

NHS BLOOD AND TRANSPLANT

**CENTRE COMPARISONS OF DECLINED KIDNEY OFFERS THROUGH NATIONAL KIDNEY
ALLOCATION SCHEME,
1 JANUARY 2010 TO 31 DECEMBER 2014**

Background

There is wide variation between centres in the rate of decline of named-patient deceased donor kidney offers. Although NHS Blood and Transplant provide data to individual units on the outcomes of declined organs that are subsequently implanted, it is not known how the outcomes of these transplants compare between declining units. An analysis was therefore performed to enable a comparison of deceased donor kidneys declined by a centre and then later implanted.

KAG are asked to consider this document, and determine what action, if any, should be taken.

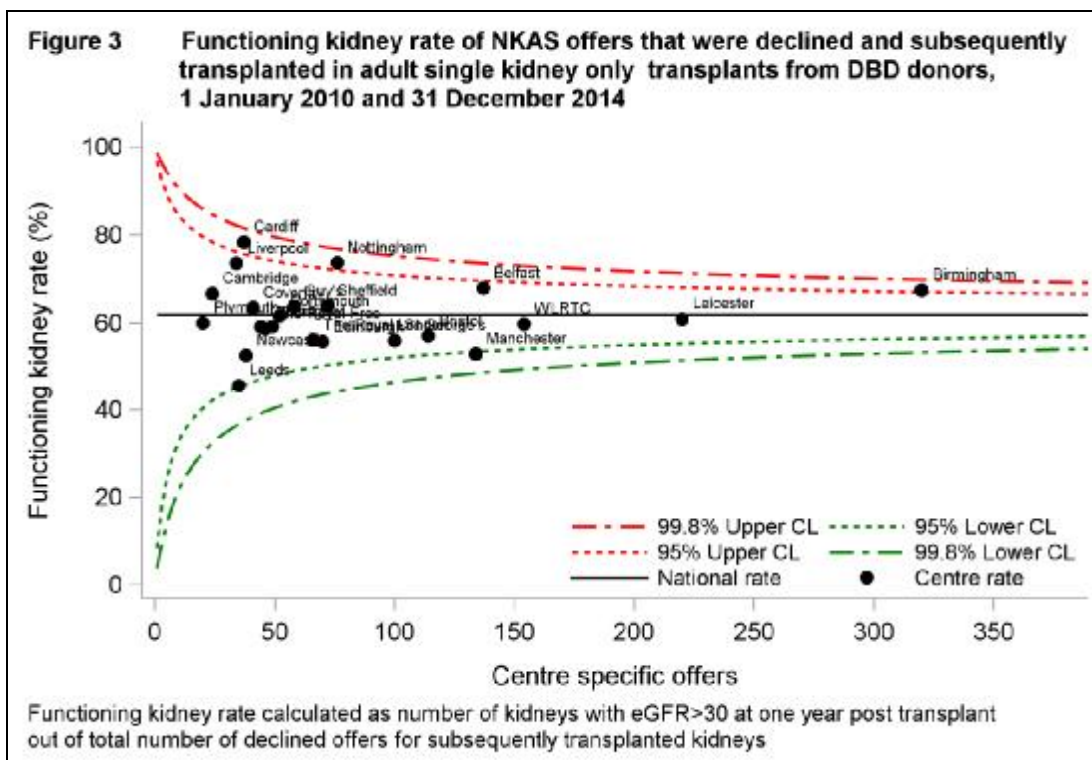
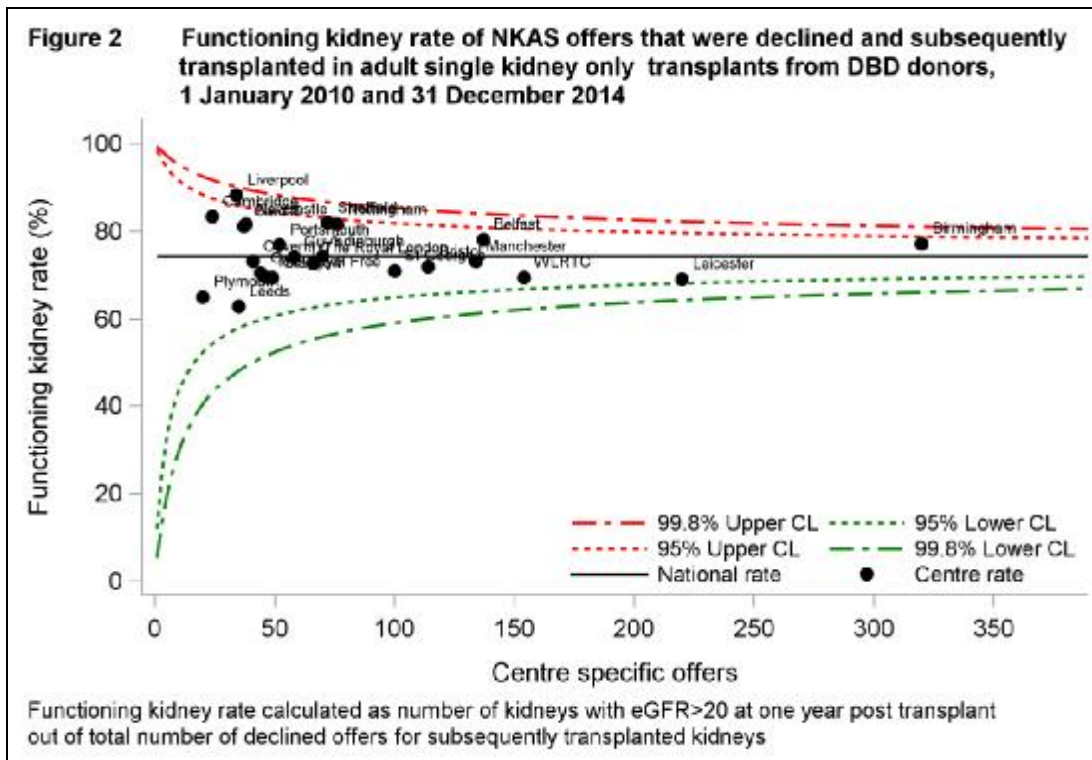
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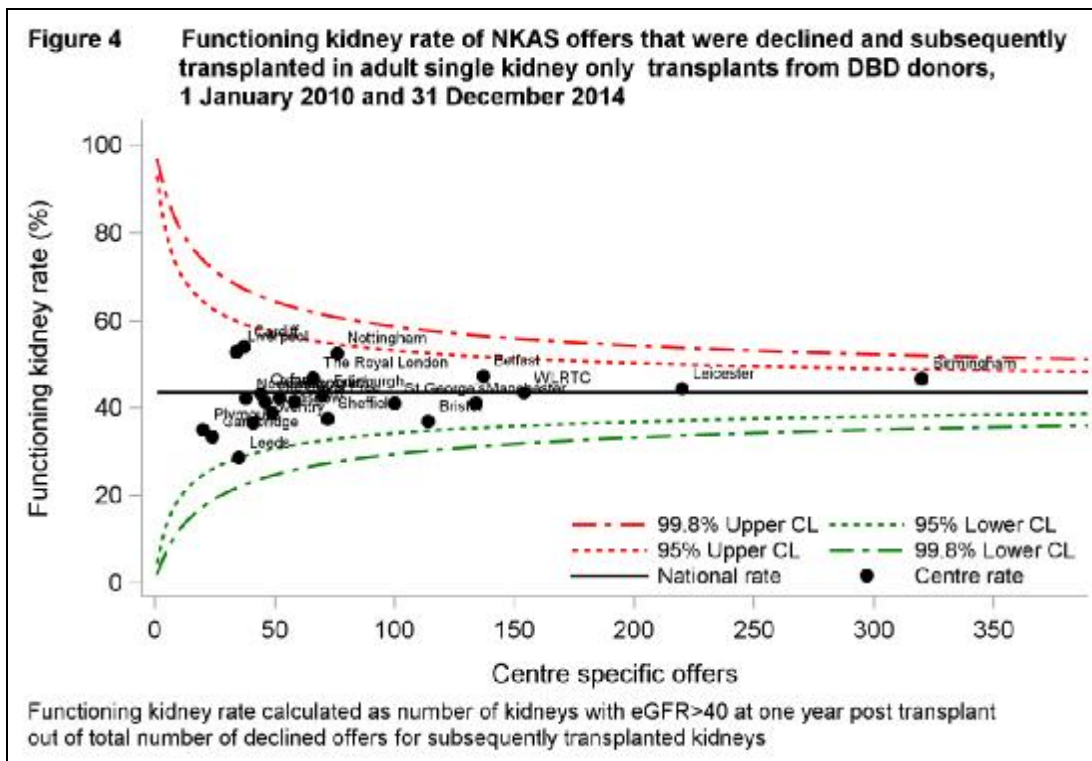
Offers included in the analysis were those made to an adult named patient through the National Kidney Allocation Scheme (NKAS), from a DBD donor between 1 January 2010 and 31 December 2014. Only offers that led to a kidney-only adult recipient transplant were included. Any fast track offers or offers leading to double/en bloc kidney transplants were excluded, leaving a cohort of 5,973 offers.

