NHS BLOOD AND TRANSPLANT

NATIONAL RETRIEVAL GROUP

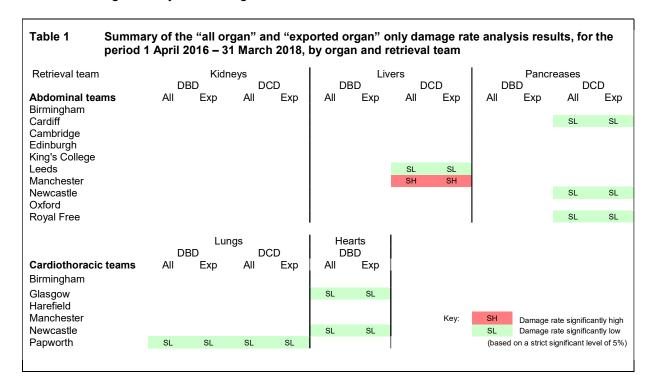
REVIEW OF ORGAN DAMAGE RATES, 1 APRIL 2016 TO 31 MARCH 2018

INTRODUCTION

- This report presents results of analyses of data reported on the damage of organs retrieved by National Organ Retrieval Service retrieval teams in the 24 months from 1 April 2016 to 31 March 2018, data as at 10 September 2018. Rates of damage are determined according to organs reported with moderate or severe damage as recorded on the HTA-B form by the receiving surgeon.
- Damage rates for each organ were analysed separately for donors after brain death (DBD) and donors after circulatory death (DCD) and a sub-analysis including only exported organs was also conducted. Funnel plots were produced to compare teams' damage rates to national rates and a cross-validation method was also used to identify any rates that were significantly divergent from other teams' rates.

RESULTS

Table 1 summarises the findings from the cross-validation analyses. This summary uses a strict 5% level to define significance. In the "all organ" analyses, Manchester had a significantly high DCD liver damage rate. These findings were supported in the "exported organ" only analyses. Several teams had significantly low damage rates, as shown in the table.



- 4 Previous analyses have identified Manchester to be an outlier with regards to DBD heart damage; however, this is no longer the case. King's College no longer have a significantly high DBD and DCD pancreas damage rate. When Leeds and Manchester were reported as one they had significantly high DCD kidney and liver damage rates. Now that these are reported separately we see a significantly high DCD liver damage rate for Manchester and significantly low for Leeds.
- Nationally, over the last four years, there has been a significant change in the proportion of DCD kidneys reported as damaged.

RECOMMENDATIONS

- This report is for information only and will not be published online due to concerns regarding organ damage data which are widely acknowledged by the National Retrieval Group.
- 7 Since June 2016 each NORS team have received monthly team specific reports on the damage reported on all organs they retrieved and whether the organ was transplanted or not. These offer timely feedback to the teams and provide the detail behind this report.

Sophie Hughes
Statistics and Clinical Studies

October 2018

NHS BLOOD AND TRANSPLANT CLINICAL RETRIEVAL GROUP

REVIEW OF ORGAN DAMAGE RATES, 1 APRIL 2016 TO 31 March 2018

INTRODUCTION

- This report presents results of analyses of data reported on the damage of organs retrieved by National Organ Retrieval Service retrieval teams in the 24 months from 1 April 2016 to 31 March 2018. Data were extracted from the UK Transplant Registry on 10 September 2018.
- Rates of damage are determined according to organs reported with moderate or severe damage as recorded on the HTA-B form by the receiving surgeon. Moderate damage is defined as surgical repair required to make the organ usable. Severe damage is defined as organ unusable due to damage. Any organs that have been rated severely damaged but were transplanted have had their damage changed to moderate for the purposes of this report. Where damage is completed on the HTA-B form for a lung pair/ en-bloc kidney / heart lung block then this damage is counted as one since only one patient would receive these organs.
- Data are presented separately for donors after brain death (DBD) and donors after circulatory death (DCD). Data have been analysed for all organs and also only for exported organs, i.e. organs which were not transplanted by the retrieving team's centre.

Methods

4 Organ retrieval damage rates are presented as funnel plots and further analysed using a cross-validation method. These methods are described below.

Funnel plots

- Within the funnel plots each retrieval team's damage rate is represented as a dot. The national damage rate is shown on the plot as a horizontal dotted line, together with 95% and 99.8% confidence limits for this rate. These limits form a 'funnel', with the 95% limits shown as a solid line and the 99.8% limits shown as a dashed line.
- If a team's rate lies within the 95% limits, then that team has a rate that is statistically consistent with the national rate. If a team lies outside the 95% confidence limits, this serves as an alert that the team may have a rate that is significantly different from the national rate. When a team's rate lies above the upper 99.8% limit, this indicates a rate that is significantly higher than the national rate, while a team that lies below the lower limit has a rate that is significantly lower than the national rate. It is important to note that no adjustment has been made for factors that may affect the likelihood of damage, which may differ across teams.
- One limitation of this type of analysis is that teams with large activity can influence national rates unduly and mask differences between teams. As a consequence, a cross-validation analysis was also used to analyse the organ damage rates, as described below.

Cross-validation analysis

The cross-validation method compares the number of moderately or severely damaged organs retrieved by a given team with the number expected on the basis of data from the remaining teams. Therefore, the cross-validation method is used to examine whether the performance of a given team diverges from what we would expect from the remaining teams.

To calculate the number of expected organs moderately or severely damaged, a simulation method was used to obtain expected damage outcomes for every organ retrieved by a given team based on the data from the other remaining teams. The simulation was repeated 1000 times and a p-value was obtained from the proportion of times, out of 1000 simulations, the observed number of damaged organs from a team exceeds that expected.

RESULTS

Section 1 - Analysis of 1 April 2014 to 31 March 2018 damage data

This section of the report looks at changes in national organ damage rates over time. **Figure 1** shows DBD national organ damage rates for each organ, for donors from 1 April 2014 to 31 March 2018. The bars show the percentage of organs reported as moderately or severely damaged. Nationally, in the most recent 12 months, 5.5% of kidneys, 5.4% of livers, 7.5% of pancreases, 5.8% of hearts and 7.5% of lungs from DBD donors were reported as moderately or severely damaged. There have been changes over the last four years in the proportion of organs reported as damaged, but these changes were not found to be statistically significant for any organ.

