NHS BLOOD AND TRANSPLANT NATIONAL LIVER OFFERING SCHEME THIRTY-SIX MONTH REVIEW

SUMMARY

1. BACKGROUND

- 1.1. The new National Liver Offering Scheme (NLOS) was introduced on 20 March 2018 for donation after brain death (DBD) donors and mainly for liver offers to named patients. Offering of livers from donors after circulatory death (DCD) has not changed and remains on a centre-specific basis rather than on a patient specific basis. This report examines the impact of the new DBD scheme on patients on the waiting list, livers offered and transplant activity.
- 1.2. It should be noted that this report may not include all data due to delays in reporting.
- 1.3. Updated Kidney Offering Scheme and Pancreas Offering Scheme were introduced on 11 September 2019. Unfortunately, an unexpected and untested change was introduced to the NLOS at the same time which affected the number of patients that appeared as named elective patients on matching run. This change was removed on the 19 September 2019 and this report includes this period in all analyses apart from in the flow chart in Figure 12B.
- 1.4. Due to the impact of COVID-19, it was agreed by OTDT Medical team and the Liver Advisory Group chair on 27 March 2020 that liver centres should consider an elective named patient offer for any patient when offered and not just the named patient. It was also agreed that a kidney would not be held back if a liver/kidney patient was in the top 3 named elective patients. There were no changes to the DCD offering scheme and the changes to the DBD offering scheme ceased on 9 July 2020 when named patient offering recommenced. This period is excluded from part of the liver offering section.

2. DATA AND METHODS

2.1. **Table S1** shows the time period and inclusion and exclusion criteria for the aspects of the offering scheme examined in this report. NHS Group 2 registrations and transplants were excluded throughout the report along with registrations, offers and transplants for intestinal patients not requiring a liver. Super-urgent and elective registrations were included in all aspects apart from the transplant list activity section as were adult and paediatric registrations and transplants.

Table S1	Inclusion and exclusion criteria for the a	spects of NLOS examined in thi	is report
Section	Time period	Inclusions	Exclusions
Registration activity	 20 March 2015 to 19 March 2018 (<i>thirty-six months prior</i>, N=3475) 20 March 2018 to 19 March 2021 (<i>thirty-six months post</i>, N=3456) 	New active/suspended registrations	 Dublin registrations NHS Group 2 registrations
One and three month post- registration outcome	 20 March 2015 to 19 December 2017 (<i>thirty-three months prior</i>, N=2583) 20 March 2018 to 19 December 2020 (<i>thirty-three months post</i>, N=2609) 	 Active and suspended Adult elective liver and liver/kidney registrations 	 Dublin registrations NHS Group 2 registrations Intestinal registrations
Six months post- registration outcome	 20 March 2015 to 19 September 2017 (<i>thirty months prior</i>, N=2320) 20 March 2018 to 19 September 2020 (<i>thirty months post</i>, N=2359) 	 Active and suspended Adult elective liver and liver/kidney registrations 	 Dublin registrations NHS Group 2 registrations Intestinal registrations
Transplant list activity	 Patients active/ suspended on 19 March 2018 (N=418) 20 March 2018 to 19 March 2021 (N=2828) 	 Active and suspended Adult elective liver and liver/kidney registrations 	 Dublin registrations NHS Group 2 registrations Intestinal registrations
Liver offering	 Thirty-six months prior, N=5408 (2794 DBD and 2614 DCD) Thirty-six months post, N=5464 (2632 DBD and 2832 DCD) 	 UK deceased donors whose liver was offered for transplantation Offers to Dublin for super- urgent patients 	 Intestinal offers regardless of whether patients required a liver Offers declined due to the patient accepting previously offered liver Offers to Dublin for elective patients
Transplant activity	 Thirty-six months prior, N=2843 (2236 DBD and 607 DCD) Thirty-six months post, N=2688 (2207 DBD and 481 DCD) 	UK transplants	 Transplants performed at Dublin Intestinal transplants for patients not requiring a liver NHS Group 2 transplants
Ninety day post- transplant survival	 20 June 2015 to 19 March 2018 (<i>thirty-three months prior</i>, N=1441 for DBD and 543 for DCD) 20 March 2018 to 19 December 2020 (<i>thirty-three months post</i>, N=1277 for DBD and 396 for DCD) 	UK Adult elective liver and liver/kidney transplants	 Transplants performed between 27 March 2020 and 9 July 2020 Transplants performed at Dublin Intestinal transplants for patients not requiring a liver NHS Group 2 transplants
One year post- transplant survival	 20 March 2016 to 19 March 2018 (<i>twenty-four months prior</i>, N=1082 for DBD and 386 for DCD) 20 March 2018 to 19 March 2020 (<i>twenty-four months post</i>, N=1118 for DBD and 347 for DCD) 	UK Adult elective liver and liver/kidney transplants	 Transplants performed at Dublin Intestinal transplants for patients not requiring a liver NHS Group 2 transplants

3. RESULTS

REGISTRATION ACTIVITY

- 3.1. There were 3456 new NHS Group 1 liver registrations in the UK in the first thirty-six months of the scheme. (**Table 1**)
- 3.2. There was a 0.2% increase in elective and 6% decrease in super-urgent registrations between the thirty-six months pre and post NLOS introduction. There was also a small increase in adult elective CLD registrations (4%) in the thirty-six months post NLOS but the number of HCC registrations (including HCC downstaging) were similar in the two time periods (540 and 529 respectively). The number of new variant syndrome registrations has decreased from 222 in the thirty-six months prior to 164 in the thirty-six months post. (**Table 3**)
- 3.3. Ninety-two percent of the new adult elective registrations in the first thirty-six months of NLOS were for first graft compared with 91% in the thirty months prior. (**Table 4**)
- 3.4. There was no statistically significant increase in the median age of new adult elective registrations (55 in both time periods). **(Table 5)**

POST-REGISTRATION OUTCOME

- 3.5. There were 2609 adult elective registrations in the subset of patients registered in the first thirtythree months post-NLOS. One thousand, two hundred and sixty two (49%) of the 2609 registrations received a transplant within three months of registration. The corresponding threemonth transplant rate for patients registered in the equivalent 33 months in 2015/2017 was 43%. (Table 6)
- 3.6. The proportion of patients who either died on the list or were removed due to condition deterioration in the first three months was lower in the 33 months post NLOS than 33 months prior (3% and 6% respectively). This reduction was also seen in the six-month registration outcome for a subset who were registered in two 30-month periods (5% and 8% respectively). The decrease in mortality rate was observed across all type of patients (apart from for HCC), age groups and whether or not the patient was registered for their first transplant. (Figures 3, 4 and 5)

TRANSPLANT LIST ACTIVITY

3.7. Four hundred and eighteen adult elective NHS Group 1 patients were active on the transplant list on 19 March 2018. A lower percentage of those active on the list have received a liver transplant compared with new registrations during the time (65% compared with 68%). (Table 7)

- 3.8. There was a significant difference in registration outcome for CLD, HCC and variant syndrome patients. (Figure 7)
- 3.9. Two hundred and seventy eight patients (9%) active on the transplant list during the first thirty-six months either died on the list or were removed due to condition deteriorated. An additional 179 patients were removed due to either their condition improving (N=101 (56%)) or other reasons detailed in Table 7A.

LIVER OFFERING

- 3.10. Overall, 2794 DBD livers and 2614 DCD livers were offered in the first thirty-six months of the scheme. For DBD donors, 2400 (86%) were retrieved and 2085 (87% of those retrieved) were transplanted. For DCD donors, 714 (27%) were retrieved and 480 (67% of those retrieved) were transplanted. The proportions retrieved were similar to the thirty months prior for DBD donors. (Table 9)
- 3.11. Figures 12a and 12b in the main paper show the number of DBD livers offered during the first thirty-six months at each stage of the liver offering pathway. Livers offered during COVID are included in Figure 12a but excluded at the elective stage of Figure 12b. Three hundred and eighty five livers were either accepted and transplanted or declined and not offered on prior to the elective section of the offering pathway.
- 3.12. Of the 2224 DBD livers offered to the elective section that were not offered only to paediatric centres and not offered during the first wave of COVID-19 in 2020, 1988 (89%) were allocated to the elective CLD/HCC pathway and 236 (11%) were randomly allocated to the variant syndrome pathway which is consistent with the percentages used in the probabilistic prioritisation of the elective list.
- 3.13. One thousand and twenty nine (not accepted by higher tiers) offered to named elective CLD/HCC were accepted and transplanted while 87 livers offered to the named elective variant syndrome pathway were accepted and transplanted.
- 3.14. Nine hundred and eighty nine livers declined by all stages were fast-tracked and 410 were accepted and transplanted.
- 3.15. There were 12988 DBD liver offers (excluding intestinal offers) made to UK centres during the first thirty-six months of the scheme which was an increase of 60% compared with the thirty-six months prior. All centres saw an increase in offers with one centre, Kings College, observing a greater than 90% increase in offers. (Table 11)
- 3.16. Four thousand, one hundred and seventy (32%) of the 12988 offers made in the first 36 months post NLOS were to named elective liver recipients (excluding offers made during COVID-19 in 2020). The number of named patient offers per donor ranged between 1 and 10 with a median

of one offer per donor. The number of named offers per patient ranged between 1 and 27 with a median of two offers per patient. Twenty two patients at 6 centres were offered more than 10 livers (9 were offered 11 livers, 4 were offered 12 livers, 4 were offered 13 livers, 2 were offered 14 livers, 2 were offered 17 livers and 1 was offered 27 livers).

TRANSPLANT ACTIVITY

- 3.17. There has been a 5% decrease in the number of DBD super-urgent transplants (300 and 286 respectively). (**Table 19**)
- 3.18. One hundred and forty one of the 1709 adult elective liver and liver/kidney transplants performed in the first 36 months were performed in the UK between 27 March 2020 and 9 July 2020. These transplants are **excluded** from the transplant section as DBD livers were not offered through the National Liver Offering Scheme due to COVID-19 and both DBD and DCD livers were offered to clinically urgent patients.
- 3.19. For DBD transplants, there was evidence of a statistically significant association between time period and age group (p=0.0005), disease group (p<0.0001), transplant centre (p=0.05), zonal (p<0.0001), type of patient (p=0.0001) and blood group compatibility (p<0.0001). (Table 20 and 21).
- 3.20. For DCD transplants, there was evidence of a statistically significant association between time period and disease group (p<0.0001), transplant centre (p<0.0001), type of patient (p<0.0001) and blood group compatibility (p=0.0005). There was no evidence of a statistically significant association for age group (p=0.14) and zonal transplants (p=0.60). (**Table 20 and 21**).
- 3.21. There was a statistically significant increase in cold ischaemia time for adult elective DBD transplants when comparing the thirty-six months pre and post (median CIT 8.53 hours and 9.05 respectively, p<0.0001). However, this may be due to the inclusion of periods of machine perfusion which is not currently collected on the liver transplant record form. (**Figure 14**)
- 3.22. There was no significant difference in ninety-day DBD and DCD patient survival (p-value=0.18 and 0.24 respectively). (Figure 18). There were no significant difference at a 5% significance level in ninety-day graft or transplant survival for either DBD or DCD transplants. (Figures 20, 21, 22 and 23)
- 3.23. There was no significant difference in one-year DBD and DCD patient survival (p-value=0.15 and 0.12 respectively). (Figure 24). There were no significant difference at a 5% significance level in one-year graft or transplant survival for either DBD or DCD transplants. (Figures 26, 27, 28 and 29)

Rhiannon Taylor, Lewis Downward and Jennifer Banks Statistics and Clinical Research

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- BACKGROUND
 The new National Liver Offering Scheme (NLOS) was introduced on 20 March 2018 for donation after brain death (DBD) donors and mainly for liver offers to named patients. Offering of livers from donors after circulatory death (DCD) has not changed and remains on a centre-specific basis rather than on a patient specific basis. This report examines the impact of the new DBD scheme on patients on the waiting list, livers offered and transplant activity.
- 1.2. It should also be noted that this report may not include all data due for the first thirty-six months due to delays in reporting.
- 1.3. The updated Kidney Offering Scheme and Pancreas Offering Scheme were introduced on 11 September 2019. Unfortunately, an unexpected and untested change was introduced to the NLOS at the same time which affected the number of patients that appeared as named elective patients on matching run. This change was removed on the 19 September 2019 and this report includes this period in all analyses apart from in the flow chart in Figure 12B.
- 1.4. Due to the impact of COVID-19, it was agreed by OTDT Medical team and the Liver Advisory Group chair on 27 March 2020 that liver centres should consider an elective named patient offer for any patient when offered and not just the named patient. It was also agreed that a kidney would not be held back if a liver/kidney patient was in the top 3 named elective patients. There were no changes to the DCD offering scheme and the National Liver Offering Scheme resumed on 9 July 2020.
- 1.5. Birmingham, Royal Free, Kings College and Cambridge temporarily closed for all adult transplants in December 2020/ January 2021. Royal Free and Birmingham temporarily transferred some of their clinically urgent patients to other transplant centres who were open. Transplant centres reviewed their transplant lists in January 2021 and formally suspended non-urgent patients. Offering to named clinically urgent patients continued and centres could consider livers for nonurgent patients if declined for all clinically urgent patients.
- 1.6. Various options for maintaining liver transplantation were discussed with NHS England and they approved in January 2021 regional protected status for a minimum of three liver transplant centres.

- 1.7. All transplant centres other than Birmingham formally reactivated all non-urgent CLD and HCC patients on the 6th April 2021. Transplant centres were advised not to reactivate non-urgent variant syndrome patients at present. Birmingham are currently only open for clinically urgent patients but this is reviewed on a regular basis.
- Birmingham closed for all DCD offers in January 2021 with Newcastle and Leeds receiving Birmingham's zonal and linked offers on a rota basis. This continues to be in operation in April 2021.

2. DATA AND METHODS

2.1. REGISTRATION ACTIVITY AND POST-REGISTRATION OUTCOME

- 2.1.1. Data on 6931 new active/suspended NHS Group 1 registrations on the UK liver transplant list between 20 March 2015 and 19 March 2021 were obtained from the UK Transplant Registry on 1 April 2021. Patients registered in Dublin or as NHS Group 2 were excluded as such elective patients would only be offered a liver if all UK transplant centres declined the offer.
- 2.1.2. One and three month registration outcome was examined for a registrations either between 20 March 2015 and 19 December 2017 (N=2583) or between 20 March 2018 and 19 December 2020 (N=2609).
- 2.1.3. Six month registration outcome was also examined for a subset registered either between 20 March 2015 and 19 September 2017 (N=2320) or between 20 March 2018 and 19 September 2020 (N=2359).

2.2. TRANSPLANT LIST ACTIVITY

2.2.1. Data on 3246 patients who were either active/suspended on the UK liver transplant list on 19 March 2018 or registered between 20 March 2018 and 19 March 2021 were obtained from the UK Transplant Registry on 31 March 2021. Patients registered in Dublin were excluded.

2.3. LIVER OFFERING

- 2.3.1. Data on 10872 deceased donors (5426 DBD and 5446 DCD) from the UK whose liver was offered for transplantation between 20 March 2015 and 19 March 2021 were obtained from the UK Transplant Registry on 11 April 2021. Intestinal offers were excluded regardless of whether they required a liver or not. The data was split into two time periods:
 - 2.3.1.1. 20 March 2015 to 19 March 2018 (previous thirty-six months)
 - 2.3.1.2. 20 March 2018 to 19 March 2021 (since NLOS implementation).

2.4. TRANSPLANT ACTIVITY AND POST-TRANSPLANT SURVIVAL

2.4.1. Data on 5531 deceased donor liver transplants (4443 DBD and 1088 DCD) performed in the UK between 20 March 2015 and 19 March 2021 were also obtained from the UK Transplant Registry on 8 April 2021. Intestinal transplants involving the liver were included. The data was also split into the same two time periods as the liver offering section.

3. RESULTS

3.1. REGISTRATION ACTIVITY - OVERALL

3.1.1. **Figure 1** shows the number of new NHS Group 1 registrations on the UK liver transplant list between 20 March 2015 and 19 March 2021 by quarter and urgency status while **Table 1** compares the thirty-six months pre and post the introduction of NLOS. Although there has been an increase in elective registrations since NLOS was introduced, there was no statistically significant association between the two time periods and registration type (Fishers exact p-value=0.4).

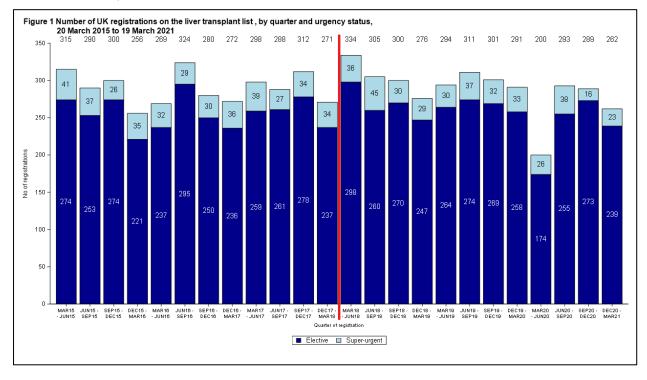


Table 1Urgency status by time period for all NHS Group 1 liver registrations in the UK,20 March 2015 to 19 March 2021							
Urgency status	Thirty-six months prior	Thirty-six months post	Total				
Elective	3075 (88)	3081 (89)	6156 (89)				
Super-urgent	400 (12)	375 (11)	775 (11)				
Total	3475 (100)	3456 (100)	6931 (100)				

3.2. REGISTRATION ACTIVITY - SUPER-URGENT

3.2.1. Table 2 compares the thirty-six months pre and post the introduction of NLOS by super-urgent category. There was no significant association between super-urgent categories and the two time periods (Chi-squared p-value=0.26). The proportion of patients registered as either category 8 (HAT on days 0 to 21) or 9 (Early graft dysfunction on days 0 to 7) was 29% and 23% in the time periods prior and post respectively. Appendix A shows the descriptions of each categories.

