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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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SCHOLARONE™ Manuscripts 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

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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 peerreviewers 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
4 : 15	10
Animal Research	12
Chinese Journal	96
Chinese Journal	90
Case Report	3
Incidental Inclusion	14
Kidneys	637
1:: D	
Living Donors	7
Not China	380
Not China	300
Not Reviewed	1
Other Organs	2
0.1	40
Other	49
Review Paper	28
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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	All	Transplants before	All transplants	Transplants	All
	transplants	transplants	and after 2010	took place during	occurred before	transplants
	in papers	prior to	when volunteer	pilot 2010-2014	and after 2014	occurred
		2010	pilot started			post 2014
Total included papers	61	192	148	38	6	0
(No. of transplants)	(2,959)	(28,442)	(49,376)	(3,937)	(763)	
33 papers claiming no	1	18	8	6	0	0
executed prisoners	(47)	(2,641)	(1,212)	(1,556)		
(No. of transplants)						
14 papers claiming	1	8	4	1	0	0
volunteers	(321)	(2,269)	(387)	(12)		
(No. of transplants)						



File 6.

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

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	Number of	Number of
		in journal	papers with	papers with
		out of 445	ethics	donor ID (%)
		(%)	statement	
		6	(%)	
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	0.54	11 (2%)	10 (91%)	1 (9%)
Transplantation				

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

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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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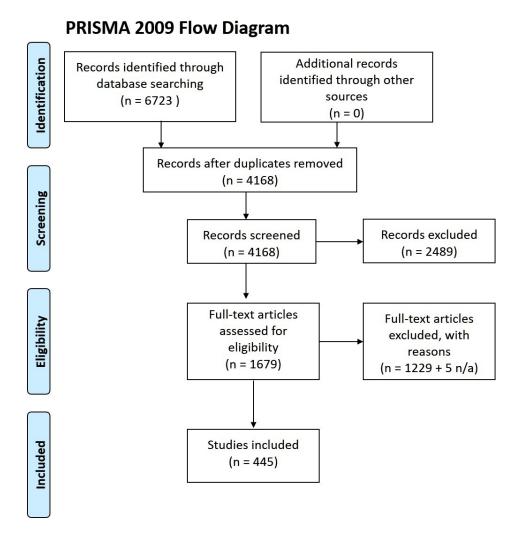


Figure 1: PRISMA flow chart detailing search strategy 180x183mm (150 x 150 DPI)

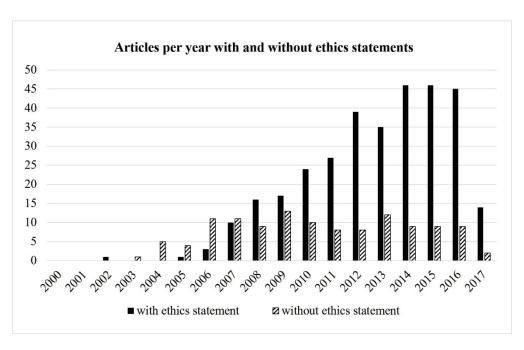


Figure 2: Articles per year with and without ethics statements $261 \times 163 \, \text{mm}$ (150 x 150 DPI)

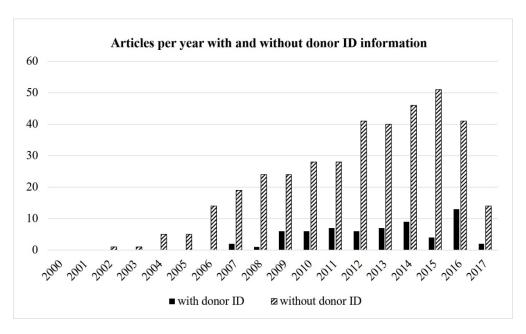


Figure 3: Inclusion of donor information by year of publication $269 \times 161 \text{mm} (150 \times 150 \text{ DPI})$

Supplementary File1: Search strategies

All searches run on 5 April 2017

1		Results	
1	exp Organ Transplantation/	:	
2	transplant*.ti,ab.	1702	
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")		
	DPUS DPUS		
	TITLE (transplant*) AND AFFILCOUNTRY (china) AND	Results	
NOT TITLE-ABS-KEY (mice OR "stem cell" OR "living			
donor" OR "case			
repo	ort")) AND PUBYEAR > 1999) AND (EXCLUDE (DOCTYPE,		
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TO (LANGUAGE, "English")) AND (LIMIT-			
	(EXACTKEYWORD, "Human (EXACTKEYWORD, "Male") OR LIMIT-		
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10	(EXTERNET HORD, Temme))		
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1		Results	
$\frac{1}{2}$	exp organ transplantation/	:	
2	china.in.	2971	
3	1 and 2		
4	stem cells.ti,ab.		
5	mice.ti,ab.		
4	practice guideline/		
6	*"living donor"/		
7			
7 8	living donor.ti,ab.		
7 8 9	living donor.ti,ab.		
7 8	living donor.ti,ab.		

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	Descriptor
ID	
A	EndNote reference number
В	Title and abstract
С	Journal title
D	url
Е	0: Exclude
	1: Include
	2: Paper not available
	3: For discussion
F	Exclusion reason (see Table 2 for more details)
G	Publication year
Н	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
О	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)
P	4 = Other (make note in column R)
r	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:
Q	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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1	Reference	Publicati Organ type	Organs from	No of Tx from	Year of first	Year of last	Ethics approv	Ethics text	Donor identi	t Donor identit	Type of don
2	Awang DVC, Kong L, Jiang W. Schisandra extract el	2010 Livers	DD	32	2004	2008	Yes	This study w	No		OT
3	Bai DS, Dai Z, Zhou J, et al. Capn4 overexpression u	2009 Livers		252	2001			Ethical appro	No		(
4	Bu X, Zheng Z, Yu Y, et al. Significance of C4d Depo	2006 Livers	DD	20	2001	2004	No		No		(
5	Cai CJ, Lu MQ, Chen YH, et al. Clinical study on prev	2012 Livers		252			_		No		(
6	Cai Q, Li S, Jiang Y, et al. Alleviating graft injury du	2016 Livers	DD	42		2014	Yes	This study w	No		(
7	Chen B, Gu Z, Chen H, et al. Establishment of high-	2010 Livers		51			Yes	The study pr			C
8	Chen D, Fan J, Guo F, et al. Novel Single Nucleotide	2013 Livers		96				This research	No		(
9	Chen D, Guo F, Shi J, et al. Association of hemoglo	2014 Livers		96		2012		This study w			C
10	Chen G, Liu H, Hu ZQ, et al. A new scheme with inf	2015 Livers		102				This study w			C
11	1 1 1	2008 Livers		31					No		
12	Chen GH, Wang GY, Yang Y, et al. Single-center ex	2009 Livers		20					No		C
13	Chen GH, Yang Y, Lu MQ, et al. Liver transplantation	2010 Livers		268					No		
14	Chen H, Chen E, Mao A, et al. Validation of limited	2007 Livers		30		Ū	Yes	The study wa			C
15	Chen H, Gu Z, Chen B, et al. Models for the predict	2008 Livers		60			Yes	The study pr			C
16	Chen H, Peng C, Yu Z, et al. Pharmacokinetics of m	2007 Livers		40		ŭ	Yes	The study de			C
17	Chen HY, Han ZB, Fan JW, et al. MiR-203 expression	2012 Livers	DD	66				Use of forma			C
18	Chen J, Li Y, Wang L, et al. Association of three SN	2012 Livers		178				This study w			
19	Chen P, Wang W, Yan L, et al. Risk factors for first-	2015 Livers	DD	791				This study w			OT
20	Chen Y, Zhang H, Xiao X, et al. Peripheral blood tra	2013 Hearts	DD	12				After approv		All the donor	C
21	Chen YB, Li SD, Ju BL, et al. Suitable calcineurin inh	2011 Livers		97				All grafts we		Nothing in pa	C
22	Chen ZY, Yan LN, Zeng Y, et al. Preliminary Experie	2008 Livers	DD	14				The ethical a		All donors in	
23	Cheng JW, Shi YH, Fan J, et al. An immune function	2011 Livers		197				All blood sar	1		
24	Cheng L, Tian F, Tang L, et al. Local distribution and	2012 Livers		73				Written info			
25	Cheng Y, Huang L, Zhang X, et al. Liver transplantat	2015 Livers		12				This study w			
26	Chu Z, Zhang J, Zhao Y, et al. Influence of immunos	2010 Livers		47			No		Yes	No prisoners	C
27	Dai Y, Li C, Wen TF, et al. Comparison of liver rese	2014 Livers	DD	10			Yes	All transplan			C
28	Deng JF, Geng L, Qian YG, et al. The Role of Toll-Li	2007 Livers	-	66			No		No		
29	Dong J, Zhu Y, Ma F, et al. Conditional disease-free	2016 Livers		384				The study wa			
	Dong JY, Yin H, Li RD, et al. The relationship betwe	2011 Livers		83				D. Caralla III.	No		
31	Duan BW, Lu SC, Lai W, et al. The detection of (tot	2015 Livers		55				Prior to the s			
	Duan BW, Lu SC, Wu JS, et al. Model for end-stage	2014 Livers	DD	78		2010 2007		Before the s		All =£ +b = == -	OT.
	Fan J, Yang GS, Fu ZR, et al. Liver transplantation of	2009 Livers	טט	1074			_	Th	Yes	All of the cad	01
34	Fan J, Zhang X, Ren L, et al. Donor IL-18 rs5744247	2015 Livers	DD	84 48				The study wa			H
35	Feng ZY, Xu X, Zhu SM, et al. Effects of low central	2010 Livers						Under the ap			H
36 37	· · · · ·	2011 Livers 2006 Livers	DD	11 126				Approval de	No		
-	Fu YW, Wang WG, Zhou HL, et al. Presence of don Gao F, Ye Q, Wan Q, et al. Distribution and resista	2006 Livers 2015 Livers	+	126				Approval doo The ethics			
	Gao PJ, Gao J, Li Z, et al. Hepatocellular carcinoma	2015 Livers 2014 Livers			2007	2014		The study wa			
39 40	Gao S, Lin BY, Yang Z, et al. Role of overexpression	2014 Livers 2014 Livers	+		2004/7	2011/12	Yes Yes	This study w			<u> </u>
-	Gao Y, Ren H, Meng F, et al. Pathological roles of i	2014 Livers 2016 Livers	+		2017/1	2010/1		•		No organ tra	
41		2016 Livers 2015 Livers	+		2010/6	2014/10	Yes	Ethics appro The study pr		No organ tra	
42 43	Gao Y, Zhang M, Li J, et al. Circulating FoxP3+ regular Gao YJ, Zhang M, Jin B, et al. A clinical-pathological	2014 Livers	+		2010/6	2013/6	Yes Yes	The study pr		Organ donati	
			+		· ·	, -		rne study pr		Organ donati	(
44	Gu L, Jin W, Kan L, et al. A Retrospective Study to	2014 Livers		190	2007/7	2009/3	No		No		

В	С	D	E	F	G	Н	l	J	K	L	М
45 Gu L, Yu YC. Clinical outcome of dental implants pl	2011	Livers	DD		2005/1	2007/1	No		Yes	No organs fro	(
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		(
47 Guo W, Sheng J, Gu Y, et al. Analysis and forecast	2014	Livers		249	2007/1	2009/1	No		No		(
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		(
49 Han ZB, Zhong L, Teng MJ, et al. Identification of re	2012	Livers		165	2002/1	2007/12	Yes	All patients v	No		(
50 Hei Z, Chi X, Cheng N, et al. Upregulation of TLR2/4	2010	Livers	DD	18			Yes	This study wa			MX
51 Hu B, Gao DJ, Yu FH, et al. Endoscopic stenting for	2011	Livers	DD		2008/7	2010/6	Yes	The study pro	No		(
52 Hu J, Wang Z, Fan J, et al. Genetic variations in pla		Livers	DD		2004/1	2008/6	Yes	The study pro	No		(
53 Hu J, Xie X, Li Y, et al. A novel noninvasive method	2012	Hearts	DD	47		2010	Yes	The study wa	No		(
54 Hu WY, Wu LQ, Su Z, et al. Expression of human le		Livers	DD	59		2009		The present s			(
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		2009			No		OT
57 Hu Z, Zhou J, Li Z, et al. Salvage liver transplantation	2014	Livers	DD	53		2012	Yes	Ethical appro	No		(
58 Hu Z, Zhou J, Li Z, et al. Time interval to recurrence	2015	Livers	DD	62		2012		This single-ce	No		(
59 Huang L, Li GM, Zhu JY, et al. Efficacy of sorafenib		Livers	DD	97		2010			No		(
60 Huang M, Shan H, Jiang Z, et al. The use of coronal	4	Livers	DD		2003/11	2005/9	Yes	Written infor	No		(
61 Huang Q, Zhai RY, Dai DK. Interventional Treatmen		Livers	DD		2004/6	2006/9	No		No		(
62 Huijun M, Ji Z, Ping X, et al. Linkage disequilibrium	2013	Lungs	DD		2004/8	2011/7	Yes	All protocols	No		(
63 Jiang GQ, Bai DS, Chen P, et al. Starting hemoglob		Livers	DD		1996/7	2009/7	No		No		(
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		(
65 Jiang T, Liu S, Xiao X, et al. Diagnosis of rejection a		Livers	DD	66			No		No		(
66 Jiang Z, Chen Y, Feng X, et al. Recipient cytotoxic T		Livers	DD		2005/1	2010/12	Yes	Written infor			(
67 Jiang Z, Feng X, Zhang W, et al. Recipient cytotoxic		Livers	DD		2003/1	2005/12	No		No		(
68 Jiao ZY, Jiao Z. Prophylaxis of Recurrent Hepatitis		Livers	DD		1999/1	2005/9	No		No		(
69 Jin R, Duan H, Zhao C, et al. Pharmacokinetics of C		Hearts	DD	5			No		No		(
70 Jin Z, Zhang WX, Chen B, et al. Stepwise regression		Livers	DD		2006/6	2007/3	Yes	All cases sigr			(
71 Ju W, Chen M, Guo Z, et al. Allografts positive for I		Livers	DD		2007/1	2010/2	Yes	All transplan			(
72 Ju WQ, Guo ZY, Liang WH, et al. Sirolimus convers		Livers	DD	25	2005/10	2008/12	Yes	The study pro	No		(
73 Ju WQ, Guo ZY, Ling X, et al. Twenty-four hour ste		Livers	DD	82		2008/9	Yes	The study pro			(
74 Kong HY, Huang SQ, Zhu SM, et al. Role of anhepat		Livers	DD	50			Yes	The study wa			(
75 Kong HY, Wen XH, Huang SQ, et al. Epsilon-aminod		Livers	DD	59		_	Yes	The study wa			(
76 Lai MC, Yang Z, Zhou L, et al. Long non-coding RNA		Livers	DD		2003/1	2005/12	Yes	Our work wa			(
77 Lei J, Yan L. Outcome Comparisons Among the Har		Livers	DD		2001/4	2012/8	Yes	Each organ d		No prisoners	(
78 Lei JY, Wang WT, Yan LN. Hangzhou criteria for live		Livers	DD		2000/8	2010/12	Yes	All of the livi		The donors v	(
79 Lei JY, Yan LN, Zhu JQ, et al. Hepatocellular Carcino		Livers	DD		2009/1	2014/8	No		No		(
80 Li C, Zhang F, Zhang W, et al. Feasibility of 1251 br		Livers	DD		2006/7	2009/12	Yes	All patients g			(
81 Li C, Zhu WJ, Wen TF, et al. Child-Pugh A Hepatitis		Livers	DD		2007/1	2012/12	Yes	All transplan			(
82 Li D, Lu W, Zhu JY, et al. Population pharmacokinet		Livers	DD		2004/7	2006/8	Yes	The study wa			(
83 Li D, Zhu JY, Gao J, et al. Polymorphisms of tumor		Livers	1		2004/7	2006/7	Yes	The study wa			(
84 Li F, Yang M, Li B, et al. Initial clinical results of or		Livers	1		2001/4	2006/4	Yes	All 7 donated		All 7 donated	(
85 Li H, He JW, Fu BS, et al. Immunosuppressant-rela		Livers	1		2004/1	2007/12	Yes	The study pro		All organ dor	(
86 Li H, Li B, Wei Y, et al. Preoperative transarterial c		Livers	1	450	2001/1	2013/12	No		No		(
87 Li H, Li J, Wang Y, et al. Proteomic analysis of efflu		Hearts	DD	5	0		Yes	The study pro	Yes	Five donors v	DBD
88 Li H, Wang S, Wang G, et al. Yes-associated protei	2014	Livers	<u> </u>	105	2004/6	2009/9	Yes	The present s	No		(

В	С	D	E	F	G	Н	l l	J	K	L	М
89 Li H, Xie HY, Zhou L, et al. Copy number variation	n ir 2012	Livers		266	2006/1	2009/3	Yes	This study w	No		(
90 Li J, Liu B, Yan LN, et al. Reversal of Graft Steat	osi: 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 vi		Livers		322	2004/1	2009/1	No		No		(
92 Li Q, Yao G, Ge Q, et al. Relevant risk factors af	fec 2010	Livers		96	2004/8	2006/5	No		No		(
93 Li QY, Qin YS, Ling Q, et al. No therapeutic ERCF	in 2011	Livers	DD	592	2004/5	2010/6	Yes	Each organ d	No		(
94 Li RD, Sun Z, Dong JY, et al. A quantitative asses	sm 2013	Livers		194	2009	2010	Yes	All persons h	No	Included in th	(
95 Li T, Chen ZS, Zeng FJ, et al. Impact of early bili	ary 2007	Livers	DD	84	2002/11	2005/6	No		No		(
96 Li WX, Li Z, Gao PJ, et al. Histological differentia	tic 2014	Livers	DD	107	2002	2011	Yes	Informed cor	Yes	The deceased	(
97 Li X, Li X, Chi X, et al. Ulinastatin ameliorates ac	ute 2015	Livers		60	0	0	Yes	Informed cor	No		C
98 Li Y, Shi Y, Chen J, et al. Association of polymor		Livers		200	2000/4	2011/3	Yes	All the liver t	No		(
99 Li Y, Zhu M, Xia Q, et al. Urinary neutrophil gela	tin 2012	Livers	DD	11	2007/12	2008/12	Yes	After the stu	No		C
100 Li Y, Zou Y, Cai B, et al. The associations of IL-18		Livers			2000/4	2008/3	Yes	All liver trans	No		(
101 Liang TB, Bai XL, Li DL, et al. Early Postoperative	He 2007	Livers		261	2003/1	2005/12	No		No		(
102 Liang TB, Li DL, Liang L, et al. Intraoperative blo	od 2008	Livers			2006/1	2006/12	Yes	The clinical s	No		(
103 Liang TB, Li JJ, Li DL, et al. Intraoperative blood		Livers			2005/12	2006/10	Yes	Because of t	No		(
104 Lianghui G, Shusen Z, Tingbo L, et al. Deferred v	ers 2004	Livers		89	1999/1	2003/6	No		No		(
105 Lin MJ, Yang YL, Yu Q, et al. Value of percutane		Livers			2008/4	2013/1	Yes	This study w	No		(
106 Ling Q, Xie H, Lu D, et al. Association between o	on 2013	Livers	N		2006/11	2009/7	Yes	Informed cor	Yes	No donor liv	(
107 Ling Q, Xu X, Li J, et al. A new serum cystatin C-		Livers	DD		2006/6	2007/1	Yes	Informed cor	No		(
108 Ling Q, Xu X, Wang K, et al. Donor PPAR? Gene	Pol 2015	Livers	DD		2010/1	2012/10	Yes	This study w	Yes	No donororg	(
109 Ling Q, Xu X, Wei Q, et al. Downgrading MELD i		Livers	4	189	2001/1	2010/6	Yes	Informed cor	No		(
110 Ling Q, Xu X, Wei Q, et al. Impact of preexisting		Livers	DD		2003/9	2007/5	Yes	Informed co			(
111 Liu B, Teng F, Fu H, et al. Excessive intraoperati		Livers	DD		2001/1	2012/12	Yes	Thisstudy wa	No		(
112 Liu C, Shang YF, Zhang XF, et al. Co-administrat	on 2009	Livers		30	2000	2006		After the stu	No		(
113 Liu CZ, Hu SY, Jin B, et al. Hemodialysis-induced	hy 2008	Livers		5	0		Yes	After obtaini			(
114 Liu D, Huang P, Li X, et al. Using inflammatory a		Livers	DD	28	0		Yes	All study e			OT
115 Liu D, Luo G, Luo C, et al. Changes in the concen		Livers		28	0	_	Yes	This study w			(
116 Liu J, Yan J, Wan Q, et al. The risk factors for tu		Livers	DD	4	/-	2013/8	Yes	The study pro			OT
117 Liu S, Fan J, Wang X, et al. Intraoperative Cryop		Livers	DD		2005/1	2010/12	Yes	National legi			DCD
118 Liu S, Wang X, Lu Y, et al. The effects of intraop		Livers	DD		2003/1	2010/12	Yes	National legi			(
119 Liu S, Xing T, Sheng T, et al. The reduction rate		Livers	DD		2007/1	2011/12	No		No		DCD
120 Liu XX, Xu BM, Chen H, et al. Limited Sampling		Livers		28	0		Yes	The study pro			(
121 Liu ZN, Wang WT, Yan LN. De Novo Malignancie		Livers	DD		2002/4	2009/3	Yes	All liver graft			DBD
122 Lu D, Xu X, Wang J, et al. The influence of a con		Livers	DD		2007/1	2010/1	Yes	Institutional		The liver don	
123 Lu H, He J, Wu Z, et al. Assessment of Microbio		Livers			2011/3	2011/12	No		No		(
124 Lu NN, Huang Q, Wang JF, et al. Non-anastomo		Livers			2002/1	2011/1	No		No	<u> </u>	(
125 Lu Q, Zhong XF, Huang ZX, et al. Role of contras		Livers			2005/1	2011/1	Yes	This study w		<u> </u>	(
126 Luo A, Wan Q, Ye Q, et al. The clinical manifest		Livers			2007/1	2014/8	Yes	The present			(
127 Luo A, Zhong Z, Wan Q, et al. The distribution a		Livers			2003/1	2015/7	Yes	The ethics co			(
128 Luo YL, Yang XL, Cui JB, et al. Health-related qua		Livers		55	2009			Transplantat			(
129 Lv Z, Cai X, Weng X, et al. Tumor-stroma ratio is		Livers			2006/1	2013/12	Yes	All patients s			(
130 Lv Z, Weng X, Du C, et al. Downregulation of HD		Livers			2007/3	2013/3	Yes	Informed cor			(
131 Lyu SQ, Ren J, Zheng RQ, et al. Contrast-enhanc		Livers	DD		2004/4	2014/5	Yes	This study w	No		(
132 Mao W, Chen J, Zheng M, et al. Initial experience	e d 2013	Lungs		100	2002/6	2010/12	No		No		DBD

В	С	D	E	F	G	Н	I	J	K	L	М
133 Mao W, Hu Y, Lou Y, et al. Immature platelet fract	2015	Livers		30	2012	2013	Yes	The study wa	No		
134 Mao WJ, Chen JY, Zheng MF, et al. Lung transplant	2011	Lungs		5	2002/9	2010/12	Yes	Lung transpla	No	1	
135 Men TY, Wang JN, Li H, et al. Prevalence of multid		Livers		100	2007/4	2010/12	Yes	The protocol	No	1	
136 Minmin S, Zhidong G, Hao C, et al. Correlation bety	2010	Livers	DD	24	0	0	Yes	This study pro	No	1	
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	
138 Niu YJ, Shen ZY, Xu C, et al. Establishment of tacro	2013	Livers		86	2009/1	2011/1	No		No	1	
139 Pan C, Shi Y, Zhang JJ, et al. Single-Center Experier	2009	Livers		253	1998/9	2007/7	No		Yes	No prisoners	
140 Pan C, Wang C, Pan W, et al. Usefulness of real-tir	2011	Hearts	DD	95	2005/1	2009/2	Yes	The study cor	No		
141 Pan L, Zhang W, Zhang J, et al. The analysis of CD4	2012	Livers		31	0	0	Yes	Our study wa	No		
142 Pei F, Shang K, Jiang B, et al. Clinicopathologic stu	2013	Livers		54	2000/8	2004/8	No		No	1	
143 Qin J, Fang Y, Dong Y, et al. Radiological and clinic	2012	Livers		25	2003/1	2010/1	Yes	Approval was	No		
144 Qin J, Xu J, Dong Y, et al. High-resolution CT finding	2012	Livers		453	2000/1	2011/1	No		No	1	
145 Qin Z, Linghu EQ. New endoscopic classification sy	2014	Livers	DD	78	2006/5	2011/9	No		No	1	
146 Qiu Y, Zhu X, Wang W, et al. Nutrition Support Wit	2009	Livers		65	2002/1	2005/7	Yes	This randomi	No		
147 Qu W, Zhu ZJ, Sun LY, et al. Salvage liver transplan	2015	Livers		108	2000/4	2011/6	Yes	This study wa	No	1	
148 Ran JH, Zhang SN, Liu J, et al. In-hospital and follo	2016	Livers		34	2006/5	2010/12	Yes	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		1	
150 Ren J, Zheng BW, Wang P, et al. Revealing Impaire	2013	Livers		42	2007/2	2009/12	Yes	The study wa	No	1	
151 Sha J, Tao Y, Li D, et al. Outcome of heart transpla	2008	Hearts	DD	10	2004/5	2006/2	No		No	1	
152 Shaoyin D, Yongmei Y, Tong S, et al. Follow-up exa	2012	Hearts	DD	12	2006/6	2011/9	Yes	was approve	No	1	
153 Shen JY, Li C, Wen TF, et al. Liver transplantation v	2016	Livers	4		2001/1	2014/12	Yes	Written infor		1	
154 Sheng H, Lu Y, Chen H. Ocular Complications of He	2008	Hearts	DD	138	2000/5	2005/10	Yes	This study wa	No	1	
155 Sheng L, Jun S, Jianfeng L, et al. The effect of siroli	2015	Livers	DD	127	2008	2013	No		No	1	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		
157 Shi Y, Li Y, Tang J, et al. Influence of CYP3A4, CYP3	2013	Livers		216	2000/4	2008/3	Yes	This study wa		1	
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	1	
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		
161 Sun B, Li XY, Gao JW, et al. Population pharmacoki	2010	Livers		124	2000	2007	Yes	The study wa	No	1	
162 Sun H, Teng M, Liu J, et al. FOXM1 expression pred	2011	Livers	DD	5	2001/10	2009/4	Yes	Ethical appro	No		
163 Sun J, Cao G, Zhang L, et al. Human cytomegalovir	2012	Livers		69	2002/1	2009/6	Yes	The study wa	No		
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	2009	Livers		62	0	0	Yes	This study wa		1	
166 Tu Z, Xiang P, Xu X, et al. DCD liver transplant infed	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 l	2014	Livers		441	2000/1	2011/12	No		No	1	
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 pred	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		
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		
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		
173 Wang CM, Li X, Song S, et al. Newly designed y-co	2012	Livers	DD		2000/7	2010/7	Yes	Study approv	No		ĺ
174 Wang E, Nie Y, Zhao Q, et al. Circulating miRNAs r	2013	Hearts	DD	7	2011/7	2011/8	Yes	The protocol			
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	1	
176 Wang GY, Jiang N, Yi HM, et al. Pretransplant elev	2016	Livers	DD		2007/10	2009/1	No		No	1	DCD