Figure 1 DBD organ damage rates, 1 April 2014 to 31 March 2018

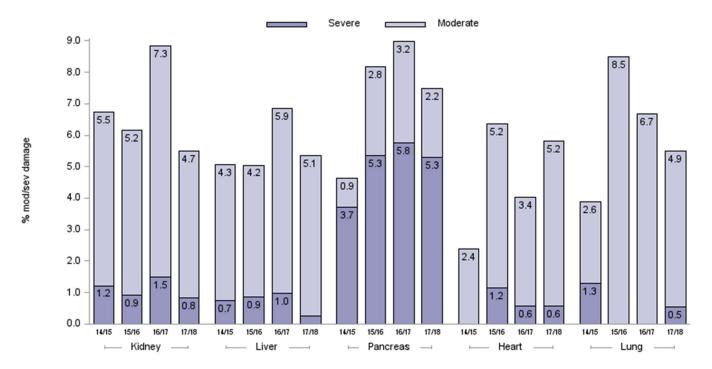
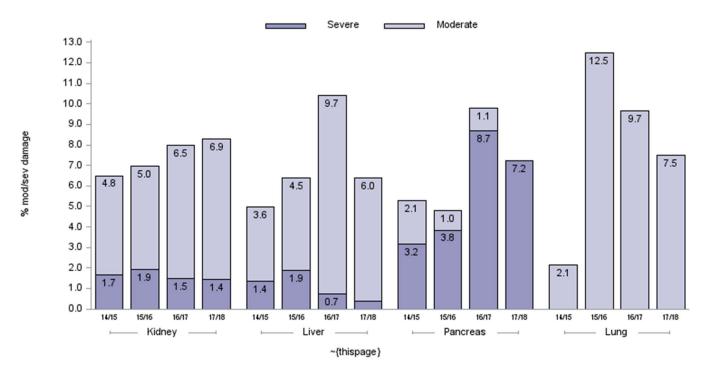


Figure 2 shows DCD organ damage rates for each organ retrieved from UK donors between 1 April 2014 and 31 March 2018. Nationally, in the most recent 12 months, 8.3% of kidneys, 6.4% of livers, 7.2% of pancreases and 7.5% of lungs from DCD donors were reported as moderately or severely damaged in that year. There have been changes over the last four years in the proportion of organs reported as damaged, but these changes were only found to be statistically significant for kidneys (p=0.02).

Figure 2 DCD organ damage rates, 1 April 2014 to 31 March 2018



Note that organ retrieval damage data were missing at the time of analysis for a proportion of organs, as shown in **Table 1**. The proportion of missing data differs across the years which mean the results above should be considered with caution.

Table 1 Organ damage data completeness by organ and financial year, 1 April 2014 – 31 March 2018												
		D	amage info	rmation exp	ected and	not reported	d					
Organ	2014/15		2015/16		2016	6/17	2017/18					
	N	%	N	%	N	%	N	%				
Heart	5	2.9	5	2.5	6	3.1	9	4.3				
Kidney	72	3.0	65	2.5	56	2.1	95	3.3				
Liver	31	3.4	30	3.0	26	2.5	27	2.3				
Lung	14	6.5	12	5.8	12	6.2	21	8.2				
Pancreas	44	9.5	17	3.6	27	5.7	26	5.4				

Tables 2 & 3 provide a breakdown of organ damage rates by donor type, year, organ type and retrieval team for abdominal and cardiothoracic organs respectively. The rates presented are out of the number of organs retrieved, of that type, where damage data were reported. Additionally, there is some potential bias due to different data completion rates over time and across teams.

Table 2 Abdominal organ damage rates by donor type, year, organ type and retrieval team as reported by receiving surgeon, 1 April 2014 - 30 September 2017 % moderately/severely damaged DBD DCD Retrieval team 2014/15 2015/16 2016/17 2017/18 2014/15 2015/16 2016/17 2017/18 Ν Ν % Ν % Ν % Ν % Ν % Ν % % Ν % **Kidneys** 14 7.0 14 8.0 22 12.2 7.0 10 9.5 12 10.3 9.3 12 8.2 Birmingham 14 11 Cambridge 6 3.2 7 12 7.1 11 4.4 6 3.7 7 13 7.7 16 8.4 4.1 3.1 3 4.1 2 2.4 12.8 5 9.3 16.7 2 4.7 2.6 4 8.3 Cardiff 6 6 1 Edinburgh 7 5.9 7 2 5 5.1 14 9.7 6 4.5 5 7.6 8 8.8 6.5 2.4 27 12.0 15 5.7 26 9.5 19 6.2 12 8.5 9 6.0 18 10.8 14 7.9 King's Leeds 7 5.8 8 5.4 7 7.3 9 7.1 5.9 12 22 Leeds/Manchester 11 5.1 12 67 13.3 8 7.2 3 2.1 11 8.8 10 12.3 Manchester 7.3 8.5 4.9 3 3.3 5 4.3 11 14 15 8.0 8 8 7.2 9 Newcastle 7.8 Oxford 5 4.7 6 5.4 10 6.8 9 6.3 3 4.8 2 3.1 2 2.4 8 10.1 Royal Free 10 8.5 11 8.6 11 10.8 9 7.1 2 3.2 6 7.5 7 13.2 9 12.5 Total 94 131 92 59 73 85 93 6.7 86 5.5 6.5 7.0 8.0 8.3 6.1 8.8 Livers Birmingham 5 4.8 5 5.7 7 7.4 4 4.3 3 6.8 4 10.5 2 7.7 1 3.2 Cambridge 2 2.3 8 9.8 5 6.3 5 4.1 1 2.8 0 4 8.5 5 10.0 5 2 6 21.4 2 13.2 4.5 4.3 8.3 10.0 15.4 10.0 Cardiff 1 1 1 1 Edinburgh 9 15.0 1 2.0 5 7.5 5 8.1 1 5.9 0 1 5.9 0 4.3 King's 1 0.9 0 9 6.5 4 2.4 1 2.6 2 4 6.3 2 3.8 Leeds 2 3.3 3 4.5 0 0 Leeds/Manchester 6 5.9 4 4.0 1 3.0 4 9.5 6 9 Manchester 6 2 10.0 10.9 8.1 33.3 Newcastle 3 5.4 4 5.1 5 6.3 4 5.0 0 2 9.5 1 4.8 1 4.8 6.5 2 3 Oxford 3 5.8 2 3.2 5 7.2 4 2 13.3 3 23.1 7.4 13.6 Royal Free 0 9 14.8 4 8.2 3 4.5 7.1 6.3 3 27.3 2 1 1 11 1 Total 34 5.1 35 5.1 49 6.9 44 5.4 11 5.0 17 6.4 28 10.4 17 6.4 **Pancreases** 3 6.4 4 10.5 4 10.0 5 10.4 0 10.0 0 2 16.7 Birmingham 1 Cambridge 4 7.8 1 2.4 3 7.5 0 1 5.0 0 2 10.0 1 5.9 0 0 0 0 0 0 Cardiff 1 11.1 1 20.0 Edinburgh 1 3.6 1 5.3 2 7.1 2 6.5 0 0 1 20.0 1 14.3 King's 3 6.3 9 13.8 6 11.3 8 11.9 0 3 17.6 4 16.7 2 11.8 3.7 2 10.0 1 20.0 Leeds O 0 Leeds/Manchester 1 2.1 6 11.5 _ _ Manchester 3 15.8 0 1 0 6.7 Newcastle 1 3.1 1 2.9 1 2.6 4 14.3 1 14.3 1 14.3 0 0 4.3 5.4 4.3 0 20.0 Oxford 1 1 3.4 2 1 1 11.1 0 1