Table 2Super-urgent category by time period for super-urgent registrations in the UK,20 March 2015 to 19 March 2021							
Super-urgent category Thirty six months Thirty six months Total Total							
1	8 (2)	10 (3)	18 (2)				
2	26 (7)	26 (7)	52 (7)				
3	20 (5)	24 (6)	44 (6)				
4	7 (2)	7 (2)	14 (2)				
5	29 (7)	12 (3)	41 (5)				
6	135 (34)	146 (39)	281 (36)				
7	25 (6)	20 (5)	45 (6)				
8	63 (16)	42 (11)	105 (14)				
9	53 (13)	46 (12)	99 (13)				
10	8 (2)	10 (3)	18 (2)				
20	16 (4)	18 (5)	34 (4)				
Not Reported	10 (3)	14 (́4)́	24 (3)				
Total	400 (100)	375 (100)	775 (100)				

3.2.2. **Table 2a** compares the thirty-six months pre and post the introduction of NLOS by transplant number and graft number. A higher proportion of patients were registered for their second liver transplant in the thirty-six months prior than during the thirty-six months post (27% and 25% respectively). Of the patients registered for a second graft, 74% of those registered in the thirty months-six post had received a DBD transplant as their first transplant compared with 58% in the thirty-six months prior.

	Transplant number and type of previous graft by time period for super- urgent registrations in the UK, 20 March 2015 to 19 March 2021						
Registered for First transplant	Thirty-six months prior 274 (69)	Thirty-six months post 272 (73)	Total 546 (70)				
Second transplant First was a DBD tx First was a DCD tx First was a living donor tx	106 (27) 62 (58) 34 (32) 9 (8)	92 (25) 68 (74) 21 (23) 3 (3)	198 (26) 130 (66) 55 (28) 12 (6)				
Third transplant	18 (5)	11 (3)	29 (4)				
Fourth transplant	0 (0)	0 (0)	0 (0)				
Fifth transplant	1 (0) 0 (0)		1 (0)				
Total	400 (100)	375 (100)	775 (100)				

3.3. REGISTRATION ACTIVITY - ELECTIVE

3.3.1. Table 3 compares the thirty-six months pre and post the introduction of NLOS for NHS Group 1 elective registrations by age and type of patient. There was no statistically significant associations between patient age and the two time periods (Fishers exact p-value=0.49).

Table 3Type of elective patient by time period for elective registrations in the UK,
20 March 2015 to 19 March 2021

Type of patient	Thirty-six months prior	Thirty-six months post	Total	
Overall	3075 (100)	3081 (100)	6156 (100)	
Adult elective ¹	2807 (91)	2828 (92)	5635 (92)	
CLD	2039 (73)	2125 (75)	4164 (74)	
HCC	526 (19)	498 (18)	1024 (18)	
HCC downstaging	14 (0)	31 (1)	45 (1)	
Variant syndrome	222 (8)	164 (6)	386 (7)	
Hepatoblastoma	0 (0)	1 (0)	1 (0)	
Liver and cardiothoracic	3 (0)	9 (0)	12 (0)	
Paediatric elective ²	268 (9)	253 (8)	521 (8)	
Hepatoblastoma	18 (7)	40 (16)	58 (11)	
Non hepatoblastoma	250 (93)	212 (84)	462 (89)	
Liver and cardiothoracic	0 (0)	1 (0)	1 (0)	

¹ Includes 15 CLD, 4 HCC and 1 HCC Downstaging patients aged 17 years or over and weighing 40kg or under (8 in the thirty-six months prior and 12 in the thirty-six months post); 12 were dual-listed as small adults (5 in the thirty-six months prior and 7 in the thirty-six months post)

² Includes 84 non hepatoblastoma patients aged less than 17 years and weighing 40kg or over (48 in the thirty-six months prior and 36 in the thirty-six months post); 37 were dual-listed as large paediatrics (5 in the thirty-six months prior and 32 in the thirty-six months post)

- 3.3.2. **Table 4** compares the thirty-six months pre and post the introduction of NLOS for each type of adult patient registered over the last 72 months by transplant number. The majority of patients were registered for a first liver transplant and there were no statistically significant associations between graft number and the two time periods (Fishers exact p-value=0.34).
- 3.3.3. All but two of the HCC patients were registered for a first graft. Both patients registered for a second graft had a UKELD less than 49, encephalopathy grade 0 and no current ascites.

	Thirty-six months	Thirty-six months	Total
CLD ¹ (Fishers exact p	prior	post	
1 st graft	1816 (89)	1901 (90)	3717 (89)
2 nd graft	186 (9)	187 (9)	373 (9)
3 rd graft	28 (1)	32 (2)	60 (1)
4 th graft	7 (0)	3 (0)	10 (0)
6 th graft	1 (0)	0 (0)	1 (0)
HCC (Fishers exact p	-value>0.99)		
1 st graft	525 (100)	497 (100)	1022 (100)
2 nd graft	1 (0)	1 (0)	2 (0)
Variant syndrome (F	ishers exact p-value=0.66)		
1 st graft	197 (89)	151 (92)	348 (90)
2 nd graft	21 (9)	12 (7)	33 (9)
3 rd graft	2 (1)	1 (1)	3 (1)
4 th graft	2 (1)	0 (0)	2 (1)
	e² (Fishers exact p-value=0.34)		
1 st graft	2558 (91)	2590 (92)	5148 (91)
2 nd graft	208 (7)	200 (7)	408 (7)
3 rd graft	30 (1)	33 (1)	63 (1)
4 th graft	9 (0)	3 (0)	12 (0)
6 th graft	1 (0)	0 (0)	1 (0)
Total	2807 (100)	2828 (100)	5635 (100)

¹ One patient dual-listed was registered for a second graft and two patients for a first graft in the thirty-six months prior whilst two were registered for a first graft and two for a second graft and three for a third graft in the thirty-six months post

² Includes HCC downstaging and liver and cardiothoracic patients all of whom were registered for first graft

3.3.4. Table 5 shows compares the median and interquartile age at registration for the thirty-six months pre and post the introduction of NLOS for each type of adult patient registered over the last 72 months. There were no statistically significant differences in the median recipient age (Kruskal-Wallis p-value≥0.27).

	Thirty-six months prior	Thirty-six months post	Total
CLD ¹ (Kruskal-Wallis p-v	•	P	
N	2039	2125	4164
Median (IQR)	53 (44 - 60)	54 (44 - 61)	54 (44 - 61)
Range	17 - 76	17 - 74	17 - 76
HCC (Kruskal-Wallis p-va	alue=0.58)		
NÌ	526	498	1024
Median (IQR)	60 (55 - 65)	60.5 (55 - 66)	60 (55 - 65)
Range	18 - 75	18 - 75 19 - 73	
Variant syndrome (Krus	kal-Wallis p-value=0.89)		
N	222	164	386
Median (IQR)	50 (37 - 57)	49 (38.5 - 57)	49 (38 - 57)
Range	17 - 72	18 - 70	17 - 72
Overall adult elective ² (Kruskal-Wallis p-value=0.28)		
N	2807	2828	5635
Median (IQR)	55 (46 - 62)	55 (46 - 62)	55 (46 - 62)
Range	17 - 76	17 - 74	17 - 76

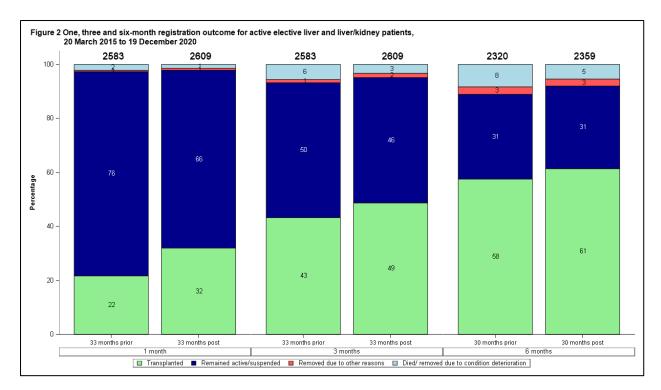
3.4. POST-REGISTRATION OUTCOME

- 3.4.1. **Table 6 and Figure 2** shows the one and three-month registration outcome for adult elective NHS Group 1 liver patients registered in the thirty-three months since the implementation of the NLOS along with the equivalent thirty-three month period in 2015/2017. There were 2609 adult elective registrations in the first thirty-three months of NLOS and 1262 (49%) received a transplant within 3 months of registration. The corresponding three-month transplant rate for patients registered during the equivalent thirty-three months in 2015/2017 was 43%. There were statistically significant differences between the time periods and registration outcome at one month and three month (Fishers exact p-value<0.0001 for both).
- 3.4.2. Table 6 and Figure 2 also show the six-month registration outcome for adult elective patients registered during the first thirty months of NLOS and the equivalent thirty month period in 2015/2017. There were statistically significant differences between the two time periods and registration outcome at six months (Fishers exact p-value<0.0001). 1444 (61%) of the 2359 registrations were transplanted within 6 months compared with 58% in the thirty months prior. However, the proportion of patients who either died on the list or were removed due to condition deterioration within six months was 5% in the thirty months post compared with 8% in the thirty months prior.</p>

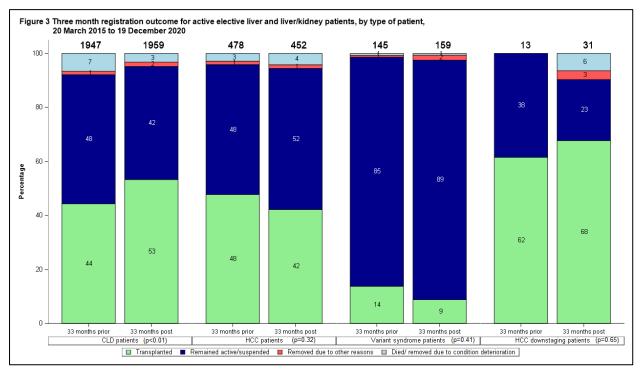
Table 6	Registration outcome for adult elective NHS Group 1 registrations on the UK liver transplant
l	list, 20 March 2015 to 19 December 2020

Registration outcome	One-month outcome ¹		Three-month outcome ¹		Six-month outcome ²	
	33 months prior	33 months post	33 months prior	33 months post	30 months prior	30 months post
Remained active/suspended	1951 (76)	1705 (66)	1289 (50)	1201 (46)	727 (31)	719 (31)
Died/ removed due to condition deterioration	58 (2)	37 (1)	144 (6)	86 (3)	194 (8)	128 (5)
Removed due to other reasons	13 (1)	20 (1)	32 (1)	41 (2)	64 (3)	61 (3)
Transplanted	561 (22)	828 (32)	1118 (43)	1262 (49)	1335 (58)	1444 (61)
Total	2583 (100)	2609 (100)	2583 (100)	2609 (100)	2320 (100)	2359 (100)
Fishers exact p-value	<0.0	0001	<0.0	0001	<0.0	0001

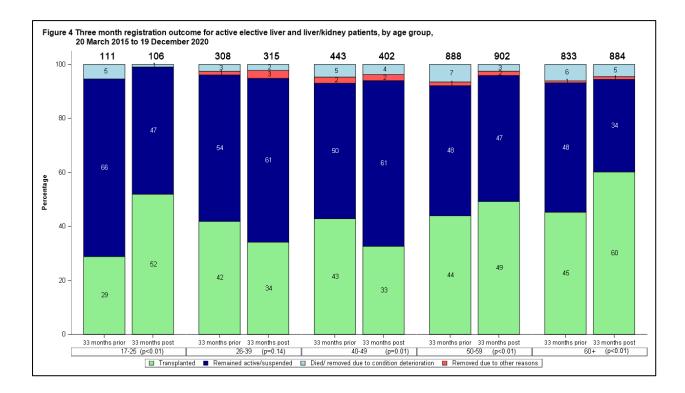
¹ 20 March 2015 to 19 December 2017 (prior) and 20 March 2018 to 19 December 2020 (post) ² 20 March 2015 to 19 September 2017 (prior) and 20 March 2018 to 19 September 2020 (post)



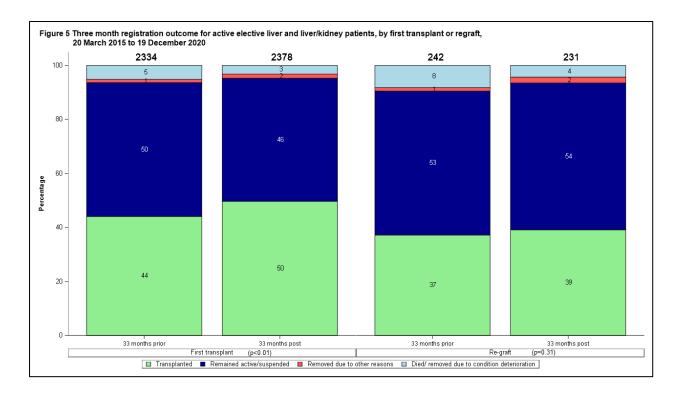
3.4.3. Figure 3 shows the three-month registration outcome by time period and type of adult elective patient. A higher proportion of new CLD and HCC downstaging registrations post NLOS were transplanted in the first three months post-registration than registrations during the same period in 2015/2017. There was a statistically significant association between three-month registration outcome and time period of registration for CLD patients (Fishers exact p-value<0.01) but not for HCC, variant syndrome, and HCC downstaging patients (Fishers exact p-value≥0.32). Equivalent charts for six-month are presented in Figure B1 in Appendix B and show consistent results with the three-month outcome chart.



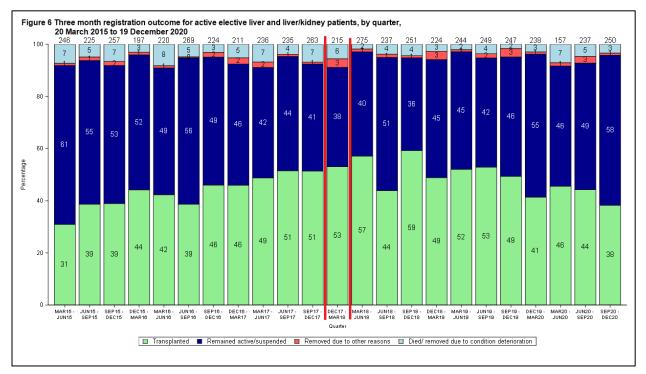
3.4.4. Figure 4 shows the three-month registration outcome by time period and age group. A higher proportion of patients aged either 17-29, 50-59 or 60+ years registered post NLOS were transplanted in the first three months post-registration than registrations during the same period in 2015/2017. There was a statistically significant association between registration outcome and time period of registration for all age groups apart from patients aged 26-39 years. Equivalent charts for six-month are presented in Figure B2 in Appendix B and show consistent results with the three-month outcome chart.



3.4.5. Figure 5 shows the three-month registration outcome by time period and whether the patient was registered for a first graft or regraft. A higher proportion of first graft patients registered post NLOS were transplanted in the first three months post-registration than registrations during the same period in 2015/2017. There was a statistically significant association between registration outcome and time period of registration for patients registered for a first graft but not for regraft patients (Fishers exact p-value<0.01 and 0.31 respectively). Equivalent charts for six-month are presented in Figure B3 in Appendix B and show consistent results with the three-month outcome chart.



3.4.6. **Figure 6** shows the three-month registration outcome by quarter. The mortality rate in the first three months ranged between 2% and 7% in the quarters since the introduction of NLOS compared with between 3% and 8% in the quarters prior. Equivalent charts for six-month are presented in **Figure B4** in **Appendix B** and show consistent results with the three-month outcome chart.



3.5. TRANSPLANT LIST ACTIVITY

- 3.5.1. Table 7 shows the outcome for 418 adult elective NHS Group 1 liver patients on the list on 19 March 2018 along with those patients joining the adult elective list in the thirty-six months since the implementation of the NLOS. Since the scheme was implemented, 2828 adult elective patients joined the liver transplant list and 1922 (68%) of the 2828 patients have received a transplant. The corresponding transplant rate for patients active on the list on 19 March 2018 was 64%.
- 3.5.2. **Table 7** also shows that 278 adult elective liver patients, either active/suspended on the list on 19 March 2018 or registered in the first thirty-six months, either passed away while on the transplant list or were removed due to their condition deteriorating between 20 March 2018 and 31 March 2021. One-hundred-and-thirteen of the 278 patients died on the list while 165 patients were removed due to their condition deteriorating. Twenty of the 165 patients died after being removed; six of the patients were active on the transplant list on 19 March 2018.
- 3.5.3. It should, however, be noted that there may be a delay in centres informing NHSBT of patient deaths.

