

**NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE**

LIVER ADVISORY GROUP

**LIVER NATIONAL OFFERING SCHEME FOR DBD ADULT DONOR LIVERS
– OUTLINE MONITORING PROPOSAL**

BACKGROUND

- 1 Liver offering is currently on the basis of centre prioritisation except for super-urgent, hepatoblastoma or combined liver and intestinal patients, where offering is on a named patient basis.
- 2 The Liver Advisory Group (LAG) have previously agreed on new proposals that will see patient based liver offering extended to the majority of patients. The principle behind the new scheme is that elective adult patients will be prioritised on the basis of their expected benefit from receiving the particular liver graft on offer. This 'transplant benefit' is determined by the difference between expected survival with this graft and the expected survival if the patient remains on the list. The patient expected to gain most benefit will be offered the liver.
- 3 The transplant benefit will be applied to offers of livers from donors after brainstem death (DBD) to adult, small adults and large paediatrics on the elective waiting list with an indication from transplantation in the chronic liver disease or hepatocellular carcinoma groups. The Core-Group-agreed liver donor and recipient age groups are presented at **Appendix A** while the high-level detail of the agreed principles for the offering of all deceased liver donors to all liver and all intestinal recipients are shown at **Appendix B**.
- 4 The LAG agreed that offering of donors after circulatory death (DCD) would remain unchanged for the first 6 months of the new scheme, to understand fully the implications and put in place any arrangements that are deemed necessary for effective and efficient DCD offering.
- 5 This paper presents an outline proposal to monitor the new liver offering scheme after its introduction.

OUTLINE MONITORING PROPOSAL

Frequency

- 6 A report will be produced by NHSBT Statistics and Clinical Studies on a regular basis and presented to LAG members. Initially, a report will be generated at 3 month intervals, then at 6 and, once the Group deems it appropriate, on a yearly basis.

Contents

- 7 The report will be split into four main sections; (1) transplant activity, (2) waiting list, (3) offering and (4) patient outcomes. Charts will be preferred over text or tables.

- 8 Mostly national data will be presented; there will be no centre-specific break down of data except in some cases. Monitoring of individual centre trends will continue to be done through the CUSUM and Dashboard reports.
- 9 Only data from DBD donors will be included.

Transplant activity

Number of donors

Number of transplants – by age group, by aetiology

– comparison before and after the new offering scheme

Median cold ischaemic times – before and after, by centre

Waiting list

Transplant list mortality – before and after, by aetiology

Average form return rate of sequential data

Median waiting time to transplant – by aetiology, by blood group

Proportion of variant-syndrome registrants – before and after

Offering

Donor utilisation

– % discarded¹ livers

Offer decline rates, decline reasons – before and after

Average number of ‘calls’² per donor per centre

Average offering time per donor

Proportion of accepted offers to variant-syndrome recipients

Patient outcomes

Survival from registration – before and after, by aetiology

Survival post-transplant – before and after, by aetiology

ACTIONS

- 10 Members are asked to review the outline proposal presented and comment.

