

NHS BLOOD AND TRANSPLANT**LIVER ADVISORY GROUP****REFINEMENTS TO NATIONAL LIVER OFFERING SCHEME:
PRIORITISED PAEDIATRIC PATIENTS AND OFFERING OF SPLIT LIVERS****BACKGROUND**

- 1 Weekly teleconferences were established in April 2020 involving adult and paediatric representation from all 7 UK liver transplant centres and NHS England to discuss and maintain a national liver transplant service during COVID-19. This paper summarises changes to liver offering that were either agreed during the weekly telecons or following email discussion.

CHANGES AGREED**A. PRIORITISED PAEDIATRIC LIVER PATIENTS**

- 2 Requests have been received from all three paediatric centres recently to either formally or informally prioritise individual paediatric patients who are clinically deteriorating but do not meet the super-urgent criteria.
- 3 Informal prioritisation allows a paediatric centre with support of one or both of the other centres to seek prioritisation of a specific recipient and to receive offers of organs made to another paediatric centre for that informally prioritised recipient. It should be noted that transplant centres maintain the responsibility to ask ODT Hub Operations to offer to the transplant centre where the patient is registered when offered organs.
- 4 Formal prioritisation of paediatric recipients requires agreement of all three paediatric centres. If unanimously agreed, paediatric patients formally prioritised would be registered by the transplant centre with hepatoblastoma as the primary indication in order for the patient to receive offers after super-urgent patients but before the elective tiers. It has been agreed that patients in the hepatoblastoma tier should be prioritised as follows:
 - a. Genuine hepatoblastoma patients
 - b. Prioritised patients

- 5 Up until October 2020, agreement had to be obtained from all adult centres for formal prioritisation of paediatric patients on this tier. However, it was recently agreed that in such cases, adult centres agreed by default provided the paediatric centres unanimously agreed and the right lobe from a liver accepted for such a prioritised patient was offered to named adult patients.

CHANGES TO SELECTION AND ALLOCATION POLICIES

- 6 The following will be added as section 4.5 (Appeals process section) of the liver selection policy

4.5 Requests to formally prioritise paediatric patients who are clinically deteriorating will be managed and overseen by the requesting transplant centre who will provide the agreed representatives from the other UK paediatric transplant centres and the chair of the National Appeals Panel with the information required. If formal prioritisation is agreed by the other paediatric centres, the registration should be updated with

- 4.5.1 Hepatoblastoma as the primary indication
- 4.5.2 Original primary indication as the secondary indication
- 4.5.3 Other please specify as the tertiary indication with
“PRIORITISED PAEDIATRIC PATIENT” added in the freetext
for other indication.

- 5 Section 4.2.1.2 and 5.1.1.2 in the Liver Allocation Policy will be updated to “Patients with hepatoblastoma and prioritised patients.”

B. LIVER SPLITTING - OFFERING OF RIGHT LOBE

- 6 The offering pathway for all livers offered between 27th March and 9th July were reviewed on a weekly basis during the telecons and it was identified that there were occasions where a liver from a donor who did not meet split criteria was accepted for a super-urgent or hepatoblastoma paediatric patient and subsequently deemed splittable by the accepting transplant centre. It had previously been agreed that the accepting centre could keep both the right and left lobe in such an occasion. However, it was agreed on the weekly telecons that the right lobe should instead be offered through the National Liver Offering Scheme to named adult and large paediatric patients with the understanding that a centre may be offered a right lobe for a patient who requires a whole liver only.

CHANGES TO SELECTION AND ALLOCATION POLICIES

- 7 Section 2.9.1.9 of the Liver Allocation policy will be updated to
 If a liver is initially offered as a whole graft and the accepting centre **anticipate the liver will be split regardless of whether the donor meets split criteria**, then the initially accepting centre should inform ODT Hub Operations when accepting the liver which segments not required (e.g. right lobe) needs to be offered nationally through either the national liver transplant offering scheme or through the Fast Track scheme if a fast track trigger points has been reached. This applies to all offering tiers.

C. LIVER SPLITTING - POINT OF OFFERING RIGHT LOBE

- 8 Discussion was also held whether the left and right lobe should be offered simultaneously or sequentially. It was agreed that the left lobe should initially be offered to paediatric centres and centres with small adult patients. When the offering outcome of the left lobe is known then the right lobe or the whole liver will be offered to named adult and large paediatric patients according to the offering sequence. This has been implemented and the impact of this change on the length of the offering process is currently being investigated.

CHANGES TO SELECTION AND ALLOCATION POLICIES

- 9 Section 1.4.2 and 4.2 of the Liver Allocation policy will be updated to
 1.4.2 A DBD liver donor may fulfil splitting criteria and, if this is the case, the left lobe will be offered first to transplant centres with paediatric and small adult patients and then either the right lobe or the whole liver offered to transplant centres when the offering outcome of the left lobe is known (see section 2.9 Liver splitting).

4.2.1.5 will be updated to “Designated centres in the UK for paediatric or small adult liver patients, prioritised by the liver allocation sequence (see section 6) if the donor meets split liver criteria (see section 2.9 Liver splitting).

Current 4.2.1.5-4.2.1.9 will be renumbered

D. LIVER SPLITTING - HEPATOBLASTOMA

- 10 Patients in the hepatoblastoma tier are offered the left lateral segment if the donor meets split criteria. However, an incident has been raised regarding conflicting information in the Liver Allocation Policy and the ODT Hub Ops manual when a centre requested the whole liver for a paediatric patient in the hepatoblastoma tier when offered the Left Lateral Segment from a donor who met the split criteria. Figure 1 in the Allocation policy shows a requires to split if donor meets split criteria but 2.9.1 states “All such donors must be offered for splitting unless there are super-urgent, hepatoblastoma, multivisceral, combined heart/liver or combined lung/liver patients waiting (see Figure 1).”.

CHANGES TO SELECTION AND ALLOCATION POLICIES

- 11 Section 2.9.1 of the Liver Allocation policy will be updated to
2.9.1 All such donors must be offered for splitting unless there are super-urgent, ~~hepatoblastoma~~, multivisceral, combined heart/liver or combined lung/liver patients waiting (see Figure 1).

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