25.0

9.0

2

24

9.5

7.5

1

5

Royal Free

Total

1

15

3.4

4.6

3

26

13.6

8.2

5

28

25.0

5.3

0

5

0

9

9.8

4.8

0

7

7.2

Table 3 Cardiothoracic organ damage rates by donor type, year, organ type and retrieval team as reported by receiving surgeon, 1 April 2014 - 31 March 2018 % moderately/severely damaged DBD DCD 2017/18 Retrieval team 2014/15 2015/16 2016/17 2014/15 2015/16 2016/17 2017/18 Ν % Ν % Ν Ν % Ν % Ν % Ν % Ν % Hearts1 Birmingham 1 3.3 0 0 3 11.1 0 0 0 0 Glasgow 7.7 12.5 0 0 0 0 1 1 0 0 Harefield 2 5.1 3 7.9 4 3 8.3 0 0 0 0 9.1 Manchester 0 5 13.2 3 10.3 3 9.7 0 0 0 0 Newcastle 0 1 4.8 0 0 0 0 0 0 2.3 Papworth 0 2.5 0 0 0 1 0 1 0 Total 4 2.4 11 6.4 7 4.0 10 5.8 0 0 0 0 Lungs Birmingham 3.4 2 8.0 3 12.0 2.9 0 2 25.0 20.0 1 1 1 1 11.1 Glasgow 1 12.5 2 22.2 1 7.1 3 33.3 0 0 1 33.3 0 Harefield 0 1 2.6 1 4.0 2 5.3 0 1 8.3 1 16.7 0 Manchester 1 4.8 4 14.3 3 9.1 3 9.4 1 9.1 1 14.3 0 1 20.0 0 0 Newcastle 4 18.2 2 11.1 1 12.5 0 3.7 1 1 14.3 0 Papworth 3 9.1 0 0 0 0 0 0 Total 8.5 6.7 5.5 2.1 12.5 3 9.7 3 7.5 3.9 13 10 10 1

¹ There were 67 DCD hearts retrieved during this period (45 of which were from 01 April 2016 to 31 March 2018); these have been excluded from this report

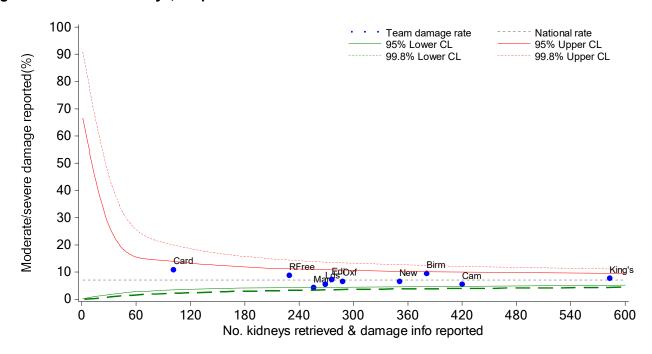
Section 2 - Analysis of 1 April 2016 to 31 March 2018 damage data

- 14 **Figures 3** to **7** show the organ damage funnel plots for DBD organ damage rates. **Figures 8** to **11** show the organ damage funnel plots for DCD organ damage rates. The results from the corresponding cross-validation analysis are discussed after each funnel plot.
- The **Appendix** contains **Tables 3** to **6** which detail the organ retrieval damage data reported by the receiving surgeon for all organs. Additionally, **Tables 7** to **10** contain organ damage data reported by the *retrieving* surgeon, which are provided for information. **Table 11** cross-tabulates damage reported by the receiving surgeon and the retrieving surgeon for each organ.
- 16 **Figures 12** to **20** show the funnel plots for exported organs only.