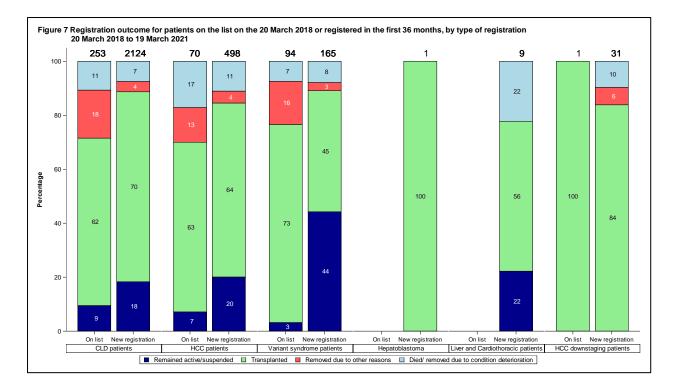
Table 7Adult elective NHS group 1 liver transplant list and new registrations in the UK,20 March 2018 to 19 March 2021 as at 31 March 2021							
Outcome of patient at 31 March 2021	Active and suspended patients at 19 March 2018 N (%)	New registrations between 20 March 2018 and 19 March 2021 ¹ N (%)	Total N (%)				
Remained active/ suspended Transplanted Removed due to other reasons Died/ removed due to condition deteriorated	32 (8) 271 (65) 69 (17) 46 (11)	564 (20) 1922 (68) 110 (4) 232 (8)	596 (18) 2193 (68) 179 (6) 278 (9)				
TOTAL	418 (100)	2828 (100)	3246 (100)				
¹ Includes re-registrations for second or subsequent transplants							

3.5.4. **Table 7A** shows the reasons for removals for the 179 patients removed from the list due to reasons other than condition deterioration. Forty five patients on the list on 20 March 2018 and 56 new registrations were removed from the list due to condition improved whilst 39 were removed due to either patient/ parent request or non-compliance.

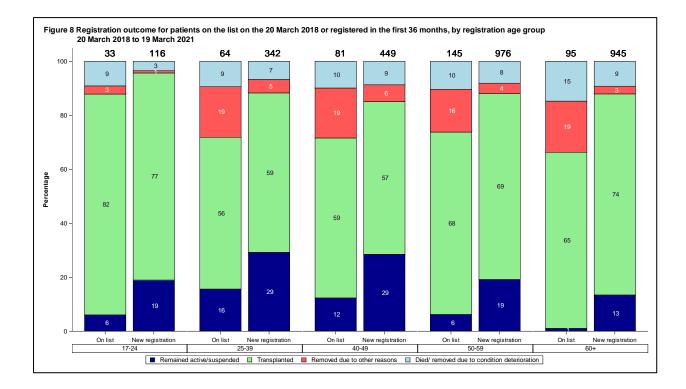
Table 7AReason for removal for 179 adult elective NHS group 1 liver transplant list and new
registrations in the UK removed from the list for reasons other than condition
deterioration, 20 March 2018 to 19 March 2021 as at 31 March 2021

	Active and suspended patients at 19 March 2018	New registrations between 20 March 2018 and 19 March 2021 ¹	Total
	N (%)	N (%)	N (%)
Condition improved	45 (65%)	56 (51%)	101 (56)
Patient/parent request	8 (12%)	6 (5%)	14 (8)
Patient/ non-compliant	8 (12%)	17 (15%)	25 (14)
Registered on super-urgent list	0 (0%)	4 (4%)	4 (2)
Patient fallen outside of agreed listing criteria	1 (1%)	8 (7%)	9 (5)
Other	7 (10%)	19 (17%)	26 (15)
TOTAL	69 (100)	110 (100)	179 (100)
¹ Includes re-registrations for	second or subsequent tran	splants	

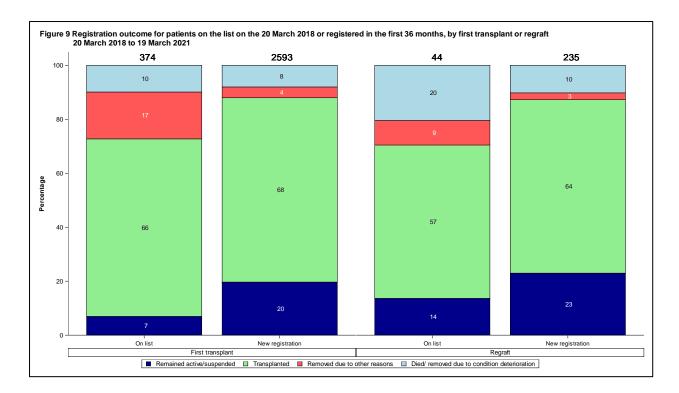
3.5.5. **Figure 7** shows the registration outcome by whether the patients were on the list on 20 March 2018 and type of adult elective patient. A higher proportion of new CLD and HCC registrations were transplanted in the first thirty-six months than patients on the list on 20 March 2018. Due to the offering scheme, a higher proportion of variant syndrome patients on the list were transplanted compared with new registrations. There were statistically significant associations between registration outcome and time period of registration for, separately, CLD, HCC and variant syndrome patients (Fishers exact p-value<0.002).



3.5.6. **Figure 8** shows the registration outcome by whether the patients were on the list on 20 March 2018 and age group. A higher proportion of new registrations were transplanted in the first thirty-six months than patients on the list on 20 March 2018 in all age groups apart from 17-24 and 40-49 year olds. There were statistically significant associations between registration outcome and time period of registration for all age groups apart from those aged 17-24 years (Fishers exact p-value<0.01 for 25-39, 40-49, 50-59, 60+ and p-value=0.10 for 17-24).



3.5.7. **Figure 9** shows the registration outcome by whether the patients were on the list on 20 March 2018 and whether the patients were registered for their first transplant or regraft. A higher proportion of new registrations were transplanted in the first thirty-six months than patients on the list on 20 March 2018 for first registrations and regrafts. There was a statistically significant association between registration outcome and time period of registration for first grafts (Fishers exact p-value<0.0001) and for regrafts (Fishers exact p-value=0.03).



3.5.8. Twenty-five patients listed for a regraft, either on the list on 20 March 2018 or registered during the thirty-six months post NLOS, were removed from the transplant list (regardless of reason). Of these twenty-five patients, ten were on the list on the 20 March 2018 and fifteen were registered in the first thirty-six months of NLOS. **Table 8** shows the reasons for removal from the transplant list for each of the 25 patients. No additional patients have been removed from the list since the last report.

Table 8	Reasons for	removal for 25 re	graft patien	ts remo	ved from the transpla	nt list
Patient number	Centre	Month removed	Time from previous tx	Time on the list	Reason for removal	Other reasons given
Patients	on the list on	20 March 2018		not		
1	Birmingham	March 2018	1940	2562	Condition deteriorated	Deterioration of Hocum therefore not fit for OLTX
2	Kings College	May 2018	1178	266	Condition improved	
3	Birmingham	July 2018	1106	247	Condition improved	
4	Kings College	August 2018	40	596	Condition deteriorated	Awaiting cardiology review, episode of SVT yesterday
5	Kings College	May 2018	527	212	Condition deteriorated	
6	Royal Free	March 2019	2220	392	Condition improved	
7	Cambridge	February 2019	1903	337	Condition deteriorated	Further investigations required for anaemia and cardiac function
8	Birmingham	November 2019	5275	879	Condition deteriorated	Pt requires full assessment for retransplant now, after a long period of suspension on the waiting list since Aug 2018. Deemed medically too high risk to receive a transplant
9	Kings College	February 2020	808	604	Condition deteriorated	Requires Haematology review and bone marrow biopsy due to neutropenia.
10	Birmingham	July 2020	5537	764	Other	Patient now for palliative care in their local hospital
Patient r	egistered betv	veen 20 March 20	18 and 19 M	larch 20	20	
11	Kings College	December 2018	2799	24	Condition deteriorated	Has extra hepatic collections, needs addressing
12	Kings College	April 2018	1245	2	Other	At patients request
13	Kings College	September 2018	1220	55	Condition deteriorated	Patient has developed lung cancer
14	Royal Free	April 2019	2736	6	Condition deteriorated	Patient has deteriorated and is no longer a transplant candidate.
15	Birmingham	June 2019	2564	74	Condition improved	
16	Cambridge	September 2019	158	150	Condition deteriorated	HCC in nodes outsides liver
17	Royal Free	October 2019	3351	66	Condition deteriorated	Patient has developed multi- organ failure, rising lactate in the context of sepsis.
18	Cambridge	December 2019	49	13	Condition improved	Clinically improving. No longer has an indication for transplant
19	Edinburgh	January 2020	179	117	Condition Deteriorated	HCC metastases
20	Kings College	February 2020	7655	164	Condition Deteriorated	super urgent request sent through via National appeal.
21	Royal Free	February 2020	103	30	Condition improved	OPA 13.2.20
22	Cambridge	February 2020	645	93	Condition improved	

23	Newcastle	March 2020	6929	10	Condition		
					deteriorated		
24	Kings	July 2020	2907	609	Condition		
	College				deteriorated		
25	Cambridge	September 2020	56	1	Condition improved	Not clinically urgent	

3.6. LIVER OFFERING

- 3.6.1. Table 9 shows the overall UK deceased donor liver offering outcome between 20 March 2015 and 19 March 2021, by donor type and time period. In the first thirty-six months of the scheme, 2784 DBD livers were offered for transplantation compared with 2632 during the thirty-six months prior to the implementation. Of the livers offered, 2400 (86%) were retrieved for the purposes of transplantation and 2085 (87%) were transplanted (all but 14 were transplanted in the UK). The proportion of DBD livers offered and retrieved is very similar to the percentage for the thirty-six months prior to the introduction of the new scheme.
- 3.6.2. Solid organs were not retrieved from 184 DBD donors and 1053 DCD donors whose liver was offered for transplantation. **Table 9**, therefore, also shows the liver offering outcome for donors where at least one solid organ was retrieved for the purposes of transplantation.
- 3.6.3. **Table 10** shows, separately, the reasons for not offering, not retrieving and not transplanting livers by donor type and time period. The number in brackets are the corresponding values for solid organ donors where at least one organ was retrieved for the purposes of transplantation.
- 3.6.4. During the first thirty-six months, 34 DBD livers were not offered due to consent/ authorisation being refused by either the family or coroner. The main reason for declining and not retrieving was organ unsuitable (n=186) and other reasons (n=101).
- 3.6.5. Three hundred and fifteen DBD livers were retrieved for the purposes of transplantation but were not transplanted in the first thirty-six months of the new scheme. 197 of these 315 livers were not transplanted due to other reasons whilst 90 were not transplanted due to organ unsuitable, 19 due to donor medical history, 7 due to poor function and two due to donor non-medical reasons.
- 3.6.6. All fourteen livers transplanted overseas in the first thirty-six months were transplanted into super-urgent patients in Dublin.

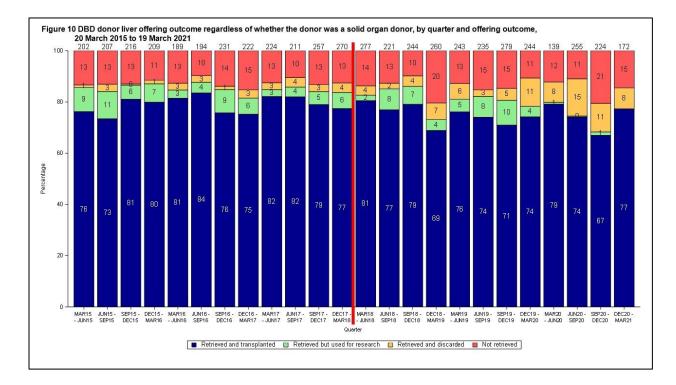
Table 9 Overall deceased donor liver offering outcome, 20 March 2015 to 19 March 2021,as at 11 April 2021

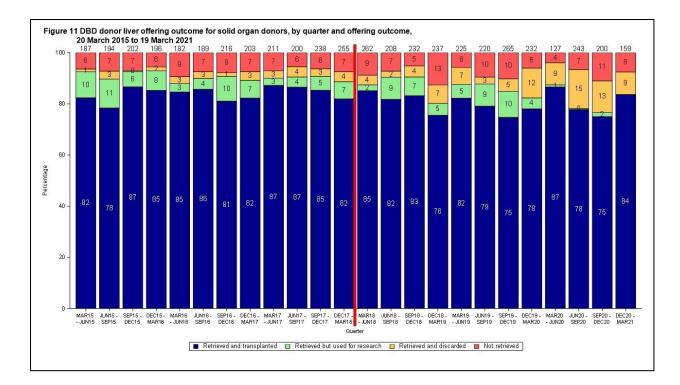
	DBD	liver	DCD	liver
	Thirty-six	Thirty-six	Thirty-six	Thirty-six
	months prior	months post	months prior	months post
1. ALL DECEASED DONORS Number donors	2862	3019	3438	3215
Liver not offered for donation Liver offered for donation	230 (8) 2632 (92)	225 (7) 2794 (93)	606 (18) 2832 (82)	601 (19) 2614 (81)
Liver not retrieved (% offered) Liver retrieved (% offered)	333 (13) 2299 (87)	394 (14) 2400 (86)	1952 (69) 880 (31)	1900 (73) 714 (27)
Liver transplanted overseas (% retrieved) Liver transplanted in the UK (% retrieved)	13 (1) 2062 (90)	14 (1) 2071 (86)	0 (0) 607 (69)	0 (0) 480 (67)
Liver not transplanted (% retrieved)	224 (10)	315 (13)	273 (31)	234 (33)
Liver used for research (% not transplanted)	161 (72)	125 (40)	195 (71)	106 (45)
2. ALL SOLID ORGAN DONORS Number donors	2559	2684	1760	1683
Liver not offered for donation Liver offered for donation	86 (3) 2473 (97)	74 (3) 2610 (97)	107 (6) 1653 (94)	122 (7) 1561 (93)
Liver not retrieved (% offered) Liver retrieved (% offered)	174 (7) 2299 (93)	210 (8) 2400 (92)	773 (47) 880 (53)	847 (54) 714 (46)
Liver transplanted overseas (% retrieved) Liver transplanted in the UK (% retrieved)	13 (1) 2062 (90)	14 (1) 2071 (86)	0 (0) 607 (69)	0 (0) 480 (67)
Liver not transplanted (% retrieved)	224 (10)	315 (13)	273 (31)	234 (33)
Liver used for research (% not transplanted)	161 (72)	125 (40)	195 (71)	106 (45)

Table 10 Reasons for non-retrieval and non-use of livers from deceased donors (solidorgan donors), 20 March 2015 to 19 March 2021, as at 11 April 2021

	DBD	liver	DC	D liver
	Thirty-six months prior	Thirty-six months post	Thirty-six months prior	Thirty-six months post
REASONS NOT OFFERED	months prior	montins post	months prior	months post
Family permission not sought	1 (1)	1 (1)	5 (2)	3 (3)
Family permission refused	57 (28)	21 (11)	91 (14)	30 (9)
Permission refused by coroner	37 (15)	12 (7)	36 (8)	23 (11)
Donor unsuitable - age	2 (2)	0 (0)	31 (8)	41 (19)
Donor unsuitable - past history	62 (33)	57 (43)	177 (58)	129 (57)
Donor unstable	7 (0)	2 (0)	21 (3)	3 (1)
Donor unsuitable - size	0 (0)	0 (0)	0 (0)	1 (1)
Poor function	4 (2)	11 (10)	27 (8)	30 (14)
Infection	0 (0)	0 (0)	5 (0)	1 (0)
Other disease	0 (0)	0 (0)	0 (0)	1 (0)
Organ damaged	0 (0)	0 (0)	0 (0)	1 (1)
Ischaemia time too long - warm	0 (0)	0 (0)	0 (0)	1 (1)
Donor unsuitable - virology Donor unsuitable - medical reason	6 (1) 1 (1)	0 (0) 0 (0)	3 (0) 2 (0)	1 (.) 0 (0)
Other	22 (2)	12 (2)	102 (5)	52 (5)
Not reported	31 (1)	109 (0)	102 (3)	284 (0)
Not reported	31(1)	103 (0)	100(1)	204 (0)
Total not offered	230 (86)	225 (74)	606 (107)	601 (122)
REASONS FOR NON-RETRIEVAL				
Donor				
Donor unsuitable - medical	41 (7)	35 (8)	30 (3)	35 (8)
Donor unsuitable - non medical	14 (3)	16 (8)	75 (37)	64 (41)
Donor age	7 (5)	8 (6)	381 (157)	438 (203)
Organ Organ unsuitable - clinical	151 (85)	186 (116)	475 (242)	524 (285)
Poor function	37 (29)	48 (29)	147 (79)	130 (80)
Other	07 (20)	40 (23)	147 (13)	100 (00)
Other	83 (45)	101 (43)	844 (255)	709 (230)
Total offered, not retrieved	333 (174)	394 (210)	1952 (773)	1900 (847)
REASONS RETRIEVED BUT NOT				
TRANSPLANTED				
Donor		10 (10)		10 (10)
Donor unsuitable - medical	17 (17)	19 (19)	12 (12)	13 (13)
Donor unsuitable - non medical	3 (3)	2 (2)	2 (2)	5 (5)
Donor age Organ	0 (0)	0 (0)	0 (0)	0 (0)
Organ unsuitable - clinical	87 (87)	90 (90)	90 (90)	52 (52)
Poor function	2 (2)	7 (7)	0 (0)	6 (6)
Other	_ (_/	. (. /	- (-)	- (-)
Other	115 (115)	197 (197)	169 (169)	158 (158)
Total retrieved, not transplanted	224 (224)	315 (315)	273 (273)	234 (234)

- 3.6.7. **Figure 10** shows the DBD liver offering outcome for all livers offered regardless of whether any solid organs were retrieved for the purposes of transplantation. **Figure 10** shows that 277 livers were offered during the first quarter of NLOS which was the second highest number of livers offered during the 5 year period.
- 3.6.8. The percentage of organs retrieved and transplanted per quarter ranged from 73% to 84% in the thirty-six months prior and 67% to 81% in the thirty-six months post the introduction of NLOS. The percentage of livers retrieved and used for research ranged between 3% and 11% in the thirty-six months prior and 0% to 10% for the thirty-six months post the introduction of NLOS.
- 3.6.9. **Figure 11** shows the equivalent information for all solid organ donors where the liver was offered for transplantation and at least one organ (not necessarily the liver) was retrieved for the purposes of transplantation.