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

В	С	D	E	F	G	Н	1	J	K	L	М
221 Wu Y, Cai B, Tang J, et al. Tacrolimus may induce t	2011	Livers		94	2007	2010	Yes	This study ha	lo		
222 Wu ZW, Lu HF, Wu J, et al. Assessment of the Fec		Livers		74			Yes	The project v			
223 Xia D, Yan LN, Li B, et al. Orthotopic liver transplan		Livers		5	2001/4	2002/11	No		lo		
224 Xia D, Yan LN, Xu L, et al. Postoperative Severe Pne	2006	Livers		132	1999/2	2004/4	No	N	lo .		
225 Xia W, Ke Q, Wang Y, et al. Donation after cardiac	2015	Livers	DD	127	2010/10	2014/4	Yes	Informed cor N	lo .		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 N	lo .		
227 Xia ZW, Jun CY, Hao C, et al. The occurrence of dia	2010	Livers		67	2005/5	2008/8	Yes	The study de N	lo .		
228 Xiao L, Fu ZR, Ding GS, et al. Liver Transplantation	2009	Livers	DD	244	2001/12	2006/12	No	N	lo .		
229 Xiao L, Fu ZR, Ding GS, et al. Prediction of survival	2009	Livers	DD	137	2002/8	2007/11	Yes	None of the (Y	'es	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 N	lo		
231 Xie BX, Zhu YM, Chen C, et al. Outcome of TiNi ste	2013	Lungs		24	2003/1	2010/6	Yes	This study wan	lo		
232 Xie HY, Wang WL, Yao MY, et al. Polymorphisms in	2008	Livers		186	2003	2005	Yes	The local Eth N	lo		
233 Xie M, Rao W, Sun LY, et al. Tacrolimus-related se	2014	Livers	DD	13	2007/1	2010/12	Yes	Conduct of or N	lo .		
234 Xie M, Rao W, Yang T, et al. Occult hepatitis B viru	2015	Livers		65	2008/6	2012/6	Yes	The conduct N	lo		
235 Xie SB, Zhu JY, Ying Z, et al. Prevention and risk fac		Livers	DD		2003/10	2008/8	No	l l	lo .		
236 Xing T, Huang L, Yu Z, et al. Comparison of Steroid-	2013	Livers	DD		2003/1	2009/12	Yes	The study wa	lo		
237 Xing T, Qiu G, Zhong L, et al. Calcitriol reduces the	2013	Livers			2010/3	2011/3	Yes	The study pro	lo		
238 Xing T, Zhong L, Chen D, et al. Experience of combi	2013	Livers	DD	133	2001/1	2009/12	Yes	The study, a N	lo		
239 Xing T, Zhong L, Qiu G, et al. Evolution of CD4+CD2	2014	Livers		<u> </u>	2010/3	2011/3	No		lo .		
240 Xu G, Li LL, Sun ZT, et al. Effects of dexmedetomid		Livers		80	2014/12	2015/12	Yes	The study wa	lo		
241 Xu H, Li W, Xu Z, et al. Evaluation of the right ventr	2012	Livers		30	0	0	Yes	After obtaini	lo		OT
242 Xu J, Shen ZY, Chen XG, et al. A randomized contro		Livers	DD	60	2004/7	2004/11	Yes	The study wa Y	'es	donor livers v	
243 Xu L, Li X, Xu M, et al. Perioperative use of ECMO d	2009	Lungs	DD	9		2006	No	N	10		
244 Xu L, Xu MQ, Yan LN, et al. Causes of mortality after	2012	Livers	DD	472	1999/2	2009/12	No		lo		
245 Xu X, Guo HJ, Xie HY, et al. ZIP4, a novel determina	2014	Livers		60		2009	Yes	The study pro Y	'es	No donor live	
246 Xu X, Ke QH, Shao ZX, et al. The value of serum ?-f		Livers			2004/2	2006/12	No	N	10		
247 Xu X, Ling Q, Gao F, et al. Hepatoprotective effects		Livers	DD		2003/9	2006/1	Yes	The ethical c Y	'es	DONORS gav	
248 Xu X, Ling Q, Wu J, et al. A novel prognostic model	2007	Livers	DD	199	2003/1	2006/9	Yes	Each organ (N	lo		
249 Xu X, Ling Q, Zhang M, et al. Outcome of patients v		Livers	DD		2003/1	2006/3	No		'es	Informed cor	
250 Xu X, Liu X, Ling Q, et al. Artificial Liver Support Sys		Livers			2001/1	2009/12	Yes	This study way	'es	No donor live	
251 Xu X, Qu K, Wan Y, et al. Tumor existence and tum		Livers			2002/8	2012/3	Yes	The procedur N			
252 Xu X, Tu Z, Wang B, et al. A novel model for evalua		Livers	DD		2006/1	2008/12	Yes	The guideline Y		No donor live	
253 Xu ZD, Xu HT, Li WW, et al. Influence of preoperati		Livers	DD		2005/1	2009/12	No		lo .		
254 Xue F, Higgs BW, Huang J, et al. HERC5 is a progno		Livers		21	2008			Informed wri Y		No donor org	
255 Xue F, Zhang J, Han L, et al. Immune cell functiona		Livers			2008/4	2009/1	No		lo .		
256 Xue J, Wang L, Chen CM, et al. Acute kidney injury		Lungs			2002/9	2011/12	Yes	All transplan N			
257 Xue M, Lv C, Chen X, et al. Donor liver steatosis: A		Livers		739	2001/4	2014/12	Yes	The study wa N			
258 Yambe T, Meng X, Hou X, et al. Cardio-ankle vascul		Hearts	DD	7	0		No		lo .		
259 Yan S, Tu Z, Lu W, et al. Clinical utility of an autom		Livers			2007/1	2009/1	Yes	This study wan			
260 Yang CH, He XS, Chen J, et al. Fungal infection in pa		Livers			2003/1	2012/9	No		lo .		
261 Yang JW, Liao SS, Zhu LQ, et al. Population pharma		Livers		52		2012		Approval for N			
262 Yang X, Lu Q, Tang T, et al. Prediction of the progn		Livers	DD		1999/1	2010/12	Yes	The study pro Y		None of the	
263 Yang YJ, Chen DZ, Li LX, et al. Sirolimus-Based Imn		Livers			2004/1	2005/1	No		lo		
264 Yang YL, Shi LJ, Lin MJ, et al. Clinical analysis and s	2013	Livers		14	2001/11	2005/10	No	N	lo		

	В	С	D	Е	F	G	Н	Ī	J	K	L	М
265	Yang Z, Zhou L, Wu LM, et al. Overexpression of lo	2011	ivers		60		2005	Yes	This study wa	No		
266	Yang Z, Zhou L, Wu LM, et al. Combination of polyr	2010	ivers		97	2003	2006	Yes	This study pr	No		
267	Yao J, Feng XW, Yu XB, et al. Recipient IL-6-572c/G	2013	ivers		335	2005/1	2010/12	Yes	This study wa	No		
268	Yi H, An Y, Lv H, et al. The association of lipopolysa	2014	ivers		26	2004/3	2006/1	Yes	The study pro	No		
269	Yu S, He X, Yang L, et al. A retrospective study of co	2008	ivers				2007/1	No		No		
۲ 270	Yu S, Wu L, Jin J, et al. Influence of CYP3A5 gene p	2006	ivers	DD	53	2004/7	2005/3	No		No		
271	Yu X, Wei B, Dai Y, et al. Genetic polymorphism of	2014	ivers		289	2006	2011	Yes	The research	No		
272	Yu X, Xie H, Wei B, et al. Association of MDR1 gene	2011	ivers		64	0	0	Yes	The research	No		
	Yuan D, Wei YG, Lin HM, et al. Risk factors of bilia	2009	ivers	DD	263	1999/1	2005/11	Yes	All the liver t	No		
274	Zeng Z, Jiang Z, Wang CS, et al. Preoperative evalu	2010	Hearts	DD		2004/1	2006/3	No		No		
275	Zhai H, Liang P, Yu XL, et al. Microwave ablation in	2015	ivers		11	2008/10	2014/8	No		No		
276	Zhang A, Zhang M, Shen Y, et al. Hepatitis B virus	2009	ivers		144	2002/1	2005/12	No		No		
277	Zhang C, Rao J, Tu Z, et al. Surgical resection of res	2009	ivers		5	2003/10	2007/9	No	The study wa	No		
278	Zhang D, Jiao Z, Han J, et al. Clinicopathological fe	2014	ivers		184	1999	2010	Yes	This study w	Yes	Grafts were	
279	Zhang F, Wu LM, Zhou L, et al. Predictive value of (2008	ivers		65		2005	Yes	This study wa	No		
280	Zhang FJ, Li CX, Liang Z, et al. Short- to mid-term e	2009	Livers		10	2004/11	2008/5	Yes	All procedure	No		
281	Zhang H, Chen L, Gu G, et al. Clinical observation a	2013	Livers		8	2004/5	2009/3	No		No		
	Zhang HM, Jiang WT, Pan C, et al. Milan criteria, U	2015		DD	1554		2011/12	No		No		
283	Zhang HM, Li SP, Yu Y, et al. Bi-directional roles of	2016	ivers		127	2011/7	2014/7	Yes	The study wa	No		
284	Zhang LJ, Yang GF, Jiang B, et al. Cavernous transf	2008	ivers		14	2003/1	2005/2	No		No		
285	Zhang M, Yin F, Chen B, et al. Mortality risk after li	2012	ivers	DD	290	1999/2	2009/8	Yes	Each liver do	Yes	All organ dor	MX
	Zhang M, Zhong X, Zhang W, et al. Human parvovi	2015	ivers	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	ivers	DD		2010/1	2014/12	No		No		DCD
288	Zhang P, Guo Z, Zhong K, et al. Evaluation of Immu	2015	ivers		68	0	0	Yes	This study wa	No		
289	Zhang Q, Chen H, Li Q, et al. Combination adjuvant	2011	ivers		95	2005/2	2006/12	Yes	The protocol	No		
290	Zhang Q, Chen X, Zang Y, et al. The Survival Benefi	2012	ivers		313	2002	2008	Yes	This retrospe	No		
291	Zhang Q, Shang L, Zang Y, et al. ?-Fetoprotein is a	2014	ivers		203	2002/7	2006/12	Yes	This study w	No		
292	Zhang W, Zhong H, Zhuang L, et al. Peripheral blod	2016	ivers	DD	76	2011/1	2013/12	Yes	This study wa	No		
293	Zhang X, Fan J, Yang MF, et al. Monitoring of huma	2009	ivers		51	2005/11	2007/9	No		No		
294	Zhang X, Wang Z, Fan J, et al. Impact of interleukir	2011			53	2006/5	2010/3	Yes	This study wa	No		
295	Zhang X, Xu J, Fan J, et al. Influence of IL-18 and IL	2017	ungs	DD	51	2005/7	2015/7	Yes	The study wa	No		
	Zhang XD, Cheng Y, Poon CS, et al. Long-and short-	2015	ivers			2013/12	2014/9	Yes	This prospect	No		
297	Zhang XF, Lv Y, Xue WJ, et al. Mycobacterium tube	2008	_ivers		85		2006/4	No		No		
298	Zhang XQ, Wang ZW, Fan JW, et al. The impact of	2012	ivers		262	2002/3	2009/7	Yes	This study wa	No		
299	Zhang Y, Wang YL, Liu YW, et al. Change of Periph	2009	ivers	DD	20	2003	2004	Yes	The present s	No		
300	Zhang Y, Yan L, Wen T, et al. Prophylaxis against h	2012	ivers		510	1999/6	2009/10	Yes	These were a	Yes	All liver graf	
301	Zhang YC, Qu EZ, Ren J, et al. New diagnosis and t	2014	ivers			2003/10	2012/6	Yes	All the patier	No		
302	Zheng RQ, Mao R, Ren J, et al. Contrast-enhanced	2010	ivers		47	2005/3	2008/12	Yes	Written, info	No		
303	Zheng S, Chen Y, Liang T, et al. Prevention of hepat	2006	ivers		165	1999/12	2004/6	No		No		
304	Zheng SS, Xu X, Wu J, et al. Liver transplantation fo	2008	ivers		195	2000/1	2007/1	Yes	In-formed co	No		
305	Zheng Z, Gao S, Yang Z, et al. Single nucleotide po	2014	ivers		187	2003	2012	Yes	This study pro	No		
306	Zheng Z, Lin B, Zhang J, et al. Absolute lymphocyte	2015	ivers		269	2004	2013	Yes	This study wa	No		
307	Zhenglu W, Hui L, Shuying Z, et al. A Clinical-Patho	2007	ivers		131	2000/6	2006/8	No		No		
308	Zhong L, Men TY, Li H, et al. Multidrug-resistant gr	2012	ivers	DD	217	2007/1	2010/4	Yes	This study wa	No		

В	С	D	E	F	G	Н	1	J	K	L	М
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	· i	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 tv	No		0
315 Zhou J, Wang Z, Wu ZQ, et al. Sirolimus-Based Im	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		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		2005	Yes	This study wa	No		0
323 Zhu X, Wu Y, Qiu Y, et al. Effects of ?-3 fish oil lipid		Livers			2006/1	2010/7	Yes	The protocol			0
324 Zhu XD, Shen ZY, Chen XG, et al. Pathotyping and c		Livers			2002/4	2006/3	Yes	All protocols			0
325 Zhu XS, Gao YH, Wang SS, et al. Contrast-enhance	2012	Livers	DD		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	Yes	Written infor	Yes	Written infor	DBD
327 Zhu ZJ, Shen ZY, Gao W, et al. Feasibility of using	2010	Livers	DD		2003/5	2009/12	No		No		DCD
328 Zicheng Y, Weixia Z, Hao C, et al. Limited sampling	2007	Livers		38			Yes	The study pro	No		0
329 Zou SJ, Chen D, Li YZ, et al. Monitoring Hepatocyte		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		Livers	DD	133		2007		The Universit	No		0
331 Cai X, Liu F, Zhu F, et al. Cholangiographic features	2015	Livers		76		2009	Yes	The study pro	No		0
332 Chen D, Liu S, Chen S, et al. Donor interleukin 6 ger		Livers		110	2006/12	2013/12	Yes	Written infor	No		0
333 Chen H, Miao R, Fan J, et al. Decreased expression		Livers		68		2007		All samples v	No		0
334 Chen J, Wang Y, Shen Z, et al. Early diagnostic valu		Livers	DD	55		2009		The present s	Yes	No prisoners	0
335 Chen J, Zhong L. Clinical significance of serum hep		Livers			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		Livers		133			No		No		0
338 Cheng Y, Huang LX, Zhang L, et al. Longitudinal intr	2017	Livers			2013/12	2015/10	Yes	This study wa	No		0
339 Chuan W, Li C, Wen TF, et al. Short-term and long-		Livers	DD + LD		2008/5	2011/10	No		No		0
340 Dai X, Zhao HQ, Liu RH, et al. Percutaneous radiofr		Livers		124			Yes	This study wa			0
341 Fan J, Zhang X, Chen XM, et al. Monitoring of hum		Livers		97	1		No		No		0
342 Fan X, Chen Z, Nasralla D, et al. The organ preserva		Livers	DD		2010/4	2015/5	Yes	This study wa		All organs th	DBD
343 Fang C, Yan S, Liu J, et al. Gastrointestinal perforal		Livers	DD		2008/5	2014/2	No		No		0
344 Fu SJ, Ji F, Han M, et al. Prognostic value of combi		Livers		130			No		No		0
345 Gao PJ, Gao J, Li Z, et al. Liver transplantation in a		Livers			1993/1	2013/6	Yes	This study wa			0
346 Gao S, Yang Z, Zheng ZY, et al. Reduced expression		Livers		61	2003			The study wa			0
347 Guo QL, Duan BW, Lu SC, et al. Liver transplantation	_	Livers	DD		2010/1	2014/12	Yes	the protocol			DCD
348 Han ZB, Chen HY, Fan JW, et al. Up-regulation of n		Livers		100		2007		All patients			0
349 Huang J, Yan L, Wu H, et al. Is radiofrequency abla		Livers	DD		1997/3	2012/12	Yes	This study co			0
350 Huang Y, Yang X, Zhao F, et al. Overexpression of [Livers		148		2005		Ethicalapprov			0
351 Huang ZY, Liang BY, Xiong M, et al. Severity of cirr		Livers		51	2001	2009		The study p			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

В	С	D	Е	F	G	Н	I	J	K	L	М
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 the	2011	Livers	DD	185	2006/1	2009/3	Yes	This study w	No		0
355 Li J, Bai Y, Wang L, et al. Regulatory Effect of FK50	2008	Livers			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 aci	2015	Livers		60	0	0	Yes	Informed cor	No		0
358 Lin B, Geng L, Zheng Z, et al. The predictive value	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 w	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 w	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 conti	0
365 Liu X, Wang B, Zhang X, et al. Liver Transplantation	2016	Livers	DD		2010/3	2014/12	Yes	. The study p	Yes	All the DBCD	DBCD
366 Liu Y, Liu YY, Li CP, et al. Comprehensive compariso	2015	Livers		1163	2008/1	2012/12	Yes	This study w	Yes	None of the t	0
367 Lu HW, Dong JH, Li CH, et al. The defects of cholan		Livers	DD	4	2000/ 2	2010/12	Yes	The study wa	No	Thedonor liv	DCD
368 Lu SC, Jiang T, Lai W, et al. Reestablishment of act	_	Livers		200	1999			This study w	No		0
369 Luo XJ, Wang W, Hu SS, et al. Extracorporeal mem	2009	Hearts	DD		2005/2	2008/6	No		No		0
370 Meng X, Chen X, Wu L, et al. The Hyperlipidemia Ca	2017	Livers		38		Ū	Yes	The study wa	No		0
371 Niu Y, Chen X, Feng L, et al. Anti-HBc-positive/HBs		Livers			2012/1	2012/5	Yes	The Medical			0
372 Peng C, Zhang Z, Wu J, et al. A critical role for ZDH	2014	Livers	-	40				This study w	No		0
373 Qiao B, Wu J, Wan Q, et al. Factors influencing mo		Livers	DD .		2003/1	2016/2	Yes	The study pro			DCD/DBD
374 Qu W, Zhu ZJ, Sun LY, et al. Correlation Between Ir		Livers			2010/7	2012/10	Yes	The study wa			0
375 Qu W, Zhu ZJ, Sun LY, et al. Correlation Between S		Livers			1998/12	2011/12	Yes	The study wa			0
376 Ren L, Teng M, Zhang T, et al. Donors FMO3 polym		Livers			2007/7	2012/3	Yes	This research			0
377 Ren QQ, Fu SJ, Zhao Q, et al. Prognostic value of p	2016	Livers	DD		2009/1	2013/5	No		No		0
378 Ren X, Guan J, Gao N, et al. Evaluation of pediatric		Livers	DD		2007/5	2015/8	Yes	All the surge			DBD
379 Ren X, Luo Y, Gao N, et al. Common ultrasound and		Livers			2005/1	2015/11	Yes	The present:			0
380 Shan Y, Shen N, Han L, et al. MicroRNA-499 Rs374		Livers	DD		2006/1	2014/7	Yes	The protocol			DCD
381 Shen C, Peng C, Shen B, et al. Sirolimus and metfo		Livers			2001/1	2013/12	No		No		0
382 Shen Z, Zhu Z, Zhang Y, et al. Liver transplantation		Livers			1998/8	2005/9	No		No		0
383 Shen ZY, Zheng WP, Deng YL, et al. Variations in th		Livers			2002/6	2003/12	Yes	The study w			0
384 Shi F, Zhang JY, Zeng Z, et al. Skewed ratios betwe		Livers		10			No		No		0
385 Shi SH, Kong HS, Jia CK, et al. Risk factors for pneu		Livers			2002/1	2006/12	No		No		0
386 Su H, Ye Q, Wan Q, et al. Predictors of mortality in		Livers			2003/1	2015/6	Yes	The Third Xia			0
387 Wang L, Zang Y, Lu S, et al. Efficacy of sirolimus or		Livers			2004/5	2016/4	No		No	-	0
388 Wang LJ, Liu ZR, Zhang YM, et al. Clinical analysis		Livers	DD	15				This is a	No	-	0
389 Wang P, Li H, Shi B, et al. Prognostic factors in pat		Livers			2001/10	2013/2	Yes	This study w			0
390 Wang PL, Wang J, Zhou Y, et al. Expression of prog		Livers			2014/7	2015/7	Yes	Ethical appro		A11	0
391 Wang Y, Shen Z, Zhu Z, et al. Clinical values of AFP		Livers			,	2008/12	Yes	The present		All recipients	0
392 Wang Z, Gong W, Shou D, et al. Clonal origin of he		Livers	00		2007/8	2012/12	Yes	The study wa			0
393 Wei YJ, Huang YX, Zhang XL, et al. Apolipoprotein [Hearts	DD	6			Yes	All patients a			0
394 Wu D, Shen ZY, Zhang YM, et al. Effect of liver tran		Livers	DD		2000/4	2011/4	Yes	This studywa			0
395 Xia W, Ke Q, Guo H, et al. Expansion of the Milan d		Livers			2003/1	2013/12	Yes	Ethical appro			0
396 Xiao H, Tong R, Cheng S, et al. BAG3 and HIF-1 alp	2014	Livers		40	2005	2010	res	Letters of co	INO		0

В	C D	E	F	G	Н	I	J	K	L	М
397 Xing T, Zhong L, Qiu G, et al. Evolution of CD4 <sup:< td=""><td>2014 Livers</td><td></td><td>75</td><td>2010/3</td><td>2011/3</td><td>No</td><td></td><td>No</td><td></td><td></td></sup:<>	2014 Livers		75	2010/3	2011/3	No		No		
398 Xu SL, Zhang YC, Wang GY, et al. Survival analysis	2016 Livers		142	2006/1	2012/1	Yes	The study pro	No		
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	
400 Xue M, Lv C, Chen X, et al. Effect of interleukin-2 re	2015 Livers		757	2001/4	2014/12	Yes	All study par	No		
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	1		Yes	Approval was	No		
403 Yu D, Liu J, Chen J, et al. GGPPS1 predicts the biold	2014 Livers			2005/1	2012/8	Yes	This study w			
404 Yu S, Gao F, Yu J, et al. De novo cancers following	2014 Livers		17	2005/1	2011/12	Yes	Ethical appro	No		
405 Yu X, Liu Z, Wang Y, et al. Characteristics of Vdelta	2013 Livers	DD	63			Yes	The study pro	No		
406 Yu Z, Sun Z, Yu S, et al. Safety limitations of fatty	2016 Livers	DD	563	2010/4	2014/10	Yes	Written info	Yes	no allografts	DCD
407 Yuan X, Chen C, Zhou J, et al. Organ Donation and	2016 Livers	DD	30	2013/1	2014/12	No		Yes	All donors w	DBD + DCD
408 Zhang G, Cheng Y, Shen W, et al. The short-term e	2016 Livers		30			Yes	This study w	No		
409 Zhang H, Shi Y, Wu H, et al. Change of hepatic arte	2016 Livers	DD	128		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 + DCI
411 Zhang XX, Bian RJ, Wang J, et al. Relationship betv	2016 Livers		359				All participar			
412 Zhang YC, Liu W, Fu BS, et al. Therapeutic potentia	2017 Livers			2013/1	2014/6	Yes	The study pro	No		
413 Zhong L, Li H, Li Z, et al. C7 genotype of the donor i	2016 Livers			2007/7	2011/1	Yes	Written info		None of the	
114 Zhong X, Zhang W, Xu J, et al. Human parvovirus B	2015 Livers	DD		2011/11	2014/5	Yes	We obtained	No		DCD
115 Zhong ZQ, Luo AJ, Wan QQ, et al. Pseudomonas A	2016 Livers	DD		2003/1	2015/6	No		No		
16 Zhou Q, Wang Y, Zhou X, et al. Prognostic analysis	2011 Livers	DD		2003/1	2010/6	No		No		DCD
117 Zhu B, Chen Y, Xie Y, et al. Kaposi's sarcoma-assoc	2008 Livers		33		0	No		No		
118 Zhu L, Yang J, Jing Y, et al. Effects of CYP3A5 genot	2015 Livers		95				Approval was			
Aidong W, Zhenjie C, Tong L, et al. Therapeutic dru	2004 Hearts	DD	23					No		
120 Chen Z, Gong R, Luo Y, et al. Surgical procedures for	2010 Livers			2000/1	2006/12	Yes	The ethical a		All donors in	
121 Chen ZS, Zeng FJ, Ming CS, et al. The survival and v	2004 Livers			1999/1	2002/2	No		No		
122 Cheng J, Xie HY, Xu X, et al. NDRG1 as a biomarker	2011 Livers		143			Yes	This study w			
Gurbanov E, Meng X, Cui Y, et al. Evaluation ECMO	2011 Hearts	DD		2005/2	2009/9	Yes	Informed cor			
Hao C, Anwei M, Bing C, et al. Monitoring mycophe	2008 Livers		63			Yes	The study de	No		
Hao C, Erzheng C, Anwei M, et al. Validation of lim	2007 Livers		30			Yes	The study wa			
126 Jiang L, Lei JY, Wang WT, et al. Immediate radical	2014 Livers	DD		2003/8	2008/10	Yes	LT includes li		All of the dec	DBD
Lei J, Wang W, Yan L. Downstaging advanced hepa	2013 Livers	DD		2001/7	2013/1	No		No		
428 Li H, Yang S, Chen H, et al. Survival after heart tran	2016 Hearts	DD	6				This study pr			
129 Li N, Zhou J, Weng D, et al. Adjuvant adenovirus-m	2007 Livers			2000/9	2006/10	Yes	The study wa			
430 Liu Y, Sun LY, Zhu ZJ, et al. Measles Virus Infection	2015 Livers	DD		2014/3	2014/4	No		No		
431 Liu Z, Yu X, Ren W, et al. CD152 and PD-1 down-re	2014 Livers		63			Yes	The study pro			
Shi R, Shen ZY, Teng da H, et al. Gallstones in liver	2015 Livers			1994/5	2011/7	Yes	This study w			
Teng da H, Zhu ZJ, Zheng H, et al. Effect of steatos	2012 Livers	DD		2007/1	2008/12	Yes	Signed inforr			DCD
Teng F, Han QC, Ding GS, et al. Validation of a crite	2015 Livers	DD		1980/1	2008/6	Yes	The study pro		1	
Wang C, Wang G, Yi H, et al. Symptom experience	2013 Livers		94			Yes	This study w		1	
436 Wang GY, Li H, Liu W, et al. Elevated blood eosino	2013 Livers		37			No		No		
437 Wang ZX, Fu ZR, Ding GS, et al. Prevention of hepa	2004 Livers			2002/1	2003/7	No		No		
438 Wei-lin W, Jing J, Shu-sen Z, et al. Tacrolimus dose	2006 Livers	DD		2004/7	2005/3	Yes	This study w		1	
439 Xing T, Zhong L, Chen D, et al. Experience of combi	2013 Livers	DD		2001/1	2009/12	Yes	The study, an			
440 Xing T, Zhong L, Lin L, et al. Immunity of fungal inf	2015 Livers	DD	168	2010/1	2012/6	Yes	This study	No		

	В	С	D	E	F	G	Н	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 appro	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 retrosped	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.
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- 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.
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- 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.
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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		
European Journal of Gastroenterology and Hepatology		
Experimental and Therapeutic Medicine	5	
Medical Oncology		
Medicine (United States)		
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		
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		
Formosan Journal of Surgery		
Gut and Liver	1	

Human Vaccines and Immunotherapeutics				
Interactive Cardiovascular and Thoracic Surgery				
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		
Viral Immunology		
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. For peer review only. http://bmjopen.bmj.com/site/about/guidelines.xhtml	Information sources



PRISMA 2009 Checklist

			described on p. 5.
Search 0	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 B O	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

Page 1 of 2

30	Section/topic	#	Checklist item	Reported on page #
33 34 35 36 37 38 39 40 41 42 42 42 42 42 42 42 42 42 42 42 42 42	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). For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	No formal risk of bias, but there is a lot of redundant publication. We have indicated potential unreliability of data on
15			For peer review only - http://binjopen.binj.com/site/about/guidennes.xhtml	



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.				
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.				
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.				
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).				
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-			
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
7			for this review.