Organ damage funnel plots by donor type

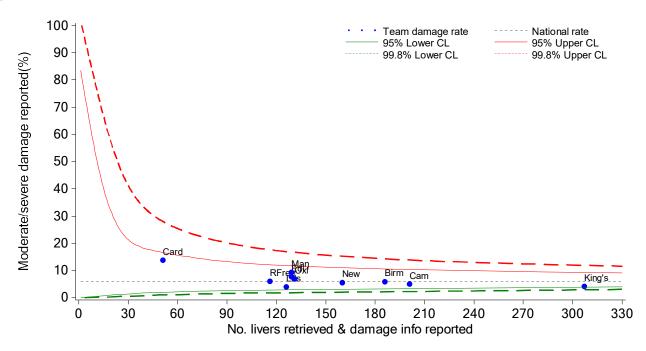
Donors after brain death (DBD)

Figure 3 DBD Kidneys, 1 April 2016 to 31 March 2018



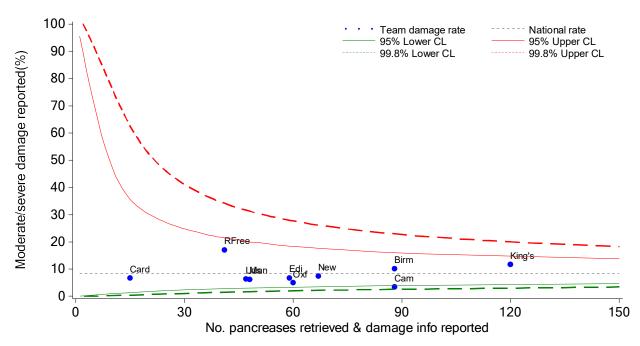
17 The DBD kidney damage rates are shown in **Figure 3**. No team has a damage rate that is significantly different than the national rate, which was confirmed by the cross-validation analysis.

Figure 4 DBD Livers, 1 April 2016 to 31 March 2018



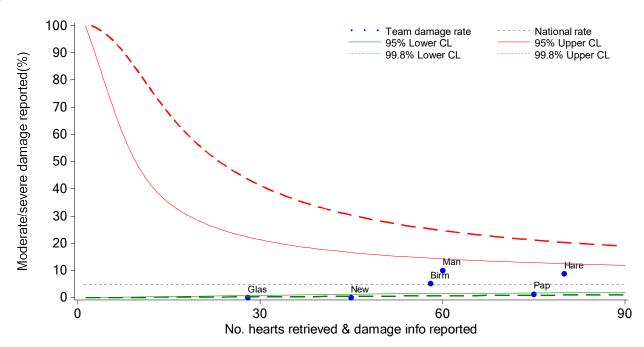
The DBD liver damage rates are shown in **Figure 4**. No team has a damage rate that is significantly different than the national rate, which was confirmed by the cross-validation analysis.

Figure 5 DBD Pancreases, 1 April 2016 to 31 March 2018



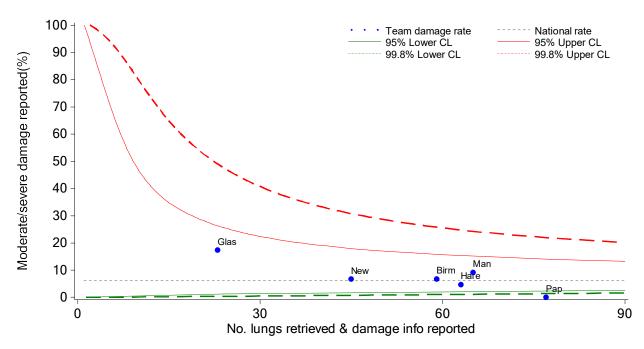
The DBD pancreas damage rates are shown in **Figure 5**. No team has a damage rate that is significantly different than the national rate, which was confirmed by the cross-validation analysis.

Figure 6 DBD Hearts, 1 April 2016 to 31 March 2018



The DBD heart damage rates are shown in **Figure 6**. Glasgow and Newcastle each had significantly low damage rates of 0%.

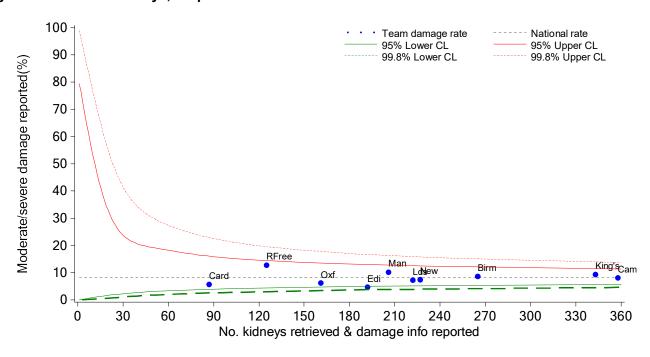
Figure 7 DBD Lung, 1 April 2016 to 31 March 2018



The DBD lung damage rates are shown in **Figure 7**. Papworth had a significantly low damage rate of 0% compared to the national rate, which was confirmed by the cross-validation analysis.

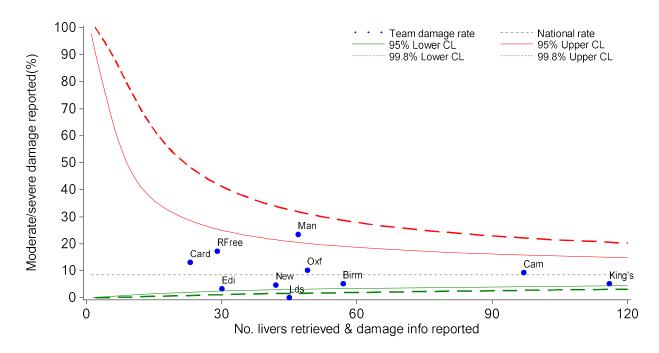
Donors after circulatory death (DCD)

Figure 8 DCD Kidneys, 1 April 2016 to 31 March 2018



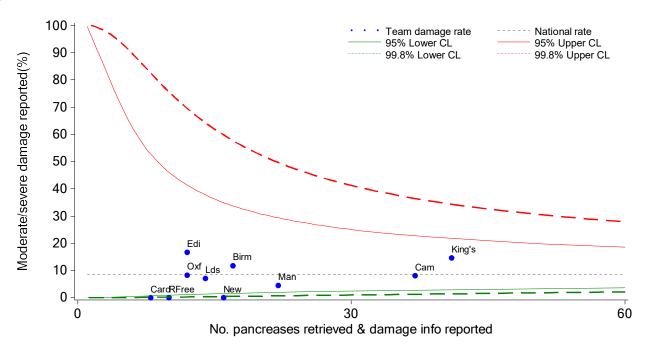
The DCD kidney damage rates are shown in **Figure 8**. No team has a damage rate that is significantly different than the national rate, which was confirmed by the cross-validation analysis.

