungs) were from deceased sources	173 (39%)
Number of papers reporting research ethics approval	324 (73%)
Number of papers with any information on the identity of the sources of organs	63 (14%)
Number of papers with explicit statement that no organs from prisoners were used	33 (7%)
Number of papers that reported consent for donation	6 (1%)
Number of papers with any statement about the type of donation (after brain death, after cardiac death)	64 (14%)

Overall, 324 (73%) of the 445 papers included a statement regarding approval from an institutional or regional ethics committee. Most of these statements were of a general type such as: “The study protocol was conducted in accordance with the standards of the Declaration of Helsinki and current ethical guidelines”[30]; “All protocols were approved by the ethics committee of the institution before the study began, and the protocols conformed to

the ethical guidelines of the 1975 Helsinki Declaration"[31] and "The present study was approved by the ethics committee of Qingdao University (Qingdao, China)".[32] Few contained an IRB reference number or the date approval was granted. The majority of these statements reported that research participants (who were the transplant *recipients*) had given their informed consent.

The graph in Figure 2 shows ethics approvals by year. These increased substantially after 2006, which was the year that The Transplantation Society published its policy banning conference papers based on data from executed prisoners.[7]

(Insert Figure 2 around here)

Only 63 papers (14%; see Supplementary File 5) included any information about the source of the organs (i.e., whether or not the organs came from executed prisoners or volunteers, or if consent was given). This category of organ sources (donor identity) was interpreted inclusively. For example, papers reporting that sources gave informed consent were included here even if there was no explicit statement that the sources were not prisoners. Under Chinese policy, prisoners are permitted to make allegedly voluntary donations, which is in violation of TTS policy.[33] The presence or absence of statements identifying organ sources by year is in Figure 3. Only one paper published prior to 2007 included any information about identity of sources.[34]

(Insert Figure 3 around here)

Among the 63 papers that provided any information about the sources of organs, 33 (only 7·4% of all included studies) stated explicitly that no organs from executed prisoners were used in the transplantations.[30,31,34–65] Five of these also stated explicitly that organs were sourced from volunteers.[35,39,46,48,61] Three of the 33 reported that informed consent was obtained from sources or their families, and these three papers also included a statement

about ethics review.[30,47,61] That is, less than one per cent of included studies contain all three pieces of information mandated by TTS.

However, the claims that organs were not procured from prisoners cannot be true in many of these 33 papers. According to Chinese reports, there were only 120 voluntary donors in the whole of China up until to 2009[16], and donation numbers were low during the nascent volunteer donor program from 2010-2014 (see Table 5).[66]

Table 5: Numbers of volunteer organ donors in China 2000-2014

Year	Number of volunteer donations according to Chinese sources
Up to 2009	120 [16]
2010	34 [66]
2011	132 [66]
2012	433 [66]
2013	849 [66]
2014	1702 [66]

Yet 19 of the 33 papers claiming that organs were not procured from executed prisoners reported on 2,688 transplants that took place prior to 2010.[34,36–38,53,54,61,63,67–77] One of these did not date the transplants but was published in 2010 reporting on grafts that had been stable for at least 2 years, indicating that the transplants had taken place prior to 2010.[37] 8 of the 33 papers report on 1,212 transplants that occurred both before and after 2010 [30,31,35,39,43,52,59,62] and 6 of them report on 1,556 transplants that took place during the period 2010-2014 during the pilot volunteer scheme.[17,42,55–57,60,64]

Turning to the 30 papers without explicit statement about prisoners, in 14 of these, statements indicated that organs were procured from volunteers, without specifying whether or not prisoners were excluded as volunteers.[78–91] Three of the 14 stated that informed consent was provided by donors or their families.[79,83,85]

Six papers reported that donors gave informed consent for donation, but did not record whether or not donors were volunteers or prisoners.[92–97]

There were 10 papers that contained information implying that donations were from voluntary, non-prisoner sources, without explicitly stating this, or that consent was provided.[98–107] The statements from these papers are in Table 6.

Table 6: Text from papers reported in "Other" category of donor ID information

All the donors were from traffic accidents or cerebral bleeding coma [98]
No organ trafficking involved [99]
Organ donation was conducted legally, following local regulations [100]
Five donors were brain dead due to car accident, their respiration was maintained by mechanical ventilation and hemodynamics was stabilized by minimum doses of catecholamine [101]
The deceased donor livers were obtained through both social and legal donation [102]
The donation procedure followed the DCD guidelines of China [103]
Severe injuries and traffic accidents were the main reasons for DCD [104]
Normal control hearts came from autopsies or donors with no history of heart disease who died in accidents [105]

All the DBCD grafts were procured under controlled condition. Detailed information of the DBCD donors was obtained from The Chinese Red Cross and the OPO records. [106]
All donors were in hospital's ICU before death. (cause of death for each donor is supplied in a table) [107]

These statements do not necessarily preclude inclusion of organs procured from executed prisoners. For example, two papers refer to legal donation,[100,102] which might include organs from executed prisoners. Two papers refer to donors dying from severe injuries or in accidents. While these are potentially legitimate causes of death for organ donors, it is possible that these could be extreme euphemisms for deaths caused by execution.[104,105] Looking at all of the organ source ID statements by year of transplant, there are a total of 30 papers that either stated explicitly that no organs from prisoners were used (18) or indicated that organs were sourced voluntary and/or with consent during the time period when executed prisoners were virtually the sole source (there were 120 volunteer donations across all of China in this period). These data are in Table 7, along with the same data for the whole set of included papers. Of the 445 papers, 192 (43%) report on research that took place when the only organs available for transplant were from executed prisoners, while another 148 (33%) spanned the start of the volunteer donor pilot so must include at least some data derived from executed prisoners.

Table 7: Numbers of papers, including those with organ source identity statements by years and numbers of transplants

	No date of transplants in papers	All transplants prior to 2010*	Transplants before and after 2010 when volunteer pilot started	All transplants took place during pilot 2010-2014	Transplants occurred before and after 2014	All transplants occurred post 2014
Total included papers	61	192	148	38	6	0
Total number of transplants	2,959	28,442	49,376	3,937	763	0
33 papers claiming no executed prisoners (No. of transplants)		19 (2,688)	8 (1,212)	6 (1,556)	0	0
14 papers claiming volunteers (No. of transplants)	1 (321)	8 (2,269)	4 (387)	1 (12)	0	0
6 papers claiming donors gave consent (No. of transplants)	1 (40)	3 (200)	2 (1,197)	0	0	0
10 papers with statement about donors implying voluntariness or consent (No. of transplants)	2 (11)	0	4 (619)	4 (153)	0	0

* In one paper[37] the dates of the transplants were not recorded, but the paper, published in 2010, reported on research subjects whose grafts had been stable for at least 2 years, indicating transplant prior to 2010.

The majority of the papers reporting on the identity of organ sources also reported some form of institutional ethics approval, but 7 papers did not.[37,38,44,79,94,96,107]

Turning to the journals that published the 445 papers, a full list of these is in Appendix 6. Seventeen journals published 5 or more papers during the study period. In this subset of 17, the proportion with ethics statements ranged from 38-100%, while the proportion with donor identity statements ranged from 0-40%. (see Table 8)

Table 8: List of journals publishing 5 or more papers, and numbers of those papers in which there were ethics and/or organ source identity statements.

Journal	CiteScore*	Total papers in journal out of 445 (%)	Number of papers with ethics statement (%)	Number of papers with donor ID (%)
Transplantation Proceedings	0·98	65 (15%)	25 (38%)	12 (18%)
PLoS ONE	3·11	20 (4%)	19 (95%)	5 (25%)
Clinical Transplantation	1·67	16 (4%)	9 (56%)	3 (19%)
Liver Transplantation	2·50	15 (3%)	12 (80%)	3 (20%)
Hepato-Gastroenterology	0·98	14 (3%)	11 (79%)	2 (14%)
Experimental and Clinical Transplantation	0·54	11 (2%)	10 (91%)	1 (9%)
Clinics and Research in Hepatology and Gastroenterology	1·61	8 (2%)	7 (88%)	1 (13%)
International Journal of Clinical and Experimental Medicine	1·17	8 (2%)	5 (63%)	1 (13%)

Annals of Transplantation	1·29	7 (2%)	4 (57%)	0 (0%)
International Journal of Clinical Practice	1·91	6 (1%)	5 (83%)	0 (0%)
Journal of Cancer Research and Clinical Oncology	3·32	6 (1%)	5 (83%)	1 (17%)
Transplantation	2·71	6 (1%)	5 (83%)	1 (17%)
European Journal of Gastroenterology and Hepatology	1·88	5 (1%)	5 (100%)	1 (20%)
Experimental and Therapeutic Medicine	1·42	5 (1%)	5 (100%)	1 (20%)
Medical Oncology	1·91	5 (1%)	5 (100%)	0 (0%)
Medicine (United States)	1·63	5 (1%)	5 (100%)	1 (20%)
Surgery (United States)	2·77	5 (1%)	5 (100%)	2 (40%)

*Average citations received per document published in the journal (Source: SCOPUS)

Finally, in terms of journals with specific policies banning publication of research based on use of prisoners' organs, our study identifies one paper published in the *American Journal of Transplantation* [89] and five papers published in *Transplantation* (the official journal of TTS) that appear to be in breach of their own stated policies.[94,108–111] One of these has over 300 citations.[109]

Discussion

This study shows that the majority of the published literature identified in this scoping review reporting research on transplants in China from 2000-April 2017 fails to comply with ethical

standards regarding exclusion of research based on organs procured from prisoners. The body of literature contains a large number of papers that certainly, or almost certainly include data from executed prisoners given China's acknowledgement that during this period executed prisoners were the principal organ source. While TTS policy appears to have been partially successful in that the number of papers claiming IRB approvals rose steeply after that policy was published in 2006, the inclusion of this information has not addressed the major underlying concern about use of prisoners' organs. This is because the ethics review process focuses on the protection of research participants and their informed consent for participation in research. In transplant research, it is the recipients of transplants who are protected by IRB review, rather than the organ donors. Therefore, claims about compliance with the Declaration of Helsinki are largely irrelevant regarding the use of prisoners' organs in research. Few papers (14%) include any information about the identity of organ sources. Only half of these explicitly state that no organs were procured from executed prisoners, but many of these claims are incompatible with what is known about volunteer organ sources in China.

Our findings raise significant issues. First, there is the broad question of what to do about the large body of literature based on research using organs from prisoners. It can be argued that prior to 2006, the international transplant community was not aware that in China at the time, all transplants were procured from executed prisoners. However, post-2006 and the publication of TTS policy, professional claims of ignorance are hard to support. This lack of vigilance on the part of reviewers, editors and publishers is morally concerning, given the large numbers of papers (over 85%) accepted for publication with no information at all on the source of organs, especially where individual journals have explicitly adopted relevant policy (*Transplantation*, *American Journal of Transplantation*).

Continued use of this research raises potential issues of complicity[112] to the extent that the international community (including members of TTS, journal editors, and peer-reviewers) condemn the use of executed prisoners' organs in research, but nonetheless benefit from this practice by allowing or facilitating the publication of such research, and subsequently using the findings. The obligations of third parties to avoid complicity depend in part on the magnitude of the moral wrong in question.[113] Some research uses of datasets that were obtained illicitly may be permissible.[114] By comparison, there is broad consensus that it is unethical to make use of the data obtained from Nazi and Japanese medical experiments where the victims were killed or harmed in the course of the research.[115–117] The use of research based on organs sourced from executed Chinese prisoners, many of whom are prisoners of conscience,[21,118] falls at the severe end of this spectrum of moral wrongs in research. The obligation of third parties, such as peer-reviewers, publishers, and editors to avoid complicity is therefore comparatively high in this case, warranting large scale retractions and investigation of the 340 papers that are based exclusively or partially on data from executed prisoners (i.e. all papers reporting on transplants that occurred prior to 2010 or spanning 2010: see Table 7). In addition, due to lack of vigilance by the journals on reporting organ sources, readers risk witting or unwitting complicity to the extent that they use the published research findings. Finally, the continued presence of these papers in the literature creates moral hazard as it demonstrates that breaches of ethical standards in research will be ignored or tolerated, thereby removing incentives for future compliance with these standards.

Second, journal editors must decide how to handle published papers that not only use data from executed prisoners, but make almost certainly false claims about procuring organs from non-prisoner sources. In 29 of the 63 papers claiming or implying that organs were from non-prisoner sources and/or donated voluntarily or with consent, the claims are incompatible with what is known about voluntary donations across China in the relevant time period. There is

less certainty regarding the falsity of claims in published papers reporting on transplants that took place between 2010-2014 given the existence of a pilot voluntary donation scheme. Determining the likely veracity of these claims requires sustained investigation, including of Chinese language sources. Such investigation is possible, and has formed the basis for a retraction of a paper that falsely claimed more organs were procured from volunteers than there were reported volunteers at the relevant hospital.[119–121] This is to date the only retraction in the literature. At the very least however, reviewers, editors and journals should be aware that prior to 2010 there were almost no voluntary donors, and that the alleged numbers of volunteer donors during the 2010-2014 pilot scheme were low (see Table 5). Given this situation, claims about volunteer sources for transplantation during these periods warrant scrutiny, with rejection of papers and author bans if adequate evidence of ethical organ sourcing is not provided.

Third, there is a pressing need for further reviews of the literature excluded in this study. In particular, we need review of Chinese language sources and English language publications in China where a further large body of unethical research may be published, as well as review of papers published in languages other than English and Chinese. A future review of kidney transplant papers is also required, to fully document the extent of publishe dunethical research.

Finally, there is a question regarding future publication of Chinese transplant papers. In our view, it is unacceptable to publish any papers that are highly likely to contain data derived from use of prisoners' organs. This includes data from transplants up until the end of 2014, given the difficulty of establishing organ provenance and the demonstrated lack of veracity in the claims of at least some authors. However, even transplants post-2015 may involve prisoners' organs.[19] For this reason, we suggest an interim moratorium on publication of all relevant papers, pending an international summit to develop policy. A summit involving

representatives from the International Committee of Medical Journal Editors, Committee on Publication Ethics, The Transplantation Society and members of other relevant national and international transplant societies, together with China human rights experts, ethicists and any other relevant stakeholders could and should develop policy on handling future research. One outcome of this process could be the development of a checklist tool for all transplant papers, itemising mandatory information about organ sources. Given our lack of capacity in this study to report on papers involving kidney transplants due to missing information about the status of organ sources, one requirement of a checklist should be an unambiguous statement regarding whether organ sources were living or deceased. An international and widely adopted process of this kind would provide a strong incentive for China to move more rapidly towards an organ donation system that is ethical, transparent and verifiable. This incentive is currently lacking given the widespread publication of unethical research.

Limitations

The strengths of the study lie in its originality and robust methods. These give confidence that the results are reliable and likely to be conservative (given reasonable assumptions as described in the Methods) rather than to overestimate the findings. However, there are potential limitations. First, scoping reviews are less comprehensive than systematic reviews, making it possible that relevant papers were not identified and included. Second, we had to change our approach to data collection during the study, as the quality of data in the papers was so poor. This affected the study in two ways. We were not able to report on research involving kidney transplants due to lack of information as to whether sources were living or deceased; and we were not able to report on whether organs were obtained after death declared on cardiac or brain criteria as this information was poorly and inconsistently reported. Third, unless stated otherwise in the papers reporting on liver transplants, we have

assumed the donors were deceased. It is possible that some of the transplants classified as deceased donor were from living split liver transplants, however we think the number is likely to be very low as deceased sourcing is the commonest type of transplant and numbers of living liver donations in China are low, at 7·37% of total cumulative liver transplants as of end 2011, according to official data.[122] Fourth, we have reported on published literature, but during the period when only organs from executed prisoners were available, the pharmaceutical industry ran clinical trials on immunosuppressants for transplantation in China (including after 2007 when TTS policy was promulgated).[123] Unpublished industry trials have not been included in our study. Finally, we have reported the total number of participants (and hence number of transplants) in the included studies, but this number is likely to be inflated by multiple publication of the same and overlapping research cohorts. However, as our aim was to report on whether or not published research met the ethical reporting standards mandated by The Transplantation Society, we do not think this is a critical issue.

Conclusion

The transplant community has failed to implement ethical standards banning publication of research using material from executed prisoners. As a result, a large body of unethical published research now exists, raising questions of complicity to the extent that the transplant community uses and benefits from the results of this research. Our study has identified the extent of this problem as well as specific papers containing demonstrably false claims about organ sourcing. There has been a significant lack of vigilance and failure to adhere to accepted ethical standards by reviewers, editors and publishers. Researchers and clinicians who use this body of research risk complicity by implicitly accepting Chinese methods of organ procurement. We call for immediate retraction of all papers reporting research based on

use of organs from executed prisoners, and an international summit to develop future policy for handling Chinese transplant research.

Statements and Declarations

Author contributions

All authors (WAR, MPR, AB, BB, RC, RCW, MFS) contributed substantially to the conception and design of the work and to the analysis and interpretation of the data. All authors contributed to revisions and approved the final draft. All authors agree to be accountable for all aspects of the work in ensuring that any questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Specific individual contributions in addition to the above:

WAR led the drafting of the paper and contributed to data extraction.

MPR contributed to literature searching and data extraction.

AB contributed to literature searching and drafting sections of the manuscript.

BB contributed to data extraction and preparation of figures and tables.

RC contributed to data extraction.

RCW contributed to resolving data extraction outcomes.

MFS contributed to the Introduction.

The lead author (Wendy Rogers, the manuscript's guarantor) affirms that the manuscript is an honest, accurate, and transparent account of the study being reported. No important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

Competing interests disclosures

Dr. Ballantyne is a member of the New Zealand Advocacy & Initiatives Committee (NZAIC) of the International Coalition to End Transplant Abuse in China.

Dr. Blakely has nothing to disclose.

Dr. Catsanos has nothing to disclose.

Dr. Clay-Williams is a member of the Australian Advocacy and Initiatives Committee of the International Coalition to End Transplant Abuse in China.

Prof Fiatarone Singh is a member of the Ethics Committee of Doctors Against Forced Organ Harvesting, and a member of the Australian Advocacy and Initiatives Committee of the International Coalition to End Transplant Abuse in China.

Mr. Robertson reports that he is an occasional expert contributor to the International Coalition to End Transplant Abuse in China.

Prof Rogers is a Director of the NGO "International Coalition to End Transplant Abuse in China" and is chair of its International Advisory Committee.

Ethics approval

No ethics committee approval was required as this study did not involve any patient data.

Clinical trial registration

This study is a scoping review therefore was not registered as a clinical trial.

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Data sharing

The full list of 445 included studies is published in Supplementary File 3.

Figure legends

Figure 1. PRISMA flow chart detailing search strategy

Figure 2. Articles per year with and without ethics statements

Figure 3. Articles per year with and without organ source ID

List of Supplementary Files

Supplementary File 1. Search strategies

Supplementary File 2. Details extracted from included studies

Supplementary File 3. Full list of 445 studies, bibliographic details

Supplementary File 4. Results table

Supplementary File 5. Bibliographic details of 63 studies containing some information regarding identity of and/or consent by donors

Supplementary File 6: Full list of journals publishing papers included in the study and number of papers per journal

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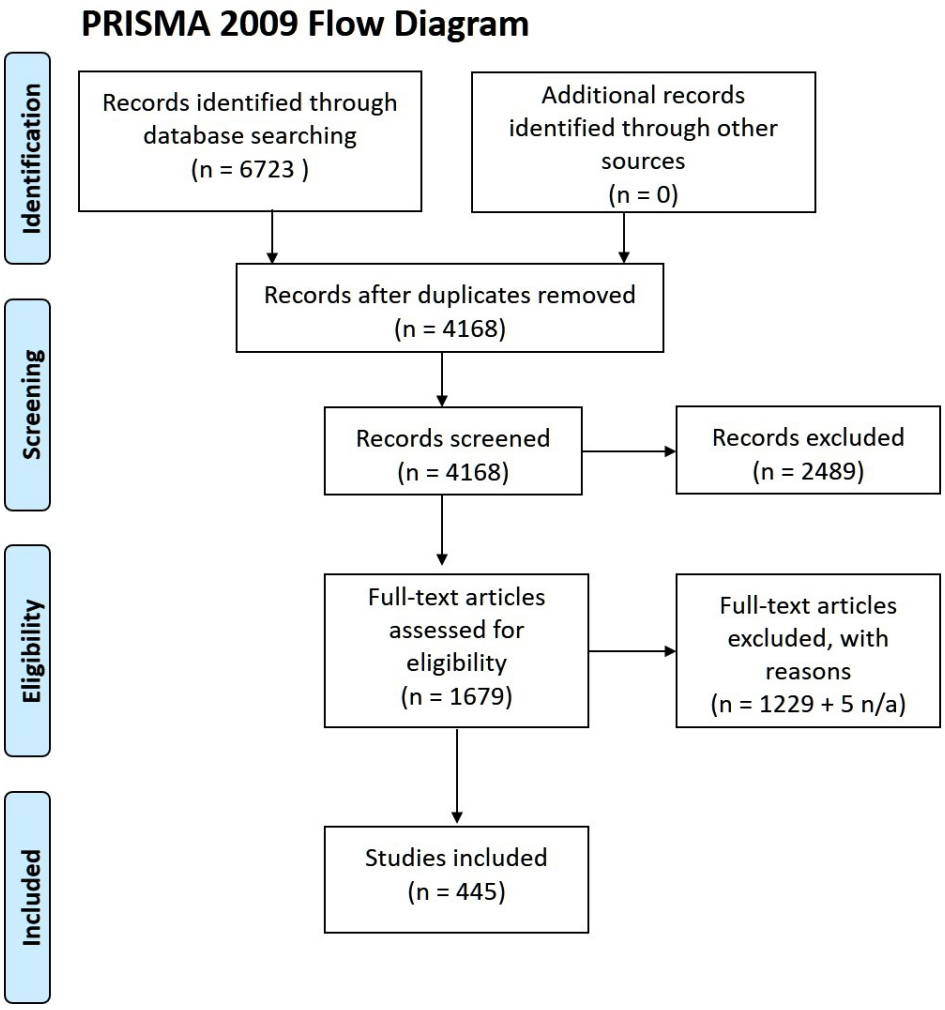
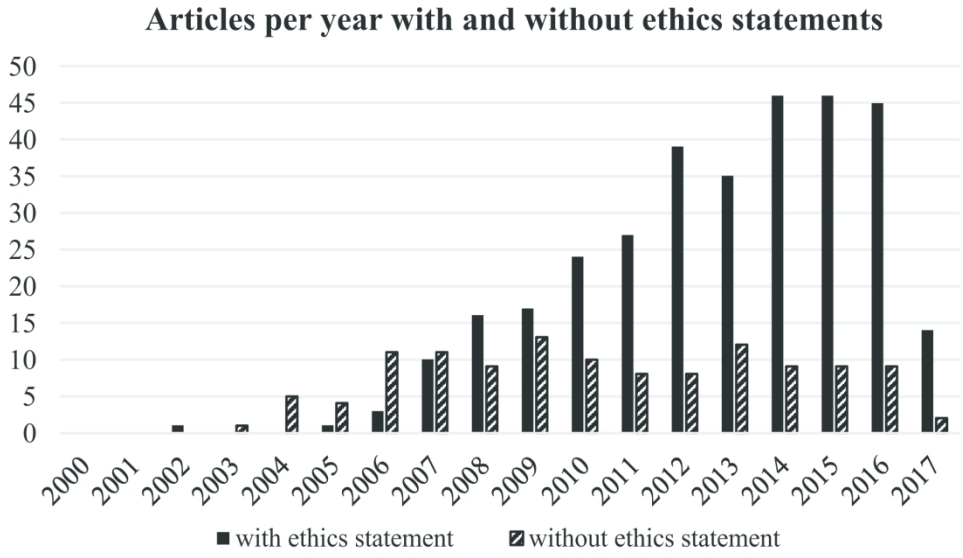


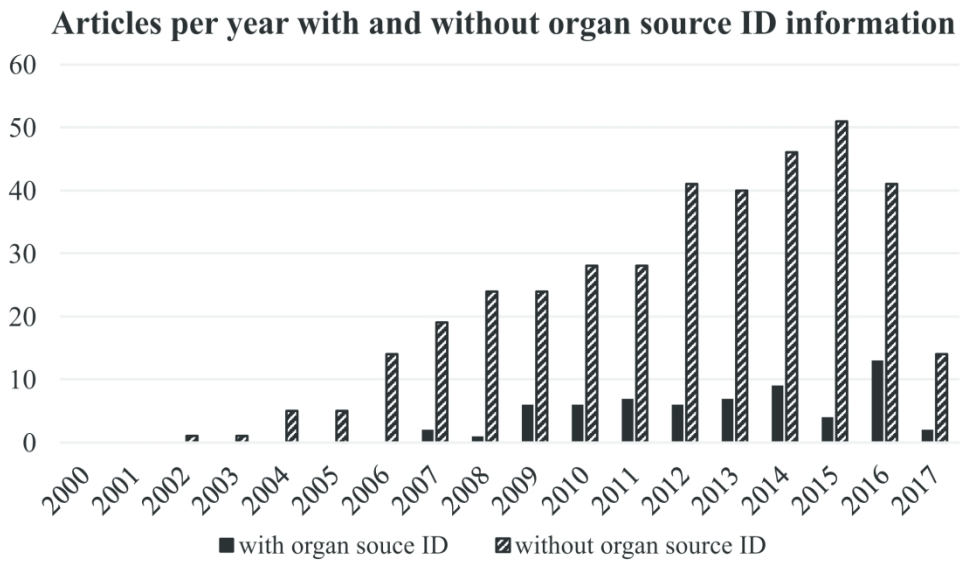
Figure 1: PRISMA flow chart detailing search strategy

180x183mm (150 x 150 DPI)



Articles per year with and without ethics statements

175x105mm (300 x 300 DPI)



Articles per year with and without organ source ID information

194x117mm (300 x 300 DPI)

Supplementary File1: Search strategies

All searches run on 5 April 2017

Medline®

1	exp Organ Transplantation/	**Results: 1702**
2	transplant*.ti,ab.	
3	1 and 2	
4	China.in.	
5	3 and 4	
6	stem cells.ti,ab.	
7	mice.ti,ab.	
8	Living Donors/	
9	living donor.ti,ab.	
10	Case Reports/	
11	or/6-10	
12	5 not 11	
13	limit 12 to (English language and humans and yr="2000 -Current")	

Timespan: 2000-2017 (5 April)

SCOPUS

((TITLE (transplant) AND AFFILCOUNTRY (china) AND NOT TITLE-ABS-KEY (mice OR "stem cell" OR "living donor" OR "case report")) AND PUBYEAR > 1999) AND (EXCLUDE (DOCTYPE , "cp ") OR EXCLUDE (DOCTYPE , "le ") OR EXCLUDE (DOCTYPE , "ed ")) AND (LIMIT-TO (LANGUAGE , "English ")) AND (LIMIT-TO (EXACTKEYWORD , "Human ") OR LIMIT-TO (EXACTKEYWORD , "Male ") OR LIMIT-TO (EXACTKEYWORD , "Female "))*	**Results: 2050**

Embase

1	exp organ transplantation/	**Results: 2971**
2	china.in.	
3	1 and 2	
4	stem cells.ti,ab.	
5	mice.ti,ab.	
6	practice guideline/	
7	*"living donor"/	
8	living donor.ti,ab.	
9	or/4-8	
10	3 not 9	
11	limit 10 to (human and English language and yr="2000 -Current")	

12	limit 11 to article
13	transplant*.ti,ab.
14	1 and 13
15	2 and 14
16	15 not 9
17	limit 16 to (human and English language and yr="2000 -Current")
18	limit 17 to article
19	case report/
20	18 not 19

Timespan: 2000-2017 (5 April).
Search language=Auto

Supplementary File 2: Details extracted from included studies

Column ID	Descriptor
A	EndNote reference number
B	Title and abstract
C	Journal title
D	url
E	0: Exclude 1: Include 2: Paper not available 3: For discussion
F	Exclusion reason (see Table 2 for more details)
G	Publication year
H	Organ type: 1=hearts; 2=livers; 3=lungs; 4=other(combined)
I	Are organ sources (donors) clearly identified as deceased? DD=deceased donors.
J	Number of recipients with deceased or unknown source of transplants reported in research
K	Year/month in which first transplants took place
L	Year/month in which final transplants took place
M	Presence (=1) or absence (=0) of Institutional Review Board (Research Ethics Committee) approval for the research
N	Copy of text reporting ethics approval, if present
O	Information on identity of organ sources: 0 = No statement about identity of organ sources 1 = Explicit statement that organs came from volunteers or that no prisoners' organs were used 2 = Explicit statement that organs came from prisoners 3 = Sources mixed (i.e., prisoner and volunteer) 4 = Other (make note in column R)
P	Copy of text reporting identity of sources, if present. This included any papers in which there was some statement that organs did not come from executed prisoners, or came from volunteers, or source gave consent etc.
Q	Type of donation: 0 = No information DBD = Donation after brain death – (death certified on neurological criteria) DCD = Donation after cardiac death – or non-heart beating (death declared on circulatory criteria) CDCD = China donation after citizen death - (a new China specific descriptor which denotes death declared on both neurological and circulatory criteria) OT = Other (make note in column R)
R	Comments
S	Initials of author doing data extraction for this paper
T	Initials of author if this entry was checked
U	Institution where transplants took place

For the Results Table in Supplementary File 4, we have omitted the administrative data e.g EndNote reference numbers, initials of authors doing extractions and checks), the data relating to exclusions (as we are not reporting on these), and the institution where the transplants took place (because this was inconsistently reported by data extractors and was not relevant to the research questions). As a result, the final columns in the Results table are:

Column ID	Descriptor
A	Title and abstract
B	Journal title
C	Publication year
D	Organ type
E	Are organ sources (donors) clearly identified as deceased? DD=deceased donors.
F	Number of recipients with deceased or unknown source of transplants reported in research
G	Year/month in which first transplants took place
H	Year/month in which final transplants took place
I	Institutional Review Board (Research Ethics Committee) approval for the research
J	Copy of text reporting ethics approval, if present
K	Information on identity of organ sources: 0 = No statement about identity of organ sources 1 = Explicit statement that organs came from volunteers or that no prisoners' organs were used 2 = Explicit statement that organs came from prisoners 3 = Sources mixed (i.e., prisoner and volunteer) 4 = Other
L	Copy of text reporting identity of sources, if present. This included any papers in which there was some statement that organs did not come from executed prisoners, or came from volunteers, or source gave consent etc.
M	Presence (=1) or absence (=0) of
N	Type of donation: 0 = No information DBD = Donation after brain death – (death certified on neurological criteria) DCD = Donation after cardiac death – or non-heart beating (death declared on circulatory criteria) CDCD = China donation after citizen death - (a new China specific descriptor which denotes death declared on both neurological and circulatory criteria) OT = Other

Supplementary File: Full list of 445 studies, bibliographic details

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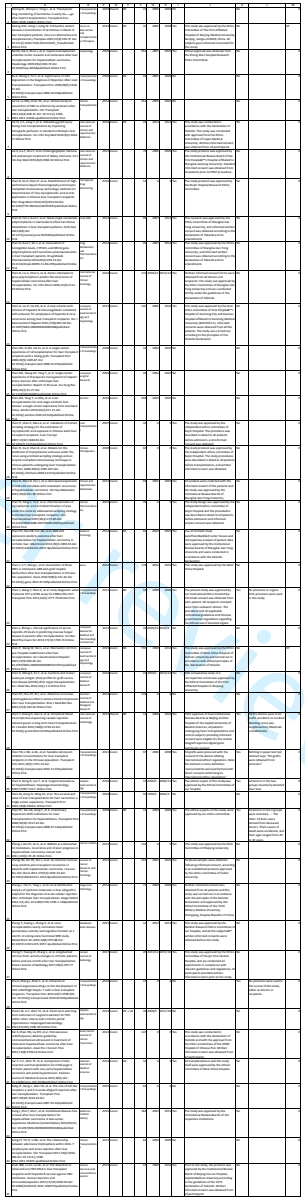

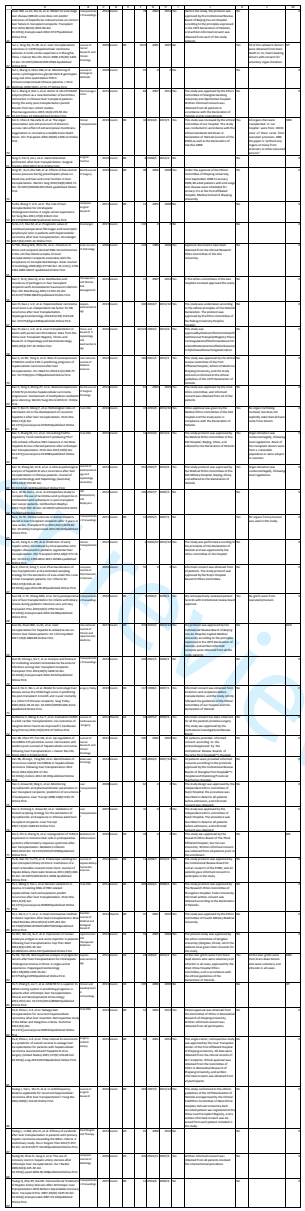

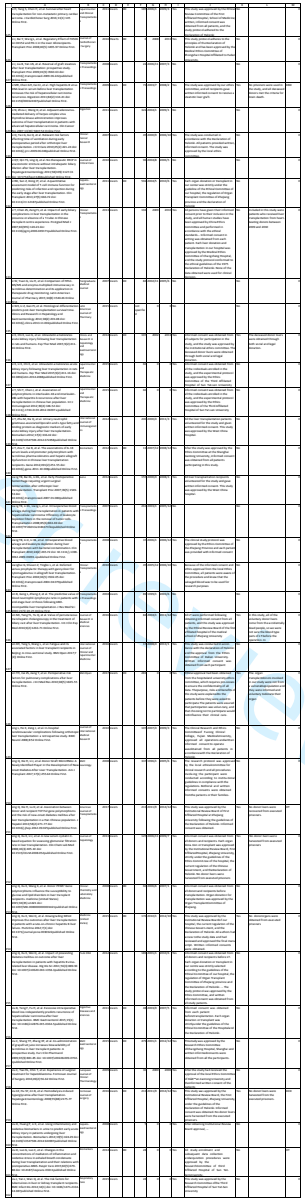

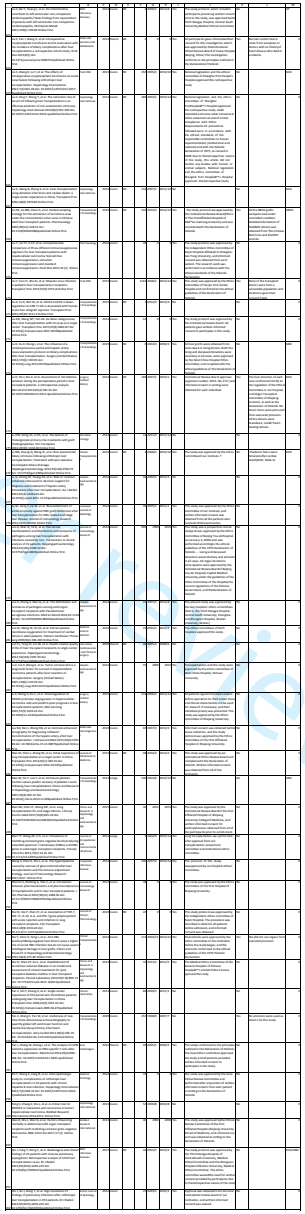

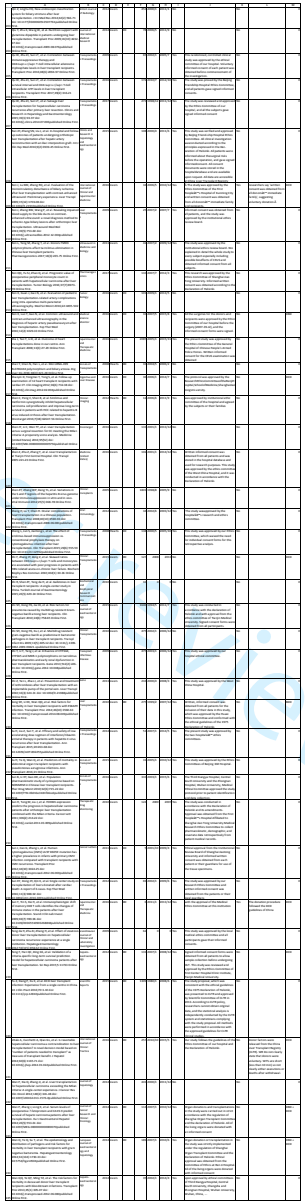

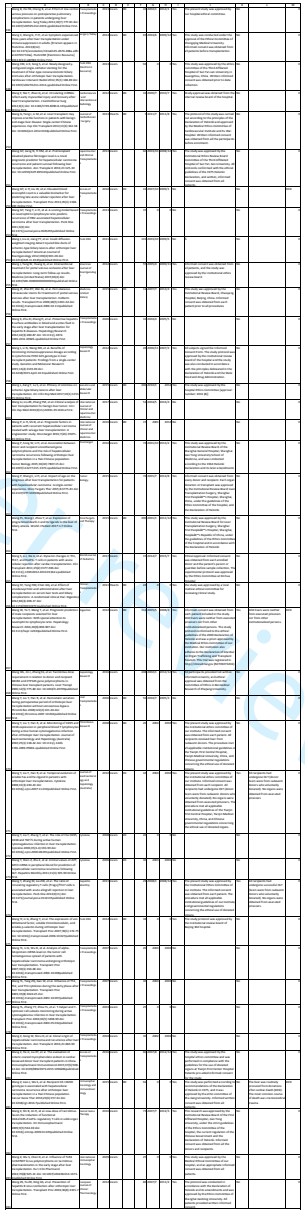

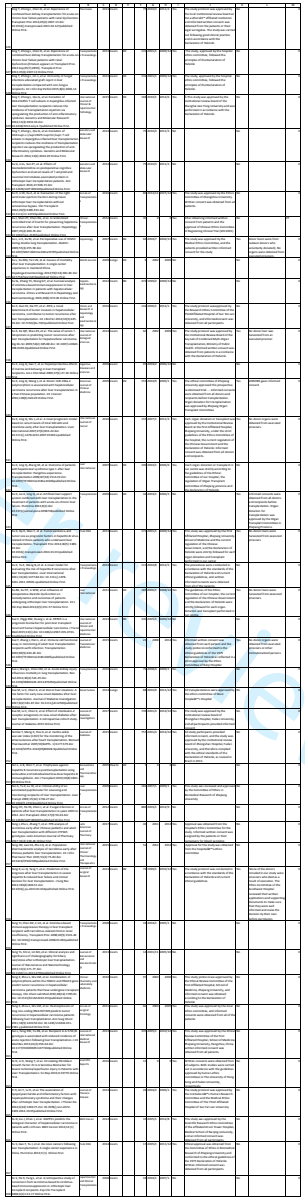

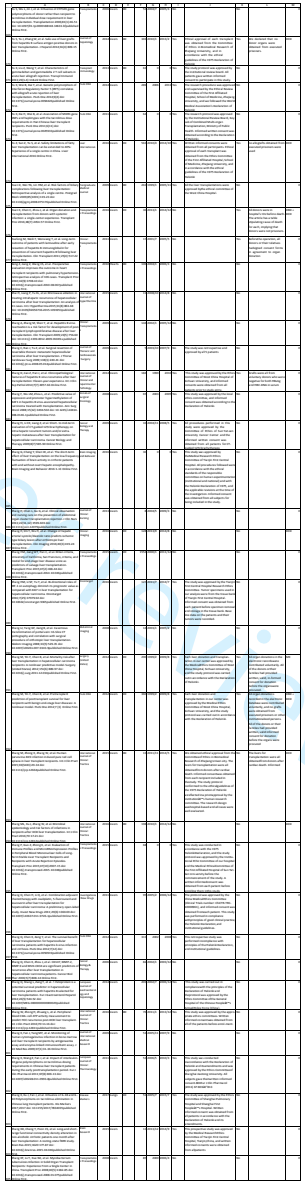

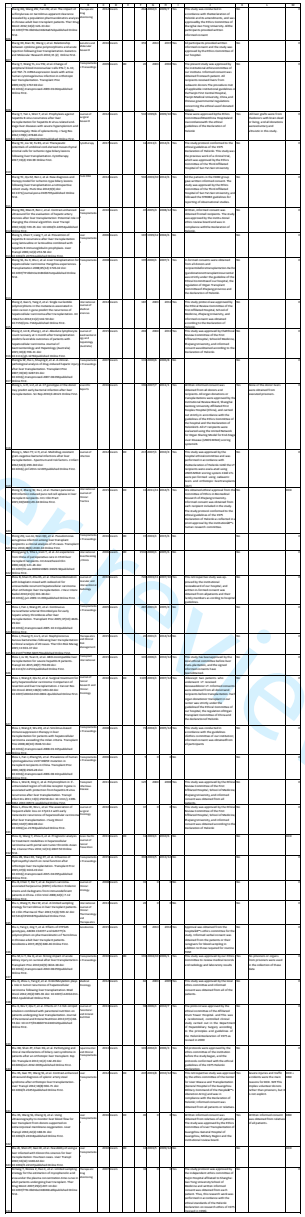

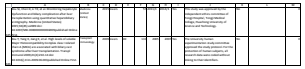

Supplementary File 5: Bibliographic details of 63 studies containing some information regarding identity of and/or consent by organ sources/donors.
Note: these 63 studies are a subset of the 445 papers reported in the study and their details are also are included in Supplementary file 3.

1. Chen J, Wang Y, Shen Z, et al. Early diagnostic value of plasma PCT and BG assay for CRBSI after OLT. Transplant Proc 2011;43(5):1777-79 Online First.

