

NHS BLOOD AND TRANSPLANT

LIVER ADVISORY GROUP

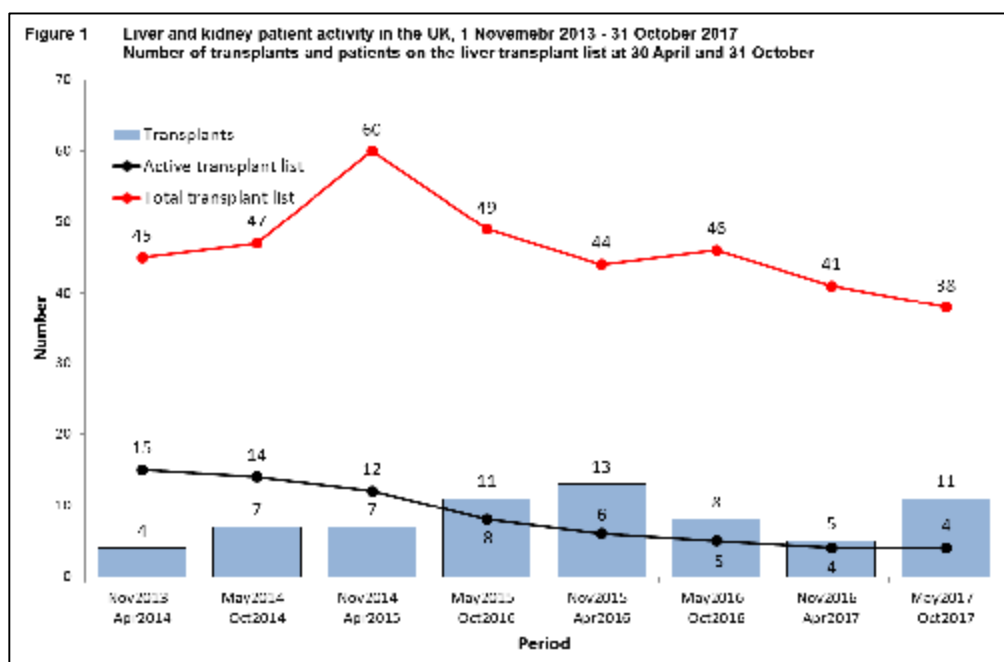
ACCESS TO TRANSPLANT FOR LIVER AND KIDNEY PATIENTS – REVIEW OF REVISED ODT HUB OPERATIONS PROCESS

INTRODUCTION

- 1 Following concerns raised about potential disadvantage for patients needing a combined liver/kidney transplant, the Liver Advisory Group (LAG) and Kidney Advisory Group (KAG) agreed a slight change in the ODT Hub Operations (formerly, the ODT Duty Office) processes to more readily facilitate combined liver/kidney transplant. At February 2015, 52 patients were awaiting such a transplant with 10 (19%) having waited more than two years.
- 2 As of 5 May 2015 a new process was implemented on a trial basis. This was that the ODT Hub Operations would delay offering one kidney from a donor after brain death (DBD) for up to 60 minutes during which time the liver zonal centre could declare whether they wished to accept a kidney to accompany the liver. This has allowed liver zonal centres to consider their liver and kidney patients with the knowledge that a kidney will be available to them if needed (rather than already be committed to a kidney patient).
- 3 This report gives an overview of waiting list and transplant activity for patients awaiting a liver and kidney transplant, from 1 November 2013 to 31 October 2017. The last 30 months of this period reflect the revised process. The impact on kidney patients is also examined.

LIVER/KIDNEY ACTIVITY

- 4 **Figure 1** shows that the number of adult and paediatric elective DBD donor liver/kidney transplants in the UK increased between November 2013 and April 2016, with a decrease in transplant activity between May 2016 and April 2017. The number of adult elective patients actively awaiting a liver and kidney has fallen over the last four years, with just four patients waiting at the end of October 2017. Centre practice with regard to kidney listing status is not clear, although 42 of the 48 patients (88%) transplanted since 1 May 2015 had a suspended kidney status at the time of transplant. Thus the total transplant list numbers are likely to be more indicative of the real need for liver/kidney transplantation.



IMPACT FOR KIDNEY PATIENTS

- 6 In terms of kidney patients who may have missed out on a transplant as a result of a kidney being used for a liver/kidney patient, the 37 liver/kidney transplants since 1 November 2015 were examined. In six cases there was one high priority patient on the kidney matching run and in one case there were 4 high priority patients on the kidney matching run. High priority patients include those waiting at least 7 years, 000 HLA-A, B, DR mismatched patients and well matched paediatric patients. Of the ten high priority patients, 7 were offered the first kidney and were thus not disadvantaged (three of which were transplanted). The remaining three high priority patients were ranked 2 – 4 on the matching run and did not receive an offer of a kidney. Potentially 1 patient was disadvantaged. The patient was 100% sensitised and had been waiting 4109 days to transplant.
- 7 In summary, the impact for kidney patients overall has been negligible.

RECOMMENDATION

- 8 The introduction of the new liver offering scheme in 2018 will see offers of adult DBD donors to named recipients who require the liver and kidney. Offers to centres will cease. It is recommended that the 60 minute delay of one kidney should continue and be reviewed as part of the monitoring process of the new liver offering scheme in 2018.

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November 2017