

NHS BLOOD AND TRANSPLANT

KIDNEY ADVISORY GROUP

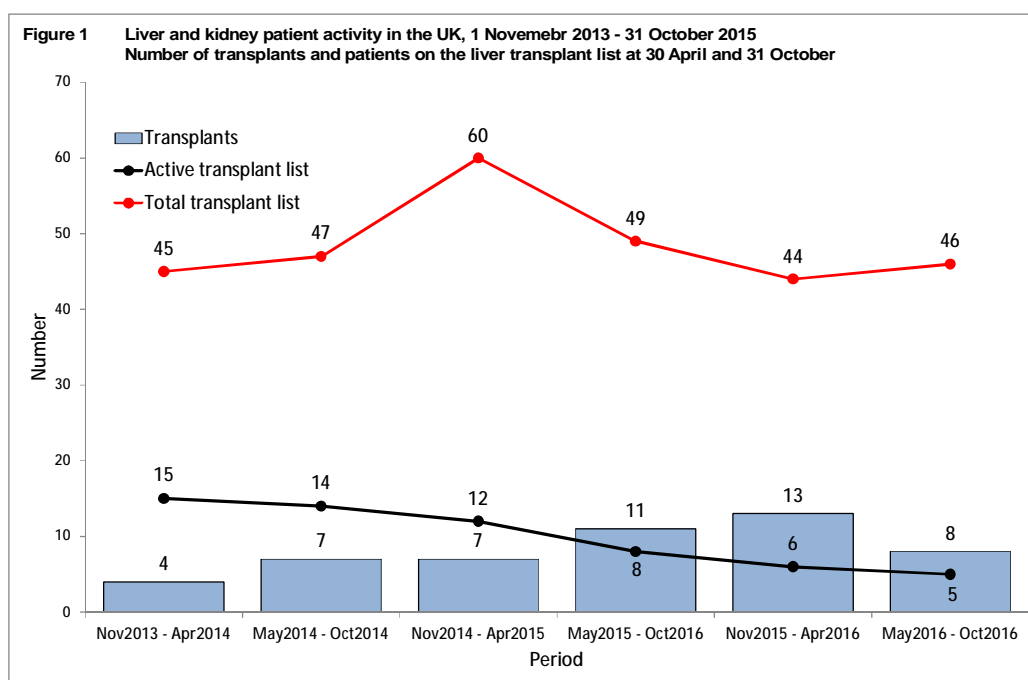
ACCESS TO TRANSPLANT FOR LIVER AND KIDNEY PATIENTS – REVIEW OF REVISED DUTY OFFICE PROCESS

INTRODUCTION

- 1 Following concerns raised about potential disadvantage for patients needing a combined liver/kidney transplant, LAG and KAG agreed a slight change in 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 Duty Office would delay offering one kidney from a DBD donor 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 2016. The last 18 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 has increased. The number of adult elective patients awaiting a liver and kidney has fallen over the last 3 years, with just 5 patients waiting at the end of October 2016. Centre practice with regard to kidney listing status is not clear, although 27 of the 32 patients 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

- 5 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 21 liver/kidney transplants since 1 November 2015 were examined. In five cases there was one high priority patient 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 five high priority patients, all were offered the first kidney and were thus not disadvantaged (two of which were transplanted).
- 6 In summary, the impact for kidney patients overall has been negligible.

RECOMMENDATION

- 7 There is some evidence of an increase in liver/kidney transplants and minimal impact on kidney patients following the change in process. It is recommended that the new process should continue with a further review by LAG and KAG in November 2017.

Kate Martin, Elisa Allen, Lisa Bradbury
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