2. Chen Y, Zhang H, Xiao X, et al. Peripheral blood transcriptome sequencing reveals rejection-relevant genes in long-term heart transplantation. Int J Cardiol 2013;168(3):2726-33 doi: 10.1016/j.ijcard.2013.03.095published Online First.

3. Chen YB, Li SD, Ju BL, et al. Suitable calcineurin inhibitor concentrations for liver transplant recipients in the Chinese population. Transplant Proc 2011;43(5):1751-53 doi: 10.1016/j.transproceed.2010.11.025published Online First.

4. Chen Z, Gong R, Luo Y, et al. Surgical procedures for hepatolithiasis. Hepatogastroenterology 2010;57(97):134-7 Online First.

5. Chen ZY, Yan LN, Zeng Y, et al. Preliminary experience with indications for liver transplantation for hepatolithiasis. Transplant Proc 2008;40(10):3517-22 doi: 10.1016/j.transproceed.2008.07.142published Online First.

6. Chu Z, Zhang J, Zhao Y, et al. Influence of immunosuppressive drugs on the development of CD4 +CD25high Foxp3+ T cells in liver transplant recipients. Transplant Proc 2010;42(7):2599-601 doi: 10.1016/j.transproceed.2010.04.026published Online First.

7. Fan J, Yang GS, Fu ZR, et al. Liver transplantation outcomes in 1,078 hepatocellular carcinoma patients: A multi-center experience in Shanghai, China. J Cancer Res Clin Oncol 2009;135(10):1403-12 doi: 10.1007/s00432-009-0584-6published Online First.

8. Fan X, Chen Z, Nasralla D, et al. The organ preservation and enhancement of donation success ratio effect of extracorporeal membrane oxygenation in circulatory unstable brain death donor. Clin Transplant 2016;30(10):1306-13 Online First.

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10. Gao Y, Zhang M, Li J, et al. Circulating FoxP3+ regulatory T and interleukin17-producing Th17 cells actively influence HBV clearance in De Novo Hepatitis B virus infected patients after orthotopic liver transplantation. PLoS One 2015;10(9) doi: 10.1371/journal.pone.0137881published Online First.

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12. Gu L, Yu YC. Clinical outcome of dental implants placed in liver transplant recipients after 3 years: A case series. Transplant Proc 2011;43(7):2678-82 doi: 10.1016/j.transproceed.2011.06.037published Online First.

13. Gu Y, Li J, Li N. Insulin sensitivity after pancreaticoduodenal transplantation with systemic and portal venous drainage in inbred rats. Chin Med J 2002;115(4):549-51 Online First.

14. Hu XX, Yan LN. Retrospective analysis of prognostic factors after liver transplantation for intrahepatic cholangiocarcinoma in China: A single-center experience. Hepatogastroenterology 2011;58(109):1255-59 doi: 10.5754/hge10704published Online First.

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16. Lei J, Yan L. Outcome comparisons among the Hangzhou, Chengdu, and UCSF criteria for hepatocellular carcinoma liver transplantation after successful downstaging therapies. J Gastrointest Surg 2013;17(6):1116-22 doi: 10.1007/s11605-013-2140-6published Online First.

17. Lei JY, Wang WT, Yan LN. Hangzhou criteria for liver transplantation in hepatocellular carcinoma: A single-center experience. Eur J Gastroenterol Hepatol 2014;26(2):200-04 doi: 10.1097/MEG.0b013e3283652b66published Online First.

18. Lei JY, Yan LN, Wang WT, et al. Health-related quality of life and psychological distress in patients with early-stage hepatocellular carcinoma after hepatic resection or transplantation. Transplant Proc 2016;48(6):2107-11 Online First.

19. Li F, Yang M, Li B, et al. Initial clinical results of orthotopic liver transplantation for hepatic alveolar echinococcosis. Liver Transpl 2007;13(6):924-26 doi: 10.1002/lt.21187published Online First.

20. Li H, He JW, Fu BS, et al. Immunosuppressant-related hip pain after orthotopic liver transplant. Exp Clin Transplant 2013;11(1):32-38 doi: 10.6002/ect.2012.0026published Online First.

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23. Li WX, Li Z, Gao PJ, et al. Histological differentiation predicts post-liver transplantation survival time. Clinics and Research in Hepatology and Gastroenterology 2014;38(2):201-08 doi: 10.1016/j.clinre.2013.11.002published Online First.

24. Lin B, Geng L, Zheng Z, et al. The predictive value of blood neutrophil-lymphocyte ratio in patients with end-stage liver cirrhosis following ABO-incompatible liver transplantation. J Res Med Sci 2016;21(5):20-25 Online First.

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29. Liu C, Tsai HL, Chin T, et al. Experience of surgical treatment for hepatoblastoma. Formosan Journal of Surgery 2016;49(2):56-62 Online First.

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31. Liu X, Wang B, Zhang X, et al. Liver transplantation using donation after brain and cardiac death: A single-center experience in China. Transplant Proc 2016;48(6):1879-86 Online First.

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36. Ran JH, Zhang SN, Liu J, et al. In-hospital and follow-up outcomes of patients undergoing orthotopic liver transplantation after hepatic artery reconstruction with an iliac interposition graft. Int J Clin Exp Med 2016;9(2):3939-45 Online First.

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40. Wang Y, Shen Z, Zhu Z, et al. Clinical values of AFP, GPC3 mRNA in peripheral blood for prediction of hepatocellular carcinoma recurrence following OLT. Hepatitis Monthly 2011;11(3):195-99 Online First.

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53. Yu Z, Sun Z, Yu S, et al. Safety limitations of fatty liver transplantation can be extended to 40%: Experience of a single centre in China. Liver International 2016 Online First.

54. Yuan X, Chen C, Zhou J, et al. Organ donation and transplantation from donors with systemic infection: A single-center sxperience. Transplant Proc 2016;48(7):2454-57 Online First.

55. Yuefeng M, Weili F, Wenxiang T, et al. Long-term outcome of patients with lamivudine after early cessation of hepatitis B immunoglobulin for prevention of recurrent hepatitis B following liver transplantation. Clin Transplant 2011;25(4):517-22 Online First.

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58. Zhang M, Yin F, Chen B, et al. Pretransplant prediction of posttransplant survival for liver recipients with benign end-stage liver diseases: A nonlinear model. PLoS One 2012;7 (3) Online First.

59. Zhang Y, Yan L, Wen T, et al. Prophylaxis against hepatitis B virus recurrence after liver transplantation for hepatitis B virus-related end-stage liver diseases with severe hypersplenism and splenomegaly: Role of splenectomy. J Surg Res 2012;178(1):478-86 doi: 10.1016/j.jss.2012.02.047published Online First.

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61. Zhu M, Li Y, Xia Q, et al. Strong impact of acute kidney injury on survival after liver transplantation. Transplant Proc 2010;42(9):3634-38 doi: 10.1016/j.transproceed.2010.08.059published Online First.

62. Zhu XS, Gao YH, Wang SS, et al. Contrast-enhanced ultrasound diagnosis of splenic artery steal syndrome after orthotopic liver transplantation. Liver Transpl 2012;18(8):966-71 doi: 10.1002/lt.23453published Online First.

63. Zhu XS, Wang SS, Cheng Q, et al. Using ultrasonography to monitor liver blood flow for liver transplant from donors supported on extracorporeal membrane oxygenation. Liver Transpl 2016;22(2):188-91 doi: 10.1002/lt.24318published Online First.

Supplementary File 6: Full list of journals included in the study and number of papers per journal

Journal	Number
Transplantation Proceedings	65
PLoS ONE	20
Clinical Transplantation	16
Liver Transplantation	15
Hepato-Gastroenterology	14
Experimental and Clinical Transplantation	11
Clinics and Research in Hepatology and Gastroenterology	8
International Journal of Clinical and Experimental Medicine	8
Annals of Transplantation	7
International Journal of Clinical Practice	6
Journal of Cancer Research and Clinical Oncology	6
Transplantation	6
European Journal of Gastroenterology and Hepatology	5
Experimental and Therapeutic Medicine	5
Medical Oncology	5
Medicine (United States)	5
Surgery (United States)	5

BMC Cancer	4
European Journal of Clinical Pharmacology	4
Genetics and Molecular Research	4
Hepatology International	4
Journal of Gastrointestinal Surgery	4
Journal of International Medical Research	4
Liver International	4
Oncotarget	4
Therapeutic Drug Monitoring	4
Biomarkers	3
Cytokine	3
Gene	3
International Journal of Medical Sciences	3
Journal of Gastroenterology and Hepatology (Australia)	3
Journal of Hepatology	3
Journal of Surgical Research	3
Scientific Reports	3
Transplant Infectious Disease	3
World Journal of Surgery	3

Abdominal Imaging	2
American Journal of Transplantation	2
Annals of Surgical Oncology	2
Archives of Medical Research	2
Asian Pacific Journal of Cancer Prevention	2
BioMed Research International	2
BMC Infectious Diseases	2
Brazilian Journal of Medical and Biological Research	2
British Journal of Radiology	2
Cancer Letters	2
Clinical Chemistry and Laboratory Medicine	2
Clinical Imaging	2
Digestion	2
Digestive Diseases and Sciences	2
European Journal of Radiology	2
European Surgical Research	2
Hepatitis Monthly	2
Hepatology	2
Hepatology Research	2

Immunopharmacology and Immunotoxicology	2
International Journal of Clinical Pharmacology and Therapeutics	2
Journal of Cardiothoracic Surgery	2
Journal of Immunology Research	2
Journal of Surgical Oncology	2
Latin American Journal of Pharmacy	2
Medical Science Monitor	2
Microbial Ecology	2
OncoTargets and Therapy	2
Pharmacogenomics	2
Postgraduate Medical Journal	2
Surgery Today	2
Therapeutics and Clinical Risk Management	2
Transplant Immunology	2
Tumor Biology	2
World Journal of Surgical Oncology	2
Acta Anaesthesiologica Scandinavica	1
Acta Cardiologica	1
Alcohol	1

American Journal of Chinese Medicine	1
American Journal of Roentgenology	1
Annals of Hepatology	1
ASAIO Journal	1
Asian Journal of Andrology	1
Biochemical and Biophysical Research Communications	1
Biomedicine and Pharmacotherapy	1
BMC Gastroenterology	1
BMC neurology	1
BMJ Open	1
Brain Imaging and Behavior	1
Brain Research	1
Cancer Biology & Therapy	1
Cancer Biology and Therapy	1
Cancer Gene Therapy	1
CardioVascular and Interventional Radiology	1
Cell Biochemistry and Biophysics	1
Clinica Chimica Acta	1
Clinical and Developmental Immunology	1

Clinical and Experimental Metastasis	1
Clinical Cancer Research	1
Clinical Genetics	1
Clinical Laboratory	1
Clinical Pharmacokinetics	1
Clinical Therapeutics	1
Clinical transplants	1
Cytotherapy	1
Diagnostic Pathology	1
Digestive and Liver Disease	1
Digestive Surgery	1
Disease Markers	1
Drug Metabolism and Pharmacokinetics	1
European Journal of Medical Research	1
European Journal of Pharmaceutical Sciences	1
European Review for Medical and Pharmacological Sciences	1
Focus on Alternative and Complementary Therapies	1
Formosan Journal of Surgery	1
Gut and Liver	1

Human Vaccines and Immunotherapeutics	1
Interactive Cardiovascular and Thoracic Surgery	1
International Anesthesiology Clinics	1
International Immunopharmacology	1
International Journal of Biological Sciences	1
International Journal of Cancer	1
International Journal of Cardiology	1
International Journal of Clinical & Experimental Pathology	1
International Journal of Clinical and Experimental Pathology	1
International Journal of Clinical Oncology	1
International Journal of Hyperthermia	1
International Journal of Immunogenetics	1
Investigational New Drugs	1
Journal of Cardiovascular Surgery	1
Journal of Clinical Nursing	1
Journal of Clinical Pharmacology	1
Journal of Clinical Pharmacy and Therapeutics	1
Journal of Clinical Virology	1
Journal of Critical Care	1

Journal of Diabetes Investigation	1
Journal of Diabetes.	1
Journal of Gastrointestinal and Liver Diseases	1
Journal of Hepato-Biliary-Pancreatic Sciences	1
Journal of Infection	1
Journal of Nanoscience and Nanotechnology	1
Journal of Occupational and Environmental Medicine	1
Journal of Parenteral and Enteral Nutrition	1
Journal of Research in Medical Sciences	1
Journal of Thoracic and Cardiovascular Surgery	1
Journal of Thoracic Disease	1
Journal of Translational Medicine	1
Journal of Ultrasound in Medicine	1
Journal of Vascular and Interventional Radiology	1
Journal of Virological Methods	1
Korean Journal of Radiology	1
Liver International.	1
Mediators of Inflammation	1
Medicinal Chemistry	1

Metabolic Brain Disease	1
Minerva Anestesiologica	1
Molecular Carcinogenesis	1
Molecular Genetics and Metabolism	1
Molecular Oncology	1
Pakistan Journal of Medical Sciences	1
Pediatric Transplantation	1
Pharmacology	1
Pharmazie	1
PLoS ONE [Electronic Resource]	1
Proteome Science	1
Renal Failure	1
Respiratory Care	1
Scandinavian Journal of Clinical and Laboratory Investigation	1
Surgical Practice	1
Thrombosis Research	1
Transplant International	1
Tumori	1
Turkish Journal of Gastroenterology	1

Ultrasound in Medicine and Biology	1
Viral Immunology	1
World Journal of Pediatrics	1
Xenobiotica	1

PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Identified as a scooping report, Title page
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	Structured summary included; study not registered
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	See p.2,3
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Not applicable as this is not a comparative study. Research question on p. 5.
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	There is no published protocol for this study
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	Study characteristics described on p. 5
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	Information sources

PRISMA 2009 Checklist

			described on p. 5.
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	This is provided in Supplementary file 1
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Described on p. 6
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	Described on p. 7
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	Described on p. 8 and Supplementary file 2
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	N/A
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	N/A
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	N/A

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	No formal risk of bias, but there is a lot of redundant publication. We have indicated potential unreliability of data on

PRISMA 2009 Checklist

			p. 24.
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	N/A
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	See p and Figure 1
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Data extraction items are listed in Appendix 2
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	N/A
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	N/A as no intervention groups
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	N/A
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	N/A
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	Descriptive analyses only
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	Strength of evidence not applicable
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	See p. 24.
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	See pp. 21-4
FUNDING			

PRISMA 2009 Checklist

Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	There was no funding for this review.

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Compliance with ethical standards in the reporting of donor sources and ethics review in peer-reviewed publications involving organ transplantation in China: A scoping review

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Compliance with ethical standards in the reporting of donor sources and ethics review in peer-reviewed publications involving organ transplantation in China: A scoping review

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Abstract

Objectives: The objective of this study is to investigate whether papers reporting research on Chinese transplant recipients comply with international professional standards aimed at excluding publication of research that: (1) involves any biological material from executed prisoners; (2) lacks Institutional Review Board approval; and (3) lacks consent of donors.

Design: Scoping review based on Arksey and O'Mallee's methodological framework.

Data sources: Medline, Scopus and Embase were searched from January 2000 to April 2017.

Eligibility criteria: We included research papers published in peer-reviewed English language journals reporting on outcomes of research involving recipients of transplanted hearts, livers or lungs in mainland China.

Data extraction and synthesis: Data were extracted by individual authors working independently following training and benchmarking. Descriptive statistics were compiled using Excel.

Results: 445 included studies reported on outcomes of 85,477 transplants. 412 (92.5%) failed to report whether or not organs were sourced from executed prisoners; and 439 (99%) failed to report that organ sources gave consent for transplantation. In contrast, 324 (73%) reported approval from an IRB. Of the papers claiming that no prisoners' organs were involved in the transplants, 19 of them involved 2,688 transplants that took place prior to 2010, when there was no volunteer donor program in China.

Discussion: The transplant research community has failed to implement ethical standards banning publication of research using material from executed prisoners. As a result, a large body of unethical research now exists, raising issues of complicity and moral hazard to the extent that the transplant community uses and benefits from the results of this research. We call for retraction of this literature pending investigation of individual papers.

Strengths and weaknesses of this study

- The study's main strengths lie in its originality and in the use of robust scoping review methods, giving confidence that the results are reliable.
- However, scoping review methods are less rigorous than systematic reviews and it is possible that some relevant papers were not included.
- Publications were excluded if they were in langagues other than English, or published in Chinese journals, regardless of the language of publication.
- The data in the included studies were imprecise regarding organ sources. It is possible that a small number of liver transplants classified as deceased donor were from living donors.
- The total number of participants (and hence number of transplants) in the included studies is inflated by multiple publication of the same and overlapping research cohorts.

Introduction

The transplantation of organs procured from executed prisoners is widely condemned by bodies including the World Health Organisation,[1] the World Medical Association,[2] The Transplantation Society,[3] Amnesty International and the Declaration of Istanbul.[4,5] This condemnation extends to undertaking research and presenting results that involve the use of organs obtained from executed prisoners.[4] In 2006, The Transplantation Society (TTS) explicitly stated that it would not accept conference papers based on research involving organs sourced from executed prisoners.[6,7] The 2006 policy statement by TTS was followed by calls for a boycott on accepting conference papers or publishing journal articles based on research involving organs from executed prisoners.[8–10] Some journals explicitly adopted this ban as policy (*Journal of Clinical Investigation*,[11] *American Journal of Transplantation* and the *Journal of Heart and Lung Transplantation*).[9]

Together, these statements by international bodies, professional societies, academics and journals constitute explicit ethical standards prohibiting the publication or presentation of research involving organs sourced from executed prisoners. These standards are primarily directed towards peer-reviewers, editors and publishers. However, these standards lack regulatory force; there are no sanctions for breaches, and to date there has been no audit investigating compliance.

This study is the first attempt to track the progress of the transplant community in meeting this ethical injunction to avoid publication of research based on organs sourced from executed prisoners.

Background

The prohibition against the use of executed prisoners' organs is explicitly directed towards China, which is one of the few countries where the use of prisoners' organs has been

government-sanctioned. In 2001, a Chinese official dismissed as "sensational lies" reports of organ harvesting from executed prisoners, claiming that the major source of organs was voluntary donations.[12] This rhetoric changed in 2006 when Chinese officials first openly acknowledged that the majority of transplanted organs were sourced from executed prisoners.[13,14] In 2007, China claimed it would reduce reliance on executed prisoners,[15] but in a 2015 interview, Huang Jiefu, China's most senior transplant official, stated that there had been just 120 cases of volunteer donors up to 2009.[16] In 2014 Huang committed China to using only organs from volunteer donors from 1 January 2015.[17] However, the use of prisoners' organs remains technically legal today in China if 'consent' is obtained,[18] and in 2017 Chinese officials admitted that it is not possible to verify that all organ harvesting from prisoners has ceased.[19]

Use of organs from executed prisoners is widely condemned because the coercive situation of being on death row undermines the possibility of ethically valid consent, or consent may not be sought at all.[20] In addition, in China there have been extensive and credible reports of non-voluntary organ harvesting from prisoners of conscience, adding to ethical concern.[21,22]

The transplant community recognises that boycott is an effective way to express condemnation of Chinese organ procurement practices, leading to formal TTS policy and recommendations for banning unethical research as described above. Publication in international, peer-reviewed journals is a marker of academic success and international acceptance. Imposing a ban sends a strong message of disapprobation to researchers whose projects involve transplants of organs sourced from executed prisoners.

The current approach to this issue taken by TTS and some journals is incremental rather than absolutist.[10] An 'absolutist' approach would ban publication of all Chinese transplant data until there is compelling positive evidence that the use of executed prisoners' organs has

ceased. This would require free and full on-site inspections of Chinese transplant hospitals, including unfettered access to hospital information systems. China has not agreed to such inspections and no international or professional body has assumed responsibility for pursuing this issue. Instead, the professions' preferred incremental approach requires assessment of Chinese studies for ethical acceptability prior to publication, with exclusion of any that include data from executed prisoners. The incremental policy therefore requires peer-reviewers and journal editors to ask consistently whether the research: (1) involved any biological material sourced from executed prisoners; (2) received Institutional Review Board (IRB) (Research Ethics Committee) approval; and (3) required consent of donors. For transparency purposes this information should be included in the final publication. Transparency contributes to a culture of accountability and ensures that readers are not unwittingly absorbing and using unethically obtained data. The burden of proof should rest with authors/researchers to supply evidence of consent to donation, and approval by an IRB, and attest that their study does not use material derived from executed prisoners.

In this study, we investigated the extent to which journals have complied with these ethical standards by: 1) publishing only research using organs from volunteer donors; 2) requiring a statement of IRB approval; and 3) providing a statement that consent was obtained from donors. As noted above, 'consent' obtained from executed prisoners does not meet international ethical standards.

Methods

This research used scoping review methodology. Scoping reviews can be used to map an area of research, summarise existing evidence or identify gaps in the literature. Unlike systematic reviews, scoping reviews usually do not assess the quality of the included studies.[23] This

review followed the five steps articulated by Arksey and O'Mallee to ensure rigour, transparency and facilitate replication (see Table 1).[24]

Table 1: Arksey and O'Mallee's methodological framework for a scoping review

Framework stage	Description
Stage 1	Identifying the research question
Stage 2	Identifying relevant studies
Stage 3	Study selection
Stage 4	Charting the data
Stage 5	Collating, summarising and reporting the results

The research question was identified and refined through discussion amongst the authors and expert colleagues. The final version was: "To what extent do papers reporting research on Chinese transplant recipients identify the sources of organs, whether sources were living or deceased, and compliance with ethical requirements for human research and organ donation as per international guidelines and professional standards?"

Search Strategy

Relevant studies in English language journals were identified through searching online databases. The electronic search strategies were developed, tested and refined with the assistance of an expert librarian. The search aimed to identify full text papers published in English in peer-reviewed journals by authors based at Chinese institutions that reported on research involving recipients of solid organ transplants. The search strategies for Medline, Scopus and Embase are in Supplementary File 1. The inclusionary criteria were organ transplantation/transplant (title, abstract) and China (institution/affiliation). The exclusionary criteria were stem cells (title, abstract); mice (title, abstract); living donors (title, abstract); case reports/letters/editorials (document type). The searches were limited to English language

and humans, and the years were 2000-date of search. The start date of 2000 was selected as this is when numbers of transplantations and associated research papers rapidly increased in China.

Medline, Scopus and Embase were searched on 5 April 2017 by WR, BB and RCW. All relevant searches were downloaded into an EndNote library by WR. Duplicates were removed by EndNote filter. We did not identify further papers from other sources or search the references of included papers as we aimed to capture papers that are readily available through mainstream databases, and this was a scoping rather than systematic review. We recognised that our search strategy might potentially miss some papers published in difficult to find journals as well as those published in languages other than English, with a potential reduction in sensitivity. However, we do not think that papers omitted as a result of this strategy undermine the reliability of the findings. Rather, these omissions may make our estimate of the magnitude of any ethical breaches of publication standards conservative, based on the assumption that ethical compliance is likely to be higher in international journals published in English compared to journals published in China whether in Chinese or English language.

The title and abstracts remaining after removal of duplicates were screened for obvious exclusionary factors, with each author screening an equal number. All authors were trained in the use of the exclusionary criteria by screening the same 100 abstracts and titles. At the end of the pilot process, the exclusionary criteria were refined following discussion. The final exclusionary criteria for title and abstract screening were:

- transplants other than solid organs;
- transplants not occurring in mainland China;
- clinical case reports and/or incidental inclusion of data from Chinese transplant recipients;

- meta-analyses and systematic reviews;
- animal research;
- English-language journals published in China.

Articles which could not be eliminated by title and abstract were reviewed as full text articles to determine eligibility. Prior to full text review, five of the authors (WR, MPR, RC, BB, RCW) undertook further training and benchmarking in use of the exclusionary criteria on full text papers. This involved all five screening the same 20 papers, followed by discussion. The exclusionary criteria were finalised after this process (see Table 2), and four authors (RC, WR, MPR, BB) assessed full text articles for eligibility.

Table 2: Exclusion criteria for full text review of papers

"Animal Research" – Exclude any non-human research
"Chinese Journal" – Exclude any papers published in (English language) journals published in China, on the assumption of low compliance with Western ethical standards
"Case Report" – Exclude papers reporting on clinical case reports
"Incidental Inclusion" – Exclude papers where transplant recipients are incidentally included as research participants
"Kidneys" – Exclude any papers reporting data from kidney transplant recipients due to ambiguity of source (living or deceased)
"Living Donors" – Exclude papers where all the transplanted organs were procured from living donors, including split livers from living donors
"Not China" – Exclude any papers where the transplants took place outside mainland China
"Not Reviewed" – Exclude any non peer reviewed publications (including commentaries, letter to editors etc.)

"Other Organs" – Exclude other tissue or organs i.e., not livers, hearts or lungs
"Other" – State reason
"Review Paper" – Exclude review papers (meta-analysis, systematic reviews etc.)

The reasons for exclusion were recorded, but where more than one reason was present, only the first reason noted by the data extractor was recorded. Papers reporting on recipients of kidney transplants were excluded at the full text review stage after a trial of 200 full text analyses. In this sample, 40% of kidney papers failed to report whether organ sources were living or deceased. As a key question in our research concerned procurement of organs from executed prisoners, we did not want to include a potentially large number of papers in which it was unclear whether or not organs were procured from living donors.

The same four authors who determined eligibility of full text papers also extracted data from these papers onto pre-tested forms (see Supplementary File 2 for details extracted). Any details that could not be extracted with certainty were discussed by the group of authors to reach a consensus. No data extraction outcomes were unable to be resolved using this method. Data from 10% of included papers were checked by a second author.

This process is summarised in a PRISMA diagram (Figure 1).

(Insert Figure 1 around here)

Patient and Public Involvement

There was no patient or public involvement in this scoping review of published literature.

Results

The searches identified 6723 records, leaving 4168 after duplicates were removed. After screening of abstracts and titles, 2489 records were excluded. 1679 full text articles were

screened for eligibility. 1229 were excluded (see Table 3). 445 papers were included in the final data set (see Supplementary File 3), and 5 papers were unavailable.[25–29]

Table 3: Reasons for exclusions of full text papers (n=1229)

Reason	**Number**
Animal Research	12
Chinese Journal	96
Case Report	3
Incidental Inclusion	14
Kidneys	637
Living Donors	7
Not China	380
Not Reviewed	1
Other Organs	2
Other	49
Review Paper	28

The main results are summarised in Table 4. See Supplementary File 4 for a full table of results.

Table 4: Results summary table

Variable	Number (%)
Total number of included papers	445 (100%)
Total number of transplants reported	85,477
Median number of transplants per paper (range)	72 (1-20,524)
Number of papers that explicitly stated organs (hearts, livers, lungs) were from deceased sources	173 (39%)
Number of papers reporting research ethics approval	324 (73%)
Number of papers with any information on the identity of the sources of organs	63 (14%)
Number of papers with explicit statement that no organs from prisoners were used	33 (7%)
Number of papers that reported consent for donation	6 (1%)
Number of papers with any statement about the diagnosis of death in sources (after brain death, after cardiac death)	64 (14%)

Overall, 324 (73%) of the 445 papers included a statement regarding approval from an institutional or regional ethics committee. Most of these statements were of a general type such as: “The study protocol was conducted in accordance with the standards of the Declaration of Helsinki and current ethical guidelines”[30]; “All protocols were approved by the ethics committee of the institution before the study began, and the protocols conformed to

the ethical guidelines of the 1975 Helsinki Declaration"[31] and "The present study was approved by the ethics committee of Qingdao University (Qingdao, China)".[32] Few contained an IRB reference number or the date approval was granted. The majority of these statements reported that research participants (who were the transplant *recipients*) had given their informed consent.

The graph in Figure 2 shows ethics approvals by year. These increased substantially after 2006, which was the year that The Transplantation Society published its policy banning conference papers based on data from executed prisoners.[7]

(Insert Figure 2 around here)

Only 63 papers (14%; see Supplementary File 5) included any information about the source of the organs (i.e., whether or not the organs came from executed prisoners or volunteers, or if consent was given). This category of organ sources (donor identity) was interpreted inclusively. For example, papers reporting that sources gave informed consent were included here even if there was no explicit statement that the sources were not prisoners. Under Chinese policy, prisoners are permitted to make allegedly voluntary donations, which is in violation of TTS policy.[33] The presence or absence of statements identifying organ sources by year is in Figure 3. Only one paper published prior to 2007 included any information about identity of sources.[34]

(Insert Figure 3 around here)

Among the 63 papers that provided any information about the sources of organs, 33 (only 7·4% of all included studies) stated explicitly that no organs from executed prisoners were used in the transplantations.[30,31,34–65] Five of these also stated explicitly that organs were sourced from volunteers.[35,39,46,48,61] Three of the 33 reported that informed consent was obtained from sources or their families, and these three papers also included a statement

about ethics review.[30,47,61] That is, less than one per cent of included studies contain all three pieces of information mandated by TTS.

However, the claims that organs were not procured from prisoners cannot be true in many of these 33 papers. According to Chinese reports, there were only 120 voluntary donors in the whole of China up until to 2009[16], and donation numbers were low during the nascent volunteer donor program from 2010-2014 (see Table 5).[66]

Table 5: Numbers of volunteer organ donors in China 2000-2014

Year	Number of volunteer donations according to Chinese sources
Up to 2009	120 [16]
2010	34 [66]
2011	132 [66]
2012	433 [66]
2013	849 [66]
2014	1702 [66]

Yet 19 of the 33 papers claiming that organs were not procured from executed prisoners reported on 2,688 transplants that took place prior to 2010.[34,36–38,53,54,61,63,67–77] One of these did not date the transplants but was published in 2010 reporting on grafts that had been stable for at least 2 years, indicating that the transplants had taken place prior to 2010.[37] 8 of the 33 papers report on 1,212 transplants that occurred both before and after 2010 [30,31,35,39,43,52,59,62] and 6 of them report on 1,556 transplants that took place during the period 2010-2014 during the pilot volunteer scheme.[17,42,55–57,60,64]

Turning to the 30 papers without explicit statement about prisoners, in 14 of these, statements indicated that organs were procured from volunteers, without specifying whether or not prisoners were excluded as volunteers.[78–91] Three of the 14 stated that informed consent was provided by donors or their families.[79,83,85]

Six papers reported that sources gave informed consent for donation, but did not record whether or not these were volunteers or prisoners.[92–97]

There were 10 papers that contained information implying that donations were from voluntary, non-prisoner sources, without explicitly stating this, or that consent was provided.[98–107] The statements from these papers are in Table 6.

Table 6: Text from papers reported in "Other" category of donor ID information

All the donors were from traffic accidents or cerebral bleeding coma [98]
No organ trafficking involved [99]
Organ donation was conducted legally, following local regulations [100]
Five donors were brain dead due to car accident, their respiration was maintained by mechanical ventilation and hemodynamics was stabilized by minimum doses of catecholamine [101]
The deceased donor livers were obtained through both social and legal donation [102]
The donation procedure followed the DCD guidelines of China [103]
Severe injuries and traffic accidents were the main reasons for DCD [104]
Normal control hearts came from autopsies or donors with no history of heart disease who died in accidents [105]

All the DBCD grafts were procured under controlled condition. Detailed information of the DBCD donors was obtained from The Chinese Red Cross and the OPO records. [106]
All donors were in hospital's ICU before death. (cause of death for each donor is supplied in a table) [107]

These statements do not necessarily preclude inclusion of organs procured from executed prisoners. For example, two papers refer to legal donation,[100,102] which might include organs from executed prisoners. Two papers refer to donors dying from severe injuries or in accidents. While these are potentially legitimate causes of death for organ donors, it is possible that these could be extreme euphemisms for deaths caused by execution.[104,105] Looking at all of the organ source ID statements by year of transplant, there are a total of 30 papers that either stated explicitly that no organs from prisoners were used (18) or indicated that organs were sourced voluntary and/or with consent during the time period when executed prisoners were virtually the sole source (there were 120 volunteer donations across all of China in this period). These data are in Table 7, along with the same data for the whole set of included papers. Of the 445 papers, 192 (43%) report on research that took place when the only organs available for transplant were from executed prisoners, while another 148 (33%) spanned the start of the volunteer donor pilot so must include at least some data derived from executed prisoners.

Table 7: Numbers of papers, including those with organ source identity statements by years and numbers of transplants

	No date of transplants in papers	All transplants prior to 2010*	Transplants before and after 2010 when volunteer pilot started	All transplants took place during pilot 2010-2014	Transplants occurred before and after 2014	All transplants occurred post 2014
Total included papers	61	192	148	38	6	0
Total number of transplants	2,959	28,442	49,376	3,937	763	0
33 papers claiming no executed prisoners (No. of transplants)		19 (2,688)	8 (1,212)	6 (1,556)	0	0
14 papers claiming volunteers (No. of transplants)	1 (321)	8 (2,269)	4 (387)	1 (12)	0	0
6 papers claiming donors gave consent (No. of transplants)	1 (40)	3 (200)	2 (1,197)	0	0	0
10 papers with statement about donors implying voluntariness or consent (No. of transplants)	2 (11)	0	4 (619)	4 (153)	0	0

* In one paper[37] the dates of the transplants were not recorded, but the paper, published in 2010, reported on research subjects whose grafts had been stable for at least 2 years, indicating transplant prior to 2010.

The majority of the papers reporting on the identity of organ sources also reported some form of institutional ethics approval, but 7 papers did not.[37,38,44,79,94,96,107]

Turning to the journals that published the 445 papers, a full list of these is in Supplementary File 6.

Seventeen journals published 5 or more papers during the study period. In this subset of 17, the proportion with ethics statements ranged from 38-100%, while the proportion with identity statements regarding sources ranged from 0-40%. (see Table 8)

Table 8: List of journals publishing 5 or more papers, and numbers of those papers in which there were ethics and/or organ source identity statements.

Journal	CiteScore*	Total papers in journal out of 445 (%)	Number of papers with ethics statement (%)	Number of papers with donor ID (%)
Transplantation Proceedings	0·98	65 (15%)	25 (38%)	12 (18%)
PLoS ONE	3·11	20 (4%)	19 (95%)	5 (25%)
Clinical Transplantation	1·67	16 (4%)	9 (56%)	3 (19%)
Liver Transplantation	2·50	15 (3%)	12 (80%)	3 (20%)
Hepato-Gastroenterology	0·98	14 (3%)	11 (79%)	2 (14%)
Experimental and Clinical Transplantation	0·54	11 (2%)	10 (91%)	1 (9%)
Clinics and Research in Hepatology and Gastroenterology	1·61	8 (2%)	7 (88%)	1 (13%)

International Journal of Clinical and Experimental Medicine	1·17	8 (2%)	5 (63%)	1 (13%)
Annals of Transplantation	1·29	7 (2%)	4 (57%)	0 (0%)
International Journal of Clinical Practice	1·91	6 (1%)	5 (83%)	0 (0%)
Journal of Cancer Research and Clinical Oncology	3·32	6 (1%)	5 (83%)	1 (17%)
Transplantation	2·71	6 (1%)	5 (83%)	1 (17%)
European Journal of Gastroenterology and Hepatology	1·88	5 (1%)	5 (100%)	1 (20%)
Experimental and Therapeutic Medicine	1·42	5 (1%)	5 (100%)	1 (20%)
Medical Oncology	1·91	5 (1%)	5 (100%)	0 (0%)
Medicine (United States)	1·63	5 (1%)	5 (100%)	1 (20%)
Surgery (United States)	2·77	5 (1%)	5 (100%)	2 (40%)

*Average citations received per document published in the journal (Source: SCOPUS)

Finally, in terms of journals with specific policies banning publication of research based on use of prisoners' organs, our study identifies one paper published in the *American Journal of Transplantation* [89] and five papers published in *Transplantation* (the official journal of TTS) that appear to be in breach of their own stated policies.[94,108–111] One of these has over 300 citations.[109]

Discussion

This study shows that the majority of the published literature identified in this scoping review reporting research on transplants in China from 2000-April 2017 fails to comply with ethical standards regarding exclusion of research based on organs procured from prisoners. The body of literature contains a large number of papers that certainly, or almost certainly include data from executed prisoners given China's acknowledgement that during this period executed prisoners were the principal organ source. While TTS policy appears to have been partially successful in that the number of papers claiming IRB approvals rose steeply after that policy was published in 2006, the inclusion of this information has not addressed the major underlying concern about use of prisoners' organs. This is because the ethics review process focuses on the protection of research participants and their informed consent for participation in research. In transplant research, it is the recipients of transplants who are protected by IRB review, rather than the organ donors. Therefore, claims about compliance with the Declaration of Helsinki are largely irrelevant regarding the use of prisoners' organs in research. Few papers (14%) include any information about the identity of organ sources. Only half of these explicitly state that no organs were procured from executed prisoners, but many of these claims are incompatible with what is known about volunteer organ sources in China.

Our findings raise significant issues. First, there is the broad question of what to do about the large body of literature based on research using organs from prisoners. It can be argued that prior to 2006, the international transplant community was not aware that in China at the time, all transplants were procured from executed prisoners. However, post-2006 and the publication of TTS policy, professional claims of ignorance are hard to support. This lack of vigilance on the part of reviewers, editors and publishers is morally concerning, given the large numbers of papers (over 85%) accepted for publication with no information at all on the

source of organs, especially where individual journals have explicitly adopted relevant policy (*Transplantation*, *American Journal of Transplantation*).

Continued use of this research raises potential issues of complicity[112] to the extent that the international community (including members of TTS, journal editors, and peer-reviewers) condemn the use of executed prisoners' organs in research, but nonetheless benefit from this practice by allowing or facilitating the publication of such research, and subsequently using the findings. The obligations of third parties to avoid complicity depend in part on the magnitude of the moral wrong in question.[113] Some research uses of datasets that were obtained illicitly may be permissible.[114] By comparison, there is broad consensus that it is unethical to make use of the data obtained from Nazi and Japanese medical experiments where the victims were killed or harmed in the course of the research.[115–117] The use of research based on organs sourced from executed Chinese prisoners, many of whom are prisoners of conscience,[21,118] falls at the severe end of this spectrum of moral wrongs in research. The obligation of third parties, such as peer-reviewers, publishers, and editors to avoid complicity is therefore comparatively high in this case, warranting large scale retractions and investigation of the 340 papers that are based exclusively or partially on data from executed prisoners (i.e. all papers reporting on transplants that occurred prior to 2010 or spanning 2010: see Table 7). In addition, due to lack of vigilance by the journals on reporting organ sources, readers risk witting or unwitting complicity to the extent that they use the published research findings. Finally, the continued presence of these papers in the literature creates moral hazard as it demonstrates that breaches of ethical standards in research will be ignored or tolerated, thereby removing incentives for future compliance with these standards.

Second, journal editors must decide how to handle published papers that not only use data from executed prisoners, but make almost certainly false claims about procuring organs from non-prisoner sources. In 29 of the 63 papers claiming or implying that organs were from non-

prisoner sources and/or donated voluntarily or with consent, the claims are incompatible with what is known about voluntary donations across China in the relevant time period. There is less certainty regarding the falsity of claims in published papers reporting on transplants that took place between 2010-2014 given the existence of a pilot voluntary donation scheme. Determining the likely veracity of these claims requires sustained investigation, including of Chinese language sources. Such investigation is possible, and has formed the basis for a retraction of a paper that falsely claimed more organs were procured from volunteers than there were reported volunteers at the relevant hospital.[119–121] This is to date the only retraction in the literature. At the very least however, reviewers, editors and journals should be aware that prior to 2010 there were almost no voluntary donors, and that the alleged numbers of volunteer donors during the 2010-2014 pilot scheme were low (see Table 5). Given this situation, claims about volunteer sources for transplantation during these periods warrant scrutiny, with rejection of papers and author bans if adequate evidence of ethical organ sourcing is not provided.

Third, there is a pressing need for further reviews of the literature excluded in this study. In particular, we need review of Chinese language sources and English language publications in China where a further large body of unethical research may be published, as well as review of papers published in languages other than English and Chinese. A future review of kidney transplant papers is also required, to fully document the extent of published unethical research.

Finally, there is a question regarding future publication of Chinese transplant papers. In our view, it is unacceptable to publish any papers that are highly likely to contain data derived from use of prisoners' organs. This includes data from transplants up until the end of 2014, given the difficulty of establishing organ provenance and the demonstrated lack of veracity in the claims of at least some authors. However, even transplants post-2015 may involve

prisoners' organs.[19] For this reason, we suggest an interim moratorium on publication of all relevant papers, pending an international summit to develop policy. A summit involving representatives from the International Committee of Medical Journal Editors, Committee on Publication Ethics, The Transplantation Society and members of other relevant national and international transplant societies, together with China human rights experts, ethicists and any other relevant stakeholders could and should develop policy on handling future research. One outcome of this process could be the development of a checklist tool for all transplant papers, itemising mandatory information about organ sources. Given our lack of capacity in this study to report on papers involving kidney transplants due to missing information about the status of organ sources, one requirement of a checklist should be an unambiguous statement regarding whether organ sources were living or deceased. An international and widely adopted process of this kind would provide a strong incentive for China to move more rapidly towards an organ donation system that is ethical, transparent and verifiable. This incentive is currently lacking given the widespread publication of unethical research.