For more information,
Page. 10 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. 11 doi:10.1371/journal.pmed1000097

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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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SCHOLARONE™ Manuscripts 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 languages 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 peerreviewers 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)	(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	1.91	6 (1%)	5 (83%)	0 (0%)
Practice				
Journal of Cancer Research and	3.32	6 (1%)	5 (83%)	1 (17%)
Clinical Oncology				
Transplantation	2.71	6 (1%)	5 (83%)	1 (17%)
European Journal of	1.88	5 (1%)	5 (100%)	1 (20%)
Gastroenterology and				
Hepatology				
Experimental and Therapeutic	1.42	5 (1%)	5 (100%)	1 (20%)
Medicine				
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 nonprisoner 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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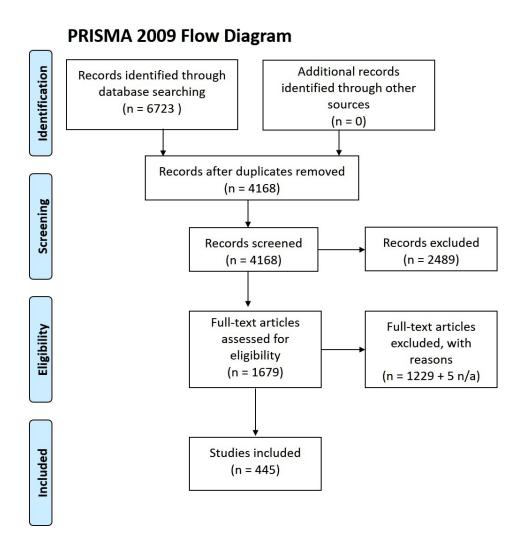
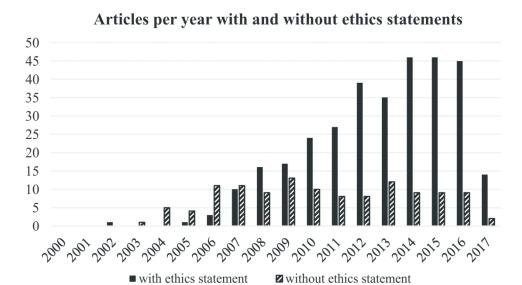
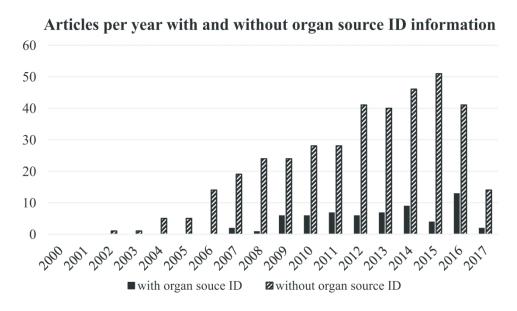


Figure 1: PRISMA flow chart detailing search strategy 180x183mm (150 x 150 DPI)



Articles per year with and without ethics statements $175 \times 105 \text{mm}$ (300 x 300 DPI)



Articles per year with and without organ source ID information $194x117mm (300 \times 300 DPI)$

Supplementary File1: Search strategies

All searches run on 5 April 2017

		Results	
1	exp Organ Transplantation/		
2	transplant*.ti,ab.	1702	
3			
4	China.in.		
5	3 and 4		
6			
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")		
	nespan: 2000-2017 (5 April)		
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12	limit 11 to article
12	mint 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	Descriptor		
ID	Descriptor		
A	EndNote reference number		
В	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		
0	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)		
D	OT = Other (make note in column R)		
R	Comments Initials of outbor doing data systmation for this paper		
S	Initials of author doing data extraction for this paper		
T U	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	Dogorintor
ID	Descriptor
A	Title and abstract
B	Journal title
С	Publication year
D	Organ type
Е	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
Н	Year/month in which final transplants took place
Ι	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.

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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				
Journal of Clinical Pharmacy and Therapeutics	1			
Journal of Clinical Virology	1			
Journal of Critical Care	1			

Journal of Diabetes Investigation Journal of Diabetes. Journal of Gastrointestinal and Liver Diseases Journal of Hepato-Biliary-Pancreatic Sciences Journal of Infection	1 1 1 1
Journal of Gastrointestinal and Liver Diseases Journal of Hepato-Biliary-Pancreatic Sciences	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	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. For peer review only http://bmjopen.bmj.com/site/about/guidelines.xhtml	Information sources		



PRISMA 2009 Checklist

			described on p. 5.
Search 0	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 B O	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

Page 1 of 2

30	Section/topic	#	Checklist item	Reported on page #
33 34 35 36 37 38 39 10 11 12 14 14 14 14 14 14 14 14 14 14 14 14 14	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). For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	No formal risk of bias, but there is a lot of redundant publication. We have indicated potential unreliability of data on
45			For peer review only - http://binjopen.binj.com/site/about/guidennes.xhtml	



PRISMA 2009 Checklist

Additional analyses 16 RESULTS Study selection 17 Study characteristics 18	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.	N/A See p and Figure 1 Data extraction
Study selection 17	at each stage, ideally with a flow diagram. For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period)	Figure 1 Data
·	at each stage, ideally with a flow diagram. For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period)	Figure 1 Data
Study characteristics 18		
	700	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 interventior 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-

PRISMA 2009 Checklist

For more information,
Page. 10 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. 11 doi:10.1371/journal.pmed1000097

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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Keywords:	organ donation, China, publication ethics, scoping review, executed prisoners

SCHOLARONE™ Manuscripts 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

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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 languages 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 peerreviewers 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)	(321)	8 (2,269)	(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)	(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*	' '	Number of	Number of
		in journal	papers with	papers with
		out of 445	ethics	donor ID (%)
		(%)	statement	
		4.	(%)	
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 nonprisoner 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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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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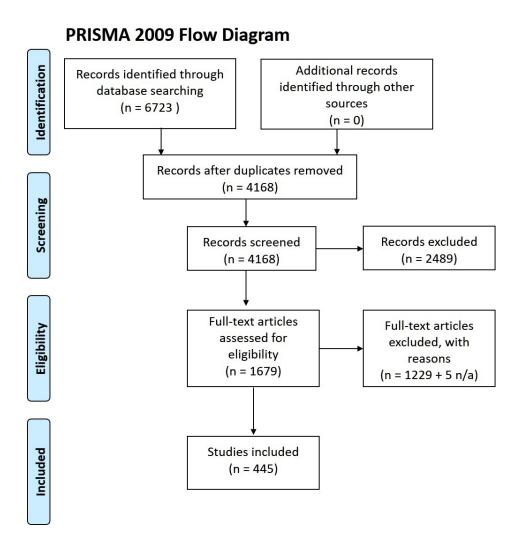
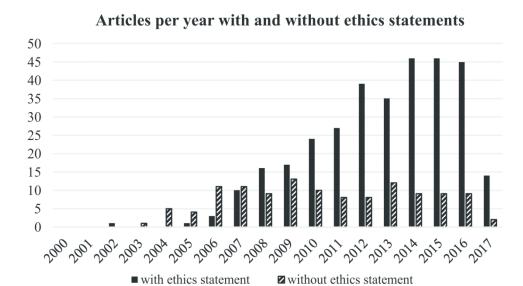
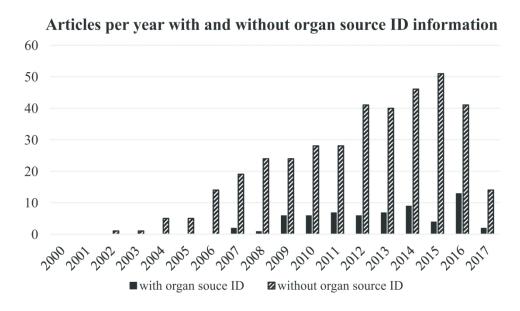


Figure 1: PRISMA flow chart detailing search strategy 180x183mm (150 x 150 DPI)



Articles per year with and without ethics statements $175 \times 105 \text{mm}$ (300 x 300 DPI)



Articles per year with and without organ source ID information $194x117mm (300 \times 300 DPI)$

Supplementary File1: Search strategies

All searches run on 5 April 2017

		Results
1	exp Organ Transplantation/	:
2	transplant*.ti,ab.	1702
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")	
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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	Descriptor
ID	Descriptor
A	EndNote reference number
В	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
0	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)
D	OT = Other (make note in column R)
R	Comments Initials of outbor doing data systmation for this paper
S	Initials of author doing data extraction for this paper
T U	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	Dogorintor
ID	Descriptor
A	Title and abstract
B	Journal title
C	Publication year
D	Organ type
Е	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
Н	Year/month in which final transplants took place
Ι	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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	Aidong W, Zhenjie C, Tong L, et al. Therapeutic drug monitoring of tacrolimus in early stage after heart transplantation. Transplant Proc	Transplantati on Proceedings	2004	Hearts	DD	23	2000	2003	No		No		C
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3	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.	Complementa ry Therapies								Hospital of Nanjing Medical University, Nanjing, Jiangsu 210029, China. All subjects gave informed consented for this study.			
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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 People'S Hospital affiliated to Shanghai Jiaotong University. Standard informed consent was obtained from all patients prior to ERCP procedure.	No		C
a	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		C
10	polymorphisms in interleukin 6 affect tacrolimus metabolism in liver transplant patients. PLoS One 2013;8(8) doi: 10.1371/journal.pone.0073405published Online	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		C
	Chen D, Guo F, Shi J, et al. Association of hemoglobin levels, CYP3AS, and NR113 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 Pharmacokin etics	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		C
1	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		C
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.000000000000388published Online First.	European Journal of Gastroenterol ogy and Hepatology	2015	Livers		102	2006	2010	Yes	This study was approved by the local ethics committee of First People'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		C
	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.	Transplantati on Proceedings	2008	Livers		31	2004	2007	No		No		C

	A	В	С	D	l E l	F	G	Н	<u> </u>	l j	Ιĸ	l ı	М
	Chen GH, Wang GY, Yang Y, et al. Single-center	European		Livers		20	2003	2007	No		No	-	
	experience of therapeutic management of hepatic	Surgical											
	artery stenosis after orthotopic liver	Research											
	transplantation: Report of 20 cases. Eur Surg Res												
15	2009;42(1):21-27 doi: 10.1159/000166601published Online First.												
	Chen GH, Yang Y, Lu MQ, et al. Liver	Alcohol	2010	Livers		268	2003	2007	No		No		-
	transplantation for end-stage alcoholic liver												
	disease: a single-center experience from mainland												
	China. Alcohol 2010;44(3):217-21 doi:												
16	10.1016/j.alcohol.2010.02.010published Online First.												
	Chen H, Chen E, Mao A, et al. Validation of limited	Liver	2007	Livers		30	0	0	Yes	The study was approved by the	No		0
	sampling strategy for the estimation of	Transplantati								independent ethics committee of			
	mycophenolic acid exposure in Chinese adult liver	on								Ruijin Hospital. The procedure was			
	transplant recipients. Liver Transpl									described in detail to all patients before admission, and informed			
17	2007;13(12):1684-93 doi: 10.1002/lt.21293published Online First.									consent was obtained.			
	Chen H, Gu Z, Chen B, et al. Models for the	Clinical	2008	Livers		60	0	0	Yes	The study protocol was approved by	No		0
	prediction of mycophenolic acid area under the	Therapeutics								the independent ethics committee of			
	curve using a limited-sampling strategy and an									Ruijin Hospital. The study procedures			
	enzyme multiplied immunoassay technique in									were described in detail to all patients			
	chinese patients undergoing liver transplantation. Clin Ther 2008;30(12):2387-401 doi:									before transplantation, and written informed consent was obtained.			
	10.1016/j.clinthera.2008.12.017published Online									informed consent was obtained.			
18	First.												
	Chen H, Miao R, Fan J, et al. Decreased expression	Clinical and	2013	Livers	1	68	2002	2007	Yes	All samples were collected with the	No		0
	of miR-126 correlates with metastatic recurrence	Experimental Metastasis								informed consent of the patients and			
	of hepatocellular carcinoma. Clin Exp Metastasis 2013;30(5):651-58 Online First.									the study was approved by the Institutional Review Boards of			
19	,50(5).652 55 Onnic (113t.									Shanghai Jiao Tong University.			
	Chen H, Peng C, Yu Z, et al. Pharmacokinetics of	Clinical	2007	Livers		40	0	0	Yes	The study design was approved by the	No		0
	mycophenolic acid and determination of area	Pharmacokin etics								independent ethics committee of			
	under the curve by abbreviated sampling strategy	etics								Ruijin Hospital and the procedudre			
	in Chinese liver transplant recipients. Clin Pharmacokinet 2007;46(2):175-85 doi:									was described in detail to all patients before admission and informed			
	10.2165/00003088-200746020-00005published									written consent was obtained.			
20	Online First.												
	Chen HY, Han ZB, Fan JW, et al. MiR-203	Medical	2012	Livers	DD	66	2002	2007	Yes	Use of formalin-fixed	No		0
	expression predicts outcome after liver	Oncology								paraffinembedded tumor tissues and			
	transplantation for hepatocellular carcinoma in cirrhotic liver. Med Oncol 2012;29(3):1859-65 doi:									retrospective analysis of patient data were approved by the Institutional			
	10.1007/s12032-011-0031-9published Online First.									Review Boards of Shanghai Jiao Tong			
	·									University and were conducted in			
										accordance with the Helsinki			
21	CL LUNG LA LA COLONIA	Gene	2042			178	2003	2010	.,	Declaration.			—
	Chen J, Li Y, Wang L, et al. Association of three SNPs in interleukin-28B with graft hepatic	Gene	2012	Livers		1/8	2003	2010	res	This study was approved by the West China Hospital.	INO		"
	dysfunction after liver transplantation in Chinese									Cima Hospitai.			
	Han population. Gene 2012;508(1):121-24 doi:												
	10.1016/j.gene.2012.07.065published Online First.								V,				
22	Chen J, Wang Y, Shen Z, et al. Early diagnostic value	Transplantati	2011	Livers	DD	55	2008	2009	Voc	The present study was approved by	Yes	No prisoners or organs	<u> </u>
	of plasma PCT and BG assay for CRBSI after OLT.	on	2011	Livers		33	2000	2003	ics	our Institutional Ethics Committee.	1.63	from prisoners were used	"
	Transplant Proc 2011;43(5):1777-79 Online First.	Proceedings								Informed consent was obtained from		in this study.	
										each patient. All recipients received			
										livers from cadaveric donors. The			
										procedure met all applicable institutional guidelines and Chinese			
										governmental regulations regarding			
23					<u> </u>			L_		the ethical use of donated organs.			
	Chen J, Zhong L. Clinical significance of serum	European	2013	Livers		18	2009/10	2010/1	No		No		0
	hepcidin-25 levels in predicting invasive fungal	Review for Medical and											
	disease in patients after transplantation. Eur Rev Med Pharmacol Sci 2013;17(13):1769-73 Online	Pharmacologi											
-	First.	cal Sciences							<u></u>				
24	Chen P, Wang W, Yan L, et al. Risk factors for first-	European	2015	Livers	DD	791	1999	2013	Yes	This study was approved by the Ethics	No		ОТ
24	chemi, wang w, ran z, ce an makiactors for mise				ı					Committee of West China Hospital of			
24	year hospital readmission after liver	Journal of					i	1	l	Sichuan University and carried out in	1		
24	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol	Journal of Gastroenterol											1
24	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi:	Journal of								accordance with ethical principles of			
25	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol	Journal of Gastroenterol ogy and											
	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human	Journal of Gastroenterol ogy and Hepatology European		Livers		23	2004/1	2014/12	Yes	accordance with ethical principles of the .Declaration of Helsinki This comparative study of a	No		0
	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versus-	Journal of Gastroenterol ogy and Hepatology European Journal of		Livers		23	2004/1	2014/12	Yes	accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by	No		0
	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versushost disease (GVHD) after organ transplantation.	Journal of Gastroenterol ogy and Hepatology European		Livers		23	2004/1	2014/12	Yes	accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by the Ethical Committee of the First	No		0
	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versus-	Journal of Gastroenterol ogy and Hepatology European Journal of Medical		Livers		23	2004/1	2014/12	Yes	accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by	No		O
25	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versushost disease (GVHD) after organ transplantation.	Journal of Gastroenterol ogy and Hepatology European Journal of Medical Research	2016	Livers		23	2004/1		Yes	accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by the Ethical Committee of the First Affiliated Hospital of Zhejiang	No No		0
25	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versushost disease (GVHD) after organ transplantation. Eur J Med Res 2016;21(1):1-6 Online First. Chen XY, Hou PF, Bi J, et al. Detection of human cytomegalovirus DNA in various blood	Journal of Gastroenterol ogy and Hepatology European Journal of Medical Research Brazilian Journal of	2016							accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by the Ethical Committee of the First Affiliated Hospital of Zhejiang			0
25	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versushost disease (GVHD) after organ transplantation. Eur J Med Res 2016;21(1):1-6 Online First. Chen XY, Hou PF, Bi J, et al. Detection of human cytomegalovirus DNA in various blood components after liver transplantation. Braz J Med	Journal of Gastroenterol ogy and Hepatology European Journal of Medical Research Brazilian Journal of Medical and	2016							accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by the Ethical Committee of the First Affiliated Hospital of Zhejiang			0
25	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versushost disease (GVHD) after organ transplantation. Eur J Med Res 2016;21(1):1-6 Online First. Chen XY, Hou PF, Bi J, et al. Detection of human cytomegalovirus DNA in various blood	Journal of Gastroenterol ogy and Hepatology European Journal of Medical Research Brazilian Journal of	2016							accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by the Ethical Committee of the First Affiliated Hospital of Zhejiang			0
25	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versushost disease (GVHD) after organ transplantation. Eur J Med Res 2016;21(1):1-6 Online First. Chen XY, Hou PF, Bi J, et al. Detection of human cytomegalovirus DNA in various blood components after liver transplantation. Braz J Med	Journal of Gastroenterol ogy and Hepatology European Journal of Medical Research Brazilian Journal of Medical and Biological Research International	2016		DD			0	No	accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by the Ethical Committee of the First Affiliated Hospital of Zhejiang		All the donors were from	0
25	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versushost disease (GVHD) after organ transplantation. Eur J Med Res 2016;21(1):1-6 Online First. 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. Chen Y, Zhang H, Xiao X, et al. Peripheral blood transcriptome sequencing reveals rejection-	Journal of Gastroenterol ogy and Hepatology European Journal of Medical Research Brazilian Journal of Medical and Biological Research International Journal of	2016	Livers	DD	133	0	0	No	accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by the Ethical Committee of the First Affiliated Hospital of Zhejiang University After approval of local Institutional Reviews Boards at Beijing Anzhen	No	traffic accidents or cerebral	0
25	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versushost disease (GVHD) after organ transplantation. Eur J Med Res 2016;21(1):1-6 Online First. 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. Chen Y, Zhang H, Xiao X, et al. Peripheral blood transcriptome sequencing reveals rejection-relevant genes in long-term heart transplantation.	Journal of Gastroenterol ogy and Hepatology European Journal of Medical Research Brazilian Journal of Medical and Biological Research International	2016	Livers	DD	133	0	0	No	accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by the Ethical Committee of the First Affiliated Hospital of Zhejiang University After approval of local Institutional Reviews Boards at Beijing Anzhen Hospital of the Capital University of	No	traffic accidents or cerebral bleeding coma (see	0
25	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versushost disease (GVHD) after organ transplantation. Eur J Med Res 2016;21(1):1-6 Online First. 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. 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:	Journal of Gastroenterol ogy and Hepatology European Journal of Medical Research Brazilian Journal of Medical and Biological Research International Journal of	2016	Livers	DD	133	0	0	No	accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by the Ethical Committee of the First Affiliated Hospital of Zhejiang University After approval of local Institutional Reviews Boards at Beijing Anzhen Hospital of the Capital University of Medical Sciences, all patients	No	traffic accidents or cerebral bleeding coma (see Supplementary Materials	0
25	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versushost disease (GVHD) after organ transplantation. Eur J Med Res 2016;21(1):1-6 Online First. 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. Chen Y, Zhang H, Xiao X, et al. Peripheral blood transcriptome sequencing reveals rejection-relevant genes in long-term heart transplantation.	Journal of Gastroenterol ogy and Hepatology European Journal of Medical Research Brazilian Journal of Medical and Biological Research International Journal of	2016	Livers	DD	133	0	0	No	accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by the Ethical Committee of the First Affiliated Hospital of Zhejiang University After approval of local Institutional Reviews Boards at Beijing Anzhen Hospital of the Capital University of	No	traffic accidents or cerebral bleeding coma (see	0
25	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versushost disease (GVHD) after organ transplantation. Eur J Med Res 2016;21(1):1-6 Online First. 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. 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	Journal of Gastroenterol ogy and Hepatology European Journal of Medical Research Brazilian Journal of Medical and Biological Research International Journal of	2016	Livers	DD	133	0	0	No	accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by the Ethical Committee of the First Affiliated Hospital of Zhejiang University After approval of local Institutional Reviews Boards at Beijing Anzhen Hospital of the Capital University of Medical Sciences, all patients undergoing heart transplantation and	No	traffic accidents or cerebral bleeding coma (see Supplementary Materials	0
25	year hospital readmission after liver transplantation. Eur J Gastroenterol Hepatol 2015;27(5):600-06 doi: 10.1097/MEG.0000000000003272015published Online First. Chen X, Meng X, Xu Y, et al. Cytokine and human leukocyte antigen (HLA) profile for graft-versushost disease (GVHD) after organ transplantation. Eur J Med Res 2016;21(1):1-6 Online First. 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. 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	Journal of Gastroenterol ogy and Hepatology European Journal of Medical Research Brazilian Journal of Medical and Biological Research International Journal of	2016	Livers	DD	133	0	0	No	accordance with ethical principles of the .Declaration of Helsinki This comparative study of a retrospective cohort was approved by the Ethical Committee of the First Affiliated Hospital of Zhejiang University 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	No	traffic accidents or cerebral bleeding coma (see Supplementary Materials	0

	A	В	С	D	l e	l e	G	Н	<u> </u>	T 1	Ιν	1 1	М
	Chen YB, Li SD, Ju BL, et al. Suitable calcineurin	Transplantati	_	Livers	-	97	2006		Yes	All grafts were procured with the	Yes	Nothing in paper text but	IVI
	inhibitor concentrations for liver transplant	on	2011	Livers		"	2000	2008	lies	consent of the donors abiding	1163	abstract says: "No grafts	
	recipients in the Chinese population. Transplant	Proceedings	1							international ethical regulations.		were obtained from	
	Proc 2011;43(5):1751-53 doi:	_	1							Note: the abstract is more definitive:		prisoners"	
	10.1016/j.transproceed.2010.11.025published		1							"procurements were performed with		,	
	Online First.		i '			1	1		1	donor consent conforming to			
29			<u> </u>							international ethics regulations"			
	Chen Z, Gong R, Luo Y, et al. Surgical procedures	Hepato-	2010	Livers		15	2000/1	2006/12	Yes	The ethical aspect of this study was	Yes	All donors in the two	
	for hepatolithiasis. Hepatogastroenterology	Gastroenterol	1							approved by the Ethical Committee of		groups voluntarily donated	
30	2010;57(97):134-7 Online First.	ogy	<u> </u>							our hospital.		their liver.	
	Chen ZS, Zeng FJ, Ming CS, et al. The survival and	Transplantati	2004	Livers		50	1999/1	2002/2	No		No		
	value of liver transplantation for liver carcinoma: a	on Proceedings	1										
	single-center experience. Transplant Proc	Froceedings	1										
31	2004;36(8):2284-6 Online First.	Transplantati	2000	Livers	DD	14	2000	2006	V	The athird and at a fability at a discount	Yes	All donors in the 2 groups	
	Chen ZY, Yan LN, Zeng Y, et al. Preliminary Experience With Indications for Liver	on	2008	Livers	DD	14	2000	2006	res	The ethical aspects of this study were approved by our ethics committee.	res	were voluntary The	
	Transplantation for Hepatolithiasis. Transplant	Proceedings	1							approved by our etilics committee.		other 14 livers were	
	Proc 2008;40(10):3517-22 doi:		1									derived from deceased	
	10.1016/j.transproceed.2008.07.142published		1									donors. Their causes of	
	Online First.		1									death were accidental, and	
			1									their ages ranged from 20	
32												to 45 years.	
	Cheng J, Xie HY, Xu X, et al. NDRG1 as a biomarker	Cancer	2011	Livers		143	0	0	Yes	This study was approved by the Ethic	No		
	for metastasis, recurrence and of poor prognosis	Letters	1							Committee of Zhejiang University			
_	in hepatocellular carcinoma. Cancer Lett		i '	1	1	1	1		1				
33	2011;310(1):35-45 Online First.		A 6 5		1				ļ		l		
	Cheng JW, Shi YH, Fan J, et al. An immune function	Journal of Cancer	2011	Livers	1	197	2002	2010	Yes	All blood samples were obtained	No		
	assay predicts post-transplant recurrence in patients with hepatocellular carcinoma. J Cancer	Research and			1					following informed consent, according to an established protocol approved			
	patients with nepatocellular carcinoma. J Cancer Res Clin Oncol 2011;137(10):1445-53 doi:	Clinical			1	1	1		1	by the ethics committee of Fudan			
	10.1007/s00432-011;137(10):1445-53 doi:	Oncology			1	1	1		1	University.			
34	10.1007/300432-011-1014-upublished Ohline First.					1	1		1	Oniversity.			
57	Cheng L, Tian F, Tang L, et al. Local distribution	Diagnostic	2012	Livers		73	2000	2006	Yes	Written informed consent was	No		
	analysis of cytotoxic molecules in liver allograft is	Pathology							1	obtained from all patients and this	'		
	helpful for the diagnosis of acute cellular rejection		i '			1	1		1	study was carried out in accordance			
	after orthotopic liver transplantation. Diagn Pathol		1							with the principles of the Helsinki			
	2012;7(1) doi: 10.1186/1746-1596-7-148published		1							Declaration and approved by the			
	Online First.		1	\ \						Ethical Committee of the Third			
			1							Military Medical University,			
			1							Chongqing, Peoples Republic of China			
35	Channy Harris Thanny at al lives	Metabolic	2015	15		12	2012	2014	V	This should not be a	NI-		
	Cheng Y, Huang L, Zhang X, et al. Liver	Brain Disease	2015	Livers		12	2013	2014	Yes	This study was approved by the	No		
	transplantation nearly normalizes brain spontaneous activity and cognitive function at 1	Brain Discase	1							Medical Research Ethics Committee of our hospital, and all the subjects'			
	month: A resting-state functional MRI study.		1							written informed consents were			
	Metab Brain Dis 2015;30(4):979-88 doi:		1							obtained before the study.			
	10.1007/s11011-015-9657-1published Online First.		1							obtained before the study.			
36	10.1007/311011 013 3037 1pablished olimic (iist.		1										
	Cheng Y, Huang LX, Zhang L, et al. Longitudinal	Korean	2017	Livers		20	2013/12	2015/10	Yes	This study was approved by the Ethics	No		
	intrinsic brain activity changes in cirrhotic patients	Journal of	1							Committee of Tianjin First Central			
	before and one month after liver transplantation.	Radiology	1						W.	Hospital, and we conducted all			
	Korean Journal of Radiology 2017;18(2):370-77		1							experiments in compliance with			
	Online First.		1							relevant guidelines and regulations.			
			1							All participants provided written			
37								_		informed consent prior to the study.			
	Chu Z, Zhang J, Zhao Y, et al. Influence of	Transplantati	2010	Livers		47	0	0	No 🥌		Yes	No prisoners were used in	
	immunosuppressive drugs on the development of	on Proceedings	i '	1	1	1	1		1			the course of this study	
	CD4 +CD25high Foxp3+ T cells in liver transplant recipients. Transplant Proc 2010;42(7):2599-601		i '	1	1	1	1		1			either as donors or	
	recipients. Transplant Proc 2010;42(7):2599-601 doi: 10.1016/j.transproceed.2010.04.026published		i '		1							recipients.	
	Online First.		i '	1	1	1	1		1				
38			i '		1								
	Chuan W, Li C, Wen TF, et al. Short-term and long-	Hepato-	2014	Livers	DD + LD	39	2008/5	2011/10	No		No		
		Gastroenterol	1		1		'	'					
	term outcomes of surgical treatment for HCC				1	1	1		1				
	term outcomes of surgical treatment for HCC within milan criteria with cirrhotic portal	ogy	۱ ,				1	1	I		1		
		I											
39	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First.	ogy											
39	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. Dai X, Zhao HQ, Liu RH, et al. Percutaneous	ogy Asian Pacific	2012	Livers		124	0	0	Yes	This study was conducted in	No		
39	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. Dai X, Zhao HQ, Liu RH, et al. Percutaneous radiofrequency ablation guided by	ogy Asian Pacific Journal of	2012	Livers		124	0	0	Yes	accordance with the declaration of	No		
39	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. Dai X, Zhao HQ, Liu RH, et al. Percutaneous radiofrequency ablation guided by contrastenhanced ultrasound in treatment of	ogy Asian Pacific	2012	Livers		124	0	0	Yes	accordance with the declaration of Helsinki and with the approval from	No		
39	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. Dai X, Zhao HQ, Liu RH, et al. Percutaneous radiofrequency ablation guided by contrastenhanced ultrasound in treatment of metastatic hepatocellular carcinoma after liver	Asian Pacific Journal of Cancer	2012	Livers		124	0	0	Yes	accordance with the declaration of Helsinki and with the approval from the Ethics Committee of the 309th	No		
39	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. 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	Asian Pacific Journal of Cancer	2012	Livers		124	0	0	Yes	accordance with the declaration of Helsinki and with the approval from the Ethics Committee of the 309th Hospital of Chinese PLA. Written	No		
	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. Dai X, Zhao HQ, Liu RH, et al. Percutaneous radiofrequency ablation guided by contrastenhanced ultrasound in treatment of metastatic hepatocellular carcinoma after liver	Asian Pacific Journal of Cancer	2012	Livers		124	0	0	Yes	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	No		
39	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. 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.	ogy Asian Pacific Journal of Cancer Prevention			DD					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.			
	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. 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. Dai Y, Li C, Wen TF, et al. Comparison of liver	Asian Pacific Journal of Cancer		Livers	DD	124			Yes	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. All transplantations and this study	No No		
	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. 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. Dai Y, Li C, Wen TF, et al. Comparison of liver resection and transplantation for Child-pugh A	ogy Asian Pacific Journal of Cancer Prevention Pakistan			DD					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. All transplantations and this study itself were approved by the ethical			
	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. 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. Dai Y, Li C, Wen TF, et al. Comparison of liver resection and transplantation for Child-pugh A cirrhotic patient with very early hepatocellular	Asian Pacific Journal of Cancer Prevention Pakistan Journal of			DD					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. All transplantations and this study			
	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. 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. Dai Y, Li C, Wen TF, et al. Comparison of liver resection and transplantation for Child-pugh A	Ogy Asian Pacific Journal of Cancer Prevention Pakistan Journal of Medical			DD					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. All transplantations and this study itself were approved by the ethical			
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40	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. 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. 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:	Ogy Asian Pacific Journal of Cancer Prevention Pakistan Journal of Medical	2014		DD		0	0		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. All transplantations and this study itself were approved by the ethical			
40	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. 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. 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.	ogy Asian Pacific Journal of Cancer Prevention Pakistan Journal of Medical Sciences Transplantati on	2014	Livers	DD	10	0	0	Yes	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. All transplantations and this study itself were approved by the ethical	No		
40	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. 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. 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. Deng JF, Geng L, Qian YG, et al. The role of toll-like	Asian Pacific Journal of Cancer Prevention Pakistan Journal of Medical Sciences	2014	Livers	DD	10	0	0	Yes	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. All transplantations and this study itself were approved by the ethical	No		
40	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. 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. 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. 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:	ogy Asian Pacific Journal of Cancer Prevention Pakistan Journal of Medical Sciences Transplantati on	2014	Livers	DD	10	0	0	Yes	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. All transplantations and this study itself were approved by the ethical	No		
40	within milan criteria with cirrhotic portal hypertension. Hepatogastroenterology 2014;61(136):2185-90 Online First. 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. 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. Deng JF, Geng L, Qian YG, et al. The role of toil-like receptors 2 and 4 in acute allograft rejection after liver transplantation. Transplant Proc	ogy Asian Pacific Journal of Cancer Prevention Pakistan Journal of Medical Sciences Transplantati on	2014	Livers	DD	10	0	0	Yes	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. All transplantations and this study itself were approved by the ethical	No		

