

NHS BLOOD AND TRANSPLANT

KIDNEY ADVISORY GROUP

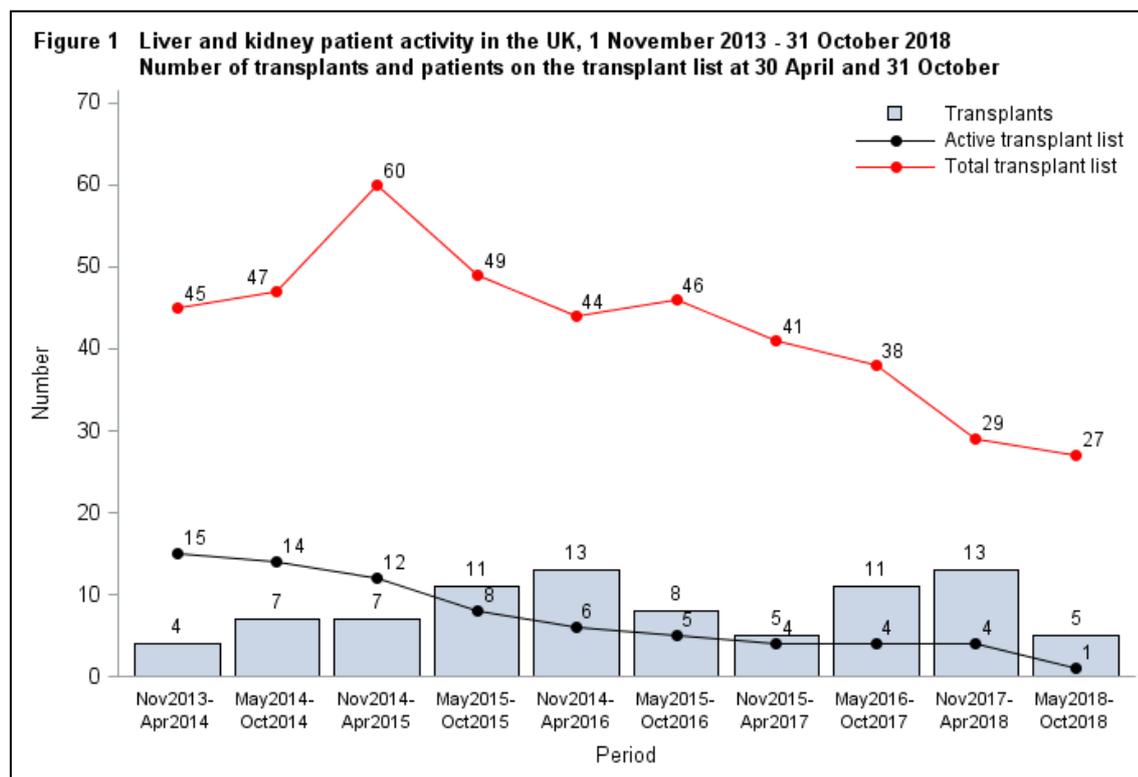
ACCESS TO TRANSPLANT FOR LIVER AND KIDNEY PATIENTS – REVIEW OF REVISED ODT HUB OPERATIONS PROCESS

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 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 On 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 On 20 March 2018, the National Liver Offering Scheme was introduced which has changed how kidneys are offered with the liver. For adult DBD donors, one kidney is reserved for liver patients only if one of the top three ranking recipients on the elective list require a kidney. The kidney will become available for kidney patients after 60 minutes, or once it has been declined for the liver/kidney patient. The offer is provisional and subject to there not being highly sensitised patients on the National Kidney Waiting List (Tiers A-C).
- 4 This report gives an overview of waiting list and transplant activity for liver and kidney patients, from 1 November 2013 to 31 October 2018. The impact on kidney patients is also examined for potential disadvantage.

LIVER/KIDNEY ACTIVITY

- 5 **Figure 1** shows the number of liver and kidney transplants in the five year period along with waiting list activity. The number of transplants increased between November 2014 and April 2016, with a decrease in activity subsequently. In the most recent period (May – November 2018), there were 5 transplants performed. The number of patients actively awaiting a liver and kidney has fallen over the last five years, with just one patient waiting at the end of October 2018. Centre practice with regard to kidney listing status is not clear, with most patients transplanted since 1 May 2015 having 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 To assess the impact on kidney patients who may have missed out on a transplant as a result of a kidney being used for a liver/kidney patient, the kidney matching runs for the 18 liver/kidney transplants since 1 November 2017 were examined. In four cases there was one high priority patient on the kidney matching run, 1 case where there were 2 high priority patients, 1 case where there were 3 high priority patients, and in one case there were 5 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.
- 7 Of the 14 high priority patients, 10 were offered the first kidney and were thus not disadvantaged (7 of which were transplanted). The remaining 4 high priority patients were ranked 2 – 5 on the matching run and did not receive an offer of a kidney. Potentially 2 of these 4 patients were disadvantaged. One patient was 100% sensitised and had been waiting 4273 days to transplant, and the other was 99% sensitised and had been waiting 2924 days.
- 8 In summary, the impact for kidney patients overall has been small however two patients have missed out on the offer of a kidney.

RECOMMENDATION

- 9 Since the introduction of the new liver offering scheme in March 2018, offers to centres have ceased. 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.