Limitations

The strengths of the study lie in its originality and robust methods. These give confidence that the results are reliable and likely to be conservative (given reasonable assumptions as described in the Methods) rather than to overestimate the findings. However, there are potential limitations. First, scoping reviews are less comprehensive than systematic reviews, making it possible that relevant papers were not identified and included. Second, we had to change our approach to data collection during the study, as the quality of data in the papers was often imprecise. This affected the study in two ways. We were not able to report on research involving kidney transplants due to lack of information as to whether sources were living or deceased; and we were not able to report on whether organs were obtained after

death declared on cardiac or brain criteria as this information was inconsistently reported. Third, unless stated otherwise in the papers reporting on liver transplants, we have assumed the donors were deceased. It is possible that some of the transplants classified as deceased donor were from living split liver transplants, however we think the number is likely to be very low as deceased sourcing is the commonest type of transplant and numbers of living liver donations in China are low, at 7·37% of total cumulative liver transplants as of end 2011, according to official data.[122] Fourth, we have reported on published literature, but during the period when only organs from executed prisoners were available, the pharmaceutical industry ran clinical trials on immunosuppressants for transplantation in China (including after 2007 when TTS policy was promulgated).[123] Unpublished industry trials have not been included in our study. Finally, we have reported the total number of participants (and hence number of transplants) in the included studies, but this number is likely to be inflated by multiple publication of the same and overlapping research cohorts. However, as our aim was to report on whether or not published research met the ethical reporting standards mandated by The Transplantation Society, we do not think this is a critical issue.

Conclusion

The transplant community has failed to implement ethical standards banning publication of research using material from executed prisoners. As a result, a large body of unethical published research now exists, raising questions of complicity to the extent that the transplant community uses and benefits from the results of this research. Our study has identified the extent of this problem as well as specific papers containing demonstrably false claims about organ sourcing. There has been a significant lack of vigilance and failure to adhere to accepted ethical standards by reviewers, editors and publishers. Researchers and clinicians

who use this body of research risk complicity by implicitly accepting Chinese methods of organ procurement. We call for immediate retraction of all papers reporting research based on use of organs from executed prisoners, and an international summit to develop future policy for handling Chinese transplant research.

Statements and Declarations

Author contributions

All authors (WAR, MPR, AB, BB, RC, RCW, MFS) contributed substantially to the conception and design of the work and to the analysis and interpretation of the data. All authors contributed to revisions and approved the final draft. All authors agree to be accountable for all aspects of the work in ensuring that any questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Specific individual contributions in addition to the above:

WAR led the drafting of the paper and contributed to data extraction.

MPR contributed to literature searching and data extraction.

AB contributed to literature searching and drafting sections of the manuscript.

BB contributed to data extraction and preparation of figures and tables.

RC contributed to data extraction.

RCW contributed to resolving data extraction outcomes.

MFS contributed to the Introduction.

The lead author (Wendy Rogers, the manuscript's guarantor) affirms that the manuscript is an honest, accurate, and transparent account of the study being reported. No important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

Competing interests disclosures

Dr. Ballantyne is a member of the New Zealand Advocacy & Initiatives Committee (NZAIC) of the International Coalition to End Transplant Abuse in China.

Dr. Blakely has nothing to disclose.

Dr. Catsanos has nothing to disclose.

Dr. Clay-Williams is a member of the Australian Advocacy and Initiatives Committee of the International Coalition to End Transplant Abuse in China.

Prof Fiatarone Singh is a member of the Ethics Committee of Doctors Against Forced Organ Harvesting, and a member of the Australian Advocacy and Initiatives Committee of the International Coalition to End Transplant Abuse in China.

Mr. Robertson reports that he is an occasional expert contributor to the International Coalition to End Transplant Abuse in China.

Prof Rogers is a Director of the NGO "International Coalition to End Transplant Abuse in China" and is chair of its International Advisory Committee.

Ethics approval

No ethics committee approval was required as this study did not involve any patient data.

Clinical trial registration

This study is a scoping review therefore was not registered as a clinical trial.

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This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Data sharing

The full list of 445 included studies is published in Supplementary File 3.

Figure legends

Figure 1. PRISMA flow chart detailing search strategy

Figure 2. Articles per year with and without ethics statements

Figure 3. Articles per year with and without organ source ID

List of Supplementary Files

Supplementary File 1. Search strategies

Supplementary File 2. Details extracted from included studies

Supplementary File 3. Full list of 445 studies, bibliographic details

Supplementary File 4. Results table

Supplementary File 5. Bibliographic details of 63 studies containing some information regarding identity of and/or consent by organ sources or donors

Supplementary File 6: Full list of journals publishing papers included in the study and number of papers per journal

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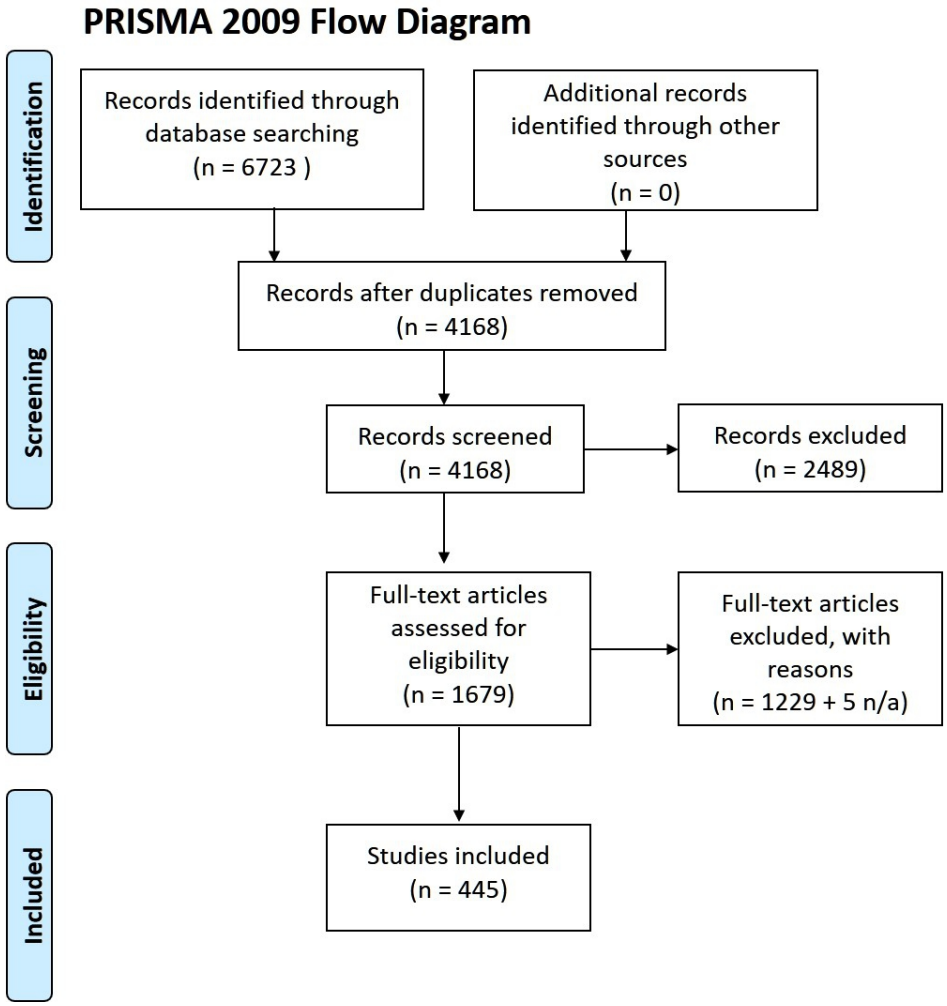
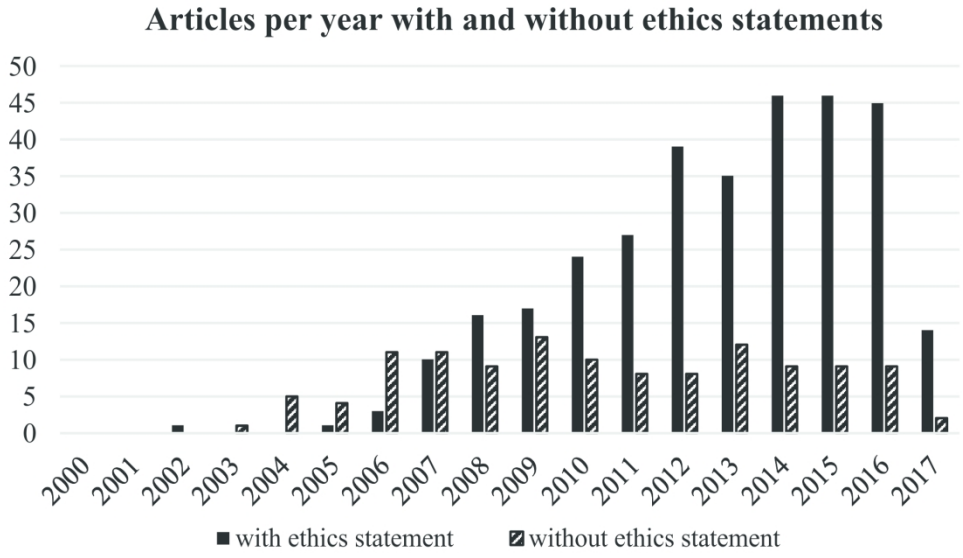


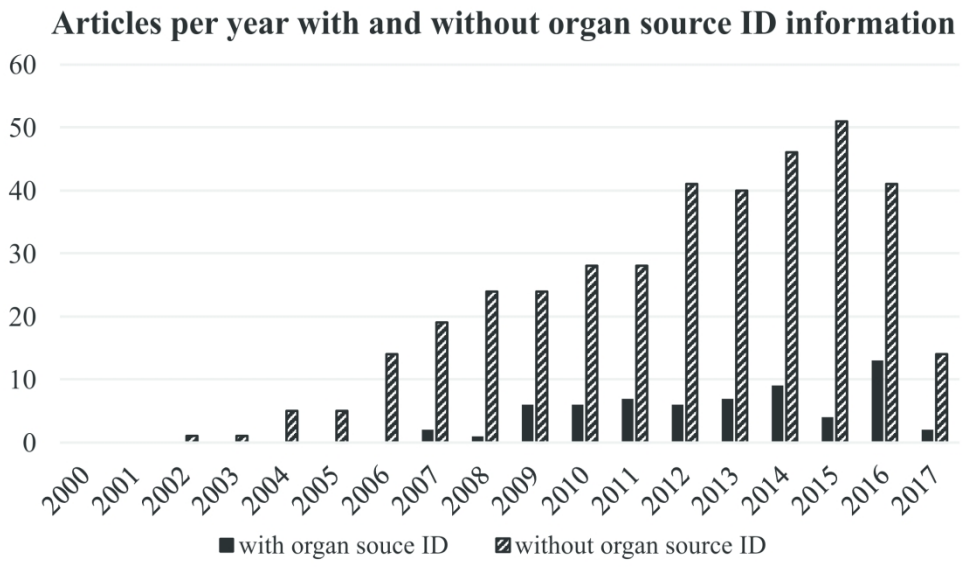
Figure 1: PRISMA flow chart detailing search strategy

180x183mm (150 x 150 DPI)



Articles per year with and without ethics statements

175x105mm (300 x 300 DPI)



Articles per year with and without organ source ID information

194x117mm (300 x 300 DPI)

Supplementary File1: Search strategies

All searches run on 5 April 2017

Medline®

1	exp Organ Transplantation/	**Results: 1702**
2	transplant*.ti,ab.	
3	1 and 2	
4	China.in.	
5	3 and 4	
6	stem cells.ti,ab.	
7	mice.ti,ab.	
8	Living Donors/	
9	living donor.ti,ab.	
10	Case Reports/	
11	or/6-10	
12	5 not 11	
13	limit 12 to (English language and humans and yr="2000 -Current")	

Timespan: 2000-2017 (5 April)

SCOPUS

((TITLE (transplant) AND AFFILCOUNTRY (china) AND NOT TITLE-ABS-KEY (mice OR "stem cell" OR "living donor" OR "case report")) AND PUBYEAR > 1999) AND (EXCLUDE (DOCTYPE , "cp ") OR EXCLUDE (DOCTYPE , "le ") OR EXCLUDE (DOCTYPE , "ed ")) AND (LIMIT-TO (LANGUAGE , "English ")) AND (LIMIT-TO (EXACTKEYWORD , "Human ") OR LIMIT-TO (EXACTKEYWORD , "Male ") OR LIMIT-TO (EXACTKEYWORD , "Female "))*	**Results: 2050**

Embase

1	exp organ transplantation/	**Results: 2971**
2	china.in.	
3	1 and 2	
4	stem cells.ti,ab.	
5	mice.ti,ab.	
6	practice guideline/	
7	*"living donor"/	
8	living donor.ti,ab.	
9	or/4-8	
10	3 not 9	
11	limit 10 to (human and English language and yr="2000 -Current")	

12	limit 11 to article
13	transplant*.ti,ab.
14	1 and 13
15	2 and 14
16	15 not 9
17	limit 16 to (human and English language and yr="2000 -Current")
18	limit 17 to article
19	case report/
20	18 not 19

Timespan: 2000-2017 (5 April).
Search language=Auto

Supplementary File 2: Details extracted from included studies

Column ID	Descriptor
A	EndNote reference number
B	Title and abstract
C	Journal title
D	url
E	0: Exclude 1: Include 2: Paper not available 3: For discussion
F	Exclusion reason (see Table 2 for more details)
G	Publication year
H	Organ type: 1=hearts; 2=livers; 3=lungs; 4=other(combined)
I	Are organ sources (donors) clearly identified as deceased? DD=deceased donors.
J	Number of recipients with deceased or unknown source of transplants reported in research
K	Year/month in which first transplants took place
L	Year/month in which final transplants took place
M	Presence (=1) or absence (=0) of Institutional Review Board (Research Ethics Committee) approval for the research
N	Copy of text reporting ethics approval, if present
O	Information on identity of organ sources: 0 = No statement about identity of organ sources 1 = Explicit statement that organs came from volunteers or that no prisoners' organs were used 2 = Explicit statement that organs came from prisoners 3 = Sources mixed (i.e., prisoner and volunteer) 4 = Other (make note in column R)
P	Copy of text reporting identity of sources, if present. This included any papers in which there was some statement that organs did not come from executed prisoners, or came from volunteers, or source gave consent etc.
Q	Type of donation: 0 = No information DBD = Donation after brain death – (death certified on neurological criteria) DCD = Donation after cardiac death – or non-heart beating (death declared on circulatory criteria) CDCD = China donation after citizen death - (a new China specific descriptor which denotes death declared on both neurological and circulatory criteria) OT = Other (make note in column R)
R	Comments
S	Initials of author doing data extraction for this paper
T	Initials of author if this entry was checked
U	Institution where transplants took place

For the Results Table in Supplementary File 4, we have omitted the administrative data e.g EndNote reference numbers, initials of authors doing extractions and checks), the data relating to exclusions (as we are not reporting on these), and the institution where the transplants took place (because this was inconsistently reported by data extractors and was not relevant to the research questions). As a result, the final columns in the Results table are:

Column ID	Descriptor
A	Title and abstract
B	Journal title
C	Publication year
D	Organ type
E	Are organ sources (donors) clearly identified as deceased? DD=deceased donors.
F	Number of recipients with deceased or unknown source of transplants reported in research
G	Year/month in which first transplants took place
H	Year/month in which final transplants took place
I	Institutional Review Board (Research Ethics Committee) approval for the research
J	Copy of text reporting ethics approval, if present
K	Information on identity of organ sources: 0 = No statement about identity of organ sources 1 = Explicit statement that organs came from volunteers or that no prisoners' organs were used 2 = Explicit statement that organs came from prisoners 3 = Sources mixed (i.e., prisoner and volunteer) 4 = Other
L	Copy of text reporting identity of sources, if present. This included any papers in which there was some statement that organs did not come from executed prisoners, or came from volunteers, or source gave consent etc.
M	Presence (=1) or absence (=0) of
N	Type of donation: 0 = No information DBD = Donation after brain death – (death certified on neurological criteria) DCD = Donation after cardiac death – or non-heart beating (death declared on circulatory criteria) CDCD = China donation after citizen death - (a new China specific descriptor which denotes death declared on both neurological and circulatory criteria) OT = Other

Supplementary File: Full list of 445 studies, bibliographic details

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	A	B	C	D	E	F	G	H	I	J	K	L	M
1	**Reference**	**Journal title**	**Publication year**	**Organ type**	**Organs from DD**	**No of Tx from DD**	**Year of first Tx**	**Year of last Tx**	**Ethics approval**	**Ethics text**	**Source identity info**	**Source identity text**	**Type of donation**
2	Aidong W, Zhenjie C, Tong L, et al. Therapeutic drug monitoring of tacrolimus in early stage after heart transplantation. Transplant Proc 2004;36(8):2388-9 Online First.	Transplantation Proceedings	2004	Hearts	DD	23	2000	2003	No		No		0
3	Awang DVC, Kong L, Jiang W. Schisandra extract elevates concentration of tacrolimus in blood of liver transplant patients. Focus on Alternative and Complementary Therapies 2010;15(3):236-37 doi: 10.1111/j.2042-7166.2010.01045_9.xpublished Online First.	Focus on Alternative and Complementary Therapies	2010	Livers	DD	32	2004	2008	Yes	This study was approved by the Ethics Committee of The First Affiliated Hospital of Nanjing Medical University, Nanjing, Jiangsu 210029, China. All subjects gave informed consented for this study.	No		OT
4	Bai DS, Dai Z, Zhou J, et al. Capn4 overexpression underlies tumor invasion and metastasis after liver transplantation for hepatocellular carcinoma. Hepatology 2009;49(2):460-70 doi: 10.1002/hep.22638published Online First.	Hepatology	2009	Livers		252	2001	2005	Yes	Ethical approval was obtained from the Zhong Shan Hospital Research Ethics Committee	No		0
5	Bu X, Zheng Z, Yu Y, et al. Significance of C4d Deposition in the Diagnosis of Rejection After Liver Transplantation. Transplant Proc 2006;38(5):1418-21 doi: 10.1016/j.transproceed.2006.03.018published Online First.	Transplantation Proceedings	2006	Livers	DD	20	2001	2004	No		No		0
6	Cai CJ, Lu MQ, Chen YH, et al. Clinical study on prevention of HBV re-infection by entecavir after liver transplantation. Clin Transplant 2012;26(2):208-15 doi: 10.1111/j.1399-0012.2011.01448.xpublished Online First.	Clinical Transplantation	2012	Livers		252	2005	2007	No		No		0
7	Cai Q, Li S, Jiang Y, et al. Alleviating graft injury during liver transplantation by improving retrograde perfusion in standard orthotopic liver transplantation. Int J Clin Exp Med 2016;9(2):4364-71 Online First.	International Journal of Clinical and Experimental Medicine	2016	Livers	DD	42	2013	2014	Yes	This study was conducted in accordance with the declaration of Helsinki. This study was conducted with approval from the Ethics Committee of Fujian Medical University. Written informed consent was obtained from all participants.	No		0
8	Cai X, Liu F, Zhu F, et al. Cholangiographic features and endoscopic treatment of biliary strictures. Int J Clin Exp Med 2015;8(2):2586-92 Online First.	International Journal of Clinical and Experimental Medicine	2015	Livers		76	2006	2009	Yes	The study protocol was approved by the Institutional Review Board of the First Peopleâ€™s Hospital affiliated to Shanghai Jiaotong University. Standard informed consent was obtained from all patients prior to ERCP procedure.	No		0
9	Chen B, Gu Z, Chen H, et al. Establishment of high-performance liquid chromatography and enzyme multiplied immunoassay technology methods for determination of free mycophenolic acid and its application in Chinese liver transplant recipients. Ther Drug Monit 2010;32(5):653-60 doi: 10.1097/FTD.0b013e3181f01397published Online First.	Therapeutic Drug Monitoring	2010	Livers		51	0	0	Yes	The study protocol was approved by the Ruijin Hospital Research Ethics Committee	No		0
10	Chen D, Fan J, Guo F, et al. Novel single nucleotide polymorphisms in interleukin 6 affect tacrolimus metabolism in liver transplant patients. PLoS One 2013;8(8) doi: 10.1371/journal.pone.0073405published Online First.	PLoS ONE	2013	Livers		96	2007	2011	Yes	This research was approved by the Ethics Committee of Shanghai Jiao Tong University, and informed written consent was obtained according to the Declaration of Helsinki and its amendments	No		0
11	Chen D, Guo F, Shi J, et al. Association of hemoglobin levels, CYP3A5, and NR1I3 gene polymorphisms with tacrolimus pharmacokinetics in liver transplant patients. Drug Metab Pharmacokinet 2014;29(3):249-53 doi: 10.2133/dmpk.DMPK-13-RG-095published Online First.	Drug Metabolism and Pharmacokinetics	2014	Livers		96	2007	2012	Yes	This study was approved by the Ethics Committee of Shanghai Jiao Tong University, and informed written consent was obtained according to the Declaration of Helsinki and its amendments	No		0
12	Chen D, Liu S, Chen S, et al. Donor interleukin 6 gene polymorphisms predict the recurrence of hepatocellular carcinoma after liver transplantation. Int J Clin Oncol 2016;21(6):1111-19 Online First.	International Journal of Clinical Oncology	2016	Livers		110	2006/12	2013/12	Yes	Written informed consent forms were obtained from all donors and recipients. The study was approved by the Ethics Committee of Shanghai Jiao Tong University and was conducted strictly under the guidelines of the Declaration of Helsinki.	No		0
13	Chen G, Liu H, Hu ZQ, et al. A new scheme with infusion of hepatitis B immunoglobulin combined with entecavir for prophylaxis of hepatitis B virus recurrence among liver transplant recipients. Eur J Gastroenterol Hepatol 2015;27(8):901-06 doi: 10.1097/MEG.0000000000000388published Online First.	European Journal of Gastroenterology and Hepatology	2015	Livers		102	2006	2010	Yes	This study was approved by the local ethics committee of First Peopleâ€™s Hospital of Kunming City and Ganmei Hospital affiliated to Kunming Medical University (SLKY2015-1). Informed consents were obtained from all the patients. The study was carried out according to the principles of the Helsinki Declaration.	No		0
14	Chen GH, Fu BS, Cai CJ, et al. A single-center experience of retransplantation for liver transplant recipients with a failing graft. Transplant Proc 2008;40(5):1485-87 doi: 10.1016/j.transproceed.2008.01.076published Online First.	Transplantation Proceedings	2008	Livers		31	2004	2007	No		No		0

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15	Chen GH, Wang GY, Yang Y, et al. Single-center experience of therapeutic management of hepatic artery stenosis after orthotopic liver transplantation: Report of 20 cases. Eur Surg Res 2009;42(1):21-27 doi: 10.1159/000166601published Online First.	European Surgical Research	2009	Livers		20	2003	2007	No		No		0
16	Chen GH, Yang Y, Lu MQ, et al. Liver transplantation for end-stage alcoholic liver disease: a single-center experience from mainland China. Alcohol 2010;44(3):217-21 doi: 10.1016/j.alcohol.2010.02.010published Online First.	Alcohol	2010	Livers		268	2003	2007	No		No		0
17	Chen H, Chen E, Mao A, et al. Validation of limited sampling strategy for the estimation of mycophenolic acid exposure in Chinese adult liver transplant recipients. Liver Transpl 2007;13(12):1684-93 doi: 10.1002/lt.21293published Online First.	Liver Transplantation	2007	Livers		30	0	0	Yes	The study was approved by the independent ethics committee of Ruijin Hospital. The procedure was described in detail to all patients before admission, and informed consent was obtained.	No		0
18	Chen H, Gu Z, Chen B, et al. Models for the prediction of mycophenolic acid area under the curve using a limited-sampling strategy and an enzyme multiplied immunoassay technique in chinese patients undergoing liver transplantation. Clin Ther 2008;30(12):2387-401 doi: 10.1016/j.clinthera.2008.12.017published Online First.	Clinical Therapeutics	2008	Livers		60	0	0	Yes	The study protocol was approved by the independent ethics committee of Ruijin Hospital. The study procedures were described in detail to all patients before transplantation, and written informed consent was obtained.	No		0
19	Chen H, Miao R, Fan J, et al. Decreased expression of miR-126 correlates with metastatic recurrence of hepatocellular carcinoma. Clin Exp Metastasis 2013;30(5):651-58 Online First.	Clinical and Experimental Metastasis	2013	Livers		68	2002	2007	Yes	All samples were collected with the informed consent of the patients and the study was approved by the Institutional Review Boards of Shanghai Jiao Tong University.	No		0
20	Chen H, Peng C, Yu Z, et al. Pharmacokinetics of mycophenolic acid and determination of area under the curve by abbreviated sampling strategy in Chinese liver transplant recipients. Clin Pharmacokinet 2007;46(2):175-85 doi: 10.2165/00003088-200746020-00005published Online First.	Clinical Pharmacokinetics	2007	Livers		40	0	0	Yes	The study design was approved by the independent ethics committee of Ruijin Hospital and the procedudre was described in detail to all patients before admission and informed written consent was obtained.	No		0
21	Chen HY, Han ZB, Fan JW, et al. MiR-203 expression predicts outcome after liver transplantation for hepatocellular carcinoma in cirrhotic liver. Med Oncol 2012;29(3):1859-65 doi: 10.1007/s12032-011-0031-9published Online First.	Medical Oncology	2012	Livers	DD	66	2002	2007	Yes	Use of formalin-fixed paraffinembedded tumor tissues and retrospective analysis of patient data were approved by the Institutional Review Boards of Shanghai Jiao Tong University and were conducted in accordance with the Helsinki Declaration.	No		0
22	Chen J, Li Y, Wang L, et al. Association of three SNPs in interleukin-28B with graft hepatic dysfunction after liver transplantation in Chinese Han population. Gene 2012;508(1):121-24 doi: 10.1016/j.gene.2012.07.065published Online First.	Gene	2012	Livers		178	2003	2010	Yes	This study was approved by the West China Hospital.	No		0
23	Chen J, Wang Y, Shen Z, et al. Early diagnostic value of plasma PCT and BG assay for CRBSI after OLT. Transplant Proc 2011;43(5):1777-79 Online First.	Transplantation Proceedings	2011	Livers	DD	55	2008	2009	Yes	The present study was approved by our Institutional Ethics Committee. Informed consent was obtained from each patient. All recipients received livers from cadaveric donors. The procedure met all applicable institutional guidelines and Chinese governmental regulations regarding the ethical use of donated organs.	Yes	No prisoners or organs from prisoners were used in this study.	0
24	Chen J, Zhong L. Clinical significance of serum hepcidin-25 levels in predicting invasive fungal disease in patients after transplantation. Eur Rev Med Pharmacol Sci 2013;17(13):1769-73 Online First.	European Review for Medical and Pharmacological Sciences	2013	Livers		18	2009/10	2010/1	No		No		0
25	Chen P, Wang W, Yan L, et al. Risk factors for first-year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First.	European Journal of Gastroenterology and Hepatology	2015	Livers	DD	791	1999	2013	Yes	This study was approved by the Ethics Committee of West China Hospital of Sichuan University and carried out in accordance with ethical principles of the .Declaration of Helsinki	No		OT
26	Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versus-host disease (GVHD) after organ transplantation. Eur J Med Res 2016;21(1):1-6 Online First.	European Journal of Medical Research	2016	Livers		23	2004/1	2014/12	Yes	This comparative study of a retrospective cohort was approved by the Ethical Committee of the First Affiliated Hospital of Zhejiang University	No		0
27	Chen XY, Hou PF, Bi J, et al. Detection of human cytomegalovirus DNA in various blood components after liver transplantation. Braz J Med Biol Res 2014;47(4):340-44 Online First.	Brazilian Journal of Medical and Biological Research	2014	Livers		133	0	0	No		No		0
28	Chen Y, Zhang H, Xiao X, et al. Peripheral blood transcriptome sequencing reveals rejection-relevant genes in long-term heart transplantation. Int J Cardiol 2013;168(3):2726-33 doi: 10.1016/j.ijcard.2013.03.095published Online First.	International Journal of Cardiology	2013	Hearts	DD	12	2006	2010	Yes	After approval of local Institutional Reviews Boards at Beijing Anzhen Hospital of the Capital University of Medical Sciences, all patients undergoing heart transplantation and control subjects providing informed consent were eligible for the cardiac allograft rejection digital gene expression analysis	Yes	All the donors were from traffic accidents or cerebral bleeding coma (see Supplementary Materials and Methods).	0

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29	Chen YB, Li SD, Ju BL, et al. Suitable calcineurin inhibitor concentrations for liver transplant recipients in the Chinese population. Transplant Proc 2011;43(5):1751-53 doi: 10.1016/j.transproceed.2010.11.025published Online First.	Transplantation Proceedings	2011	Livers		97	2006	2008	Yes	All grafts were procured with the consent of the donors abiding international ethical regulations. Note: the abstract is more definitive: "procurements were performed with donor consent conforming to international ethics regulations"	Yes	Nothing in paper text but abstract says: "No grafts were obtained from prisoners"	0
30	Chen Z, Gong R, Luo Y, et al. Surgical procedures for hepatolithiasis. Hepatogastroenterology 2010;57(97):134-7 Online First.	Hepato-Gastroenterology	2010	Livers		15	2000/1	2006/12	Yes	The ethical aspect of this study was approved by the Ethical Committee of our hospital.	Yes	All donors in the two groups voluntarily donated their liver.	0
31	Chen ZS, Zeng FJ, Ming CS, et al. The survival and value of liver transplantation for liver carcinoma: a single-center experience. Transplant Proc 2004;36(8):2284-6 Online First.	Transplantation Proceedings	2004	Livers		50	1999/1	2002/2	No		No		0
32	Chen ZY, Yan LN, Zeng Y, et al. Preliminary Experience With Indications for Liver Transplantation for Hepatolithiasis. Transplant Proc 2008;40(10):3517-22 doi: 10.1016/j.transproceed.2008.07.142published Online First.	Transplantation Proceedings	2008	Livers	DD	14	2000	2006	Yes	The ethical aspects of this study were approved by our ethics committee.	Yes	All donors in the 2 groups were voluntary .... The other 14 livers were derived from deceased donors. Their causes of death were accidental, and their ages ranged from 20 to 45 years.	0
33	Cheng J, Xie HY, Xu X, et al. NDRG1 as a biomarker for metastasis, recurrence and of poor prognosis in hepatocellular carcinoma. Cancer Lett 2011;310(1):35-45 Online First.	Cancer Letters	2011	Livers		143	0	0	Yes	This study was approved by the Ethic Committee of Zhejiang University	No		0
34	Cheng JW, Shi YH, Fan J, et al. An immune function assay predicts post-transplant recurrence in patients with hepatocellular carcinoma. J Cancer Res Clin Oncol 2011;137(10):1445-53 doi: 10.1007/s00432-011-1014-0published Online First.	Journal of Cancer Research and Clinical Oncology	2011	Livers		197	2002	2010	Yes	All blood samples were obtained following informed consent, according to an established protocol approved by the ethics committee of Fudan University.	No		0
35	Cheng L, Tian F, Tang L, et al. Local distribution analysis of cytotoxic molecules in liver allograft is helpful for the diagnosis of acute cellular rejection after orthotopic liver transplantation. Diagn Pathol 2012;7(1) doi: 10.1186/1746-1596-7-148published Online First.	Diagnostic Pathology	2012	Livers		73	2000	2006	Yes	Written informed consent was obtained from all patients and this study was carried out in accordance with the principles of the Helsinki Declaration and approved by the Ethical Committee of the Third Military Medical University, Chongqing, Peoples Republic of China	No		0
36	Cheng Y, Huang L, Zhang X, et al. Liver transplantation nearly normalizes brain spontaneous activity and cognitive function at 1 month: A resting-state functional MRI study. Metab Brain Dis 2015;30(4):979-88 doi: 10.1007/s11011-015-9657-1published Online First.	Metabolic Brain Disease	2015	Livers		12	2013	2014	Yes	This study was approved by the Medical Research Ethics Committee of our hospital, and all the subjectsâ€™ written informed consents were obtained before the study.	No		0
37	Cheng Y, Huang LX, Zhang L, et al. Longitudinal intrinsic brain activity changes in cirrhotic patients before and one month after liver transplantation. Korean Journal of Radiology 2017;18(2):370-77 Online First.	Korean Journal of Radiology	2017	Livers		20	2013/12	2015/10	Yes	This study was approved by the Ethics Committee of Tianjin First Central Hospital, and we conducted all experiments in compliance with relevant guidelines and regulations. All participants provided written informed consent prior to the study.	No		0
38	Chu Z, Zhang J, Zhao Y, et al. Influence of immunosuppressive drugs on the development of CD4 +CD25high Foxp3+ T cells in liver transplant recipients. Transplant Proc 2010;42(7):2599-601 doi: 10.1016/j.transproceed.2010.04.026published Online First.	Transplantation Proceedings	2010	Livers		47	0	0	No		Yes	No prisoners were used in the course of this study either as donors or recipients.	0
39	Chuan W, Li C, Wen TF, et al. Short-term and long-term outcomes of surgical treatment for HCC within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First.	Hepato-Gastroenterology	2014	Livers	DD + LD	39	2008/5	2011/10	No		No		0
40	Dai X, Zhao HQ, Liu RH, et al. Percutaneous radiofrequency ablation guided by contrastenhanced ultrasound in treatment of metastatic hepatocellular carcinoma after liver transplantation. Asian Pac J Cancer Prev 2012;13(8):3709-12 Online First.	Asian Pacific Journal of Cancer Prevention	2012	Livers		124	0	0	Yes	This study was conducted in accordance with the declaration of Helsinki and with the approval from the Ethics Committee of the 309th Hospital of Chinese PLA. Written informed consent was obtained from all participants.	No		0
41	Dai Y, Li C, Wen TF, et al. Comparison of liver resection and transplantation for Child-pugh A cirrhotic patient with very early hepatocellular carcinoma and portal hypertension. Pakistan Journal of Medical Sciences 2014;30(5) doi: 10.12669/pjms.305.5038published Online First.	Pakistan Journal of Medical Sciences	2014	Livers	DD	10	0	0	Yes	All transplantations and this study itself were approved by the ethical committee of West China Hospital.	No		0
42	Deng JF, Geng L, Qian YG, et al. The role of toll-like receptors 2 and 4 in acute allograft rejection after liver transplantation. Transplant Proc 2007;39(10):3222-24 doi: 10.1016/j.transproceed.2007.02.102published Online First.	Transplantation Proceedings	2007	Livers		66	0	0	No		No		0

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43	Dong J, Zhu Y, Ma F, et al. Conditional disease-free survival after liver transplantation for hepatocellular carcinoma: A two-center experience. Medicine (United States) 2016;95(31) doi: 10.1097/MD.0000000000004383published Online First.	Medicine (United States)	2016	Livers		384	2003	2014	Yes	The study was approved by the Institutional Review Boards of the respective institutions	No		0
44	Dong JY, Yin H, Li RD, et al. The relationship between adenosine triphosphate within CD4+ T lymphocytes and acute rejection after liver transplantation. Clin Transplant 2011;25(3):E292-E96 doi: 10.1111/j.1399-0012.2011.01429.xpublished Online First.	Clinical Transplantation	2011	Livers		83	2009	2009	No		No		0
45	Duan BW, Lu SC, Lai W, et al. The detection of (total and ccc) HBV DNA in liver transplant recipients with hepatitis B vaccine against HBV reinfection. Human Vaccines and Immunotherapeutics 2015;11(10):2490-94 doi: 10.1080/21645515.2015.1063755published Online First.	Human Vaccines and Immunotherapeutics	2015	Livers		55	1999	2010	Yes	Prior to the study, the protocol was approved by the Institutional Review Board of Beijing You-An Hospital, Capital Medical University according to the guidelines of the 1975 Declaration of Helsinki. Written informed consent was obtained from all participants	No		0
46	Duan BW, Lu SC, Wu JS, et al. Model for end-stage liver disease (MELD) score does not predict outcomes of hepatitis be induced acute-on-chronic liver failure in transplant recipients. Transplant Proc 2014;46(10):3502-06 doi: 10.1016/j.transproceed.2014.07.075published Online First.	Transplantation Proceedings	2014	Livers		78	2004	2010	Yes	Before the study, the protocol was approved by the Institutional Review Board of Beijing You-An Hospital according to the principles expressed in the 1975 Declaration of Helsinki, and written informed consent was obtained from each of the study patients.	No		0
47	Fan J, Yang GS, Fu ZR, et al. Liver transplantation outcomes in 1,078 hepatocellular carcinoma patients: A multi-center experience in Shanghai, China. J Cancer Res Clin Oncol 2009;135(10):1403-12 doi: 10.1007/s00432-009-0584-6published Online First.	Journal of Cancer Research and Clinical Oncology	2009	Livers	DD	1074	2001	2007	No		Yes	All of the cadaveric donors were obtained from brain death or no- heart-beating donors with consent for voluntary organ donation	OT
48	Fan J, Zhang X, Chen XM, et al. Monitoring of human cytomegalovirus glycoprotein B genotypes using real-time quantitative PCR in immunocompromised Chinese patients. J Virol Methods 2009;160(1-2):74-77 Online First.	Journal of Virological Methods	2009	Livers		97	0	0	No		No		0
49	Fan J, Zhang X, Ren L, et al. Donor IL-18 rs5744247 polymorphism as a new biomarker of tacrolimus elimination in Chinese liver transplant patients during the early post-transplantation period: Results from two cohort studies. Pharmacogenomics 2015;16(3):239-50 doi: 10.2217/pgs.14.166published Online First.	Pharmacogenomics	2015	Livers		84	2007	2011	Yes	The study was approved by the Ethics Committee of Shanghai Jiaotong University and Qianfoshan hospital. Written informed consent was obtained from all patients in accordance with the Declaration of Helsinki and its amendments	No		0
50	Fan X, Chen Z, Nasralla D, et al. The organ preservation and enhancement of donation success ratio effect of extracorporeal membrane oxygenation in circulatory unstable brain death donor. Clin Transplant 2016;30(10):1306-13 Online First.	Clinical Transplantation	2016	Livers	DD	32	2010/4	2015/5	Yes	This study was reviewed by the ethical committee of our hospital. The study was conducted in accordance with the ethical standards laid down in Declaration of Helsinki (version of the 2000) as well as the Declaration of Istanbul 2008.	Yes	All organs that were transplanted in our hospital were from CDCD; none of them came from executed prisoners. AND the paper is "without any organs or tissue from prisoners or other executed persons"	DBD
51	Fang C, Yan S, Liu J, et al. Gastrointestinal perforation after liver transplantation. Surgical Practice 2016;20(1):8-12 Online First.	Surgical Practice	2016	Livers	DD	8	2008/5	2014/2	No		No		0
52	Feng ZY, Xu X, Zhu SM, et al. Effects of low central venous pressure during preanhepatic phase on blood loss and liver and renal function in liver transplantation. World J Surg 2010;34(8):1864-73 doi: 10.1007/s00268-010-0544-ypublished Online First.	World Journal of Surgery	2010	Livers	DD	48	2006	2008	Yes	Under the approval of the Ethical Committee of Zhejiang University, from September 2006 to January 2008, 86 adult patients with end-stage liver disease were scheduled for primary LTs at the First Affiliated Hospital, Medical School of Zhejiang University	No		0
53	Fu BS, Zhang T, Li H, et al. The role of liver transplantation for intrahepatic cholangiocarcinoma: A single-center experience. Eur Surg Res 2011;47(4):218-21 doi: 10.1159/000332827published Online First.	European Surgical Research	2011	Livers	DD	11	2003	2008	No		No		0
54	Fu SJ, Ji F, Han M, et al. Prognostic value of combined preoperative fibrinogen and neutrophil-lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget 2017;8(3):4301-12 Online First.	Oncotarget	2017	Livers		130	0	0	No		No		0
55	Fu YW, Wang WG, Zhou HL, et al. Presence of donor-and-recipient-derived DNA microchimerism in the cell-free blood samples of renal transplantation recipients associates with the acceptance of transplanted kidneys. Asian Journal of Andrology 2006;8(4):477-82 doi: 10.1111/j.1745-7262.2006.00147.xpublished Online First.	Asian Journal of Andrology	2006	Livers		126	1986	2000	Yes	Approval documents have been obtained from the Clinical Research Ethics Committee of the Jilin University.	No		0
56	Gao F, Ye Q, Wan Q, et al. Distribution and resistance of pathogens in liver transplant recipients with Acinetobacter baumannii infection. Ther Clin Risk Manag 2015;11:501-05 doi: 10.2147/TCRM.S82251published Online First.	Therapeutics and Clinical Risk Management	2015	Livers		17	2007	2014	Yes	Â The ethics committees of the two hospitals involved approved the study	No		0