	Δ	В	С	D	I E	l e	G	Н	<u> </u>	1 1	К	I 1	М
\Box	Dong J, Zhu Y, Ma F, et al. Conditional disease-free	Medicine		5 Livers		384	2003	2014	Yes	The study was approved by the	No	-	10.
	survival after liver transplantation for	(United								Institutional Review Boards of the			
	hepatocellular carcinoma: A two-center	States)								respective institutions			
	experience. Medicine (United States) 2016;95(31)												
	doi: 10.1097/MD.0000000000004383published Online First.												
43	Offinite 1 il 3t.												
	Dong JY, Yin H, Li RD, et al. The relationship	Clinical	201	1 Livers		83	2009	2009	No		No		
	between adenosine triphosphate within CD4+ T	Transplantati											
1	lymphocytes and acute rejection after liver	on											
1	transplantation. Clin Transplant 2011;25(3):E292- E96 doi: 10.1111/j.1399-												
	0012.2011.01429.xpublished Online First.												
Ħ	Duan BW, Lu SC, Lai W, et al. The detection of	Human	201	Livers		55	1999	2010	Yes	Prior to the study, the protocol was	No		
1	(total and ccc) HBV DNA in liver transplant	Vaccines and								approved by the Institutional Review			
1	recipients with hepatitis B vaccine against HBV	Immunothera peutics								Board of Beijing You-An Hospital,			
1	reinfection. Human Vaccines and	peutics								Capital Medical University according			
1	Immunotherapeutics 2015;11(10):2490-94 doi: 10.1080/21645515.2015.1063755published Online									to the guidelines of the 1975 Declaration of Helsinki. Written			
1	First.									informed consent was obtained from			
45										all participants			
	Duan BW, Lu SC, Wu JS, et al. Model for end-stage	Transplantati	201	4 Livers		78	2004	2010	Yes	Before the study, the protocol was	No		
1	liver disease (MELD) score does not predict	on								approved by the Institutional Review			
1	outcomes of hepatitis be induced acute-on-chronic	Proceedings								Board of Beijing You-An Hospital			
1 1	liver failure in transplant recipients. Transplant Proc 2014;46(10):3502-06 doi:									according to the principles expressed in the 1975 Declaration of Helsinki,			
ı J	10.1016/j.transproceed.2014.07.075published									and written informed consent was			
	Online First.									obtained from each of the study			
46					1	1				patients.			
	Fan J, Yang GS, Fu ZR, et al. Liver transplantation	Journal of	200	Livers	DD	1074	2001	2007	No		Yes	All of the cadaveric donors	ОТ
ı J	outcomes in 1,078 hepatocellular carcinoma patients: A multi-center experience in Shanghai,	Cancer Research and										were obtained from brain death or no- heart-beating	
1	China. J Cancer Res Clin Oncol 2009;135(10):1403-	Clinical										donors with consent for	
	12 doi: 10.1007/s00432-009-0584-6published	Oncology										voluntary organ donation	
47	Online First.											, , ,	
	Fan J, Zhang X, Chen XM, et al. Monitoring of	Journal of Virological	200	Livers		97	0	0	No		No		
	human cytomegalovirus glycoprotein B genotypes	Methods											
	using real-time quantitative PCR in immunocompromised Chinese patients. J Virol												
	Methods 2009;160(1-2):74-77 Online First.												
	Fan J, Zhang X, Ren L, et al. Donor IL-18 rs5744247	Pharmacogen	201	Livers		84	2007	2011	Yes	The study was approved by the Ethics	No		
1	polymorphism as a new biomarker of tacrolimus	omics								Committee of Shanghai Jiaotong			
	elimination in Chinese liver transplant patients									University and Qianfoshan hospital.			
	during the early post-transplantation period:					1 4				Written informed consent was			
	Results from two cohort studies.									obtained from all patients in			
	Pharmacogenomics 2015;16(3):239-50 doi: 10.2217/pgs.14.166published Online First.									accordance with the Declaration of Helsinki and its amendments			
Ī	Fan X, Chen Z, Nasralla D, et al. The organ	Clinical	201	Livers	DD	32	2010/4	2015/5	Yes	This study was reviewed by the ethical	Yes	All organs that were	DBD
1	preservation and enhancement of donation	Transplantati								committee of our hospital. The study		transplanted in our	
1 1	success ratio effect of extracorporeal membrane	on								was conducted in accordance with the		hospital were from CDCD;	
	oxygenation in circulatory unstable brain death								V.	ethical standards laid down in		none of them came from	
	donor. Clin Transplant 2016;30(10):1306-13 Online First.									Declaration of Helsinki (version of the 2000) as well as the Declaration of		executed prisoners. AND the paper is "without any	
1	11130.									Istanbul 2008.		organs or tissue from	
1												prisoners or other	
50												executed persons"	
, ,	Fang C, Yan S, Liu J, et al. Gastrointestinal	Surgical Practice	201	Livers	DD	8	2008/5	2014/2	No		No		'
51	perforation after liver transplantation. Surgical Practice 2016;20(1):8-12 Online First.				1								
	Feng ZY, Xu X, Zhu SM, et al. Effects of low central	World Journal	201	Livers	DD	48	2006	2008	Yes	Under the approval of the Ethical	No		
ı J	venous pressure during preanhepatic phase on	of Surgery			1					Committee of Zhejiang University,			
ı	blood loss and liver and renal function in liver				1					from September 2006 to January			
	transplantation. World J Surg 2010;34(8):1864-73				1					2008, 86 adult patients with end-stage			
	doi: 10.1007/s00268-010-0544-ypublished Online First.									liver disease were scheduled for primary LTs at the First Affiliated			
	I II St.				1					Hospital, Medical School of Zhejiang			
52		<u></u>		<u></u>	<u>L</u> _		L_	L	L	University			<u></u>
	Fu BS, Zhang T, Li H, et al. The role of liver	European	201	1 Livers	DD	11	2003	2008	No		No		-
	transplantation for intrahepatic	Surgical			1								
	cholangiocarcinoma: A single-center experience.	Research			1								
	Eur Surg Res 2011;47(4):218-21 doi: 10.1159/000332827published Online First.												
	Fu SJ, Ji F, Han M, et al. Prognostic value of	Oncotarget	201	7 Livers	1	130	0	0	No	1	No		
		"			1	-50							1
	combined preoperative fibrinogen and neutrophil-			1	1								
	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular						1						
	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget												1
54	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget 2017;8(3):4301-12 Online First.	Acian Jawasa	200	E Live		420	1000	2000	Voc	Approval documents have been	No		
54	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget 2017;8(3):4301-12 Online First. Fu YW, Wang WG, Zhou HL, et al. Presence of	Asian Journal of Andrology	200	5 Livers		126	1986	2000	Yes	Approval documents have been	No		
54	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget 2017;8(3):4301-12 Online First. Fu YW, Wang WG, Zhou HL, et al. Presence of donor-and-recipient-derived DNA microchimerism	Asian Journal of Andrology	200	5 Livers		126	1986	2000	Yes	obtained from the Clinical Research	No		(
54	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget 2017;8(3):4301-12 Online First. Fu YW, Wang WG, Zhou HL, et al. Presence of		200	5 Livers		126	1986	2000	Yes		No		
54	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget 2017;8(3):4301-12 Online First. Fu YW, Wang WG, Zhou HL, et al. Presence of donor-and-recipient-derived DNA microchimerism in the cell-free blood samples of renal		200	5 Livers		126	1986	2000	Yes	obtained from the Clinical Research Ethics Committee of the Jilin	No		
54	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget 2017;8(3):4301-12 Online First. 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-	of Andrology	200	5 Livers		126	1986	2000	Yes	obtained from the Clinical Research Ethics Committee of the Jilin	No		
54	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget 2017;8(3):4301-12 Online First. 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	200	5 Livers		126	1986	2000	Yes	obtained from the Clinical Research Ethics Committee of the Jilin	No		
54	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget 2017;8(3):4301-12 Online First. 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.	of Andrology								obtained from the Clinical Research Ethics Committee of the Jilin University.			
54 55	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget 2017;8(3):4301-12 Online First. 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.	of Andrology		5 Livers		126		2000		obtained from the Clinical Research Ethics Committee of the Jilin University. Ä The ethics committees of the two	No		
54 55	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget 2017;8(3):4301-12 Online First. 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.	of Andrology Therapeutics and Clinical Risk								obtained from the Clinical Research Ethics Committee of the Jilin University.			
54	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget 2017;8(3):4301-12 Online First. 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.	of Andrology Therapeutics and Clinical								obtained from the Clinical Research Ethics Committee of the Jilin University. Ä The ethics committees of the two			
54	combined preoperative fibrinogen and neutrophil- lymphocyte ratio in patients with hepatocellular carcinoma after liver transplantation. Oncotarget 2017;8(3):4301-12 Online First. 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. Gao F, Ye Q, Wan Q, et al. Distribution and resistance of pathogens in liver transplant recipients with Acinetobacter baumannii infection.	of Andrology Therapeutics and Clinical Risk								obtained from the Clinical Research Ethics Committee of the Jilin University. Ä The ethics committees of the two			

	А	В	С	D	E	F	G	Н	- 1	J	К	L	М
	Gao PJ, Gao J, Li Z, et al. Hepatocellular carcinoma	Hepato-	2014	Livers		340	2004/7	2011/12	Yes	The study was undertaken according	No		
	recurrence is an independent risk factor for HB	Gastroenterol								to the ethical principles of the Helsinki			
	recurrence after liver transplantation.	ogy								Declaration. The protocol was			
	Hepatogastroenterology 2014;61(134):1523-28									approved by the Ethics Committee of			
	doi: 10.5754/hge14454published Online First.									the Peking University Peopl'es			
57										hospital.			
	Gao PJ, Gao J, Li Z, et al. Liver transplantation in	Clinics and Research in	2016	Livers		20,524	1993/1	2013/6	Yes	This study was	No		
	adults with portal vein thrombosis: Data from the	Hepatology								approvedbytheScientificCommitteeoft			
	China Liver Transplant Registry. Clinics and	and								heChinaLiverTransplantRegistry.Thecu			
	Research in Hepatology and Gastroenterology	Gastroenterol								rrentregulationoftheChineseGovernm			
	2016;40(3):327-32 Online First.	ogy								entandtheDeclarationofHelsinkiweres			
		-0,								trictlyfollowedforeachorgandonation			
58	Can C Lin BY Yang 7 at al Bala of averagencesian	International	2014	Livers		160	2001/1	2010/1	Voc	This study was approved by the	No		
	Gao S, Lin BY, Yang Z, et al. Role of overexpression of MACC1 and/or FAK in predicting prognosis of	Journal of	2014	Livers		160	2001/1	2010/1	Yes	This study was approved by the ethical review committee of the First	INO		
	hepatocellular carcinoma after liver	Medical								Affiliated Hospital, School of			
	transplantation. Int J Med Sci 2014;11(3):268-75	Sciences								Medicine, Zhejiang University, and the			
	doi: 10.7150/ijms.7769published Online First.									study protocol conformed to the			
	adi. 10.7130/ijins.7703pablishea Gilline First.									ethical guidelines of the 1975			
59										Declaration of Helsinki.			
_	Gao S, Yang Z, Zheng ZY, et al. Reduced expression	World Journal	2013	Livers		61	2003	2005	Yes		No		
	of DACT2 promotes hepatocellular carcinoma	of Surgical								ethics committee, and informed	1		
	progression: Involvement of methylation-mediated	Oncology								consent was obtained from all of the			
	gene silencing. World J Surg Oncol 2013;11 Online									patients			
	First.			<u></u>			L						L
٦	Gao Y, Ren H, Meng F, et al. Pathological roles of	PLoS ONE	2016	Livers		15	2010/6	2014/10	Yes	Ethics approval was given by the	Yes	No organ trafficking	
	interleukin-22 in the development of recurrent			1						Medical Ethics Committee of the 302		involved, but does not	1
	hepatitis C after liver transplantation. PLoS One			1						hospital and the study were in		explicitly state that all livers	1
	2016;11(4) doi:			L						compliance with the Declaration of		came from donors.	1
	10.1371/journal.pone.0154419published Online									Helsinki.			
1	First.												
	Gao Y, Zhang M, Li J, et al. Circulating FoxP3+	PLoS ONE	2015	Livers		12	2010/6	2013/6	Yes	The study protocol was approved by	Yes	Organ donation was	
	regulatory T and interleukin17-producing Th17									the Medical Ethics Committee of the		conducted legally,	1
	cells actively influence HBV clearance in De Novo									302 Hospital, Beijing, China, and		following local regulations.	
	Hepatitis B virus infected patients after orthotopic									adhered to the Declaration of Helsinki.		None of the transplant	
	liver transplantation. PLoS One 2015;10(9) doi:											donors were from a	
	10.1371/journal.pone.0137881published Online											vulnerable population or	
٠, ا	First.											were subject to coercion.	
52	Gao YJ, Zhang M, Jin B, et al. A clinical-pathological	Journal of	2014	Livers		252	2005/7	2010/6	Yes	The study protocol was approved by	Yes	Organ donation was	
	analysis of hepatitis B virus recurrence after liver	Gastroenterol	2014	Livers		255	2003/7	2010/6	res	the Medical Ethics Committee of the	res	conducted legally,	
		ogy and								l .			
	transplantation in Chinese patients. Journal of	Hepatology								302 Military Hospital, Beijing, China,		following local regulations	
	Gastroenterology and Hepatology (Australia)	(Australia)								and adhered to the Declaration of			
53	2014;29(3):554-60 doi:	, , , ,								Helsinki.			
03	10.1111/jgh.12404published Online First. Gu L, Jin W, Kan L, et al. A retrospective study to	Cell	2014	Livers		100	2007/7	2009/3	No		No		
	compare the use of tacrolimus and cyclosporine in	Biochemistry	2014	Livers		150	2007/7	2003/3	INO		110		
	combination with adriamycin in post-transplant	and											
	liver cancer patients. Cell Biochem Biophys	Biophysics											
	2014;71(2):565-70 doi: 10.1007/s12013-014-0235-												
64	7published Online First.												
	Gu L, Yu YC. Clinical outcome of dental implants	Transplantati	2011	Livers	DD	13	2005/1	2007/1	No		Yes	No organs from prisoners	
	placed in liver transplant recipients after 3 years: A	on										was used in this study.	
	case series. Transplant Proc 2011;43(7):2678-82	Proceedings								7		,	
	doi: 10.1016/j.transproceed.2011.06.037published												
	Online First.			1									
5				<u></u>									
٦	Gu LH, Fang H, Li FH, et al. Prediction of early	Clinical	2012	Livers		2	2006/10	2010/12	Yes	The study was performed according to	No		
	hepatic artery thrombosis by intraoperative color	Transplantati		1						the principles of the Declaration of			1
	doppler ultrasound in pediatric segmental liver	on		1						Helsinki and was approved by the			1
	transplantation. Clin Transplant 2012;26(4):571-76			1						ethics committee of the hospital			1
	doi: 10.1111/j.1399-0012.2011.01580.xpublished			1									
6	Online First.												
	Gu Z, Chen B, Song Y, et al. Pharmacokinetics of	European	2002	Livers		50	0	0	Yes		No		1
	free mycophenolic acid and limited sampling	Journal of		1						all patients. The study protocol was			1
	strategy for the estimation of area under the curve	Pharmaceutic al Sciences		1						approved by the Ruijin Hospital			
	in liver transplant patients. Eur J Pharm Sci	ai Sciences		1						Research Ethics Committee.			
1	2012;47(4):636-41 doi:												1
	10.1016/j.ejps.2012.08.001published Online First.			1									
7	Cup CB LiVC Thomas AAAA	Transplantet'	3005	Linger	DD	_	2005 /*	2000 /*	Voc	Wo satragnostivali and a disconnectivali and a	Voc	No grafts f-	-
	Guo CB, Li YC, Zhang MM, et al. Early postoperative	Transplantati on	2002	Livers	DD	1	2006/1	2009/1	Yes	We retrospectively reviewed patient	Yes	No grafts were from executed prisoners	1
Į	care of liver transplantation for infants with biliary	on Proceedings		1						records with institutional review		executed prisoners	
	atresia during pediatric intensive care unit stay. Transplant Proc 2010;42(5):1750-54 doi:			1						board approval.			1
				1									1
	10.1016/j.transproceed.2010.02.086published Online First.			1									
8	Omme 145t.			1									
	Guo QL, Duan BW, Lu SC, et al. Liver	International	2017	Livers	DD	370	2010/1	2014/12	Yes	the protocol was approved by the	No		DCD
	transplantation for hepatitis B-related acute-on-	Journal of	2017	Livers		3/0	2010/1	2014/12	1.63	Institutional Review Board of Beijing	1.10		500
	chronic liver failure patients. Int J Clin Exp Med	Clinical and		1						You-An Hospital, Capital Medical			
Į		Experimental								University according to the principles			1
				l	1				1	expressed in the 1975 Declaration of			1
	2017;10(2):2882-89 Online First.	Medicine		l									
	2017;10(2):2882-89 Online First.	Medicine											
	2017;10(2):2882-89 Unline First.	Medicine								Helsinki, and written informed			
	2017;10(2):2882-89 Online First.	Medicine											

	Α	В	С	D	Е	F	G	Н		J	К	L	М
Н	Guo W, Sheng J, Gu Y, et al. Analysis and forecast	Transplantati	2014	Livers		249	2007/1	2009/1	No		No	_	0
70	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.	on Proceedings											
71	Guo Z, He X, Wu L, et al. Model for end-stage liver to 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
	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 Cardiovascula r Surgery	2011	Hearts	DD	22	2005/2	2009/9	Yes	for all the patients priotoka surgery. This study was approved by the institutional Investigational Review	No		0
72	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	Board. All patients provided informed consent according to the protocolsapproved by the Institutional Review Boards of Shangha iFirst People候s Hospital	No		0
	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 People'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 Transplantati on	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 Transplantati on	2007	Livers	3	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	O	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		МХ
	Whu 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		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
		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.2014.1917 published 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- Gastroenterol ogy		Livers	DD		1999/2	2010/2		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 Development al Immunology	2013	Livers	DD	195	2006	2009	No		No		ОТ
	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	В	C 2015	D	E	F	G 2001	H 2012	V	This single contact to the single	K	L .	M
	Hu Z, Zhou J, Li Z, et al. Time interval to recurrence	Surgery	2015	Livers	DD	62	2001	2012	Yes	This single-center, retrospective study	NO		
	as a predictor of overall survival in salvage liver	(United								was approved by the Liver Transplant			
	transplantation for patients with hepatocellular	States)								Center of the First Affiliated Hospital			
	carcinoma associated with hepatitis B virus.									of Zhejiang University. All data were			
	Surgery (United States) 2015;157(2):239-48 doi:									obtained from the clinical records of			
	10.1016/j.surg.2014.09.018published Online First.									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.			
35													
	Huang J, Yan L, Wu H, et al. Is radiofrequency	Journal of	2016	Livers	DD	269	1997/3	2012/12	Yes	This study conformed to the ethical	No		
	ablation applicable for recurrent hepatocellular	Surgical								guidelines of the 1975Declaration of			
		Research											
	carcinoma after liver transplantation? J Surg Res	Research								Helsinki and approved by the Clinical			
	2016;200(1):122-30 Online First.									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-			
	1			1		1	1		1		1		
	1			1		1	1		1	tained from each patient included in	1		
36										the study.			
_	Huang L, Li GM, Zhu JY, et al. Efficacy of sorafenib	OncoTargets	2012	Livers	DD	97	2008	2010	No		No		
	after liver transplantation in patients with primary	and Therapy		1		1		1	1		1		
				1		1	1		1		1		
	hepatic carcinoma exceeding the Milan criteria: A			1		1	1		1		1		
	preliminary study. Onco Targets Ther 2012;5:457-			1		1	1		1		1		
	62 doi: 10.2147/OTT.S31387published Online First.			1		1	1		1		1		
37	, , , , , , , , , , , , , , , , , , , ,			1		1	1	1	1		1		
	Hunna M. Chan H. Jiang 7 -t -l Thef	European	2000	Livo	DD	420	2002/44	2005 /0	Voc	Misittan informed st	No		
	Huang M, Shan H, Jiang Z, et al. The use of		2006	Livers	טטן	430	2003/11	2005/9	Yes	Written informed consent was	No		
	coronary stent in hepatic artery stenosis after	Journal of				1	1		1	obtained from all patients involved	1		
	orthotopic liver transplantation. Eur J Radiol	Radiology				1	1		1	this interventional procedure.	1		
	2006;60(3):425-30 doi:					1	1		1	· ·	1		
						1	1		1		1		
	10.1016/j.ejrad.2006.06.008published Online First.					1	1	1	1		1		
88													
	Huang Q, Zhai RY, Dai DK. Interventional	Transplantati	2007	Livers	DD	11	2004/6	2006/9	No		No		
	Treatment of Hepatic Artery Stenosis After	on .				1			1		1		
		Proceedings				1	1		1		1		
	Orthotopic Liver Transplantation With Balloon-	1 Toccecunigs											
	Expandable Coronary Stent. Transplant Proc												
	2007;39(10):3245-50 doi:												
	10.1016/j.transproceed.2007.03.109published			1		1	1	1	1		1		
89	Online First.												
	Huang Y, Yang X, Zhao F, et al. Overexpression of	Medical	2014	Livers		148	2001	2005	Yes	Ethicalapproval was obtained from	No		
	Dickkopf-1 predicts poor prognosis for patients	Oncology								the Zhongshan HospitalResearch			
	with hepatocellular carcinoma after orthotopic					1				Ethics Committee, and written			
	liver transplantation by promoting cancer									informed consentwas obtained from			
	metastasis and recurrence. Med Oncol 2014;31 (7)									each patient.			
90										Cour potient.			
90	Online First.	_											
	Huang ZY, Liang BY, Xiong M, et al. Severity of	Surgery	2016	Livers		51	2001	2009	Yes	The study protocol wasapproved by	No		
	cirrhosis should determine the operative modality	(United								the medical ethics committee ofTongji			
	for patients with early hepatocellular carcinoma	States)								Hospital, Huazhong Science and			
		,						Y /					
	and compensated liver function. Surgery (United									Technol-ogy University, China. Written			
	States) 2016;159(2):621-31 Online First.									consent was given bythe patients for			
										their information to be stored inthe			
										hospital database and used for			
										research The source of the organs			
	1			1		1	1				1		
		1		1	1	1	1	1		for transplantation was in compliance	1	l l	
	1			1		1	1		1	with inter-national ethical standards.	1		
	1			1		1	1		1	Each organ donation ortransplant in	1		
	1			1		1	1		1	our center was performed	1		
										strictlyunder the guideline of the			
	1			1		1	1		1	Ethical Committee ofour hospital, the	1		
	1			1		1	1		1	regulation of Organ	1		
	1			1		1	1		1		1		
	1			1		1	1		1	TransplantCommittee of China, and	1		
				1		1	1		1	the declaration ofHelsinki.	1		
		I											
91				Lungs	DD	106	2004/8	2011/7	Yes	All protocols were approved by the	No		
)1_	Huijun M, Ji Z, Ping X, et al. Linkage disequilibrium	Experimental	2013				'	l '	1	ethics committee of the institution	1		
91	Huijun M, Ji Z, Ping X, et al. Linkage disequilibrium		2013		i	1	1	1	1		1	l l	
91_	between tnf-?-308 G/A promoter and	and Clinical	2013			I	1		1	before the study began, and the	1		
91	between tnf-?-308 G/A promoter and histocompatibility leukocyte antigen alleles in han-	and Clinical Transplantati	2013			l .	I	1	1	protocols conformed with the ethical	1	l l	
91_	between tnf-?-308 G/A promoter and histocompatibility leukocyte antigen alleles in han-	and Clinical	2013					1	1	guidelines of the 1975 Helsinki	1	1	
91	between tnf-?-308 G/A promoter and histocompatibility leukocyte antigen alleles in han- nationality lung transplant recipients from eastern	and Clinical Transplantati	2013										
91_	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:	and Clinical Transplantati	2013										
91_	between tnf-?-308 G/A promoter and histocompatibility leukocyte antigen alleles in han- nationality lung transplant recipients from eastern	and Clinical Transplantati	2013							Declaration. Written, informed			
91_	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:	and Clinical Transplantati	2013							Declaration. Written, informed			
	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:	and Clinical Transplantati	2013							Declaration. Written, informed consent was obtained from all			
	between tnf-7-308 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.2012.0099 published Online First.	and Clinical Transplantati on		Livers	DD	103	1996/7	2000/7	No	Declaration. Written, informed	No		
	between tnf-7-308 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. Jiang GQ, Bai DS, Chen P, et al. Starting hemoglobin	and Clinical Transplantati on Transplantati		Livers	DD	102	1996/7	2009/7	No	Declaration. Written, informed consent was obtained from all	No		
	between tnf-7-308 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. Jiang GQ, Bai DS, Chen P, et al. Starting hemoglobin value predicts early phase prognosis after liver	and Clinical Transplantati on Transplantati on		Livers	DD	102	1996/7	2009/7	No	Declaration. Written, informed consent was obtained from all	No		
91	between tnf-7-308 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. Jiang GQ, Bai DS, Chen P, et al. Starting hemoglobin value predicts early phase prognosis after liver	and Clinical Transplantati on Transplantati		Livers	DD	102	1996/7	2009/7	No	Declaration. Written, informed consent was obtained from all	No		
	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. Jiang GQ, Bai DS, Chen P, et al. Starting hemoglobin value predicts early phase prognosis after liver transplantation. Transplant Proc 2011;43(5):1669-	and Clinical Transplantati on Transplantati on		Livers	DD	102	1996/7	2009/7	No	Declaration. Written, informed consent was obtained from all	No		
	between tnf-7-308 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.2012.0099 published Online First. 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:	and Clinical Transplantati on Transplantati on		Livers	DD	102	1996/7	2009/7	No	Declaration. Written, informed consent was obtained from all	No		
	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. Jiang GQ, Bai DS, Chen P, et al. Starting hemoglobin value predicts early phase prognosis after liver transplantation. Transplant Proc 2011;43(5):1669-	and Clinical Transplantati on Transplantati on		Livers	DD	102	1996/7	2009/7	No	Declaration. Written, informed consent was obtained from all	No		

