

Pancreas Advisory Group
15th November 2018

Recording reasons for decline or non-use of pancreata

Declined organ offers are currently recorded by the Duty Office, with up to three reasons selected from a single list of over 100 reasons that has grown organically over time. In the context of the work volume of the Duty Office, it would be reasonable to expect that staff will sometimes pick a similar-sounding reason from the beginning of the long list rather than a more accurate reason later in the list. There is a suspicion that the reasons recorded are not entirely accurate, with the following implications:

- There is more risk in accepting an organ another centre has already declined
- It is difficult to audit reasons for decline to improve organ utilisation
- It limits the utility of feedback to transplant centres on fate of declined organs
- Time is lost by re-offering organs which are highly likely to be declined

In my own transplant centre we prospectively record all declined kidney offers and review them in our monthly transplant MDT. Correlating our records against the regular feedback received from NHSBT suggests that the recording of reasons for decline is not entirely accurate.

Accepting an organ already declined by one or more other centres is a difficult decision that exposes the accepting surgeon to professional risk. This is particularly difficult if the reason for the other centres' decline is unclear as there is a nagging doubt over whether something significant has been missed, with the risk that some transplantable organs are inappropriately declined.

There is already a small working group within ODT looking at how reasons for offer decline can be better recorded, and the new approach below has been piloted with cardiothoracic organs.

Changing the approach

With the Interactive Matching Runs due to start development in March 2019, there is the opportunity to change from recording reasons from a single list to categorising the reasons for decline. The primary category for decline would have implications in terms of informing other transplant centres and in determining how the organ may be further offered. Five categories are proposed:

- Declined because no organs can be transplanted safely from this donor
- Declined because the offered organ is not transplantable into any recipient
- Declined because the offered organ is not suitable for the named recipient
- Declined because the recipient is currently unfit for a transplant
- Declined as the transplant centre cannot do the transplant for local logistic reasons

On declining an organ offer, the recipient centre point of contact would be asked to provide the category for the primary reason for decline as well as the reason itself. Some reasons may come under more than one category and will be listed under all relevant categories.

The first reason, **“no organs can be safely transplanted from this donor”**, would apply in scenarios such as malignancy or significant infection. A centre declining an offer under this category would not be offered any other organs from this donor, saving time wasted on futile further offers. Other centres who will be offered, or have already accepted, any organ from the same donor will be informed that another centre has

declined for this reason and can appropriately risk assess and counsel the recipient for any organ they have accepted.

If a centre declines an organ for the second reason, **“organ unsuitable”**, they would not be offered the same organ for any other recipients on their list but would still be open to offers of other organs from the same donor. In the case of the kidney and lung, it would need to be clarified whether the centre was declining only one of the pair or both. Expected prolonged cold ischaemic time could be one of the reasons applicable to this category. Any other centre being offered the same organ would be informed that it had been declined and why, and could then risk assess whether to accept the same organ, but this would not be required for offers of other organs from the same donor.

The third category, **“not suitable for the named recipient”**, applies only to named-patient offers, and could include reasons such as donor-recipient age discrepancy or HLA mismatch, but also could include a number of reasons applicable to the second category above but at a different threshold. Declining a named-patient offer under this category would mean that centre is still interested in offers of the same organ for another named recipient or under the FastTrack scheme. Other centres could more confidently accept offers of this organ.

The fourth category, **“recipient unsuitable”**, would imply the centre receiving the offer had no concerns about the organ offered, and that it was purely a problem with the named recipient. The centre would still be open to offers of the same organ for a different recipient, and it could be confidently accepted by any other centres.

The final category, **“logistic reasons”** would apply whenever there is no problem with donor, organ or recipient, but local logistic problems such as a lack of ward beds, ICU beds or theatre access (including capacity issues arising from other transplants) or transport issues prevents the transplant. Other transplant centres would be able to accept the offer with confidence.

Multiple reasons for decline

Resolving multiple reasons for decline remains a challenge. We will need transplant centres to pick a single category for primary reason for decline, but can record secondary and tertiary reasons as well. The reasons need not be under the same category.

In terms of further organ offers from the same donor, the highest applicable category given by the declining centre would be the one used to determine whether further offers are made to the same centre – it would be expected that centres will not pick either of the first two categories inappropriately as it would be excluding other patients on their waiting list from any possibility of a transplant from the donor in question.

Reasons for non-use of a previously accepted pancreas

The current list used by ODT for recording of reasons for offer decline is also used to record reasons why a decision is made not to transplant a previously accepted organ. In this proposal, the reasons for non-use are a superset of the reasons for organ decline, adding additional factors that would not become clear until the organ is inspected at the transplant centre, but keeping the other reasons available to allow for differences in professional opinion between the surgeon who accepted the offer and the surgeon on call at the time of intended implantation. Additionally, there are recipient-specific (category D) and logistic (category E) reasons that may only become apparent after the pancreas or kidney has arrived.