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57	Gao PJ, Gao J, Li Z, et al. Hepatocellular carcinoma recurrence is an independent risk factor for HB recurrence after liver transplantation. Hepatogastroenterology 2014;61(134):1523-28 doi: 10.5754/hge14454published Online First.	Hepato-Gastroenterology	2014	Livers		340	2004/7	2011/12	Yes	The study was undertaken according to the ethical principles of the Helsinki Declaration. The protocol was approved by the Ethics Committee of the Peking University Peopl'es hospital.	No		0
58	Gao PJ, Gao J, Li Z, et al. Liver transplantation in adults with portal vein thrombosis: Data from the China Liver Transplant Registry. Clinics and Research in Hepatology and Gastroenterology 2016;40(3):327-32 Online First.	Clinics and Research in Hepatology and Gastroenterology	2016	Livers		20,524	1993/1	2013/6	Yes	This study was approvedbytheScientificCommitteeoftheChinaLiverTransplantRegistry.ThecurrentregulationoftheChineseGovernmentandtheDeclarationofHelsinkiwerestrictlyfollowedforeachorgandonation	No		0
59	Gao S, Lin BY, Yang Z, et al. Role of overexpression of MACC1 and/or FAK in predicting prognosis of hepatocellular carcinoma after liver transplantation. Int J Med Sci 2014;11(3):268-75 doi: 10.7150/ijms.7769published Online First.	International Journal of Medical Sciences	2014	Livers		160	2001/1	2010/1	Yes	This study was approved by the ethical review committee of the First Affiliated Hospital, School of Medicine, Zhejiang University, and the study protocol conformed to the ethical guidelines of the 1975 Declaration of Helsinki.	No		0
60	Gao S, Yang Z, Zheng ZY, et al. Reduced expression of DACT2 promotes hepatocellular carcinoma progression: Involvement of methylation-mediated gene silencing. World J Surg Oncol 2013;11 Online First.	World Journal of Surgical Oncology	2013	Livers		61	2003	2005	Yes	The study was approved by the local ethics committee, and informed consent was obtained from all of the patients	No		0
61	Gao Y, Ren H, Meng F, et al. Pathological roles of interleukin-22 in the development of recurrent hepatitis C after liver transplantation. PLoS One 2016;11(4) doi: 10.1371/journal.pone.0154419published Online First.	PLoS ONE	2016	Livers		15	2010/6	2014/10	Yes	Ethics approval was given by the Medical Ethics Committee of the 302 hospital and the study were in compliance with the Declaration of Helsinki.	Yes	No organ trafficking involved, but does not explicitly state that all livers came from donors.	0
62	Gao Y, Zhang M, Li J, et al. Circulating FoxP3+ regulatory T and interleukin17-producing Th17 cells actively influence HBV clearance in De Novo Hepatitis B virus infected patients after orthotopic liver transplantation. PLoS One 2015;10(9) doi: 10.1371/journal.pone.0137881published Online First.	PLoS ONE	2015	Livers		12	2010/6	2013/6	Yes	The study protocol was approved by the Medical Ethics Committee of the 302 Hospital, Beijing, China, and adhered to the Declaration of Helsinki.	Yes	Organ donation was conducted legally, following local regulations. None of the transplant donors were from a vulnerable population or were subject to coercion.	0
63	Gao YJ, Zhang M, Jin B, et al. A clinical-pathological analysis of hepatitis B virus recurrence after liver transplantation in Chinese patients. Journal of Gastroenterology and Hepatology (Australia) 2014;29(3):554-60 doi: 10.1111/jgh.12404published Online First.	Journal of Gastroenterology and Hepatology (Australia)	2014	Livers		253	2005/7	2010/6	Yes	The study protocol was approved by the Medical Ethics Committee of the 302 Military Hospital, Beijing, China, and adhered to the Declaration of Helsinki.	Yes	Organ donation was conducted legally, following local regulations	0
64	Gu L, Jin W, Kan L, et al. A retrospective study to compare the use of tacrolimus and cyclosporine in combination with adriamycin in post-transplant liver cancer patients. Cell Biochem Biophys 2014;71(2):565-70 doi: 10.1007/s12013-014-0235-7published Online First.	Cell Biochemistry and Biophysics	2014	Livers		190	2007/7	2009/3	No		No		0
65	Gu L, Yu YC. Clinical outcome of dental implants placed in liver transplant recipients after 3 years: A case series. Transplant Proc 2011;43(7):2678-82 doi: 10.1016/j.transproceed.2011.06.037published Online First.	Transplantation Proceedings	2011	Livers	DD	13	2005/1	2007/1	No		Yes	No organs from prisoners was used in this study.	0
66	Gu LH, Fang H, Li FH, et al. Prediction of early hepatic artery thrombosis by intraoperative color doppler ultrasound in pediatric segmental liver transplantation. Clin Transplant 2012;26(4):571-76 doi: 10.1111/j.1399-0012.2011.01580.xpublished Online First.	Clinical Transplantation	2012	Livers		2	2006/10	2010/12	Yes	The study was performed according to the principles of the Declaration of Helsinki and was approved by the ethics committee of the hospital	No		0
67	Gu Z, Chen B, Song Y, et al. Pharmacokinetics of free mycophenolic acid and limited sampling strategy for the estimation of area under the curve in liver transplant patients. Eur J Pharm Sci 2012;47(4):636-41 doi: 10.1016/j.ejps.2012.08.001published Online First.	European Journal of Pharmaceutical Sciences	2002	Livers		50	0	0	Yes	Informed consent was obtained from all patients. The study protocol was approved by the Ruijin Hospital Research Ethics Committee.	No		0
68	Guo CB, Li YC, Zhang MM, et al. Early postoperative care of liver transplantation for infants with biliary atresia during pediatric intensive care unit stay. Transplant Proc 2010;42(5):1750-54 doi: 10.1016/j.transproceed.2010.02.086published Online First.	Transplantation Proceedings	2002	Livers	DD	1	2006/1	2009/1	Yes	We retrospectively reviewed patient records with institutional review board approval.	Yes	No grafts were from executed prisoners	0
69	Guo QL, Duan BW, Lu SC, et al. Liver transplantation for hepatitis B-related acute-on-chronic liver failure patients. Int J Clin Exp Med 2017;10(2):2882-89 Online First.	International Journal of Clinical and Experimental Medicine	2017	Livers	DD	370	2010/1	2014/12	Yes	the protocol was approved by the Institutional Review Board of Beijing You-An Hospital, Capital Medical University according to the principles expressed in the 1975 Declaration of Helsinki, and written informed consents were obtained from all the study patients	No		DCD

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70	Guo W, Sheng J, Gu Y, et al. Analysis and forecast for multidrug-resistant Acinetobacter baumannii infections among liver transplant recipients. Transplant Proc 2014;46(5):1448-52 doi: 10.1016/j.transproceed.2014.02.027published Online First.	Transplantation Proceedings	2014	Livers		249	2007/1	2009/1	No		No		0
71	Guo Z, He X, Wu L, et al. Model for end-stage liver disease versus the Child-Pugh score in predicting the post-transplant 3-month and 1-year mortality in a cohort of Chinese recipients. Surg Today 2010;40(1):38-45 doi: 10.1007/s00595-009-4114-6published Online First.	Surgery Today	2010	Livers	DD	117	1998/1	2007/1	Yes	Informed consent was obtained from all donors and recipients before transplantation, and the study strictly followed the guidelines of the Ethical Committee of our hospital and the Declaration of Helsinki	No		0
72	Gurbanov E, Meng X, Cui Y, et al. Evaluation ECMO in adult cardiac transplantation: can outcomes of marginal donor hearts be improved? J Cardiovasc Surg (Torino) 2011;52(3):419-27 Online First.	Journal of Cardiovascular Surgery	2011	Hearts	DD	22	2005/2	2009/9	Yes	Informed consent has been obtained for all the patients priotoka surgery. This study was approved by the institutional Investigational Review Board.	No		0
73	Han ZB, Chen HY, Fan JW, et al. Up-regulation of microRNA-155 promotes cancer cell invasion and predicts poor survival of hepatocellular carcinoma following liver transplantation. J Cancer Res Clin Oncol 2011:1-9 Online First.	Journal of Cancer Research and Clinical Oncology	2011	Livers		100	2002	2007	Yes	All patients provided informed consent according to the protocolsapproved by the Institutional Review Boards of Shangha iFirst Peopleâ€™s Hospital	No		0
74	Han ZB, Zhong L, Teng MJ, et al. Identification of recurrence-related microRNAs in hepatocellular carcinoma following liver transplantation. Mol Oncol 2012;6(4):445-57 doi: 10.1016/j.molonc.2012.04.001published Online First.	Molecular Oncology	2012	Livers		165	2002/1	2007/12	Yes	All patients were provided informed consents according to the protocols approved by the Institutional Review Boards of Shanghai First Peopleâ€™s Hospital and Shandong Provincial Qianfoshan Hospital.	No		0
75	Hao C, Anwei M, Bing C, et al. Monitoring mycophenolic acid pharmacokinetic parameters in liver transplant recipients: prediction of occurrence of leukopenia. Liver Transpl 2008;14(8):1165-73 Online First.	Liver Transplantation	2008	Livers		63	0	0	Yes	The study design was approved by the independent ethics committee of Ruijin Hospital; the procedure was described in detail to all patients before admission, and informed consent was obtained.	No		0
76	Hao C, Erzheng C, Anwei M, et al. Validation of limited sampling strategy for the estimation of mycophenolic acid exposure in Chinese adult liver transplant recipients. Liver Transpl 2007;13(12):1684-93 Online First.	Liver Transplantation	2007	Livers		30	0	0	Yes	The study was approved by the independent ethics committee of Ruijin Hospital. The procedure was described in detail to all patients before admission, and informed consent was obtained.	No		0
77	Hei Z, Chi X, Cheng N, et al. Upregulation of TLR2/4 expression in mononuclear cells in postoperative systemic inflammatory response syndrome after liver transplantation. Mediators Inflamm 2010;2010 doi: 10.1155/2010/519589published Online First.	Mediators of Inflammation	2010	Livers	DD	18	0	0	Yes	This study was approved by the Research Ethics Board of The Third Affiliated Hospital, Sun Yat-sen University. Written informed consent was obtained from all patients prior to the enrollment.	No		MX
78	Hu B, Gao DJ, Yu FH, et al. Endoscopic stenting for post-transplant biliary stricture: Usefulness of a novel removable covered metal stent. Journal of Hepato-Biliary-Pancreatic Sciences 2011;18(5):640-45 doi: 10.1007/s00534-011-0408-3published Online First.	Journal of Hepato-Biliary-Pancreatic Sciences	2011	Livers	DD	13	2008/7	2010/6	Yes	The study protocol was approved by the Institutional Review Board for human research of the EHBH, and all patients gave informed consent to participate in the study	No		0
79	Hu J, Wang Z, Fan J, et al. Genetic variations in plasma circulating DNA of HBV-related hepatocellular carcinoma patients predict recurrence after liver transplantation. PLoS One 2011;6(10) doi: 10.1371/journal.pone.0026003published Online First.	PLoS ONE	2011	Livers	DD	209	2004/1	2008/6	Yes	The study protocol was approved by The Research Ethics Committee of Zhongshan Hospital, Fudan University. Informed written consent was obtained according to the Declaration of Helsinki.	No		0
80	Hu J, Xie X, Li Y, et al. A novel noninvasive method to detect rejection after heart transplantation. Braz J Med Biol Res 2012;45(12):1195-201 doi: 10.1590/S0100-879X2012007500164published Online First.	Brazilian Journal of Medical and Biological Research	2012	Hearts	DD	47	2001	2010	Yes	The study was approved by the Ethics Committee of Fourth Military Medical University	No		0
81	Hu WY, Wu LQ, Su Z, et al. Expression of human leukocyte antigen-G and acute rejection in patients following liver transplantation. Exp Ther Med 2014;8(4):1291-95 doi: 10.3892/etm.2014.1917published Online First.	Experimental and Therapeutic Medicine	2014	Livers	DD	59	2005	2009	Yes	The present study was approved by the ethics committee of Qingdao University (Qingdao, China). All of the patients have given their consents for this study	No		0
82	Hu XX, Yan LN. Retrospective analysis of prognostic factors after liver transplantation for intrahepatic cholangiocarcinoma in China: A single-center experience. Hepatogastroenterology 2011;58(109):1255-59 doi: 10.5754/hge10704published Online First.	Hepato-Gastroenterology	2011	Livers	DD	24	1999/2	2010/2	Yes	All the liver grafts were from brain dead donors who were voluntary and altruistic in all cases, approved by the West China Hospital Ethics Committee, and in accordance with the ethical guidelines of the Declaration of Helsinki.	Yes	All the liver grafts were from brain dead donors who were voluntary and altruistic in all cases.	DBD
83	Hu Y, Zhang X, Liu Y, et al. APACHE IV is superior to MELD scoring system in predicting prognosis in patients after orthotopic liver transplantation. Clinical and Developmental Immunology 2013;2013 doi: 10.1155/2013/809847published Online First.	Clinical and Developmental Immunology	2013	Livers	DD	195	2006	2009	No		No		OT
84	Hu Z, Zhou J, Li Z, et al. Salvage liver transplantation for recurrent hepatocellular carcinoma after liver resection: Retrospective study of the Milan and Hangzhou criteria. PLoS One 2014;9(1) doi: 10.1371/journal.pone.0087222published Online First.	PLoS ONE	2014	Livers	DD	53	2004	2012	Yes	Ethical approval was obtained from the Committee of Ethics in Biomedical Research of Zhejiang University. Written informed consent was obtained from all participants.	No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
85	Hu Z, Zhou J, Li Z, et al. Time interval to recurrence as a predictor of overall survival in salvage liver transplantation for patients with hepatocellular carcinoma associated with hepatitis B virus. Surgery (United States) 2015;157(2):239-48 doi: 10.1016/j.surg.2014.09.018published Online First.	Surgery (United States)	2015	Livers	DD	62	2001	2012	Yes	This single-center, retrospective study was approved by the Liver Transplant Center of the First Affiliated Hospital of Zhejiang University. All data were obtained from the clinical records of SLT recipients. Ethical approval was obtained from the Committee of Ethics in Biomedical Research of Zhejiang University, and written informed consent was obtained from all participants.	No		0
86	Huang J, Yan L, Wu H, et al. Is radiofrequency ablation applicable for recurrent hepatocellular carcinoma after liver transplantation? J Surg Res 2016;200(1):122-30 Online First.	Journal of Surgical Research	2016	Livers	DD	269	1997/3	2012/12	Yes	This study conformed to the ethical guidelines of the 1975Declaration of Helsinki and approved by the Clinical TrialEthics Committee of West China Hospital, Sichuan University.Each recruited patient was registered at the China LiverTransplant Registry, and a written informed consent was ob- tained from each patient included in the study.	No		0
87	Huang L, Li GM, Zhu JY, et al. Efficacy of sorafenib after liver transplantation in patients with primary hepatic carcinoma exceeding the Milan criteria: A preliminary study. Onco Targets Ther 2012;5:457-62 doi: 10.2147/OTT.S31387published Online First.	OncoTargets and Therapy	2012	Livers	DD	97	2008	2010	No		No		0
88	Huang M, Shan H, Jiang Z, et al. The use of coronary stent in hepatic artery stenosis after orthotopic liver transplantation. Eur J Radiol 2006;60(3):425-30 doi: 10.1016/j.ejrad.2006.06.008published Online First.	European Journal of Radiology	2006	Livers	DD	430	2003/11	2005/9	Yes	Written informed consent was obtained from all patients involved this interventional procedure.	No		0
89	Huang Q, Zhai RY, Dai DK. Interventional Treatment of Hepatic Artery Stenosis After Orthotopic Liver Transplantation With Balloon-Expandable Coronary Stent. Transplant Proc 2007;39(10):3245-50 doi: 10.1016/j.transproceed.2007.03.109published Online First.	Transplantation Proceedings	2007	Livers	DD	11	2004/6	2006/9	No		No		0
90	Huang Y, Yang X, Zhao F, et al. Overexpression of Dickkopf-1 predicts poor prognosis for patients with hepatocellular carcinoma after orthotopic liver transplantation by promoting cancer metastasis and recurrence. Med Oncol 2014;31 (7) Online First.	Medical Oncology	2014	Livers		148	2001	2005	Yes	Ethicalapproval was obtained from the Zhongshan HospitalResearch Ethics Committee, and written informed consentwas obtained from each patient.	No		0
91	Huang ZY, Liang BY, Xiong M, et al. Severity of cirrhosis should determine the operative modality for patients with early hepatocellular carcinoma and compensated liver function. Surgery (United States) 2016;159(2):621-31 Online First.	Surgery (United States)	2016	Livers		51	2001	2009	Yes	The study protocol wasapproved by the medical ethics committee ofTongji Hospital, Huazhong Science and Technol-ogy University, China. Written consent was given bythe patients for their information to be stored inthe hospital database and used for research. ... The source of the organs for transplantation was in compliance with inter-national ethical standards. Each organ donation ortransplant in our center was performed strictlyunder the guideline of the Ethical Committee ofour hospital, the regulation of Organ TransplantCommittee of China, and the declaration ofHelsinki.	No		0
92	Huijun M, Ji Z, Ping X, et al. Linkage disequilibrium between tnf-?-308 G/A promoter and histocompatibility leukocyte antigen alleles in han-nationality lung transplant recipients from eastern china. Exp Clin Transplant 2013;11(3):264-69 doi: 10.6002/ect.2012.0099published Online First.	Experimental and Clinical Transplantation	2013	Lungs	DD	106	2004/8	2011/7	Yes	All protocols were approved by the ethics committee of the institution before the study began, and the protocols conformed with the ethical guidelines of the 1975 Helsinki Declaration. Written, informed consent was obtained from all patients.	No		0
93	Jiang GQ, Bai DS, Chen P, et al. Starting hemoglobin value predicts early phase prognosis after liver transplantation. Transplant Proc 2011;43(5):1669-73 doi: 10.1016/j.transproceed.2010.12.067published Online First.	Transplantation Proceedings	2011	Livers	DD	102	1996/7	2009/7	No		No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
94	Jiang L, Lei JY, Wang WT, et al. Immediate radical therapy or conservative treatments when meeting the Milan criteria for advanced HCC patients after successful TACE. J Gastrointest Surg 2014;18(6):1125-30 Online First.	Journal of Gastrointestinal Surgery	2014	Livers	DD	13	2003/8	2008/10	Yes	LT includes living-donor liver transplantation (LDLT) or deceased-donor liver transplantation (DDLT); all of the living-donor liver transplantations were performed after approval by the Ethics Committee of Sichuan University and local authorities.Written consent was provided by the donors, and their information was stored in the hospital database and used for research. All of the deceased donors were patients in our hospital who had been declared brain dead. No prisoners served as donors in our center.	Yes	All of the deceased donors were patients in our hospital who had been declared brain dead. No prisoners served as donors in our center.	DBD
95	Jiang T, Li C, Duan B, et al. Risk factors for and management of ischemic-type biliary lesions following orthotopic liver transplantation: A single center experience. Ann Hepatol 2016;15(1):41-46 doi: 10.5604/16652681.1184204published Online First.	American Journal of Transplantation	2010	Livers	DD	184	2002/5	2009/12	Yes	Living and deceased donations were voluntary and altruistic in all cases, approved by the West China Hospital Ethics Committee, and in accordance with the ethical guidelines of the Declaration of Helsinki.	Yes	Living and deceased donations were voluntary and altruistic in all cases.	DBD
96	Jiang T, Liu S, Xiao X, et al. Diagnosis of rejection after liver transplantation: Use of phosphorus-31 magnetic resonance spectroscopy (31P-MRS). Abdom Imaging 2012;37(5):788-94 doi: 10.1007/s00261-008-9451-1published Online First.	Annals of Hepatology	2016	Livers	DD	528	2007/1	2014/1	Yes	This study was approved by the Ethics Committee of Beijing You-An Hospital, and informed written consent was obtained before the patients received treatment according to the Declaration of Helsinki and its amendments	No		0
97	Jiang Z, Chen Y, Feng X, et al. Recipient cytotoxic T lymphocyte antigen 4 +49 single-nucleotide polymorphism is not associated with acute rejection after liver transplantation in Chinese population. Int J Med Sci 2013;10(3):250-54 doi: 10.7150/ijms.5511published Online First.	Abdominal Imaging	2012	Livers	DD	66	0	0	No		No		0
98	Jiang Z, Feng X, Zhang W, et al. Recipient cytotoxic T lymphocyte antigen-4 +49 G/G genotype is associated with reduced incidence of hepatitis B virus recurrence after liver transplantation among Chinese patients. Liver International 2007;27(9):1202-08 doi: 10.1111/j.1478-3231.2007.01553.xpublished Online First.	International Journal of Medical Sciences	2013	Livers	DD	335	2005/1	2010/12	Yes	Written informed consent was obtained from all participants or their guardians and the study protocol was approved by the Ethics Committee of our hospital. The protocol conforms with the ethical guidelines of the 1975 Helsinki Declaration.	No		0
99	Jiao ZY, Jiao Z. Prophylaxis of recurrent hepatitis b in Chinese patients after liver transplantation using lamivudine combined with Hepatitis B immune globulin according to the titer of antibody to Hepatitis B surface antigen. Transplant Proc 2007;39(5):1533-36 doi: 10.1016/j.transproceed.2007.03.062published Online First.	Liver International	2007	Livers	DD	167	2003/1	2005/12	No		No		0
100	Jin R, Duan H, Zhao C, et al. Pharmacokinetics of cyclosporine A in Chinese heart transplant recipients. Immunopharmacol Immunotoxicol 2012;34(3):519-22 doi: 10.3109/08923973.2011.613400published Online First.	Transplantation Proceedings	2007	Livers	DD	85	1999/1	2005/9	No		No		0
101	Jin Z, Zhang WX, Chen B, et al. Stepwise regression analysis of the determinants of blood tacrolimus concentrations in Chinese patients with liver transplant. Medicinal Chemistry 2009;5(3):301-04 doi: 10.2174/157340609788185918published Online First.	Immunopharmacology and Immunotoxicology	2012	Hearts	DD	5	0	0	No		No		0
102	Ju W, Chen M, Guo Z, et al. Allografts positive for hepatitis B surface antigen in liver transplant for disease related to hepatitis B virus. Exp Clin Transplant 2013;11(3):245-49 doi: 10.6002/ect.2012.0095published Online First.	Medicinal Chemistry	2009	Livers	DD	29	2006/6	2007/3	Yes	All cases signed an informed consent. I	No		0
103	Ju WQ, Guo ZY, Liang WH, et al. Sirolimus conversion in liver transplant recipients with calcineurin inhibitor-induced complications: Efficacy and safety. Exp Clin Transplant 2012;10(2):132-35 doi: 10.6002/ect.2010.0126published Online First.	Experimental and Clinical Transplantation	2013	Livers	DD	23	2007/1	2010/2	Yes	All transplants were approved by the ethics committee of the hospital, and written, informed consent was obtained from every patient and/or his/her guardian.... All protocols were approved by the ethics committee of the institution before the study began, and the protocols conformed with the ethical guidelines of the 1975 Helsinki Declaration.	No		0
104	Ju WQ, Guo ZY, Ling X, et al. Twenty-four hour steroid avoidance immunosuppressive regimen in liver transplant recipients. Exp Clin Transplant 2012;10(3):258-62 doi: 10.6002/ect.2010.0127published Online First.	Experimental and Clinical Transplantation	2012	Livers	DD	25	2005/10	2008/12	Yes	The study protocol was in accord with the ethical guidelines of the 1975 Helsinki Declaration, and was approved by our local institutional ethics committee. Written, informed consent was obtained from all subjects.	No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
105	Kong HY, Huang SQ, Zhu SM, et al. Role of anhepatic time in endothelial-related coagulation in liver transplantation. Minerva Anestesiol 2013;79(4):391-97 Online First.	Experimental and Clinical Transplantation	2012	Livers	DD	82	2006/9	2008/9	Yes	The study protocol was approved by the ethical board of our institute, and the study was conducted in accord with the Helsinki Declaration. Written, informed consent was obtained from all recipients.	No		0
106	Kong HY, Wen XH, Huang SQ, et al. Epsilon-aminocaproic acid improves postrecirculation hemodynamics by reducing intraliver activated protein C consumption in orthotopic liver transplantation. World J Surg 2014;38(1):177-85 doi: 10.1007/s00268-013-2282-4published Online First.	Minerva Anestesiologica	2013	Livers	DD	50	0	0	Yes	The study was approved by the institutional ethics committee	No		0
107	Lai MC, Yang Z, Zhou L, et al. Long non-coding RNA MALAT-1 overexpression predicts tumor recurrence of hepatocellular carcinoma after liver transplantation. Med Oncol 2012;29(3):1810-16 doi: 10.1007/s12032-011-0004-zpublished Online First.	World Journal of Surgery	2014	Livers	DD	59	0	0	Yes	The study was conducted after receiving IRB approval (School of Medicine, Zhejiang University, China), and obtaining written informed consent (ChiCTR-TRC11001662).	No		0
108	Lei J, Wang W, Yan L. Downstaging advanced hepatocellular carcinoma to the Milan criteria may provide a comparable outcome to conventional Milan criteria. J Gastrointest Surg 2013;17(8):1440-6 Online First.	Medical Oncology	2012	Livers	DD	60	2003/1	2005/12	Yes	Our work was approved by the local ethics committee, and written informed consent was obtained from all the patients.	No		0
109	Lei J, Yan L. Outcome comparisons among the Hangzhou, Chengdu, and UCSF criteria for hepatocellular carcinoma liver transplantation after successful downstaging therapies. J Gastrointest Surg 2013;17(6):1116-22 doi: 10.1007/s11605-013-2140-6published Online First.	Journal of Gastrointestinal Surgery	2013	Livers	DD	132	2001/7	2013/1	No		No		0
110	Lei JY, Wang WT, Yan LN. Hangzhou criteria for liver transplantation in hepatocellular carcinoma: A single-center experience. Eur J Gastroenterol Hepatol 2014;26(2):200-04 doi: 10.1097/MEG.0b013e3283652b66published Online First.	Journal of Gastrointestinal Surgery	2013	Livers	DD	197	2001/4	2012/8	Yes	Each organ donation or transplantation in our center was performed strictly according to the guidelines of the ethical committee of our hospital, the regulations of the Organ Transplant Committee of Sichuan Province, and the Declaration of Helsinki. No prisoners served as donors in our center. For LDLT, the donation was voluntary and altruistic, and we informed the donors and their families of the possible risks of donor hepatectomy. Written consent was provided by the donors for their information to be stored in the hospital database and used for research	Yes	No prisoners served as donors in our center. For LDLT, the donation was voluntary and altruistic,	0
111	Lei JY, Yan LN, Wang WT, et al. Health-related quality of life and psychological distress in patients with early-stage hepatocellular carcinoma after hepatic resection or transplantation. Transplant Proc 2016;48(6):2107-11 Online First.	European Journal of Gastroenterology and Hepatology	2014	Livers	DD	278	2000/8	2010/12	Yes	All of the living donor liver transplantation (LDLT) procedures were performed after approval from the Ethics Committee of the West China Hospital and local authority was obtained.	Yes	The donors voluntarily agreed to transplantation and were required to be outside the third degree of consanguinity with the recipients as verified by the Health Administrative Department and Public Security Organs or by a DNA test. There were no prisoner donors in our study	0
112	Lei JY, Yan LN, Zhu JQ, et al. Hepatocellular carcinoma patients may benefit from postoperative huaier aqueous extract after liver transplantation. Transplant Proc 2015;47(10):2920-24 doi: 10.1016/j.transproceed.2015.10.045published Online First.	Transplantation Proceedings	2016	Livers	DD	95	2000/8	2010/7	Yes	All of the living-donor liver transplantations were performed afterapproval by the Ethics Committee of Sichuan University and thelocal authority, the Health Department of Sichuan Province... This studyprotocol conformed to the ethical guidelines of the Declaration ofHelsinki and was approved by the Ethics Committee of our hospitaland local authority. All participants provided written informedconsent.	Yes	Inaddition, the donation was voluntary and altruistic. All of thedeceased donors were brain-dead donors in our hospital.	DBD
113	Li C, Zhang F, Zhang W, et al. Feasibility of 125I brachytherapy combined with sorafenib treatment in patients with multiple lung metastases after liver transplantation for hepatocellular carcinoma. J Cancer Res Clin Oncol 2010;136(11):1633-40 doi: 10.1007/s00432-010-0821-zpublished Online First.	Transplantation Proceedings	2015	Livers	DD	53	2009/1	2014/8	No		No		0
114	Li C, Zhu WJ, Wen TF, et al. Child-Pugh A Hepatitis B-Related Cirrhotic Patients with a Single Hepatocellular Carcinoma Up to 5 cm: Liver Transplantation vs. Resection. J Gastrointest Surg 2014;18(8):1469-76 doi: 10.1007/s11605-014-2550-0published Online First.	Journal of Cancer Research and Clinical Oncology	2010	Livers	DD	8	2006/7	2009/12	Yes	All patients gave written informed consent before beginning the study and being assigned to treatment groups.	No		0
115	Li D, Lu T, Shen C, et al. Expression of fibroblast growth factor 21 in patients with biliary atresia. Cytokine 2016;83:13-18 Online First.	Journal of Gastrointestinal Surgery	2014	Livers	DD	39	2007/1	2012/12	Yes	All transplantations and this study itself were approved by the ethical committee of West China Hospital.	No		0

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116	Li D, Lu W, Zhu JY, et al. Population pharmacokinetics of tacrolimus and CYP3A5, MDR1 and IL-10 polymorphisms in adult liver transplant patients. J Clin Pharm Ther 2007;32(5):505-15 doi: 10.1111/j.1365-2710.2007.00850.xpublished Online First.	Cytokine	2016	Livers		15	2014/1	2014/12	Yes	Written informed consent wasobtained in each case before enrollment (signed by the parentsof each infant). This study was approved by the Research EthicsCommittee of the Ren Ji Hospital, School of Medicine, Shanghai JiaoTong University.	No	Hepatic tissues obtained from 5pediatric cardiac death donors (DCD) without liver disease servedas the control.	DCD
117	Li D, Zhu JY, Gao J, et al. Polymorphisms of tumor necrosis factor-?, interleukin-10, cytochrome P450 3A5 and ABCB1 in Chinese liver transplant patients treated with immunosuppressant tacrolimus. Clin Chim Acta 2007;383(1-2):133-39 doi: 10.1016/j.cca.2007.05.008published Online First.	Journal of Clinical Pharmacy and Therapeutics	2007	Livers	DD	104	2004/7	2006/8	Yes	The study was conducted in accordance with the Declaration of Helsinki and its amendments and was approved by the Ethics Committee of Beijing (Peking) University. All subjects gave their written informed consents.	No		0
118	Li F, Yang M, Li B, et al. Initial clinical results of orthotopic liver transplantation for hepatic alveolar echinococcosis. Liver Transpl 2007;13(6):924-26 doi: 10.1002/lt.21187published Online First.	Clinica Chimica Acta	2007	Livers		70	2004/7	2006/7	Yes	The study was conducted in accordance with the Declaration of Helsinki and its amendments and was approved by the Ethics Committee of Beijing University. All subjects gave their written informed consents.	No		0
119	Li H, He JW, Fu BS, et al. Immunosuppressant-related hip pain after orthotopic liver transplant. Exp Clin Transplant 2013;11(1):32-38 doi: 10.6002/ect.2012.0026published Online First.	Liver Transplantation	2007	Livers		7	2001/4	2006/4	Yes	All 7 donated liver grafts were made voluntarily and were approved by the medical ethics committee of West China Hospital, Sichuan University, China.	Yes	All 7 donated liver grafts were made voluntarily	0
120	Li H, Li B, Wei Y, et al. Preoperative transarterial chemoembolization does not increase hepatic artery complications after liver transplantation: A single center 12-year experience. Clinics and Research in Hepatology and Gastroenterology 2015;39(4):451-57 doi: 10.1016/j.clinre.2014.12.004published Online First.	Experimental and Clinical Transplantation	2013	Livers		175	2004/1	2007/12	Yes	The study protocol was approved by the University Ethics Committee and has been performed in accordance with the ethical standards put forth in the 2000 Declaration of Helsinki as well as the Declaration of Istanbul 2008. The use of the transplanted organs was approved by the ethics Committee of the Third Affiliated Hospital of Sun Yat-sen University, all organ donations were voluntary, and all donors and/or their next of kin provided written consent for organ donation.	Yes	All organ donations were voluntary, and all donors and/or their next of kin provided written consent for organ donation.	0
121	Li H, Li J, Wang Y, et al. Proteomic analysis of effluents from perfused human heart for transplantation: Identification of potential biomarkers for ischemic heart damage. Proteome Science 2012;10(1) doi: 10.1186/1477-5956-10-21published Online First.	Clinics and Research in Hepatology and Gastroenterology	2015	Livers		450	2001/1	2013/12	No		No		0
122	Li H, Wang S, Wang G, et al. Yes-associated protein expression is a predictive marker for recurrence of hepatocellular carcinoma after liver transplantation. Dig Surg 2014;31(6):468-78 doi: 10.1159/000370252published Online First.	Proteome Science	2012	Hearts	DD	5	0	0	Yes	The study protocol was approved by the Ethics review board of the Third Military Medical University.	Yes	Five donors were brain dead due to car accident, their respiration was maintained by mechanical ventilation and hemodynamics was stabilized by minimum doses of catecholamine.	DBD
123	Li H, Xie HY, Zhou L, et al. Copy number variation in CCL3L1 gene is associated with susceptibility to acute rejection in patients after liver transplantation. Clin Transplant 2012;26(2):314-21 doi: 10.1111/j.1399-0012.2011.01486.xpublished Online First.	Digestive Surgery	2014	Livers		105	2004/6	2009/9	Yes	The present study was approved by our institutional ethics committee. Informed consent was obtained from each patient and family members. The procedure met all applicable guidelines of our institute as well as governmental regulations concerning the ethical use of donated organs, and the latest version of the Declaration of Helsinki.	No		0
124	Li H, Xie HY, Zhou L, et al. Lack of association of the polymorphism of the CCR5 gene in liver recipients with acute rejection from China. Exp Clin Transplant 2011;9(4):252-57 Online First.	Clinical Transplantation	2012	Livers		266	2006/1	2009/3	Yes	This study was approved by the Ethical Review Committee of the First Affiliated Hospital, School of Medicine, and written informed consent was obtained from all patients.	No		0
125	Li H, Yang S, Chen H, et al. Survival after heart transplantation for non-metastatic primary cardiac sarcoma. J Cardiothorac Surg 2016;11(1):145 Online First.	Experimental and Clinical Transplantation	2011	Livers	DD	185	2006/1	2009/3	Yes	This study was approved by the Ethical Review Committee of the First Affiliated Hospital, School of Medicine; written, informed consent was obtained from all patients, and the study protocol adhered to the Declaration of Helsinki	No		0
126	Li J, Bai Y, Wang L, et al. Regulatory Effect of FK506 on CD152 and PD-1 in the Liver Allorecipients. Transplant Proc 2008;40(5):1495-97 Online First.	Journal of Cardiothoracic Surgery	2016	Hearts	DD	6	2008	2011	Yes	This study protocol adheres to the principles of the Declaration of Helsinki and has been approved by the Medical Ethics Committee of Zhongshan Hospital Affiliated to Fudan University.	No		0
127	Li J, Liu B, Yan LN, et al. Reversal of graft steatosis after liver transplantation: prospective study. Transplant Proc 2009;41(9):3560-63 doi: 10.1016/j.transproceed.2009.06.222published Online First.	Transplantation Proceedings	2008	Livers		22	2006/11	2007/3	No		No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
128	Li MR, Chen GH, Cai CJ, et al. High hepatitis B virus DNA level in serum before liver transplantation increases the risk of hepatocellular carcinoma recurrence. Digestion 2011;84(2):134-41 doi: 10.1159/000324197published Online First.	Transplantation Proceedings	2009	Livers	DD	73	2003/7	2008/2	Yes	The study was approved by our ethics committee, and all recipients gave written informed consent to receive a steatotic liver graft.	Yes	No prisoners were used in the study, and all deceased donors met the criteria for brain death.	DBD
129	Li N, Zhou J, Weng D, et al. Adjuvant adenovirus-mediated delivery of herpes simplex virus thymidine kinase administration improves outcome of liver transplantation in patients with advanced hepatocellular carcinoma. Clin Cancer Res 2007;13(19):5847-54 Online First.	Digestion	2011	Livers		322	2004/1	2009/1	No		No		0
130	Li Q, Yao G, Ge Q, et al. Relevant risk factors affecting time of ventilation during early postoperative period after orthotopic liver transplantation. J Crit Care 2010;25(2):221-24 doi: 10.1016/j.jcrc.2009.06.048published Online First.	Clinical Cancer Research	2007	Livers		45	2000/9	2006/10	Yes	The study was conducted in accordance with the Declaration of Helsinki. All patients provided written, informed consent. The study was approved by the local ethics committee.	No		0
131	Li QY, Qin YS, Ling Q, et al. No therapeutic ERCP in anastomotic stricture without intrahepatic biliary dilation after liver transplantation. Hepatogastroenterology 2011;58(109):1127-31 doi: 10.5754/hge11268published Online First.	Journal of Critical Care	2010	Livers		96	2004/8	2006/5	No		No		0
132	Li RD, Sun Z, Dong JY, et al. A quantitative assessment model of T-cell immune function for predicting risks of infection and rejection during the early stage after liver transplantation. Clin Transplant 2013;27(5):666-72 doi: 10.1111/ctr.12187published Online First.	Hepato-Gastroenterology	2011	Livers	DD	592	2004/5	2010/6	Yes	Each organ donation or transplant in our center was strictly under the guideline of the Ethical Committee of our hospital, the regulation of Organ Transplant Committee of Zhejiang province and the declaration of Helsinki	No		0
133	Li T, Chen ZS, Zeng FJ, et al. Impact of early biliary complications in liver transplantation in the presence or absence of a T-tube: A Chinese transplant centre experience. Postgrad Med J 2007;83(976):120-23 doi: 10.1136/pgmj.2006.049171published Online First.	Clinical Transplantation	2013	Livers		194	2009	2010	Yes	All persons have given their informed consent prior to their inclusion in the study, and all human studies have been approved by China Ethics Committee and performed in accordance with the ethical standards... Informed consent in writing was obtained from each patient. Each liver donation and transplantation in our hospital was approved by the Medical Ethics Committee of Changzheng Hospital, and the study protocol conformed to the ethical guidelines of the 1975 Declaration of Helsinki. None of the data obtained were used for clinical decision.	No	Included in this study were patients who received liver transplantation from heart-beating donors between 2009 and 2010	0
134	Li W, Yuan G, Liu H, et al. Comparison of HPLC-MS/MS and enzyme-multiplied immunoassay in tacrolimus determination and its application in therapeutic drug monitoring. Latin American Journal of Pharmacy 2015;34(8):1540-46 Online First.	Postgraduate Medical Journal	2007	Livers	DD	84	2002/11	2005/6	No		No		0
135	Li WX, Li Z, Gao PJ, et al. Histological differentiation predicts post-liver transplantation survival time. Clinics and Research in Hepatology and Gastroenterology 2014;38(2):201-08 doi: 10.1016/j.clinre.2013.11.002published Online First.	Latin American Journal of Pharmacy	2015	Livers		not specified	0	0	No		No		0
136	Li X, Chi X, Luo G, et al. Ulinastatin ameliorates acute kidney injury following liver transplantation in rats and humans. Exp Ther Med 2015;9(2):411-16 Online First.	Clinics and Research in Hepatology and Gastroenterology	2014	Livers	DD	107	2002	2011	Yes	Informed consent was obtained from all subjects for participation in the study, and the study was approved by the institutional ethics committee. The deceased donor livers were obtained through both social and legal donation.	Yes	The deceased donor livers were obtained through both social and legal donation.	0
137	Li X, Li X, Chi X, et al. Ulinastatin ameliorates acute kidney injury following liver transplantation in rats and humans. Exp Ther Med 2015;9(2):411-16 doi: 10.3892/etm.2014.2088published Online First.	Experimental and Therapeutic Medicine	2015	Livers		60	0	0	Yes	Informed consent was obtained from all the individuals enrolled in the study, and the experimental protocol was approved by the Ethics Committee of the Third Affiliated Hospital of Sun Yat-sen University	No		0
138	Li Y, Shi Y, Chen J, et al. Association of polymorphisms in interleukin-18 and interleukin-28b with hepatitis b recurrence after liver transplantation in chinese han population. Int J Immunogenet 2012;39(4):346-52 doi: 10.1111/j.1744-313X.2012.01097.xpublished Online First.	Experimental and Therapeutic Medicine	2015	Livers		60	0	0	Yes	Informed consent was obtained from all the individuals enrolled in the study, and the experimental protocol was approved by the Ethics Committee of the Third Affiliated Hospital of Sun Yat-sen University	No		0
139	Li Y, Zhu M, Xia Q, et al. Urinary neutrophil gelatinase-associated lipocalin and L-type fatty acid binding protein as diagnostic markers of early acute kidney injury after liver transplantation. Biomarkers 2012;17(4):336-42 doi: 10.3109/1354750X.2012.672458published Online First.	International Journal of Immunogenetics	2012	Livers		200	2000/4	2011/3	Yes	All the liver transplantation patients volunteered for the study and given written informed consent. This study was approved by the West China Hospital.	No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
140	Li Y, Zou Y, Cai B, et al. The associations of IL-18 serum levels and promoter polymorphism with tacrolimus pharmacokinetics and hepatic allograft dysfunction in Chinese liver transplantation recipients. Gene 2012;491(2):251-55 doi: 10.1016/j.gene.2011.10.008published Online First.	Biomarkers	2012	Livers	DD	11	2007/12	2008/12	Yes	After the study was approved by the Ethics Committee at the Shanghai Jiaotong University, informed consent was obtained from all patients participating in this study.	No		0
141	Liang TB, Bai XL, Li DL, et al. Early Postoperative hemorrhage requiring urgent surgical reintervention after orthotopic liver transplantation. Transplant Proc 2007;39(5):1549-53 doi: 10.1016/j.transproceed.2007.01.080published Online First.	Gene	2012	Livers		155	2000/4	2008/3	Yes	All liver transplantation recipients volunteered for the study and gave written informed consent. This study was approved by the West China hospital.	No		0
142	Liang TB, Li DL, Liang L, et al. Intraoperative blood salvage during liver transplantation in patients with hepatocellular carcinoma: Efficiency of leukocyte depletion filters in the removal of tumor cells. Transplantation 2008;85(6):863-69 doi: 10.1097/TP.0b013e3181671f2epublished Online First.	Transplantation Proceedings	2007	Livers		261	2003/1	2005/12	No		No		0
143	Liang TB, Li JJ, Li DL, et al. Intraoperative blood salvage and leukocyte depletion during liver transplantation with bacterial contamination. Clin Transplant 2010;24(2):265-72 doi: 10.1111/j.1399-0012.2009.01091.xpublished Online First.	Transplantation	2008	Livers		37	2006/1	2006/12	Yes	The clinical study protocol was approved by the Ethics Committee of the Zhejiang Province and each patient was provided with informed consent	No		0
144	Lianghui G, Shusen Z, Tingbo L, et al. Deferred versus prophylactic therapy with gancyclovir for cytomegalovirus in allograft liver transplantation. Transplant Proc 2004;36(5):1502-05 doi: 10.1016/j.transproceed.2004.04.079published Online First.	Clinical Transplantation	2010	Livers		45	2005/12	2006/10	Yes	Because of the informed consent and ethics approval from the local Ethics Committee, all patients were aware of the procedure and knew that the salvaged blood was to be used for research purposes	No		0
145	Lin B, Geng L, Zheng Z, et al. The predictive value of blood neutrophil-lymphocyte ratio in patients with end-stage liver cirrhosis following ABO-incompatible liver transplantation. J Res Med Sci 2016;21(5):20-25 Online First.	Transplantation Proceedings	2004	Livers		89	1999/1	2003/6	No		No		0
146	Lin MJ, Yang YL, Yu Q, et al. Value of percutaneous transhepatic cholangioscopy in the treatment of biliary cast after liver transplantation. Int J Clin Exp Med 2016;9(2):1263-71 Online First.	Journal of Research in Medical Sciences	2016	Livers		84	2004/1	2011/12	Yes	All LT were performed following obtaining informed consent from all patients, and this study was approved by the Ethical Review Board of the first affiliated hospital of the medical school of Zhejiang University	Yes	In this study, all of the voluntary donor livers come from the accidentally dead people, so we were not sure the blood type pairs of LT before the operation. In	0
147	Lin XH, Teng S, Wang L, et al. Fatigue and its associated factors in liver transplant recipients in Beijing: A cross-sectional study. BMJ Open 2017;7 (2)) Online First.	International Journal of Clinical and Experimental Medicine	2016	Livers		17	2008/4	2013/1	Yes	This study was conducted in accor-dance with the declaration of Helsinki and the approval from the Ethics Committee of Dalian University. Written informed consent was obtained from each participant	No		0
148	Lin YH, Cai ZS, Jiang Y, et al. Perioperative risk factors for pulmonary complications after liver transplantation. J Int Med Res 2010;38(5):1845-55 Online First.	BMJ Open	2017	Livers	DD	281	0	0	Yes	Ethical approval had been obtained from the hospitaland university ethics committee, which requires pro-cesses to ensure the confidentiality of all data. Thepurpose, risks and benefits of this study were explainedto the patients before they were asked to participate.The patients were assured that participation was volun-tary, and that choosing not to participate would notinfluence their clinical care.	Yes	The organ transplantdonors involved in our study were not from a vulnerablepopulation and they were informed and voluntary todonate their organ	0
149	Ling L, He X, Zeng J, et al. In-hospital cerebrovascular complications following orthotopic liver transplantation: a retrospective study. BMC Neurol 2008;8:52 Online First.	Journal of International Medical Research	2010	Livers		107	2007/4	2009/3	Yes	The Clinical Research and Ethics Committeeof Fuzong Clinical College, Fujian MedicalUniversity, approved all operations andwritten informed consent to operate wasobtained from all patients in accordancewith the Declaration of Helsinki.	No		0
150	Ling Q, Xie H, Li J, et al. Donor Graft MicroRNAs: A Newly Identified Player in the Development of New-onset Diabetes After Liver Transplantation. Am J Transplant 2017;17(1):255-64 Online First.	BMC neurology	2008	Livers		337	1996/1	2005/6	Yes	The research protocol was approved by the local ethicalcommittee for clinical research and all procedures involv-ing the participant were conducted according to institu-tional guidelines in compliance with the regulations. Bothoral and written informed consents were obtained fromthe patients or their families.	No		0

