

Recording reasons for organ decline

Declined organ offers are currently recorded by the Duty Office, with up to three reasons selected from a single list of over 100 reasons that has grown organically over time. In the context of the work volume of the Duty Office, it would be reasonable to expect that staff will sometimes pick a similar-sounding reason from the beginning of the long list rather than a more accurate reason later in the list. There is a suspicion that the reasons recorded are not entirely accurate, with the following implications:

- There is more risk in accepting an organ another centre has already declined
- It is difficult to audit reasons for decline to improve organ utilisation
- It limits the utility of feedback to transplant centres on fate of declined organs
- Time is lost by re-offering organs which are highly likely to be declined

In my own transplant centre we prospectively record all declined kidney offers and review them in our monthly transplant MDT. Correlating our records against the regular feedback received from NHSBT suggests that the recording of reasons for decline is not entirely accurate.

Accepting an organ already declined by one or more other centres is a difficult decision that exposes the accepting surgeon to professional risk. This is particularly difficult if the reason for the other centres' decline is unclear as there is a nagging doubt over whether something significant has been missed, with the risk that some transplantable organs are inappropriately declined.

There is already a small working group within ODT looking at how reasons for offer decline can be better recorded.

Changing the approach

It is proposed that as part of the transformations with the Hub, we change from recording reasons from a single list to categorising the reasons for decline. The primary category for decline would have implications in terms of informing other transplant centres and in determining how the organ may be further offered. Five categories are proposed:

- Declined because no organs can be transplanted safely from this donor
- Declined because the offered organ is not transplantable into any recipient
- Declined because the offered organ is not suitable for the named recipient
- Declined because the recipient is currently unfit for a transplant
- Declined as the transplant centre cannot do the transplant for local logistic reasons

On declining an organ offer, the recipient centre point of contact would be asked to provide the category for the primary reason for decline as well as the reason itself. Some reasons may come under more than one category and will be listed under all relevant categories.

The first reason, "no organs can be safely transplanted from this donor", would apply in scenarios such as malignancy or significant infection. A centre declining an offer under this category would not be offered any other organs from this donor, saving time wasted on futile further offers. Other centres who will be offered, or have already accepted, any organ from the same donor will be informed that another centre has declined for this reason and can appropriately risk assess and counsel the recipient for any organ they have accepted.

If a centre declines an organ for the second reason, “the offered organ is not transplantable into any recipient”, they would not be offered the same organ for any other recipients on their list but would still be open to offers of other organs from the same donor. In the case of the kidney and lung, it would need to be clarified whether the centre was declining only one of the pair or both. Expected prolonged cold ischaemic time could be one of the reasons applicable to this category. Any other centre being offered the same organ would be informed that it had been declined and why, and could then risk assess whether to accept the same organ, but this would not be required for offers of other organs from the same donor.

The third category, “not suitable for the named recipient”, applies only to named-patient offers, and could include reasons such as donor-recipient age discrepancy or HLA mismatch, but also could include a number of reasons applicable to the second category above but at a different threshold. Declining a named-patient offer under this category would mean that centre is still interested in offers of the same organ for another named recipient or under the FastTrack scheme. Other centres could more confidently accept offers of this organ.

The fourth category, “recipient unfit”, would imply the centre receiving the offer had no concerns about the organ offered, and that it was purely a problem with the named recipient. The centre would still be open to offers of the same organ for a different recipient, and it could be confidently accepted by any other centres.

The final category, “transplant centre cannot do the transplant” would apply whenever there is no problem with donor, organ or recipient, but local logistic problems such as a lack of ward beds, ICU beds or theatre access (including capacity issues arising from other transplants) prevents the transplant. Other transplant centres would be able to accept the offer with confidence.

Multiple reasons for decline

Resolving multiple reasons for decline remains a challenge. We will need transplant centres to pick a single category for primary reason for decline, but can record secondary and tertiary reasons as well. The reasons need not be under the same category.

The highest applicable category on the list would be the one chosen – it would be expected that centres will not pick either of the first two categories inappropriately as it would be excluding other patients on their waiting list from any possibility of a transplant from the donor in question.

Taking this further

If the Chairs of Advisory Groups support this approach to recording reasons for offer decline, the working group already formed within ODT can devise a list of reasons for each organ under each category to be sent to the relevant advisory group for approval.

Once the details are finalised, appropriate communication will be needed to ensure all transplant centres are aware of the new system and the implications of the categories used for offer decline. A pilot in a small number of centres, or for a single organ, may be appropriate.

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Category	Reasons in category	Implications for centre	Implications for other centres	Action for NHSBT
Donor unsuitable	<ul style="list-style-type: none"> - nvCJD - active malignancy - undiagnosed encephalitis 	“My centre will not use any organs from this donor.”	Should only consider using with caution	Offer out with warning
Organ unsuitable	<ul style="list-style-type: none"> - inadequate function - severe retrieval injury 	“I will not use this organ for any recipient on my list.”	Should only consider using with caution	Offer out with warning
Organ unsuitable for named recipient	<ul style="list-style-type: none"> - age mismatch - HLA mismatch - size mismatch - retrieval injury - inadequate function for named recipient (e.g. has potential live donor) - needs dual DCD or paed en bloc but this recipient unsuitable 	“I will not use this organ for the named recipient, but would consider using it for another from the list”	Safe to use for a suitable recipient	Offer out if cold ischaemic time acceptable, otherwise can be reallocated in centre. The decline will usually be before the organ has left the retrieval hospital, so usually should be offered out
Recipient issue	<ul style="list-style-type: none"> - acute infection - recipient unfit - recipient declines offer - recipient uncontactable 	“There is no problem with the organ but the recipient cannot have a transplant today”	Safe to use for any recipient	Offer out if cold ischaemic time OK. Otherwise can be reallocated within centre (e.g. if organ already en route when issued found)
Logistic issue	<ul style="list-style-type: none"> - no theatre access - no ICU beds - no ward beds - cold ischaemic time (based on likely travel time) 	“We are unable to transplant this organ in our centre within acceptable cold ischaemic time”	Safe to use unless cold ischaemic time too long already (travel time)	Offer out Record organ decline in register Incident if declined late