HLCs had a similar phenotype to that of human hepatocytes.

Expression analysis of hepatocyte-related markers revealed that 50–100 times more transcripts were expressed by cord-blood-derived HLCs from chronically damaged liver than from transiently damaged liver. Cord-blood-derived HLCs from chronically damaged liver also expressed genes related to various hepatic functions, which suggested that these HLCs function similarly to mature hepatocytes.

The authors conclude that cord-blood cells transplanted into chronically damaged livers develop a phenotype similar to that of functional hepatocytes. Cord blood might, therefore, be a novel source of transplantable stem cells and a potential solution to the shortage of liver donors for patients with chronic liver disease.

Original article Kakinuma S *et al.* (2007) Human cord blood cells transplanted into chronically damaged liver exhibit similar characteristics to functional hepatocytes. *Transplant Proc* **39:** 240–243

Promising results for patients undergoing retransplantation after PTLD

Post-transplantation lymphoproliferative disorder (PTLD), a serious complication of immunosuppression, often leads to graft loss or death. PTLD survivors can be retransplanted, but are at risk of developing recurrent PTLD. Johnson *et al.* reviewed the Organ Procurement and Transplant Network/United Network for Organ Sharing database to investigate the safety and efficacy of retransplantation following PTLD.

Data from 69 transplant recipients (27 kidney, 22 liver, 9 lung, 6 heart, 4 intestine and 1 pancreas) who had developed PTLD and undergone retransplantation between October 1987 and June 2004 were analyzed. At time of first transplant, 44 (63.8%) patients were aged <17 years. Twenty-three (33%) individuals had developed PTLD within 1 year, and 38 (55.1%) within 3 years, of first transplant. Immunosuppressive strategies reflected national trends over time, with induction immunosuppression more common in retransplants than in first transplants (33 patients vs 15 patients); in terms of maintenance immunosuppression, a shift from ciclosporin-based to tacrolimus-based regimens was seen. Acute rejection and chronic rejection were the most common causes of graft loss after first transplant. After a mean period of 784 ± 82 days following retransplantation, 59 (85.6%) patients were still alive, 51 (73.9%) patients had functioning second allografts and no patient had developed recurrent PTLD.

The authors state that the timing of retransplantation is important—most of the patients investigated had been in remission from PTLD for ≥1 year before receiving a second graft—but that each case should be assessed individually.

Original article Johnson SR *et al.* (2006) Retransplantation after post-transplant lymphoproliferative disorders: an OPTN/UNOS database analysis. *Am J Transplant* **6:** 2743–2749

High prevalence of ghost authorship in industry-initiated trials

In a Danish cohort study, Gøtzsche *et al.* have investigated the prevalence of 'ghost authorship' in industry-initiated clinical trials. They defined a 'ghost author' as an individual who contributed to statistical analysis or to the writing of the trial protocol or published manuscript without being identified as an author, as a member of a study group or writing committee, or in the acknowledgments section. By examining original full trial protocols and subsequent primary papers, the authors found evidence of ghost authorship in 33 of 44 (75%) industry-initiated trials that received approval in the period 1994–1995 (data published 1997–2002). This is in contrast to the results of self-reporting surveys on ghost authorship, which have estimated prevalences of 10–15%.

Statisticians were the ghost authors identified most frequently and most easily. Recent guidelines issued by the International Committee of Medical Journal Editors do not recommend that individuals who have performed statistical analyses be listed as authors unless they have contributed to other aspects of the paper, but do recommend that such persons be acknowledged. Gøtzsche *et al.* contend that the role of statisticians in analysis of trial data should be more clearly stated, both to improve accountability and