NHS BLOOD AND TRANSPLANT

LIVER ADVISORY GROUP

A summary report from the FTWU on: Adult to Adult LDLT

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Purpose of the Group discussion was 2 fold:

- To review the current state of the national ALDLT program
- To respond to a request by NHS England (Edmund Jessop - HS commissioning), for the LT community to review the A-ALDLT program with special reference to:
    - Optimum number of ALDLT centers required in England – *should the number of centers be restricted and if so how many*
    - Clinical reasons for restricting ALDLT to centers providing paediatric LT
    - Revising Standards
    - Prediction of annual need

As a group we also felt that we needed to understand the variation in 'up-take' across the 6 centers, discuss how the current 'standards' document needed to be revised (last published – 2006) and finally review listing criteria for ALDLT.

The over-all feeling was that being 'prescriptive' at this stage would be inappropriate and in order to answer the questions adequately there needed to be 'professional unity' and 'buy-in' from all units. While 'safety' was a key element, it was felt that centers should have the opportunity to re-affirm their interest in performing the procedure and give an update on their progress or lack of it.

In attempting to answer the question of projected numbers, it was pointed out that although there has been a slow but steady increase year on year (see attached), the number of procedures would always be moderately low especially with the significant increase in the number of deceased donors currently available.

It was also agreed that 'expertise' to perform the procedure was an important issue and although volume as a surrogate marker of outcome was not that robust in DDLT, the A2ALL (USA) study did attach a figure of 25 per year as an aspirational number to avoid life threatening donor complications – and this would have to be kept in mind – although over the last 5 years no center in the UK has achieved this – even within the 2 centers performing the largest number of NHS patients. Having a robust DDLT program and a high volume HPB service was currently within the standards document – and this maybe more appropriate for the UK. (Most US centers doing ALDLT do not all have high volume HPB practices). To answer the questions posed we felt that we needed to look at the HTA report for all centers –

following their recent review to ensure compliance and review both the LAG 'standards' document and the NCG contract document currently in use.
This was done and the LAG document is currently being reviewed and the HTA reported all centers were compliant currently.

A considerable amount of discussion then focused on the appropriateness of restricting ALDLT to pediatric centers. It was agreed that that equity of access and patient choice should be considered. Some members felt that patients would travel if 'safety' and 'expertise' were the priority. It was felt that this could be put to the lay member and discussed in a professional environment – perhaps at a bespoke meeting – where all units were represented and following revision of the standards – where these issues could be aired. Overall we agreed that a much more strategic view needed to be taken and attempting to answer the questions posed in isolation – was inappropriate

Concerns were also raised about 'buy–in' from within the medical profession and the education was a key element and a 'mind shift' amongst referring physicians was required to sustain a national program.

It was concluded that in order to answer the questions adequately an overall strategic view needed to be taken by the professionals themselves. As a priority the 'standards' document needed revising. Once this was done an extra-ordinary meeting with all 6 English centers would be organized – in September in conjunction with BASL, BTS and NHSBT. This will be part of the UK+I annual meeting. The recent A-ALDLT BTS guidelines are in the final preparation stages and should be available at the meeting.

This has been discussed with Edmund Jessop and he is happy to await our final conclusions.