	A	В	r	D	- E	Е	G	_ u		1 .	V	I .	I м
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.	Dournal of Gastrointesti nal Surgery		Livers	DD		2003/8	2008/10		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. Living and deceased donations were	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	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.	Journal of Transplantati on								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.		donations were voluntary and altruistic in all cases.	
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	1	Livers	DD	66	0		No		No		0
	Jiang Z, Feng X, Zhang W, et al. Recipient cytotoxic Tlymphocyte 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
	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.	Transplantati on Proceedings	2007	Livers	DD	85	1999/1	2005/9	No	7	No		0
	In I. J. 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.	Immunophar macology and Immunotoxic ology	2012	Hearts	DD	5	0	0	No	9/1	No		0
	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 Transplantati on	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 Transplantati on	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

aring 2005 Control of Fire transporter of Fir	ai MC, Yang Z, Zhou L, et al. Long non-coding RNA MALAT-1 overexpression predicts tumor ecurrence of hepatocellular carcinoma after liver ransplantation. Med Oncol 2012;29(3):1810-16 loi: 10.1007/s12032-011-0004-zpublished Online irst. ei J, Wang W, Yan L. Downstaging advanced	Journal of Gastrointesti nal Surgery	2012	Livers Livers Livers	DD DD DD DD	59	C	2005/12	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. The study was approved by the institutional ethics committee The study was conducted after receiving IRB approval (School of Medicine, Zhejiang University, China), and obtaining written informed consent (ChiCTR-TRC11001662). Our work was approved by the local ethics committee, and written informed consent (ChiCTR-TRC11001662).	No No No No		
in 2005 Ko ar head head head head head head head head	In liver transplantation. Minerva Anestesiol 1013;79(4):391-97 Online First. Cong HY, Wen XH, Huang SQ, et al. Epsilon- Iminocaproic acid improves postrecirculation temodynamics by reducing intraliver activated protein C consumption in orthotopic liver ransplantation. World J Surg 2014;38(1):177-85 Idoi: 10.1007/s00268-013-2282-4published Online irist. ai MC, Yang Z, Zhou L, et al. Long non-coding RNA MALAT-1 overexpression predicts tumor ecurrence of hepatocellular carcinoma after liver ransplantation. Med Oncol 2012;29(3):1810-16 Idoi: 10.1007/s12032-011-0004-zpublished Online irist. ei J, Wang W, Yan L. Downstaging advanced repatocellular carcinoma to the Milan criteria may provide a comparable outcome to conventional villan criteria. J Gastrointest Surg 2013;17(8):1440- 6 Online First. ei J, Yan L. Outcome comparisons among the langzhou, Chengdu, and UCSF criteria for langzhou, Chengdu, and UCSF criteria for langzhou (11605-013-2140-6published Online First. ei JY, Wang WT, Yan LN. Hangzhou criteria for ver transplantation in hepatocellular carcinoma: single-center experience. Eur J Gastrointerol lepatol 2014;26(2):200-04 doi: 0.1097/MEG.0b013e3283652b66published	Transplantati on Minerva Anestesiologi ca World Journal of Surgery Medical Oncology Journal of Gastrointesti nal Surgery	2014	Livers	DD DD DD	60	2003/1	2005/12	Yes	the study was conducted in accord with the Helsinki Declaration. Written, informed consent was obtained from all recipients. The study was approved by the institutional ethics committee The study was conducted after receiving IRB approval (School of Medicine, Zhejiang University, China), and obtaining written informed consent (ChiCTR-TRC11001662). Our work was approved by the local ethics committee, and written informed consent does not wisted the consent was obtained from	No No		
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Le qu w				1						Organ Transplant Committee of Sichuan Province, and the Declaration			
Le qu w										of Helsinki. No prisoners served as			
Le qu w						1				donors in our center. For LDLT, the			
Le qu w		1								donation was voluntary and altruistic,			
Le qu w										and we informed the donors and their			
Le qu w										families of the possible risks of donor			
Le qu w										hepatectomy. Written consent was			
Le qu w										provided by the donors for their			
Le qu w										information to be stored in the			
qı w he										hospital database and used for research			
qı w he	ei JY, Yan LN, Wang WT, et al. Health-related	European	2014	Livers	DD	278	2000/8	2010/12	Yes	All of the living donor liver	Yes	The donors voluntarily	1
he		Journal of								transplantation (LDLT) procedures		agreed to transplantation	
	vith early-stage hepatocellular carcinoma after	Gastroenterol							V.	were performed after approval from		and were required to be	
Pr	nepatic resection or transplantation. Transplant	ogy and Hepatology								the Ethics Committee of the West		outside the third degree of	
	Proc 2016;48(6):2107-11 Online First.	ricputology								China Hospital and local authority was obtained.		consanguinity with the	
										obtained.		recipients as verified by the Health Administrative	4
												Department and Public	
												Security Organs or by a	
												DNA test. There were no	
												prisoner donors in our	
l1		<u> </u>		ļ	1	<u> </u>						study	
	ei JY, Yan LN, Zhu JQ, et al. Hepatocellular	Transplantati	2016	Livers	DD	95	2000/8	2010/7	Yes	All of the living-donor liver	Yes	Inaddition, the donation	DBD
	arcinoma patients may benefit from	on Proceedings				1				transplantations were performed		was voluntary and	
	ostoperative huaier aqueous extract after liver ransplantation. Transplant Proc 2015;47(10):2920-	1			1					afterapproval by the Ethics Committee of Sichuan University and thelocal		altruistic. All of thedeceased donors were	
	ranspiantation. Transpiant Proc 2015;47(10):2920- !4 doi:					1				authority, the Health Department of		brain-dead donors in our	
	.4 doi: L0.1016/j.transproceed.2015.10.045published				1					Sichuan Province This studyprotocol		hospital.	
	Online First.									conformed to the ethical guidelines of		nospitan.	
										the Declaration ofHelsinki and was			
						1				approved by the Ethics Committee of			
					1					our hospitaland local authority. All			
12					1					participants provided written			
_	i C, Zhang F, Zhang W, et al. Feasibility of 125I	Transplantati	2015	Livers	DD	52	2009/1	2014/8	No	informedconsent.	No	+	+
	orachytherapy combined with sorafenib treatment		2013	Livers	ا	33	2003/1	2014/8			.•		
	n patients with multiple lung metastases after	Proceedings				1							
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J (iver transplantation for hepatocellular carcinoma.	i			1								
10	iver transplantation for hepatocellular carcinoma. Cancer Res Clin Oncol 2010;136(11):1633-40 doi:					1							
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13	iver transplantation for hepatocellular carcinoma. Cancer Res Clin Oncol 2010;136(11):1633-40 doi:				100	 _	2005/=	2002/1-	V	All patients are sure in the state of the st	N	+	+-
	iver transplantation for hepatocellular carcinoma. Cancer Res Clin Oncol 2010;136(11):1633-40 doi: .0.1007/s00432-010-0821-zpublished Online First.		2		DD	8	2006/7	2009/12	res	All patients gave written informed	No		
	iver transplantation for hepatocellular carcinoma. Cancer Res Clin Oncol 2010;136(11):1633-40 doi: .0.1007/s00432-010-0821-zpublished Online First. .i C, Zhu WJ, Wen TF, et al. Child-Pugh A Hepatitis	Journal of	2010	Livers			1	1		consent before beginning the study			
B-	iver transplantation for hepatocellular carcinoma. Cancer Res Clin Oncol 2010;136(11):1633-40 doi: 0.1007/s00432-010-0821-zpublished Online First. i C, Zhu WJ, Wen TF, et al. Child-Pugh A Hepatitis 8-Related Cirrhotic Patients with a Single	Journal of Cancer	2010	Livers	1	1					1		
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B- He Tr	iver transplantation for hepatocellular carcinoma. Cancer Res Clin Oncol 2010;136(11):1633-40 doi: .0.1007/s00432-010-0821-zpublished Online First. ii C, Zhu WJ, Wen TF, et al. Child-Pugh A Hepatitis 3-Related Cirrhotic Patients with a Single depatocellular Carcinoma Up to 5 cm: Liver Transplantation vs. Resection. J Gastrointest Surg	Journal of Cancer Research and	2010	Livers									
B- He Tr 20	iver transplantation for hepatocellular carcinoma. Cancer Res Clin Oncol 2010;136(11):1633-40 doi: 0.1007/s00432-010-0821-zpublished Online First. Li C, Zhu WJ, Wen TF, et al. Child-Pugh A Hepatitis B-Related Cirrhotic Patients with a Single tepatocellular Carcinoma Up to 5 cm: Liver ransplantation vs. Resection. J Gastrointest Surg 1014;18(8):1469-76 doi: 10.1007/s11605-014-	Journal of Cancer Research and Clinical	2010	Livers						and being assigned to treatment			
B- He Tr 20	iver transplantation for hepatocellular carcinoma. Cancer Res Clin Oncol 2010;136(11):1633-40 doi: .0.1007/s00432-010-0821-zpublished Online First. ii C, Zhu WJ, Wen TF, et al. Child-Pugh A Hepatitis 3-Related Cirrhotic Patients with a Single depatocellular Carcinoma Up to 5 cm: Liver Transplantation vs. Resection. J Gastrointest Surg	Journal of Cancer Research and Clinical	2010	Livers						and being assigned to treatment			
B- He Tr 20 25	iver transplantation for hepatocellular carcinoma. Cancer Res Clin Oncol 2010;136(11):1633-40 doi: 0.1007/s00432-010-0821-zpublished Online First. Li C, Zhu WJ, Wen TF, et al. Child-Pugh A Hepatitis B-Related Cirrhotic Patients with a Single tepatocellular Carcinoma Up to 5 cm: Liver ransplantation vs. Resection. J Gastrointest Surg 1014;18(8):1469-76 doi: 10.1007/s11605-014-	Journal of Cancer Research and Clinical		Livers	DD	39	2007/1	2012/12	Yes	and being assigned to treatment	No		

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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			2014/1	2014/12		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 Spediatric cardiac death donors (DCD) without liver disease servedas the control.	DCD
	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		
	Li F, Yang M, Li B, et al. Initial clinical results of orthotopic liver transplantation for hepatic alweolar 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		C
	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 Transplantati on	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	C
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 Transplantati on		Livers				2007/12		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.	C
	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 Gastroenterol ogy		Livers				2013/12			No		C
	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
	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.			c
	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 Transplantati on	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		C
	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 Transplantati on	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		C
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 Cardiothoraci c Surgery	2016	Hearts	DD	6				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		C
	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.	Transplantati on Proceedings	2008	Livers		22	2006/11	2007/3	No		No		C

	A	В	С	D	E	F	G	Н		J	К	l L	М
	Li MR, Chen GH, Cai CI, 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:	Transplantati on 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
128	10.1159/000324197published Online First. Li N, Zhou J, Weng D, et al. Adjuvant adenovirus- mediated delivery of herpes simplex virus	Digestion	2011	Livers		322	2004/1	2009/1	No		No		
	thymidine kinase administration improves outcome of liver transplantation in patients with advanced hepatocellular carcinoma. Clin Cancer												
	Res 2007;13(19):5847-54 Online First. 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	No		
	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	Journal of Critical Care	2010	Livers		96	2004/8	2006/5	No	committee.	No		
	doi: 10.5754/hge11268published Online First. 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- Gastroenterol ogy	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		
.32	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 Transplantati on	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	No	included in this study were patients who received liver transplantation from heart- beating donors between 2009 and 2010	
33	Li W, Yuan G, Liu H, et al. Comparison of HPLC-	Postgraduate	2007	Livers	DD	84	2002/11	2005/6	No	Declaration of Helsinki. None of the data obtained were used for clinical decision.	No		
	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.	Medical Journal							9				
35	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 specifie d	0	0	No	0.	No		
36	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 Gastroenterol ogy	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.	
37	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		Livers		60	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			
	Li Y, Shi Y, Chen J, et al. Association of polymorphisms in interleukin-18 and interleukin-28 b 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	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		
	Online First. 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 Immunogenet ics	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		

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Transplant 2017;17(1):255-64 Online First. 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			eurology											
participant were conducted according to institu-tional guidelines in compliance with the regulations. Bothoral and written informed consents were obtained fromthe									1	1				1
according to institu-tional guidelines in compliance with the regulations. Bothoral and written informed consents were obtained fromthe		паньріапі 2017;17(1):255-64 Unline First.												
in compliance with the regulations. Bothoral and written informed consents were obtained fromthe											l' '			
Bothoral and written informed consents were obtained fromthe									1	1				1
consents were obtained fromthe									1	1				1
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patients or their families.									1	1				
13501									1	1	patients or their families.			
1200	1					1			I	I	I	1	I	I

	A	B Amorican	C 2017	D	E	F 342	G 2011/0	H	Voc	This study was approved by the	K K	No donor live · · ·	M
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.			Livers			2011/9	2014/12		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.	ОТ
	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, Zhejjang 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	C
	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		C
	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	C
	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	9	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		c
	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		(
	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 Gastroenterol ogy	2015	Livers	DD	479	2001/1	2012/12	Yes	Thisstudy was approved by the Research Ethics Committee of Changzheng Hospital, Shanghai and written informed consents were obtained from all the participants.	No		C
	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 Pharmacolog Y	2009	Livers		30	2000	2006	Yes	After the study had received the approval of the local Ethics Committee of Xiမan Jiaotong University and theinformed written consent of the patients	No		C
	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			2014/12		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
	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- Gastroenterol ogy	2008	Livers		5	0		Yes	After obtaining Institutional Review Board approval,	No		C
	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		ОТ

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-	Α	В	C	D	E	F	G	Н		J	K	L	М
	Liu J, Yan J, Wan Q, et al. The risk factors for	Respiratory Care	2015	Livers		28	0	1 0	Yes	This study was approved by the	No		0
	tuberculosis in liver or kidney transplant recipients.	Care								Research Committee of the Third			
	BMC Infect Dis 2014;14(1) doi: 10.1186/1471-2334-	ĺ								Affiliated Hospital of Sun Yat-Sen			
162	14-387published Online First.									University			
102	Liu S, Bai Y, Huang J, et al. Do mitochondria	BMC	2014	Livers	DD		2000/1	2013/8	Yes	The study protocol, which included	No		ОТ
	contribute to left ventricular non-compaction	Infectious	2014	Livers	שט	"	2000/1	2013/6	res	participants provid-ing written	INO		01
	cardiomyopathy? New findings from myocardium	Diseases								consent prior to the study, was			
	of patients with left ventricular non-compaction									approved bythe Third Xiangya			
	· ·									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	cardiomyopathy. Mol Genet Metab 2013;109(1):100-06 Online First.									Hospital, Central South University, Medical Ethical Committee			
163	2013,103(1).100-00 Offilite First.									Oniversity, iviedical Ethical Committee			
100	Liu S, Fan J, Wang X, et al. Intraoperative	Molecular	2013	Hearts	DD	6	0	0	Yes	All participants gave informedwritten	Yes	Normal control hearts	0
	cryoprecipitate transfusion and its association with	Genetics and								consent for this investigation, which		came from autopsies or	
	the incidence of biliary complications after liver	Metabolism								was approved by theInstitutional		donors with no historyof	
	transplantation-a retrospective cohort study. PLoS									Ethical Review Board of Fuwai		heart disease who died in	
	One 2013;8(5) doi:									Hospital (Beijing, China).The		accidents.	
	10.1371/journal.pone.0060727published Online									investigation conforms to the			
	First.									principles outlined in the			
164										Declarationof Helsinki			
	Liu S, Wang X, Lu Y, et al. The effects of	PLoS ONE	2013	Livers	DD	356	2005/1	2010/12	Yes	National legislation and the ethical	No		DCD
	intraoperative cryoprecipitate transfusion on									committee of Shanghai First People's			
	acute renal failure following orthotropic liver									Hospital approved this retrospective			
1	transplantation. Hepatology International				1	1				study			1
1	2013;7(3):901-09 doi: 10.1007/s12072-013-9457-				1	1							
165	9published Online First.	Handrik	A = 0				2055 .	20:-:		N. H. H. L. C. C. C.	 	 	
1	Liu S, Xing T, Sheng T, et al. The reduction rate of	Hepatology International	2013	Livers	DD	389	2003/1	2010/12	Yes	National legislation and the ethics	No		1 0
1	serum C3 following liver transplantation is an	terridtional			1	1				committee of Shanghai]
1	effective predictor of non-anastomotic strictures.	_			1	1				FirstPeople's Hospital approved]
1	Hepatology International 2014;8(2):293-300 doi:									this retrospective study. ALSO extended and some what nonsensical			
1	10.1007/s12072-014-9524-xpublished Online First.				1	1]
1					1	1				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 People's Hospital			
										approved thisretrospective study			
166										approved timsretrospective study			
	Liu X, Wang B, Zhang X, et al. Liver transplantation	Hepatology	2014	Livers	DD	232	2007/1	2011/12	No		No		DCD
	using donation after brain and cardiac death: a	International											
	single-center experience in China. Transplant Proc								W.				
	2016;48(6):1879-86 Online First.												
167													
	Liu XX, Xu BM, Chen H, et al. limited sampling	Transplantati	2016	Livers	DD	102	2010/3	2014/12	Yes	. The study protocol wasapproved by	Yes	All the DBCD grafts	DBCD
	strategy for the estimation of tacrolimus area	Proceedings								the Institutional Review Board/Ethics		wereprocured under	
	under the concentration-time curve in Chinese	Froceedings								of The FirstAffiliated Hospital of		controlled condition.	
	adult liver transplant patients. Pharmacology									Xi'an Jiaotong University and was		Detailed information of	
	2016;98(5-6):229-41 doi:									consistentwith the Declaration of		theDBCD donors was	
1	10.1159/000445896published Online First.				1	1				Helsinki.		obtained from The Chinese]
168					1	1						Red Cross and theOPO records.	
100	Liu Y, Liu YY, Li CP, et al. Comprehensive	Pharmacolog	2016	Livers		28	0	n	Yes	The study protocol was approved by	No	irccorus.	0
1	comparison of three different immunosuppressive	-	2010		1	ا 'ْ	ľ	l "	1.03	the independent Ethics Committee of	"		"
1	regimens for liver transplant patients with				1	1				Ruijin Hospital affiliated to Shanghai]
1	hepatocellular carcinoma: Steroid-free				1	1				Jiao Tong University, and informed]
1	immunosuppression, induction				1	1				consent was obtained from each			
1	immunosuppression and standard									patient. The research work was			
1	immunosuppression. PLoS One 2015;10 (3) Online									performed in accordance with the			
1	First.				1	1				ethical standards of the Helsinki			
169										Declaration.			
1	Liu Y, Sun LY, Zhu ZJ, et al. Measles virus infection	PLoS ONE	2015	Livers	1	1163	2008/1	2012/12	Yes	This study was approved by the Ethics	Yes	None of the transplant	0
	in pediatric liver transplantation recipients.				1	1				Committee of Tianjin First Center		donors were from a	
1	Transplant Proc 2015;47(9):2715-8 Online First.				1	1				Hospital and confirmed to the ethical		vulnerable population and	
170										guidelines of the Declaration of		all donors gave their	
170	Liu 7 Vu V Pon W et al CD152 and DD 1 de	Transplantati	2015	Livers	DD	-	2014/2	2014/4	No	Helsinki.	No	consent freely.	+
1	Liu Z, Yu X, Ren W, et al. CD152 and PD-1 down- regulation on CD8 T cells is associated with human	on	2015	Livers	טטן	3	2014/3	2014/4	INO		INO		0
	regulation on CD8 I cells is associated with human	Proceedings											
1	acute liver allograft rejection. Transactors De-	Laccomiga											
171	acute liver allograft rejection. Transplant Proc					63	0	_	Yes	The study protocol was approved by	No	 	1
171	2014;46(10):3511-4 Online First.	Transnlantati	2014	Livers					1100	I Study protocor was approved by	1110		. 0
171	2014;46(10):3511-4 Online First. Liu ZN, Wang WT, Yan LN. De Novo malignancies	Transplantati on	2014	Livers		63	ľ	ľ					
171	2014;46(10):3511-4 Online First. Liu ZN, Wang WT, Yan LN. De Novo malignancies after liver transplantation with 14 cases at a single		2014	Livers		63				the institutiona lreview board. All			
171	2014;46(10):3511-4 Online First. 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:	on	2014	Livers		63				the institutiona Ireview board. All patients gave written informed			
<u>171</u>	2014;46(10):3511-4 Online First. Liu ZN, Wang WT, Yan LN. De Novo malignancies after liver transplantation with 14 cases at a single	on	2014	Livers		63	U			the institutiona lreview board. All			
<u>171</u>	2014;46(10):3511-4 Online First. 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	on	2014	Livers		63				the institutiona Ireview board. All patients gave written informed			