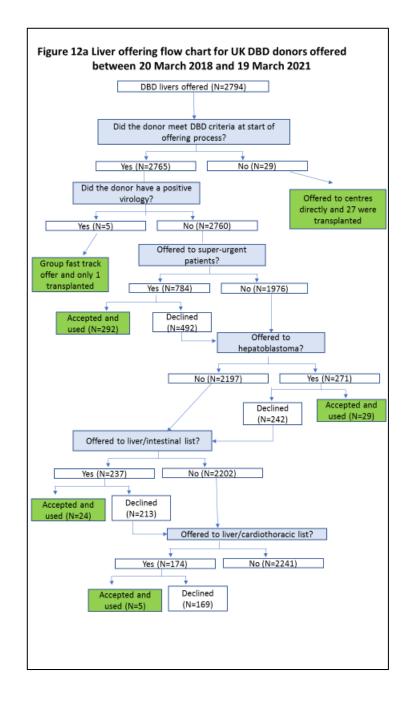


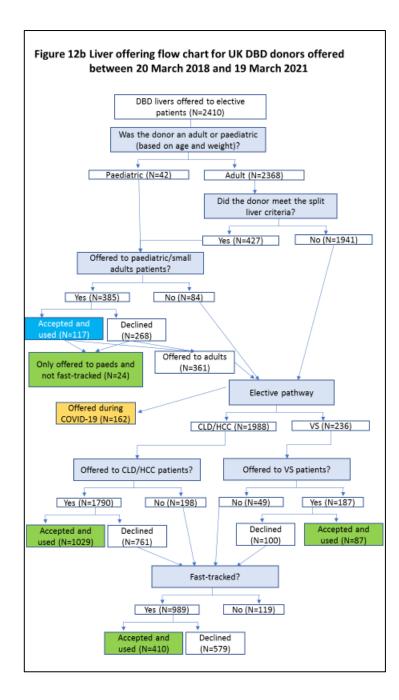


- 3.6.10. Figure 12a show the number of livers offered during the first thirty-six months of the new scheme at each stage of the liver offering pathway up to and including the liver and cardiothoracic section. Livers offered during COVID are included in Figure 12a but excluded at the elective stage of Figure 12b. 29 of the 2794 donors did not meet the DBD criteria at the start of the offering process and 27 were retrieved and transplanted. These livers are hence excluded from the offering pathway.
- 3.6.11. Livers from 292 donors meeting the DBD criteria were accepted and transplanted into superurgent patients (including 14 super-urgent patients in Dublin). Two hundred and seventy one livers were offered to hepatoblastoma patients and 29 were accepted and transplanted. Two hundred and thirty seven livers were offered to the liver and intestinal list and 24 were accepted and transplanted. Please note that a liver accepted and used at any stage may have been provisionally offered on to elective patients or fast-tracked before being accepted and used. These have not been included in the number of livers offered in later stages along with livers that may have been accepted, split and transplanted into two patients.
- 3.6.12. One hundred and seventy four livers were offered to liver and cardiothoracic patients and five were accepted and transplanted combined liver and cardiothoracic patients.
- 3.6.13. **Figure 12b** shows the number of livers that were offered to elective patients and hadn't been accepted and used for super-urgent, hepatoblastoma, liver/intestinal and liver/cardiothoracic patients. Of the 2410 livers offered to elective patients, 2368 were adult donors and 42 were paediatric donors (aged less than 16 years or weighing 40 kg or less). 427 adult donors met the split criteria and 385 livers were offered to paediatric centres for paediatric/small adult patients.

117 of the 385 livers were accepted and transplanted. Twenty-four livers were only offered to paediatric patients and not offered to elective adult patient or fast-tracked.

- 3.6.14. 162 livers were offered to elective patients between 27 March and 9 July 2020.
- 3.6.15. Eighty nine percent of livers offered to elective patients were randomly allocated to the elective CLD/HCC pathway while eleven percent were allocated to the variant syndrome pathway. Of the 1988 livers allocated to the CLD/HCC pathway, 1790 (90%) were offered to named patients and 1029 (57%) were accepted and transplanted. Of the 236 livers allocated to the VS pathway, 187 (79%) were offered and 87 (47%) were accepted and transplanted.





3.6.16. Table 11 shows the number of liver offers made to each UK liver transplant centre in either the thirty-six months prior to the new scheme or during the first thirty-six months of the new scheme. Livers offered to intestinal patients have been excluded. The number of offers made to UK liver transplant centres has increased by 60% from 8096 to 12988.

	r of DBD liver only o ch 2015 to 19 March	offers (excludes intesti 2021	nal offers) per UK	transplant centre,	
Centre offered	Thirty-six mont No. of offers (no. of donors)	ths prior to NLOS Median number (IQR) of offers per donor	Thirty-six mor No. of offers (no. of donors)	nths post NLOS Median number (IQR) of offers per donor	% increase in offers
A. All liver offers					
Newcastle	944 (903)	1 (1, 1)	1420 (1172)	1 (1, 1)	50%
Leeds	1357 (1187)	1 (1, 1)	2010 (1469)	1 (1, 2)	48%
Cambridge	941 (875)	1 (1, 1)	1405 (1156)	1 (1, 1)	49%
Royal Free	1051 (949)	1 (1, 1)	1519 (1248)	1 (1, 1)	45%
Kings College	1429 (1223)	1 (1, 1)	2730 (1800)	1 (1, 2)	91%
Birmingham	1348 (1151)	1 (1, 1)	2414 (1659)	1 (1, 2)	79%
Edinburgh	1026 (961)	1 (1, 1)	1490 (1236)	1 (1, 1)	45%
Total	8096 (2632)	2 (1, 5)	12988 (2794)	4 (2, 8)	60%
B. All liver offers for	livers ultimately trar	nsplanted	I		
Newcastle	481 (458)	. 1 (1, 1)	739 (612)	1 (1, 1)	54%
Leeds	850 (747)	1 (1, 1)	1172 (859)	1 (1, 2)	38%
Cambridge	489 (447)	1 (1, 1)	763 (637)	1 (1, 1)	56%
Royal Free	579 (521)	1 (1, 1)	808 (659)	1 (1, 1)	40%
Kings College	896 (763)	1 (1, 1)	1714 (1163)	1 (1, 2)	91%
Birmingham	862 (728)	1 (1, 1)	1488 (1057)	1 (1, 2)	73%
Edinburgh	567 (528)	1 (1, 1)	777 (640)	1 (1, 1)	37%
Total	4724 (2075)	1 (1, 3)	7461 (2085)	2 (1, 5)	58%

3.6.17. Table 12 shows, for livers that were ultimately transplanted, the outcome of liver offers made to each UK liver transplant centre in either the thirty-six months prior to the new scheme or during the first thirty-six months of the new scheme. It also shows the offer outcome after excluding fasttrack offers that were not accepted and transplanted (i.e. declined or accepted and not used fasttrack offers) as well as livers offered from either DCD or positive virology donors. It should be noted that offers of left and right lobes are included. The proportion of offers accepted and not used has increased for both all liver only offers and all offers excluding non-transplanted fasttrack offers.

Table 12	Offer outcome for DBD livers that were offered and ultimately transplanted, 20 March 2015 to 19 March 2021, by centre, time period and offer
	outcome

		Thirty-six months prior t	to NLOS (N (%))		Thirty-six months post to NLOS (N (%))				
Centre offered	Declined	Accepted but subsequently declined	Accepted and transplanted	Total	Declined	Accepted but subsequently declined	Accepted and transplanted	Total	
A. All liver only	y offers		-				-		
Newcastle	364 (76)	10 (2)	107 (22)	481	634 (86)	18 (2)	87 (12)	739	
Leeds	452 (53)	45 (5)	353 (42)	850	750 (64)	129 (11)	293 (25)	1172	
Cambridge	259 (53)	17 (3)	213 (44)	489	529 (69)	45 (6)	189 (25)	763	
Royal Free	288 (50)	21 (4)	270 (47)	579	446 (55)	101 (13)	261 (32)	808	
Kings College	361 (40)	43 (5)	492 (55)	896	982 (57)	183 (11)	549 (32)	1714	
Birmingham	312 (36)	41 (5)	509 (59)	862	738 (50)	194 (13)	556 (37)	1488	
Edinburgh	315 (56)	9 (2)	243 (43)	567	492 (63)	65 (8)	220 (28)	777	
Total	2351 (50)	186 (4)	2187 (46)	4724	4571 (61)	735 (10)	2155 (29)	7461	
B Excluding fa	ast-track offer	s that were not accept	ed and transpla	anted or a	ll nositive vi	irology/ DCD offers			
Newcastle	302 (72)	10 (2)	107 (26)	419	318 (76)	16 (4)	85 (20)	419	
Leeds	395 (50)	43 (5)	353 (45)	791	515 (56)	117 (13)	288 (31)	920	
Cambridge	208 (48)	16 (4)	213 (49)	437	301 (58)	38 (7)	184 (35)	523	
Royal Free	234 (45)	20 (4)	270 (52)	524	246 (41)	94 (16)	257 (43)	597	
Kings College	323 (38)	42 (5)	492 (57)	857	766 (52)	163 (11́)	541 (37)	1470	
Birmingham	273 (33)	41 (5)	509 (62)	823	565 (44)	176 (14)	553 (43)	1294	
Royal Free	244 (49)	9 (2)	243 (49)	496	220 (44)	61 (12)	219 (44)	500	
	1979 (46)	181 (4)	2187 (50)	4347	2931 (51)	665 (12)	2127 (37)		

- 3.6.18. 4170 (32%) of the 12988 offers made in the first 36 months post NLOS were to named recipients. All offers between 27 March and 9 July 2020 are excluded as centres were offered livers for any clinically urgent patient rather than named patients.
- 3.6.19. The number of named patient offers per donor ranged between 1 and 10 with a median of one named patient offers per donor. The number of named offers per patient ranged between 1 and 27 with a median of two offers per patient. Twenty-two patients at 6 centres were offered 11 or more livers in the thirty-six month time period (nine were offered 11 livers, 4 were offered 12 livers, 4 were offered 13 livers, 2 were offered 14 livers, 2 were offered 17 and 1 was offered 27 livers).
- 3.6.20. **Table 13** shows the outcome of named patient liver offers made during the first thirty-six months of the new scheme by type of patient and, for Chronic Liver Disease (CLD) patients, aetiology. It also shows the offer outcome after excluding named patients offers for livers that were ultimately not transplanted. Overall, forty-five percent of named patient offers were accepted and 27% were accepted and transplanted. The number of transplants will not agree with the flow chart in **Figure 12A** as **Table 13** includes all elective named patient offers and will include livers that were offered as a right lobe after being accepted for super-urgent and hepatoblastoma patients.
- 3.6.21. **Table 14** shows the outcome of named patient liver offers made during the first thirty-six months of the new scheme by type of patient and centre for CLD/HCC patients while **Table 14A** shows the equivalent information for variant syndrome patients. The proportion transplanted by centre ranged between 17% and 33% for elective CLD/HCC patients and 6% to 35% for elective variant syndrome patients.
- 3.6.22. **Table 15** shows the outcome of named patient liver offers made during the first thirty-six months of the new scheme by type of patient and blood group, separately, for CLD/HCC patients and variant syndrome patients.
- 3.6.23. **Table 16** shows the outcome of HCC named patient liver offers made during the first thirty-six months of the new scheme by UKELD, current ascites and encephalopathy grade. The majority of patients offered a liver had a UKELD of 54 or greater at offering and had no or mild ascites and encephalopathy grade 0.

Table 13	Offer outcome for named elective patient offers made between 20 March 2018 and 19 March 2021 (excluding 27 March 2020 to 9 July 2020), by aetiology									
		Offe	r outcome for all	named patient off	ers	Offer outcome for all named patient offers for livers that we ultimately transplanted				
Type of patient	Disease group Disease	Declined	Accepted but not used	Transplanted	Total	Declined	Accepted but not used	Transplanted	Total	
Chronic Liver	group Hepatitis C	56 (55)	16 (16)	30 (29)	102	30 (43)	9 (13)	30 (43)	69	
Disease (CLD)	ALD Hepatitis B	570 (51) 14 (41)	231 (20) 3 (9)	326 (29) 17 (50)	1127 34	310 (42) 13 (42)	101 (14) 1 (3)	326 (44) 17 (55)	737 31	
	PSC PBC	209 (53) 160 (52)	76 (19) 52 (17)	112 (28) 94 (31)	397 306	137 (48) 92 (43)	37 (13) 30 (14)	112 (39) 94 (44)	286 216	
	AID Metabolic	168 (51) 410 (57)	67 (20) 114 (16)	94 (29) 196 (27)	329 720	108 (45) 232 (48)	40 (17) 53 (11)	94 (39) 196 (41)	242 481	
	Other Retransplant	70 (63) 290 (61)	17 (15) 82 (17)	25 (22) 101 (21)	112 473	45 (55) 186 (54)	12 (15) 55 (16)	25 (30) 101 (30)	82 342	
Hepatocellular c	arcinoma									
(HCC)		91 (51)	37 (21)	51 (28)	179	60 (46)	20 (15)	51 (39)	131	
Total elective C	LD/HCC	2038 (53)	695 (18)	1046 (28)	3779	1213 (46)	358 (14)	1046 (40)	2617	
Variant syndrom	ne	230 (59)	74 (19)	87 (22)	391	143 (53)	39 (14)	87 (32)	269	
Total named pa	atient offers	2268 (54)	769 (18)	1133 (27)	4170	1356 (47)	397 (14)	1133 (39)	2886	

Table 14	July 2020), by a				- Dermeell 7	LU IVIAI CII 2018 8	anu 19 March 202	1 (excluding 27 Ma	1011 2020 10
		Offer outcome for all named patient offers						atient offers for liv transplanted	vers that we
Type of patient	Centre	Declined	Accepted but not used	Transplanted	Total	Declined	Accepted but not used	Transplanted	Total
Chronic Liver	Newcastle	233 (75)	27 (9)	50 (16)	310	140 (71)	8 (4)	50 (25)	198
Disease (CLD)	Leeds	221 (50)	96 (22)	128 (29)	445	121 (41)	47 (16)	128 (43)	296
(, , , , , , , , , , , , , , , , , , ,	Cambridge	273 (64)	57 (13)	95 (22)	425	171 (58)	29 (10)	95 (32)	295
	Royal Free	262 (52)	108 (21)	133 (26)	503	163 (44)	72 (20)	133 (36)	368
	Kings College	440 (54)	136 (17)	233 (29)	809	263 (48)	54 (10)	233 (42)	550
	Birmingham	302 (43)	170 (24)	230 (33)	702	160 (33)	92 (19)	230 (48)	482
	Edinburgh	216 (53)	64 (16)	126 (31)	406	135 (45)	36 (12)	126 (42)	297
lepatocellular	Newcastle	2 (25)	1 (13)	5 (63)	8	2 (29)	0 (0)	5 (71)	13
arcinoma	Leeds	14 (39)	12 (33)	10 (28)	36	9 (33)	8 (30)	10 (37)	27
HCC)	Cambridge	19 (83)	1 (4)	3 (13)	23	14 (78)	1 (6)	3 (17)	18
	Royal Free	7 (35)	4 (20)	9 (45)	20	5 (31)	2 (13)	9 (56)	16
	Kings College	15 (50)	7 (23)	8 (27)	30	10 (45)	4 (18)	8 (36)	22
	Birmingham	18 (60)	4 (13)	8 (27)	30	9 (45)	3 (15)	8 (40)	20
	Edinburgh	16 (50)	8 (25)	8 (25)	32	11 (52)	2 (10)	8 (38)	21
otal elective	Newcastle	235 (74)	28 (9)	55 (17)	318	142 (69)	8 (4)	55 (27)	205
LD/HCC	Leeds	235 (49)	108 (22)	138 (29)	481	130 (40)	55 (17)	138 (43)	323
	Cambridge	292 (65)	58 (13)	98 (22)	448	185 (59)	30 (10)	98 (31)	313
	Royal Free	269 (51)	112 (21)	142 (27)	523	168 (44)	74 (19)	142 (37)	384
	Kings College	455 (54)	143 (17)	241 (29)	839	273 (48)	58 (10)	241 (42)	572
	Birmingham	320 (44)	174 (24)	238 (33)	732	169 (34)	95 (19)	238 (47)	502
	Edinburgh	232 (53)	72 (16)	134 (31)	438	146 (46)	38 (12)	134 (42)	318