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151	Ling Q, Xie H, Lu D, et al. Association between donor and recipient TCF7L2 gene polymorphisms and the risk of new-onset diabetes mellitus after liver transplantation in a Han Chinese population. J Hepatol 2013;58(2):271-77 doi: 10.1016/j.jhep.2012.09.025published Online First.	American Journal of Transplantation	2017	Livers		213	2011/9	2014/12	Yes	This study was approved by the Institutional Review Board of First Affiliated Hospital at Zhejiang University following the guidelines of the Declaration of Helsinki. Informed consent was obtained.	Yes	No donor livers were recovered from executed prisoners.	OT
152	Ling Q, Xu X, Li J, et al. A new serum cystatin C-based equation for assessing glomerular filtration rate in liver transplantation. Clin Chem Lab Med 2008;46(3):405-10 doi: 10.1515/CCLM.2008.052published Online First.	Journal of Hepatology	2013	Livers		125	2006/11	2009/7	Yes	Informed consent was obtained from all donors and recipients. Each organ dona-tion or transplant was approved by the Institutional Review Board, First AffiliatedHospital, Zhejiang University, strictly under the guidelines of the Ethics Commit-tee of the hospital, the current regulation of the Chinese Government, and theDeclaration of Helsinki. No donor livers were harvested from executed prisoners	Yes	No donor livers were harvested from executed prisoners	0
153	Ling Q, Xu X, Wang K, et al. Donor PPAR? Gene polymorphisms influence the susceptibility to glucose and lipid disorders in liver transplant recipients. medicine (United States) 2015;94(35):e1421 doi: 10.1097/MD.0000000000001421published Online First.	Clinical Chemistry and Laboratory Medicine	2008	Livers	DD	60	2006/6	2007/1	Yes	Informed consent was obtained from all donorsand recipients before transplantation. Organ donation for transplantation was approved by the Organ TransplantCommittee of Zhejiang.	No		0
154	Ling Q, Xu X, Wei Q, et al. Downgrading MELD improves the outcomes after liver transplantation in patients with acute-on-chronic hepatitis B liver failure. PLoS One 2012;7(1) doi: 10.1371/journal.pone.0030322published Online First.	Medicine (United States)	2015	Livers	DD	176	2010/1	2012/10	Yes	This study was approved by the Institutional Review Boardof our hospital, the current regulation of the Chinese Govern-ment, and the Declaration of Helsinki. All authors had access tothe study data and had reviewed and approved the final manu-script. Written informed consents were obtained.	Yes	No donororgans were obtained from executed prisoners	0
155	Ling Q, Xu X, Wei Q, et al. Impact of preexisting diabetes mellitus on outcome after liver transplantation in patients with hepatitis B virus-related liver disease. Dig Dis Sci 2011;56(3):889-93 doi: 10.1007/s10620-010-1358-3published Online First.	PLoS ONE	2012	Livers		189	2001/1	2010/6	Yes	Informed consent was obtained from all donors and recipients before LT. Each organ donation or transplant in our centre was strictly selected according to the guidelines of the Ethical Committee of our hospital, the regulation of Organ Transplant Committee of Zhejiang province and the Declaration of Helsinki. ... The study protocol was approved by the Ethics Committee, and written informed consent was obtained from all study patients.	No		0
156	Liu B, Teng F, Fu H, et al. Excessive intraoperative blood loss independently predicts recurrence of hepatocellular carcinoma after liver transplantation. BMC Gastroenterol 2015;15(1) doi: 10.1186/s12876-015-0364-5published Online First.	Digestive Diseases and Sciences	2011	Livers	DD	48	2003/9	2007/5	Yes	Informed consent was obtained from each patient beforetransplantation. Each organ donation or transplant was strictlyunder the guidelines of the Ethical Committee of the Hospitaland the Declaration of Helsinki.	No		0
157	Liu C, Shang YF, Zhang XF, et al. Co-administration of grapefruit juice increases bioavailability of tacrolimus in liver transplant patients: A prospective study. Eur J Clin Pharmacol 2009;65(9):881-85 doi: 10.1007/s00228-009-0702-zpublished Online First.	BMC Gastroenterology	2015	Livers	DD	479	2001/1	2012/12	Yes	Thisstudy was approved by the Research Ethics Committee ofChangzheng Hospital, Shanghai and written informedconsents were obtained from all the participants.	No		0
158	Liu C, Tsai HL, Chin T, et al. Experience of surgical treatment for hepatoblastoma. Formosan Journal of Surgery 2016;49(2):56-62 Online First.	European Journal of Clinical Pharmacology	2009	Livers		30	2000	2006	Yes	After the study had received the approval of the local Ethics Committee of Xiâ€™an Jiaotong University and theinformed written consent of the patients	No		0
159	Liu CZ, Hu SY, Jin B, et al. Hemodialysis-induced hyperglycemia after liver transplantation. Hepatogastroenterology 2008;55(88):2175-77 Online First.	Formosan Journal of Surgery	2016	Livers	DD	213	2011/9	2014/12	Yes	This study was approved by the Institutional Review Board, the First Affiliated Hospital, Zhejiang University, under the guidelines of the Declaration of Helsinki. Informed consent was obtained. No donor livers were harvested from the executed prisoners.	Yes	No donor livers were harvested from the executed prisoners.	DCD
160	Liu D, Huang P, Li X, et al. Using inflammatory and oxidative biomarkers in urine to predict early acute kidney injury in patients undergoing liver transplantation. Biomarkers 2014;19(5):424-29 doi: 10.3109/1354750X.2014.924997published Online First.	Hepato-Gastroenterology	2008	Livers		5	0	0	Yes	After obtaining Institutional Review Board approval, ...	No		0
161	Liu D, Luo G, Luo C, et al. Changes in the concentrations of mediators of inflammation and oxidative stress in exhaled breath condensate during liver transplantation and their relations with postoperative ARDS. Respir Care 2015;60(5):679-88 doi: 10.4187/respcare.03311published Online First.	Biomarkers	2014	Livers	DD	28	0	0	Yes	All study enrolment and subsequent data collection andacquisition procedures were approved by the ResearchCommittee of third Affiliated Hospital of Sun Yat-SenUniversity.	No		OT

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162	Liu J, Yan J, Wan Q, et al. The risk factors for tuberculosis in liver or kidney transplant recipients. BMC Infect Dis 2014;14(1) doi: 10.1186/1471-2334-14-387published Online First.	Respiratory Care	2015	Livers		28	0	0	Yes	This study was approved by the Research Committee ofthe Third Affiliated Hospital of Sun Yat-Sen University	No		0
163	Liu S, Bai Y, Huang J, et al. Do mitochondria contribute to left ventricular non-compaction cardiomyopathy? New findings from myocardium of patients with left ventricular non-compaction cardiomyopathy. Mol Genet Metab 2013;109(1):100-06 Online First.	BMC Infectious Diseases	2014	Livers	DD	4	2000/1	2013/8	Yes	The study protocol, which included participants provid-ing written consent prior to the study, was approved bythe Third Xiangya Hospital, Central South University,Medical Ethical Committee	No		OT
164	Liu S, Fan J, Wang X, et al. Intraoperative cryoprecipitate transfusion and its association with the incidence of biliary complications after liver transplantation-a retrospective cohort study. PLoS One 2013;8(5) doi: 10.1371/journal.pone.0060727published Online First.	Molecular Genetics and Metabolism	2013	Hearts	DD	6	0	0	Yes	All participants gave informedwritten consent for this investigation, which was approved by theInstitutional Ethical Review Board of Fuwai Hospital (Beijing, China).The investigation conforms to the principles outlined in the Declarationof Helsinki	Yes	Normal control hearts came from autopsies or donors with no historyof heart disease who died in accidents.	0
165	Liu S, Wang X, Lu Y, et al. The effects of intraoperative cryoprecipitate transfusion on acute renal failure following orthotropic liver transplantation. Hepatology International 2013;7(3):901-09 doi: 10.1007/s12072-013-9457-9published Online First.	PLoS ONE	2013	Livers	DD	356	2005/1	2010/12	Yes	National legislation and the ethical committee of Shanghai First People's Hospital approved this retrospective study	No		DCD
166	Liu S, Xing T, Sheng T, et al. The reduction rate of serum C3 following liver transplantation is an effective predictor of non-anastomotic strictures. Hepatology International 2014;8(2):293-300 doi: 10.1007/s12072-014-9524-xpublished Online First.	Hepatology International	2013	Livers	DD	389	2003/1	2010/12	Yes	National legislation and the ethics committee of Shanghai FirstPeopleâ€™s Hospital approved this retrospective study. ALSO extended and some what nonsensical ethics statement at end of article: Compliance with Ethics Requirements All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008. Due to theretrospective nature of the study, this article did not involve any studies with human or animal subjects. National legislation and the ethics committee of Shanghai First Peopleâ€™s Hospital approved thisretrospective study	No		0
167	Liu X, Wang B, Zhang X, et al. Liver transplantation using donation after brain and cardiac death: a single-center experience in China. Transplant Proc 2016;48(6):1879-86 Online First.	Hepatology International	2014	Livers	DD	232	2007/1	2011/12	No		No		DCD
168	Liu XX, Xu BM, Chen H, et al. limited sampling strategy for the estimation of tacrolimus area under the concentration-time curve in Chinese adult liver transplant patients. Pharmacology 2016;98(5-6):229-41 doi: 10.1159/000445896published Online First.	Transplantation Proceedings	2016	Livers	DD	102	2010/3	2014/12	Yes	. The study protocol wasapproved by the Institutional Review Board/Ethics of The FirstAffiliated Hospital of Xiâ€™an Jiaotong University and was consistentwith the Declaration of Helsinki.	Yes	All the DBCD grafts wereprocured under controlled condition. Detailed information of theDBCD donors was obtained from The Chinese Red Cross and theOPO records.	DBCD
169	Liu Y, Liu YY, Li CP, et al. Comprehensive comparison of three different immunosuppressive regimens for liver transplant patients with hepatocellular carcinoma: Steroid-free immunosuppression, induction immunosuppression and standard immunosuppression. PLoS One 2015;10 (3) Online First.	Pharmacology	2016	Livers		28	0	0	Yes	The study protocol was approved by the independent Ethics Committee of Ruijin Hospital affiliated to Shanghai Jiao Tong University, and informed consent was obtained from each patient. The research work was performed in accordance with the ethical standards of the Helsinki Declaration.	No		0
170	Liu Y, Sun LY, Zhu ZJ, et al. Measles virus infection in pediatric liver transplantation recipients. Transplant Proc 2015;47(9):2715-8 Online First.	PLoS ONE	2015	Livers		1163	2008/1	2012/12	Yes	This study was approved by the Ethics Committee of Tianjin First Center Hospital and confirmed to the ethical guidelines of the Declaration of Helsinki.	Yes	None of the transplant donors were from a vulnerable population and all donors gave their consent freely.	0
171	Liu Z, Yu X, Ren W, et al. CD152 and PD-1 down-regulation on CD8 T cells is associated with human acute liver allograft rejection. Transplant Proc 2014;46(10):3511-4 Online First.	Transplantation Proceedings	2015	Livers	DD	3	2014/3	2014/4	No		No		0
172	Liu ZN, Wang WT, Yan LN. De Novo malignancies after liver transplantation with 14 cases at a single center. Transplant Proc 2015;47(8):2483-87 doi: 10.1016/j.transproceed.2015.08.008published Online First.	Transplantation Proceedings	2014	Livers		63	0	0	Yes	The study protocol was approved by the institutiona lreview board. All patients gave written informed consent to participate in this study.	No		0

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173	Lu D, Xu X, Wang J, et al. The influence of a contemporaneous portal and hepatic artery revascularization protocol on biliary complications after liver transplantation. Surgery (United States) 2014;155(1):190-95 doi: 10.1016/j.surg.2013.06.056published Online First.	Transplantation Proceedings	2015	Livers	DD	6	2002/4	2009/3	Yes	All liver grafts were obtained from brain-dead or living donors. Both the living and deceased donations were voluntary in all cases, were approved by the West China Hospital Ethics Committee, and complied with the ethical guidelines of the Declaration of Helsinki.	No		DBD
174	Lu H, He J, Wu Z, et al. Assessment of microbiome variation during the perioperative period in liver transplant patients: a retrospective analysis. Microb Ecol 2013;65(3):781-91 doi: 10.1007/s00248-013-0211-6published Online First.	Surgery (United States)	2014	Livers	DD	184	2007/1	2010/1	Yes	Institutional Review Board approval (approval number: 2012- No.174) and informed consent in writing were obtained for each individual.	Yes	The liver donation of each case conformed strictly to the regulation of the Ethical Committee in our hospital, and Organ Transplant Committee of Zhejiang province, as well as the declaration of Helsinki. No donor livers were procured from executed prisoners. All the donors were braindead, nonâ€"heart-beating donors.	DCD
175	Lu HW, Dong JH, Li CH, et al. The defects of cholangiocyte primary cilia in patients with graft cholangiopathies. Clin Transplant 2014;28(10):1202-08 Online First.	Microbial Ecology	2013	Livers		12	2011/3	2011/12	No		No		0
176	Lu NN, Huang Q, Wang JF, et al. Non-anastomotic biliary strictures following orthotopic liver transplantation: Treatment with percutaneous transhepatic biliary drainage. Hepatogastroenterology 2012;59(120):2569-72 doi: 10.5754/hge12300published Online First.	Clinical Transplantation	2014	Livers	DD	4	2008/1	2010/12	Yes	The study was approved by the ethics committeeof our institute. T	No	Thedonor livers were donated after cardiac death(DCD; Table 2).	DCD
177	Lu Q, Zhong XF, Huang ZX, et al. Role of contrast-enhanced ultrasound in decision support for diagnosis and treatment of hepatic artery thrombosis after liver transplantation. Eur J Radiol 2012;81(3):e338-e43 doi: 10.1016/j.ejrad.2011.11.015published Online First.	Hepato-Gastroenterology	2012	Livers		42	2002/1	2011/1	No		No		0
178	Lu SC, Jiang T, Lai W, et al. Reestablishment of active immunity against HBV graft reinfection after liver transplantation for HBV-related end stage liver disease. Journal of immunology research 2014;2014:764234 Online First.	European Journal of Radiology	2012	Livers		45	2005/1	2011/1	Yes	This study was approved by the Ethics Committee of our institute, and written informed consent was obtained from all the patients who received CEUS examination.	No		0
179	Luo A, Wan Q, Ye Q, et al. The clinical manifestations and distribution and resistance of pathogens among liver transplantation with infections caused by non - Fermenters: A clinical analysis of 31 patients. Hepatogastroenterology 2014;61(136):2349-52 doi: 10.5754/hge14849published Online First.	Journal of Immunology Research	2014	Livers		200	1999	2010	Yes	This study was a prospective clinical studyand was approved by the Ethics Committee of Beijing You-AnHospital (on January 4, 2006) and was performed accordingto the ethical guidelines of the 1975 Declaration of Helsinki.... Living and deceased donations werevoluntary and altruistic in all cases. All organ donations ortransplants were approved by the Institutional Review Boardof Beijing You-An Hospital, Capital Medical University,under the guidelines of the Ethics Committee of the Hospital,the current regulations of the Chinese Government, and theDeclaration of Helsinki.	No		0
180	Luo A, Zhong Z, Wan Q, et al. The distribution and resistance of pathogens among solid organ transplant recipients with Pseudomonas aeruginosa infections. Med Sci Monit 2016;22:1124-30 doi: 10.12659/MSM.896026published Online First.	Hepato-Gastroenterology	2014	Livers		31	2007/1	2014/8	Yes	The present study was approved by the two hospitals' ethics committees [that is, the Third Xiangya Hospital, Central South University, Changsha and Zhongnan Hospital, Wuhan University, Wuhan]	No		0
181	Luo XJ, Wang W, Hu SS, et al. Extracorporeal membrane oxygenation for treatment of cardiac failure in adult patients. Interact Cardiovasc Thorac Surg 2009;9(2):296-300 Online First.	Medical Science Monitor	2016	Livers		15	2003/1	2015/7	Yes	The ethics committees of both hospitals approved this study.	No		0
182	Luo YL, Yang XL, Cui JB, et al. Health-related quality of life of liver transplant recipients: A single center experience. Hepatogastroenterology 2012;59(118):1947-50 doi: 10.5754/hge12008published Online First.	Interactive Cardiovascular and Thoracic Surgery	2009	Hearts	DD	45	2005/2	2008/6	No		No		0
183	Lv Z, Cai X, Weng X, et al. Tumor-stroma ratio is a prognostic factor for survival in hepatocellular carcinoma patients after liver resection or transplantation. Surgery (United States) 2015;158(1):142-50 doi: 10.1016/j.surg.2015.02.013published Online First.	Hepato-Gastroenterology	2012	Livers		55	2009	2010	Yes	Transplantations and this study were approved by the ethics committee of West China Hospital, Sichuan University.	No		0

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184	Lv Z, Weng X, Du C, et al. Downregulation of HDAC6 promotes angiogenesis in hepatocellular carcinoma cells and predicts poor prognosis in liver transplantation patients. Mol Carcinog 2016;55(5):1024-33 doi: 10.1002/mc.22345published Online First.	Surgery (United States)	2015	Livers		112	2006/1	2013/12	Yes	All patients signed informed consent before operation for their tumor tissue and clinical characteristics to be used for research if necessary, and their individual privacy was protected. This study was approved by the Ethics Committee of Zhejiang University.	No		0
185	Lyu SQ, Ren J, Zheng RQ, et al. Contrast-enhanced sonography for diagnosing collateral transformation of the hepatic artery after liver transplantation. J Ultrasound Med 2015;34(9):1591-98 doi: 10.7863/ultra.15.14.08079published Online First.	Molecular Carcinogenesis	2016	Livers		69	2007/3	2013/3	Yes	Informed consent was obtained before tissue collection, and the study protocol was approved by the Ethics Committee of the First Affiliated Hospital of Zhejiang University.	No		0
186	Mao W, Chen J, Zheng M, et al. Initial experience of lung transplantation at a single center in China. Transplant Proc 2013;45(1):349-55 doi: 10.1016/j.transproceed.2012.02.045published Online First.	Journal of Ultrasound in Medicine	2015	Livers	DD	98	2004/4	2014/5	Yes	This study was approved by our Institutional Ethics Review Board and complied with the Declaration of Helsinki. Written informed consent was obtained from all of the recipients.	No		0
187	Mao W, Hu Y, Lou Y, et al. Immature platelet fraction values predict recovery of platelet counts following liver transplantation. Clinics and Research in Hepatology and Gastroenterology 2015;39(4):469-74 doi: 10.1016/j.clinre.2014.11.008published Online First.	Transplantation Proceedings	2013	Lungs		100	2002/6	2010/12	No		No		DBD
188	Mao WJ, Chen JY, Zheng MF, et al. Lung transplantation for end-stage silicosis. J Occup Environ Med 2011;53(8):845-49 doi: 10.1097/JOM.0b013e3182260e50published Online First.	Clinics and Research in Hepatology and Gastroenterology	2015	Livers		30	2012	2013	Yes	The study was approved by the Institutional Review Boardof the First Affiliated Hospital of Zhejiang University Collegeof Medicine, and written informed consent for participationwas obtained from all of the participants prior to enroll-ment.	No		0
189	Men TY, Wang JN, Li H, et al. Prevalence of multidrug-resistant gram-negative bacilli producing extended-spectrum ?-lactamases (ESBLs) and ESBL genes in solid organ transplant recipients. Transpl Infect Dis 2013;15(1):14-21 doi: 10.1111/tid.12001published Online First.	Journal of Occupational and Environmental Medicine	2011	Lungs		5	2002/9	2010/12	Yes	Lung transplantation was performed after approval from our transplantation assessment committee and institutional ethics committee.	No		0
190	Meng X, Chen X, Wu L, et al. The hyperlipidemia caused by overuse of glucocorticoid after liver transplantation and the immune adjustment strategy. Journal of Immunology Research 2017;2017 Online First.	Transplant Infectious Disease	2013	Livers		100	2007/4	2010/12	Yes	The protocol of this study wasapproved by our hospital ethical committee.	No		0
191	Minmin S, Zhidong G, Hao C, et al. Correlation between pharmacokinetics and pharmacodynamics of mycophenolic acid in liver transplant patients. J Clin Pharmacol 2010;50(12):1388-96 doi: 10.1177/0091270009359526published Online First.	Journal of Immunology Research	2017	Livers		38	0	0	Yes	The study was approved by the Ethics Committee of the First Hospital of Zhejiang University.	No		0
192	Mu HJ, Xie P, Chen JY, et al. Association of TNF-?, TGF-?1, IL-10, IL-6, and IFN-? gene polymorphism with acute rejection and infection in lung transplant recipients. Clin Transplant 2014;28(9):1016-24 doi: 10.1111/ctr.12411published Online First.	Journal of Clinical Pharmacology	2010	Livers	DD	24	0	0	Yes	This study protocol was approved by the independent ethics committee of Ruijin Hospital. The procedure was described in detail to all patients before admission, and informed consent was obtained.	No		0
193	Niu Y, Chen X, Feng L, et al. Anti-HBc-positive/HBsAg-negative liver donors pose a higher risk of occult HBV infection but do not cause severe histological damage in liver grafts. Clinics and Research in Hepatology and Gastroenterology 2014;38(4):475-80 Online First.	Clinical Transplantation	2014	Livers		113	2004/12	2012/11	Yes	All protocols were approved by the ethics committee of the institution before the study began, and the protocols conformed to the ethical guidelines of the 1975 Helsinki Declaration.	Yes	We did not use organs from executed prisoners	0
194	Niu YJ, Shen ZY, Xu C, et al. Establishment of tacrolimus-induced diabetes in rat model and assessment of clinical treatments for post-transplant diabetes mellitus in liver transplant recipients. Clinical Laboratory 2013;59(7-8):869-74 doi: 10.7754/Clin.Lab.2012.120913published Online First.	Clinics and Research in Hepatology and Gastroenterology	2014	Livers		19	2012/1	2012/5	Yes	The Medical Ethics Committee of the General Hospital of Chinese Peopleâ€™s Armed Police Forcesa pproved thes tudy	No		0
195	Pan C, Shi Y, Zhang JJ, et al. Single-center experience of 253 portal vein thrombosis patients undergoing liver transplantation in China. Transplant Proc 2009;41(9):3761-65 doi: 10.1016/j.transproceed.2009.06.215published Online First.	Clinical Laboratory	2013	Livers		86	2009/1	2011/1	No		No		0
196	Pan C, Wang C, Pan W, et al. Usefulness of real-time three-dimensional echocardiography to quantify global left ventricular function and mechanical dyssynchrony after heart transplantation. Acta Cardiol 2011;66(3):365-70 doi: 10.2143/AC.66.3.2114137published Online First.	Transplantation Proceedings	2009	Livers		253	1998/9	2007/7	No		Yes	No prisoners were used as donors for this study	0
197	Pan L, Zhang W, Zhang J, et al. The analysis of CD45 isoforms expression on HBV-specific T cells after liver transplantation. Med Oncol 2012;29(2):899-908 doi: 10.1007/s12032-011-9833-zpublished Online First.	Acta Cardiologica	2011	Hearts	DD	95	2005/1	2009/2	Yes	The study conformed to the principles outlined in the Declaration of Helsinki. The local ethics committee approved the study and all patients provided written informed consent to participate in the study.	No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
198	Pei F, Shang K, Jiang B, et al. Clinicopathologic study on complications of orthotopic liver transplantation in 54 patients with chronic hepatitis B viral infection. Hepatology International 2013;7(2):468-76 doi: 10.1007/s12072-013-9422-7published Online First.	Medical Oncology	2012	Livers		31	0	0	Yes	Our study was approved by the local Ethical Review Committee and performed after acquisition of written informed consent from each patient according to the Declaration of Helsinki	No		0
199	Peng C, Zhang Z, Wu J, et al. A critical role for ZDHHC2 in metastasis and recurrence in human hepatocellular carcinoma. BioMed Research International 2014;2014 Online First.	Hepatology International	2013	Livers		54	2000/8	2004/8	No		No		0
200	Qiao B, Wu J, Wan Q, et al. Factors influencing mortality in abdominal solid organ transplant recipients with multidrug-resistant gram-negative bacteremia. BMC Infect Dis 2017;17 (1) Online First.	BioMed Research International	2014	Livers		40	2006	2009	Yes	This study was approved bythe Ethical Review Committee of the First Affiliated Hospital,Zhejiang University School of Medicine, and informed con-sent was obtained according to the Declaration of Helsinki.	No		0
201	Qin J, Fang Y, Dong Y, et al. Radiological and clinical findings of 25 patients with invasive pulmonary aspergillosis: Retrospective analysis of 2150 liver transplantation cases. Br J Radiol 2012;85(1016):e429-e35 doi: 10.1259/bjr/39784231published Online First.	BMC Infectious Diseases	2017	Livers	DD	44	2003/1	2016/2	Yes	The study protocol was approved by the Third Xiangya Hospital of CentralSouth University, Medical Ethical Committee and the Zhongnan Hospital ofWuhan University, Medical Ethical Committee. The ethics committee waivedthe need for written consent provided by participants due to theretrospective nature of the study	No		DCD/DBD
202	Qin J, Xu J, Dong Y, et al. High-resolution CT findings of pulmonary infections after orthotopic liver transplantation in 453 patients. Br J Radiol 2012;85(1019):e959-e65 doi: 10.1259/bjr/26230943published Online First.	British Journal of Radiology	2012	Livers		25	2003/1	2010/1	Yes	Approval was obtained from the local institutional review board of our institution, and written informed consent was waived.	No		0
203	Qin Z, Linghu EQ. New endoscopic classification system for biliary stricture after liver transplantation. J Int Med Res 2014;42(2):566-71 doi: 10.1177/0300060513507761published Online First.	British Journal of Radiology	2012	Livers		453	2000/1	2011/1	No		No		0
204	Qiu Y, Zhu X, Wang W, et al. Nutrition support with glutamine dipeptide in patients undergoing liver transplantation. Transplant Proc 2009;41(10):4232-37 doi: 10.1016/j.transproceed.2009.08.076published Online First.	Journal of International Medical Research	2014	Livers	DD	78	2006/5	2011/9	No		No		0
205	Qu W, Zhu ZJ, Sun LY, et al. Correlation between immunosuppressive therapy and CD4⁺ T-Cell intracellular adenosine triphosphate levels in liver transplant recipients. Transplant Proc 2016;48(6):2094-97 Online First.	Transplantation Proceedings	2009	Livers		65	2002/1	2005/7	Yes	This randomized, controlled clinical study was approved by the ethical committee of our hospital. Voluntary informed consent of each patient was obtained before commencement of the investigation.	No		0
206	Qu W, Zhu ZJ, Sun LY, et al. Correlation between survival interval and CD4⁺ T-Cell intracellular ATP levels in liver transplant recipients. Transplant Proc 2017;49(2):316-21 Online First.	Transplantation Proceedings	2016	Livers		172	2010/7	2012/10	Yes	The study was proved by the Beijing Friendship Hospital Ethics Committee, and all patients gave signed informed consents.	No		0
207	Qu W, Zhu ZJ, Sun LY, et al. Salvage liver transplantation for hepatocellular carcinoma recurrence after primary liver resection. Clinics and Research in Hepatology and Gastroenterology 2015;39(1):93-97 doi: 10.1016/j.clinre.2014.07.006published Online First.	Transplantation Proceedings	2017	Livers		273	1998/12	2011/12	Yes	The study was reviewed and approved by the Ethics Committee of our hospital, and all the subjects gave signed informed consent	No		0
208	Ran JH, Zhang SN, Liu J, et al. In-hospital and follow-up outcomes of patients undergoing orthotopic liver transplantation after hepatic artery reconstruction with an iliac interposition graft. Int J Clin Exp Med 2016;9(2):3939-45 Online First.	Clinics and Research in Hepatology and Gastroenterology	2015	Livers		108	2000/4	2011/6	Yes	This study was verified and approved by Beijing Friend-ship Hospital Ethics Committee. All clinical investigation wasconducted according to the principles expressed in the Dec-laration of Helsinki. All patients were informed about thesurgical risks before the operation, and gave signed informedconsent. All consent documents were stored in the hospitaldatabase and are available upon request. All data are accessible at China Liver Transplant Registry	No		0
209	Ren J, Lu MD, Zheng RQ, et al. Evaluation of the microcirculatory disturbance of biliary ischemia after liver transplantation with contrast-enhanced ultrasound: Preliminary experience. Liver Transpl 2009;15(12):1703-08 doi: 10.1002/lt.21910published Online First.	International Journal of Clinical and Experimental Medicine	2016	Livers		34	2006/5	2010/12	Yes	Â The study was approved by the Ethics Committee of the First Peopleâ€™s Hospital of Kunming City and written consent was obtained from all donorsâ€™ immediate family and recipients.	Yes	researchers say 'written consent was obtained from all donorsâ€™ immediate family', suggesting voluntary donation.Â	DCD
210	Ren J, Zheng BW, Wang P, et al. Revealing impaired blood supply to the bile ducts on contrast-enhanced ultrasound: a novel diagnosis method to ischemic-type biliary lesions after orthotropic liver transplantation. Ultrasound Med Biol 2013;39(5):753-60 doi: 10.1016/j.ultrasmedbio.2012.12.004published Online First.	Liver Transplantation	2009	Livers		25	2007/2	2007/7	Yes	Informed consent was obtained from all patients, and the study was approved by the institutional ethics review board.	No		0

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211	Ren L, Teng M, Zhang T, et al. Donors FMO3 polymorphisms affect tacrolimus elimination in Chinese liver transplant patients. Pharmacogenomics 2017;18(3):265-75 Online First.	Ultrasound in Medicine and Biology	2013	Livers		42	2007/2	2009/12	Yes	The study was approved by the institutional ethics review board. We explained in detail the whole study to every subject especially including possible bioeffects of CEUS and obtained informed consent from all subjects.	No		0
212	Ren QQ, Fu SJ, Zhao Q, et al. Prognostic value of preoperative peripheral monocyte count in patients with hepatocellular carcinoma after liver transplantation. Tumor Biology 2016;37(7):8973-78 Online First.	Pharmacogenomics	2017	Livers		110	2007/7	2012/3	Yes	This research was approved by the Ethics Committee of Shanghai Jiao Tong University. Informed written consent was obtained according to the Declaration of Helsinki.	No		0
213	Ren X, Guan J, Gao N, et al. Evaluation of pediatric liver transplantation-related artery complications using intra-operative multi-parameter ultrasonography. Med Sci Monit 2016;22:4495-502 Online First.	Tumor Biology	2016	Livers	DD	101	2009/1	2013/5	No		No		0
214	Ren X, Luo Y, Gao N, et al. Common ultrasound and contrast-enhanced ultrasonography in the diagnosis of hepatic artery pseudoaneurysm after liver transplantation. Exp Ther Med 2016;12(2):1029-33 Online First.	Medical Science Monitor	2016	Livers	DD	10	2007/5	2015/8	Yes	All the surgeries for the donors and recipients were approved by the Ethics Committee of our hospital before the surgery (2007-39-J2), and the informed consent forms were signed.	No		DBD
215	Sha J, Tao Y, Li D, et al. Outcome of heart transplantations done in our centre. Ann Transplant 2008;13(3):27-29 Online First.	Experimental and Therapeutic Medicine	2016	Livers		2085	2005/1	2015/11	Yes	The present study was approved by the Ethics Committee of the General Hospital of Chinese People's Armed Police Forces. Written informed consent for the CEUS examination was obtained	No		0
216	Shan Y, Shen N, Han L, et al. MicroRNA-499 Rs3746444 polymorphism and biliary atresia. Dig Liver Dis 2016;48(4):423-28 Online First.	Annals of Transplantation	2008	Hearts	DD	10	2004/5	2006/2	No		No		0
217	Shaoyin D, Yongmei Y, Tong S, et al. Follow-up examination of 12 heart transplant recipients with cardiac CT. Clin Imaging 2012;36(6):732-38 doi: 10.1016/j.clinimag.2012.02.004published Online First.	Digestive and Liver Disease	2016	Livers	DD	36	2006/1	2014/7	Yes	The protocol was approved by the ResearchEthicsCommitteeoftheRenjiHospital,SchoolofMedicine,Shanghai,JiaotongUni-versity.	No		DCD
218	Shen C, Peng C, Shen B, et al. Sirolimus and metformin synergistically inhibit hepatocellular carcinoma cell proliferation and improve long-term survival in patients with HCC related to hepatitis B virus induced cirrhosis after liver transplantation. Oncotarget 2016;7(38):62647-56 Online First.	Clinical Imaging	2012	Hearts	DD	12	2006/6	2011/9	Yes	was approved by institutional ethic committee of the hospital and agreed by the subjects or their families	No		0
219	Shen JY, Li C, Wen TF, et al. Liver transplantation versus surgical resection for CC meeting the Milan criteria: A propensity score analysis. Medicine (United States) 2016;95(52) doi: 10.1097/MD.0000000000005756published Online First.	Oncotarget	2016	Livers		133	2001/1	2013/12	No		No		0
220	Shen Z, Zhu Z, Zhang Y, et al. Liver transplantation at Tianjin First Central Hospital. Clin Transpl 2005:221-23 Online First.	Medicine (United States)	2016	Livers		102	2001/1	2014/12	Yes	Written informed consent was obtained from all patients and was stored in the hospital database and used for research purposes. This study was approved by the ethics committee of the West China Hospital, and it was conducted in accordance with the Declaration of Helsinki.	No		0
221	Shen ZY, Zheng WP, Deng YL, et al. Variations in the S and P regions of the hepatitis B virus genome under immunosuppression in vitro and in vivo. Viral Immunol 2012;25(5):368-78 Online First.	Clinical transplants	2005	Livers		1803	1998/8	2005/9	No		No		0
222	Sheng H, Lu Y, Chen H. Ocular complications of heart transplantation in a Chinese population. Transplant Proc 2008;40(10):3590-93 doi: 10.1016/j.transproceed.2008.06.081published Online First.	Viral Immunology	2012	Livers		34	2002/6	2003/12	Yes	The study wasapproved by the hospitalâ€™s research and ethics committee.	No		0
223	Sheng L, Jun S, Jianfeng L, et al. The effect of sirolimus-based immunosuppression vs. conventional prophylaxis therapy on cytomegalovirus infection after liver transplantation. Clin Transplant 2015;29(6):555-59 doi: 10.1111/ctr.12552published Online First.	Transplantation Proceedings	2008	Hearts	DD	138	2000/5	2005/10	Yes	This study was approved by our Ethics Committee, which waived the need for individual consent forms for this retrospective analysis.	No		0
224	Shi F, Zhang JY, Zeng Z, et al. Skewed ratios between CD3⁺ T cells and monocytes are associated with poor prognosis in patients with HBV-related acute-on-chronic liver failure. Biochem Biophys Res Commun 2010;402(1):30-36 Online First.	Clinical Transplantation	2015	Livers	DD	127	2008	2013	No		No		DCD
225	Shi R, Shen ZY, Teng da H, et al. Gallstones in liver transplant recipients: A single-center study in China. Turkish Journal of Gastroenterology 2015;26(5):429-34 Online First.	Biochemical and Biophysical Research Communications	2010	Livers		10	0	0	No		No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
226	Shi SH, Kong HS, Jia CK, et al. Risk factors for pneumonia caused by multidrug-resistant Gram-negative bacilli among liver recipients. Clin Transplant 2010;24(6):758-65 Online First.	Turkish Journal of Gastroenterology	2015	Livers		1640	1994/5	2011/7	Yes	This study was conducted in accordance with the declaration of Helsinki and with approval from the ethics committee of Tianjin Medical University. Signed consent forms were obtained from all participants.	No		0
227	Shi SH, Kong HS, Xu J, et al. Multidrug resistant gram-negative bacilli as predominant bacteremic pathogens in liver transplant recipients. Transpl Infect Dis 2009;11(5):405-12 doi: 10.1111/j.1399-3062.2009.00421.xpublished Online First.	Clinical Transplantation	2010	Livers		475	2002/1	2006/12	No		No		0
228	Shi Y, Li Y, Tang J, et al. Influence of CYP3A4, CYP3A5 and MDR-1 polymorphisms on tacrolimus pharmacokinetics and early renal dysfunction in liver transplant recipients. Gene 2013;512(2):226-31 doi: 10.1016/j.gene.2012.10.048published Online First.	Transplant Infectious Disease	2009	Livers		475	2003/1	2006/12	Yes	This study was approved by our hospital ethical committee.	No		0
229	Shi Z, Yan L, Zhao J, et al. Prevention and treatment of rethrombosis after liver transplantation with an implantable pump of the portal vein. Liver Transpl 2010;16(3):324-31 doi: 10.1002/lt.21988published Online First.	Gene	2013	Livers		216	2000/4	2008/3	Yes	This study was approved by the West China Hospital.	No		0
230	Song SH, Li XX, Wan QQ, et al. Risk factors for mortality in liver transplant recipients with ESKAPE infection. Transplant Proc 2014;46(10):3560-63 doi: 10.1016/j.transproceed.2014.08.049published Online First.	Liver Transplantation	2010	Livers	DD	275	1999/2	2007/12	Yes	Written, informed consent was obtained from all patients for the inclusion of their data in this study, which was approved by the Huaxi Ethics Committee and conformed with the ethical guidelines of the 1975 Declaration of Helsinki.	No		BDD
231	Su H, Liu Z, Sun Y, et al. Efficacy and safety of low accelerating dose regimen of interferon/ribavirin antiviral therapy in patients with hepatitis C virus recurrence after liver transplantation. Ann Transplant 2015;20:263-68 doi: 10.12659/AOT.892255published Online First.	Transplantation Proceedings	2014	Livers		51	2007/1	2014/5	Yes	The present study was approved by the two hospitalsâ€™ ethics committees.	No		0
232	Su H, Ye Q, Wan Q, et al. Predictors of mortality in abdominal organ transplant recipients with pseudomonas aeruginosa infections. Ann Transplant 2016;21 Online First.	Annals of Transplantation	2015	Livers		31	2005/1	2010/12	Yes	This study was approved by the Ethics Committees of Beijing 302 Hospital.	No		0
233	Sun B, Li XY, Gao JW, et al. Population pharmacokinetic study of cyclosporine based on NONMEM in Chinese liver transplant recipients. Ther Drug Monit 2010;32(6):715-22 doi: 10.1097/FTD.0b013e3181fb6ce3published Online First.	Annals of Transplantation	2016	Livers		310	2003/1	2015/6	Yes	The Third Xiangya Hospital, Central South University and the Zhongnan Hospital, Wuhan University, Medical Ethical Committee approved the study protocol prior to patient identification and data collection.	No		0
234	Sun H, Teng M, Liu J, et al. FOXM1 expression predicts the prognosis in hepatocellular carcinoma patients after orthotopic liver transplantation combined with the Milan criteria. Cancer Lett 2011;306(2):214-22 doi: 10.1016/j.canlet.2011.03.009published Online First.	Therapeutic Drug Monitoring	2010	Livers		124	2000	2007	Yes	The study was conducted in accordance with the Declaration of Helsinki and its amendments. Approval was obtained from the First Peopleâ€™s Hospital Affiliated to Shanghai Jiao Tong University Medical Research Ethics Committee to collect pharmacokinetic, demographic, and covariate data retrospectively from patient medical records.	No		0
235	Sun J, Cao G, Zhang L, et al. Human cytomegalovirus (CMV) UL97 D605E mutation has a higher prevalence in infants with primary CMV infection compared with transplant recipients with CMV recurrence. Transplant Proc 2012;44(10):3022-25 doi: 10.1016/j.transproceed.2012.06.069published Online First.	Cancer Letters	2011	Livers	DD	5	2001/10	2009/4	Yes	Ethical approval from the Institutional Review Board of Shanghai Jiaotong University and informed written consent was obtained from each patient or their guardians for use of the tissue specimens.	No		0
236	Sun XY, Dong JH, Qin K, et al. Single center study on transplantation of livers donated after cardiac death: A report of 6 cases. Exp Ther Med 2016;11(3):988-92 doi: 10.3892/etm.2016.3001published Online First.	Transplantation Proceedings	2012	Livers		69	2002/1	2009/6	Yes	The study was approved by our Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians	No		0
237	Sun Y, Yin S, Xie H, et al. Immunophenotypic shift of memory CD8 T cells identifies the changes of immune status in the patients after liver transplantation. Scand J Clin Lab Invest 2009;69(7):789-96 doi: 10.3109/00365510903268818published Online First.	Experimental and Therapeutic Medicine	2016	Livers	DD	6	2011/1	2013/12	Yes	with the approval of the Medical Ethics Committee at this institution	Yes	The donation procedure followed the DCD guidelines of China	DCD
238	Teng da H, Zhu ZJ, Zheng H, et al. Effect of steatosis donor liver transplantation on hepatocellular carcinoma recurrence: experience at a single institution. Hepatogastroenterology 2012;59(115):858-62 Online First.	Scandinavian Journal of Clinical and Laboratory Investigation	2009	Livers		62	0	0	Yes	This study was approved by the local medical ethics committee and all participants gave their informed consents.	No		0
239	Teng F, Han QC, Ding GS, et al. Validation of a criteria-specific long-term survival prediction model for hepatocellular carcinoma patients after liver transplantation. Sci Rep 2015;5:11733 Online First.	Hepato-Gastroenterology	2012	Livers	DD	131	2007/1	2008/12	Yes	Signed informed consent forms were obtained from all patients to allow sample collection before undergoing OLT. This study was reviewed and approved by the Ethics Committee of First Center Hospital Clinic Institute, Tianjin Medical University.	No		DCD