	A	В		D	F	(c '	G	н			К		l N
	Lu D, Xu X, Wang J, et al. The influence of a	Transplantati	2015	Livers	DD	F 6			Yes	All liver grafts were obtained from	No	L L	DBD
		on	2013	Livers		ا	2002/4	2009/3	res		INO		I D B D
	contemporaneous portal and hepatic artery	Proceedings				i '				brain-dead or living donors. Both the			
	revascalarization protocor on billary complications	Proceedings				i '				living and deceased donations were			
	after liver transplantation. Surgery (United States)	1 1				1				voluntary in all cases, were approved			
	2014;155(1):190-95 doi:	1 1				i '				by the West China Hospital Ethics			
	10.1016/j.surg.2013.06.056published Online First.	1 1				i '				Committee, and complied with the			
	,	1 1				1 '	. !			ethical guidelines of the Declaration of			
73		1 1				i '				Helsinki.			
,,,	Lu H, He J, Wu Z, et al. Assessment of microbiome	Surgery	2014	Livers	DD	19/	2007/1	2010/1	Yes	Institutional Review Board approval	Yes	The liver donation of each	DCD
		(United	2017	LIVEIS		104	2007/1	2010,1	103	1	l		1000
	The second secon	States)				i '				(approval number: 2012- No.174) and		case conformed strictly to	
	transplant patients, a retrospective analysis.	States)				i '				informed consent in writing were		the regulation of the	
	Microb Ecol 2013;65(3):781-91 doi:	1 1				i '				obtained for each individual.		Ethical Committee in our	
	10.1007/s00248-013-0211-6published Online First.	1 1				1						hospital, and Organ	
		1 1				i '						Transplant Committee of	
		1 1				1						Zhejiang province, as well	
		1 1				i '						as the declaration of	
		1 1				i '						Helsinki. No donor livers	
		1 1				i '						were procured from	
	!	1 1				1 '	. !					executed prisoners. All the	
		1 1				i '							
						1						donors were braindead,	
						i '						non–heart-beating	
L74												donors.	_
	, , , , , , , , , , , , , , , , , , , ,	Microbial	2013	Livers		12	2011/3	2011/12	No		No		
		Ecology				i '	, ,				1		
	cholangiopathies. Clin Transplant					i '	, ,				1		
.75	2014;28(10):1202-08 Online First.					└ '	!				L		L
_		Clinical	2014	Livers	DD	4	2008/1	2010/12	Yes	The study was approved by the ethics	No	Thedonor livers were	DCD
		Transplantati				1	'	. 1		committeeof our institute. T		donated after cardiac	
		on				i '						death(DCD; Table 2).	
	transhepatic biliary drainage.	1 1				i '	, ,				1	acatinaco, rabie 2).	
		1 1				i '							
	Hepatogastroenterology 2012;59(120):2569-72	1 1				i '							
176	doi: 10.5754/hge12300published Online First.					<u> </u>							-
	Lu Q, Zhong XF, Huang ZX, et al. Role of contrast-	Hepato-	2012	Livers		42	2002/1	2011/1	No		No		
	enhanced ultrasound in decision support for	Gastroenterol				i '							
	diagnosis and treatment of hepatic artery	ogy				i '							
	thrombosis after liver transplantation. Eur J Radiol	1 1		, T		i '							
	2012;81(3):e338-e43 doi:	1 1		1		i '							
	10.1016/j.ejrad.2011.11.015published Online First.	1 1				i 🗻 '							
177		1 1											
	Lu SC, Jiang T, Lai W, et al. Reestablishment of	European	2012	Livers		45	2005/1	2011/1	Voc	This study was approved by the Ethics	No		1
		Journal of	2012	LIVEIS		1 45	2003/1	2011/1	163		l VO		
		Radiology								Committee of our institute, and			
	inverticalisplantation for fibr related end stage	Thursdood,								written informed consent was			
	liver disease. Journal of immunology research	1 1								obtained from all the patients who			
178	2014;2014:764234 Online First.									received CEUS examination.			
	Luo A, Wan Q, Ye Q, et al. The clinical	Journal of	2014	Livers		200	1999	2010	Yes	This study was a prospective clinical	No		
	manifestations and distribution and resistance of	Immunology				· '				studyand was approved by the Ethics			
	pathogens among liver transplantation with	Research				i '				Committee of Beijing You-AnHospital			
	infections caused by non - Fermenters: A clinical	1 1				i '				(on January 4, 2006) and was			
	analysis of 31 patients. Hepatogastroenterology	1 1				i '				performed accordingto the ethical			
	2014;61(136):2349-52 doi:	1 1				i '				guidelines of the 1975 Declaration of			
	10.5754/hge14849published Online First.	1 1				1				Helsinki Living and deceased			
	10.5754/fige14649publisfied Offliffe First.	1 1				i '							
		1 1				i '				donations werevoluntary and			
		1 1				i '				altruistic in all cases. All organ			
		1 1				i '				donations ortransplants were			
		1 1				i '				approved by the Institutional Review			
		1 1		l .	1						l		
	1		·		1	١,	1			Boardof Beijing You-An Hospital,			
						ļ				Boardof Beijing You-An Hospital, Capital Medical University under the			
										Capital Medical University, under the			
										Capital Medical University, under the guidelines of the Ethics Committee of			
										Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of			
										Capital Medical University,under the guidelines of the Ethics Committee of the Hospital,the current regulations of the Chinese Government, and			
170										Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of			
179	Jun A. Zhong Z. Won O. of al. The distribution and	Henato	2014	Livers		24	2007/4	2014/9	Vor	Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of the Chinese Government, and the Declaration of Helsinki.	No		
179		Hepato- Gastroenterol	2014	Livers		31	2007/1	2014/8	Yes	Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of the Chinese Government, and the Declaration of Helsinki. The present study was approved by	No		
179	resistance of pathogens among solid organ	Gastroenterol	2014	Livers		31	2007/1	2014/8	Yes	Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of the Chinese Government, and the Declaration of Helsinki. The present study was approved by the two hospitals' ethics committees	No		
179	resistance of pathogens among solid organ transplant recipients with Pseudomonas		2014	Livers		31	2007/1	2014/8	Yes	Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of the Chinese Government, and theDeclaration of Helsinki. The present study was approved by the two hospitals' ethics committees [that is, the Third Xiangya Hospital,	No		
179	resistance of pathogens among solid organ transplant recipients with Pseudomonas aeruginosa infections. Med Sci Monit	Gastroenterol	2014	Livers		31	2007/1	2014/8	Yes	Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of the Chinese Government, and the Declaration of Helsinki. The present study was approved by the two hospitals' ethics committees [that is, the Third Xiangya Hospital, Central South University, Changsha	No		
<u>179</u>	resistance of pathogens among solid organ transplant recipients with Pseudomonas aeruginosa infections. Med Sci Monit 2016;22:1124-30 doi:	Gastroenterol	2014	Livers		31	2007/1	2014/8	Yes	Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of the Chinese Government, and the Declaration of Helsinki. The present study was approved by the two hospitals' ethics committees [that is, the Third Yangya Hospital, Central South University, Changsha and Zhongnan Hospital, Wuhan	No		
179 180	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.	Gastroenterol ogy								Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of the Chinese Government, and theDeclaration of Helsinki. 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]			
179 180	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. Luo XJ, Wang W, Hu SS, et al. Extracorporeal	Gastroenterol ogy Medical		Livers				2014/8		Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of the Chinese Government, and the Declaration of Helsinki. The present study was approved by the two hospitals' ethics committees [that is, the Third Yangya Hospital, Central South University, Changsha and Zhongnan Hospital, Wuhan	No		
179 180	resistance of pathogens among solid organ transplant recipients with Pseudomonas aeruginosa infections. Med Sci Monit 2016;22:1124-30 doi: 10.12659/MSM.896025published Online First. Luo XJ, Wang W, Hu SS, et al. Extracorporeal membrane oxygenation for treatment of cardiac	Gastroenterol ogy Medical Science								Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of the Chinese Government, and theDeclaration of Helsinki. 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]			
179 180	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. Luo XJ, Wang W, Hu SS, et al. Extracorporeal membrane oxygenation for treatment of cardiac	Gastroenterol ogy Medical								Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of the Chinese Government, and the Declaration of Helsinki. 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] The ethics committees of both			
179 180	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. Luo XJ, Wang W, Hu SS, et al. Extracorporeal membrane oxygenation for treatment of cardiac failure in adult patients. Interact Cardiovasc	Gastroenterol ogy Medical Science								Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of the Chinese Government, and the Declaration of Helsinki. 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] The ethics committees of both			
179 180	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. 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.	Gastroenterol ogy Medical Science Monitor	2016	Livers	DD.	15	2003/1	2015/7	Yes	Capital Medical University, under the guidelines of the Ethics Committee of the Hospital, the current regulations of the Chinese Government, and the Declaration of Helsinki. 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] The ethics committees of both	No		
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Mass NC Ocea, Tampe by et al. Intillis experience of months of the service of the control of the service of the control of t	185	sonography for diagnosing collateral transformation of the hepatic artery after liver transplantation. J Ultrasound Med 2015;34(9):1591-98 doi:		2016	Livers		69	2007/3	2013/3	Yes	before tissue collection, and the study protocol was approved by the Ethics Committee of the First Affiliated	No		0
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Man W. Chen Pr. Zheng M. Per at Lung Transplantation of end-stage silescapes (SSL) and CSL (SSL)	187	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	on	2013	Lungs		100	2002/6	2010/12	No	recipients.	No		DBD
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caused by oversue of glucoconticoid after here transplantation and the immune disjustment strategy, Journal of Immunology Research 30 2017;2017 Colline First. Minimum 5, Zhidong G, Hao C, et al. Correlation between pharmacolynamics of mycophenolic acid in New transplant prainacolynamics of mycophenolic acid in New transplant prainacols (Lich Pharmacol 2010;10):1308-0309-3592 Republished Online 1001;100;10):1308-0309-3592 Republished Online 1001;10;1308-0309-3592 Republished 1001;10;1308-0399-3592 Republished 1001;10;1308-0399-3	189	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.	Occupational and Environmenta I Medicine			9	4				after approval from our transplantation assessment committee and institutional ethics committee.			0
between pharmacokinetics and pharmacokinetics and pharmacokinetics and pharmacokinetics and pharmacokinetics and pharmacokinetics and interest properties of the pharmacokinetic pharmacokinetics and	190	caused by overuse of glucocorticoid after liver transplantation and the immune adjustment strategy. Journal of Immunology Research	Infectious Disease				100	2007/4	2010/12	Yes	wasapproved by our hospital ethical	No		0
Met MJ, Me P, Chen JV, et al. Association of TMF-7, Journal of TGF-71, LLD, ILG, and IRF Nge pen polymorphism with acute rejection and infection in lung transplant recipients. Clim rinsplant 2014-28(9):1016-24 doi: 10.1016/j.transplant 2014-28(9):1016-2		between pharmacokinetics and pharmacodynamics of mycophenolic acid in liver transplant patients. J Clin Pharmacol 2010;50(12):1388-96 doi: 10.1177/0091270009359526published Online	Immunology	2017	Livers		38	0	0	Yes	Committee of the First Hospital of	No		0
positive/HBsAg-negative liver donors pose a higher risk of occult HBV infection but do not cause severe histogical damage in liver grafts. Clinics and Research in Hepatology and Gastroenterology 39 2014;38/47-88 00 linier Brist. Nii VI, 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 diabetes mellitus in liver transplant diabetes mellitus in liver transplant recipients. Clinical aboratory 2013;99(7-8),858-74 doi: 10.7754/Clin.lab.2012.120913published 2010 nline First. 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 200 online First. Pan C, Wang C, Pan W, et al. Usefulness of real-time three-dimensional echocardiography to quantify global left ventricular function and mechanical disysynchrony after heart transplantation. Acta Cardiol 2011;66(3):365-70 doi: 10.2143/AC.663.2114137published Online 196 First. 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: 10.2101;2002-101-983-37.published Online 196. Clinical control of the study and all patients provided written informed consent to online of the study and all patients provided written informed consent to online on the study and all patients provided written informed consent to online on the study and all patients provided written informed consent to online institution in the declaration of Helsinki. The local ethics committee approved the study and all patients provided written informed consent to online institution in the declaration of Helsinki. The local ethics committee approved the study and all patients provided written informed consent to online or the study and all patients provided written informed consent to online or the study and all patients		Mu HJ, Xie P, Chen JY, et al. Association of TNF-?, TGF-71, 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:	Clinical	2010	Livers	DD	24	0	0	Yes	the independent ethics committee of Ruijin Hospital. The procedure was described in detail to all patients before admission, and informed	No		0
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/Clini.ab.2012.120913published 194 Online First. 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 195 Online First. 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.663.2114137published Online First. 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.	193	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.	Transplantati on								ethics committee of the institution before the study began, and the protocols conformed to the ethical guidelines of the 1975 Helsinki Declaration.			0
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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 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. Transplantati On Proceedings 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. Transplantati On Proceedings 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.		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		2013	Livers		86	2009/1	2011/1	No		No		0
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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		2011	Hearts	DD	95	2005/1	2009/2	Yes	outlined in the Declaration of Helsinki. The local ethics committee approved the study and all patients provided written informed consent to	No		0

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	transplantation in 54 patients with chronic									performed after acquisition of written			
	hepatitis B viral infection. Hepatology International									informed consent from each patient			
	2013;7(2):468-76 doi: 10.1007/s12072-013-9422-									according to the Declaration of			
	7published Online First.									Helsinki			
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	Peng C, Zhang Z, Wu J, et al. A critical role for	Hepatology International	2013	Livers		54	2000/8	2004/8	No		No		0
	ZDHHC2 in metastasis and recurrence in human hepatocellular carcinoma. BioMed Research	international											
199	International 2014;2014 Online First.												
133	Qiao B, Wu J, Wan Q, et al. Factors influencing	BioMed	2014	Livers		40	2006	2009	Yes	This study was approved bythe Ethical	No		0
	mortality in abdominal solid organ transplant	Research								Review Committee of the First			
	recipients with multidrug-resistant gram-negative	International								Affiliated Hospital, Zhejiang University			
	bacteremia. BMC Infect Dis 2017;17 (1) Online									School of Medicine, and informed con-			
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	Qin J, Fang Y, Dong Y, et al. Radiological and clinical findings of 25 patients with invasive pulmonary	Infectious	2017	Livers	DD	44	2003/1	2016/2	Yes	The study protocol was approved by the Third Xiangya Hospital of	No		DCD/DBD
	aspergillosis: Retrospective analysis of 2150 liver	Diseases								CentralSouth University, Medical			
	transplantation cases. Br J Radiol									Ethical Committee and the Zhongnan			
	2012;85(1016):e429-e35 doi:									Hospital ofWuhan University, Medical			
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1	findings of pulmonary infections after orthotopic liver transplantation in 453 patients. Br J Radiol	uioiogy								institutional review board of our institution, and written informed			1
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202	10.1259/bjr/26230943published Online First.								1	Sonsent was waived.			
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	system for biliary stricture after liver	of Radiology					·	'					
	transplantation. J Int Med Res 2014;42(2):566-71												
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	Qiu Y, Zhu X, Wang W, et al. Nutrition support with	Journal of International	2014	Livers	DD	/8	2006/5	2011/9	No		No		0
	glutamine dipeptide in patients undergoing liver	Medical											
	transplantation. Transplant Proc 2009;41(10):4232- 37 doi:	Research											
	10.1016/j.transproceed.2009.08.076published												
204	Online First.												
	Qu W, Zhu ZJ, Sun LY, et al. Correlation between	Transplantati	2009	Livers		65	2002/1	2005/7	Yes	This randomized, controlled clinical	No		0
	immunosuppressive therapy and	on								study was approved by the ethical			
	CD4 ⁺ T-Cell intracellular adenosine	Proceedings								committee of our hospital. Voluntary			
	triphosphate levels in liver transplant recipients.									informed consent of each patient was			
	Transplant Proc 2016;48(6):2094-97 Online First.									obtained before commencement of			
205	Qu W, Zhu ZJ, Sun LY, et al. Correlation between	Transplantati	2016	Livers		177	2010/7	2012/10	Voc	the investigation. The study was proved by the Beijing	No		-
	survival interval and CD4 ⁺ T-Cell	on	2010	LIVEIS		1/2	2010//	2012/10	163	Friendship Hospital Ethics Committee,	INO		"
	intracellular ATP levels in liver transplant	Proceedings								and all patients gave signed informed			
	recipients. Transplant Proc 2017;49(2):316-21									consents.			
206	Online First.												
	Qu W, Zhu ZJ, Sun LY, et al. Salvage liver	Transplantati	2017	Livers		273	1998/12	2011/12	Yes	The study was reviewed and approved	No		0
	transplantation for hepatocellular carcinoma	on Deceased in sec								by the Ethics Committee of our			
	recurrence after primary liver resection. Clinics and	Proceedings								hospital, and all the subjects gave			
1	Research in Hepatology and Gastroenterology									signed informed consent			1
	2015;39(1):93-97 doi: 10.1016/j.clinre.2014.07.006published Online			1					1				
207	First.			1					1				
1	Ran JH, Zhang SN, Liu J, et al. In-hospital and follow-	Clinics and	2015	Livers		108	2000/4	2011/6	Yes	This study was verified and approved	No		0
1	up outcomes of patients undergoing orthotopic	Research in	,	'			'''	/-	'	by Beijing Friend-ship Hospital Ethics			
1	liver transplantation after hepatic artery	Hepatology		1					1	Committee. All clinical investigation			
1	reconstruction with an iliac interposition graft. Int J	and		1					1	wasconducted according to the			
1	Clin Exp Med 2016;9(2):3939-45 Online First.	Gastroenterol ogy								principles expressed in the Dec-			1
1		~6y							1	laration of Helsinki. All patients were			
1									1	informed about thesurgical risks			
1										before the operation, and gave signed			1
1										informedconsent. All consent			1
1										documents were stored in the hospitaldatabase and are available			1
1				1					1	upon request. All data are accessible			1
208										at China Liver Transplant Registry			
	Ren J, Lu MD, Zheng RQ, et al. Evaluation of the	International	2016	Livers		34	2006/5	2010/12	Yes	The study was approved by the	Yes	researchers say 'written	DCD
1	microcirculatory disturbance of biliary ischemia	Journal of							1	Ethics Committee of the First		consent was obtained from	
1	after liver transplantation with contrast-enhanced	Clinical and Experimental								People's Hospital of Kunming City		all donors' immediate	1
1	ultrasound: Preliminary experience. Liver Transpl	Medicine								and written consent was obtained		family', suggesting	1
209	2009;15(12):1703-08 doi: 10.1002/lt.21910published Online First.									from all donors' immediate family and recipients.		voluntary donation.Â	
200	Ren J, Zheng BW, Wang P, et al. Revealing impaired	Liver	2009	Livers		25	2007/2	2007/7	Yes	Informed consent was obtained from	No		0
1	blood supply to the bile ducts on contrast-	Transplantati					,-			all patients, and the study was			
1	enhanced ultrasound: a novel diagnosis method to	on							1	approved by the institutional ethics			
1	ischemic-type biliary lesions after orthotropic liver									review board.			1
1	transplantation. Ultrasound Med Biol												1
	2013;39(5):753-60 doi:			1				1	1				1
210	10.1016/j.ultrasmedbio.2012.12.004published Online First.												

$\overline{}$			_			-							
Н	A Ren L, Teng M, Zhang T, et al. Donors FMO3	B Ultrasound in	C 2013	D Livers	E	42	2007/2	2009/12	Yes	The study was approved by the	No	L	M 0
	polymorphisms affect tacrolimus elimination in	Medicine and Biology								institutional ethics review board. We			
	Chinese liver transplant patients.	вююву								explained in detail the whole study to every subject especially including			
	Pharmacogenomics 2017;18(3):265-75 Online First.									possible bioeffects of CEUS and			
l										obtained informed consent from all			
211	Ren QQ, Fu SJ, Zhao Q, et al. Prognostic value of	Pharmacogen	2017	Livers		110	2007/7	2012/3	Voc	subjects. This research was approved by the	No		0
	preoperative peripheral monocyte count in	omics	2017	Livers		110	2007/7	2012/3	l'es	Ethics Committee of Shanghai Jiao	1		"
	patients with hepatocellular carcinoma after liver									Tong University. Informed written			
212	transplantation. Tumor Biology 2016;37(7):8973-									consent was obtained according to			
212	78 Online First. Ren X, Guan J, Gao N, et al. Evaluation of pediatric	Tumor	2016	Livers	DD	101	2009/1	2013/5	No	the Declaration of Helsinki.	No		0
	liver transplantation-related artery complications	Biology											
	using intra-operative multi-parameter												
213	ultrasonography. Med Sci Monit 2016;22:4495-502 Online First.												
	Ren X, Luo Y, Gao N, et al. Common ultrasound and		2016	Livers	DD	10	2007/5	2015/8	Yes	All the surgeries for the donors and	No		DBD
	contrast-enhanced ultrasonography in the	Science Monitor								recipients were approved by the			
	diagnosis of hepatic artery pseudoaneurysm after liver transplantation. Exp Ther Med									Ethics Committee of our hospital before the surgery (2007-39-J2), and			
	2016;12(2):1029-33 Online First.									the informed consent forms were			
214	Sha J, Tao Y, Li D, et al. Outcome of heart	Experimental	2016	Livers		2005	2005/1	2015/11	Voc	signed. The present study was approved by	No		-
	transplantations done in our centre. Ann	and	2010	Livers		2003	2005/1	2015/11	res	the Ethics Committee of the General	INO		"
	Transplant 2008;13(3):27-29 Online First.	Therapeutic Medicine								Hospital of Chinese People's Armed			
		ivieuiciile	4							Police Forces. Written informed consent for the CEUS examination was			
215										obtained			
	Shan Y, Shen N, Han L, et al. MicroRNA-499	Annals of	2008	Hearts	DD	10	2004/5	2006/2	No		No		0
216	Rs3746444 polymorphism and biliary atresia. Dig Liver Dis 2016;48(4):423-28 Online First.	Transplantati on											
-10	Shaoyin D, Yongmei Y, Tong S, et al. Follow-up	Digestive and	2016	Livers	DD	36	2006/1	2014/7	Yes	The protocol was approved by the	No		DCD
	examination of 12 heart transplant recipients with	Liver Disease								ResearchEthicsCommitteeoftheRenjiH			
	cardiac CT. Clin Imaging 2012;36(6):732-38 doi: 10.1016/j.clinimag.2012.02.004published Online									ospital,SchoolofMedicine,ShanghaiJia otongUni-versity.			
217	First.									otongom-versity.			
	Shen C, Peng C, Shen B, et al. Sirolimus and	Clinical	2012	Hearts	DD	12	2006/6	2011/9	Yes	was approved by institutional ethic	No		0
	metformin synergistically inhibit hepatocellular carcinoma cell proliferation and improve long-	Imaging								committee of the hospital and agreed by the subjects or their families			
	term survival in patients with HCC related to									by the subjects of their families			
	hepatitis B virus induced cirrhosis after liver												
218	transplantation. Oncotarget 2016;7(38):62647-56 Online First.												
	Shen JY, Li C, Wen TF, et al. Liver transplantation	Oncotarget	2016	Livers		133	2001/1	2013/12	No		No		0
	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												
219	First. Shen Z, Zhu Z, Zhang Y, et al. Liver transplantation	Medicine	2016	Livers		102	2001/1	2014/12	Voc	Written informed consent was	No		-
	at Tianjin First Central Hospital. Clin Transpl	(United	2010	LIVEIS		102	2001/1	2014/12	103	obtained from all patients and was			
	2005:221-23 Online First.	States)								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			
220										accordance with the Declaration of Helsinki.			
Ĩ	Shen ZY, Zheng WP, Deng YL, et al. Variations in	Clinical	2005	Livers		1803	1998/8	2005/9	No		No		0
	the S and P regions of the hepatitis B virus genome	transplants											
	under immunosuppression in vitro and in vivo. Viral Immunol 2012;25(5):368-78 Online First.									The state of the s			1
221													
	Sheng H, Lu Y, Chen H. Ocular complications of heart transplantation in a Chinese population.	Viral Immunology	2012	Livers		34	2002/6	2003/12	Yes	The study wasapproved by the hospital's research and ethics	No		0
	neart transplantation in a Chinese population. Transplant Proc 2008;40(10):3590-93 doi:	эобу								committee.			1
	10.1016/j.transproceed.2008.06.081published												
	Online First. Sheng L, Jun S, Jianfeng L, et al. The effect of	Transplantati	2008	Hearts	DD	138	2000/5	2005/10	Yes	This study was approved by our Ethics	No		1
	sirolimus-based immunosuppression vs.	on	2000			138			1.55	Committee, which waived the need	"		
	conventional prophylaxis therapy on	Proceedings								for individual consent forms for this			
	cytomegalovirus infection after liver transplantation. Clin Transplant 2015;29(6):555-59									retrospective analysis.			
	doi: 10.1111/ctr.12552published Online First.												1
	Shi F, Zhang JY, Zeng Z, et al. Skewed ratios between CD3 ⁺ T cells and monocytes	Clinical Transplantati	2015	Livers	DD	127	2008	2013	No		No		DCD
	are associated with poor prognosis in patients with												
	HBV-related acute-on-chronic liver failure.												
224	Biochem Biophys Res Commun 2010;402(1):30-36 Online First.												1
	Shi R, Shen ZY, Teng da H, et al. Gallstones in liver	Biochemical	2010	Livers		10	0	0	No		No		0
	transplant recipients: A single-center study in	and Riophysical											
	China. Turkish Journal of Gastroenterology 2015;26(5):429-34 Online First.	Biophysical Research											
		Communicati											
225		ons			1			1	1	<u> </u>		<u> </u>	1