Table 14A	Offer outcome 2020 to 9 July),			drome patient offe	ers made b	etween 20 Marc	h 2018 and 19 Ma	rch 2021 (excludin	g 27 March
		Offe	ffer outcome for all named patient offers			Offer outcome for all named patient offers for livers t ultimately transplanted			
Type of patient	Centre	Declined	Accepted but not used	Transplanted	Total	Declined	Accepted but not used	Transplanted	Total
Variant	Newcastle	13 (76)	3 (18)	1 (6)	17	6 (75)	1 (13)	1 (13)	8
syndrome	Leeds	39 (62)	9 (14)	15 (24)	63	21 (49)	7 (16)	15 (35)	43
	Cambridge	12 (57)	6 (29)	3 (14)	21	6 (60)	1 (10)	3 (30)	10
	Royal Free	11 (48)	4 (17)	8 (35)	23	7 (39)	3 (17)	8 (44)	18
	Kings College	101 (63)	29 (18)	31 (19)	161	72 (6Ó)	17 (14)	31 (26)	120
	Birmingham	36 (46)	18 (23)	24 (31)	78	19 (37)	8 (16)	24 (47)	51
	Edinburgh	18 (64)	5 (Ì8)	5 (18)	28	12 (63)	2 (11)	5 (26)	19

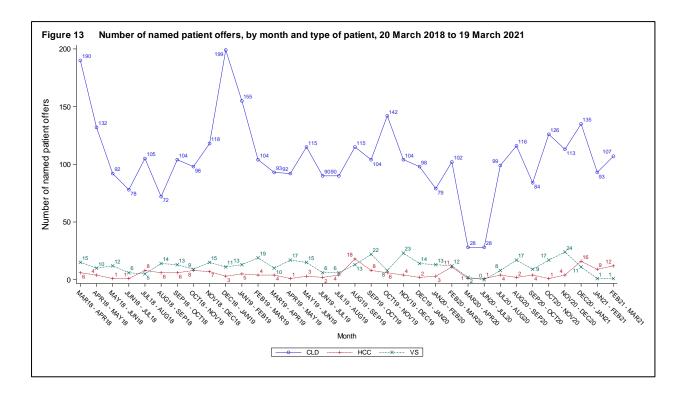
Table 15	Offer outcome July 2020), by			oatient offers made	e between 2	20 March 2018 a	and 19 March 202	1 (excluding 27 Ma	rch 2020 te
		Offe	r outcome for all	named patient offe	ers	Offer outcor		atient offers for liv transplanted	ers that w
Type of patient	Blood group	Declined	Accepted but	Transplanted	Total	Declined	Accepted but	Transplanted	Total
Chronic Liver	0	955 (56)	not used	102 (26)	1529	513 (48)	not used	403 (38)	1066
Disease (CLD)	O A	855 (56) 800 (53)	271 (18) 281 (19)	403 (26) 419 (28)	1529	482 (46)	150 (14) 142 (14)	403 (38) 419 (40)	1066
	B	181 (51)	69 (19)	105 (30)	355	97 (42)	31 (13)	105 (45)	233
	AB	111 (51)	37 (17)	68 (31)	216	61 (42)	15 (10)	68 (47)	144
Hepatocellular	0	26 (47)	13 (24)	16 (29)	55	18 (45)	6 (15)	16 (40)	40
carcinoma	A	49 (60)	10 (12)	23 (28)	82	32 (52)	6 (10)	23 (38)	61
(HCC)	В	9 (43)	8 (38)	4 (19)	21	5 (38)	4 (31)	4 (31)	13
. ,	AB	7 (33)	6 (29)	8 (38)	21	5 (29)	4 (24)	8 (47)	17
Total elective	0	881 (56)	284 (18)	419 (26)	1584	531 (48)	156 (14)	419 (38)	1106
CLD/HCC	Α	849 (54)	291 (18)	442 (28)	1582	514 (47)	148 (13)	442 (40)	1104
	В	190 (51)	77 (20)	109 (29)	376	102 (41)	35 (14)	109 (44)	246
	AB	118 (50)	43 (18)	76 (32)	237	66 (41)	19 (12)	76 (47)	161
Variant	0	139 (62)	37 (17)	47 (21)	223	92 (59)	17 (11)	47 (30)	156
syndrome	Α	75 (55)	30 (22)	32 (23)	137	44 (47)	17 (18)	32 (34)	93
	В	10 (43)	6 (26)	7 (30)	23	5 (31)	4 (25)	7 (44)	16
	AB	6 (75)	1 (13)	1 (13)	8	2 (50)	1 (25)	1 (25)	4

UKELD < 49		Off	er outcome for all na	med patient offe	rs	Offer outcor		atient offers for liv	vers that we
UKELD < 49	scites and encephalopathy grade	Declined		Transplanted	Total	Declined	Accepted but	Transplanted	Total
Wild ascites and encephalopathy grade 0 1 (100) 0 (0) 0 (0) 1 1 (100) 0 (0) Moderate ascites and encephalopathy grade 0 2 (67) 1 (33) 0 (0) 3 1 (100) 0 (0) IVELD 49 - 53 12 (48) 6 (24) 7 (28) 25 7 (39) 4 (22) Vild ascites and encephalopathy grade 0 12 (48) 6 (24) 7 (28) 25 7 (39) 4 (22) Vild ascites and encephalopathy grade 0 2 (50) 2 (50) 0 (0) 2 1 (100) 0 (0) Severe ascites and encephalopathy grade 0 1 (50) 1 (50) 0 (0) 2 2 (100) 0 (0) No ascites and encephalopathy grade 1 3 (100) 0 (0) 0 (0) 2 2 (100) 0 (0) No ascites and encephalopathy grade 1 0 (0) 0 (0) 0 (0) 1 0 (0) 0 (0) Moderate ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) Vild ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) JKELD 54 or over Vild	KELD < 49								
Moderate ascites and encephalopathy grade 0 2 (67) 1 (33) 0 (0) 3 1 (100) 0 (0) FOTAL 19 (53) 7 (19) 10 (28) 36 11 (44) 4 (16) JKELD 49 - 53 No ascites and encephalopathy grade 0 12 (48) 6 (24) 7 (28) 25 7 (39) 4 (22) Wild ascites and encephalopathy grade 0 2 (50) 2 (50) 0 (0) 2 1 (100) 0 (0) Severe ascites and encephalopathy grade 0 1 (50) 1 (50) 0 (0) 2 2 (100) 0 (0) No ascites and encephalopathy grade 1 3 (100) 0 (0) 0 (0) 2 2 (100) 0 (0) Severe ascites and encephalopathy grade 1 3 (100) 0 (0) 0 (0) 2 2 (100) 0 (0) No ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) Moderate ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) Moderate ascites and encephalopathy grade 0 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) JKELD 54	o ascites and encephalopathy grade 0	16 (50)	6 (19)	10 (31)	32	9 (39)	4 (17)	10 (43)	23
TOTAL 19 (53) 7 (19) 10 (28) 36 11 (44) 4 (16) UKELD 49 - 53 Io ascites and encephalopathy grade 0 12 (48) 6 (24) 7 (28) 25 7 (39) 4 (22) Io ascites and encephalopathy grade 0 2 (50) 2 (50) 0 (0) 4 2 (50) 2 (50) Moderate ascites and encephalopathy grade 0 1 (50) 1 (50) 0 (0) 2 1 (100) 0 (0) Io ascites and encephalopathy grade 0 2 (100) 0 (0) 0 (0) 2 2 (100) 0 (0) Io ascites and encephalopathy grade 1 3 (100) 0 (0) 0 (0) 3 2 (100) 0 (0) Id ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) Moderate ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) Moderate ascites and encephalopathy grade 0 14 (48) 7 (24) 8 (28) 29 9 (47) 2 (11) IKELD 54 or over Io ascites and encephalopathy grade 0 14 (48) 7 (21) 9 (26) 34 14 (50) 5 (18) </td <td>lild ascites and encephalopathy grade 0</td> <td>1 (100)</td> <td>0 (0)</td> <td>0 (0)</td> <td>1</td> <td>1 (100)</td> <td>0 (0)</td> <td>0 (0)</td> <td>1</td>	lild ascites and encephalopathy grade 0	1 (100)	0 (0)	0 (0)	1	1 (100)	0 (0)	0 (0)	1
JKELD 49 - 53 Image: Control of the	loderate ascites and encephalopathy grade 0	2 (67)	1 (33)	0 (0)	3	1 (100)	0 (0)	0 (0)	1
No ascites and encephalopathy grade 0 12 (48) 6 (24) 7 (28) 25 7 (39) 4 (22) Aild ascites and encephalopathy grade 0 2 (50) 2 (50) 0 (0) 4 2 (50) 2 (50) Aild ascites and encephalopathy grade 0 1 (50) 1 (50) 0 (0) 2 1 (100) 0 (0) Severe ascites and encephalopathy grade 1 3 (100) 0 (0) 0 (0) 2 2 (100) 0 (0) No ascites and encephalopathy grade 1 3 (100) 0 (0) 0 (0) 3 2 (100) 0 (0) Aild ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) Aild ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) Aild ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) YKELD 54 or over 20 (53) 9 (24) 9 (24) 38 14 (48) 6 (21) JKELD 54 or over	OTAL	19 (53)	7 (19)	10 (28)	36	11 (44)	4 (16)	10 (40)	25
No ascites and encephalopathy grade 0 12 (48) 6 (24) 7 (28) 25 7 (39) 4 (22) Mild ascites and encephalopathy grade 0 2 (50) 2 (50) 0 (0) 4 2 (50) 2 (50) Moderate ascites and encephalopathy grade 0 1 (50) 1 (50) 0 (0) 2 1 (100) 0 (0) Severe ascites and encephalopathy grade 1 3 (100) 0 (0) 0 (0) 2 2 (100) 0 (0) No ascites and encephalopathy grade 1 0 (0) 0 (0) 0 (0) 1 0 (0) 0 (0) Mild ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) Moderate ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) Moderate ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) FOTAL 20 (53) 9 (24) 9 (24) 38 14 (48) 6 (21) JKELD 54 or over	KELD 49 - 53								
Mild ascites and encephalopathy grade 0 2 (50) 2 (50) 0 (0) 4 2 (50) 2 (50) Moderate ascites and encephalopathy grade 0 1 (50) 1 (50) 0 (0) 2 1 (100) 0 (0) Severe ascites and encephalopathy grade 0 2 (100) 0 (0) 0 (0) 2 2 (100) 0 (0) No ascites and encephalopathy grade 1 3 (100) 0 (0) 0 (0) 1 0 (0) 0 (0) Mild ascites and encephalopathy grade 1 0 (0) 0 (0) 0 (0) 1 0 (0) 0 (0) Mild ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) Moderate ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) Moderate ascites and encephalopathy grade 0 14 (48) 7 (24) 8 (28) 29 9 (47) 2 (11) Mild ascites and encephalopathy grade 0 18 (53) 7 (21) 9 (26) 34 14 (50) 5 (18) Moderate ascites and encephalopathy grade 0 6 (55) 0 (0) 5 (45) 11 4 (44) 0 (0) <td></td> <td>12 (48)</td> <td>6 (24)</td> <td>7 (28)</td> <td>25</td> <td>7 (39)</td> <td>4 (22)</td> <td>7 (39)</td> <td>18</td>		12 (48)	6 (24)	7 (28)	25	7 (39)	4 (22)	7 (39)	18
Moderate ascites and encephalopathy grade 0 1 (50) 1 (50) 0 (0) 2 1 (100) 0 (0) Severe ascites and encephalopathy grade 0 2 (100) 0 (0) 0 (0) 2 2 (100) 0 (0) No ascites and encephalopathy grade 1 3 (100) 0 (0) 0 (0) 3 2 (100) 0 (0) Mild ascites and encephalopathy grade 1 0 (0) 0 (0) 0 (0) 1 0 (0) 0 (0) Moderate ascites and encephalopathy grade 1 0 (0) 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) Moderate ascites and encephalopathy grade 1 0 (0) 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) FOTAL 0 (0) 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) JKELD 54 or over No ascites and encephalopathy grade 0 14 (48) 7 (24) 8 (28) 29 9 (47) 2 (11) Mild ascites and encephalopathy grade 0 18 (53) 7 (21) 9 (26) 34 14 (50) 5 (18) Moderate ascites and encephalopathy grade 0 6 (55) 0 (0) 5 (45)								0`(0)	4
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Mild ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) Moderate ascites and encephalopathy grade 1 0 (0) 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) OTAL 0 (0) 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) IKELD 54 or over 20 (53) 9 (24) 9 (24) 38 14 (48) 6 (21) Ike LD 54 or over 14 (48) 7 (24) 8 (28) 29 9 (47) 2 (11) Nild ascites and encephalopathy grade 0 18 (53) 7 (21) 9 (26) 34 14 (50) 5 (18) Moderate ascites and encephalopathy grade 0 6 (55) 0 (0) 5 (45) 11 4 (44) 0 (0)					3	2 (100)		0 (0)	2
Moderate ascites and encephalopathy grade 1 0 (0) 0 (0) 1 (100) 1 0 (0) 0 (0) OTAL 20 (53) 9 (24) 9 (24) 1 (100) 1 0 (0) 0 (0) JKELD 54 or over 20 (53) 9 (24) 9 (24) 9 (24) 14 (48) 6 (21) JKELD 54 or over 14 (48) 7 (24) 8 (28) 29 9 (47) 2 (11) Jild ascites and encephalopathy grade 0 18 (53) 7 (21) 9 (26) 34 14 (50) 5 (18) Aoderate ascites and encephalopathy grade 0 6 (55) 0 (0) 5 (45) 11 4 (44) 0 (0)	lild ascites and encephalopathy grade 1	0 (0)	0 (0)	1 (100)	1	0 (0)	0 (0)	1 (100)	1
FOTAL 20 (53) 9 (24) 9 (24) 38 14 (48) 6 (21) JKELD 54 or over					1			1 (100)	1
No ascites and encephalopathy grade 0 14 (48) 7 (24) 8 (28) 29 9 (47) 2 (11) Alid ascites and encephalopathy grade 0 18 (53) 7 (21) 9 (26) 34 14 (50) 5 (18) Moderate ascites and encephalopathy grade 0 6 (55) 0 (0) 5 (45) 11 4 (44) 0 (0)	OTAL				38			9 (31)	29
Alid ascites and encephalopathy grade 0 18 (53) 7 (21) 9 (26) 34 14 (50) 5 (18) Noderate ascites and encephalopathy grade 0 6 (55) 0 (0) 5 (45) 11 4 (44) 0 (0)	KELD 54 or over								
Alid ascites and encephalopathy grade 0 18 (53) 7 (21) 9 (26) 34 14 (50) 5 (18) Anderate ascites and encephalopathy grade 0 6 (55) 0 (0) 5 (45) 11 4 (44) 0 (0)	lo ascites and encephalopathy grade 0	14 (48)	7 (24)	8 (28)	29	9 (47)	2 (11)	8 (42)	19
Moderate ascites and encephalopathy grade 0 6 (55) 0 (0) 5 (45) 11 4 (44) 0 (0)					34			9 (32)	28
					11			5 (56)	9
bevere ascress and enceptial participating grade 0 (100) (100) (0) (0) (0) (0) (0)	evere ascites and encephalopathy grade 0	4 (100)	0 (0)	0 (0)	4	3 (100)	0 (0)	0 (0)	3
No ascites and encephalopathy grade 1 3 (33) 3 (33) 3 (33) 9 1 (17) 2 (33)								3 (50)	6
Alild ascites and encephalopathy grade 1 5 (63) 0 (0) 3 (38) 8 2 (40) 0 (0)								3 (60)	5
<i>I</i> oderate ascites and encephalopathy grade 1 2 (25) 4 (50) 2 (25) 8 2 (40) 1 (20)								2 (40)	5
								2 (100)	2
								32 (42)	77

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OVERALL								
No ascites and encephalopathy grade 0	42 (49)	19 (22)	25 (29)	86	25 (42)	10 (17)	25 (42)	60
Mild ascites and encephalopathy grade 0	21 (54)	9 (23)	9 (23)	39	17 (52)	7 (21)	9 (27)	33
Moderate ascites and encephalopathy grade 0	9 (56)	2 (13)	5 (31)	16	6 (55)	0 (0)	5 (45)	11
Severe ascites and encephalopathy grade 0	6 (100)	0 (0)	0 (0)	6	5 (100)	0 (0)	0 (0)	5
No ascites and encephalopathy grade 1	6 (50)	3 (25)	3 (25)	12	3 (38)	2 (25)	3 (38)	8
Mild ascites and encephalopathy grade 1	5 (56)	0 (0)	4 (44)	9	2 (33)	0 (0)	4 (67)	6
Moderate ascites and encephalopathy grade 1	2 (22)	4 (44)	3 (33)	9	2 (33)	1 (17)	3 (50)	6
Severe ascites and encephalopathy grade 1	0 (0)	0 (0)	2 (100)	2	0 (0)	0 (0)	2 (100)	2

3.6.24. Figure 13 shows the number of named patient offers by month and type of patient. The median number of CLD named patient offers per month, excluding offers between 20 March and 19 July 2020, was 103 and ranged between 28 and 199 whilst the median number of HCC offers per month was 4 and ranged between 1 and 18 excluding the month between 20 August 2019 and 19 September 2019 due to issues with NLOS.