DCD donor offers are not included as offers to named patients were only made from 3 September 2014.

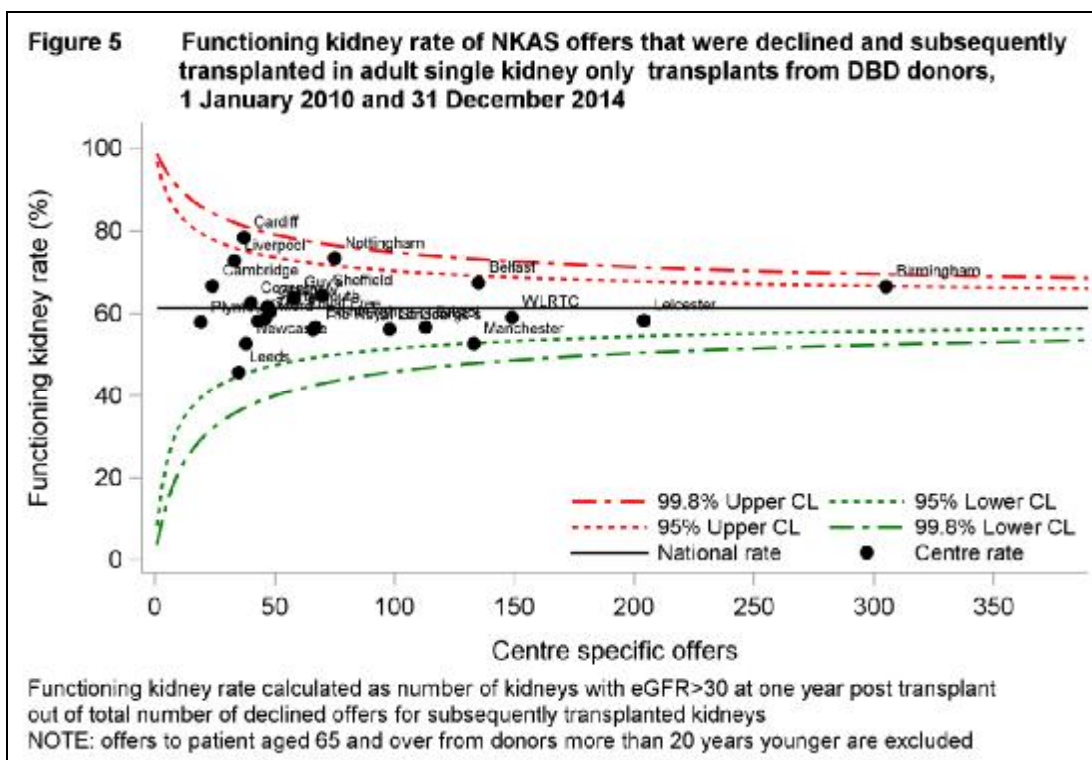
Offers declined that are included in this report are restricted to just those classed as donor reasons; these reasons are listed in **Table 1**. Other reasons for excluding declines from this analysis were 'ABO/HLA type', and 'tumour'.