Taking this further

A set of proposed reasons applicable to kidneys previously presented to KAG is appended together with similar sets of reasons I think would be appropriate for pancreata. The members of PAG are requested to reflect on whether the pancreatic sets are appropriate as an initial set of reasons, with particular focus on categories B and C which are the categories containing reasons for organ decline or non-use after inspection (the additional set of reasons for non-use are in italics in the lists).

The kidney and pancreas lists are deliberately very similar and try to give the same number to same reasons where possible (this is being replicated across all organs). There are also reasons duplicated between categories B and C as the magnitude of the reason may determine its significance (e.g. minor damage may make a pancreas unsuitable for a named recipient whereas major damage would prevent its use in any recipient on the centre's waiting list).

As well as recording the reason, there is the possibility of free text comments for each, which in some cases would be mandatory to ensure meaningful communication of risk to other transplant centres. The mandatory comments reasons are marked with an asterisk in the list.

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Kidney non-use reasons

This is a proposed reduced set of reasons for decline of kidney offers and additional reasons for non-use (in italics) to replace the current long, non-specific, pick list available to ODT Hub Operations.

A Donor Unsuitable for any patient on this centre's waiting list for any organ

- 1 Donor Unsuitable – Age
- 2 Donor Unsuitable – Cause of Death
- 3 Donor Unsuitable – High Risk Lifestyle*
- 4 Donor Unsuitable – Past Medical History
- 5 Donor Unsuitable – Virology
- 6 Medication
- 7 No blood for virology
- 8 Offer withdrawn
- 9 Tumour*
- 10 Other, please specify*

B Organ Unsuitable for any patient on this centre's waiting list

- 1 Anatomical Anomaly*
- 2 Multiple cysts
- 3 Scarring
- 4 Severe hypertension
- 5 Donor age
- 6 Infection
- 7 Organ Damaged (pre-mortem)*
- 8 Poor function
- 9 Paediatric *en bloc* not performed in this centre
- 10 Would only accept for dual kidney transplant
- 11 *Poor perfusion*
- 12 *Organ Damaged (retrieval injury)**
- 13 *Organ Damaged (at transplant centre)**
- 14 *Organ failed viability assessment**
- 15 Other, please specify*

C Organ Unsuitable for Named Recipient

- 1 ABO Mismatch
- 2 Age Mismatch
- 3 HLA Mismatch
- 4 Anticipated positive crossmatch (*e.g. for anti-DP antibodies*)
- 5 Recipient has potential live donor
- 6 Recipient refused
- 7 Donor hypertension (*e.g. for hypotensive recipient*)
- 8 Donor diabetes
- 9 Donor Hepatitis C
- 10 *Atheromatous aortic patch / proximal renal artery**
- 11 *IVC diseased / pre-mortem damage**
- 12 *Organ Damaged (retrieval injury)**
- 13 *Organ Damaged (at recipient centre)**
- 14 Other, please specify*

D Recipient unsuitable

- 1 Recipient Died
- 2 Recipient Refused
- 3 Recipient Travel time too long
- 4 Recipient Unavailable
- 5 Recipient Unfit
- 6 Other, please specify*

E Logistic Issue

- 1 Centre Already Transplanting
- 2 Donor Cross Clamp Time Too Imminent
- 3 Long Travel Time
- 4 No Beds
- 5 No Staff
- 6 No Theatre
- 7 No Time
- 8 No UK Retrieval Team Available
- 9 Poor Weather
- 10 Transport Difficulties
- 11 Other, please specify*

Pancreas non-use reasons

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- 2 Donor Unsuitable – Cause of Death
- 3 Donor Unsuitable – High Risk Lifestyle*
- 4 Donor Unsuitable – Past Medical History
- 5 Donor Unsuitable – Virology
- 6 Medication
- 7 No blood for virology
- 8 Offer withdrawn
- 9 Tumour*
- 10 Other, please specify*

B Organ Unsuitable for any patient on this centre's waiting list

- 1 Anatomical Anomaly*
- 2 Steatosis
- 3 Scarring
- 4 Donor diabetes
- 5 Donor age
- 6 Infection
- 7 Organ Damaged (pre-mortem)*
- 8 Poor function
- 9 Donor history of chronic pancreatitis
- 10 Donor hyperglycaemia (without diagnosis of diabetes)
- 11 *Poor perfusion*
- 12 *Organ Damaged (retrieval injury)**
- 13 *Organ Damaged (at transplant centre)**
- 14 *Organ failed viability assessment**
- 15 Other, please specify*

C Organ Unsuitable for Named Recipient

- 1 ABO Mismatch
- 2 Age Mismatch
- 3 HLA Mismatch
- 4 Anticipated positive crossmatch (*e.g. for anti-DP antibodies*)
- 5
- 6 Recipient refused
- 7 Donor hypertension (*e.g. for hypotensive recipient*)
- 8
- 9 Donor Hepatitis C
- 10 *Atheromatous SMA / splenic artery**
- 11 *Portal vein diseased / pre-mortem damage**
- 12 *Organ Damaged (retrieval injury)**
- 13 *Organ Damaged (at recipient centre)**
- 14 Other, please specify*

D Recipient unsuitable

- 1 Recipient Died
- 2 Recipient Refused
- 3 Recipient Travel time too long
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