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240	Tu Z, Xiang P, Xu X, et al. DCD liver transplant infection: Experience from a single centre in China. Int J Clin Pract 2016;70:3-10 doi: 10.1111/ijcp.12810published Online First.	Scientific Reports	2015	Livers	DD	1309	1980/1	2008/6	Yes	The study proposal, which was consistent with the ethical guidelines of the 1975 Declaration of Helsinki, was presented to CLTR and approved by Scientific Committee of CLTR in 2013. According to CLTR policy, researchers cannot obtain original data, and the statistical analysis is independently conducted by the CLTR system and statisticians complying with the study proposal. All methods were performed in accordance with the approved guidelines for CLTR clinical studies.	No		0
241	Vitale A, Cucchetti A, Qiao GL, et al. Is resectable hepatocellular carcinoma a contraindication to liver transplantation? A novel decision model based on "number of patients needed to transplant" as measure of transplant benefit. J Hepatol 2014;60(6):1165-71 doi: 10.1016/j.jhep.2014.01.022published Online First.	International Journal of Clinical Practice	2016	Livers	DD	257	2010/10	2015/5	Yes	Our study follows the guidelines of the Ethics Committee of our hospital and the Declaration of Helsinki.	No	Donor factors were released from the China Liver Transplant Registry (CLTR). WR Do not clearly state that donors were voluntary. WITs are short (less than 10 min) so not clearly either executions or deaths after withdrawal.	DCD
242	Wan P, Xia Q, Zhang JJ, et al. Liver transplantation for hepatocellular carcinoma exceeding the Milan criteria: A single-center experience. J Cancer Res Clin Oncol 2014;140(2):341-48 doi: 10.1007/s00432-013-1576-0published Online First.	Journal of Hepatology	2014	Livers		441	2000/1	2011/12	No		No		0
243	Wan P, Zhang J, Long X, et al. Serum levels of preoperative ?-fetoprotein and CA19-9 predict survival of hepatic carcinoma patients after liver transplantation. Eur J Gastroenterol Hepatol 2014;26(5):553-61 doi: 10.1097/MEG.0000000000000070published Online First.	Journal of Cancer Research and Clinical Oncology	2014	Livers	DD	114	2007/1	2010/12	Yes	Organ donations and transplantations in the study were carried out in strict accordance with the regulation of Shanghai Organ Transplant Committee and the declaration of Helsinki. All of the living organs were donated with an informed consent	No		DBD + DCD
244	Wan Q, Ye Q, Su T, et al. The epidemiology and distribution of pathogens and risk factors for mortality in liver transplant recipients with gram negative bacteremia. Hepatogastroenterology 2014;61(134):1730-33 doi: 10.5754/hge14504published Online First.	European Journal of Gastroenterology and Hepatology	2014	Livers	DD	189	2007/1	2010/6	Yes	Organ donation or transplantation in the study was strictly implemented under the regulation of Shanghai Organ Transplant Committee and the Declaration of Helsinki. Ethical approval was obtained from the Committee of Ethics at Ren Ji Hospital. All of the living organs were donated with informed consent	No		DBD + DCD
245	Wan QQ, Ye QF, Ming YZ, et al. The risk factors for mortality in deceased donor liver transplant recipients with bloodstream infections. Transplant Proc 2013;45(1):305-07 doi: 10.1016/j.transproceed.2012.06.080published Online First.	Hepato-Gastroenterology	2014	Livers		35	2002/1	2014/4	Yes	upon approval by ethical committees of Third Xiangya Hospital, Central South University, Changsha and Zhongnan Hospital, Wuhan University, Wuhan, China, ...	No		0
246	Wang B, He HK, Cheng B, et al. Effect of low central venous pressure on postoperative pulmonary complications in patients undergoing liver transplantation. Surg Today 2013;43(7):777-81 doi: 10.1007/s00595-012-0419-ypublished Online First.	Transplantation Proceedings	2013	Livers	DD	43	2002/1	2012/1	Yes	The present study was approved by our hospital ethical committee.	No		0
247	Wang C, Wang G, Yi H, et al. Symptom experienced three years after liver transplantation under immunosuppression in adults.[Erratum appears in PLoS One. 2013;8(12). doi:10.1371/annotation/161a6145-d670-408a-a9fc-a1107b57724a]. PLoS ONE [Electronic Resource] 2013;8(11):e80584 Online First.	Surgery Today	2013	Livers	DD	65	2003/6	2009/12	Yes	This study was conducted under the approval of the Ethical Committee of Chongqing Medical University. Informed consent was obtained from all patients before transplantation.	No		0
248	Wang CM, Li X, Song S, et al. Newly designed y-configured single-catheter stenting for the treatment of hilar-type nonanastomotic biliary strictures after orthotopic liver transplantation. Cardiovasc Intervent Radiol 2012;35(1):184-89 doi: 10.1007/s00270-011-0214-ypublished Online First.	PLoS ONE [Electronic Resource]	2013	Livers		94	0	0	Yes	This study was approved by the ethics committee of the Third Affiliated Hospital of Sun Yat-sen University in Guangzhou, China. Written informed consent was obtained prior to data collection.	No		0
249	Wang E, Nie Y, Zhao Q, et al. Circulating miRNAs reflect early myocardial injury and recovery after heart transplantation. J Cardiothorac Surg 2013;8(1) doi: 10.1186/1749-8090-8-165published Online First.	CardioVascular and Interventional Radiology	2012	Livers	DD	10	2000/7	2010/7	Yes	Study approval was obtained from the internal review board of the hospital.	No		0
250	Wang G, Yang J, Li M, et al. Liver transplant may improve erectile function in patients with benign end-stage liver disease: Single-center Chinese experience. Exp Clin Transplant 2013;11(4):332-38 doi: 10.6002/ect.2012.0102published Online First.	Journal of Cardiothoracic Surgery	2013	Hearts	DD	7	2011/7	2011/8	Yes	The protocol of this study was carried out according to the principles of the Declaration of Helsinki and approved by the Medical Ethics Committee of Cardiovascular Institute and Fu Wai Hospital. Written informed consent was obtained from all the participants before enrolment.	No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
251	Wang GY, Jiang N, Yi HM, et al. Pretransplant elevated plasma fibrinogen level is a novel prognostic predictor for hepatocellular carcinoma recurrence and patient survival following liver transplantation. Ann Transplant 2016;21:125-30 doi: 10.12659/AOT.895416published Online First.	Experimental and Clinical Transplantation	2013	Livers		60	2003/10	2008/12	Yes	The study was approved by the Institutional Ethics Review Board Committee of the Third Affiliated Hospital of Sun Yat- Sen University. All protocols conformed with the ethical guidelines of the 1975 Helsinki Declaration, and written, informed consent was obtained from all patients.	No		0
252	Wang GY, Li H, Liu W, et al. Elevated blood eosinophil count is a valuable biomarker for predicting late acute cellular rejection after liver transplantation. Transplant Proc 2013;45(3):1198-200 Online First.	Annals of Transplantation	2016	Livers	DD	41	2007/10	2009/1	No		No		DCD
253	Wang GY, Yang Y, Li H, et al. A scoring model based on neutrophil to lymphocyte ratio predicts recurrence of HBV-associated hepatocellular carcinoma after liver transplantation. PLoS One 2011;6(9) doi: 10.1371/journal.pone.0025295published Online First.	Transplantation Proceedings	2013	Livers		37	0	0	No		No		0
254	Wang J, Liu JJ, Liang YY, et al. Could diffusion-weighted imaging detect injured bile ducts of ischemic-type biliary lesions after orthotopic liver transplantation? American Journal of Roentgenology 2012;199(4):901-06 doi: 10.2214/AJR.11.8147published Online First.	PLoS ONE	2011	Livers		101	2003/10	2009/6	No	Â	No		0
255	Wang J, Yang W, Huang Q, et al. Interventional treatment for portal venous occlusion after liver transplantation: Long-term follow-up results. Medicine (United States) 2015;94(4) doi: 10.1097/MD.0000000000000356published Online First.	American Journal of Roentgenology	2012	Livers		55	2005/4	2009/11	Yes	Informed consent was obtained from all patients, and the study was approved by the institutional ethics review board	No		0
256	Wang JF, Zhai RY, Wei BJ, et al. Percutaneous intravascular stents for treatment of portal venous stenosis after liver transplantation: midterm results. Transplant Proc 2006;38(5):1461-62 doi: 10.1016/j.transproceed.2006.02.113published Online First.	Medicine (United States)	2015	Livers	DD	12	2007/7	2013/4	Yes	This study was approved by the Institutional Review Board, Chaoyang Hospital, Beijing, China. Informed consent was obtained from each patient prior to all procedures	No		0
257	Wang K, Zhu ZJ, Zheng H, et al. Protective hepatitis B surface antibodies in blood and ascites fluid in the early stage after liver transplantation for hepatitis B diseases. Hepatology Research 2012;42(3):280-87 doi: 10.1111/j.1872-034X.2011.00926.xpublished Online First.	Transplantation Proceedings	2006	Livers		10	2004/4	2005/5	No		No		0
258	Wang L, Li N, Wang MX, et al. Benefits of minimizing immunosuppressive dosage according to cytochrome P450 3A5 genotype in liver transplant patients: Findings from a single-center study. Genetics and Molecular Research 2015;14(2):3191-99 doi: 10.4238/2015.April.10.31published Online First.	Hepatology Research	2012	Livers		26	2006/11	2007/2	Yes	All subjects signed the Informed Consent Form. The study protocol was approved by the institutional review board of the hospital and the study was also conducted in accordance with the principles delineated in the Declaration of Helsinki and the State Food and Drug Administration.	No		0
259	Wang L, Zang Y, Lu S, et al. Efficacy of sirolimus on ischemic-type biliary lesions after liver transplantation. Int J Clin Exp Med 2017;10(1):1151-55 Online First.	Genetics and Molecular Research	2015	Livers	DD	206	2010/1	2012	Yes	The study was approved by the hospital Ethics Committee [approval number: 2013 (8)]	No		0
260	Wang LJ, Liu ZR, Zhang YM, et al. Clinical analysis of liver transplantation for benign liver tumor. Int J Clin Exp Med 2016;9(11):22691-95 Online First.	International Journal of Clinical and Experimental Medicine	2017	Livers		52	2004/5	2016/4	No		No		0
261	Wang P, Li H, Shi B, et al. Prognostic factors in patients with recurrent hepatocellular carcinoma treated with salvage liver transplantation: A singlecenter study. Oncotarget 2016;7(23):35071-83 Online First.	International Journal of Clinical and Experimental Medicine	2016	Livers	DD	15	2001	2014	No		No		0
262	Wang P, Song W, Li H, et al. Association between donor and recipient smoothened gene polymorphisms and the risk of hepatocellular carcinoma recurrence following orthotopic liver transplantation in a Han Chinese population. Tumor Biology 2015;36(10):7807-15 doi: 10.1007/s13277-015-3370-xpublished Online First.	Oncotarget	2016	Livers		74	2001/10	2013/2	Yes	This study was approved by the Institutional Review Board of the Shanghai General Hospital, Shanghai Jiao Tong University School of Medicine, and was conducted according to the 1964 Helsinki Declaration and its later amendments	No		0
263	Wang P, Wang C, Li H, et al. Impact of age on the prognosis after liver transplantation for patients with hepatocellular carcinoma: A single-center experience. Onco Targets Ther 2015;8:3775-81 doi: 10.2147/OTT.S93939published Online First.	Tumor Biology	2015	Livers		76	2001/7	2012/8	Yes	Informed consent was obtained from every donor and recipient. Each organ donation or transplant was approved by the Institutional Review Board Liver Transplantation Surgery, Shanghai First Peopleâ€™s Hospital, Shanghai, China, under the guidelines of the Ethics Committee of the hospital, and the Declaration of Helsinki	No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
264	Wang PL, Wang J, Zhou Y, et al. Expression of programmed death-1 and its ligands in the liver of biliary atresia. World J Pediatr 2017:1-7 Online First.	OncoTargets and Therapy	2015	Livers	DD	290	2001/1	2011/12	Yes	This study was approved by the Institutional Review Board for Liver Transplantation Surgery, Shanghai First Peopleâ€™s Hospital, Shanghai, Peopleâ€™s Republic of China, under the guidelines of the Ethics Committee of the hospital and in accordance with the Declaration of Helsinki	No		0
265	Wang S, Li J, Xie A, et al. Dynamic changes in Th1, Th17, and FoxP3+ T cells in patients with acute cellular rejection after cardiac transplantation. Clin Transplant 2011;25(2):E177-E86 doi: 10.1111/j.1399-0012.2010.01362.xpublished Online First.	World Journal of Pediatrics	2017	Livers		15	2014/7	2015/7	Yes	Ethical approval: Informed consent was obtained from each enrolled donor and the patient's parent or guardian before sample collection. The experimental protocol was approved by the Ethics Committee at Xinhua Hospital	No		0
266	Wang SY, Tang HM, Chen GQ, et al. Effect of ursodeoxycholic acid administration after liver transplantation on serum liver tests and biliary complications: A randomized clinical trial. Digestion 2012;86(3):208-17 doi: 10.1159/000339711published Online First.	Clinical Transplantation	2011	Hearts	DD	24	0	0	Yes	the study was approved by a local medical ethical committee for reviewing clinical study.	No		0
267	Wang W, Ye Y, Wang T, et al. Prognostic prediction of male recipients selected for liver transplantation: With special attention to neutrophil to lymphocyte ratio. Hepatology Research 2016;46(9):899-907 doi: 10.1111/hepr.12633published Online First.	Digestion	2012	Livers	DD	112	2005/5	2008/4	Yes	Informed consent was obtained from each patient included in the study. DCD livers were neither from executed prisoners nor from other institutionalized persons. The study protocol conformed to the ethical guidelines of the 2000 Declaration of Helsinki and was a priori approved by the Medical Ethics Committee of our institution. Our institution also adheres to the Declaration of Istanbul on Organ Trafficking and Transplant Tourism. This trial was registered in http://clinicaltrial.gov (NCT01073202).	Yes	DCD livers were neither from executed prisoners nor from other institutionalized persons.	DCD
268	Wang WL, Jin J, Zheng SS, et al. Tacrolimus dose requirement in relation to donor and recipient ABCB1 and CYP3A5 gene polymorphisms in Chinese liver transplant patients. Liver Transpl 2006;12(5):775-80 doi: 10.1002/lt.20709published Online First.	Hepatology Research	2016	Livers	DD	248	2002/1	2012/12	Yes	All participants provided full written informed consents, and ethical approval was obtained from the Committee of Ethics in Biomedical Research of Zhejiang University.	No		0
269	Wang Y, Liu Y, Han R, et al. Hemostatic variation during perioperative period of orthotopic liver transplantation without venovenous bypass. Thromb Res 2008;122(2):161-66 doi: 10.1016/j.thromres.2007.10.002published Online First.	Liver Transplantation	2006	Livers	DD	50	2004/7	2005/3	No		No		0
270	Wang Y, Liu Y, Han R, et al. Monitoring of CD95 and CD38 expression in peripheral blood T lymphocytes during active human cytomegalovirus infection after orthotopic liver transplantation. Journal of Gastroenterology and Hepatology (Australia) 2010;25(1):138-42 doi: 10.1111/j.1440-1746.2009.05966.xpublished Online First.	Thrombosis Research	2008	Livers	DD	20	2004	2004	Yes	The present study was approved by the institutional ethics committee of our institute. The informed consent was obtained from each patient. All recipients received liver from cadaveric donors. The procedure met all applicable institutional guidelines of the Tianjin First Central Hospital, Tianjin Medical University, China, and Chinese governmental regulations concerning the ethical use of donated organs.	No		0
271	Wang Y, Liu Y, Han R, et al. Temporal evolution of soluble Fas and Fas ligand in patients with orthotopic liver transplantation. Cytokine 2008;41(3):240-43 doi: 10.1016/j.cyto.2007.11.010published Online First.	Journal of Gastroenterology and Hepatology (Australia)	2010	Livers	DD	44	2004	2004	Yes	The present study was approved by the institutional ethics committee of our institute. Informed consent was obtained from each recipient. All recipients had undergone OLT (donor livers were from cadaveric donors who voluntarily donated). No organs were obtained from executed prisoners. The procedure met all applicable institutional guidelines of the Tianjin First Central Hospital, Tianjin Medical University, China, and Chinese governmental regulations concerning the ethical use of donated organs.	Yes	All recipients had undergone OLT (donor livers were from cadaveric donors who voluntarily donated). No organs were obtained from executed prisoners	0
272	Wang Y, Liu Y, Zhang Y, et al. The role of the CD95, CD38 and TGF?1 during active human cytomegalovirus infection in liver transplantation. Cytokine 2006;35(3-4):193-99 doi: 10.1016/j.cyto.2006.08.001published Online First.	Cytokine	2008	Livers	DD	20	0	0	No		No		0
273	Wang Y, Shen Z, Zhu Z, et al. Clinical values of AFP, GPC3 mRNA in peripheral blood for prediction of hepatocellular carcinoma recurrence following OLT. Hepatitis Monthly 2011;11(3):195-99 Online First.	Cytokine	2006	Livers	DD	30	2003	2004	No		No		0

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274	Wang Y, Zhang M, Liu ZW, et al. The ratio of circulating regulatory T cells (Tregs)/Th17 cells is associated with acute allograft rejection in liver transplantation. PLoS One 2014;9(11) doi: 10.1371/journal.pone.0112135published Online First.	Hepatitis Monthly	2011	Livers		29	2008/1	2008/12	Yes	The present study was approved by the Institutional Ethics Committee of our institute. The informed consent was obtained from each patient. The procedure met all applicable institutional guidelines of our institute, and governmental regulations concerning the ethical use of donated organs.	Yes	All recipients had undergone successful OLT (livers were from cadaveric donors who voluntarily donated). No organs were obtained from executed prisoners.	0
275	Wang YI, Li G, Zhang Y, et al. The expression of von Willebrand factor, soluble thrombomodulin, and soluble p-selectin during orthotopic liver transplantation. Transplant Proc 2007;39(1):172-75 doi: 10.1016/j.transproceed.2006.10.027published Online First.	PLoS ONE	2014	Livers	DD	38	0	0	Yes	The study protocol was approved by the institutional review board of Beijing 302 hospital.	No		0
276	Wang YL, Li G, Wu D, et al. Analysis of alpha-fetoprotein mRNA level on the tumor cell hematogenous spread of patients with hepatocellular carcinoma undergoing orthotopic liver transplantation. Transplant Proc 2007;39(1):166-68 doi: 10.1016/j.transproceed.2006.10.008published Online First.	Transplantation Proceedings	2007	Livers		20	2004	2004	No		No		0
277	Wang YL, Tang ZQ, Gao W, et al. Influence of Th1, Th2, and Th3 cytokines during the early phase after liver transplantation. Transplant Proc 2003;35(8):3024-25 doi: 10.1016/j.transproceed.2003.10.007published Online First.	Transplantation Proceedings	2007	Livers		30	2004	2004	No		No		0
278	Wang YL, Zhang YY, Zhou YL, et al. T-helper and T-cytotoxic cell subsets monitoring during active cytomegalovirus infection in liver transplantation. Transplant Proc 2004;36(5):1498-99 doi: 10.1016/j.transproceed.2004.05.032published Online First.	Transplantation Proceedings	2003	Livers		25	0	0	No		No		0
279	Wang Z, Gong W, Shou D, et al. Clonal origin of hepatocellular carcinoma and recurrence after liver transplantation. Ann Transplant 2016;21:484-90 Online First.	Transplantation Proceedings	2004	Livers		30	2002	2002	No		No		0
280	Wang Z, He JJ, Liu XY, et al. The evaluation of enteric-coated mycophenolate sodium in cardiac deceased donor liver transplant patients in China. Immunopharmacol Immunotoxicol 2015;37(6):508-12 doi: 10.3109/08923973.2015.1096286published Online First.	Annals of Transplantation	2016	Livers		60	2007/8	2012/12	Yes	The study was approved by the hospital ethics committee and was performed in compliance with the guidelines for the use of donated organs at Tianjin First Center Hospital Patients pro-vided informed consent for the study	No		0
281	Wang Z, Liao J, Wu S, et al. Recipient C6 rs9200 genotype is associated with hepatocellular carcinoma recurrence after orthotopic liver transplantation in a Han Chinese population. Cancer Gene Ther 2016;23(6):157-61 doi: 10.1038/cgt.2016.7published Online First.	Immunopharmacology and Immunotoxicology	2015	Livers	DD	92	0	0	Yes	The study was performed according to recommendations of the Declaration of Helsinki in 1975, and it was approved by the ethic committee of Zhe Jiang University. Informed written consent was obtained from all patients.	No	The liver was routinely procured from donations after cardiac death (DCD). The most common course of death was craniocerebral trauma.	DCD
282	Wang Z, Shi B, Jin H, et al. Low-dose of tacrolimus favors the induction of functional CD4+CD25+FoxP3+ regulatory T cells in solid-organ transplantation. Int Immunopharmacol 2009;9(5):564-69 doi: 10.1016/j.intimp.2009.01.029published Online First.	Cancer Gene Therapy	2016	Livers		71	2007/7	2012/3	Yes	This research was approved by the Institutional Review Board of the First Affiliated Hospital, Jiao Tong University, under the strict guidelines of the Ethics Committee of the hospital, the current regulation of the Chinese Government and the Declaration of Helsinki. Informed consent was obtained from all the donors and recipients.	No		0
283	Wang Z, Wu S, Chen D, et al. Influence of TLR4 rs1927907 locus polymorphisms on tacrolimus pharmacokinetics in the early stage after liver transplantation. Eur J Clin Pharmacol 2014;70(8):925-31 doi: 10.1007/s00228-014-1673-2published Online First.	International Immunopharmacology	2009	Livers		25	0	0	Yes	This study was approved by the Medical Ethical Committee of our hospital, and an appropriate informed consent was obtained from all patients.	No		0
284	Wang ZX, Fu ZR, Ding GS, et al. Prevention of hepatitis B virus reinfection after orthotopic liver transplantation. Transplant Proc 2004;36(8):2315-7 Online First.	European Journal of Clinical Pharmacology	2014	Livers		86	2007/7	2011/2	Yes	The protocol was conducted in accordance with the Declaration of Helsinki and its amendments and was approved by the Ethics Committee of Shanghai Jiaotong University. All patients provided written informed consent.	No		0
285	Wang ZX, Song SH, Teng F, et al. A single-center retrospective analysis of liver transplantation on 255 patients with hepatocellular carcinoma. Clin Transplant 2010;24(6):752-57 doi: 10.1111/j.1399-0012.2009.01172.xpublished Online First.	Transplantation Proceedings	2004	Livers		68	2002/1	2003/7	No		No		0

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286	Wang ZX, Yan LN, Wang WT, et al. Impact of pretransplant MELD score on posttransplant outcome in orthotopic liver transplantation for patients with acute-on-chronic hepatitis b liver failure. Transplant Proc 2007;39(5):1501-04 doi: 10.1016/j.transproceed.2007.02.070published Online First.	Clinical Transplantation	2010	Livers	DD	251	2001/12	2007/12	No		No		0
287	Wei Q, Xu X, Wang C, et al. Efficacy and safety of a steroid-free immunosuppressive regimen after liver transplantation for hepatocellular carcinoma. Gut and Liver 2016;10(4):604-10 doi: 10.5009/gnl15017published Online First.	Transplantation Proceedings	2007	Livers		42	1999/12	2005/11	No		No		0
288	Wei Y, Zhang L, Lin H, et al. Factors related to post-liver transplantation acute renal failure. Transplant Proc 2006;38(9):2982-84 doi: 10.1016/j.transproceed.2006.08.156published Online First.	Gut and Liver	2016	Livers	DD	166	2009/4	2011/6	Yes	Each organ donation and transplantation strictly followed the guidelines of the Ethics Committee of the First Affiliated Hospital, Zhejiang University School of Medicine (approval number: 2013-12), the current regulation of the Chinese government and the Declaration of Helsinki 2004. Informed consent was obtained from all patients.	No		DCD, OT
289	Wei YJ, Huang YX, Zhang XL, et al. Apolipoprotein D as a novel marker in human end-stage heart failure: A preliminary study. Biomarkers 2008;13(5):535-48 Online First.	Transplantation Proceedings	2006	Livers		82	1999	2002	No		No		0
290	Wei-lin W, Jing J, Shu-sen Z, et al. Tacrolimus dose requirement in relation to donor and recipient ABCB1 and CYP3A5 gene polymorphisms in Chinese liver transplant patients. Liver Transpl 2006;12(5):775-80 Online First.	Biomarkers	2008	Hearts	DD	6	0	0	Yes	All patients and control subjects gave written informed consent for thisinvestigation, which was approved by the Institutional Ethical Review Board of Fu WaiHospital	No		0
291	Wen O, Li X, Wan Q, et al. The risk factors for mortality and septic shock in liver transplant recipients with ESKAPE bacteremia. Hepatogastroenterology 2015;62(138):246-49 doi: 10.5754/hge14092published Online First.	Liver Transplantation	2006	Livers	DD	50	2004/7	2005/3	Yes	This study was conducted in accordance with the Declaration of Helsinki and its amendments.	No		0
292	Wu B, Wu H, Chen J, et al. Comparative proteomic analysis of human donor tissues during orthotopic liver transplantation: Ischemia versus reperfusion. Hepatology International 2013;7(1):286-98 doi: 10.1007/s12072-012-9346-7published Online First.	Hepato-Gastroenterology	2015	Livers		37	2002/1	2013/9	Yes	The present study was approved by the two hospitals' ethics committees.	No		0
293	Wu CZ, Ni XJ, Zheng SL, et al. A fast SSP-PCR method for genotyping the ATP-binding cassette subfamily B member 1 gene C3435T and G2677T polymorphisms in Chinese transplant recipients. Tumori 2009;95(3):338-42 Online First.	Hepatology International	2013	Livers	DD	5	2008/11	2009/3	Yes	Written informed consent was obtained fromthe recipientsâ€™ relatives. The study protocol was approved by the Clinical Research (Ethics) Committee of Sun-Yat-Sen University. Donor livers were obtained according to the standard multi-organ harvesting procedure.	No		DCD
294	Wu D, Shen ZY, Zhang YM, et al. Effect of liver transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First.	Tumori	2009	Livers		59	0	0	No		No		0
295	Wu J, Xu X, Liang T, et al. Long-term outcome of combined liver-kidney transplantation: A single-center experience in China. Hepatogastroenterology 2008;55(82-83):334-37 Online First.	BMC Cancer	2015	Livers	DD	21	2000/4	2011/4	Yes	This studywas approved by the ethics committee of the FirstCenter Hospital of Tianjin (E2014008L) and compliedwith the Declaration of Helsinki, and all participantsprovided written informed consent.	No		0
296	Wu J, Zhu SM, He HL, et al. Plasma propofol concentrations during orthotopic liver transplantation. Acta Anaesthesiol Scand 2005;49(6):804-10 doi: 10.1111/j.1399-6576.2005.00671.xpublished Online First.	Hepato-Gastroenterology	2008	Livers		69	1999/1	2006/10	Yes	Each organ donation of transplant in our center was strictly under the guideline of the Ethical Committee of Hospital and the declaration of Helsinki.	No		0
297	Wu L, Chen L, Zhou L, et al. Association of interleukin 18 gene promoter polymorphisms with HBV recurrence after liver transplantation in Han Chinese population. Hepatitis Monthly 2011;11(6):469-74 Online First.	Acta Anaesthesiologica Scandinavica	2005	Livers		10	0	0	Yes	The study was approved by our Clinical Research Committee and informed consent...	No		0
298	Wu L, Hu A, Tam N, et al. Salvage liver transplantation for patients with recurrent hepatocellular carcinoma after curative resection. PLoS One 2012;7(7) doi: 10.1371/journal.pone.0041820published Online First.	Hepatitis Monthly	2011	Livers		125	2004	2008	Yes	Informed consent was obtained from all participants; the study was approved by the Ethical Review Committee of the First Affiliated Hospital, School of Medicine, Zhejiang University.	No		0
299	Wu L, Tam N, Deng R, et al. Steroid-resistant acute rejection after cadaveric liver transplantation: Experience from one single center. Clinics and Research in Hepatology and Gastroenterology 2014;38(5):592-97 doi: 10.1016/j.clinre.2014.04.005published Online First.	PLoS ONE	2012	Livers	DD	339	2004	2008	Yes	Prior to the study, the protocol, which was in accordance with the ethical guidelines of the 1975 Helsinki Declaration, was approved by the institutional ethics committee of the First Affiliated Hospital of Sun Yat-sen University. Written, informed consent was obtained from all subjects	No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
300	Wu L, Xu X, Shen J, et al. MDR1 gene polymorphisms and risk of recurrence in patients with hepatocellular carcinoma after liver transplantation. J Surg Oncol 2007;96(1):62-68 doi: 10.1002/jso.20774published Online First.	Clinics and Research in Hepatology and Gastroenterology	2014	Livers	DD	962	2004	2012	Yes	Prior to the study, the protocol was approved by our local institutional ethics committee. Each organ donation and transplant in our center was performed strictly according to the guidelines of the 1975 Helsinki Declaration and the principles of the Declaration of Istanbul; written, informed consent was obtained from all subjects.	No		0
301	Wu L, Zhang J, Guo Z, et al. Diagnosis and treatment of acute appendicitis after orthotopic liver transplant in adults. Exp Clin Transplant 2011;9(2):113-17 Online First.	Journal of Surgical Oncology	2007	Livers		99	2003/2	2006/9	No		No		0
302	Wu L, Zhang J, Guo Z, et al. Hepatic artery thrombosis after orthotopic liver transplant: A review of the same institute 5 years later. Exp Clin Transplant 2011;9(3):191-96 Online First.	Experimental and Clinical Transplantation	2011	Livers		8	2000/1	2007/12	Yes	Each organ donation and transplant was approved by our local institutional ethics committee, and conformed with the ethical guidelines of the 1975 Helsinki Declaration.	No		0
303	Wu LM, Xie HY, Zhou L, et al. A single nucleotide polymorphism in the vascular endothelial growth factor gene is associated with recurrence of hepatocellular carcinoma after transplantation. Arch Med Res 2009;40(7):565-70 doi: 10.1016/j.arcmed.2009.07.011published Online First.	Experimental and Clinical Transplantation	2011	Livers		726	2004	2009	Yes	Before the study, the protocol was approved by our local institutional ethics committee; each organ donation and transplant in our center was performed strictly according to the guidelines of the 1975 Helsinki Declaration; and written, informed consent was obtained from all subjects.	No		0
304	Wu LM, Yang Z, Zhou L, et al. Identification of histone deacetylase 3 as a biomarker for tumor recurrence following liver transplantation in HBV-associated hepatocellular carcinoma. PLoS One 2010;5(12) doi: 10.1371/journal.pone.0014460published Online First.	Archives of Medical Research	2009	Livers		93	2003/2	2006/2	Yes	This study protocol was approved by the Ethical Review Committee of the First Affiliated Hospital, School of Medicine, Zhejiang University, and informed consent was obtained according to the Declaration of Helsinki.	No		0
305	Wu LM, Zhang F, Xie HY, et al. MMP2 promoter polymorphism (C-1306T) and risk of recurrence in patients with hepatocellular carcinoma after transplantation. Clin Genet 2008;73(3):273-78 doi: 10.1111/j.1399-0004.2007.00955.xpublished Online First.	PLoS ONE	2010	Livers		43	2003	2005	Yes	The study protocol was approved by the Institutional Review Board of Key Lab of Combined Multi-organ Transplantation, Ministry of Public Health. Informed written consent was obtained according to the Declaration of Helsinki	No		0
306	Wu LM, Zhang F, Zhou L, et al. Predictive value of CpG island methylator phenotype for tumor recurrence in hepatitis B virus-associated hepatocellular carcinoma following liver transplantation. BMC Cancer 2010;10 doi: 10.1186/1471-2407-10-399published Online First.	Clinical Genetics	2008	Livers		93	2003/2	2006/2	Yes	This study was approved by local ethic committee, and informed consent was obtained according to the Declaration of Helsinki	No		0
307	Wu Y, Cai B, Tang J, et al. Tacrolimus may induce the production of nucleolar anti-nuclear antibody in liver transplant patients. J Gastrointestin Liver Dis 2011;20(3):267-70 Online First.	BMC Cancer	2010	Livers		65	2003	2005	Yes	This study was approved by local ethic committee, and informed consent was obtained according to the Declaration of Helsinki	No		0
308	Wu ZW, Lu HF, Wu J, et al. Assessment of the fecal lactobacilli population in patients with hepatitis b virus-related decompensated cirrhosis and hepatitis b cirrhosis treated with liver transplant. Microb Ecol 2012;63(4):929-37 doi: 10.1007/s00248-011-9945-1published Online First.	Journal of Gastrointestinal and Liver Diseases	2011	Livers		94	2007	2010	Yes	This study has been approved by the Ethics Committee of the West China Hospital of Sichuan University. Written informed consent was obtained from each participant.	No		0
309	Xia D, Yan LN, Li B, et al. Orthotopic liver transplantation for incurable alveolar echinococcosis: Report of five cases from west China. Transplant Proc 2005;37(5):2181-84 doi: 10.1016/j.transproceed.2005.03.111published Online First.	Microbial Ecology	2012	Livers		74	0	0	Yes	The project was approved by the Ethical Committee of the First Affiliated Hospital of Zhejiang University School of Medicine (Hangzhou, China).	No		0
310	Xia D, Yan LN, Xu L, et al. Postoperative Severe Pneumonia in Adult Liver Transplant Recipients. Transplant Proc 2006;38(9):2974-78 doi: 10.1016/j.transproceed.2006.08.184published Online First.	Transplantation Proceedings	2005	Livers		5	2001/4	2002/11	No		No		0
311	Xia W, Ke Q, Guo H, et al. Expansion of the Milan criteria without any sacrifice: Combination of the Hangzhou criteria with the pre-transplant platelet-to-lymphocyte ratio. BMC Cancer 2017;17 (1) Online First.	Transplantation Proceedings	2006	Livers		132	1999/2	2004/4	No		No		0
312	Xia W, Ke Q, Wang Y, et al. Donation after cardiac death liver transplantation: Graft quality evaluation based on pretransplant liver biopsy. Liver Transpl 2015;21(6):838-46 doi: 10.1002/lt.24123published Online First.	BMC Cancer	2017	Livers		343	2003/1	2013/12	Yes	Ethical approval was obtained from the Committee of Ethics in Biomedical Research of Zhejiang University and conformed to the ethical guidelines of the Declaration of Helsinki. Written informed consent was obtained from all participants.	No		0