Figure 9 DCD Livers, 1 April 2016 to 31 March 2018



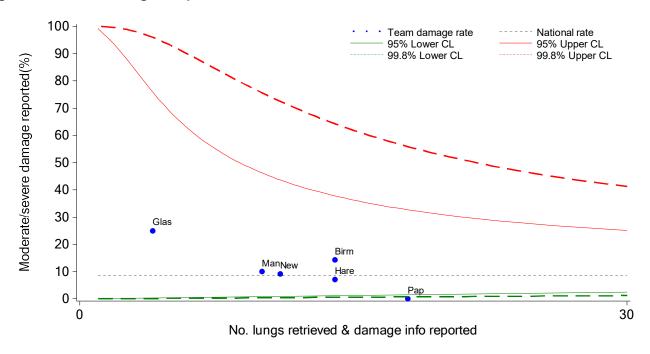
The DCD liver damage rates are shown in **Figure 9**. Leeds had a significantly low damage rate of 0%. Manchester had a significantly high damage rate when compared to the national rate, which was confirmed by the cross-validation analysis (p<0.01).

Figure 10 DCD Pancreases, 1 April 2016 to 31 March 2018



The DCD pancreas damage rates are shown in **Figure 10**. Cardiff, Royal Free and Newcastle each had significantly low damage rates of 0%, however the number of DCD pancreases retrieved by each team during this period is small.

Figure 11 DCD Lungs, 1 April 2016 to 31 March 2018



The DCD lung damage rates are shown in **Figure 11**. Papworth had a significantly low damage rate of 0%, however the number of DCD lungs retrieved by each team during this time period is small so these results should be interpreted with caution.

EXPORTED ORGANS ONLY

Figures 12 to 19 show funnel plots for exported DBD and DCD organs. No differences were found between the all-organs analysis and the exported-organs analysis.

Donors after brain death (DBD)

Figure 12 Exported DBD Kidneys, 1 April 2016 to 31 March 2018

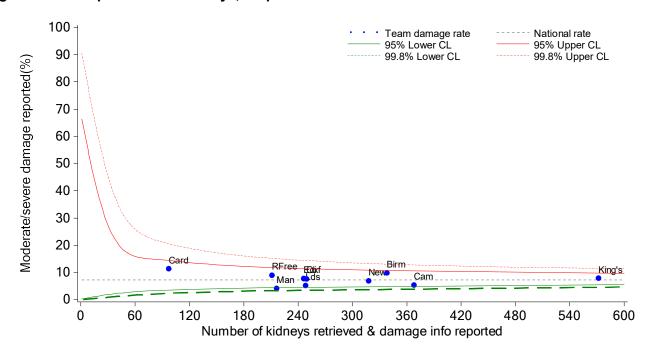


Figure 13 Exported DBD Livers, 1 April 2016 to 31 March 2018

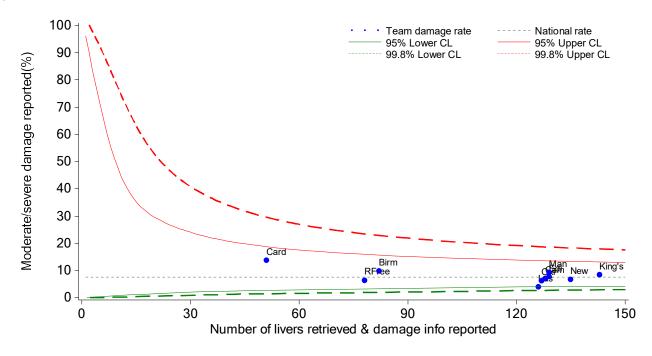


Figure 14 Exported DBD Pancreases, 1 April 2016 to 31 March 2018

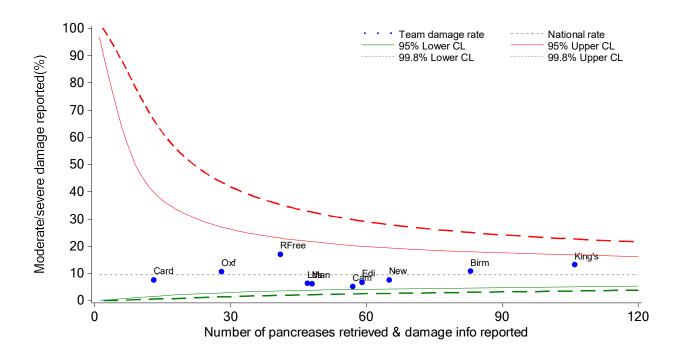


Figure 15 Exported DBD Hearts, 1 April 2016 to 31 March 2018

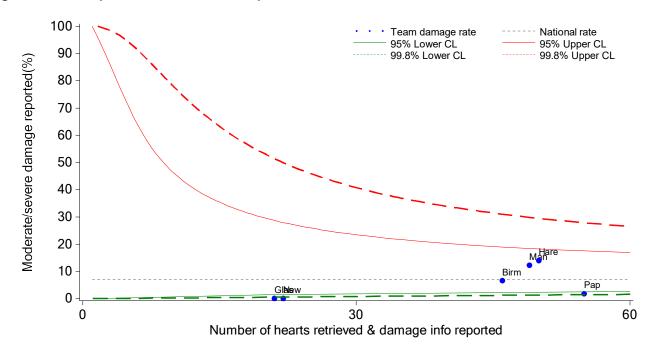
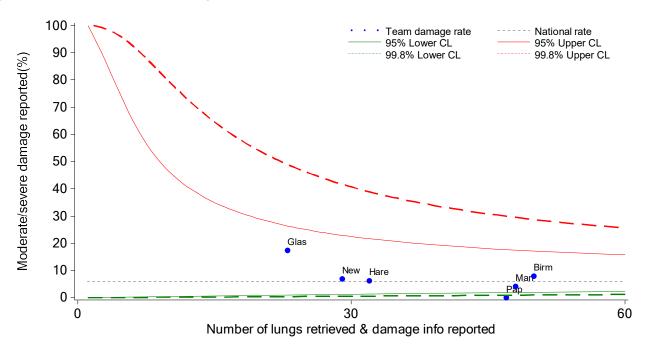