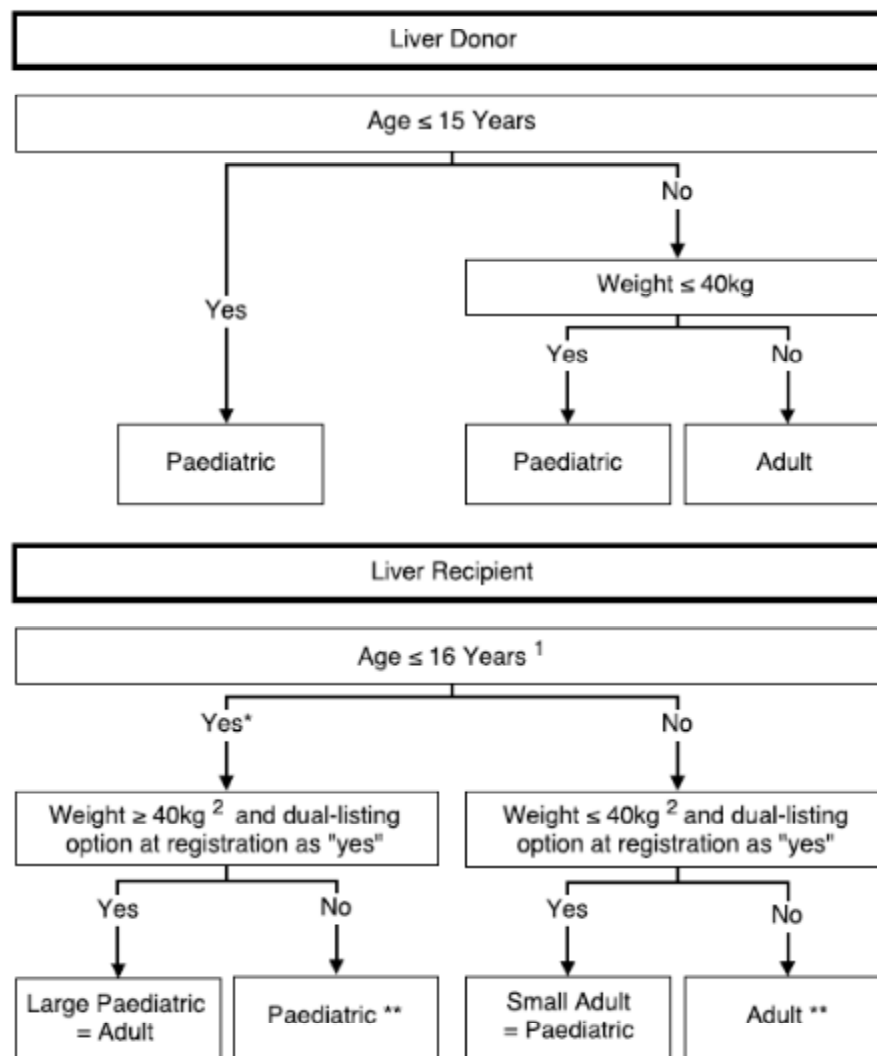
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Statistics and Clinical Studies

April 2017

¹ A *discarded organ* is one which is retrieved from the donor but not transplanted into the recipient.

² NHSBT Duty Office uses a variety of methods to contact centres including Page One (SMS) and calls to land line. We will include contacts made with centres using any of these methods.