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313	Xia W, Ke Q, Wang Y, et al. Predictive value of pre-transplant platelet to lymphocyte ratio for hepatocellular carcinoma recurrence after liver transplantation. World J Surg Oncol 2015;13(1) doi: 10.1186/s12957-015-0472-2published Online First.	Liver Transplantation	2015	Livers	DD	127	2010/10	2014/4	Yes	Informed consent was obtained from all participants, and the study protocol conformed to the ethical guidelines of the 1975 Declaration of Helsinki. This was reflected in a priori approval of the study by the Committee of Ethics in Biomedical Research of Zhejiang University.	No		DCD
314	Xia ZW, Jun CY, Hao C, et al. The occurrence of diarrhea not related to the pharmacokinetics of MPA and its metabolites in liver transplant patients. Eur J Clin Pharmacol 2010;66(7):671-79 doi: 10.1007/s00228-010-0833-2published Online First.	World Journal of Surgical Oncology	2015	Livers	DD	302	2003/1	2013/12	Yes	Ethical approval was obtained from the Committee of Ethics in Biomedical Research of Zhejiang University and conformed to the ethical guidelines of the Declaration of Helsinki. Written informed consents were obtained from all participants.	No		0
315	Xiao H, Tong R, Cheng S, et al. BAG3 and HIF-1 alpha coexpression detected by immunohistochemistry correlated with prognosis in hepatocellular carcinoma after liver transplantation. BioMed Research International 2014;2014 Online First.	European Journal of Clinical Pharmacology	2010	Livers		67	2005/5	2008/8	Yes	The study design was approved by the independent ethics committee of Ruijin Hospital, and the procedure was described in detail to all patients before admission; informed consent was obtained	No		0
316	Xiao L, Fu ZR, Ding GS, et al. Liver transplantation for Hepatitis B virus-related hepatocellular carcinoma: one center's experience in China. Transplant Proc 2009;41(5):1717-21 doi: 10.1016/j.transproceed.2009.03.058published Online First.	BioMed Research International	2014	Livers		40	2005	2010	Yes	Letters of consent were obtained from all patients, and theexperimental protocols were approved by the local ethics committee.	No		0
317	Xiao L, Fu ZR, Ding GS, et al. Prediction of survival after liver transplantation for chronic severe hepatitis b based on preoperative prognostic scores: A single center's experience in China. World J Surg 2009;33(11):2420-26 doi: 10.1007/s00268-009-0183-3published Online First.	Transplantation Proceedings	2009	Livers	DD	244	2001/12	2006/12	No		No		0
318	Xiao M, Xu X, Zhu H, et al. Efficacy and safety of basiliximab in liver transplantation for patients with hepatitis B virus-related diseases: A single centre study. Int J Clin Pract 2015;69(S183):35-42 doi: 10.1111/ijcp.12665published Online First.	World Journal of Surgery	2009	Livers	DD	137	2002/8	2007/11	Yes	None of the donors included in this study were prisoners who died as a result of execution. The hospital committee of ethical issues reviewed their written applications and supporting documents to make sure that they were well informed and made the decision by their own or their near relatives before voting for permission. According to our regulations, the clinical team began the procedure after receiving the written permissions.	Yes	None of the donors included in this study were prisoners who died as a result of execution. The hospital committee of ethical issues reviewed their written applications and supporting documents to make sure that they were well informed and made the decision by their own or their near relatives before voting for permission. According to our regulations, the clinical team began the procedure after receiving the written permissions.	DCD
319	Xie BX, Zhu YM, Chen C, et al. Outcome of TiNi stent treatments in symptomatic central airway stenoses caused by Aspergillus fumigatus infections after lung transplantation. Transplant Proc 2013;45(6):2366-70 doi: 10.1016/j.transproceed.2013.02.129published Online First.	International Journal of Clinical Practice	2015	Livers		268	2008/6	2011/3	Yes	Institutional Review Board approval and informed consent in writing was obtained for each individual. The liver donation or transplant of each case conformed strictly to the regulations of the Ethical Committee in our hospital and the Declaration of Helsinki.	No		0
320	Xie HY, Wang WL, Yao MY, et al. Polymorphisms in cytokine genes and their association with acute rejection and recurrence of Hepatitis B in Chinese liver transplant recipients. Arch Med Res 2008;39(4):420-28 doi: 10.1016/j.arcmed.2008.01.003published Online First.	Transplantation Proceedings	2013	Lungs		24	2003/1	2010/6	Yes	This study was approved by the Institutional Review Board at Shanghai No. 1 Pulmonary Hospital.	No		0
321	Xie M, Rao W, Sun LY, et al. Tacrolimus-related seizure after pediatric liver transplantation - A single-center experience. Pediatr Transplant 2014;18(1):58-63 doi: 10.1111/petr.12198published Online First.	Archives of Medical Research	2008	Livers		186	2003	2005	Yes	The local Ethics Committee approved the study, and informed written consent was obtained from all individuals.	No		0
322	Xie M, Rao W, Yang T, et al. Occult hepatitis B virus infection predicts de novo hepatitis B infection in patients with alcoholic cirrhosis after liver transplantation. Liver International 2015;35(3):897-904 doi: 10.1111/liv.12567published Online First.	Pediatric Transplantation	2014	Livers	DD	13	2007/1	2010/12	Yes	Conduct of our study was approved by the ethical affairs committee of Tianjin First Central Hospital and adhered to the tenets of the Declaration of Helsinki. Written informed consent was obtained from the patientsâ€™ parents or guardians.	No		0
323	Xie SB, Zhu JY, Ying Z, et al. Prevention and risk factors of the HBV recurrence after orthotopic liver transplantation: 160 cases follow-up study. Transplantation 2010;90(7):786-90 doi: 10.1097/TP.0b013e3181f09c89published Online First.	Liver International	2015	Livers		65	2008/6	2012/6	Yes	The conduct of our study was approved by the Ethical Affairs committee of Tianjin First Central Hospital and adhered to the tenets of the Declaration of Helsinki. Written informed consent was obtained from the patients or guardians	No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
324	Xing T, Huang L, Yu Z, et al. Comparison of Steroid-Free Immunosuppression and Standard Immunosuppression for Liver Transplant Patients with Hepatocellular Carcinoma. PLoS One 2013;8(8) doi: 10.1371/journal.pone.0071251published Online First.	Transplantation	2010	Livers	DD	160	2003/10	2008/8	No		No		0
325	Xing T, Qiu G, Zhong L, et al. Calcitriol reduces the occurrence of acute cellular rejection of liver transplants: A prospective controlled study. Pharmazie 2013;68(10):821-26 doi: 10.1691/ph.2013.3561published Online First.	PLoS ONE	2013	Livers	DD	178	2003/1	2009/12	Yes	The study was approved by the ethics committee of the hospital, and followed the principles of the Declaration of Helsinki. Written consent was given by the patients for their information to be stored in the hospital database and used for research.	No		0
326	Xing T, Zhong L, Chen D, et al. Experience of combined liver-kidney transplantation for acute-on-chronic liver failure patients with renal dysfunction. Transplant Proc 2013;45(6):2307-13 doi: 10.1016/j.transproceed.2013.02.127published Online First.	Pharmazie	2013	Livers		75	2010/3	2011/3	Yes	The study protocol was approved by the local institutional review board at the authorsâ€™ affiliated institution and informed written consent was obtained from the patients or their legal surrogates. The study was carried out following good clinical practice and in accordance with the Declaration of Helsinki.	No		0
327	Xing T, Zhong L, Chen D, et al. Experience of combined liver-kidney transplantation for acute-on-chronic liver failure patients with renal dysfunction.[Erratum appears in Transplant Proc. 2013 Sep;45(7):2859]. Transplant Proc 2013;45(6):2307-13 Online First.	Transplantation Proceedings	2013	Livers	DD	133	2001/1	2009/12	Yes	The study, approved by the hospital ethics committee, followed the principles of the Declaration of Helsinki	No		0
328	Xing T, Zhong L, Lin L, et al. Immunity of fungal infections alleviated graft reject in liver transplantation compared with non-fungus recipients. Int J Clin Exp Pathol 2015;8(3):2603-14 Online First.	Transplantation Proceedings	2013	Livers	DD	133	2001/1	2009/12	Yes	The study, approved by the hospital ethics committee, followed the principles of the Declaration of Helsinki.	No		0
329	Xing T, Zhong L, Qiu G, et al. Evolution of CD4+CD25hi T cell subsets in Aspergillus-infected liver transplantation recipients reduces the incidence of transplantation rejection via upregulating the production of anti-inflammatory cytokines. Genetics and Molecular Research 2014;13(3):4932-39 doi: 10.4238/2014.July.4.7published Online First.	International Journal of Clinical & Experimental Pathology	2015	Livers	DD	168	2010/1	2012/6	Yes	Â This study was approved by the institutional review board of the Shanghai Jiao Tong University and was performed in accordance with the Declaration of Helsinki.	No		0
330	Xing T, Zhong L, Qiu G, et al. Evolution of CD4⁺CD25^{hi} T cell subsets in Aspergillus-infected liver transplantation recipients reduces the incidence of transplantation rejection via upregulating the production of anti-inflammatory cytokines. Genetics and Molecular Research 2014;13(3):4932-39 Online First.	Genetics and Molecular Research	2014	Livers		75	2010/3	2011/3	No		No		0
331	Xu G, Li LL, Sun ZT, et al. Effects of dexmedetomidine on postoperative cognitive dysfunction and serum levels of ?-amyloid and neuronal microtubule-associated protein in orthotopic liver transplantation patients. Ann Transplant 2016;21:508-15 doi: 10.12659/AOT.899340published Online First.	Genetics and Molecular Research	2014	Livers		75	2010/3	2011/3	No		No		0
332	Xu H, Li W, Xu Z, et al. Evaluation of the right ventricular ejection fraction during classic orthotopic liver transplantation without venovenous bypass. Clin Transplant 2012;26(5):E485-E91 doi: 10.1111/ctr.12010published Online First.	Annals of Transplantation	2016	Livers		80	2014/12	2015/12	Yes	The study was approved by the Ethics Committee of Zhengzhou University. Written consent was obtained from all patients.	No		0
333	Xu J, Shen ZY, Chen XG, et al. A randomized controlled trial of licartin for preventing hepatoma recurrence after liver transplantation. Hepatology 2007;45(2):269-76 doi: 10.1002/hep.21465published Online First.	Clinical Transplantation	2012	Livers		30	0	0	Yes	After obtaining informed written consent from patients and the approval of Chinese Ethics Committee of Registering Clinical Trial (2011001)	No		0T
334	Xu L, Li X, Xu M, et al. Perioperative use of ECMO during double lung transplantation. ASAIO J 2009;55(3):255-58 doi: 10.1097/MAT.0b013e3181a05795published Online First.	Hepatology	2007	Livers	DD	60	2004/7	2004/11	Yes	The study was approved by the Medical Ethics Committee, and the patients provided written informed consent for the study	Yes	donor livers were from cadaver donors who voluntarily donated). No organs were obtained from executed prisoners.	0
335	Xu L, Xu MQ, Yan LN, et al. Causes of mortality after liver transplantation: A single center experience in mainland China. Hepatogastroenterology 2012;59(114):481-84 doi: 10.5754/hge11419published Online First.	ASAIO Journal	2009	Lungs	DD	9	2002	2006	No		No		0
336	Xu SL, Zhang YC, Wang GY, et al. Survival analysis of sirolimus-based immunosuppression in liver transplantation in patients with hepatocellular carcinoma. Clinics and Research in Hepatology and Gastroenterology 2016;40(6):674-81 Online First.	Hepato-Gastroenterology	2012	Livers	DD	472	1999/2	2009/12	No		No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
337	Xu X, Guo HJ, Xie HY, et al. ZIP4, a novel determinant of tumor invasion in hepatocellular carcinoma, contributes to tumor recurrence after liver transplantation. Int J Biol Sci 2014;10(3):245-56 doi: 10.7150/ijbs.7401published Online First.	Clinics and Research in Hepatology and Gastroenterology	2016	Livers		142	2006/1	2012/1	Yes	The study protocol wasapproved by the Research Ethics Committee of the ThirdAffiliated Hospital of Sun Yat-sen University, and informedconsent was obtained from all participants.	No		0
338	Xu X, Ke QH, Shao ZX, et al. The value of serum ?-fetoprotein in predicting tumor recurrence after liver transplantation for hepatocellular carcinoma. Dig Dis Sci 2009;54(2):385-88 doi: 10.1007/s10620-008-0349-0published Online First.	International Journal of Biological Sciences	2014	Livers		60	2002	2009	Yes	The study protocol was approved by the Institutional Review Board of the Key Lab of Combined Multi-Organ Transplantation, Ministry of Public Health. Informed written consent was obtained from patients in accordance with the Declaration of Helsinki.	Yes	No donor liver was harvested from an executed prisoner	0
339	Xu X, Ling Q, Gao F, et al. Hepatoprotective effects of marine and kuhuang in liver transplant recipients. Am J Chin Med 2009;37(1):27-34 Online First.	Digestive Diseases and Sciences	2009	Livers		97	2004/2	2006/12	No		No		0
340	Xu X, Ling Q, Wang J, et al. Donor miR-196a-2 polymorphism is associated with hepatocellular carcinoma recurrence after liver transplantation in a Han Chinese population. Int J Cancer 2016;138(3):620-29 Online First.	American Journal of Chinese Medicine	2009	Livers	DD	151	2003/9	2006/1	Yes	The ethical committee of Zhejiang University approved this prospective randomized trial. ... Informed consents were obtained from all donors and recipients before transplantation. Organ donation for transplantation was approved by Zhejiang Organ Transplant Committee	Yes	DONORS gave informed consent	0
341	Xu X, Ling Q, Wu J, et al. A novel prognostic model based on serum levels of total bilirubin and creatinine early after liver transplantation. Liver International 2007;27(6):816-24 doi: 10.1111/j.1478-3231.2007.01494.xpublished Online First.	International Journal of Cancer	2016	Livers		155	2007/1	2011/3	Yes	Each organ donation or transplant was approved by the Institutional Review Board at the First Affiliated Hospital, Zhejiang University, under the strict guidelines of the Ethics Committee of the hospital, the current regulation of the Chinese Government and the Declaration of Helsinki. Informed consent was obtained from all donors and recipients.	Yes	No donor organs were obtained from executed prisoners.	0
342	Xu X, Ling Q, Zhang M, et al. Outcome of patients with hepatorenal syndrome type 1 after liver transplantation: Hangzhou experience. Transplantation 2009;87(10):1514-19 doi: 10.1097/TP.0b013e3181a4430bpublished Online First.	Liver International	2007	Livers	DD	199	2003/1	2006/9	Yes	Each organ donation or transplant in our centre was strictly according to the guidelines of the Ethical Committee of our hospital, the regulation of Organ Transplant Committee of Zhejiang province and the declaration of Helsinki.	No		0
343	Xu X, Liu X, Ling Q, et al. Artificial liver support system combined with liver transplantation in the treatment of patients with acute-on-chronic liver failure. PLoS One 2013;8(3) doi: 10.1371/journal.pone.0058738published Online First.	Transplantation	2009	Livers	DD	32	2003/1	2006/3	No		Yes	Informed consents were obtained from all donors and recipients before transplantation. Organ donation for transplantation was approved by the Organ Transplant Committee in Zhejiang Province.	0
344	Xu X, Qu K, Wan Y, et al. Tumor existence and tumor size as prognostic factors in hepatitis B virus-related cirrhosis patients who underwent liver transplantation. Transplant Proc 2014;46(5):1389-92 doi: 10.1016/j.transproceed.2014.01.011published Online First.	PLoS ONE	2013	Livers		171	2001/1	2009/12	Yes	This study was approved by the First Affiliated Hospital, Zhejiang University School of Medicine and the current regulation of the Chinese Government, and the Declaration of Helsinki were strictly followed for each organ donation and transplant performed in our center	Yes	No donor livers were harvested from executed prisoners	0
345	Xu X, Tu Z, Wang B, et al. A novel model for evaluating the risk of hepatitis B recurrence after liver transplantation. Liver International 2011;31(10):1477-84 doi: 10.1111/j.1478-3231.2011.02500.xpublished Online First.	Transplantation Proceedings	2014	Livers		111	2002/8	2012/3	Yes	The procedures were conducted in accordance with the standards of the Declaration of Helsinki and current ethical guidelines, and written informed consents were obtained from all of the patients.	No		0
346	Xu ZD, Xu HT, Li WW, et al. Influence of preoperative diastolic dysfunction on hemodynamics and outcomes of patients undergoing orthotopic liver transplantation. Int J Clin Exp Med 2013;6(5):351-57 Online First.	Liver International	2011	Livers	DD	185	2006/1	2008/12	Yes	The guidelines of the Ethics Committee of our hospital, the current regulation of the Chinese Government and the Declaration of Helsinki were strictly followed for each organ donation and transplant performed in our centre.	Yes	No donor livers were harvested from executed prisoners.	0
347	Xue F, Higgs BW, Huang J, et al. HERC5 is a prognostic biomarker for post-liver transplant recurrent human hepatocellular carcinoma. J Transl Med 2015;13(1) doi: 10.1186/s12967-015-0743-2published Online First.	International Journal of Clinical and Experimental Medicine	2013	Livers	DD	330	2005/1	2009/12	No		No		0
348	Xue F, Zhang J, Han L, et al. Immune cell functional assay in monitoring of adult liver transplantation recipients with infection. Transplantation 2010;89(5):620-26 doi: 10.1097/TP.0b013e3181c690fapublished Online First.	Journal of Translational Medicine	2015	Livers		21	2008	2012	Yes	Informed written consent was obtained from each patient and the study protocol conformed to the ethical guidelines of the 1975 Declaration of Helsinki as reflected in a priori approval by the Ethics Committee of Renji Hospital	Yes	No donor organs were obtained from executed prisoners or other institutionalized persons	0

	A	B	C	D	E	F	G	H	I	J	K	L	M
349	Xue J, Wang L, Chen CM, et al. Acute kidney injury influences mortality in lung transplantation. Ren Fail 2014;36(4):541-45 doi: 10.3109/0886022X.2013.876350published Online First.	Transplantation	2010	Livers		79	2008/4	2009/1	No		No		0
350	Xue M, Lv C, Chen X, et al. Donor liver steatosis: A risk factor for early new-onset diabetes after liver transplantation. Journal of Diabetes Investigation 2017;8(2):181-87 doi: 10.1111/jdi.12560published Online First.	Renal Failure	2014	Lungs		88	2002/9	2011/12	Yes	All transplantations were approved by the ethics committee of Wuxi Peopleâ€™s Hospital	No		0
351	Xue M, Lv C, Chen X, et al. Effect of interleukin-2 receptor antagonists on new-onset diabetes after liver transplantation: A retrospective cohort study. Journal of Diabetes 2015 Online First.	Journal of Diabetes Investigation	2017	Livers		739	2001/4	2014/12	Yes	The study was approved by the institutional review board of Zhongshan Hospital, Fudan University, and all participants provided informed consent	No		0
352	Yambe T, Meng X, Hou X, et al. Cardio-ankle vascular index (CAVI) for the monitoring of the atherosclerosis after heart transplantation. Biomed Pharmacother 2005;59(SUPPL. 1):S177-S79 doi: 10.1016/S0753-3322(05)80028-9published Online First.	Journal of Diabetes.	2015	Livers		757	2001/4	2014/12	Yes	All study participants provided informed consent, and the study was approved by the institutional review board of Zhongshan Hospital, Fudan University, and therefore complied with the ethical standards of the Declaration of Helsinki, as revised in Brazil in 2013.	No		0
353	Yan L, Li B, Wen T, et al. Prophylaxis against hepatitis B recurrence posttransplantation using lamivudine and individualized low-dose hepatitis B immunoglobulin. Am J Transplant 2010;10(8):1861-69 Online First.	Biomedicine and Pharmacotherapy	2005	Hearts	DD	7	0	0	No		No		0
354	Yan S, Tu Z, Lu W, et al. Clinical utility of an automated pupillometer for assessing and monitoring recipients of liver transplantation. Liver Transpl 2009;15(12):1718-27 doi: 10.1002/lt.21924published Online First.	Liver Transplantation	2009	Livers		183	2007/1	2009/1	Yes	This study was reviewed and approved by the Committee of Ethics in Biomedical Research of Zhejiang University	No		0
355	Yang CH, He XS, Chen J, et al. Fungal infection in patients after liver transplantation in years 2003 to 2012. Ann Transplant 2012;17(4):59-63 doi: 10.12659/AOT.883695published Online First.	Annals of Transplantation	2012	Livers		886	2003/1	2012/9	No		No		0
356	Yang J, Zhu L, Zhang Y, et al. PPK analysis of tacrolimus early after Chinese pediatric and adult liver transplantation with different CYP3A5 genotypes. Latin American Journal of Pharmacy 2017;36(2):238-46 Online First.	Latin American Journal of Pharmacy	2017	Livers		46	2011	2013	Yes	Approval was obtained from the Hospital's Ethics Committee for the study. Informed written consent was assigned by the patients or their carregivers for blood sampling.	No		0
357	Yang JW, Liao SS, Zhu LQ, et al. Population pharmacokinetic analysis of tacrolimus early after Chinese pediatric liver transplantation. Int J Clin Pharmacol Ther 2015;53(1):75-83 doi: 10.5414/CP202189published Online First.	International Journal of Clinical Pharmacology and Therapeutics	2015	Livers		52	2011	2012	Yes	Approval for the study was obtained from the hospitalâ€™s ethics committee	No		0
358	Yang X, Lu Q, Tang T, et al. Prediction of the prognosis after liver transplantation in severe hepatitis B-induced liver failure and clinical decision for liver transplantation. J Surg Res 2013;183(2):846-51 doi: 10.1016/j.jss.2013.01.034published Online First.	Journal of Surgical Research	2013	Livers	DD	74	1999/1	2010/12	Yes	The study protocol was conducted in accordance with the standards of the Declaration of Helsinki and current ethical guidelines.	Yes	None of the donors included in our study were prisoners who died as a result of execution. The Ethics Committee of the Southwest Hospital reviewed their written applications and supporting documents to make sure that they were well informed and make the decision by their own before permission.	0
359	Yang YJ, Chen DZ, Li LX, et al. Sirolimus-based immunosuppressive therapy in liver transplant recipient with tacrolimus-related chronic renal insufficiency. Transplant Proc 2008;40(5):1541-44 doi: 10.1016/j.transproceed.2008.01.081published Online First.	Transplantation Proceedings	2008	Livers		16	2004/1	2005/1	No		No		0
360	Yang YL, Shi LJ, Lin MJ, et al. Clinical analysis and significance of cholangiography for biliary cast/stone after orthotopic liver transplantation. Journal of Nanoscience and Nanotechnology 2013;13(1):171-77 doi: 10.1166/jnn.2013.6790published Online First.	Journal of Nanoscience and Nanotechnology	2013	Livers		14	2001/11	2005/10	No		No		0
361	Yang Z, Zhou L, Wu LM, et al. Combination of polymorphisms within the HDAC1 and HDAC3 gene predict tumor recurrence in hepatocellular carcinoma patients that have undergone transplant therapy. Clin Chem Lab Med 2010;48(12):1785-91 doi: 10.1515/CCLM.2010.353published Online First.	Clinical Chemistry and Laboratory Medicine	2010	Livers		97	2003	2006	Yes	This study protocol was approved by the Ethical Review Committee of the First Affiliated Hospital, School of Medicine, Zhejiang University, and informed consent was obtained according to the Declaration of Helsinki	No		0
362	Yang Z, Zhou L, Wu LM, et al. Overexpression of long non-coding RNA HOTAIR predicts tumor recurrence in hepatocellular carcinoma patients following liver transplantation. Ann Surg Oncol 2011;18(5):1243-50 doi: 10.1245/s10434-011-1581-ypublished Online First.	Annals of Surgical Oncology	2011	Livers		60	2003	2005	Yes	This study was approved by the local ethics committee, and informed consents were obtained from all of the patients	No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
363	Yao J, Feng XW, Yu XB, et al. Recipient IL-6-572c/G genotype is associated with reduced incidence of acute rejection following liver transplantation. J Int Med Res 2013;41(2):356-64 doi: 10.1177/0300060513477264published Online First.	Journal of International Medical Research	2013	Livers		335	2005/1	2010/12	Yes	This study was approved by the Ethical Review Committee of the First Affiliated Hospital, School of Medicine, Zhejiang University, Hangzhou, China; written informed consent was obtained from all patients.	No		0
364	Ye D, Li H, Wang Y, et al. Circulating Fibroblast Growth Factor 21 Is A Sensitive Biomarker for Severe Ischemia/reperfusion Injury in Patients with Liver Transplantation. Sci Rep 2016;6:19776 Online First.	Scientific Reports	2016	Livers		13	0	0	Yes	Written consents were obtained from all subjects. Both studies were carried out in accordance with the guidelines approved by human ethics committees in The University of Hong Kong and Fudan University, respectively.	No		0
365	Yi H, An Y, Lv H, et al. The association of lipopolysaccharide and inflammatory factors with hepatopulmonary syndrome and their changes after orthotopic liver transplantation. J Thorac Dis 2014;6(10):1469-75 doi: 10.3978/j.issn.2072-1439.2014.10.05published Online First.	Journal of Thoracic Disease	2014	Livers		26	2004/3	2006/1	Yes	The study protocol was approved by the institutionâ€™s Human Research Committee and the Medical Ethics Committee of The Third Affiliated Hospital of Sun Yat-sen University	No		0
366	Yu D, Liu J, Chen J, et al. GGPPS1 predicts the biological character of hepatocellular carcinoma in patients with cirrhosis. BMC Cancer 2014;14 (1) Online First.	BMC Cancer	2014	Livers		10	2005/1	2012/8	Yes	This study was approved by the Scientific Research Ethics Committee of the affiliated Drum Tower Hospital, Medical School of Nanjing University, and an informed consent was obtained from all participants.	No		0
367	Yu S, Gao F, Yu J, et al. De novo cancers following liver transplantation: A single center experience in China. PLoS One 2014;9 (1) Online First.	PLoS ONE	2014	Livers		17	2005/1	2011/12	Yes	Ethical approval was obtained from the Committee of Ethics in Biomedical Research of Zhejiang University and conformed to the ethical guidelines of the 1975 Declaration of Helsinki. Written informed consent was obtained from all participants.	No		0
368	Yu S, He X, Yang L, et al. A retrospective study of conversion from tacrolimus-based to sirolimus-based immunosuppression in orthotopic liver transplant recipients. Exp Clin Transplant 2008;6(2):113-17 Online First.	Experimental and Clinical Transplantation	2008	Livers		44	2004/1	2007/1	No		No		0
369	Yu S, Wu L, Jin J, et al. Influence of CYP3A5 gene polymorphisms of donor rather than recipient to tacrolimus individual dose requirement in liver transplantation. Transplantation 2006;81(1):46-51 doi: 10.1097/01.tp.0000188118.34633.bfpublished Online First.	Transplantation	2006	Livers	DD	53	2004/7	2005/3	No		No		0
370	Yu S, Yu J, Zhang W, et al. Safe use of liver grafts from hepatitis B surface antigen positive donors in liver transplantation. J Hepatol 2014;61(4):809-15 Online First.	Journal of Hepatology	2014	Livers	DD	369	2010/1	2013/2	Yes	Ethical approval of each transplant was obtained from the Committee of Ethics in Biomedical Research of Zhejiang University, and in accordance with the ethical guidelines of the 1975 Declaration of Helsinki	Yes	We declared that no donor organs were obtained from executed prisoners.	DCD
371	Yu X, Liu Z, Wang Y, et al. Characteristics of gammadelta1 and gammadelta 2 T cell subsets in acute liver allograft rejection. Transpl Immunol 2013;29(1-4):118-22 Online First.	Transplant Immunology	2013	Livers	DD	63	0	0	Yes	The study protocol was approved by the institutional review board. All patients gave written informed consent to participate in this study.	No		0
372	Yu X, Wei B, Dai Y, et al. Genetic polymorphism of Interferon Regulatory Factor 5 (IRF5) correlates with allograft acute rejection of liver transplantation. PLoS One 2014;9(4) doi: 10.1371/journal.pone.0094426published Online First.	PLoS ONE	2014	Livers		289	2006	2011	Yes	The research procedure was approved and supervised by the Ethical Review Committee of the First Affiliated Hospital, School of Medicine, Zhejiang University, and we followed the World Medical Association's Declaration of Helsinki	No		0
373	Yu X, Xie H, Wei B, et al. Association of MDR1 gene SNPs and haplotypes with the tacrolimus dose requirements in Han Chinese liver transplant recipients. PLoS One 2011;6(11) doi: 10.1371/journal.pone.0025933published Online First.	PLoS ONE	2011	Livers		64	0	0	Yes	The research protocol was approved by the Institutional Review Board, Key Lab of Combined Multi-organ Transplantation, Ministry of Public Health. Informed written consent was obtained according to the Declaration of Helsinki.	No		0
374	Yu Z, Sun Z, Yu S, et al. Safety limitations of fatty liver transplantation can be extended to 40%: Experience of a single centre in China. Liver International 2016 Online First.	Liver International.	2016	Livers	DD	563	2010/4	2014/10	Yes	Written informed consents were obtained from all participants. Ethical approval of each transplant was obtained from the Ethics Committee of the First Affiliated Hospital, School of Medicine, Zhejiang University, and in accordance with the ethical guidelines of the 1975 Declaration of Helsinki	Yes	no allografts obtained from executed prisoners were used	DCD
375	Yuan D, Wei YG, Lin HM, et al. Risk factors of biliary complications following liver transplantation: Retrospective analysis of a single centre. Postgrad Med J 2009;85(1001):119-23 doi: 10.1136/pgmj.2008.075176published Online First.	Postgraduate Medical Journal	2009	Livers	DD	263	1999/1	2005/11	Yes	All the liver transplantations were approved bythe ethical committee of the West China Hospital.	No		0

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376	Yuan X, Chen C, Zhou J, et al. Organ donation and transplantation from donors with systemic infection: a single-center experience. Transplant Proc 2016;48(7):2454-57 Online First.	Transplantation Proceedings	2016	Livers	DD	30	2013/1	2014/12	No		Yes	All donors were in hospital's ICU before death. The article has a table stipulating cause of death for each, implying that donors were not prisoners.	DBD + DCD
377	Yuefeng M, Weili F, Wenxiang T, et al. Long-term outcome of patients with lamivudine after early cessation of hepatitis B immunoglobulin for prevention of recurrent hepatitis B following liver transplantation. Clin Transplant 2011;25(4):517-22 Online First.	Clinical Transplantation	2011	Livers		17	2001/7	2005/5	No		Yes	Beforethe operation, all donors or their relatives hadsigned consent forms in agreement to organ donation	0
378	Zeng Z, Jiang Z, Wang CS, et al. Preoperative evaluation improves the outcome in heart transplant recipients with pulmonary hypertension-retrospective analysis of 106 cases. Transplant Proc 2010;42(9):3708-10 doi: 10.1016/j.transproceed.2010.08.067published Online First.	Transplantation Proceedings	2010	Hearts	DD	106	2004/1	2006/3	No		No		0
379	Zhai H, Liang P, Yu XL, et al. Microwave ablation in treating intrahepatic recurrence of hepatocellular carcinoma after liver transplantation: An analysis of 11 cases. Int J Hyperthermia 2015;31(8):863-68 doi: 10.3109/02656736.2015.1091953published Online First.	International Journal of Hyperthermia	2015	Livers		11	2008/10	2014/8	No		No		0
380	Zhang A, Zhang M, Shen Y, et al. Hepatitis B virus reactivation is a risk factor for development of post-transplant lymphoproliferative disease after liver transplantation. Clin Transplant 2009;23(5):756-60 doi: 10.1111/j.1399-0012.2009.01049.xpublished Online First.	Clinical Transplantation	2009	Livers		144	2002/1	2005/12	No		No		0
381	Zhang C, Rao J, Tu Z, et al. Surgical resection of resectable thoracic metastatic hepatocellular carcinoma after liver transplantation. J Thorac Cardiovasc Surg 2009;138(1):240-41 doi: 10.1016/j.jtcvs.2008.05.014published Online First.	Journal of Thoracic and Cardiovascular Surgery	2009	Livers		5	2003/10	2007/9	No	The study was retrospective and approved by all 5 patients	No		0
382	Zhang D, Jiao Z, Han J, et al. Clinicopathological features of hepatitis B virus recurrence after liver transplantation: Eleven-year experience. Int J Clin Exp Pathol 2014;7(7):4057-66 Online First.	International Journal of Clinical and Experimental Pathology	2014	Livers		184	1999	2010	Yes	This study was approved by the Ethics Committee of West China Hospital of Sichuan University, and informed consents were obtained from all patients prior to study entry.	Yes	Grafts were all from voluntary donors who were negative for both HBsAg and HBV-DNA in serum	0
383	Zhang F, Wu LM, Zhou L, et al. Predictive value of expression and promoter hypermethylation of XAF1 in hepatitis B virus-associated hepatocellular carcinoma treated with transplantation. Ann Surg Oncol 2008;15(12):3494-502 doi: 10.1245/s10434-008-0146-1published Online First.	Annals of Surgical Oncology	2008	Livers		65	2003	2005	Yes	This study was approved by the local ethics committee, and informed consent was obtained according to the Declaration of Helsinki.	No		0
384	Zhang FJ, Li CX, Liang Z, et al. Short- to mid-term evaluation of CT-guided 125I brachytherapy on intra-hepatic recurrent tumors and/or extra-hepatic metastases after liver transplantation for hepatocellular carcinoma. Cancer Biology and Therapy 2009;8(7):585-90 Online First.	Cancer Biology and Therapy	2009	Livers		10	2004/11	2008/5	Yes	All procedures performed in this study were approved by the Committee of Ethics of Sun Yat-sen University Cancer Center and the informed written consent was obtained from all patients for CT-guided 125I brachytherapy	No		0
385	Zhang G, Cheng Y, Shen W, et al. The short-term effect of liver transplantation on the low-frequency fluctuation of brain activity in cirrhotic patients with and without overt hepatic encephalopathy. Brain Imaging and Behavior 2016:1-13 Online First.	Brain Imaging and Behavior	2016	Livers		30	0	0	Yes	This study was approved by theMedical Research Ethics Committee of Tianjin First Central Hospital. All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, and the applicable revisions at the time of the investigation. Informed consent was obtained from all subjects for being included in the study.	No		0
386	Zhang H, Chen L, Gu G, et al. Clinical observation and nursing care on the prevention of abdominal organ cluster transplantation rejection. J Clin Nurs 2013;22(11-12):1599-603 doi: 10.1111/jocn.12079published Online First.	Journal of Clinical Nursing	2013	Livers		8	2004/5	2009/3	No		No		0
387	Zhang H, Shi Y, Wu H, et al. Change of hepatic arterial systolic/diastolic ratio predicts ischemic type biliary lesion after orthotropic liver transplantation. Clin Imaging 2016;40(3):419-24 Online First.	Clinical Imaging	2016	Livers	DD	128	2013/9	2014/8	No		No		DCD
388	Zhang HM, Jiang WT, Pan C, et al. Milan criteria, University of California, San Francisco, criteria, and model for end-stage liver disease score as predictors of salvage liver transplantation. Transplant Proc 2015;47(2):438-44 doi: 10.1016/j.transproceed.2014.10.046published Online First.	Transplantation Proceedings	2015	Livers	DD	1554	2000/1	2011/12	No		No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
389	Zhang HM, Li SP, Yu Y, et al. Bi-directional roles of IRF-1 on autophagy diminish its prognostic value as compared with Ki67 in liver transplantation for hepatocellular carcinoma. Oncotarget 2016;7(25):37979-92 doi: 10.18632/oncotarget.9365published Online First.	Oncotarget	2016	Livers		127	2011/7	2014/7	Yes	The study was approved by the Tianjin First Central Hospital Research Ethics Committee. Tumor specimens used in our analysis were from the tissue bank of Tianjin First Central Hospital. Informed consent was obtained from each patient before specimen removal and storage in the tissue bank. Base line data on the patients and their tumors were recorded.	No		0
390	Zhang LJ, Yang GF, Jiang B, et al. Cavernous transformation of portal vein: 16-Slice CT portography and correlation with surgical procedure of orthotopic liver transplantation. Abdom Imaging 2008;33(5):529-35 doi: 10.1007/s00261-007-9343-9published Online First.	Abdominal Imaging	2008	Livers		14	2003/1	2005/2	No		No		0
391	Zhang M, Yin F, Chen B, et al. Mortality risk after liver transplantation in hepatocellular carcinoma recipients: A nonlinear predictive model. Surgery (United States) 2012;151(6):889-97 doi: 10.1016/j.surg.2011.12.034published Online First.	Surgery (United States)	2012	Livers	DD	290	1999/2	2009/8	Yes	Each liver donation and transplan-tation in our center was approved by the MedicalEthics Committee of West China Hospital, Sichuan University, and the study protocol was carried outin accordance with the Declaration of Helsinki.	Yes	All organ donations in the electronic recordswere contributed voluntarily. All of the donors ortheir families had provided written, valid, in-formed consent for donation before the organswere procured.	MX
392	Zhang M, Yin F, Chen B, et al. Pretransplant prediction of posttransplant survival for liver recipients with benign end-stage liver diseases: A nonlinear model. PLoS One 2012;7 (3) Online First.	PLoS ONE	2012	Livers	DD	360	1999/2	2009/8	Yes	Each liver donation and transplantation in our center was approved by the Medical Ethics Committee of West China Hospital, Sichuan University, and the study protocol was carried out in accordance with the Declaration of Helsinki.	Yes	All organ donations recorded in the electronic database were contributed voluntarily, and no grafts were obtained from executed prisoners or other institutionalized persons. All of the donors or their families had provided written, valid informed consent for donation before the organs were procured	DBD + DCD
393	Zhang M, Zhong X, Zhang W, et al. Human parvovirus B19 infection induced pure red cell aplasia in liver transplant recipients. Int J Clin Pract 2015;69(S183):29-34 doi: 10.1111/ijcp.12664published Online First.	International Journal of Clinical Practice	2015	Livers	DD	13	2011/11	2014/5	Yes	We obtained ethical approval from the Committeeof Ethics in Biomedical Research of Zhejiang Univer-sity. The livers for transplantation were all obtainedfrom donors after cardiac death. Informed consentwas obtained from each recipient included in thestudy. The study protocol conformed to the ethicalguidelines of the 1975 Declaration of Helsinki asreflected ina prioriapproval by the institutionâ€™s human research committee. The research design washospital-based and all cases were well evaluated.	No	The livers for transplantation were all obtainedfrom donors after cardiac death. Informed	DCD
394	Zhang ML, Xu J, Zhang W, et al. Microbial epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;70:17-21 doi: 10.1111/ijcp.12812published Online First.	International Journal of Clinical Practice	2016	Livers	DD	198	2010/1	2014/12	No		No		DCD
395	Zhang P, Guo Z, Zhong K, et al. Evaluation of Immune Profiles and MicroRNA Expression Profiles in Peripheral Blood Mononuclear Cells of Long-Term Stable Liver Transplant Recipients and Recipients with Acute Rejection Episodes. Transplant Proc 2015;47(10):2907-15 doi: 10.1016/j.transproceed.2015.10.048published Online First.	Transplantation Proceedings	2015	Livers		68	0	0	Yes	This study was conducted in accordance with the 1975 HelsinkiDeclaration, and the study protocol was approved by the Institu-tional Ethic Committee of our hospital and the Medical EthicalCommittee of the First Affiliated Hospital of Sun Yat-Sen Uni-versity before the commencement of the study. A written informedconsent was obtained from each patient before enrolling them inthis study.	No		0
396	Zhang Q, Chen H, Li Q, et al. Combination adjuvant chemotherapy with oxaliplatin, 5-fluorouracil and leucovorin after liver transplantation for hepatocellular carcinoma: A preliminary open-label study. Invest New Drugs 2011;29(6):1360-69 doi: 10.1007/s10637-011-9726-1published Online First.	Investigational New Drugs	2011	Livers		95	2005/2	2006/12	Yes	The protocol was approved by the China MedicalEthics Committee (Clinical Trials number: ChiCTR-TRC-10000961), and informed consent was obtained fromeach patient. This study was performed in compliance withprinciples of good clinical practice, the Helsinki Declaration,and institutional guidelines.	No		0
397	Zhang Q, Chen X, Zang Y, et al. The survival benefit of liver transplantation for hepatocellular carcinoma patients with hepatitis b virus infection and cirrhosis. PLoS One 2012;7(12) doi: 10.1371/journal.pone.0050919published Online First.	PLoS ONE	2012	Livers		313	2002	2008	Yes	This retrospective study was performed incompliance with principles of the Helsinki Declaration, and institutional guidelines.	No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
398	Zhang Q, Chen X, Zhou J, et al. CD147, MMP-2, MMP-9 and MVD-CD34 are significant predictors of recurrence after liver transplantation in hepatocellular carcinoma patients. Cancer Biol Ther 2006;5(7):808-14 Online First.	Cancer Biology & Therapy	2006	Livers		82	2002/1	2003/12	No		No		0
399	Zhang Q, Shang L, Zang Y, et al. ?-Fetoprotein is a potential survival predictor in hepatocellular carcinoma patients with hepatitis B selected for liver transplantation. Eur J Gastroenterol Hepatol 2014;26(5):544-52 doi: 10.1097/MEG.0000000000000029published Online First.	European Journal of Gastroenterology and Hepatology	2014	Livers		203	2002/7	2006/12	Yes	This study was carried out in compliancewith the principles of the Declaration of Helsinki and theprotocol was approved by the Ethics Committee ofthe General Hospital of the Chinese Peopleâ€™s ArmedPolice Force (China).	No		0
400	Zhang W, Zhong H, Zhuang L, et al. Peripheral blood CD4+ cell ATP activity measurement to predict HCC recurrence post-DCD liver transplant. Int J Clin Pract 2016;70:11-16 doi: 10.1111/ijcp.12811published Online First.	International Journal of Clinical Practice	2016	Livers	DD	76	2011/1	2013/12	Yes	This study was approved by the appro-priate ethics committees. Written informed consentwas obtained from all of the patients before enrol-ment.	No		0
401	Zhang X, Fan J, Yang MF, et al. Monitoring of human cytomegalovirus infection in bone marrow and liver transplant recipients by antigenaemia assay and enzyme-linked immunosorbent assay. J Int Med Res 2009;37(1):31-36 Online First.	Journal of International Medical Research	2009	Livers		51	2005/11	2007/9	No		No		0
402	Zhang X, Wang Z, Fan J, et al. Impact of interleukin-10 gene polymorphisms on tacrolimus dosing requirements in Chinese liver transplant patients during the early posttransplantation period. Eur J Clin Pharmacol 2011;67(8):803-13 doi: 10.1007/s00228-011-0993-8published Online First.	European Journal of Clinical Pharmacology	2011	Livers		53	2006/5	2010/3	Yes	This study was conducted inaccordance with the Declaration of Helsinki and itsamendments and was approved by the Ethics Committeeof Shanghai Jiaotong University. All subjects gave theirwritten informed consent.804Eur J Clin Pharmacol (2011) 67:803â€“813	No		0
403	Zhang X, Xu J, Fan J, et al. Influence of IL-18 and IL-10 Polymorphisms on tacrolimus elimination in Chinese lung transplant patients. Dis Markers 2017;2017 doi: 10.1155/2017/7834035published Online First.	Disease Markers	2017	Lungs	DD	51	2005/7	2015/7	Yes	The study was approved by the Ethics Committee of Shanghai Pulmonary Hospital and Shanghai First Peopleâ€™s Hospital. Written informed consent was obtained from all patients in accordance with the Declaration of Helsinki and its amendments.	No		0
404	Zhang XD, Cheng Y, Poon CS, et al. Long-and short-range functional connectivity density alteration in non-alcoholic cirrhotic patients one month after liver transplantation: A resting-state fMRI study. Brain Res 2015;1620:177-87 doi: 10.1016/j.brainres.2015.04.046published Online First.	Brain Research	2015	Livers		13	2013/12	2014/9	Yes	This prospective study was approved by the Medical ResearchEthics Committee of Tianjin First Central Hospital, Tianjin,China, and written informed consents were obtained from allpatients	No		0
405	Zhang XF, Lv Y, Xue WJ, et al. Mycobacterium tuberculosis Infection in Solid Organ Transplant Recipients: Experience From a Single Center in China. Transplant Proc 2008;40(5):1382-85 doi: 10.1016/j.transproceed.2008.01.075published Online First.	Transplantation Proceedings	2008	Livers		85	2000	2006/4	No		No		0
406	Zhang XQ, Wang ZW, Fan JW, et al. The impact of sulfonylureas on tacrolimus apparent clearance revealed by a population pharmacokinetics analysis in chinese adult liver-transplant patients. Ther Drug Monit 2012;34(2):126-33 doi: 10.1097/FTD.0b013e31824a67ebpublished Online First.	Therapeutic Drug Monitoring	2012	Livers		262	2002/3	2009/7	Yes	This study was conducted in accordance with theDeclaration of Helsinki and its amendments, and was approvedby the Ethics Committee of Shanghai Jiao Tong University. Allthe participants provided written informed consent	No		0
407	Zhang XX, Bian RJ, Wang J, et al. Relationship between cytokine gene polymorphisms and acute rejection following liver transplantation. Genetics and Molecular Research 2016;15 (2) Online First.	Genetics and Molecular Research	2016	Livers		359	2013	2015	Yes	All participants provided written informed consent and the study was approved by the Ethics Committee of our hospital.	No		0
408	Zhang Y, Wang YL, Liu YW, et al. Change of peripheral blood mononuclear cells IFN-?, IL-10, and TGF-?1 mRNA expression levels with active human cytomegalovirus infection in orthotopic liver transplantation. Transplant Proc 2009;41(5):1767-69 doi: 10.1016/j.transproceed.2009.03.064published Online First.	Transplantation Proceedings	2009	Livers	DD	20	2003	2004	Yes	The present study was approved by the institutional ethicscommittee of our institute. Informed consent was obtained fromeach patient. All recipients received livers from cadaveric donors.The procedure met all applicable institutional guidelines of theTianjin First Central Hospital, Tianjin Medical University, China,and Chinese governmental regulations concerning the ethical useof donated organs.	No		0
409	Zhang Y, Yan L, Wen T, et al. Prophylaxis against hepatitis B virus recurrence after liver transplantation for hepatitis B virus-related end-stage liver diseases with severe hypersplenism and splenomegaly: Role of splenectomy. J Surg Res 2012;178(1):478-86 doi: 10.1016/j.jss.2012.02.047published Online First.	Journal of Surgical Research	2012	Livers		510	1999/6	2009/10	Yes	These were approved bythe Ethics CommitteeofWestChina Hospitaland inaccordancewith the ethical guidelines of the Declaration of Helsinki	Yes	All liver grafts were from thedonors with brain dead or living, and all donations werevoluntary and altruistic in this study.	0