Table 1 Offer decline reasons which are included in the report	
Reason	Anatomical Centre Criteria Not Achieved Clinical Contamination Contamination/Damage In Removal Donor Arrested Donor Unstable Donor Unsuitable - Age Donor Unsuitable - COD Donor Unsuitable - Medical Reason Donor Unsuitable - Other/Unknown Donor Unsuitable - Past History Donor Unsuitable - Size Donor Unsuitable - Virology Fatty Organ Infection Ischaemia Time Too Long - Cold Ischaemia Time Too Long - Warm Medication Non Heart Beating Donor On Perfusion Machine Organ Damaged Organ Fibrotic Organ Too Small Organ Unsuitable For Transplant Other Disease Poor Function Poor Function/Ischaemic Time Poor Perfusion





Some cases of decline can be due to centres declining a young donor organ for an older patient, as the organ may not fulfil its graft life potential. Therefore **Figure 3** has been recreated excluding cases where the patient was 65 and over and the donor was more than 20 years younger, see **Figure 5**. The centres shift slightly to the left as there are fewer offers included but the message is the same.



If we then restrict the cohort to just include offers from Standard Criteria Donors then this only includes donors that are generally considered less high risk of graft failure, see **Figure 6**.

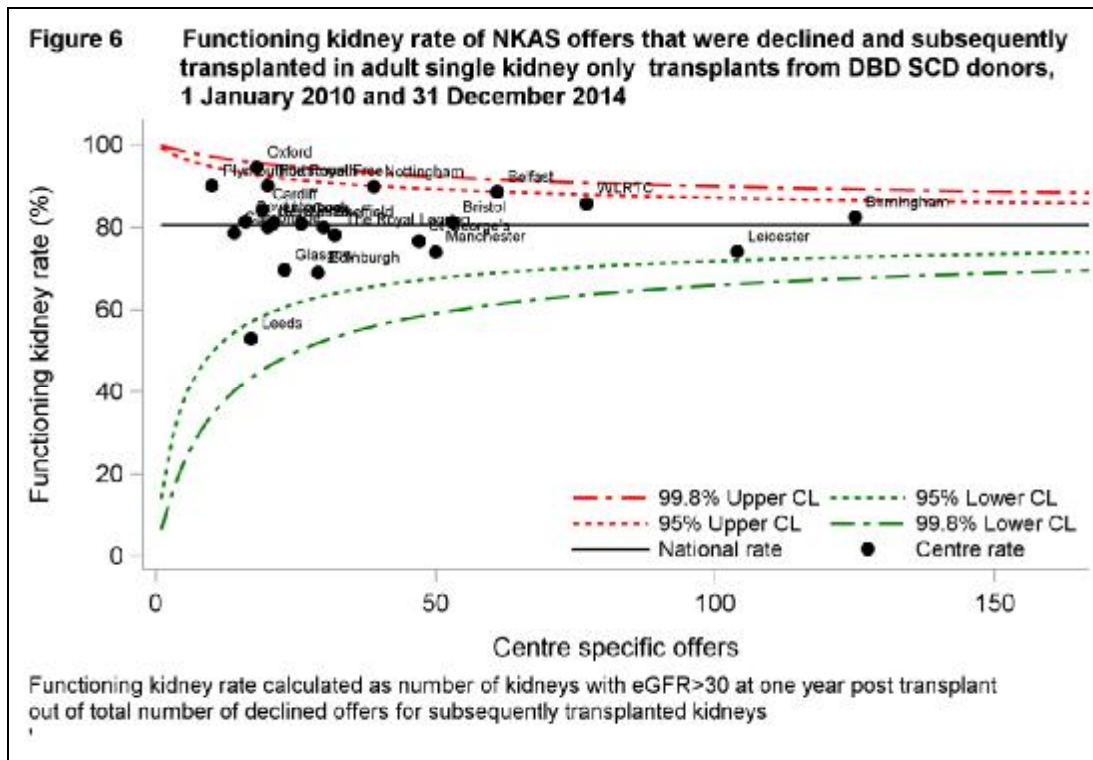


Table 2 gives the post-registration outcomes of patients for whom the centre declined at least one kidney that was subsequently transplanted, and had an eGFR >30 mL/min/1.73m² at one year post-transplant. 137 of these patients (14%) died on the active waiting list or were removed from the waiting list. We can see Coventry, Glasgow and Leicester have the highest proportion of deaths on the list (9%, 8% and 8% respectively) whilst Leicester and Nottingham have the highest proportion of patients removed due to deteriorating condition (15%), though numbers for each centre are small.