L	А	В	С	D	I E I	г		Н		1	V	T 1	М
	Shi SH, Kong HS, Jia CK, et al. Risk factors for	Turkish		Livers	E .	1640	G 1994/5	2011/7	Yes	This study was conducted in	No	L L	IVI
	pneumonia caused by multidrug-resistant Gram-	Journal of	2013	Livers		1040	1994/5	2011//	ies	accordance with the declaration of	INO		'
	negative bacilli among liver recipients. Clin	Gastroenterol								Helsinki and with approval from the			
	Transplant 2010;24(6):758-65 Online First.	ogy								ethics committee of Tianjin Medical			
	Transplant 2010,24(6).738-63 Offilite First.	"								University. Signed consent forms were			
226										obtained from all participants.			
220	Shi SH, Kong HS, Xu J, et al. Multidrug resistant	Clinical	2010	Livers		175	2002/1	2006/12	No	obtained from all participants.	No		-
	gram-negative bacilli as predominant bacteremic	Transplantati	2010	Livers		4/3	2002/1	2006/12	INO		INO		"
	pathogens in liver transplant recipients. Transpl	on											
	Infect Dis 2009;11(5):405-12 doi: 10.1111/j.1399-												
227	3062.2009.00421.xpublished Online First.												
221	Shi Y, Li Y, Tang J, et al. Influence of CYP3A4,	Transplant	2000	Livers		475	2002/1	2006/12	Voc	This study was approved by our	No		-
	CYP3A5 and MDR-1 polymorphisms on tacrolimus	Infectious	2009	LIVEIS		4/3	2003/1	2000/12	l es	hospital ethical committee.	INO		"
	pharmacokinetics and early renal dysfunction in	Disease								nospital ctilical committee.			
	liver transplant recipients. Gene 2013;512(2):226-												
	31 doi: 10.1016/j.gene.2012.10.048published												
220	Online First.												
220	Shi Z, Yan L, Zhao J, et al. Prevention and	Gene	2013	Livers		216	2000/4	2008/3	Yes	This study was approved by the West	No		
	treatment of rethrombosis after liver			Liveis		210	2000, .	2000,5	1.03	China Hospital.			"
	transplantation with an implantable pump of the									Cima riospica.			
	portal vein. Liver Transpl 2010;16(3):324-31 doi:												
229	10.1002/lt.21988published Online First.												
223	Song SH, Li XX, Wan QQ, et al. Risk factors for	Liver	2010	Livers	DD	275	1999/2	2007/12	Yes	Written, informed consent was	No		BDD
	mortality in liver transplant recipients with ESKAPE		2010	LIVEIS		275	1333/2	2007/12	1.63	obtained from all patients for the	"		1000
1	infection. Transplant Proc 2014;46(10):3560-63	on								inclusion of their data in this study,		1	
1	doi: 10.1016/j.transproceed.2014.08.049published								1	which was approved by the Huaxi			
1	Online First.									Ethics Committee and conformed with		1	
1									1	the ethical guidelines of the 1975			
230										Declaration of Helsinki.			
1_55	Su H, Liu Z, Sun Y, et al. Efficacy and safety of low	Transplantati	2014	Livers		51	2007/1	2014/5	Yes	The present study was approved by	No		1
1	accelerating dose regimen of interferon/ribavirin	on	1			31	, .	, -		the two hospitals' ethics			1
1	antiviral therapy in patients with hepatitis C virus	Proceedings							1	committees.			
1	recurrence after liver transplantation. Ann								1				
	Transplant 2015;20:263-68 doi:												
	10.12659/AOT.892255published Online First.												
231													
	Su H, Ye Q, Wan Q, et al. Predictors of mortality in	Annals of	2015	Livers		31	2005/1	2010/12	Yes	This study was approved by the Ethics	No		0
	abdominal organ transplant recipients with	Transplantati								Committees of Beijing 302 Hospital.			
	pseudomonas aeruginosa infections. Ann	on											
232	Transplant 2016;21 Online First.												
	Sun B, Li XY, Gao JW, et al. Population	Annals of	2016	Livers		310	2003/1	2015/6	Yes	The Third Xiangya Hospital, Central	No		0
	pharmacokinetic study of cyclosporine based on	Transplantati								South University and the Zhongnan			
	NONMEM in Chinese liver transplant recipients.	on				4				Hospital, Wuhan University, Medical			
	Ther Drug Monit 2010;32(6):715-22 doi:									Ethical Committee approved the study			
	10.1097/FTD.0b013e3181fb6ce3published Online									protocol prior to patient identification			
233	First.								-	and data collection.			
	Sun H, Teng M, Liu J, et al. FOXM1 expression	Therapeutic Drug	2010	Livers		124	2000	2007	Yes	The study was conducted in	No		0
	predicts the prognosis in hepatocellular carcinoma	Monitoring								accordance with the Declaration of			
	patients after orthotopic liver transplantation	Ivionitoring								Helsinki and its amendments.			
	combined with the Milan criteria. Cancer Lett									Approval was obtained from the First			
	2011;306(2):214-22 doi:									People's Hospital Affiliated to			
	10.1016/j.canlet.2011.03.009published Online									Shanghai Jiao Tong University Medical			
	First.									Research Ethics Committee to collect			
										pharmacokinetic, demographic, and			
										covariate data retrospectively from patient medical records.			
234										patient medical records.			
٣	Sun J, Cao G, Zhang L, et al. Human	Cancer	2011	Livers	DD	5	2001/10	2009/4	Yes	Ethical approval from the Institutional	No		1
1	cytomegalovirus (CMV) UL97 D605E mutation has	Letters				,	,			Review Board of Shanghai Jiaotong			1
1	a higher prevalence in infants with primary CMV									University and informed written		1	
	infection compared with transplant recipients with		1						1	consent was obtained from each			
	CMV recurrence. Transplant Proc		1						1	patient or their guardians for use of			
	2012;44(10):3022-25 doi:	1								the tissue specimens.			
1				1					1		1		
	10.1016/j.transproceed.2012.06.069published			1								I	1
235					<u> </u>								
235	10.1016/j.transproceed.2012.06.069published	Transplantati	2012	Livers		69	2002/1	2009/6	Yes	The study was approved by our	No		0
235	10.1016/j.transproceed.2012.06.069published Online First.	on .	2012	Livers		69	2002/1	2009/6	Yes	The study was approved by our Research Ethics Committee and	No		0
235	10.1016/j.transproceed.2012.06.069published Online First. Sun XY, Dong JH, Qin K, et al. Single center study		2012	Livers		69	2002/1	2009/6	Yes		No		0
	10.1016/j.transproceed.2012.06.069published Online First. 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:	on .	2012	Livers		69	2002/1	2009/6	Yes	Research Ethics Committee and written informed consent was obtained from the patients or their	No		0
	10.1016/j.transproceed.2012.06.069published Online First. 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.	on Proceedings					•			Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians			0
	10.1016/j.transproceed.2012.06.069published Online First. 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):988-2 doi: 10.3892/etm.2016.3001published Online First. Sun Y, Yin S, Xie H, et al. Immunophenotypic shift	on Proceedings Experimental		Livers	DD		•	2009/6		Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical	No Yes	The donation procedure	DCD
	10.1016/j.transproceed.2012.06.069published Online First. 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. Sun Y, Yin S, Xie H, et al. Immunophenotypic shift of memory CD8 T cells identifies the changes of	on Proceedings Experimental and			DD		•			Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians		followed the DCD	DCD
	10.1016/j.transproceed.2012.06.069published Online First. 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. 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	on Proceedings Experimental and Therapeutic			DD		•			Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical			DCD
	10.1016/j.transproceed.2012.06.069published Online First. 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. 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	on Proceedings Experimental and			DD		•			Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical		followed the DCD	DCD
	10.1016/j.transproceed.2012.06.069published Online First. 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. 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:	on Proceedings Experimental and Therapeutic			DD		•			Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical		followed the DCD	DCD
236	10.1016/j.transproceed.2012.06.069published Online First. 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. Sun Y, Yin S, Xie H, et al. Immunophenotypic shift of memory CDB 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	on Proceedings Experimental and Therapeutic			DD		•			Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical		followed the DCD	DCD
236	10.1016/j.transproceed.2012.06.069published Online First. 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. 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.	on Proceedings Experimental and Therapeutic Medicine	2016	Livers	DD	6	2011/1	2013/12	Yes	Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical Ethics Committee at this institution	Yes	followed the DCD	DCD
236	10.1016/j.transproceed.2012.06.069published Online First. 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. 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. Teng da H, Zhu ZJ, Zheng H, et al. Effect of steatosis	on Proceedings Experimental and Therapeutic	2016		DD		•	2013/12		Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical Ethics Committee at this institution This study was approved by the local	Yes	followed the DCD	DCD
236	10.1016/j.transproceed.2012.06.069published Online First. 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. Sun Y, Yin S, Xie H, et al. Immunophenotypic shift of memory CDB 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. Teng da H, Zhu ZJ, Zheng H, et al. Effect of steatosis donor liver transplantation on hepatocellular	on Proceedings Experimental and Therapeutic Medicine Scandinavian	2016	Livers	DD	6	2011/1	2013/12	Yes	Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical Ethics Committee at this institution This study was approved by the local medical ethics committee and all	Yes	followed the DCD	DCD
236	10.1016/j.transproceed.2012.06.069published Online First. 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. 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. Teng da H, Zhu ZJ, Zheng H, et al. Effect of steatosis donor liver transplantation on hepatocellular carcinoma recurrence: experience at a single	on Proceedings Experimental and Therapeutic Medicine Scandinavian Journal of	2016	Livers	DD	6	2011/1	2013/12	Yes	Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical Ethics Committee at this institution This study was approved by the local medical ethics committee and all participants gave their informed	Yes	followed the DCD	DCD
236	10.1016/j.transproceed.2012.06.069published Online First. 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. 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. 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	on Proceedings Experimental and Therapeutic Medicine Scandinavian Journal of Clinical and	2016	Livers	DD	6	2011/1	2013/12	Yes	Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical Ethics Committee at this institution This study was approved by the local medical ethics committee and all	Yes	followed the DCD	DCD
236	10.1016/j.transproceed.2012.06.069published Online First. 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. Sun Y, Yin S, Xie H, et al. Immunophenotypic shift of memory CDB 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. 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.	on Proceedings Experimental and Therapeutic Medicine Scandinavian Journal of Clinical and Laboratory	2016	Livers		62	2011/1	2013/12	Yes	Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical Ethics Committee at this institution This study was approved by the local medical ethics committee and all participants gave their informed consents.	Yes	followed the DCD	0
236	10.1016/j.transproceed.2012.06.069published Online First. 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. 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. 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. Teng F, Han QC, Ding GS, et al. Validation of a	on Proceedings Experimental and Therapeutic Medicine Scandinavian Journal of Clinical and Laboratory Investigation	2016	Livers	DD	62	2011/1	2013/12	Yes	Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical Ethics Committee at this institution This study was approved by the local medical ethics committee and all participants gave their informed consents. Signed informed consent forms were	Yes	followed the DCD	DCD 0
236	10.1016/j.transproceed.2012.06.069published Online First. 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. 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. 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.	on Proceedings Experimental and Therapeutic Medicine Scandinavian Journal of Clinical and Laboratory Investigation Hepato-	2016	Livers		62	2011/1	2013/12	Yes	Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical Ethics Committee at this institution This study was approved by the local medical ethics committee and all participants gave their informed consents. Signed informed consent forms were obtained from all patients to allow	Yes	followed the DCD	0
236	10.1016/j.transproceed.2012.06.069published Online First. 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. 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. 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. Teng F, Han QC, Ding GS, et al. Validation of a criteria-specific long-term survival prediction model for hepatocellular carcinoma patients after	on Proceedings Experimental and Therapeutic Medicine Scandinavian Journal of Clinical and Laboratory Investigation Hepato-Gastroenterol Gastroenterol	2016	Livers		62	2011/1	2013/12	Yes	Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical Ethics Committee at this institution This study was approved by the local medical ethics committee and all participants gave their informed consents. Signed informed consent forms were obtained from all patients to allow sample collection before undergoing	Yes	followed the DCD	0
236	10.1016/j.transproceed.2012.06.069published Online First. 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. 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. 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(11):838-62 Online First. Teng F, Han QC, Ding GS, et al. Validation of a criteria-specific long-term survival prediction model for hepatocellular carcinoma a patients after liver transplantation. Sci Rep 2015;5:11733 Online	on Proceedings Experimental and Therapeutic Medicine Scandinavian Journal of Clinical and Laboratory Investigation Hepato-Gastroenterol Gastroenterol	2016	Livers		62	2011/1	2013/12	Yes	Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical Ethics Committee at this institution This study was approved by the local medical ethics committee and all participants gave their informed consents. Signed informed consent forms were obtained from all patients to allow sample collection before undergoing OLT. This study was reviewed and	Yes	followed the DCD	0
236	10.1016/j.transproceed.2012.06.069published Online First. 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. 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. 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. Teng F, Han QC, Ding GS, et al. Validation of a criteria-specific long-term survival prediction model for hepatocellular carcinoma patients after	on Proceedings Experimental and Therapeutic Medicine Scandinavian Journal of Clinical and Laboratory Investigation Hepato-Gastroenterol Gastroenterol	2016	Livers		62	2011/1	2013/12	Yes	Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical Ethics Committee at this institution This study was approved by the local medical ethics committee and all participants gave their informed consents. 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	Yes	followed the DCD	0
236	10.1016/j.transproceed.2012.06.069published Online First. 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. 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. 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(11):838-62 Online First. Teng F, Han QC, Ding GS, et al. Validation of a criteria-specific long-term survival prediction model for hepatocellular carcinoma a patients after liver transplantation. Sci Rep 2015;5:11733 Online	on Proceedings Experimental and Therapeutic Medicine Scandinavian Journal of Clinical and Laboratory Investigation Hepato-Gastroenterol Gastroenterol	2016	Livers		62	2011/1	2013/12	Yes	Research Ethics Committee and written informed consent was obtained from the patients or their legal guardians with the approval of the Medical Ethics Committee at this institution This study was approved by the local medical ethics committee and all participants gave their informed consents. Signed informed consent forms were obtained from all patients to allow sample collection before undergoing OLT. This study was reviewed and	Yes	followed the DCD	0

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240	A 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. 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.	B Scientific Reports International Journal of Clinical Practice		D Livers	DD DD		G 1980/1 2010/10	H 2008/6 2015/5	Yes	If a 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. Our study follows the guidelines of the Ethics Committee of our hospital and the Declaration of Helsinki.	No 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
241	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-Opublished Online First.	Journal of Hepatology	2014	Livers		441	2000/1	2011/12	No		No		0
242	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.000000000000000000published 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 Gastroenterol ogy 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
	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- Gastroenterol ogy	2014	Livers		35	2002/1	2014/4	Yes	with mormed consent upon approval by ethical committees of Third Xiangya Hospital, Central South University, Changsha and Zhongnan Hospital, Wuhan University, Wuhan, China,	No		0
246		Transplantati on 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-99fc-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.	CardioVascula r and Interventional Radiology			DD		2000/7	2010/7		Study approval was obtained from the internal review board of the hospital.			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 Cardiothoraci c Surgery	2013	Hearts	DD	7	2011/7	2011/8	res	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.	INO		0

	A	В	С	D	I E	l F	G	Н		1 ,	l ĸ	Ιι	М
	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 Transplantati on	2013	Livers	-	60		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	No		
251										consent was obtained from all patients.			
	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 Transplantati on	2016	Livers	DD	41	2007/10	2009/1	No		No		DCD
	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	Transplantati on Proceedings	2013	Livers		37	0	0	No		No		0
	First. 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
	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 Roentgenolog Y	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
	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
	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.	Transplantati on Proceedings	2006	Livers		10	2004/4	2005/5	No		No		0
	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
	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
	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	2/	No		0
	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		Livers			2001/10		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
	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.593939published 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 Peopleá® Shospital, Shanghai, China, under the guidelines of the Ethics Committee of the hospital, and the Declaration of Helsinki	No		0

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	A 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.	B OncoTargets and Therapy		D Livers	E DD		G 2001/1	H 2011/12		J This study was approved by the Institutional Review Board for Liver Transplantation Surgery, Shanghai First People's Hospital, Shanghai, People's Republic of China, under the guidelines of the Ethics Committee of the hospital and in accordance with the Declaration of Helsinki		L	М 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		Livers			2014/7		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 Transplantati on			DD	24	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
	Wang WL, Jin J, Zheng SS, et al. Tacrolimus dose requirement in relation to donor and recipient ABCB1 and CYP3AS 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		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 Transplantati on	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
	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 Gastroenterol ogy 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	Yes	All recipients had undergone OLT (donor livers were from cadaveric donors who voluntarily donated). No organs were obtained from executed prisoners	0
<u>271</u> 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	organs.	No		0
	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

	A	В	С	D	F	F	G	Тн	T .	T 1	ĸ	I .	М
Н	Wang Y, Zhang M, Liu ZW, et al. The ratio of	Hepatitis	-	Livers	-	29	2008/1	2008/12	Yes	The present study was approved by	Yes	All recipients had	IVI
	circulating regulatory T cells (Tregs)/Th17 cells is	Monthly	2011			23	-000,1	2000, 12	1.55	the Institutional Ethics Committee of		undergone successful OLT	1
	associated with acute allograft rejection in liver	, ,								our institute. The informed consent		(livers were from cadaveric	
	transplantation. PLoS One 2014;9(11) doi:									was obtained from each patient. The		donors who voluntarily	
	10.1371/journal.pone.0112135published Online									procedure met all applicable		donated). No organs were	
	First.									institutional guidelines of our		obtained from executed	
	11130.									institutional guidelines of our		prisoners.	
										regulations concerning the ethical use		prisoriers.	
274													
2/4	Wang YI, Li G, Zhang Y, et al. The expression of von	PLoS ONE	2014	Livers	DD	38	0	1 0	Yes	of donated organs. The study protocol was approved by	No		1
	Willebrand factor, soluble thrombomodulin, and	FLU3 OINE	2014	Livers		30	"	ή "	res	the institutional review board of	INO		"
	soluble p-selectin during orthotopic liver									Beijing 302 hospital.			
	transplantation. Transplant Proc 2007;39(1):172-												
	75 doi:												
275	10.1016/j.transproceed.2006.10.027published												
275	Online First.	Transplantati	2007	Livers		20	2004	2004	NI-		N1 -		<u> </u>
	Wang YL, Li G, Wu D, et al. Analysis of alpha-	on	2007	Livers		20	2004	2004	INO		No		"
	fetoprotein mRNA level on the tumor cell	Proceedings											
	hematogenous spread of patients with	Froceedings											
	hepatocellular carcinoma undergoing orthotopic												
	liver transplantation. Transplant Proc												
	2007;39(1):166-68 doi:												
	10.1016/j.transproceed.2006.10.008published												
276	Online First.									1			
	Wang YL, Tang ZQ, Gao W, et al. Influence of Th1,	Transplantati	2007	Livers		30	2004	2004	No		No		0
	Th2, and Th3 cytokines during the early phase	on						1					
	after liver transplantation. Transplant Proc	Proceedings						1					1
	2003;35(8):3024-25 doi:							1		1		1	1
	10.1016/j.transproceed.2003.10.007published			L				1					
277	Online First.												
	Wang YL, Zhang YY, Zhou YL, et al. T-helper and T-	Transplantati	2003	Livers	ı 7	25	0	0	No		No		0
1	cytotoxic cell subsets monitoring during active	on						1		1		1	1
1 1	cytomegalovirus infection in liver transplantation.	Proceedings						1					
	Transplant Proc 2004;36(5):1498-99 doi:												
	10.1016/j.transproceed.2004.05.032published												
	Online First.			,				1					
278													
	Wang Z, Gong W, Shou D, et al. Clonal origin of	Transplantati	2004	Livers		30	2002	2002	No		No		0
1	hepatocellular carcinoma and recurrence after	on	- 1							1		1	1
	liver transplantation. Ann Transplant 2016;21:484-	Proceedings						1					
279	90 Online First.							1					
	Wang Z, He JJ, Liu XY, et al. The evaluation of	Annals of	2016	Livers		60	2007/8	2012/12	Yes	The study was approved by the	No		0
1 1	enteric-coated mycophenolate sodium in cardiac	Transplantati						1		hospital ethics committee and was			
	deceased donor liver transplant patients in China.	on						1		performed in compliance with the			1
1	Immunopharmacol Immunotoxicol 2015;37(6):508-									guidelines for the use of donated		1	1
1 1	12 doi:									organs at Tianjin First Center Hospital			
1	10.3109/08923973.2015.1096286published Online									Patients pro-vided informed consent		1	1
280	First.				<u> </u>					for the study		<u> </u>	
П	Wang Z, Liao J, Wu S, et al. Recipient C6 rs9200	Immunophar	2015	Livers	DD	92	C	0	Yes	The study was performed according to	No	The liver was routinely	DCD
	genotype is associated with hepatocellular	macology and								recommendations of the Declaration		procured from donations	
	carcinoma recurrence after orthotopic liver	Immunotoxic								of Helsinki in 1975, and it was		after cardiac death (DCD).	1
	transplantation in a Han Chinese population.	ology								approved by the ethic committee of		The most common course	
	Cancer Gene Ther 2016;23(6):157-61 doi:									Zhe Jiang University. Informed written		of death was	1
	10.1038/cgt.2016.7published Online First.							1		consent was obtained from all		craniocerebral trauma.	1
281	<u> </u>				╙		<u></u>			patients.	<u></u>	<u> </u>	
	Wang Z, Shi B, Jin H, et al. Low-dose of tacrolimus	Cancer Gene	2016	Livers		71	2007/7	2012/3	Yes	This research was approved by the	No		0
	favors the induction of functional	Therapy				_	l '	1		Institutional Review Board of the First			1
	CD4+CD25+FoxP3+ regulatory T cells in solid-organ							1		Affiliated Hospital, Jiao Tong			1
1	transplantation. Int Immunopharmacol							1		University, under the strict guidelines		1	1
1 1	2009;9(5):564-69 doi:							1		of the Ethics Committee of the			
	10.1016/j.intimp.2009.01.029published Online							1		hospital, the current regulation of the			1
1	First.							1		Chinese Government and the		1	1
	:							1		Declaration of Helsinki. Informed			1
								1		consent was obtained from all the			1
								1		donors and recipients.			
282								1		donors and recipients.			
_52	Wang Z, Wu S, Chen D, et al. Influence of TLR4	International	2009	Livers		25	0	1 0	Yes	This study was approved by the	No		1
	rs1927907 locus polymorphisms on tacrolimus	Immunophar	2003			23	۱ ۲	۱ ،	1.00	Medical Ethical Committee of our			1
	pharmacokinetics in the early stage after liver	macology						1		hospital, and an appropriate informed			1
	transplantation. Eur J Clin Pharmacol	J 5,						1		consent was obtained from all			1
	2014;70(8):925-31 doi: 10.1007/s00228-014-1673-							1		patients.			
283	2published Online First.							1		posicino.			1
203	Wang ZX, Fu ZR, Ding GS, et al. Prevention of	European	2014	Livers	\vdash	0.0	2007/7	2011/2	Voc	The protocol was conducted in	No		1 ^
	hepatitis B virus reinfection after orthotopic liver	Journal of	2014	Livers		00	200///	2011/2	1,63	accordance with the Declaration of			"
	transplantation. Transplant Proc 2004;36(8):2315-	Clinical						1		Helsinki and its amendments and was			1
	7 Online First.	Pharmacolog						1		approved by the Ethics Committee of			
	/ Online FIISt.	у						1		1 11			
								1		Shanghai Jiaotong University. All			1
20.4								1		patients provided written informed		1	1
284	Mong TV Cong CH Tong F -t -l A -il '	Transplantat*	2004	Livorr			2002/4	2002/7	No	consent.	No		
	Wang ZX, Song SH, Teng F, et al. A single-center	Transplantati	2004	Livers		68	2002/1	2003/7	No		No		1 0
	retrospective analysis of liver transplantation on	on Proceedings						1		1		1	1
	255 patients with hepatocellular carcinoma. Clin	- roceedings						1					
	Transplant 2010;24(6):752-57 doi: 10.1111/j.1399-							1					
	0012.2009.01172.xpublished Online First.							1					
285										1			