3.6.25. Table 17 shows the median Transplant Benefit Score (TBS) at time of offer for named elective CLD patient offers by, separately, aetiology, blood group and centre. Overall, the median TBS was 1155 days and ranged between -138 and 1627 days. The median TBS ranged between 989 days for other aetiology and 1255 days for Autoimmune and cryptogenic disease (AID). For blood group, the median TBS ranged between 987 days for blood group AB and 1208 days for blood group O.

Table 17	Median (Range) Transplant Benefit Score (TBS) for named elective chronic liver
	disease (CLD) patient offers, 20 March 2018 to 19 March 2021 (excluding 27 March
	2020 to 9 July 2020)

	Number of offers	Median TBS	Interquartile range	Range
Disease group			•	
Hepatitis C	102	1098.51080	919 - 1304	-43 - 1431
ALD	1127	1215.05504	1031 - 1333	-138 - 1626
Hepatitis B	34	1214.94607	998 - 1392	748 - 1617
PSC	397	1138.47644	1002 - 1300	68 - 1560
PBC	306	1079.04710	980 - 1222	484 - 1452
AID	329	1255.40991	1068 - 1363	-93 - 1620
Metabolic	720	1168.64606	1035 - 1310	235 - 1627
Other	112	988.72091	832 - 1106	-118 - 1480
Retransplant	473	1087.43946	981 - 1199	9 - 1512
Blood group				
0	1529	1208.46062	1074 - 1333	-53 - 1627
A	1500	1115.34177	952 - 1276	-118 - 1620
В	355	1134.67383	969 - 1289	96 - 1560
AB	216	986.91354	735 - 1214	-138 - 1551
Centre				
Newcastle	310	1186.95880	1006 - 1305	11 - 1592
Leeds	445	1123.15122	993 - 1294	-138 - 1574
Cambridge	425	1170.21421	1015 - 1294	235 - 1591
Royal Free	503	1162.18748	993 - 1313	96 - 1562
Kings College	809	1154.81475	1014 - 1312	-118 - 1627
Birmingham	702	1156.83614	1006 - 1306	-53 - 1626
Edinburgh	406	1131.67237	1009 - 1276	106 - 1620
OVERALL	3600	1154.79632	1006 - 1302	-138 - 1627

3.6.26. **Table 18** shows the median Transplant Benefit Score (TBS) at time of offer for named elective HCC patient offers by, separately, blood group, centre, UKELD group, current ascites and encephalopathy grade. The median TBS ranged between 415 days for blood group AB and 1106 days for blood group O.

carci		atient offers		6) for named electiv 8 to 19 March 2021	
		Number of offers	Median TBS	Interquartile range	Range
Blood group					
0		55	1106.12263	929 - 1285	23 - 1450
A		82	926.90524	463 - 1164	-192 - 1493
B		21	762.51590	355 - 1028	-130 - 1289
AB		21	414.75382	219 - 549	-256 - 1011
Centre					
Newcastle		8	668.41582	-35 - 1161	-192 - 1369
Leeds		36	900.58973	366 - 1013	-130 - 1246
Cambridge		23	866.27496	355 - 1329	30 - 1493
Royal Free		20	788.77517	455 - 1308	-256 - 1414
Kings College		30	1054.83352	545 - 1148	-118 - 1319
Birmingham		30	1014.76655	642 - 1111	-75 - 1350
Edinburgh		32	931.71544	363 - 1105	-66 - 1450
UKELD group					
<49		36	186.98991	9 - 409	-256 - 1016
49-53		38	756.67220	402 - 999	-118 - 1360
≥ 54		105	1104.12367	934 - 1256	30 - 1493
UKELD, Current ascites and encephalopathy grade <49					
No ascites and encephalopathy	arade 0	32	133.51099	-4 - 409	-256 - 1016
Mild ascites and encephalopathy		1	632.85962	633 - 633	633 - 633
Moderate ascites and encephalo		3	276.31535	219 - 276	219 - 276
49 - 53					
No ascites and encephalopathy	orade 0	25	914.58815	668 - 1081	229 - 1360
Mild ascites and encephalopathy		4	756.81151	240 - 942	-118 - 967
Moderate ascites and encephalo		2	128.83332	-66 - 324	-66 - 324
Severe ascites and encephalopa		2	318.48762	235 - 402	235 - 402
No ascites and encephalopathy		3	704.68803	632 - 756	632 - 756
Mild ascites and encephalopathy	grade 1	1	-14.34200	-1414	-1414
Moderate ascites and encephalo	pathy grade 1	1	603.31420	603 - 603	603 - 603
≥ 54					
No ascites and encephalopathy	grade 0	29	1106.12263	1034 - 1229	493 - 1319
Mild ascites and encephalopathy		34	1260.57006	889 - 1366	515 - 1493
Moderate ascites and encephalo		11	1104.48748	1062 - 1173	642 - 1450
Severe ascites and encephalopa		4	941.63945	546 - 1036	236 - 1045
No ascites and encephalopathy		9	931.17751	763 - 976	30 - 1437
Mild ascites and encephalopathy		8	1058.00760	917 - 1164	676 - 1287
Moderate ascites and encephalo		8	1138.79533	889 - 1234	355 - 1350
Severe ascites and encephalopa	thy grade 1	2	866.82466	570 - 1164	570 - 1164
OVERALL		179	939.77469	493 - 1157	-256 - 1493

3.7. TRANSPLANT ACTIVITY

3.7.1. Table 19 shows the urgency status and age group of DBD and DCD liver transplants performed in the UK during the two time periods of interest. Although a higher proportion of super-urgent transplants were performed in the first thirty-six months of the new NLOS than during the thirty-six months prior to the new scheme, there was no evidence of a statistically significant difference for DBD liver and liver/kidney transplants (overall Fishers exact p-value=0.57 for adult patients and 0.47 for paediatric). Highlighted in red are the transplants that will be analysed further in the rest of the section.

Table 19 Urgency status and age group 20 March 2015 to 19 March 202			s performed in the	e UK,
	DBD	liver	DCD	liver
	Thirty-six months prior N (%)	Thirty-six months post N (%)	Thirty-six months prior N (%)	Thirty-six months post N (%)
Adult elective liver and liver/kidney Adult elective Multivisceral Adult elective liver/ cardiothoracic Adult super-urgent liver and liver/kidney Adult super-urgent Multivisceral Paediatric elective liver and liver/kidney Paediatric elective Multivisceral	1720 (76.9) 13 (0.6) 3 (0.1) 260 (11.6) 2 (0.1) 189 (8.5) 11 (0.5)	1709 (77.4) 12 (0.5) 5 (0.2) 244 (11.1) 0 (0) 183 (8.3) 9 (0.4)	584 (96.2) 0 (0) 0 (0) 6 (1.0) 0 (0) 17 (2.8) 0 (0)	467 (97.1) 0 (0) 0 (0) 6 (1.2) 0 (0) 6 (1.2) 0 (0)
Paediatric super-urgent liver and liver/kidney Total UK transplants	38 (1.7) 2236 (100)	45 (2.0) 2207 (100)	0 (0) 607 (100)	2 (0.4) 481 (100)

- 3.7.2. One hundred and forty one of the 1709 adult elective liver and liver/kidney transplants were performed in the UK between 27 March 2020 and 9 July 2020. These transplants are **excluded** from the rest of the section as DBD livers were not offered through the National Liver Offering Scheme due to COVID-19 and both DBD and DCD livers were offered to clinically urgent patients. One group 2 transplant performed at London Bridge on 6 February 2021 has been excluded from the rest of the section.
- 3.7.3. Table 20 and Table 21 show the demographics of adult elective liver and liver/kidney DBD and DCD transplants performed in the UK during the two time periods of interest excluding transplants performed between 27 March and 9 July 2020. For both DBD and DCD transplants, there was no evidence of a statistically significant association between time period and transplant type (p=0.31 DBD, 0.43 DCD), type of liver transplanted for DBD (p=0.28) and gender (p=0.17 DBD, 0.23 DCD).
- 3.7.4. For DBD transplants, there was evidence of a statistically significant association between time period and age group (p=0.0005), disease group (p<0.0001), transplant centre (p=0.05), zonal (p<0.0001), type of patient (p=0.0001) and blood group compatibility (p<0.0001).

3.7.5. For DCD transplants, there was evidence of a statistically significant association between time period and disease group (p<0.0001), transplant centre (p<0.0001), type of patient (p<0.0001) and blood group compatibility (p=0.0005). There was no evidence of a statistically significant association for age group (p=0.14) and zonal transplants (p=0.60).

Table 20 Adult elective liver and liver/kidney transplants performed in the UK using liver	vers
from deceased donors, 20 March 2015 to 19 March 2021 (excluding 27	
March to 9 July 2020) as at 8 April 2021	

	DBD Thirty-six months prior N (%)	liver Thirty-six months post N (%)	DCD Thirty-six months prior N (%)	liver Thirty-six months post N (%)
Total	1720	1590	584	444
Transplant Type Liver only Liver & kidney	1674 (97.3) 46 (2.7)	1557 (97.9) 33 (2.1)	584 (100) 0 (-)	443 (99.8) 1 (0.2)
Type of Liver transplanted Whole liver Split liver Reduced liver	1584 (92.1) 135 (7.8) 1 (0.1)	1487 (93.5) 102 (6.4) 1 (0.1)	584 (100) 0 (-) 0 (-)	444 (100) 0 (-) 0 (-)
Recipient Age Group 17-25 years 26-39 years 40-49 years 50-59 years 60-69 years 70+ years	87 (5.1) 215 (12.5) 288 (16.7) 568 (33.0) 528 (30.7) 34 (2.0)	95 (6.0) 158 (9.9) 198 (12.5) 547 (34.4) 561 (35.3) 31 (1.9)	10 (1.7) 35 (6.0) 94 (16.1) 235 (40.2) 192 (32.9) 18 (3.1)	11 (2.5) 43 (9.7) 62 (14.0) 160 (36.0) 158 (35.6) 10 (2.3)
Recipient Sex Male Female	1117 (64.9) 603 (35.1)	996 (62.6) 594 (37.4)	372 (63.7) 212 (36.3)	299 (67.3) 145 (32.7)
Type of Patient CLD HCC VS HCC downstaging	1269 (73.8) 298 (17.3) 142 (8.3) 11 (0.6)	1265 (79.5) 188 (11.8) 127 (8.0) 11 (0.7)	385 (65.9) 177 (30.3) 19 (3.3) 3 (0.5)	250 (56.3) 174 (39.2) 7 (1.6) 13 (2.9)
Robert's Disease Group HCC HCV ALD HBV PSC PBC AID NAFLD Metabolic (excluding NAFLD) Other Retransplant	309 (18.0) 65 (3.8) 403 (23.4) 25 (1.5) 207 (12.0) 109 (6.3) 100 (5.8) 150 (8.7) 33 (1.9) 151 (8.8) 168 (9.8)	$199 (12.5) \\ 37 (2.3) \\ 418 (26.3) \\ 21 (1.3) \\ 169 (10.6) \\ 132 (8.3) \\ 130 (8.2) \\ 186 (11.7) \\ 44 (2.8) \\ 112 (7.0) \\ 142 (8.9) \\ 112 (8.9) \\ 112 (7.0) \\ 142 (8.9) \\ 112 (7.0) \\ 142 (8.9) \\ 112 (7.0) \\ 142 (8.9) \\ 112 (7.0) \\ 142 (8.9) \\ 112 (7.0) \\ 142 (8.9) \\ 112 (7.0) \\ 142 (8.9) \\ 112 (7.0) \\ 142 (8.9) \\ 112 (7.0) \\ 142 (8.9) \\ 112 (7.0) \\ 142 (8.9) \\ 112 (7.0) \\ 142 (8.9) \\ 112 (7.0) \\ 142 (8.9) \\ 112 (7.0) \\ 142 (8.9) \\ 112 (7.0) \\ 112$	$\begin{array}{c} 180 \ (30.8) \\ 19 \ (3.3) \\ 153 \ (26.2) \\ 10 \ (1.7) \\ 52 \ (8.9) \\ 62 \ (10.6) \\ 28 \ (4.8) \\ 55 \ (9.4) \\ 8 \ (1.4) \\ 12 \ (2.1) \\ 5 \ (0.9) \end{array}$	$187 (42.1) \\8 (1.8) \\93 (20.9) \\3 (0.7) \\43 (9.7) \\31 (7.0) \\14 (3.2) \\25 (5.6) \\7 (1.6) \\18 (4.1) \\15 (3.4)$

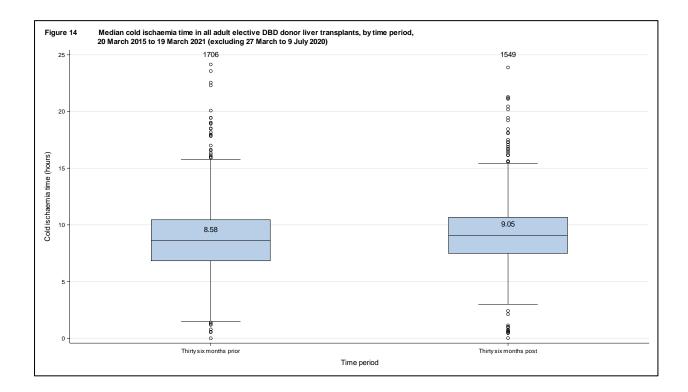
Table 21 Adult elective liver and liver/kidney transplants performed in the UK using livers from deceased donors, 20 March 2015 to 19 March 2021 (excluding 27 March to 9 July 2020) as at 8 April 2021

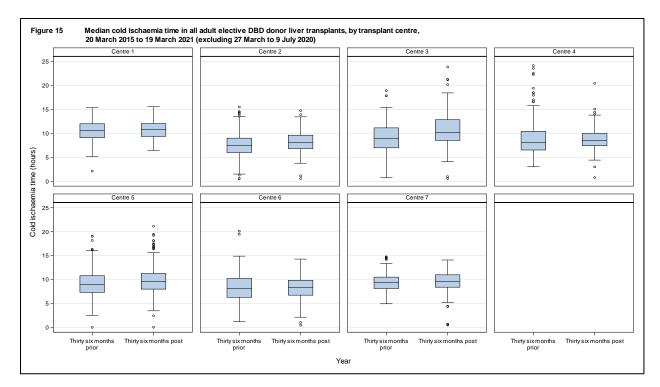
	DBD	liver	DCD	liver
	Thirty-six months prior N (%)	Thirty-six months post N (%)	Thirty-six months prior N (%)	Thirty-six months post N (%)
Total UK adult elective liver & liver/kidney transplants	1720	1590	584	444
Transplant Centre Newcastle Leeds Cambridge Royal Free Kings College Birmingham Edinburgh	93 (5.4) 265 (15.4) 178 (10.3) 225 (13.1) 356 (20.7) 381 (22.2) 222 (12.9)	71 (4.5) 202 (12.7) 151 (9.5) 220 (13.8) 378 (23.8) 384 (24.2) 184 (11.6)	16 (2.7) 67 (11.5) 97 (16.6) 44 (7.5) 145 (24.8) 163 (27.9) 52 (8.9)	8 (1.8) 55 (12.4) 102 (23.0) 72 (16.2) 106 (23.9) 78 (17.6) 23 (5.2)
Liver Transplant Number First liver transplant Second Third Fourth Sixth	1552 (90.2) 136 (7.9) 25 (1.5) 6 (0.3) 1 (0.1)	1447 (91.0) 123 (7.7) 16 (1.0) 4 (0.3) 0 (-)	579 (99.1) 4 (0.7) 1 (0.2) 0 (-) 0 (-)	429 (96.6) 15 (3.4) 0 (-) 0 (-) 0 (-)
Blood Group Compatibility Identical Compatible Incompatible	1694 (98.5) 25 (1.5) 1 (0.1)	1524 (95.8) 66 (4.2) 0 (-)	580 (99.3) 3 (0.5) 1 (0.2)	427 (96.2) 17 (3.8) 0 (-)
Zonal Transplants Non zonal Zonal	445 (25.9) 1275 (74.1)	1274 (80.1) 316 (19.9)	215 (36.8) 369 (63.2)	171 (38.5) 273 (61.5)
Blood group matching (D=donor, R=recipient) DO, RO DO, RA DO, RB DO, RAB DA, RO DA, RA DA, RAB DB, RB DB, RAB DAB, RAB	730 (42.4) 1 (0.1) 5 (0.3) 0 (-) 1 (0.1) 741 (43.1) 19 (1.1) 176 (10.2) 0 (-) 47 (2.7)	699 (44.0) 7 (0.4) 9 (0.6) 0 (-) 623 (39.2) 39 (2.5) 153 (9.6) 11 (0.7) 49 (3.1)	285 (48.8) 0 (-) 2 (0.3) 0 (-) 1 (0.2) 233 (39.9) 1 (0.2) 53 (9.1) 0 (-) 9 (1.5)	194 (43.7) 4 (0.9) 10 (2.3) 1 (0.2) 0 (-) 188 (42.3) 1 (0.2) 35 (7.9) 1 (0.2) 10 (2.3)

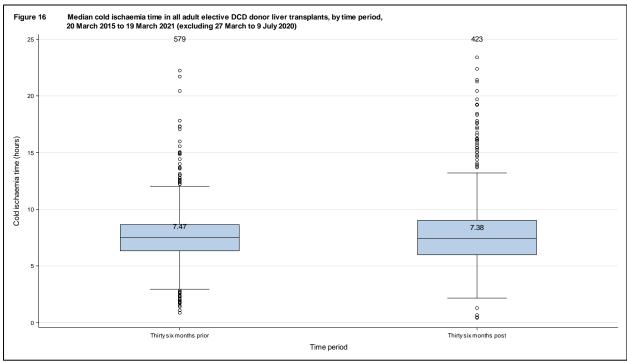
3.7.6. **Table 22** shows the median waiting time to transplant for the adult elective transplants performed in the UK during the two time periods of interest (excluding 27 March to 9 July 2020) by donor type, transplant centre, blood group and type of patient. Overall, the median time to transplant was statistically significantly lower for DBD transplants performed during the thirty-six months post NLOS compared with the thirty-six months prior (38 and 82 days respectively, Kruskal-Wallis pvalue<0.0001). The median time to DCD transplants was slightly lower in the thirty-six months post NLOS compared with the thirty-six months prior (58 and 67 days respectively) and was not statistically significant (Kruskal-Wallis p-value=0.11).