	A	B	C	D	E	F	G	H	I	J	K	L	M
410	Zhang YC, Liu W, Fu BS, et al. Therapeutic potentials of umbilical cord-derived mesenchymal stromal cells for ischemic-type biliary lesions following liver transplantation. Cytotherapy 2017;19(2):194-99 Online First.	Cytotherapy	2017	Livers		12	2013/1	2014/6	Yes	The study protocol conformed to the ethical guidelines of the 1975 Declaration of Helsinki. This study was the previous work of a clinical trial, which was approved by the Ethics Committee of the Third Affiliated Hospital of Sun Yat-Sen University	No		0
411	Zhang YC, Qu EZ, Ren J, et al. New diagnosis and therapy model for ischemic-type biliary lesions following liver transplantation-a retrospective cohort study. PLoS One 2014;9(9) doi: 10.1371/journal.pone.0105795published Online First.	PLoS ONE	2014	Livers		594	2003/10	2012/6	Yes	All the patients in the EDIM group gave written informed consent. The study was approved by the Ethics Committee of the Third Affiliated Hospital of Sun Yat-Sen University, and followed the STROBE guidelines for reporting of observational studies.	No		0
412	Zheng RQ, Mao R, Ren J, et al. Contrast-enhanced ultrasound for the evaluation of hepatic artery stenosis after liver transplantation: Potential role in changing the clinical algorithm. Liver Transpl 2010;16(6):729-35 doi: 10.1002/lt.22054published Online First.	Liver Transplantation	2010	Livers		47	2005/3	2008/12	Yes	Written, informed consent was obtained fromall recipients. The study was approved by the institu-tional ethics review board and was in compliance withthe Declaration of Helsinki.	No		0
413	Zheng S, Chen Y, Liang T, et al. Prevention of hepatitis B recurrence after liver transplantation using lamivudine or lamivudine combined with hepatitis B immunoglobulin prophylaxis. Liver Transpl 2006;12(2):253-58 doi: 10.1002/lt.20701published Online First.	Liver Transplantation	2006	Livers		165	1999/12	2004/6	No		No		0
414	Zheng SS, Xu X, Wu J, et al. Liver transplantation for hepatocellular carcinoma: Hangzhou experiences. Transplantation 2008;85(12):1726-32 doi: 10.1097/TP.0b013e31816b67e4published Online First.	Transplantation	2008	Livers		195	2000/1	2007/1	Yes	In-formed consents were obtained from all donors and recipientsbeforetransplantation.Each organdonationortransplantinourcenter was strictly under the guideline of the Ethical Committeeof our hospital, the regulation of Organ Transplant Committeeof Zhejiang province and the declaration of Helsinki.	No		0
415	Zheng Z, Gao S, Yang Z, et al. Single nucleotide polymorphisms in the metastasis associated in colon cancer-1 gene predict the recurrence of hepatocellular carcinoma after transplantation. Int J Med Sci 2014;11(2):142-50 doi: 10.7150/ijms.7142published Online First.	International Journal of Medical Sciences	2014	Livers		187	2003	2012	Yes	This study protocol was approved by the Ethical Review Committee of the First Affiliated Hospital, School of Medicine, Zhejiang University, and informed consent was obtained according to the Declaration of Helsinki.	No		0
416	Zheng Z, Lin B, Zhang J, et al. Absolute lymphocyte count recovery at 1 month after transplantation predicts favorable outcomes of patients with hepatocellular carcinoma. Journal of Gastroenterology and Hepatology (Australia) 2015;30(4):706-11 doi: 10.1111/jgh.12782published Online First.	Journal of Gastroenterology and Hepatology (Australia)	2015	Livers		269	2004	2013	Yes	This study was approved by theEthical Review Committee of the First Affiliated Hospital, Schoolof Medicine, Zhejiang University, and informed consent wasobtained according to the Declaration of Helsinki.	No		0
417	Zhenglu W, Hui L, Shuying Z, et al. A clinical-pathological analysis of drug-induced hepatic injury after liver transplantation. Transplant Proc 2007;39(10):3287-91 doi: 10.1016/j.transproceed.2007.08.096published Online First.	Transplantation Proceedings	2007	Livers		131	2000/6	2006/8	No		No		0
418	Zhong L, Li H, Li Z, et al. C7 genotype of the donor may predict early bacterial infection after liver transplantation. Sci Rep 2016;6:24121 Online First.	Scientific Reports	2016	Livers		190	2007/7	2011/1	Yes	Written informed consent was obtained from all donors and recipients. All organ donations or transplantations were approved by the Institutional Review Board, Shanghai Jiaotong University Affiliated First Peoples Hospital (China), and carried out strictly in accordance with the guidelines of the Ethics Committee of the hospital and the Declaration of Helsinki23. All LT recipients were evaluated using the United Network for Organ Sharing Model for End-Stage Liver Disease (UNOS MELD) scoring system24.	Yes	None of the donor livers were obtained from executed prisoners.	0
419	Zhong L, Men TY, Li H, et al. Multidrug-resistant gram-negative bacterial infections after liver transplantation - Spectrum and risk factors. J Infect 2012;64(3):299-310 doi: 10.1016/j.jinf.2011.12.005published Online First.	Journal of Infection	2012	Livers	DD	217	2007/1	2010/4	Yes	This study was approved by the hospital ethicalcommittee and was performed in accordance with theDeclaration of Helsinki.12All the LT recipients were evalu-ated using UNOS MELD scoring system.13All LTs were per-formed using cadaveric livers and orthotopic livertransplants (OLT)	No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
420	Zhong X, Zhang W, Xu J, et al. Human parvovirus B19 infection induced pure red cell aplasia in liver transplant recipients. Int J Clin Pract 2015;69(S183):29-34 Online First.	International Journal of Clinical Practice	2015	Livers	DD	13	2011/11	2014/5	Yes	We obtained ethical approval from the Committee of Ethics in Biomedical Research of Zhejiang University. Informed consent was obtained from each recipient included in the study. The study protocol conformed to the ethical guidelines of the 1975 Declaration of Helsinki as reflected in a priori approval by the institutionâ€™s human research committee.	No		DCD
421	Zhong ZQ, Luo AJ, Wan QQ, et al. Pseudomonas aeruginosa infection among liver transplant recipients: a clinical analysis of 15 cases. Transplant Proc 2016;48(6):2130-34 Online First.	Transplantation Proceedings	2016	Livers	DD	15	2003/1	2015/6	No		No		0
422	Zhongyang S, Yihe L, Lixin Y, et al. An experience from China of perioperative care in 1510 liver transplant recipients. Int Anesthesiol Clin 2006;44(4):121-26 doi: 10.1097/01.aia.0000210820.31029.92published Online First.	International Anesthesiology Clinics	2006	Livers	DD	1510	2000/1	2005/6	No		No		0
423	Zhou B, Shan H, Zhu KS, et al. Chemoembolization with lobaplatin mixed with iodized oil for unresectable recurrent hepatocellular carcinoma after orthotopic liver transplantation. J Vasc Interv Radiol 2010;21(3):333-38 doi: 10.1016/j.jvir.2009.11.006published Online First.	Journal of Vascular and Interventional Radiology	2010	Livers		726	2003/11	2007/10	Yes	This retrospective study was ap-proved by the institutional reviewboard of our hospital, and written in-formed consent was obtained from allpatients and their family members ac-cording to hospital guidelines.	No		0
424	Zhou J, Fan J, Wang JH, et al. Continuous transcatheter arterial thrombolysis for early hepatic artery thrombosis after liver transplantation. Transplant Proc 2005;37(10):4426-29 doi: 10.1016/j.transproceed.2005.10.113published Online First.	Transplantation Proceedings	2005	Livers		287	2001/4	2005/4	No		No		0
425	Zhou J, Huang H, Liu S, et al. Staphylococcus Aureus bacteremias following liver transplantation: A clinical analysis of 20 cases. Ther Clin Risk Manag 2015;11:933-37 doi: 10.2147/TCRM.S84579published Online First.	Therapeutics and Clinical Risk Management	2015	Livers		20	2001/1	2014/12	No		No		0
426	Zhou J, Ju W, Yuan X, et al. ABO-incompatible liver transplantation for severe hepatitis B patients. Transpl Int 2015;28(7):793-99 doi: 10.1111/tri.12531published Online First.	Transplant International	2015	Livers		103	2006/1	2010/12	Yes	This study has beenapproved by the local ethical committee before liver trans-plantation, and the signed informed consents have beenobtained.	No		0
427	Zhou J, Wang Z, Qiu SJ, et al. Surgical treatment for early hepatocellular carcinoma: Comparison of resection and liver transplantation. J Cancer Res Clin Oncol 2010;136(9):1453-60 doi: 10.1007/s00432-010-0802-2published Online First.	Journal of Cancer Research and Clinical Oncology	2010	Livers	DD	1105	2003/1	2007/12	Yes	Allexcept two patients who underwent LT received deceaseddonor LT. Informed consents were obtained from all donorsand recipients before transplantation. Each organ donationor transplant in our center was strictly under the guidelineof the Ethical Committee of our hospital, the regulation ofOrgan Transplant Committee of China and the declarationof Helsinki.	No		0
428	Zhou J, Wang Z, Wu ZQ, et al. Sirolimus-based immunosuppression therapy in liver transplantation for patients with hepatocellular carcinoma exceeding the milan criteria. Transplant Proc 2008;40(10):3548-53 doi: 10.1016/j.transproceed.2008.03.165published Online First.	Transplantation Proceedings	2008	Livers		73	2004/3	2005/12	Yes	This study was conducted in accordance with the guidelines ofethics committee of our institution; informed consent was obtainedfrom all participants	No		0
429	Zhou L, Fan J, Zheng SS, et al. Prevalence of human cytomegalovirus UL97 D605E mutation in transplant recipients in China. Transplant Proc 2006;38(9):2926-28 doi: 10.1016/j.transproceed.2006.08.161published Online First.	Transplantation Proceedings	2006	Livers		5	0	0	No		No		0
430	Zhou L, Wei B, Xing C, et al. Polymorphism in 3'-untranslated region of toll-like receptor 4 gene is associated with protection from hepatitis B virus recurrence after liver transplantation. Transpl Infect Dis 2011;13(3):250-58 doi: 10.1111/j.1399-3062.2010.00574.xpublished Online First.	Transplant Infectious Disease	2011	Livers		125	2004	2008	Yes	This study was approved by the Ethical Review Committee of the First Affiliated Hospital, School of Medicine, Zhejiang University, and informed consent was obtained from all patients.	No		0
431	Zhou L, Zhou W, Wu L, et al. The association of frequent allelic loss on 17p13.1 with early metastastic recurrence of hepatocellular carcinoma after liver transplantation. J Surg Oncol 2010;102(7):802-08 doi: 10.1002/jso.21743published Online First.	Journal of Surgical Oncology	2010	Livers		37	0	0	Yes	This study was approved by the Ethical Review Committee of the First Affiliated Hospital, School of Medicine, Zhejiang University, and informed consent was obtained according to the Declaration of Helsinki	No		0
432	Zhou Q, Wang Y, Zhou X, et al. Prognostic analysis for treatment modalities in hepatocellular carcinomas with portal vein tumor thrombi. Asian Pac J Cancer Prev 2011;12(11):2847-50 Online First.	Asian Pacific Journal of Cancer Prevention	2011	Livers	DD	12	2003/1	2010/6	No		No		DCD

	A	B	C	D	E	F	G	H	I	J	K	L	M
433	Zhou ZB, Shao XX, Yang XY, et al. Influence of Hydroxyethyl starch on renal function after orthotopic liver transplantation. Transplant Proc 2015;47(6):1616-19 doi: 10.1016/j.transproceed.2015.04.095published Online First.	Transplantation Proceedings	2015	Livers		394	2003/5	2013/12	No		No		0
434	Zhu B, Chen Y, Xie Y, et al. Kaposi's sarcoma-associated herpesvirus (KSHV) infection: Endemic strains and cladograms from immunodeficient patients in China. J Clin Virol 2008;42(1):7-12 Online First.	Journal of Clinical Virology	2008	Livers		33	0	0	No		No		0
435	Zhu L, Wang H, Rao W, et al. A limited sampling strategy for tacrolimus in liver transplant patients. Int J Clin Pharmacol Ther 2013;51(6):509-12 doi: 10.5414/CP201876published Online First.	International Journal of Clinical Pharmacology and Therapeutics	2013	Livers		26	0	0	No		No		0
436	Zhu L, Yang J, Jing Y, et al. Effects of CYP3A5 genotypes, ABCB1 C3435T and G2677T/A polymorphism on pharmacokinetics of Tacrolimus in Chinese adult liver transplant patients. Xenobiotica 2015;45(9):840-46 Online First.	Xenobiotica	2015	Livers		95	2013	2014	Yes	Approval was obtained from the hospitalâ€™s ethics committee for the study. Informed verbal consent was obtained from the patients or their caregivers for blood sampling in addition to those required for routine TDM	No		0
437	Zhu M, Li Y, Xia Q, et al. Strong impact of acute kidney injury on survival after liver transplantation. Transplant Proc 2010;42(9):3634-38 doi: 10.1016/j.transproceed.2010.08.059published Online First.	Transplantation Proceedings	2010	Livers	DD	193	2004/10	2006/1	Yes	This study was approved by our Ethics Committee to review medical records and radiology and laboratory results	Yes	No prisoners or organs from prisoners were used in the collection of these data	0
438	Zhu Q, Zhou L, Yang Z, et al. O-GlcNAcylation plays a role in tumor recurrence of hepatocellular carcinoma following liver transplantation. Med Oncol 2012;29(2):985-93 doi: 10.1007/s12032-011-9912-1published Online First.	Medical Oncology	2012	Livers		60	2003	2005	Yes	This study was approved by the local ethics committee and informed consent was obtained from all of the patients.	No		0
439	Zhu X, Wu Y, Qiu Y, et al. Effects of ?-3 fish oil lipid emulsion combined with parenteral nutrition on patients undergoing liver transplantation. Journal of Parenteral and Enteral Nutrition 2013;37(1):68-74 doi: 10.1177/0148607112440120published Online First.	Journal of Parenteral and Enteral Nutrition	2013	Livers		98	2006/1	2010/7	Yes	The protocol was approved by the ethical committee of the Affiliated Drum Tower Hospital. and This was a randomized, controlled clinical study carried out in the Department of Hepatobiliary Surgery according to the principles and guidelines of the Helsinki Declaration of 1975 as revised in 2000	No		0
440	Zhu XD, Shen ZY, Chen XG, et al. Pathotyping and clinical manifestations of biliary cast syndrome in patients after an orthotopic liver transplant. Exp Clin Transplant 2013;11(2):142-49 doi: 10.6002/ect.2012.0035published Online First.	Experimental and Clinical Transplantation	2013	Livers		103	2002/4	2006/3	Yes	All protocols were approved by the ethics committee of the institution before the study began, and the protocols conformed with the ethical guidelines of the 1975 Helsinki Declaration.	No		0
441	Zhu XS, Gao YH, Wang SS, et al. Contrast-enhanced ultrasound diagnosis of splenic artery steal syndrome after orthotopic liver transplantation. Liver Transpl 2012;18(8):966-71 doi: 10.1002/lt.23453published Online First.	Liver Transplantation	2012	Livers	DD	247	2003/8	2010/12	Yes	This retrospective study was approved by the ethics committee of the Center for Liver Disease and Transplantation (General Hospital of the Guangzhou Military Command of the Peopleâ€™s Liberation Army) and was in compliance with the Declaration of Helsinki; informed consent was obtained from all patients or relatives.	Yes	Severe injuries and traffic accidents were the main reasons for DCD. WR This implies volunteer donors rather than prisoners, but it is not explicit.	DCD + DBD
442	Zhu XS, Wang SS, Cheng Q, et al. Using ultrasonography to monitor liver blood flow for liver transplant from donors supported on extracorporeal membrane oxygenation. Liver Transpl 2016;22(2):188-91 doi: 10.1002/lt.24318published Online First.	Liver Transplantation	2016	Livers	DD	40	0	0	Yes	Written informed consent was obtained from relatives of all patients. The study was approved by the Ethics Committee of Liver Transplantation of Guangzhou General Hospital of Guangzhou, Military Region and the institutional review board.	Yes	Written informed consent was obtained from relatives of all patients.	DBD
443	Zhu ZJ, Shen ZY, Gao W, et al. Feasibility of using a liver infected with Clonorchis sinensis for liver transplantation: Fourteen cases. Liver Transpl 2010;16(12):1440-42 doi: 10.1002/lt.22147published Online First.	Liver Transplantation	2010	Livers	DD	14	2003/5	2009/12	No		No		DCD
444	Zicheng Y, Weixia Z, Hao C, et al. Limited sampling strategy for the estimation of mycophenolic acid area under the plasma concentration-time curve in adult patients undergoing liver transplant. Ther Drug Monit 2007;29(2):207-14 doi: 10.1097/FTD.0b013e318040ce0bpublished Online First.	Therapeutic Drug Monitoring	2007	Livers		38	0	0	Yes	The study protocol was approved by the independent ethics committee of Ruijin Hospital affiliated to Shanghai Jiao Tong University School of Medicine and written informed consent was obtained from each patient. Thus, this research work was performed in accordance with the ethical standards of the Helsinki declaration on research ethics of 1975 (revised in 1996).	No		0

	A	B	C	D	E	F	G	H	I	J	K	L	M
445	Zou SJ, Chen D, Li YZ, et al. Monitoring hepatocyte dysfunction and biliary complication after liver transplantation using quantitative hepatobiliary scintigraphy. Medicine (United States) 2015;94(45):e2009 doi: 10.1097/MD.0000000000002009published Online First.	Medicine (United States)	2015	Livers		57	2011/1	2014/1	Yes	This study was approved by the independent ethics committee of Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology.	No		0
446	Zou Y, Yang X, Jiang X, et al. High levels of soluble Major Histocompatibility Complex class I related chain A (MICA) are associated with biliary cast syndrome after liver transplantation. Transpl Immunol 2009;21(4):210-14 doi: 10.1016/j.trim.2009.06.003published Online First.	Transplant Immunology	2009	Livers	DD	133	2005	2007	Yes	The University human experimentation study committee approved the study protocol. For the protection of human subjects, all research data were coded without linking to their identifiers.	No		0

Supplementary File 5: Bibliographic details of 63 studies containing some information regarding identity of and/or consent by organ sources/donors.
Note: these 63 studies are a subset of the 445 papers reported in the study and their details are also are included in Supplementary file 3.

1. Chen J, Wang Y, Shen Z, et al. Early diagnostic value of plasma PCT and BG assay for CRBSI after OLT. Transplant Proc 2011;43(5):1777-79 Online First.

2. Chen Y, Zhang H, Xiao X, et al. Peripheral blood transcriptome sequencing reveals rejection-relevant genes in long-term heart transplantation. Int J Cardiol 2013;168(3):2726-33 doi: 10.1016/j.ijcard.2013.03.095published Online First.

3. Chen YB, Li SD, Ju BL, et al. Suitable calcineurin inhibitor concentrations for liver transplant recipients in the Chinese population. Transplant Proc 2011;43(5):1751-53 doi: 10.1016/j.transproceed.2010.11.025published Online First.

4. Chen Z, Gong R, Luo Y, et al. Surgical procedures for hepatolithiasis. Hepatogastroenterology 2010;57(97):134-7 Online First.

5. Chen ZY, Yan LN, Zeng Y, et al. Preliminary experience with indications for liver transplantation for hepatolithiasis. Transplant Proc 2008;40(10):3517-22 doi: 10.1016/j.transproceed.2008.07.142published Online First.

6. Chu Z, Zhang J, Zhao Y, et al. Influence of immunosuppressive drugs on the development of CD4 +CD25high Foxp3+ T cells in liver transplant recipients. Transplant Proc 2010;42(7):2599-601 doi: 10.1016/j.transproceed.2010.04.026published Online First.

7. Fan J, Yang GS, Fu ZR, et al. Liver transplantation outcomes in 1,078 hepatocellular carcinoma patients: A multi-center experience in Shanghai, China. J Cancer Res Clin Oncol 2009;135(10):1403-12 doi: 10.1007/s00432-009-0584-6published Online First.

8. Fan X, Chen Z, Nasralla D, et al. The organ preservation and enhancement of donation success ratio effect of extracorporeal membrane oxygenation in circulatory unstable brain death donor. Clin Transplant 2016;30(10):1306-13 Online First.

9. Gao Y, Ren H, Meng F, et al. Pathological roles of interleukin-22 in the development of recurrent hepatitis C after liver transplantation. PLoS One 2016;11(4) doi: 10.1371/journal.pone.0154419published Online First.

10. Gao Y, Zhang M, Li J, et al. Circulating FoxP3+ regulatory T and interleukin17-producing Th17 cells actively influence HBV clearance in De Novo Hepatitis B virus infected patients after orthotopic liver transplantation. PLoS One 2015;10(9) doi: 10.1371/journal.pone.0137881published Online First.

11. Gao YJ, Zhang M, Jin B, et al. A clinical-pathological analysis of hepatitis B virus recurrence after liver transplantation in Chinese patients. Journal of Gastroenterology and Hepatology (Australia) 2014;29(3):554-60 doi: 10.1111/jgh.12404published Online First.

12. Gu L, Yu YC. Clinical outcome of dental implants placed in liver transplant recipients after 3 years: A case series. Transplant Proc 2011;43(7):2678-82 doi: 10.1016/j.transproceed.2011.06.037published Online First.

13. Gu Y, Li J, Li N. Insulin sensitivity after pancreaticoduodenal transplantation with systemic and portal venous drainage in inbred rats. Chin Med J 2002;115(4):549-51 Online First.

14. Hu XX, Yan LN. Retrospective analysis of prognostic factors after liver transplantation for intrahepatic cholangiocarcinoma in China: A single-center experience. Hepatogastroenterology 2011;58(109):1255-59 doi: 10.5754/hge10704published Online First.

15. Jiang L, Lei JY, Wang WT, et al. Immediate radical therapy or conservative treatments when meeting the Milan criteria for advanced HCC patients after successful TACE. J Gastrointest Surg 2014;18(6):1125-30 Online First.

16. Lei J, Yan L. Outcome comparisons among the Hangzhou, Chengdu, and UCSF criteria for hepatocellular carcinoma liver transplantation after successful downstaging therapies. J Gastrointest Surg 2013;17(6):1116-22 doi: 10.1007/s11605-013-2140-6published Online First.

17. Lei JY, Wang WT, Yan LN. Hangzhou criteria for liver transplantation in hepatocellular carcinoma: A single-center experience. Eur J Gastroenterol Hepatol 2014;26(2):200-04 doi: 10.1097/MEG.0b013e3283652b66published Online First.

18. Lei JY, Yan LN, Wang WT, et al. Health-related quality of life and psychological distress in patients with early-stage hepatocellular carcinoma after hepatic resection or transplantation. Transplant Proc 2016;48(6):2107-11 Online First.

19. Li F, Yang M, Li B, et al. Initial clinical results of orthotopic liver transplantation for hepatic alveolar echinococcosis. Liver Transpl 2007;13(6):924-26 doi: 10.1002/lt.21187published Online First.

20. Li H, He JW, Fu BS, et al. Immunosuppressant-related hip pain after orthotopic liver transplant. Exp Clin Transplant 2013;11(1):32-38 doi: 10.6002/ect.2012.0026published Online First.

21. Li H, Li J, Wang Y, et al. Proteomic analysis of effluents from perfused human heart for transplantation: Identification of potential biomarkers for ischemic heart damage. Proteome Science 2012;10(1) doi: 10.1186/1477-5956-10-21published Online First.

22. Li J, Liu B, Yan LN, et al. Reversal of graft steatosis after liver transplantation: prospective study. Transplant Proc 2009;41(9):3560-63 doi: 10.1016/j.transproceed.2009.06.222published Online First.

23. Li WX, Li Z, Gao PJ, et al. Histological differentiation predicts post-liver transplantation survival time. Clinics and Research in Hepatology and Gastroenterology 2014;38(2):201-08 doi: 10.1016/j.clinre.2013.11.002published Online First.

24. Lin B, Geng L, Zheng Z, et al. The predictive value of blood neutrophil-lymphocyte ratio in patients with end-stage liver cirrhosis following ABO-incompatible liver transplantation. J Res Med Sci 2016;21(5):20-25 Online First.

25. Lin XH, Teng S, Wang L, et al. Fatigue and its associated factors in liver transplant recipients in Beijing: A cross-sectional study. BMJ Open 2017;7 (2) Online First.

26. Ling Q, Xie H, Li J, et al. Donor graft microRNAs: A newly identified player in the development of new-onset diabetes after liver transplantation. Am J Transplant 2017;17(1):255-64 Online First.

27. Ling Q, Xie H, Lu D, et al. Association between donor and recipient TCF7L2 gene polymorphisms and the risk of new-onset diabetes mellitus after liver transplantation in a Han Chinese population. J Hepatol 2013;58(2):271-77 doi: 10.1016/j.jhep.2012.09.025published Online First.

28. Ling Q, Xu X, Wang K, et al. Donor PPAR? Gene polymorphisms influence the susceptibility to glucose and lipid disorders in liver transplant recipients. Medicine (United States) 2015;94(35):e1421 doi: 10.1097/MD.0000000000001421published Online First.

29. Liu C, Tsai HL, Chin T, et al. Experience of surgical treatment for hepatoblastoma. Formosan Journal of Surgery 2016;49(2):56-62 Online First.

30. Liu S, Bai Y, Huang J, et al. Do mitochondria contribute to left ventricular non-compaction cardiomyopathy? New findings from myocardium of patients with left ventricular non-compaction cardiomyopathy. Mol Genet Metab 2013;109(1):100-06 Online First.

31. Liu X, Wang B, Zhang X, et al. Liver transplantation using donation after brain and cardiac death: A single-center experience in China. Transplant Proc 2016;48(6):1879-86 Online First.

32. Liu Y, Liu YY, Li CP, et al. Comprehensive comparison of three different immunosuppressive regimens for liver transplant patients with hepatocellular carcinoma: Steroid-free immunosuppression, induction immunosuppression and standard immunosuppression. PLoS One 2015;10 (3) Online First.

33. Lu D, Xu X, Wang J, et al. The influence of a contemporaneous portal and hepatic artery revascularization protocol on biliary complications after liver transplantation. Surgery (United States) 2014;155(1):190-95 doi: 10.1016/j.surg.2013.06.056published Online First.

34. Mu HJ, Xie P, Chen JY, et al. Association of TNF-?, TGF-?1, IL-10, IL-6, and IFN-? gene polymorphism with acute rejection and infection in lung transplant recipients. Clin Transplant 2014;28(9):1016-24 doi: 10.1111/ctr.12411published Online First.

35. Pan C, Shi Y, Zhang JJ, et al. Single-Center experience of 253 portal vein thrombosis patients undergoing liver transplantation in China. Transplant Proc 2009;41(9):3761-65 doi: 10.1016/j.transproceed.2009.06.215published Online First.

36. Ran JH, Zhang SN, Liu J, et al. In-hospital and follow-up outcomes of patients undergoing orthotopic liver transplantation after hepatic artery reconstruction with an iliac interposition graft. Int J Clin Exp Med 2016;9(2):3939-45 Online First.

37. Sun XY, Dong JH, Qin K, et al. Single center study on transplantation of livers donated after cardiac death: A report of 6 cases. Exp Ther Med 2016;11(3):988-92 doi: 10.3892/etm.2016.3001published Online First.

38. Wang SY, Tang HM, Chen GQ, et al. Effect of ursodeoxycholic acid administration after liver transplantation on serum liver tests and biliary complications: A randomized clinical trial. Digestion 2012;86(3):208-17 doi: 10.1159/000339711published Online First.

39. Wang Y, Liu Y, Han R, et al. Monitoring of CD95 and CD38 expression in peripheral blood T lymphocytes during active human cytomegalovirus infection after orthotopic liver transplantation. Journal of Gastroenterology and Hepatology (Australia) 2010;25(1):138-42 doi: 10.1111/j.1440-1746.2009.05966.xpublished Online First.

40. Wang Y, Shen Z, Zhu Z, et al. Clinical values of AFP, GPC3 mRNA in peripheral blood for prediction of hepatocellular carcinoma recurrence following OLT. Hepatitis Monthly 2011;11(3):195-99 Online First.

41. Xiao L, Fu ZR, Ding GS, et al. Prediction of survival after liver transplantation for chronic severe hepatitis b based on preoperative prognostic scores: A single center's experience in China. World J Surg 2009;33(11):2420-26 doi: 10.1007/s00268-009-0183-3published Online First.

42. Xu J, Shen ZY, Chen XG, et al. A randomized controlled trial of licartin for preventing hepatoma recurrence after liver transplantation. Hepatology 2007;45(2):269-76 doi: 10.1002/hep.21465published Online First.

43. Xu X, Guo HJ, Xie HY, et al. ZIP4, a novel determinant of tumor invasion in hepatocellular carcinoma, contributes to tumor recurrence after liver transplantation. Int J Biol Sci 2014;10(3):245-56 doi: 10.7150/ijbs.7401published Online First.

44. Xu X, Ling Q, Gao F, et al. Hepatoprotective effects of marine and kuhuang in liver transplant recipients. Am J Chin Med 2009;37(1):27-34 Online First.

45. Xu X, Ling Q, Wang J, et al. Donor miR-196a-2 polymorphism is associated with hepatocellular carcinoma recurrence after liver transplantation in a Han Chinese population. Int J Cancer 2016;138(3):620-29 Online First.

46. Xu X, Ling Q, Zhang M, et al. Outcome of patients with hepatorenal syndrome type 1 after liver transplantation: Hangzhou experience. Transplantation 2009;87(10):1514-19 doi: 10.1097/TP.0b013e3181a4430bpublished Online First.

47. Xu X, Liu X, Ling Q, et al. Artificial liver support system combined with liver transplantation in the treatment of patients with acute-on-chronic liver failure. PLoS One 2013;8(3) doi: 10.1371/journal.pone.0058738published Online First.

48. Xu X, Tu Z, Wang B, et al. A novel model for evaluating the risk of hepatitis B recurrence after liver transplantation. Liver International 2011;31(10):1477-84 doi: 10.1111/j.1478-3231.2011.02500.xpublished Online First.

49. Xue F, Higgs BW, Huang J, et al. HERC5 is a prognostic biomarker for post-liver transplant recurrent human hepatocellular carcinoma. J Transl Med 2015;13(1) doi: 10.1186/s12967-015-0743-2published Online First.

50. Yan L, Li B, Wen T, et al. Prophylaxis Against hepatitis B recurrence posttransplantation using lamivudine and individualized low-dose hepatitis B immunoglobulin. Am J Transplant 2010;10(8):1861-69 Online First.

51. Yang X, Lu Q, Tang T, et al. Prediction of the prognosis after liver transplantation in severe hepatitis B-induced liver failure and clinical decision for liver transplantation. J Surg Res 2013;183(2):846-51 doi: 10.1016/j.jss.2013.01.034published Online First.

52. Yu S, Yu J, Zhang W, et al. Safe use of liver grafts from hepatitis B surface antigen positive donors in liver transplantation. J Hepatol 2014;61(4):809-15 Online First.

53. Yu Z, Sun Z, Yu S, et al. Safety limitations of fatty liver transplantation can be extended to 40%: Experience of a single centre in China. Liver International 2016 Online First.

54. Yuan X, Chen C, Zhou J, et al. Organ donation and transplantation from donors with systemic infection: A single-center sxperience. Transplant Proc 2016;48(7):2454-57 Online First.

55. Yuefeng M, Weili F, Wenxiang T, et al. Long-term outcome of patients with lamivudine after early cessation of hepatitis B immunoglobulin for prevention of recurrent hepatitis B following liver transplantation. Clin Transplant 2011;25(4):517-22 Online First.

56. Zhang D, Jiao Z, Han J, et al. Clinicopathological features of hepatitis B virus recurrence after liver transplantation: Eleven-year experience. Int J Clin Exp Pathol 2014;7(7):4057-66 Online First.

57. Zhang M, Yin F, Chen B, et al. Mortality risk after liver transplantation in hepatocellular carcinoma recipients: A nonlinear predictive model. Surgery (United States) 2012;151(6):889-97 doi: 10.1016/j.surg.2011.12.034published Online First.

58. Zhang M, Yin F, Chen B, et al. Pretransplant prediction of posttransplant survival for liver recipients with benign end-stage liver diseases: A nonlinear model. PLoS One 2012;7 (3) Online First.

59. Zhang Y, Yan L, Wen T, et al. Prophylaxis against hepatitis B virus recurrence after liver transplantation for hepatitis B virus-related end-stage liver diseases with severe hypersplenism and splenomegaly: Role of splenectomy. J Surg Res 2012;178(1):478-86 doi: 10.1016/j.jss.2012.02.047published Online First.

60. Zhong L, Li H, Li Z, et al. C7 genotype of the donor may predict early bacterial infection after liver transplantation. Sci Rep 2016;6:24121 Online First.

61. Zhu M, Li Y, Xia Q, et al. Strong impact of acute kidney injury on survival after liver transplantation. Transplant Proc 2010;42(9):3634-38 doi: 10.1016/j.transproceed.2010.08.059published Online First.

62. Zhu XS, Gao YH, Wang SS, et al. Contrast-enhanced ultrasound diagnosis of splenic artery steal syndrome after orthotopic liver transplantation. Liver Transpl 2012;18(8):966-71 doi: 10.1002/lt.23453published Online First.

63. Zhu XS, Wang SS, Cheng Q, et al. Using ultrasonography to monitor liver blood flow for liver transplant from donors supported on extracorporeal membrane oxygenation. Liver Transpl 2016;22(2):188-91 doi: 10.1002/lt.24318published Online First.

Supplementary File 6: Full list of journals included in the study and number of papers per journal

Journal	Number
Transplantation Proceedings	65
PLoS ONE	20
Clinical Transplantation	16
Liver Transplantation	15
Hepato-Gastroenterology	14
Experimental and Clinical Transplantation	11
Clinics and Research in Hepatology and Gastroenterology	8
International Journal of Clinical and Experimental Medicine	8
Annals of Transplantation	7
International Journal of Clinical Practice	6
Journal of Cancer Research and Clinical Oncology	6
Transplantation	6
European Journal of Gastroenterology and Hepatology	5
Experimental and Therapeutic Medicine	5
Medical Oncology	5
Medicine (United States)	5
Surgery (United States)	5

BMC Cancer	4
European Journal of Clinical Pharmacology	4
Genetics and Molecular Research	4
Hepatology International	4
Journal of Gastrointestinal Surgery	4
Journal of International Medical Research	4
Liver International	4
Oncotarget	4
Therapeutic Drug Monitoring	4
Biomarkers	3
Cytokine	3
Gene	3
International Journal of Medical Sciences	3
Journal of Gastroenterology and Hepatology (Australia)	3
Journal of Hepatology	3
Journal of Surgical Research	3
Scientific Reports	3
Transplant Infectious Disease	3
World Journal of Surgery	3

Abdominal Imaging	2
American Journal of Transplantation	2
Annals of Surgical Oncology	2
Archives of Medical Research	2
Asian Pacific Journal of Cancer Prevention	2
BioMed Research International	2
BMC Infectious Diseases	2
Brazilian Journal of Medical and Biological Research	2
British Journal of Radiology	2
Cancer Letters	2
Clinical Chemistry and Laboratory Medicine	2
Clinical Imaging	2
Digestion	2
Digestive Diseases and Sciences	2
European Journal of Radiology	2
European Surgical Research	2
Hepatitis Monthly	2
Hepatology	2
Hepatology Research	2

Immunopharmacology and Immunotoxicology	2
International Journal of Clinical Pharmacology and Therapeutics	2
Journal of Cardiothoracic Surgery	2
Journal of Immunology Research	2
Journal of Surgical Oncology	2
Latin American Journal of Pharmacy	2
Medical Science Monitor	2
Microbial Ecology	2
OncoTargets and Therapy	2
Pharmacogenomics	2
Postgraduate Medical Journal	2
Surgery Today	2
Therapeutics and Clinical Risk Management	2
Transplant Immunology	2
Tumor Biology	2
World Journal of Surgical Oncology	2
Acta Anaesthesiologica Scandinavica	1
Acta Cardiologica	1
Alcohol	1

American Journal of Chinese Medicine	1
American Journal of Roentgenology	1
Annals of Hepatology	1
ASAIO Journal	1
Asian Journal of Andrology	1
Biochemical and Biophysical Research Communications	1
Biomedicine and Pharmacotherapy	1
BMC Gastroenterology	1
BMC neurology	1
BMJ Open	1
Brain Imaging and Behavior	1
Brain Research	1
Cancer Biology & Therapy	1
Cancer Biology and Therapy	1
Cancer Gene Therapy	1
CardioVascular and Interventional Radiology	1
Cell Biochemistry and Biophysics	1
Clinica Chimica Acta	1
Clinical and Developmental Immunology	1

Clinical and Experimental Metastasis	1
Clinical Cancer Research	1
Clinical Genetics	1
Clinical Laboratory	1
Clinical Pharmacokinetics	1
Clinical Therapeutics	1
Clinical transplants	1
Cytotherapy	1
Diagnostic Pathology	1
Digestive and Liver Disease	1
Digestive Surgery	1
Disease Markers	1
Drug Metabolism and Pharmacokinetics	1
European Journal of Medical Research	1
European Journal of Pharmaceutical Sciences	1
European Review for Medical and Pharmacological Sciences	1
Focus on Alternative and Complementary Therapies	1
Formosan Journal of Surgery	1
Gut and Liver	1

Human Vaccines and Immunotherapeutics	1
Interactive Cardiovascular and Thoracic Surgery	1
International Anesthesiology Clinics	1
International Immunopharmacology	1
International Journal of Biological Sciences	1
International Journal of Cancer	1
International Journal of Cardiology	1
International Journal of Clinical & Experimental Pathology	1
International Journal of Clinical and Experimental Pathology	1
International Journal of Clinical Oncology	1
International Journal of Hyperthermia	1
International Journal of Immunogenetics	1
Investigational New Drugs	1
Journal of Cardiovascular Surgery	1
Journal of Clinical Nursing	1
Journal of Clinical Pharmacology	1
Journal of Clinical Pharmacy and Therapeutics	1
Journal of Clinical Virology	1
Journal of Critical Care	1

Journal of Diabetes Investigation	1
Journal of Diabetes.	1
Journal of Gastrointestinal and Liver Diseases	1
Journal of Hepato-Biliary-Pancreatic Sciences	1
Journal of Infection	1
Journal of Nanoscience and Nanotechnology	1
Journal of Occupational and Environmental Medicine	1
Journal of Parenteral and Enteral Nutrition	1
Journal of Research in Medical Sciences	1
Journal of Thoracic and Cardiovascular Surgery	1
Journal of Thoracic Disease	1
Journal of Translational Medicine	1
Journal of Ultrasound in Medicine	1
Journal of Vascular and Interventional Radiology	1
Journal of Virological Methods	1
Korean Journal of Radiology	1
Liver International.	1
Mediators of Inflammation	1
Medicinal Chemistry	1

Metabolic Brain Disease	1
Minerva Anestesiologica	1
Molecular Carcinogenesis	1
Molecular Genetics and Metabolism	1
Molecular Oncology	1
Pakistan Journal of Medical Sciences	1
Pediatric Transplantation	1
Pharmacology	1
Pharmazie	1
PLoS ONE [Electronic Resource]	1
Proteome Science	1
Renal Failure	1
Respiratory Care	1
Scandinavian Journal of Clinical and Laboratory Investigation	1
Surgical Practice	1
Thrombosis Research	1
Transplant International	1
Tumori	1
Turkish Journal of Gastroenterology	1

Ultrasound in Medicine and Biology	1
Viral Immunology	1
World Journal of Pediatrics	1
Xenobiotica	1

PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Identified as a scooping report, Title page
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	Structured summary included; study not registered
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	See p.2,3
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Not applicable as this is not a comparative study. Research question on p. 5.
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	There is no published protocol for this study
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	Study characteristics described on p. 5
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	Information sources

PRISMA 2009 Checklist

			described on p. 5.
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	This is provided in Supplementary file 1
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Described on p. 6
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	Described on p. 7
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	Described on p. 8 and Supplementary file 2
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	N/A
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	N/A
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	N/A

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	No formal risk of bias, but there is a lot of redundant publication. We have indicated potential unreliability of data on

PRISMA 2009 Checklist

			p. 24.
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	N/A
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	See p and Figure 1
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Data extraction items are listed in Appendix 2
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	N/A
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	N/A as no intervention groups
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	N/A
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	N/A
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	Descriptive analyses only
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	Strength of evidence not applicable
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	See p. 24.
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	See pp. 21-4
FUNDING			

PRISMA 2009 Checklist

Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	There was no funding for this review.

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