Appendix A. Liver donor and recipient age group definitions

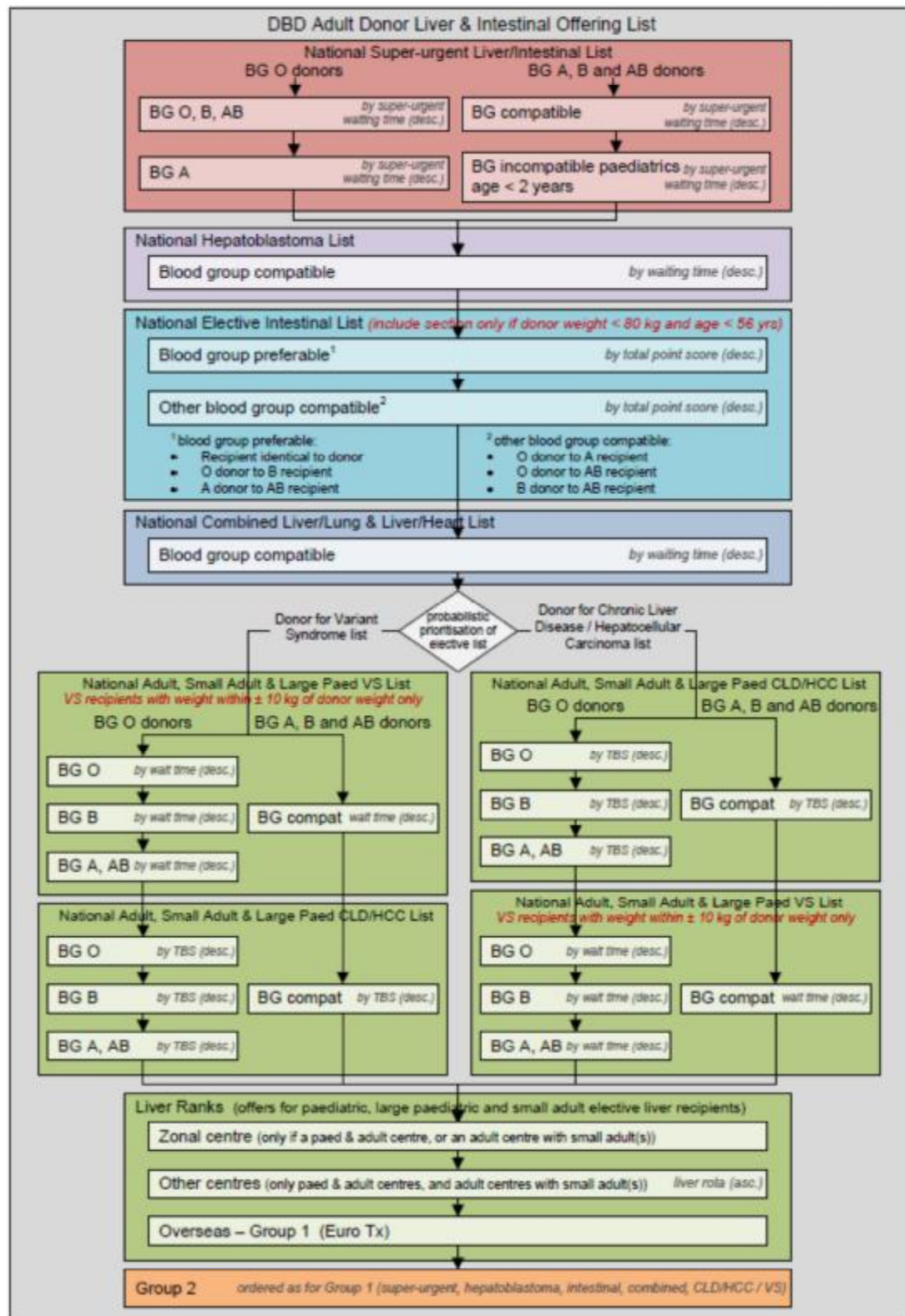


¹ At time of registration

² At time of offer

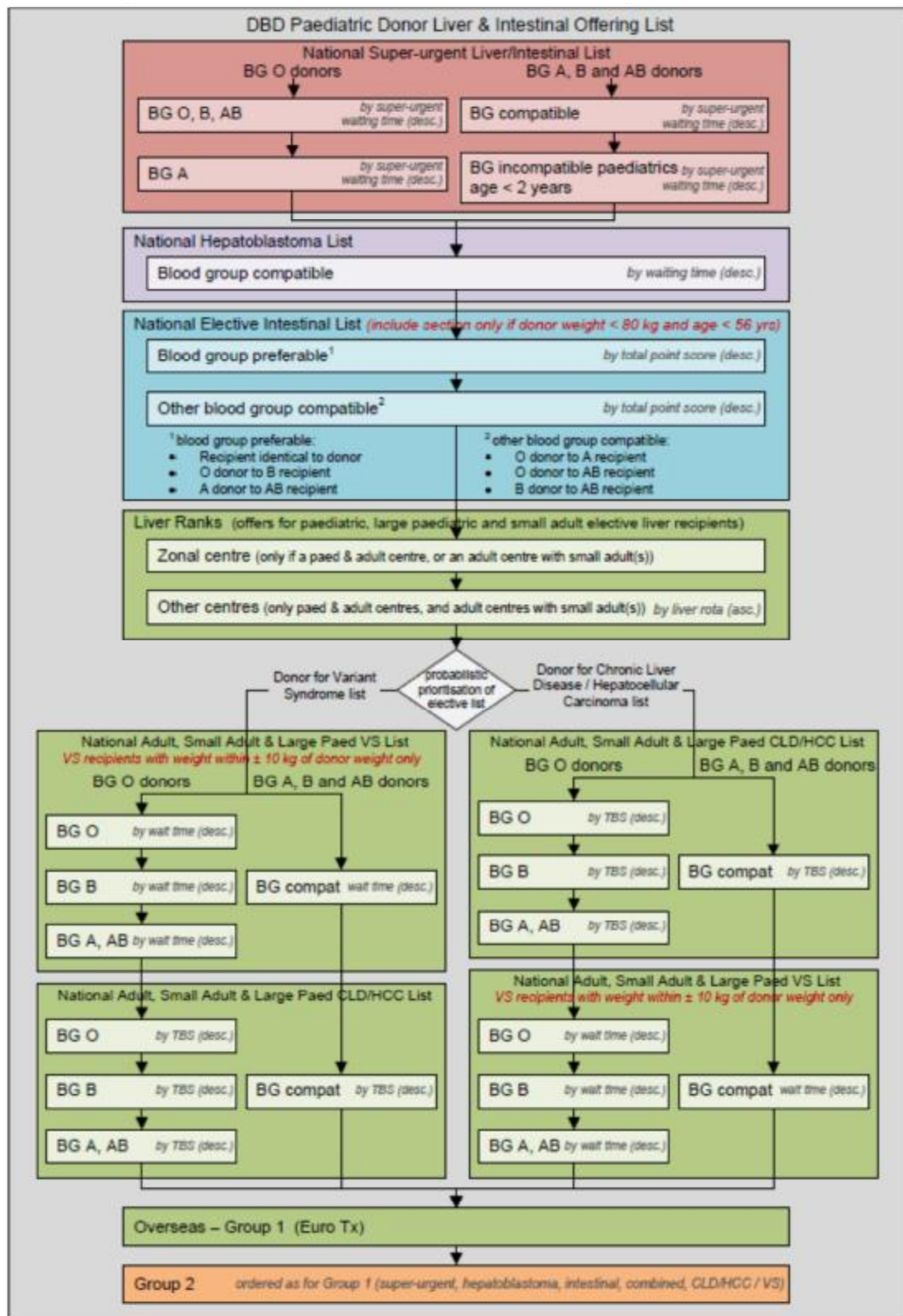
* A patient registered as paediatric will retain their paediatric status while waiting