Table 2 Outcome of patients for whom the centre declined at least one kidney offer which was transplanted in another patient and went on to function with eGFR>30 at one year, 1 January 2010 - 31 December 2014 (n=976)										
Transplant centre	Transplanted		Active/suspended		Removed Condition deteriorating		Removed Other		Died	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Belfast	58	(89)	2	(3)	3	(5)	-	-	2	(3)
Birmingham	118	(74)	16	(10)	11	(7)	12	(8)	3	(2)
Bristol	45	(83)	4	(7)	1	(2)	4	(7)	-	-
Cambridge	14	(100)	-	-	-	-	-	-	-	-
Cardiff	24	(89)	1	(4)	-	-	1	(4)	1	(4)
Coventry	19	(86)	1	(5)	-	-	-	-	2	(9)
Edinburgh	33	(89)	3	(8)	-	-	-	-	1	(3)
Glasgow	21	(81)	2	(8)	1	(4)	-	-	2	(8)
Guy's	31	(86)	-	-	1	(3)	3	(8)	1	(3)
Leeds	14	(93)	1	(7)	-	-	-	-	-	-
Leicester	50	(57)	7	(8)	13	(15)	11	(13)	7	(8)
Liverpool	20	(83)	1	(4)	2	(8)	-	-	1	(4)
Manchester	50	(78)	3	(5)	6	(9)	1	(2)	4	(6)
Newcastle	17	(94)	-	-	1	(6)	-	-	-	-
The Royal Free	18	(78)	-	-	2	(9)	3	(13)	-	-
The Royal London	31	(94)	2	(6)	-	-	-	-	-	-
Nottingham	33	(80)	-	-	6	(15)	1	(2)	1	(2)
Oxford	19	(83)	3	(13)	1	(4)	-	-	-	-
Plymouth	9	(90)	-	-	-	-	1	(10)	-	-
Portsmouth	26	(90)	2	(7)	-	-	1	(3)	-	-
Sheffield	30	(75)	3	(8)	1	(3)	4	(10)	2	(5)
St George's	39	(85)	2	(4)	3	(7)	2	(4)	-	-
WLRTC	56	(69)	11	(14)	7	(9)	3	(4)	4	(5)
TOTAL	775	(79)	64	(7)	59	(6)	47	(5)	31	(3)

Conclusions

Three centres have significantly increased rates of decline of NKAS offers that are subsequently implanted. A high proportion of DBD kidneys offered through the NKAS that are declined by one centre and implanted in another patient have one-year eGFR >20 mL/min at one year. Using varying one-year eGFR thresholds to determine an acceptable graft outcome, there were no outlying centres. A significant proportion of patients who had a kidney offer declined, where the kidney was implanted in another patient with eGFR >30 at one year, died on the active waiting list or were removed.

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