

Oct. 9, 2017

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Dear Dr. He:

Thank you for your letter of Sept. 26 and your patience as we reviewed our findings in regard to organ transplants in China.

The data compiled by our correspondent Simon Denyer runs from 2012 to 2016, and compares immunosuppressant drug use, by value, for the six main drugs (mycophenolate mofetil, tacrolimus, ciclosporin, basiliximab, azathioprine and sirolimus) for China against the global total.

The estimates do not take account of relative drug prices. But China's generic industry is relatively small, and the majority of patients appear to be taking the same branded drugs in China as are being sold globally. It is certainly likely that these drugs cost more in places like the United States, but there would have to be a massive differential between Chinese drug prices and the global average to affect our conclusions. We are not aware of any evidence that such a discrepancy exists.

We see no data to support the idea that "transplant tourism" is a major factor. Indeed, our article specifically took account of transplant tourism -- China has very few transplant tourists compared to other key countries, according to the WHO (as mentioned in the article).

The argument about sample sizes is unpersuasive. Quintiles IMS data is respected within the industry and if it wasn't statistically sound the industry wouldn't pay for it. The company told us they disagree with your characterization of their sample sizes. That said, you make a fair point in stating that Quintiles IMS data does not capture unofficial pharmacy activity.

Matas, Kilgour and Gutmann (MKG) claim that by 2012 China had been conducting organ pillaging on a huge and secret scale, of between 60,000 to 100,000 transplants a year, for more than a decade. In that year alone, MKG estimates imply that China would account for one third to a half of organs transplanted globally. (China's official data suggests it would be performing 7.8 percent of the global total.)

Yet that year, China's immunosuppressant drug use represented just 7.6 percent of the global total by revenue by our calculations. As we said in the article, the drug use data simply does not support the claims made by MKG. In our view, it is not possible for China to have performed that many transplants for such a long period of time and still have such a small share of the global drug market.

We are troubled by your comparison with Japan, since Japan is an obvious outlier. As a country where the domestic organ transplant industry was tiny until recently, and significant numbers of people reportedly went abroad for organ transplants, it is where one would obviously expect drug use to dwarf number of transplants. Japan, in our view, offers a misleading comparison. Comparing China to Saudi Arabia would be equally misleading, and prove nothing.

We are not arguing that China's transplant data is entirely reliable – indeed, it seems likely that the country executed more people, and performed more organ transplants in the past, than it would care to admit. Nor are we arguing that the industry has completely cleaned itself up: indeed we reported evidence that executed prisoners' organs are still being used in some places. But that does not mean a massive secret program of organ pillaging is taking place.

Quintiles IMS data, of course, are proprietary, and we are not in a position to share the information we have. But your point seems to be that there are different ways to interpret the available data, which is fair enough. Cost differentials and gray-area sales are factors that could change the relative numbers – though not, we believe, significantly. We see no need for a correction or retraction of our article, but would strongly urge you to lay out your arguments in a letter to the editor of The Washington Post.

Sincerely yours,

A handwritten signature in blue ink that reads "Will Englund". The signature is fluid and cursive, with the first name "Will" and last name "Englund" clearly legible.

Will Englund

Asia editor