

**KIDNEY ADVISORY GROUP  
JUNE 2021  
LIVING DONOR KIDNEY TRANSPLANTATION: UPDATE**

**1. BACKGROUND**

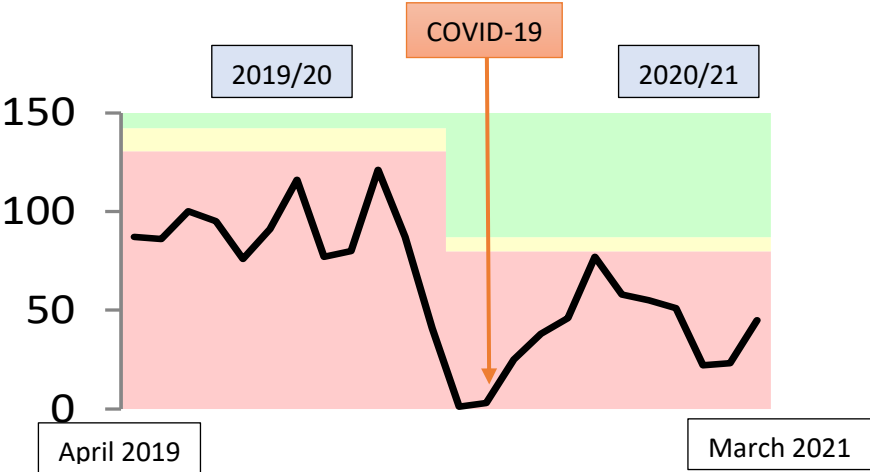
This paper provides an update on activities related to living donor kidney transplantation (LDKT). It will cover:

- Activity and impact of COVID-19
- UK Living Kidney Sharing Schemes (UKLKSS)
- Requests for prioritisation for transplantation
- National Focal Point (NFP): travel for transplantation

**2. ACTIVITY AND IMPACT OF COVID-19**

Figure 1 shows all living donor transplantation (LDT) activity between 1<sup>st</sup> April 2019 and 31<sup>st</sup> March 2021, illustrating the comparison between 2019/20 and 2020/21. In 2019/20 1035 LDKT were performed versus 422 in 2020/21, representing a 59% reduction in activity due to the COVID-19 pandemic. Figure 2 shows the contribution of the UKLKSS to overall LDT activity over the same period.

**Figure 1: All Living Donor Transplant Activity April 2019-March 2021\***



**Figure 2: Contribution of the UKLKSS to LDT Activity April 2019-March 2021**



More centres remained open in the second wave but LDT has been slower to recover following both waves of the pandemic than deceased donor transplantation. LDT activity in March (n=45) doubled in comparison with February (n=23) but is still below normal. This can be attributed to on-going centre restrictions and local COVID-19 vaccination policies for recipients and donors. Some centres continue to experience restrictions, limiting their ability to:

- Assess living donors
- Schedule LDKT for both adults and children
- Participate fully in the UKLKSS

### 3. UK LIVING KIDNEY SHARING SCHEME (UKLKSS)

#### 3.1 Matching Runs and Activity

With the support of KAG and all transplant centres, the UKLKSS was reinstated in October 2020 following suspension of the April and July 2020 matching runs. The January 2021 matching run was suspended due to the second wave of the pandemic but the UKLKSS was reinstated in April 2021. Tables 1 and 2 show the outcome of the October 2020 and April 2021 runs.

**Table 1: Summary of October 2020 and April 2021 matching runs (MRs)**

	October 2020	April 2020
Pairs included	247	235
Recipients included	231	224
Non-directed altruistic donors included	21	20
<b>Transplants identified</b>	<b>92</b>	<b>85</b>
2-way exchanges	9	7
3-way exchanges	8	9
Short altruistic donor chains	10	4
Long altruistic donor chains	10	12

**Table 2: Outcome of identified transplants: October 2020 and April 2021 MRs**

@27 <sup>th</sup> May 2021	October 2020	April 2020
Transplants identified	92	85
Unable to proceed	33 (36%)	8 (9.5%)
Transplanted	49 (53%)	0
Scheduled	8 (9%)	35 (41%)
Awaiting a date	2 (2%)	42 (49.5%)
<b>Total (estimated) to proceed</b>	<b>59 (64%)</b>	<b>77 (91%)</b>

The rate of non-proceeding transplants from MRs has increased during the COVID-19 pandemic. This is largely due to scheduling delays causing recipient deterioration and/or donor-recipient withdrawal from the process following the pause in the LDKT programme and slow recovery to normal activity. Centre-specific monitoring for non-proceeding transplants was suspended during the pandemic but has been resumed with the April 2021 matching run and will be reported at November KAG.

To date, there are 10 outstanding transplants from October 2020 to proceed. From the April MR, 23/35 transplants are scheduled in June and 12/35 in July. 42/77 (55%) have yet to be scheduled for surgery.

### **Recommendation**

Given the contribution that the UKLKSS makes to overall transplant activity and the opportunities it offers patients, it is recommended that the scheduled quarterly timetable of MRs throughout 2021 is maintained unless exceptional restrictions cause multiple centre closures. This approach maximises the contribution of non-directed altruistic donors, addresses the concerns of long-waiting recipient-donor pairs who remain unmatched and gives centres the flexibility to choose if they wish to participate and, where appropriate, to explore options for collaboration with other centres to facilitate donor and recipient surgery.

