

**NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE**

LIVER ADVISORY GROUP MEETING

**OFFERING FOR COMBINED HEART AND LIVER/KIDNEY TRANSPLANT
RECIPIENTS**

Background

1. There are currently two heart and kidney recipients and one heart and liver recipient registered on the waiting list. The heart and liver recipient is registered on the urgent heart waiting list.
2. The current practice for the heart and kidney recipients is for them to be considered for routine heart offers and if an organ is considered suitable for one of these recipients the transplanting centre can request a kidney. Due to the HLA becoming more frequently available prior to routine heart offering, the Duty Office frequently allocate both kidneys before routine heart offering starts. The urgent heart and liver recipient is currently managed differently (see point 4).
3. There is concern that the current practice is disadvantaging recipients that need a heart and another organ.
4. Because the heart and liver recipient is currently listed for an urgent heart they are displayed on the whiteboard in the Duty Office and their requirement for a liver is visible to Duty Office staff.
5. If a suitable donor with consent for a heart and liver is registered the Duty Office speak to the relevant centre to ask them if they would, in principle, accept the Heart and Liver for their recipient.

Proposal

6. Recipients that need a heart and a liver/kidney would be registered on NTxD for the urgent heart scheme. Registrations would be processed by the Duty Office using the current urgent heart registration procedure and the requirement for a liver/kidney noted on the whiteboard.
7. If a suitable donor with consent for a heart and liver/kidney is registered the Duty Office would speak to the relevant centres to ask them if they would, in principle, accept the heart and liver/kidney for their recipient.
8. If they decline then the liver/kidney offering can continue as normal.
9. If the offer was accepted in principle for a heart and liver recipient the liver would be offered to any Super Urgent and Hepatoblastoma recipients (if registered) after which the Liver is held for the urgent heart recipient requiring the organ.

10. If the offer was accepted in principle for a heart and kidney recipient the kidney would be held for the urgent heart recipient requiring the organ.
11. In both cases urgent heart offering would proceed as per the Duty Office procedure. Recipients requiring a heart and and liver/kidney would be offered to in sequence and if the registering centre wanted to accept in the event of a full offer they could do so in the knowledge that the other organ is available for their recipient.

Considerations

12. In the event that this proposal is approved implementation would take place subject to proper change control and an exploration of the technical aspect of registering these recipients for an urgent heart on NTxD.
13. Although this solution is practicable in the short term the Duty Office would ask that consideration of these recipients is given when designing any new offering scheme.

Michael Gumn
Duty Office Team Manager

April 2015

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RECIPIENTS**

Background

1. As of the 24th of February 2015, 52 recipients were waiting for a combined liver and kidney transplant. 11 of these recipients (21%) had waited longer than 700 days for their transplant.
2. There is a provision in the liver allocation policy ([POL196](#)) to ensure that a kidney is held from offering until the liver offering is completed to ensure that liver and kidney recipients have an equal chance to receive a liver transplant as other liver recipients. Due to the HLA becoming more frequently available prior to routine liver offering, the Duty Office procedures do not follow this principle.
3. There was some concern from the liver transplant community in general, and Prof. James Neuberger in particular that this was causing recipients requiring a combined liver and kidney transplant to be disadvantaged.
4. It was noted that over the last 10 years (1 Jan 2005 – 31 Dec 2014) 137 (99%) of the 139 combined liver and kidney transplants used organs from DBD donors. It was also noted that in 2014 routine kidney offering started before routine liver offering in 168 (24%) of 696 donors where both the kidney and liver were offered.
5. A proposal was prepared by the Duty Office (shown below). It is suggested that a three month trial would take place with the aim of testing the viability of the proposal being a longer term solution that would address the offering of organs to combined liver and kidney recipients on the waiting list.

Proposal

6. To facilitate combined liver and kidney transplants the Duty Office will hold one kidney from DBD donors for up to 60 minutes, during which the zonal centre has to declare whether they wish to accept or decline their routine liver offer. This will allow the zonal centre to consider their zonal offer for a liver and kidney transplant with the knowledge that a kidney will always be available to them for this offer.
7. If a kidney has been accepted for an IFALD recipient then the remaining kidney will not be held for the liver offering but will be offered as per Duty Office procedure.

8. At the time of accepting the liver offer the zonal centre will indicate if they would like to accept the kidney for a liver and kidney transplant.
9. If the kidney is accepted with the liver the Duty Office will offer the remaining kidney as per the agreed national allocation procedure.
10. If the kidney is not accepted with the liver by the Zonal centre the Duty Office will offer both kidneys as per the agreed national allocation procedure.
11. If a non-zonal centre would like to accept a kidney with the liver they may request a kidney at any point during offering but the availability of the kidney will depend on whether or not it had been allocated for kidney or SPK recipients.
12. If a liver centre would like to request that a renal centre relinquish a kidney offer then negotiations should happen directly between surgeons. The Duty Office will be happy to provide contact information in this circumstance.
13. This proposal does not apply to DCD donors.

Trial Period

14. If this proposal is agreed the trial would run from 04/05/15 until 03/08/15.

Michael Gumn
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April 2015