Figure 16 Exported DBD Lung, 1 April 2016 to 31 March 2018



Donors after circulatory death (DCD)

Figure 17 Exported DCD Kidneys, 1 April 2016 to 31 March 2018

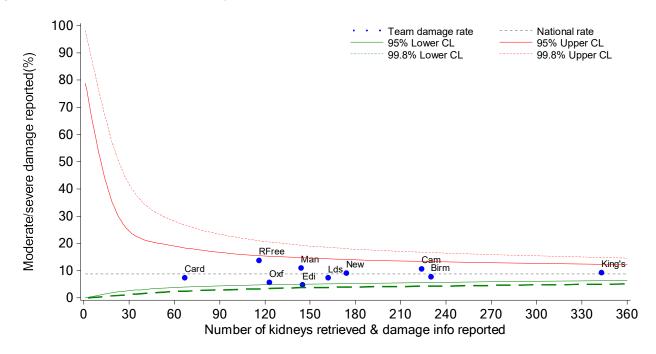


Figure 18 Exported DCD Livers, 1 April 2016 to 31 March 2018

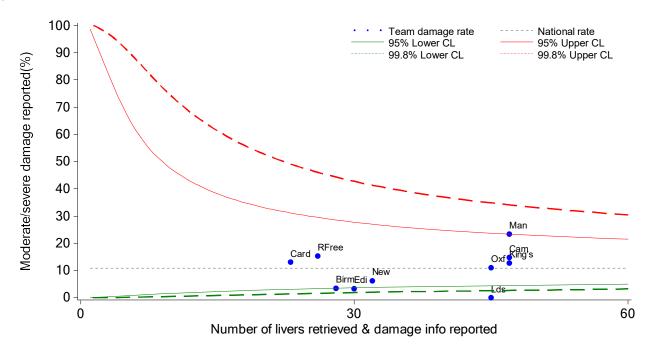


Figure 19 Exported DCD Pancreases, 1 April 2016 to 31 March 2018

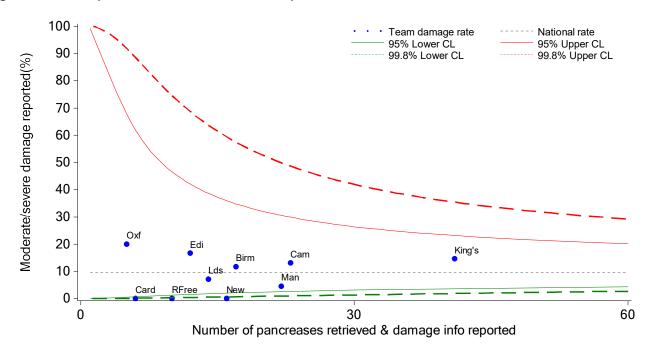
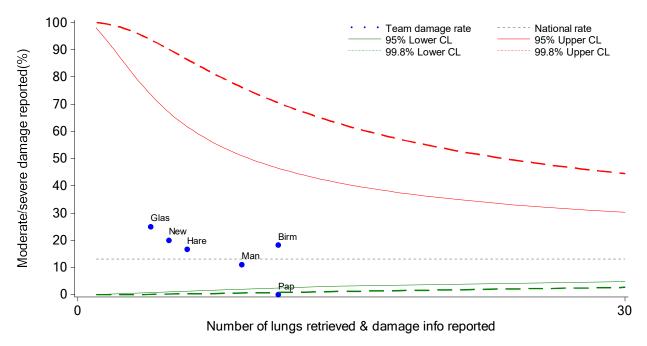


Figure 20 Exported DCD Lungs, 1 April 2016 to 31 March 2018



Sophie Hughes Statistics and Clinical Studies

October 2018

Appendix I

Table 4 Abdominal DBD organ damage as reported by RECEIVING surgeon, 1 April 2016 – 31 March 2018

			Damage reported by receiving surgeon Not No %										
		No. of					expected	_	mod/sev	% severe			
Retrieval team	Organ	organs	None	Mild	Mod.	Sev.	*	form	damage	damage			
	Kidney	397	317	28	30	6	6	10	9.4	1.6			
Birmingham	Liver	197	165	10	10	1	4	7	5.9	0.5			
	Pancreas	96	75	4	4	5	4	4	10.2	5.7			
	Kidney	435	359	38	20	3	2	13	5.5	0.7			
Cambridge	Liver	208	176	15	10	0	4	3	5.0	-			
	Pancreas	100	82	3	1	2	4	8	3.4	2.3			
	Kidney	105	76	14	9	2	0	4	10.9	2.0			
Cardiff	Liver	52	42	2	7	0	0	1	13.7	-			
	Pancreas	19	14	0	0	1	3	1	6.7	6.7			
	Kidney	281	238	18	19	1	2	3	7.2	0.4			
Edinburgh	Liver	134	114	5	10	0	3	2	7.8	-			
	Pancreas	73	53	2	2	2	11	3	6.8	3.4			
	Kidney	610	489	49	36	9	8	19	7.7	1.5			
King's	Liver	316	280	14	11	2	5	4	4.2	0.7			
	Pancreas	137	95	11	4	10	11	6	11.7	8.3			
	Kidney	275	233	21	8	7	1	5	5.6	2.6			
Leeds	Liver	126	114	7	4	1	0	0	4.0	0.8			
	Pancreas	55	41	3	1	2	3	5	6.4	4.3			
	Kidney	265	223	22	9	2	1	8	4.3	0.8			
Manchester	Liver	130	111	6	12	0	0	1	9.3	-			
	Pancreas	56	42	3	2	1	7	1	6.3	2.1			
	Kidney	360	301	27	20	3	2	7	6.6	0.9			
Newcastle	Liver	172	140	11	8	1	7	5	5.6	0.6			
	Pancreas	77	59	3	1	4	7	3	7.5	6.0			
	Kidney	297	252	17	16	3	4	5	6.6	1.0			
Oxford	Liver	138	111	11	8	1	2	5	6.9	0.8			
	Pancreas	66	56	1	1	2	3	3	5.0	3.3			
	Kidney	242	190	19	20	0	1	12	8.7	-			
Royal Free	Liver	123	100	9	7	0	3	4	6.0	-			
	Pancreas	43	29	5	1	6	1	1	17.1	14.6			
Total	Kidney Liver	3267 1596	2678 1353	253 90	187 87	36 6	27 28	86 32	7.1 6.1	1.1 0.4			
	Pancreas	722	546	35	17	35	54	35	8.2	5.5			