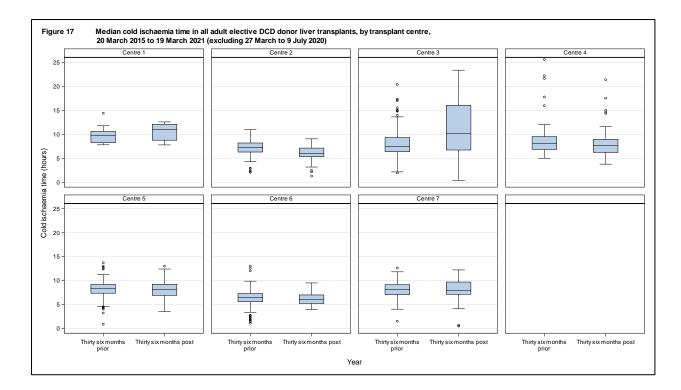
		.,			cluding 27 March to	, ,	,	•				
			DE	3D					D	CD		
	N	Thirty-six months p Median (IQR)	rior Range	N	Thirty-six months po Median (IQR)	ost Range	N	Thirty-six months p Median (IQR, range)	rior Range	Ν	Thirty-six months Median (IQR, range)	post Range
Overall	1713	82 (28 - 224)	0 - 2307	1589	38 (9 - 143)	0 - 1711	584	67 (26 - 184)	0 - 1202	444	58 (23 - 144)	0 - 1278
Type of patier	nt											
CLD HCC VS HCC downstaging	1264 297 142 10	75 (25 - 197.5) 83 (35 - 213) 236.5 (81 - 553) 91.5 (78 - 131)	0 - 1752 1 - 1030 2 - 2307 16 - 384	1263 188 127 11	27 (7 - 100) 62.5 (23.5 - 150.5) 361 (171 - 667) 22 (10 - 65)	0 - 1687 0 - 739 2 - 1711 4 - 204	385 177 19 3	71 (25 - 185) 63 (26 - 168) 246 (38 - 373) 51 (13 - 55)	0 - 1202 0 - 1026 7 - 870 13 - 55	250 174 7 13	58 (20 - 144) 60.5 (25 - 144) 98 (44 - 300) 39 (17 - 55)	0 - 1101 2 - 1278 5 - 559 11 - 323
Centre												
Newcastle Leeds Cambridge Royal Free Kings College Birmingham Edinburgh	92 263 176 224 356 380 222	60 (17.5 - 162.5) 59 (23 - 173) 75 (27.5 - 209) 118 (50 - 261.5) 154 (63.5 - 323.5) 64.5 (25 - 183.5) 48.5 (19 - 124)	1 - 787 1 - 1402 0 - 1343 0 - 1107 1 - 1813 0 - 2307 0 - 1835	71 202 150 220 378 384 184	38 (11 - 100) 36 (10 - 145) 24 (9 - 74) 31.5 (8.5 - 105.5) 45 (10 - 182) 48.5 (9 - 167) 39.5 (9 - 140)	1 - 607 1 - 1405 1 - 760 0 - 1261 1 - 1711 0 - 1657 1 - 1124	16 67 97 44 145 163 52	92 (26 - 236) 70 (24 - 178) 65 (25 - 192) 71.5 (31 - 180.5) 135 (51 - 264) 42 (17 - 100) 68.5 (23.5 - 191.5)	5 - 458 0 - 1026 0 - 870 1 - 369 4 - 1202 0 - 548 0 - 808	8 55 102 72 106 78 23	185 (119 - 378) 41 (12 - 99) 60 (20 - 140) 56 (24 - 141.5) 84 (37 - 183) 44.5 (16 - 102) 51 (38 - 333)	22 - 588 2 - 565 2 - 625 2 - 693 3 - 1101 0 - 487 6 - 1278
Recipient blo		(, , , , , , , , , , , , , , , , , , ,	0 1000	104	00.0 (0 140)	1 1127	02	00.0 (20.0 101.0)	0 000	20	01 (00 000)	0 1210
0	728	119 (49 - 308.5)	0 - 2307	698	54 (12 - 207)	0 - 1711	286	99.5 (34 - 229)	0 - 1026	194	80 (27 - 183)	0 - 1278
Ā	740	62 (21 - 149)	0 - 1321	630	26 (7 - 98)	0 - 1056	233	47 (18 - 110)	0 - 711	192	50 (19.5 - 104)	2 - 588
В	179	129 (60 - 287́)	0 - 1813	162	57.5 (17 - 151)	2 - 1518	55	109 (41 - 257́)	4 - 1202	45	100 (43 - 171)́	2 - 607
AB	66	38.5 (11 - 104)	0 - 540	99	21 (7 - 62)	1 - 466	10	41 (9 - 111)	3 - 183	13	23 (8 - 84)	6 - 111

- 3.7.7. Figure 14 show the overall cold ischaemia time for the two time periods for DBD transplants while Figure 15 shows the cold ischaemia time for each centre. Figures 16 and Figure 17 show the equivalent information for DCD donor transplants. Note that Centre 1= Newcastle, Centre 2= Leeds, Centre 3= Cambridge, Centre 4= Royal Free, Centre 5= Kings College, Centre 6= Birmingham, Centre 7= Edinburgh. There was no statistically significant difference in the overall median cold ischaemia time for DCD transplants (Kruskal-Wallis p-value=0.83).
- 3.7.8. There was a statistically significant difference in the cold ischaemia time for adult elective DBD transplants when comparing the first thirty-six months with the previous thirty-six months (p<0.0001). However, it should be noted that these results will change as NHSBT has not received all the first week transplant record forms which collect the cold ischaemia time. It should also be noted that this analysis does not adjust for whether machine perfusion was used.</p>





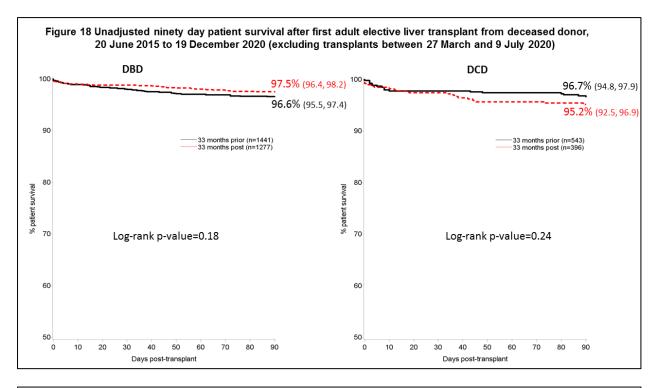


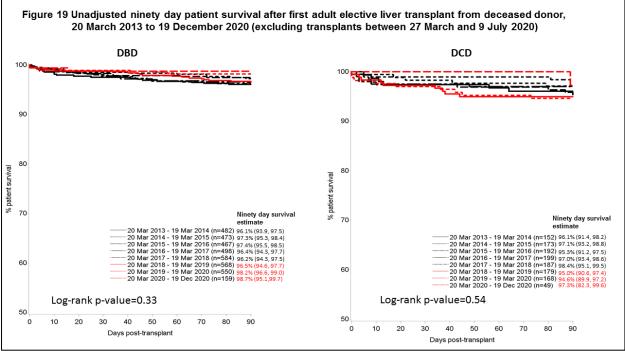


3.8. NINETY-DAY POST-TRANSPLANT SURVIVAL

- 3.8.1.**Figure 18** shows the unadjusted ninety-day patient survival by time period and donor type for transplants performed in either the thirty-three months prior to NLOS or in the first thirty-three months of NLOS while **Table 23** shows the survival estimates and confidence intervals by blood group and type of patient. Transplants performed between 27 March 2020 and 9 July 2020 were excluded due to offering during COVID-19. Patient survival was defined as the time from first transplant to death or last known survival reported to NHSBT irrespective of whether the patient received a retransplant after their first transplant.
- 3.8.2.For DBD transplants, there was no overall statistically significant difference between the two time periods in 90-day patient survival (log-rank p-value=0.18). However, there was a statistically significant difference in ninety-day survival for blood group O patients (log-rank p-value=0.01. There were no statistically significant differences between the two time periods for CLD and HCC (log rank p-value≥0.36), and for the individual centres (log-rank p-value≥0.18) apart from Edinburgh which had borderline significance p-value=0.054.
- 3.8.3.For DCD transplants, there was no overall statistically significant difference at a 5% significance level overall between the two time periods in 90-day patient survival (log-rank p-value=0.24). There were no statistically significant differences between the two time periods for CLD and HCC (log rank p-value≥0.17), blood groups (log rank p-value≥0.14) and for the individual centres (log rank p-value≥0.25).

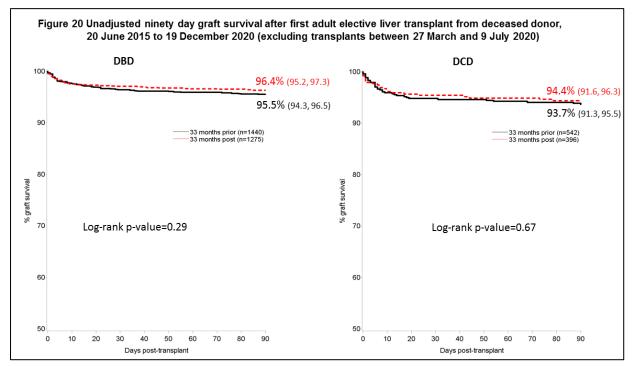
3.8.4. Figure 19 shows the unadjusted ninety-day patient survival by year and donor type for transplants performed between 20 March 2013 and 19 December 2020. There were no statistically significant differences in patient survival between the time periods for DBD and DCD (log-rank p-value=0.33 and 0.54 respectively).

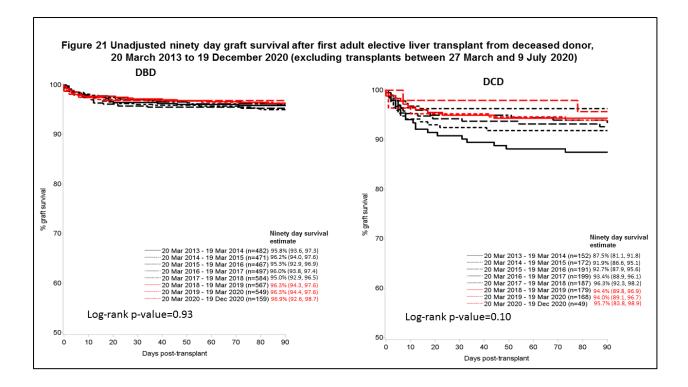




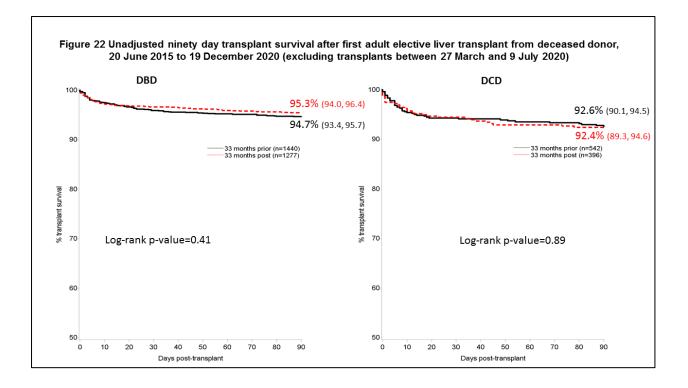
			DBD					DCD		
	Thirty-th No, at risk on day 0	ree months prior ¹ % (95% CI)	Thirty-t No, at risk on day 0	hree months post ² % (95% Cl)	Log- rank p- value	Thirty-th No, at risk on day 0	ree months prior ¹ % (95% CI)	Thirty-th No, at risk on day 0	ree months post ² % (95% CI)	Log-ran p-value
Overall	1441	96.6 (95.5,97.4)	1277	97.5 (96.4,98.2)	0.18	543	96.7 (94.8,97.9)	396	95.2 (92.5,96.9)	0.23
Type of patient										
CLD	1038	96.5 (95.2,97.5)	991	97.2 (96.0,98.1)	0.35	354	96.6 (94.1,98.1)	216	96.7 (93.3,98.4)	0.95
HCC	274	98.5 (96.1,99.4)	164	98.2 (94.4,99.4)	0.75	170	96.5 (92.3,98.4)	162	93.1 (88.0,96.1)	0.18
VS	118	92.4 (85.9,96.0)	111	98.2 (93.0,99.5)	0.04	16	100 (-)	6	100 (-)	-
HCC downstaging	11	100 (-)	11	100 (-)	-	3	100 (-)	12	91.7 (53.9,98.8)	0.62
Recipient blood gr	oup									
0	611	95.3 (93.2,96.7)	563	98.0 (96.4,98.9)	0.01	266	97.0 (94.1,98.5)	173	94.1 (89.4,96.8)	0.14
A	629	97.6 (96.1,98.6)	503	97.2 (95.3,98.3)	0.66	218	95.9 (92.2,97.8)	168	97.0 (93.0,98.7)	0.54
В	146	99.3 (95.2,99.9)	126	96.0 (90.7,98.3)	0.07	50	98.0 (86.6,99.7)	43	92.9 (79.6,97.7)	0.24
AB	55	92.7 (81.7,97.2)	85	97.6 (90.9,99.4)	0.16	9	100 (-)	12	91.7 (53.9,98.8)	0.39
Centre										
Newcastle	75	93.3 (84.7,97.2)	54	96.3 (86.0,99.1)	0.47	13	100 (-)	7	100 (-)	-
Leeds	226	93.8 (89.8,96.3)	138	95.6 (90.5,98.0)	0.49	61	96.7 (87.5,99.2)	45	93.3 (80.7,97.8)	0.39
Cambridge	158	98.1 (94.2,99.4)	135	97.8 (93.3,99.3)	0.84	89	95.5 (88.5,98.3)	82	96.3 (89.1,98.8)	0.80
Royal Free	201	96.0 (92.2,98.0)	168	96.9 (92.8,98.7)	0.62	41	97.6 (83.9,99.7)	66	92.1 (82.1,96.7)	0.25
Kings College	283	98.6 (96.3,99.5)	308	99.0 (97.0,99.7)	0.62	137	98.5 (94.3,99.6)	96	96.8 (90.4,99.0)	0.39
Birmingham	315	95.6 (92.6,97.3)	322	97.5 (95.1,98.7)	0.17	154	94.8 (89.9,97.4)	78	94.9 (86.9,98.0)	0.97
Edinburgh	183	99.5 (96.2,99.9)	152	96.6 (91.9,98.6)	0.05	48	97.9 (86.1,99.7)	22	95.5 (71.9,99.3)	0.58

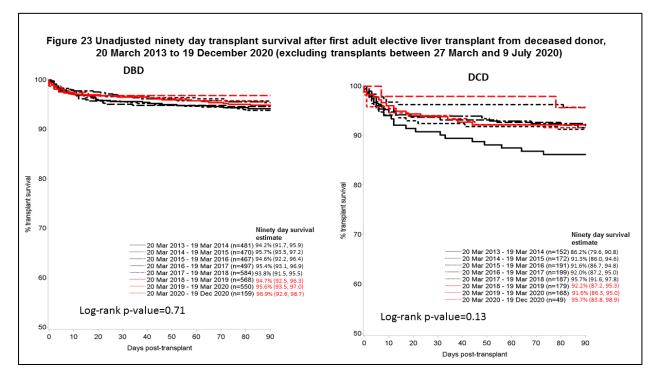
- 3.8.5. **Figure 20** shows the unadjusted ninety-day graft survival by time period and donor type for transplants performed in either the thirty-three months prior to NLOS or in the first thirty-three months of NLOS while **Figure 21** shows the unadjusted graft survival for transplants performed in the last seven years. Transplants performed between 27 March 2020 and 9 July 2020 were excluded due to offering during COVID-19. Graft survival was defined as the time from first transplant to retransplant or last known survival reported to NHSBT. Patients who received a second transplant were treated as events while patients who were alive with a functioning first transplant were censored at 90 days.
- 3.8.6. There were no statistically significant differences in the unadjusted ninety day graft survival between the two time periods for DBD and DCD transplants (log-rank p-value=0.29 and 0.67) and for DBD and DCD transplants performed over the last seven years (log-rank p-value=0.93 and 0.10).





