

LIVER ADVISORY GROUP

The National Liver Offering Scheme (NLOS) was implemented in March 2018 for DBD donors and fast tracking is currently initiated after either:

- a) The liver is declined for any reasons after retrieval has commenced or is not yet accepted by any centre at or **after knife to skin**.
- b) The liver is accepted for **a super-urgent patient and the transplant does not take place** and the retrieval process has commenced
- c) **Livers are declined by 3** or more centres because of donor or organ specific reasons
- d) **Five hours have accrued after formal liver offering** has commenced and the liver has not yet been accepted.
- e) **The liver has not been accepted by zonal or link centres** (Donors after Circulatory Death DCD)

The group was asked to consider each of these in turn and the objectives of this working party meeting are:

- To review the triggers for fast tracking of DBD and DCD organs (outlined in LAG(19)4 paper from the LAG meeting held on 8 May 2019).
- To propose modifications to the triggers for DBDs in NLOS, (ie, after 5 hours and 3 rejections of offers for donor reasons, organs to go to variant patients).
- To consider if any adjustment is required to the process for fast tracking DCDs.
- To review the prioritisation of accepting centres within the fast track scheme (eg can fast track be avoided by a simultaneous offer to named patients after the trigger for fast tracking occurs so patient with the highest TBS is offered the organ).

The overall aim is to see a reduction in livers being offered through fast-tracking and to monitor the logistical impact of the changes agreed on Hub Operations.**Agreed:**

1. **Organ declines for any reason after retrieval has commenced or is not yet accepted by any centre at or after knife to skin:**
 - The reason for decline for any reasons after retrieval has commenced or is not yet accepted by any centre at or after knife to skin will be recorded more thoroughly, particularly whether this is due to a donor/clinical reason or a logistical issue and this should determine whether centres continue to receive offers.
 - If a donor/clinical reason given, the donation will continue to be offered according to TBS until the liver has been declined for a set of patients.
 - If a logistical reason is given the centre will be removed from offers for the specific donor until there is confirmation the situation has changed.
 - The wording will change in NLOS removing 'knife to skin' to 'cross clamp' (*'the liver is declined for any reasons by any centre at or after cross clamp'*).
 - If a NORS surgeon is present at the retrieval and states that the liver is not transplantable at all, it will not be offered on (as agreed at Advisory Group Chairs meeting 2 October 2019).
 - For the future, it is planned that reasons for decline will be reviewed in order to inform patients when a non-clinical reason has resulted in a transplant not going ahead.

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2. **Super Urgent patients where the liver has been accepted but transplant does not proceed, and the Retrieval process has commenced:**
 - Before cross clamp – if the patient is too ill for transplant, the donation will be returned to the offering sequence (ie, TBS or another super urgent patient with an appropriate blood group match).
 - After cross clamp – the donation will go to fast track if unsuitable for the super-urgent patient.

3. **Livers declined for 7 patients:**
 - The fast track trigger will move up to 7 named patients (with a median of 4 centres receiving offers)
 - The data from this change will be discussed in 6 months' time to check that named patients are receiving offers appropriately and fairly.

4. **Five hours have accrued because of donor organ specific reasons:**
 - This option is removed.

5. **Not accepted by zonal or link centres (Donors after Circulatory Death (DCD)):**
 - The process for using FTS for DCDs will stay the same. DCD donations will be offered to zonal or link centres prior to FTS being used. The accepting centre will then go to the bottom of the list for offers.

6. **Prioritisation of accepting centres within the Fast Track Scheme:**
 - FTS will apply differently according to whether a patient is variant or chronic liver disease/HCC. If the liver has been offered and declined for all named elective patients for a variant syndrome matching, it was agreed that offering should continue down named chronic liver disease pathway. Significant IT changes are required before this can be actioned.
 - DBD will go to all centres on a rota basis when the liver has initially been allocated to the CLD/HCC pathway.
 - It was agreed that the way in which centres are prioritised on the rota needs to be clear and transparent to ensure that it is seen to be fair.
 - It is noted that livers for CLD/ HCC pathway will be offered on a proportional basis in future which should increase the percentage of livers available and result in more livers going through fast track for this group. (To be discussed further at LAG, November 2019).

Summary of Future Fast track Triggers & Actions

1. The liver is declined for any reasons after retrieval has commenced or is not yet accepted by any centre at or at or after cross clamp.
2. The liver is accepted for a super-urgent patient where the liver has been accepted but transplant does not proceed at or after cross clamp.
3. Livers declined for 7 patients because of donor or organ specific reasons
4. Livers offered to variant syndrome patients will go on to be offered to patients from the CLD/HCC list according to the highest TBS (up to a total of 7 patients) where there are less than 7 variant syndrome patients in the matching run.
5. The liver has not been accepted by zonal or link centres (Donors after Circulatory Death DCD).
6. For both DCDs and DBDs offering sequence will be in the order of centres with lowest transplant activity over the preceding rolling 4 week period.