Note: 1 kidney (retrieved by Manchester) and 3 livers (retrieved by Oxford, Edinburgh and Cambridge) were reported as severely damaged by the receiving surgeon but were still transplanted. The damage of these organs has been set to moderate throughout this report. None of the other severely damaged organs were transplanted. 8 double kidney transplants counted each as one kidney throughout this report.

^{*} Damage information not expected as the organ was declined before reaching the centre therefore a HTA-B form was not filled in.

Table 5 Abdominal DCD organ damage as reported by RECEIVING surgeon, 1 April 2016 - 31 March 2018

	1 April 2010	o i iviai c	11 20 10									
				l	Damage	e repo	rted by rec	_	-			
							Not	No	%	%		
		No. of					expected		mod/sev	severe		
Retrieval team	Organ	organs	None	Mild	Mod.	Sev.	*	form	damage	damage		
	Kidnov	274	220	22	15	8	4	E	8.7	2.0		
Dimesia albana	Kidney				15		4	5		3.0		
Birmingham	Liver	67 24	50	4	3	0	6	4	5.3	- 44.0		
	Pancreas	21	14	1	0	2	3	1	11.8	11.8		
	Kidney	370	309	20	26	3	2	10	8.1	0.8		
Cambridge	Liver	104	78	10	9	0	4	3	9.3	_		
	Pancreas	45	32	2	1	2	5	3	8.1	5.4		
	Kidney	98	73	9	4	1	7	4	5.7	1.1		
Cardiff	Liver	30	20	0	3	0	6	1	13.0	-		
	Pancreas	10	7	1	0	0	2	0	-	-		
	Kidney	196	168	15	7	2	2	2	4.7	1.0		
Edinburgh	Liver	33	27	2	1	0	2	1	3.3	-		
	Pancreas	16	10	0	0	2	3	1	16.7	16.7		
	Kidney	374	283	28	28	4	9	22	9.3	1.2		
King's	Liver	122	106	4	6	0	3	3	5.2	-		
	Pancreas	49	26	9	0	6	4	4	14.6	14.6		
	Kidney	230	194	12	14	2	4	4	7.2	0.9		
Leeds	Liver	49	42	3	0	0	2	2	-	_		
	Pancreas	16	13	0	0	1	2	0	7.1	7.1		
	Kidney	210	166	19	19	2	2	2	10.2	1.0		
Manchester	Liver	57	29	7	8	3	6	4	23.4	6.4		
	Pancreas	25	18	3	0	1	2	1	4.5	4.5		
	Kidney	237	195	15	9	8	8	2	7.5	3.5		
Newcastle	Liver	46	33	7	2	0	4	0	4.8	-		
- Now Gastro	Pancreas	28	14	2	0	0	6	6	-	_		
	Kidney	169	136	15	10	0	2	6	6.2	_		
Oxford	Liver	53	40	4	5	0	2	2	10.2	_		
OXIOIG	Pancreas	15	9	2	0	1	2	1	8.3	8.3		
	Kidney	137	98	11	14	2	4	8	12.8	1.6		
Royal Free	Liver	33	22	2	5	0	3	1	17.2	1.0		
Royal Flee		11	8	2	0	0	0	1	17.2	-		
	Pancreas	11	0	2	U	U	U	I	-	-		
	Kidney	2295	1842	166	146	32	44	65	8.1	1.5		
Total	Liver	594	447	43	42	3	38	21	8.4	0.6		
	Pancreas	236	151	22	1	15	29	18	8.5	7.9		
			. • .		•	. •		. •	0.0			

Note: None of the organs reported as severely damaged by the receiving surgeon were transplanted. 13 double kidney transplants counted each as one kidney throughout this report.

* Damage information not expected as the organ was declined before reaching the centre therefore a HTA-

B form was not filled in.

Table 6 Cardiothoracic DBD organ damage as reported by RECEIVING surgeon, 1 April 2016 – 31 March 2018

		Damage reported by receiving surgeon											
Retrieval team	Organ	No. of organs	None	Mild	Mod.	Sev.	Not expected	No HTA/B form	% mod/sev damage	% severe damage			
Dirmingham	Heart	60	54	1	3	0	0	2	5.2	-			
Birmingham	Lung	61	51	4	4	0	0	2	6.8	-			
Classow	Heart	28	26	2	0	0	0	0	-	-			
Glasgow	Lung	32	18	1	3	1	6	3	17.4	4.3			
Llorofield	Heart	85	71	2	6	1	0	5	8.8	1.3			
Harefield	Lung	74	56	4	3	0	2	9	4.8	-			
Manahaatar	Heart	62	51	3	5	1	0	2	10.0	1.7			
Manchester	Lung	72	58	1	6	0	1	6	9.2	-			
Newcastle	Heart	46	45	0	0	0	0	1	-	-			
Newcastle	Lung	52	38	4	3	0	4	3	6.7	-			
Danwarth	Heart	78	72	2	1	0	0	3	1.3	-			
Papworth	Lung	81	76	1	0	0	0	4	-	-			
Total	Heart Lung	359 372	319 297	10 15	15 19	2 1	0 13	13 27	4.9 6.0	0.6 0.3			

Note: 1 lung pair (retrieved by Harefield) was reported as severely damaged by the receiving surgeon but were still transplanted. The damage of this organ has been set to moderate throughout this report. None of the other severely damaged organs were transplanted. 14 heart lung block transplants counted each as one lung throughout this report. 287 lung pair transplants counted each as one lung throughout this report.