- 3.8.7. Figure 22 shows the unadjusted ninety-day transplant survival by time period and donor type for transplants performed in either the thirty-three months prior to NLOS or in the first thirty-three months of NLOS while Figure 23 shows the unadjusted transplant survival for transplants performed in the last seven years. Transplants performed between 27 March 2020 and 9 July 2020 were excluded due to offering during COVID-19. Transplant survival was defined as the time from first transplant to retransplant, death or last known survival reported to NHSBT. Patients who received a second transplant or who died post-transplant were treated as events while patients who were alive with a functioning first transplant were censored at 90 days.
- 3.8.8. There were no statistically significant differences in the unadjusted ninety day transplant survival between the two time periods for DBD and DCD transplants (log-rank p-value=0.41 and 0.89) and for DBD and DCD transplants performed over the last seven years (log-rank p-value=0.71 and 0.13).

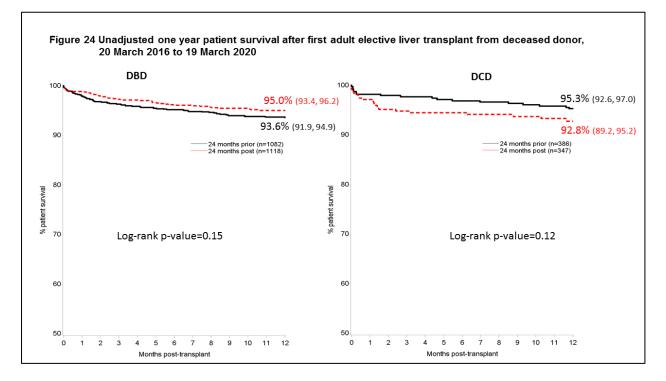


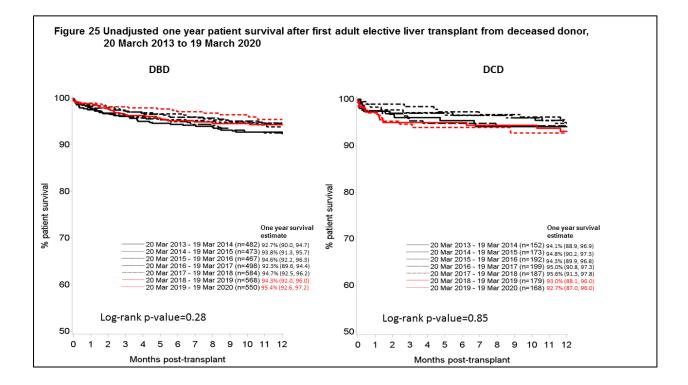


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3.9 ONE-YEAR POST-TRANSPLANT SURVIVAL

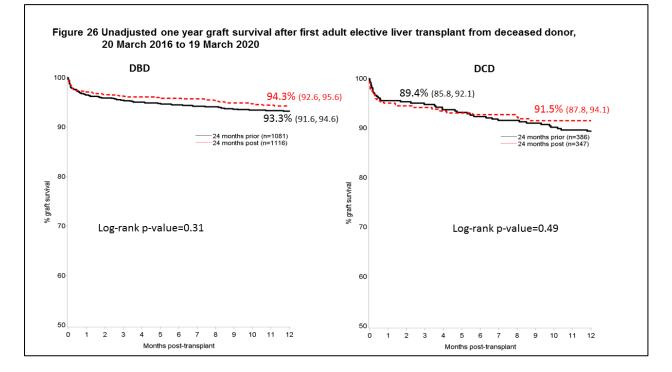
- 3.9.1 **Figure 24** shows the unadjusted one-year patient survival by time period and donor type for transplants performed in either the twenty-four months prior to NLOS or in the first twenty-four months of NLOS while **Table 24** shows the survival estimates and confidence intervals by blood group and type of patient. Patient survival was defined as the time from first transplant to death or last known survival reported to NHSBT irrespective of whether the patient received a retransplant after their first transplant.
- 3.9.2 For DBD transplants, there was no overall statistically significant difference between the two time periods in 1-year patient survival (log-rank p-value=0.15). There were no statistically significant differences between the two time periods for CLD and HCC (log rank p-value≥0.22), blood groups (log-rank p-value≥0.06) and for the individual centres (log-rank p-value≥0.22).
- 3.9.3 For DCD transplants, there was no overall statistically significant difference at a 5% significance level overall between the two time periods in 1-year patient survival (log-rank p-value=0.12). There were no statistically significant differences between the two time periods for CLD and HCC (log rank p-value≥0.19), blood groups (log rank p-value≥0.21) and for the individual centres (log rank p-value≥0.13).
- 3.9.4 **Figure 25** shows the unadjusted one-year patient survival by year and donor type for transplants performed between 20 March 2013 and 19 March 2020. There were no statistically significant differences in patient survival between the time periods for DBD and DCD (log-rank p-value=0.28 and 0.85 respectively).

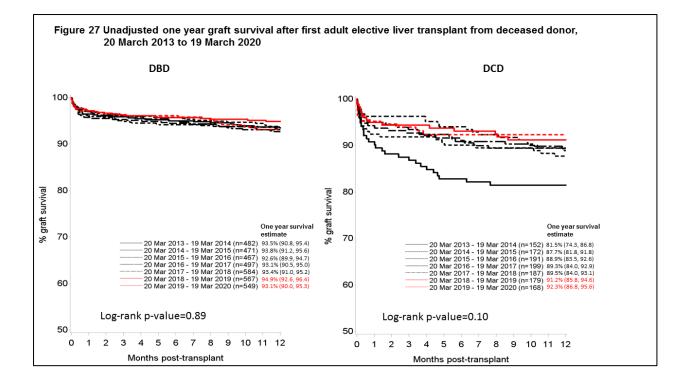




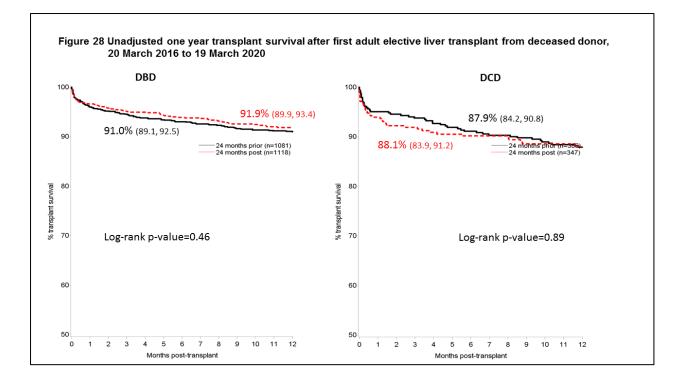
	DBD					DCD				
	Twenty- No, at risk on day 0	four months prior ¹ % (95% Cl)	Twenty No, at risk on day 0	-four months post² % (95% Cl)	Log- rank p- value	Twenty- No, at risk on day 0	four months prior ¹ % (95% CI)	Twenty-f No, at risk on day 0	our months post² % (95% CI)	Log-rar p-value
Overall	1082	93.6 (91.9,94.9)	1118	95.0 (93.4,96.2)	0.15	386	95.3 (92.6,97.0)	347	92.8 (89.2,95.2)	0.12
Type of patient										
CLD	789	94.0 (92.1,95.5)	859	95.4 (93.6,96.6)	0.22	257	96.9 (93.8,98.4)	189	94.2 (89.3,96.9)	0.19
HCC	199	91.8 (87.0,94.9)	149	92.7 (86.3,96.2)	0.90	115	91.9 (85.1,95.7)	142	90.9 (84.3,94.8)	0.63
VS	86	93.0 (85.1,96.8)	100	95.2 (87.5,98.2)	0.41	11	90.0 (47.3,98.5)	5	100 (-)	0.53
HCC downstaging	8	100 (-)	10	100 (-)	-	3	100 (-)	11	90.9 (50.8,98.7)	0.60
Recipient blood gr	oup									
0	474	91.7 (88.9,93.9)	503	95.4 (91.3,97.6)	0.06	196	95.4 (91.3,97.6)	147	93.9 (88.6,96.8)	0.39
A	456	95.4 (93.0,97.0)	432	96.6 (91.9,98.6)	0.99	149	96.6 (91.9,98.6)	151	92.9 (86.6,96.3)	0.21
В	114	93.7 (87.0,97.0)	110	91.4 (75.7,97.2)	0.87	35	91.4 (75.7,97.2)	38	92.1 (77.5,97.4)	0.96
AB	38	94.7 (80.3,98.6)	73	80.0 (20.4,96.9)	0.80	6	80 (20.4,96.9)	11	81.8 (44.7,95.1)	0.82
Centre										
Newcastle	53	88.7 (76.5,94.7)	46	93.1 (80.1,97.7)	0.43	11	90.0 (50.8,98.7)	7	100 (-)	0.55
Leeds	183	90.7 (85.5,94.1)	124	92.5 (85.3,96.3)	0.56	44	95.5 (83.0,98.8)	40	85.4 (67.9,93.8)	0.13
Cambridge	121	95.0 (89.3,97.7)	120	96.3 (90.4,98.6)	0.66	63	96.8 (87.9,99.2)	68	92.4 (82.7,96.8)	0.28
Royal Free	152	94.0 (88.8,96.8)	168	93.6 (85.8,97.2)	0.95	26	95.7 (72.9,99.4)	64	89.7 (74.6,96.0)	0.33
Kings College	203	96.5 (92.7,98.3)	263	97.5 (94.4,98.9)	0.53	106	96.0 (89.6,98.5)	79	96.1 (88.4,98.7)	0.77
Birmingham	229	92.1 (87.8,95.0)	269	94.8 (91.2,97.0)	0.22	105	92.4 (85.3,96.1)	71	94.4 (85.7,97.8)	0.67
Edinburgh	141	95.7 (90.8,98.1)	128	93.1 (86.6,96.5)	0.30	31	100 (-)	18	94.4 (66.6,99.2)	0.19

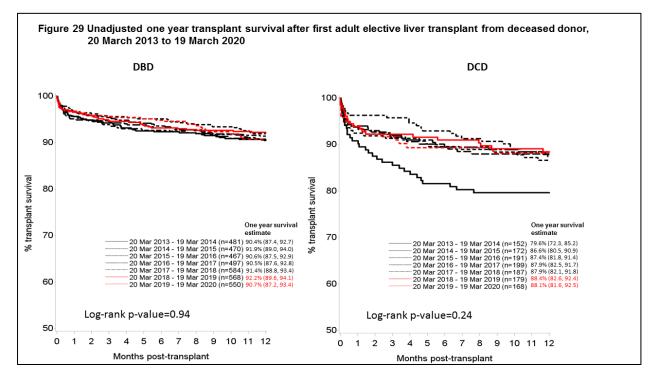
- 3.9.5 **Figure 26** shows the unadjusted one-year graft survival by time period and donor type for transplants performed in either the twenty-four months prior to NLOS or in the first twenty-four months of NLOS while **Figure 27** shows the unadjusted graft survival for transplants performed in the last seven years. Graft survival was defined as the time from first transplant to retransplant or last known survival reported to NHSBT. Patients who received a second transplant were treated as events while patients who were alive with a functioning first transplant were censored at 1 year.
- 3.9.6 There were no statistically significant differences in the unadjusted one year graft survival between the two time periods for DBD and DCD transplants (log-rank p-value=0.31 and 0.49) and for DBD and DCD transplants performed over the last seven years (log-rank p-value=0.89 and 0.10).





- 3.9.7 **Figure 28** shows the unadjusted one-year transplant survival by time period and donor type for transplants performed in either the twenty-four months prior to NLOS or in the first twenty-four months of NLOS while **Figure 29** shows the unadjusted transplant survival for transplants performed in the last seven years. Transplant survival was defined as the time from first transplant to retransplant, death or last known survival reported to NHSBT. Patients who received a second transplant or who died post-transplant were treated as events while patients who were alive with a functioning first transplant were censored at 1 year.
- 3.9.8 There were no statistically significant differences in the unadjusted one year transplant survival between the two time periods for DBD and DCD transplants (log-rank p-value=0.46 and 0.89) and for DBD and DCD transplants performed over the last seven years (log-rank p-value=0.94 and 0.24).





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4 CONCLUSIONS

The new National Liver Offering Scheme was implemented on the 20th March 2018. During the first thirtysix months of the scheme, ODT Hub Operations have offered 2794 livers from DBD donors and 2614 livers from DCD donors to UK transplant centres. Of the 2794 DBD liver donors, 2400 were retrieved for the purposes of transplantation and 2085 were transplanted.

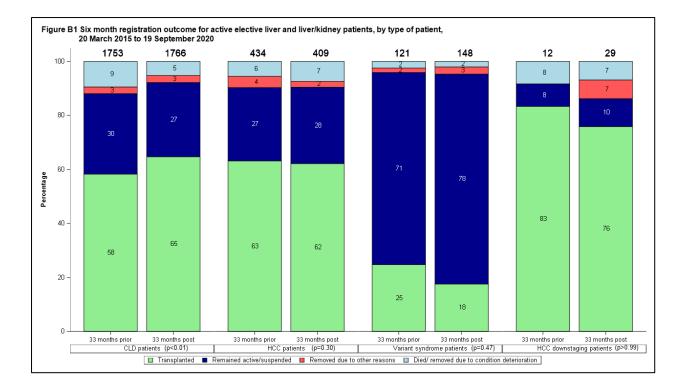
Rhiannon Taylor, Lewis Downward and Jenni Banks Statistics and Clinical Research

April 2021

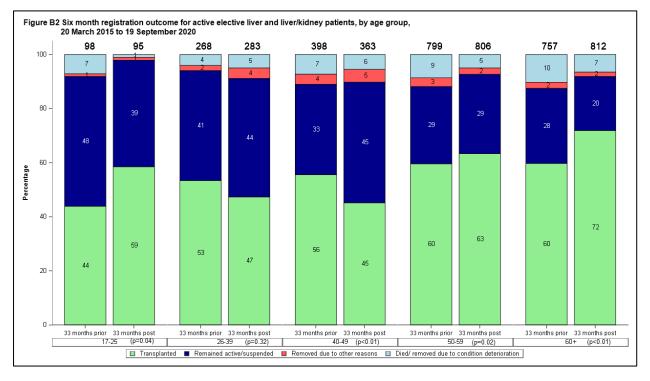
APPENDIX A: SUPER-URGENT CATEGORIES

INDICATION FOR REGISTRATION

- Category 1: Aetiology: Paracetamol poisoning: pH <7.25 more than 24 hours after overdose and after fluid resuscitation
- 2 Category 2: Aetiology: Paracetamol poisoning: Co-existing prothombin time >100 seconds or INR >6.5, and serum creatinine >300 µmol/l or anuria, and grade 3-4 encephalopathy
- 3 Category 3: Aetiology: Paracetamol poisoning: Significant liver injury and coagulopathy following exclusion of other causes of hyperlactatemia (e.g. pancreatitis, intestinal ischemia) after adequate fluid resuscitation: arterial lactate >5 mmol/l on admission and >4 mmol/l 24 hours later in the presence of clinical hepatic encephalopathy
- 4 Category 4: Aetiology: Paracetamol poisoning: Two of the three criteria from category 2 with clinical evidence of deterioration (eg increased ICP, FiO₂ >50%, increasing inotrope requirements) in the absence of clinical sepsis
- 5 Category 5: Aetiology: Favourable non-paracetamol aetiologies such as acute viral hepatitis or ecstacy/ cocaine induced ALF: the presence of clinical hepatic encephalopathy is mandatory and: prothrombin time >100 seconds, or INR >6.5, or any three from the following: age >40 or <10 years; prothrombin time >50 seconds or INR >3.5; any grade of hepatic encephalopathy with jaundice to encephalopathy time >7 days; serum bilirubin >300 µmol/l
- 6 Category 6: Aetiology: Unfavourable non-paracetamol aetiologies such as seronegative or idiosyncratic drug reactions: a) prothrombin time >100 seconds, or INR >6.5, or b) in the absence of clinical hepatic encephalopathy then INR >2 after vitamin K repletion is mandatory and any two from the following: age >40 or <10 years; prothrombin time >50 seconds or INR >3.5; if hepatic encephalopathy is present then jaundice to encephalopathy time >7 days; serum bilirubin >300 µmol/l
- 7 Category 7: Aetiology: Acute presentation of Wilson's disease or Budd-Chiari syndrome. A combination of coagulopathy and any grade of encephalopathy
- 8 Category 8: Hepatic artery thrombosis on days 0 to 21 after liver transplantation
- 9 Category 9: Early graft dysfunction on days 0 to 7 after liver transplantation with at least two of the following: AST >10,000; INR >3.0; arterial lactate >3 mmol/l; absence of bile production
- 10 Category 10: The total absence of liver function (eg after total hepatectomy)
- 11 Category 11: Any patient who has been a live liver donor (NHS entitled) who develops severe liver failure within 4 weeks of the donor operation
- 20 Category 20: Acute liver failure in children under two years of age: INR >4 or grade 3-4 encephalopathy. Definition: Multisystem disorder in which severe acute impairment of liver function with or without encephalopathy occurs in association with hepatocellular necrosis in a child with no recognised underlying chronic liver disease. Children with leukaemia/lymphoma, haemophagocytosis and disseminated intra-vascular coagulopathy are excluded



APPENDIX B: SIX MONTH REGISTRATION OUTCOME



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