REVIEW OF OFFER DECLINES AND ORGAN DISCARDS FROM HIGHER QUALITY ('IDEAL') DECEASED PANCREAS DONORS

Background

There is increasing awareness of the need to optimise deceased donor organ utilisation. As part of this process, there is a need to review clinical decision-making around organ offers. PAG has agreed that solid organ pancreas offer declines or organ discards from the following donor groups will be individually reviewed:

1) An apparently 'ideal' pancreas donor where a pancreas was discarded (start date 4.2.19)

2) An apparently 'ideal' pancreas donor where a named-patient offer was declined (start date 4.2.19)

The aims of these schemes are to improve donation and transplantation practices, minimise offering times, and increase organ utilisation. The early experience of these two schemes is described. PAG is also asked to consider a refinement to the schemes.

Process and analysis

Offer declines / organ discards that meet the above criteria are notified to the National Clinical Lead for Abdominal Organ Utilisation (NCLAOU). 'Ideal' pancreas donor core donor data form (CDDF) criteria are shown in Appendix 1. Individual CDDFs are examined by the NCLAOU, along with information on the recipient (age, waiting time, cRF), and reasons for decline (coded by the Hub). Many apparently 'ideal' donors on CDDF are not actual 'ideal' donors, because of information that appears in free text boxes (e.g. recent intravenous drug use or malignancy) that is not captured by CDDF criteria.

The working definition of an actual 'ideal' pancreas donor is: an organ offer where a reasonable transplant clinician would be expected to accept the offer and where post-transplant outcomes would be expected to be acceptable for any adult recipient on the deceased donor waiting list.

Recipient-related reasons for offer decline are excluded (e.g. 'positive cross-match'; 'recipient did not need transplant'; 'recipient unfit'; 'recipient unavailable'). Where the

reasons for offer decline are unclear, the Hub is asked to search records and phone transcripts for further information.

Where there are significant concerns or lack of information about the underlying reasons for offer decline / organ discard, a letter is written to the unit lead, asking for further information. If there is a potential conflict of interest or the NCLAOU needs further advice, the views of Mr John Casey and / or Mr Sanjay Sinha are sought.

Data from spreadsheets and responses to letters were collated from the start of each scheme until 24 April 2019.

Outcomes

The numbers of CDDFs, offers examined, offers reaching clinical criteria, and letters written to units are shown in Table 1. Approximately 20-40% of all donors identified as 'ideal' donors using CDDF criteria were actual 'ideal' donors.

Brief details of each letter written, and unit responses, are shown in Table 2. Three letters were written.

Table 1: Summary of schemes and outcomes

Scheme	Donors examined	Events examined*	Actual 'ideal' donor?	Letters written to units
'Ideal' donor organ discards	5	5	1 (20%)	0
'Ideal' donor offer declines	16	30	6 (38%)	3

*Individual offer declines via NPAS, or organs discarded

Conclusions

The early experience of these schemes is summarised. Feedback from one unit has highlighted potential confusion over the use of the term 'ideal'. As discussed previously in PAG, the term 'ideal' is not meant to imply the absence of all potentially adverse donor risk factors. Instead the term is used to identify a group of higher quality pancreas donors that units should be willing to accept. However, it is understandable how confusion might arise.

For clarity, it is proposed that the name of the schemes be changed to ‘higher quality donor offer review schemes’.

PAG is asked to consider the above proposal.

Chris Callaghan, National Clinical Lead for Abdominal Organ Utilisation

Table 2: Letter details and responses

Scheme (date of donation)	Unit	Clinical details of donor, potential recipient, and reason for offer decline (Hub codes)	Unit response
'Ideal' donor offer decline			
21/02/2019	Newcastle	DCD donor aged in their 40s, ICH, BMI 23. Offered to a patient aged in their 50s. SPK declined due to logistics.	DCD liver accepted from the same donor. Potential SPK recipient severely hypertensive and undergoing inpatient treatment.
21/02/2019	Edinburgh	DCD donor aged in their 40s, ICH, BMI 23. Offered to a patient aged in their 30s. SPK declined due to DCD donor type.	Donor girth taken into account. Donor creatinine had risen during admission. Donor hypertension whilst in ITU. Therefore, multifactorial reasons for offer decline. Unit would prefer that NRP was used.
24/03/2019	Oxford	DBD donor aged in their 20s, RTA, BMI 23. Offered to a patient aged in their 50s. SPK declined due to lack of beds.	Response awaited

ICH – intracranial haemorrhage; RTA – road traffic accident

NB: All of the above SPKs were subsequently transplanted by other units.

Appendix 1 – 'Ideal' Donor Core Donor Data Form Criteria

Pancreas 'ideal' donor CDDF criteria
Age >15 and <50 years
No malignancy
HBs Ag neg
HCV Ab neg
HIV neg
HTLV neg
BMI <27 kg/m^2
No cardiac arrest >60 mins duration
ITU stay <10 days

All of the above criteria need to be met for the CDDF to go through to the next stage of analysis.