** Transitions from paediatric to large paediatric or adult to small adult will be allowed (to be determined from sequential data collection).

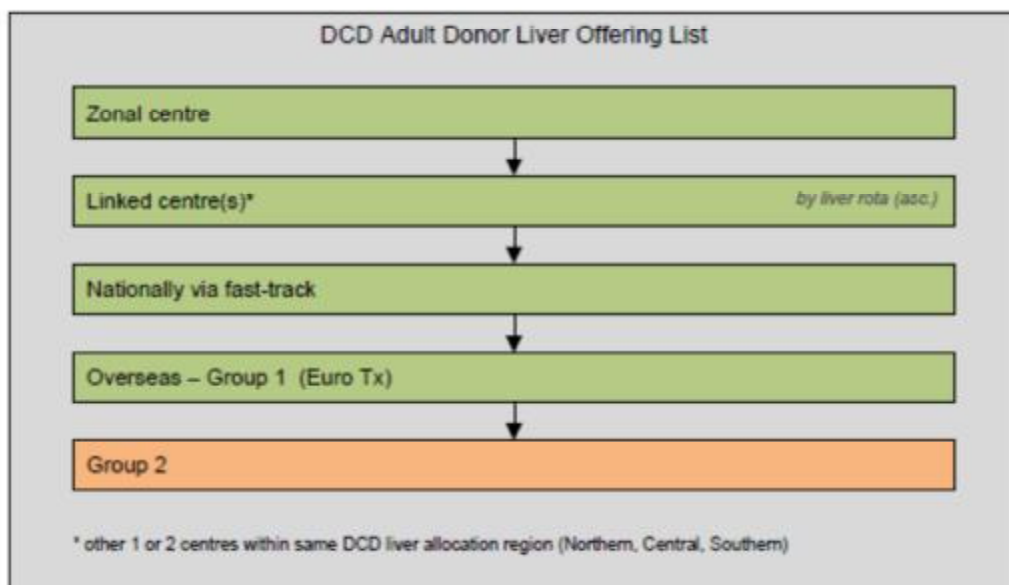
Appendix B. Offering flowcharts for all liver and all intestinal offers³DBD adult donor offering⁴

³ Note that liver splitting requirements are not shown.

⁴ "Probabilistic prioritisation of elective list" in this flowchart refers to the agreed principle to distribute donors so that the proportion of donors accepted for variant-syndrome recipients equals the proportion of variant-syndrome registrations each year.

DBD paediatric donor offering⁵⁵ See footnote 4.

DCD adult donor offering



DCD paediatric donor offering