	A	В	С	D	E	F	G	Н	1	J	К	L	M
	Wang ZX, Yan LN, Wang WT, et al. Impact of	Clinical	2010	Livers	DD	251	2001/12	2007/12	No		No		0
	pretransplant MELD score on posttransplant	Transplantati					,						_
	outcome in orthotopic liver transplantation for	on											
	patients with acute-on-chronic hepatitis b liver												
	failure. Transplant Proc 2007;39(5):1501-04 doi:												
286	10.1016/j.transproceed.2007.02.070published Online First.						1		1				
200		Transplantati	2007	Livers		42	1000/12	2005/11	No		No		0
	Wei Q, Xu X, Wang C, et al. Efficacy and safety of a steroid-free immunosuppressive regimen after	on	2007	Livers		42	1999/12	2005/11	INO		INO		U
	liver transplantation for hepatocellular carcinoma.	Proceedings											
	Gut and Liver 2016;10(4):604-10 doi:												
207													
287	10.5009/gnl15017published Online First.	Gut and Liver	2016	Livers	DD	100	2009/4	2011/6	Yes	Each organ donation and	No		DCD, OT
	Wei Y, Zhang L, Lin H, et al. Factors related to post-	Gut and Liver	2016	Livers	טט	100	2009/4	2011/6	res		INO		DCD, 01
	liver transplantation acute renal failure. Transplant									transplantation strictly followed the			
	Proc 2006;38(9):2982-84 doi:									guidelines of the Ethics Committee of			
	10.1016/j.transproceed.2006.08.156published									the First Affiliated Hospital, Zhejiang			
	Online First.									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.			
288													
	Wei YJ, Huang YX, Zhang XL, et al. Apolipoprotein D		2006	Livers		82	1999	2002	No		No		0
	as a novel marker in human end-stage heart	On					1		1				
	failure: A preliminary study. Biomarkers	Proceedings					1		1				
289	2008;13(5):535-48 Online First.							-	l				
	Wei-lin W, Jing J, Shu-sen Z, et al. Tacrolimus dose	Biomarkers	2008	Hearts	DD	6	0	1 0	Yes	All patients and control subjects gave	No		0
	requirement in relation to donor and recipient									written informed consent for			
	ABCB1 and CYP3A5 gene polymorphisms in						1		1	thisinvestigation, which was approved			
	Chinese liver transplant patients. Liver Transpl						1		1	by the Institutional Ethical Review			
	2006;12(5):775-80 Online First.	4					1		1	Board of Fu WaiHospital			
290													
	Wen O, Li X, Wan Q, et al. The risk factors for	Liver	2006	Livers	DD	50	2004/7	2005/3	Yes	This study was conducted in	No		0
	mortality and septic shock in liver transplant	Transplantati								accordance with the Declaration of			
	recipients with ESKAPE bacteremia.	on								Helsinki and its amendments.			
	Hepatogastroenterology 2015;62(138):246-49 doi:						1		1				
291	10.5754/hge14092published Online First.												
	Wu B, Wu H, Chen J, et al. Comparative proteomic	Hepato-	2015	Livers		37	2002/1	2013/9	Yes	The present study was approved by	No		0
	analysis of human donor tissues during orthotopic	Gastroenterol								the two hospitals' ethics committees.			
	liver transplantation: Ischemia versus reperfusion.	ogy							1				
	Hepatology International 2013;7(1):286-98 doi:								1				
	10.1007/s12072-012-9346-7published Online First.												
292													
	Wu CZ, Ni XJ, Zheng SL, et al. A fast SSP-PCR	Hepatology	2013	Livers	DD	5	2008/11	2009/3	Yes	Written informed consent was	No		DCD
	method for genotyping the ATP-binding cassette	International								obtained fromthe recipients'			
	subfamily B member 1 gene C3435T and G2677T									relatives. The study protocol was			
	polymorphisms in Chinese transplant recipients.									approved by the Clinical Research			
	Tumori 2009;95(3):338-42 Online First.									(Ethics) Committee of Sun-Yat-Sen			
										University. Donor livers were obtained			
		I					l .			10 1 11 1 1 10 100 100 100 100 100 100	l		
										according to the standard multi-organ			
293									V	harvesting procedure.			
293	Wu D, Shen ZY, Zhang YM, et al. Effect of liver	Tumori	2009	Livers		59	0	0	No		No		0
293	transplantation in combined hepatocellular and	Tumori	2009	Livers		59	0	0	No		No		0
293	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC	Tumori	2009	Livers		59	0	0	No		No		0
293 294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First.									harvesting procedure.			0
293 294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC	Tumori BMC Cancer		Livers	DD			2011/4		harvesting procedure. This studywas approved by the ethics			0
293 294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First.				DD					harvesting procedure. This studywas approved by the ethics committee of the FirstCenter Hospital			0
<u>293</u> <u>294</u>	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. Wu J, Xu X, Liang T, et al. Long-term outcome of combined liver-kidney transplantation: A single-center experience in China.				DD					harvesting procedure. This studywas approved by the ethics committee of the FirstCenter Hospital of Tianjin (E2014008L) and			0
293 294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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				DD					harvesting procedure. This studywas approved by the ethics committee of the FirstCenter Hospital			0
<u>293</u>	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. Wu J, Xu X, Liang T, et al. Long-term outcome of combined liver-kidney transplantation: A single-center experience in China.				DD					harvesting procedure. This studywas approved by the ethics committee of the FirstCenter Hospital of Tianjin (E2014008L) and compliedwith the Declaration of Helsinki, and all participantsprovided			0
293 294 295	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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
294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. Wu J, Xu X, Liang T, et al. Long-term outcome of combined liver-kidney transplantation: A single-centre experience in China. Hepatogastroenterology 2008;55(82-83):334-37 Online First. Wu J, Zhu SM, He HL, et al. Plasma propofol	BMC Cancer	2015		DD	21	2000/4		Yes	harvesting procedure. 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. Each organ donation of transplant in	No		0
294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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. Wu J, Zhu SM, He HL, et al. Plasma propofol concentrations during orthotopic liver	BMC Cancer Hepato- Gastroenterol	2015	Livers	DD	21	2000/4	2011/4	Yes	harvesting procedure. 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. Each organ donation of transplant in our center was strictly under the	No		0
294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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. Wu J, Zhu SM, He HL, et al. Plasma propofol concentrations during orthotopic liver transplantation. Acta Anaesthesiol Scand	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. Each organ donation of transplant in our center was strictly under the guideline of the Ethical Committee of	No		0
294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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. 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-	BMC Cancer Hepato- Gastroenterol	2015	Livers	DD	21	2000/4	2011/4	Yes	harvesting procedure. 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. Each organ donation of transplant in our center was strictly under the guideline of the Ethical Committee of Hospital and the declaration of	No		0
294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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. 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.	BMC Cancer Hepato- Gastroenterol ogy	2015	Livers	DD	21	2000/4	2011/4	Yes	harvesting procedure. 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. 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 No		0
294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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. 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. Wu L, Chen L, Zhou L, et al. Association of	BMC Cancer Hepato- Gastroenterol ogy	2015	Livers	DD	21	2000/4	2011/4	Yes	harvesting procedure. 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. Each organ donation of transplant in our center was strictly under the guideline of the Ethical Committee of Hospital and the declaration of Helsinki. The study was approved by our	No		0 0
294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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. 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. Wu L, Chen L, Zhou L, et al. Association of interleukin 18 gene promoter polymorphisms with	BMC Cancer Hepato- Gastroenterol ogy Acta Anaesthesiolo	2015	Livers	DD	21	2000/4	2011/4	Yes	harvesting procedure. 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. Each organ donation of transplant in our center was strictly under the guideline of the Ethical Committee of Hospital and the declaration of Helsinki. The study was approved by our Clinical Research Committee and	No No		0
294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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. 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. Wu L, Chen L, Zhou L, et al. Association of interleukin 18 gene promoter polymorphisms with HBV recurrence after liver transplantation in Han	BMC Cancer Hepato- Gastroenterol ogy Acta Anaesthesiolo gica	2015	Livers	DD	21	2000/4	2011/4	Yes	harvesting procedure. 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. Each organ donation of transplant in our center was strictly under the guideline of the Ethical Committee of Hospital and the declaration of Helsinki. The study was approved by our	No No		0
294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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. 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. 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	BMC Cancer Hepato- Gastroenterol ogy Acta Anaesthesiolo	2015	Livers	DD	21	2000/4	2011/4	Yes	harvesting procedure. 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. Each organ donation of transplant in our center was strictly under the guideline of the Ethical Committee of Hospital and the declaration of Helsinki. The study was approved by our Clinical Research Committee and	No No		0
294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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. 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. 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):499-74 Online First.	BMC Cancer Hepato- Gastroenterol ogy Acta Anaesthesiolo gica Scandinavica	2015	Livers Livers	DD	69	2000/4	2011/4	Yes	harvesting procedure. 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. Each organ donation of transplant in our center was strictly under the guideline of the Ethical Committee of Hospital and the declaration of Helsinki. The study was approved by our Clinical Research Committee and informed consent	No No		0
294	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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. 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. 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. Wu L, Hu A, Tam N, et al. Salvage liver	BMC Cancer Hepato- Gastroenterol Acta Anaesthesiolo gica Scandinavica Hepatitis	2015	Livers	DD	21	2000/4	2011/4	Yes	harvesting procedure. 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. Each organ donation of transplant in our center was strictly under the guideline of the Ethical Committee of Hospital and the declaration of Helsinki. The study was approved by our Clinical Research Committee and informed consent	No No		0 0
294 295 296	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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. 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. 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. Wu L, Hu A, Tam N, et al. Salvage liver transplantation for patients with recurrent	BMC Cancer Hepato- Gastroenterol ogy Acta Anaesthesiolo gica Scandinavica	2015	Livers Livers	DD	69	2000/4	2011/4	Yes	harvesting procedure. 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. Each organ donation of transplant in our center was strictly under the guideline of the Ethical Committee of Hospital and the declaration of Helsinki. The study was approved by our Clinical Research Committee and informed consent	No No		0
294 295 296	transplantation in combined hepatocellular and cholangiocellular carcinoma: A case series. BMC Cancer 2015;15 (1) Online First. 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. 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. 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. Wu L, Hu A, Tam N, et al. Salvage liver transplantation for patients with recurrent hepatocellular carcinoma after curative resection.	BMC Cancer Hepato- Gastroenterol Acta Anaesthesiolo gica Scandinavica Hepatitis	2015	Livers Livers	DD	69	2000/4	2011/4	Yes	harvesting procedure. 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. Each organ donation of transplant in our center was strictly under the guideline of the Ethical Committee of Hospital and the declaration of Helsinki. The study was approved by our Clinical Research Committee and informed consent Informed consent was obtained from all participants; the study was approved by the Ethical Review	No No		0 0
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313	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 Transplantati on	2015	Livers	DD		2010/10		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		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 Pharmacolog y		Livers			2005/5		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			0
316		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.	Transplantati on Proceedings	2009	Livers	DD	244	2001/12	2006/12	No		No		0
318		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	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.	on Proceedings		Lungs				2010/6		This study was approved by the Institutional Review Board at Shanghai No. 1 Pulmonary Hospital.	No		0
321	2014;18(1):58-63 doi: 10.1111/petr.12198published Online First.	Archives of Medical Research		Livers		186	2003	2005		The local Ethics Committee approved the study, and informed written consent was obtained from all individuals.	No		0
	Xie M, Rao W, Yang T, et al. Occult hepatitis 8 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 Transplantati on	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 patients候 parents or guardians.	No		0
322	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
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transplantation in patients with hepatocellular carcinoma. Clinics and Research in Hepatology and Gastroenterology 2016;40(6):674-81 Online First.				2012	Livers	ן ייין	4/2	1999/2	2009/12	110		140		l "
Carcinoma. Clinics and Research in Hepatology and Gastroenterology 2016;40(6):674-81 Online First.										1				1
Gastroenterology 2016;40(6):674-81 Online First.			"							1				1
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	Xu X, Guo HJ, Xie HY, et al. ZIP4, a novel	Clinics and	-	Livers		142	2006/1		Yes	The study protocol wasapproved by	No	-	
	determinant of tumor invasion in hepatocellular	Research in						'		the Research Ethics Committee of the			
	carcinoma, contributes to tumor recurrence after	Hepatology								ThirdAffiliated Hospital of Sun Yat-sen			
	liver transplantation. Int J Biol Sci 2014;10(3):245-	and Gastroenterol								University, and informedconsent was			
227	56 doi: 10.7150/ijbs.7401published Online First.	ogy								obtained from all participants.			
337	Xu X, Ke QH, Shao ZX, et al. The value of serum ?-	International	2014	Livers		60	2002	2009	Voc	The study protocol was approved by	Yes	No donor liver was	<u> </u>
	fetoprotein in predicting tumor recurrence after	Journal of	2014	Livers		80	2002	2009	res	the Institutional Review Board of the	162	harvested from an	'
	liver transplantation for hepatocellular carcinoma.	Biological								Key Lab of Combined Multi-Organ		executed prisoner	
	Dig Dis Sci 2009;54(2):385-88 doi: 10.1007/s10620-	Sciences								Transplantation, Ministry of Public			
	008-0349-0published Online First.									Health. Informed written consent was			
										obtained from patients in accordance			
220										with the Declaration of Helsinki.			
338	Xu X, Ling Q, Gao F, et al. Hepatoprotective effects	Digestive	2009	Livers		97	2004/2	2006/12	No		No		1
	of marine and kuhuang in liver transplant	Diseases and	2003	Livers		,	2004/2	2000,12	"				"
	recipients. Am J Chin Med 2009;37(1):27-34 Online	Sciences											
339	First.												
	Xu X, Ling Q, Wang J, et al. Donor miR-196a-2	American Journal of	2009	Livers	DD	151	2003/9	2006/1	Yes	The ethical committee of Zhejiang	Yes	DONORS gave informed	0
	polymorphism is associated with hepatocellular carcinoma recurrence after liver transplantation in	Chinese								University approved this prospective randomized trial Informed		consent	
	a Han Chinese population. Int J Cancer	Medicine								consents were obtained from all			
	2016;138(3):620-29 Online First.									donors and recipients before			
										transplantation. Organ donation for			
										transplantation was approved by			
340										Zhejiang Organ Transplant Committee			
340	Xu X, Ling Q, Wu J, et al. A novel prognostic model	International	2016	Livers		155	2007/1	2011/3	Yes	Each organ donation or transplant	Yes	No donor organs were	n
	based on serum levels of total bilirubin and	Journal of				133	/ -	,5	"	was approved by the Institutional		obtained from executed	
	creatinine early after liver transplantation. Liver	Cancer								Review Board at the First Affiliated		prisoners.	
	International 2007;27(6):816-24 doi:									Hospital, Zhejiang University, under			
	10.1111/j.1478-3231.2007.01494.xpublished									the strict guidelines of the Ethics			
	Online First.									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.			
341	Vu V Ling O Zhang M et al Outer	Liver	2007	Livers	DD	100	2003/1	2006/9	Yes	Each organ denotion or torontion	No		
	Xu X, Ling Q, Zhang M, et al. Outcome of patients with hepatorenal syndrome type 1 after liver	International	2007	Livers	DU	199	2003/1	2006/9	Yes	Each organ donation or transplant in our centre was strictly according to	NO		"
	transplantation: Hangzhou experience.									the guidelines of the Ethical			
	Transplantation 2009;87(10):1514-19 doi:									Committee of our hospital, the			
	10.1097/TP.0b013e3181a4430bpublished Online									regulation of Organ Transplant			
	First.									Committee of Zhejiang province and			
342	Xu X, Liu X, Ling Q, et al. Artificial liver support	Transplantati	2000	Livers	DD	22	2003/1	2006/3	No	the declaration of Helsinki.	Yes	Informed consents were	-
	system combined with liver transplantation in the	on	2003	Livers	00	32	2003/1	2000/3			l es	obtained from all donors	"
	treatment of patients with acute-on-chronic liver											and recipients before	
	failure. PLoS One 2013;8(3) doi:											transplantation. Organ	
	10.1371/journal.pone.0058738published Online											donation for	
	First.											transplantation was approved by the Organ	
												Transplant Committee in	
343										7		Zhejiang Province.	
	Xu X, Qu K, Wan Y, et al. Tumor existence and	PLoS ONE	2013	Livers		171	2001/1	2009/12	Yes	This study was approved by the First	Yes	No donor livers were	0
	tumor size as prognostic factors in hepatitis B virus-									Affiliated Hospital, Zhejiang University		harvested from executed	
	related cirrhosis patients who underwent liver									School of Medicine and the current		prisoners	
	transplantation. Transplant Proc 2014;46(5):1389- 92 doi:									regulation of the Chinese Government, and the Declaration of			
	10.1016/j.transproceed.2014.01.011published									Helsinki were strictly followed for each			
	Online First.									organ donation and transplant			
344	V V T T W	Teneralis					2057	20:2:		performed in our center			-
	Xu X, Tu Z, Wang B, et al. A novel model for	Transplantati on	2014	Livers		111	2002/8	2012/3	Yes	The procedures were conducted in	No		0
	evaluating the risk of hepatitis B recurrence after liver transplantation. Liver International	Proceedings								accordance with the standards of the Declaration of Helsinki and current			
	2011;31(10):1477-84 doi: 10.1111/j.1478-									ethical guidelines, and written			
	3231.2011.02500.xpublished Online First.									informed consents were obtained			
345										from all of the patients.			
	Xu ZD, Xu HT, Li WW, et al. Influence of	Liver International	2011	Livers	DD	185	2006/1	2008/12	Yes	The guidelines of the Ethics	Yes	No donor livers were	0
	preoperative diastolic dysfunction on hemodynamics and outcomes of patients	micernational								Committee of our hospital, the current regulation of the Chinese		harvested from executed prisoners.	
	undergoing orthotopic liver transplantation. Int J									Government and the Declaration of		psoncis.	
	Clin Exp Med 2013;6(5):351-57 Online First.									Helsinki were strictly followed for each			
										organ donation and transplant			
346	Xue F, Higgs BW, Huang J, et al. HERC5 is a	International	2012	Livers	DD	220	2005/1	2009/12	No	performed in our centre.	No		
	Xue F, Higgs BW, Huang J, et al. HERC5 is a prognostic biomarker for post-liver transplant	Journal of	2013	Livers	00	330	2005/1	2009/12	INU		INU		"
		Clinical and											
	recurrent human hepatocellular carcinoma. J	Leanne de consert											
	recurrent human hepatocellular carcinoma. J Transl Med 2015;13(1) doi: 10.1186/s12967-015-	Experimental			1	1				1	1	1	
347	Transl Med 2015;13(1) doi: 10.1186/s12967-015- 0743-2published Online First.	Medicine											
347	Transl Med 2015;13(1) doi: 10.1186/s12967-015- 0743-2published Online First. Xue F, Zhang J, Han L, et al. Immune cell functional	Medicine Journal of	2015	Livers		21	2008	2012	Yes	Informed written consent was	Yes	No donor organs were	0
347	Transl Med 2015;13(1) doi: 10.1186/s12967-015- 0743-2published Online First. Xue F, Zhang J, Han L, et al. Immune cell functional assay in monitoring of adult liver transplantation	Medicine	2015	Livers		21	2008	2012	Yes	obtained from each patient and the	Yes	obtained from executed	0
347	Transl Med 2015;13(1) doi: 10.1186/s12967-015- 0743-2published Online First. Xue F, Zhang J, Han L, et al. Immune cell functional assay in monitoring of adult liver transplantation recipients with infection. Transplantation	Medicine Journal of Translational	2015	Livers		21	2008	2012	Yes	obtained from each patient and the study protocol conformed to the	Yes	obtained from executed prisoners or other	0
347	Transl Med 2015;13(1) doi: 10.1186/s12967-015- 0743-2published Online First. Xue F, Zhang J, Han L, et al. Immune cell functional assay in monitoring of adult liver transplantation	Medicine Journal of Translational	2015	Livers		21	2008	2012	Yes	obtained from each patient and the	Yes	obtained from executed	0
347	Transl Med 2015;13(1) doi: 10.1186/s12967-015- 0743-2published Online First. 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:	Medicine Journal of Translational	2015	Livers		21	2008	2012	Yes	obtained from each patient and the study protocol conformed to the ethical guidelines of the 1975	Yes	obtained from executed prisoners or other	0

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	Xue J, Wang L, Chen CM, et al. Acute kidney injury influences mortality in lung transplantation. Ren Fail 2014;36(4):541-45 doi:	Transplantati on	2010	Livers		79	2008/4	2009/1	No		No		
349	10.3109/0886022X.2013.876350published Online First.												
	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 People's Hospital	No		
	Nue 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		
	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	No		
	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-	Biomedicine and Pharmacothe rapy	2005	Hearts	DD	7	0	0	No	Brazil in 2013.	No		
	69 Online First. 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.21994published Online First.	Liver Transplantati on	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		
	Yang CH, He XS, Chen J, et al. Fungal infection in	Annals of Transplantati on	2012	Livers		886	2003/1	2012/9	No		No		
	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	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	No		
	2017;36(2):238-46 Online First.									carregivers for blood sampling.			
	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 Pharmacolog y and Therapeutics	2015	Livers		52	2011	. 2012	Yes	Approval for the study was obtained from the hospital's ethics committee	No		
	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 precisions.	
	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.	Transplantati on Proceedings	2008	Livers		16	2004/1	2005/1	No	34	No	before permission.	
	Yang YL, Shi Ll, 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:	Journal of Nanoscience and Nanotechnol ogy	2013	Livers		14	2001/11	2005/10	No		No		
360	10.1166/jnn.2013.6790published Online First. 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		
	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		

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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.	Transplantati on 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
	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 Transplantati on	2011	Livers		17	2001/7	2005/5	No		Yes	Beforethe operation, all donors or their relatives hadsigned consent forms in agreement to organ donation	
	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.	Transplantati on Proceedings	2010	Hearts	DD	106	2004/1	2006/3	No		No		
	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		
	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 Transplantati on		Livers				2005/12			No		
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 Cardiovascula r Surgery		Livers			2003/10		No	The study was retrospective and approved by all 5 patients	No		
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		Livers		184	1999	2010		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.		Grafts were all from voluntary donors who were negative for both HBsAg and HBV-DNA in serum	
	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		
	Zhang FJ, Li CX, Liang Z, et al. Short- to mid-term evaluation of CT-guided 1251 brachytherapy on intra-hepatic recurrent tumors and/or extrahepatic 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 1251 brachytherapy	No		
	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		Livers		30	0		Yes	This study was approved by the Medical 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		
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		Livers				2009/3			No		
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		2013/9		No		No		DCD
	Zhang HM, Jiang WT, Pan C, et al. Milan criteria,	Transplantati on Proceedings	2015	Livers	DD	1554	2000/1	2011/12	No		No		

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	Zhang HM, Li SP, Yu Y, et al. Bi-directional roles of	Oncotarget	2016	_		Г 127	2011/7	2014/7	Yes	The study was approved by the Tianjin	No.	L	IVI
1	IRF-1 on autophagy diminish its prognostic value	Oncoraiger	2016	Livers		12/	2011//	2014//	1.53	First Central Hospital Research Ethics	140		'
	as compared with Ki67 in liver transplantation for		ĺ							Committee. Tumor specimens used in			
	hepatocellular carcinoma. Oncotarget		ĺ							our analysis were from the tissue bank			
	2016;7(25):37979-92 doi:		ĺ							of Tianjin First Central Hospital.			
	10.18632/oncotarget.9365published Online First.		ĺ							Informed consent was obtained from			
			ĺ							each patient before specimen removal			
			ĺ							and storage in the tissue bank. Base			
			ĺ							line data on the patients and their			
			ĺ							tumors were recorded.			
389													
	Zhang LJ, Yang GF, Jiang B, et al. Cavernous	Abdominal	2008	Livers		14	2003/1	2005/2	No		No		(
	transformation of portal vein: 16-Slice CT	Imaging	ĺ										
	portography and correlation with surgical		ĺ										
	procedure of orthotopic liver transplantation.		ĺ										
	Abdom Imaging 2008;33(5):529-35 doi:		ĺ										
200	10.1007/s00261-007-9343-9published Online First.		ĺ										
390	Zhang M, Yin F, Chen B, et al. Mortality risk after	Surgery	2012	Livers	DD	290	1999/2	2009/8	Yes	Each liver donation and transplan-	Yes	All organ donations in the	MX
	liver transplantation in hepatocellular carcinoma	(United	2012	LIVEIS		250	1333/2	2003/8	163	tation in our center was approved by	163	electronic recordswere	IVIA
	recipients: A nonlinear predictive model. Surgery	States)	ĺ							the MedicalEthics Committee of West		contributed voluntarily. All	
	(United States) 2012;151(6):889-97 doi:		ĺ							China Hospital, Sichuan University,		of the donors ortheir	
	10.1016/j.surg.2011.12.034published Online First.		ĺ							and the study protocol was carried		families had provided	
			ĺ							outin accordance with the Declaration		written, valid, in-formed	
			ĺ							of Helsinki.		consent for donation	
1			1									before the organswere	1
391				<u></u>			<u> </u>	<u></u> _	<u> </u>			procured.	<u></u>
Π	Zhang M, Yin F, Chen B, et al. Pretransplant	PLoS ONE	2012	Livers	DD	360	1999/2	2009/8	Yes	Each liver donation and	Yes	All organ donations	DBD +
1	prediction of posttransplant survival for liver		ĺ				1	1	1	transplantation in our center was		recorded in the electronic	DCD
1	recipients with benign end-stage liver diseases: A						1	1	1	approved by the Medical Ethics		database were contributed	1
1	nonlinear model. PLoS One 2012;7 (3) Online First.									Committee of West China Hospital,		voluntarily, and no grafts	
1		4					1	1	1	Sichuan University, and the study		were obtained from	
1					<u> </u>					protocol was carried out in		executed prisoners or	1
1			1							accordance with the Declaration of		other institutionalized	1
			ĺ							Helsinki.		persons. All of the donors	
			ĺ									or their families had	
			ĺ									provided written, valid	
			ĺ)								informed consent for donation before the organs	
			ĺ									were procured	
392			ĺ									were procured	
	Zhang M, Zhong X, Zhang W, et al. Human	International	2015	Livers	DD	13	2011/11	2014/5	Yes	We obtained ethical approval from	No	The livers for	DCD
	parvovirus B19 infection induced pure red cell	Journal of						' '		the Committeeof Ethics in Biomedical	-	transplantation were all	
	aplasia in liver transplant recipients. Int J Clin Pract	Clinical	ĺ							Research of Zhejiang Univer-sity. The		obtainedfrom donors after	
	2015;69(S183):29-34 doi:	Practice	ĺ							livers for transplantation were all		cardiac death. Informed	
	10.1111/ijcp.12664published Online First.		ĺ							obtainedfrom donors after cardiac			
			ĺ							death. Informed consentwas obtained			
			ĺ							from each recipient included in			
			ĺ							thestudy. The study protocol			
			ĺ							conformed to the ethicalguidelines of			
			ĺ						V.	the 1975 Declaration of Helsinki			
			ĺ							asreflected ina prioriapproval by the			
			ĺ							institution's human research			
			ĺ							committee. The research design			
			ĺ							washospital-based and all cases were			
			ĺ							well evaluated.			
393			1				l						
	Tal. 10 V 1 at 10 V 1 1 1 2 V 1 1 1 2 V 1 1 1 V 1 V 1 V 1		Į.	1									
1	Znang IVIL, Xu J, Znang W, et al. Microbial	International	2016	Livers	DD	198	2010/1	2014/12	No		No		DCD
1	Zhang ML, Xu J, Zhang W, et al. Microbial epidemiology and risk factors of infections in	Journal of	2016	Livers	DD	198	2010/1	2014/12	No	0,	No		DCD
		Journal of Clinical	2016	Livers	DD	198	2010/1	2014/12	No	0	No		DCD
	epidemiology and risk factors of infections in	Journal of	2016	Livers	DD	198	2010/1	2014/12	No	9	No		DCD
394	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;70:17-21 doi: 10.1111/jicp.12812published Online First.	Journal of Clinical Practice	2016	Livers	DD	198	2010/1			9/	No		DCD
394	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;70:17-21 doi: 10.1111/jicp.12812published Online First. Zhang P, Guo Z, Zhong K, et al. Evaluation of	Journal of Clinical Practice Transplantati		Livers Livers	DD	198	·		No Yes	This study was conducted in	No No		DCD
394	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;70:17-21 doi: 10.1111/jicp.12812published Online First. Zhang P, Guo Z, Zhong K, et al. Evaluation of Immune Profiles and MicroRNA Expression Profiles	Journal of Clinical Practice Transplantati on			DD		·			accordance with the 1975			DCD
394	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;701-721 doi: 10.1111/jicp.12812published Online First. Zhang P, Guo Z, Zhong K, et al. Evaluation of Immune Profiles and MicroRNA Expression Profiles in Peripheral Blood Mononuclear Cells of Long-	Journal of Clinical Practice Transplantati			DD		·			accordance with the 1975 HelsinkiDeclaration, and the study			DCD
394	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;70:17-21 doi: 10.1111/jip.12812published Online First. 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	Journal of Clinical Practice Transplantati on			DD		·			accordance with the 1975 HelsinkiDeclaration, and the study protocol was approved by the Institu-			DCD
394	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;70:17-21 doi: 10.1111/jip.12812published Online First. 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.	Journal of Clinical Practice Transplantati on			DD		·			accordance with the 1975 HelsinkiDeclaration, and the study protocol was approved by the Institu- tional Ethic Committee of our hospital			DCD
394	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;70:17-21 doi: 10.1111/jicp.12812published Online First. 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:	Journal of Clinical Practice Transplantati on			DD		·			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			DCD
394	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;70:17-21 doi: 10.1111/jicp.12812published Online First. 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	Journal of Clinical Practice Transplantati on			DD		·			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-			DCD
394	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;70:17-21 doi: 10.1111/jicp.12812published Online First. 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:	Journal of Clinical Practice Transplantati on			DD		·			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			DCD
394	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;70:17-21 doi: 10.1111/jicp.12812published Online First. 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	Journal of Clinical Practice Transplantati on			DD		·			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			DCD
394	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;70:17-21 doi: 10.1111/jicp.12812published Online First. 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	Journal of Clinical Practice Transplantati on			DD		·			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			DCD
394	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;70:17-21 doi: 10.1111/jicp.12812published Online First. 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	Journal of Clinical Practice Transplantati on			DD		·			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			DCD
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	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;701-721 doi: 10.1111/jicp.12812published Online First. 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. 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 openlabel study. Invest New Drugs 2011;29(6):1360-69	Journal of Clinical Practice Transplantati on Proceedings	2015	Livers	DD	68	0	0	Yes	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. The protocol was approved by the China MedicalEthics Committee (Clinical Trials number: ChiCTR-TRC-	No		DCD
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395	epidemiology and risk factors of infections in recipients after DCD liver transplantation. Int J Clin Pract 2016;70:17-21 doi: 10.1111/jicp.12812published Online First. 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 and Recipients and Recipients and Recipients and Section 10.1016/j.transproceed.2015.10.048published Online First. 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 openlabel study. Invest New Drugs 2011;29(6):1360-69 doi: 10.1007/s10637-011-9726-1published Online	Journal of Clinical Practice Transplantati on Proceedings	2015	Livers	DD	68	0	0	Yes	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. 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	No		DCD
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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. Proceedings Proceedings Proceedings Proceedings Our institute. Informed consent was obtained fromeach patient. All recipients received livers 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 useof donated organs. Zhang Y, Yan L, Wen T, et al. Prophylaxis against hepatitis B virus recurrence after liver Journal of Surgical Surgical Proceedings Our institute. Informed consent was obtained fromeach patient. All recipients received livers from cadaveric donors. The procedure met all applicable institutional guidelines of the Tianjin Medical University, China, and Chinese governmental regulations concerning the ethical useof donated organs. All liver grafts were from the donors with brain dea				2009	Livers	DD	20	2003	2004	Yes		No		0
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10.1016/j.transproceed.2009.03.064published Online First. all applicable institutional guidelines of theTianjin First Central Hospital, Tianjin Medical University, China, and Chinese governmental regulations concerning the ethical useof donated organs. Zhang Y, Yan L, Wen T, et al. Prophylaxis against hepatitis B virus recurrence after liver Journal of Surgical														
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2012;178(1):478-86 doi:	20	012;178(1):478-86 doi:												
409 10.1016/i.iss.2012.02.047published Online First.	10.	0.1016/j.jss.2012.02.047published Online First.												

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L	A	В	С	D	E	F	G	Н		J	K	L L	М
	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	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,	No		(
410	2017;19(2):194-99 Online First.									which was approved by the Ethics Committee of the Third Affiliated Hospital of Sun Yat-Sen University			
	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:	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	No		C
411	10.1371/journal.pone.0105795published Online First.									Hospital of Sun Yat-Sen University, and followed the STROBE guidelines for reporting of observational studies.			
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 Transplantati on	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		C
	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:	Liver Transplantati on	2006	Livers		165	1999/12	2004/6	No	TECHNIK.	No		С
413	10.1002/lt.20701published Online First. 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.	Transplantati on	2008	Livers		195	2000/1	2007/1	Yes	In-formed consents were obtained from all donors and recipientsbeforetransplantation.Each organdonationortransplantinourcente r 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
414	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	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	No		0
415	J Med Sci 2014;11(2):142-50 doi: 10.7150/ijms.7142published Online First.							<u> </u>		informed consent was obtained according to the Declaration of Helsinki.			
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 Gastroenterol ogy and Hepatology (Australia)	2015	Livers		269	2004	2013	Yes	This study was approved by the Ethical Review Committee of the First Affiliated Hospital, Schoolof Medicine, Zhejiang University, and informed consent was obtained according to the Declaration of Helsinki.	No		
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.	Transplantati on Proceedings	2007	Livers		131	2000/6	2006/8	No	7	No		C
	Offinite riss. 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 Helsinkiz3. 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
418	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		C

	A	В	С	D	ΙE	l F	G	Н	1 1	Τ ,	Ικ	I 1	I м
	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(5183):29-34 Online First.	International Journal of Clinical Practice		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 institution's human research committee.	No		DCD
	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.	Transplantati on Proceedings	2016	Livers	DD	15	2003/1	2015/6	No		No		
	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 Anesthesiolog y Clinics	2006	Livers	DD	1510	2000/1	2005/6	No		No		
	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 approved 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		
	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	Transplantati on Proceedings	2005	Livers		287	2001/4	2005/4	No		No		
424	Online First. 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	9	20	2001/1	2014/12	No		No		
	10.2147/TCNM-3879pubmisme of himler inst. Thou 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		
	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 of Organ Transplant Committee of China and the declarationof Helsinki.	No		
	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.	Transplantati on 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		
	Nhou 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.	Transplantati on Proceedings	2006	Livers		5	0	0	No	7	No		
	John L. Wel 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		
	Journal of the discourage of the discourage of the discourage 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		
	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	В	С	D	F	F	G	Н		1	К	1	М
	Zhou ZB, Shao XX, Yang XY, et al. Influence of	Transplantati		Livers	_	394	2003/5	2013/12	No.	,	No	-	
	hydroxyethyl starch on renal function after orthotopic liver transplantation. Transplant Proc 2015;47(6):1616-19 doi: 10.1016/j.transproceed.2015.04.095published	on Proceedings	2013			334	003/3						
433	Online First.												
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
425	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 Pharmacolog y 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 hospitaläE ^{rws} sethics 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.	Transplantati on 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
	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	9	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
439										Deciaration of 1975 as revised in 2000			
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 Transplantati on	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 Transplantati on	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 People'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 Transplantati on	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
442	71 71 61 77 6	Liver		<u> </u>	-	<u> </u>	2000	20	ļ.,	-			205
443	Zhu Zl, 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 Transplantati on		Livers	DD			2009/12			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	В	С	D	E	F	G	Н	- 1	J	K	L	М
44:	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/MID.00000000000000009published Online First.	Medicine (United States)	2015	Livers		57	2011/1	2014/1		This study was approved by the independent ethics committee of Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology.	No		0
44	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		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	BSTRACT		
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. For peer review only: http://bmjopen.bmj.com/site/about/guidelines.xhtml	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

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30 31	Section/topic	#	Checklist item	Reported on page #
32 33 34 35 36 37 38 39 40 41 42 43 44		15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies). For peer review only - http://bmiopen.bmi.com/site/about/quidelines.xhtml	No formal risk of bias, but there is a lot of redundant publication. We have indicated potential unreliability of data on



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			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-
FUNDING			



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3 .				
4	Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for	There was
5			the systematic review.	no funding
6				for this
7				
8				review.

roup (2009). Prefer.

For more information,

Page 10 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. 11 doi:10.1371/journal.pmed1000097