^{*} Damage information not expected as the organ was declined before reaching the centre therefore a HTA-B form was not filled in.

Table 7	Cardiothoracic DCD organ damage as reported by RECEIVING surgeon, 1 April 2016 – 31 March 2018												
	Damage reported by receiving surgeon												
								No	%	%			
		No. of					Not	HTA/B	mod/sev	severe			
Retrieval team	Organ	organs	None	Mild	Mod.	Sev.	expected*	form	damage	damage			
Birmingham	Lung	16	12	0	2	0	0	2	14.3	-			
Glasgow	Lung	4	2	1	1	0	0	0	25.0	-			
Harefield	Lung	14	13	0	1	0	0	0	7.1	-			
Manchester	Lung	12	9	0	1	0	0	2	10.0	-			
Newcastle	Lung	12	9	1	1	0	1	0	9.1	-			
Papworth	Lung	20	17	1	0	0	0	2	-	-			
Total	Lung	78	62	3	6	0	1	6	8.5	-			

Note: 68 lung pair transplants counted each as one lung throughout this report.

^{*} Damage information not expected as the organ was declined before reaching the centre therefore a HTA-B form was not filled in.

Table 8 Abdominal DBD organ damage as reported by RETRIEVING surgeon, 1 April 2016 – 31 March 2018

Note: 8 double kidney transplants counted each as one kidney throughout this report.

Table 9 Abdominal DCD organ damage as reported by RETRIEVING surgeon, 1 April 2016 – 31 March 2018

Note: 13 double kidney transplants counted each as one kidney throughout this report.

Table 10 Cardiothoracic DBD organ damage as reported by RETRIEVING surgeon, 1 April 2016 - 31 March 2018

Damage reported by retrieving surgeon No % % No. of Not RTI mod/sev severe Mild Retrieval team Organ organs None Mod. Sev. reported form damage damage Heart Birmingham Lung Heart 3.6 Glasgow Lung 3.1 2.4 Heart 1.2 Harefield Lung Heart 6.5 Manchester Lung 1.4 Heart Newcastle Lung Heart Papworth Lung Heart 2.0 0.3 Total

Note: 14 heart lung block transplants counted each as one lung throughout this report. 287 lung pair transplants counted each as one lung throughout this report.

0.5

Table 11	Cardiothoracic DCD organ damage as reported by RETRIEVING surgeon,
	1 April 2016 – 31 March 2018

Lung

				Da	amage r	eporte	d by retriev	_	_	0.6
Retrieval team	Organ	No. of organs	None	Mild	Mod.	Sev.	Not reported	No RTI form	% mod/sev damage	% severe damage
Birmingham	Lung	16	16	0	0	0	0	0	-	-
Glasgow	Lung	4	1	0	0	0	0	3	-	-
Harefield	Lung	14	14	0	0	0	0	0	-	-
Manchester	Lung	12	11	0	1	0	0	0	8.3	-
Newcastle	Lung	12	11	0	0	0	0	1	-	-
Papworth	Lung	20	20	0	0	0	0	0	-	-
Total	Lung	78	73	0	1	0	0	4	1.4	-

Note: 68 lung pair transplants counted each as one lung throughout this report.

Table 12 Organ damage as reported by retrieving surgeon against damage reported by receiving surgeon, 1 April 2016 – 31 March 2018

Damage reported by retrieving surgeon	Noi	ne	Dama Mil		-	ted by receivir Moderate		ng surgeon Severe		oorted
	N	%	N	%	N	%	N	%	N	%
Kidney										
None	4397	97.3	326	77.8	258	77.5	52	76.5	201	90.5
Mild	92	2.0	75	17.9	44	13.2	10	14.7	11	5.0
Moderate	15	0.3	16	3.8	30	9.0	6	8.8	8	3.6
Severe	3	0.1	_	_	_	_	_	_	_	-
Not reported	13	0.3	2	0.5	1	0.3	-	-	2	0.9
Liver										
None	1657	92.1	95	71.4	94	72.9	7	77.8	103	86.6
Mild	113	6.3	35	26.3	24	18.6	1	11.1	11	9.2
Moderate	23	1.3	2	1.5	11	8.5	-	-	3	2.5
Severe	-	-	-	-	-	-	1	11.1	1	0.8
Not reported	7	0.4	1	8.0	-	-	-	-	1	8.0
Pancreas										
None	661	94.8	48	84.2	14	77.8	46	92.0	119	87.5
Mild	21	3.0	9	15.8	4	22.2	2	4.0	6	4.4
Moderate	3	0.4	-	-	-	-	1	2.0	3	2.2
Severe	-	-	-	-	-	-	1	2.0	1	0.7
Not reported	12	1.7	-	-	-	-	-	-	7	5.1
Heart										
None	1657	92.1	95	71.4	94	72.9	7	77.8	103	86.6
Mild	113	6.3	35	26.3	24	18.6	1	11.1	11	9.2
Moderate	23	1.3	2	1.5	11	8.5	-	-	3	2.5
Severe	-	-	-	-	-	-	1	11.1	1	8.0
Not reported	7	0.4	1	8.0	-	-	-	-	1	8.0
Lung										
None	347	96.7	15	83.3	20	80.0	-	-	46	97.9
Mild	4	1.1	1	5.6	2	8.0	-	-	-	-
Moderate	-	-	-	-	2	8.0	1	100.0	-	-
Severe	-	-	-	-	-	-	-	-	-	-
Not reported	8	2.2	2	11.1	1	4.0	-	-	1	2.1

Note: 21 double kidney transplants counted each as one kidney throughout this report. 14 heart lung block transplants counted each as one lung throughout this report. 355 lung pair transplants counted each as one lung throughout this report.