KAG members are asked for their views and to consider approving this recommendation, which could be reviewed if circumstances change due to resurgence of COVID-19.

### **3.2 Digital Transformation Programme: the UKLKSS (Transition State 1)**

In response to the critical incidents in the October 2019 and January 2020 matching runs, the digital transformation programme to underpin the critical processes within the UKLKSS remains a priority for this financial year. The design phase is due to complete in September and a business case to support the implementation plan will be presented to the NHSBT Board in July. Updates on progress will be reported to future KAG meetings.

In the meantime, we are grateful to the commitment of clinical teams in working with us to minimise the risks associated with paper-based processes and for helping to keep the scheme safe and effective until the digital platform is in place.

#### 4. REQUESTS FOR PRIORITISATION FOR TRANSPLANTATION

There has been one provisional request for recipient prioritisation for transplantation since the last KAG meeting. This is for a female recipient who was scheduled to have a direct living donor transplant from her husband in 2018. At implantation, she was found to have a pelvic mass (due to TB) and the kidney was, therefore, offered to a local recipient on the transplant list. Following treatment for TB, she was re-listed for transplantation with prioritisation within her tier. This was approved by KAG in line with current LDKT policy here: <https://nhsbt.dbe.blob.core.windows.net/umbraco-assets-corp/19841/pol274-living-donor-kidney-transplantation.pdf>. She was subsequently transplanted from a deceased donor on 12<sup>th</sup> February 2021, but the kidney failed due to thrombosis and she had a transplant nephrectomy on 19<sup>th</sup> February. Renal vein thrombosis was evident at ex-plant. Given the circumstances, the clinical team has requested consideration for re-prioritisation for transplantation for this recipient when she is suitable to be relisted.

KAG members may be asked to discuss this case in the June meeting or to do so at a later date, closer to the time of listing.

#### 5. NATIONAL FOCAL POINT (NFP) FOR TRAVEL FOR TRANSPLANTATION

As reported previously to KAG, NHSBT provides the National Focal Point (NFP) representation for the UK on the Council of Europe NFP Network. The purpose of the network is to identify illegal travel for donation and/or transplantation to help prevent transplant-related crimes. Lisa Burnapp and Matthew Robb are the delegated representatives on the group and oversee the annual data collection for submission to the European Registry, administered by European Directorate for the Quality of Medicines and Healthcare (EDQM) on:

- Recipients who return to the UK having received a transplant outside the UK
- NHS entitled recipients who receive a transplant from a non-resident living donor in the UK
- Non-NHS entitled living donor recipient and donor pairs who travel to the UK for LDT

Since November 2020 KAG, when the NFP work was highlighted:

- The 2021 data collection exercise is in progress which relates to transplants in 2019 (2 years in arrears). Individual questionnaires have been sent to centres for further information on cases captured in the UK Transplant Registry where recipients returned with a transplant from outside the UK

- As requested, one case of a recipient returning from outside the UK with a transplant has been reported through ODT on-line on arrival in the UK at <https://www.odt.nhs.uk/odt-structures-and-standards/governance-and-quality/tell-us-about-an-incident/> and the relevant follow-up questionnaire has been completed by the referring clinician
- Legal advice has been sought from the Human Tissue Authority (HTA) to clarify the role of the HTA and NHSBT in escalating cases of concern to the appropriate authorities. This is work in progress.

Please contact [lisa.burnapp@nhsbt.nhs.uk](mailto:lisa.burnapp@nhsbt.nhs.uk) with any queries or concerns about patients who may wish to seek a transplant outside the UK without a proper referral

## SUMMARY AND RECOMMENDATIONS

KAG members are asked to note the content of this paper and consider the following requests:

1. The recommendation with respect to maintaining the scheduled quarterly timetable of matching runs for the UKLKSS throughout 2021 unless exceptional restrictions related to COVID-19 cause multiple centre closures.
2. Provisional request for recipient re-prioritisation on the transplant list following an aborted living donor transplant resulting in a missed opportunity (donor donated) and subsequent early graft loss in a deceased donor transplant
3. NFP Data Collection
  - a. Participate in the data collection exercise for 2021 if approached to provide further information for recipient/s who have returned to the UK having been transplanted outside the UK
  - b. Report all cases of recipients returning from outside the UK with a transplant on arrival in the UK on-line at <https://www.odt.nhs.uk/odt-structures-and-standards/governance-and-quality/tell-us-about-an-incident/>
  - c. Contacting [lisa.burnapp@nhsbt.nhs.uk](mailto:lisa.burnapp@nhsbt.nhs.uk) with any queries or concerns about patients who may wish to seek a transplant outside the UK without a proper referral

This paper and the outcomes of KAG discussion will be shared with the UK LKD Network.

**Lisa Burnapp, Clinical Lead- Living Donation**

**With thanks for data provided by Matthew Robb, Principal Statistician and Scientific Support Team, Hub Information Services, OTDT**

**June 2021**