

## NHS BLOOD AND TRANSPLANT

### LIVER ADVISORY GROUP

#### ACCESS TO TRANSPLANT FOR LIVER AND KIDNEY PATIENTS – REVIEW OF REVISED DUTY OFFICE PROCESS

##### INTRODUCTION

- 1 Following concerns raised about potential disadvantage for patients needing a combined liver/kidney transplant, LAG and KAG agreed a slight change in Duty Office processes to more readily facilitate combined liver/kidney transplant. At February 2015, 52 patients were awaiting such a transplant with 10 (19%) having waited more than two years.
- 2 As of 5 May 2015 a new process was implemented on a trial basis. This was that the Duty Office would delay offering one kidney from a DBD donor for up to 60 minutes during which time the liver zonal centre could declare whether they wished to accept a kidney to accompany the liver. This has allowed liver zonal centres to consider their liver and kidney patients with the knowledge that a kidney will be available to them if needed (rather than already be committed to a kidney patient). The trial period for this process ends on 30 November 2015.
- 3 This report gives an overview of waiting list and transplant activity for patients awaiting a liver and kidney transplant, from 1 November 2012 to 31 October 2015. The last 6 months of this period reflect the revised process. The impact on kidney patients is also examined.

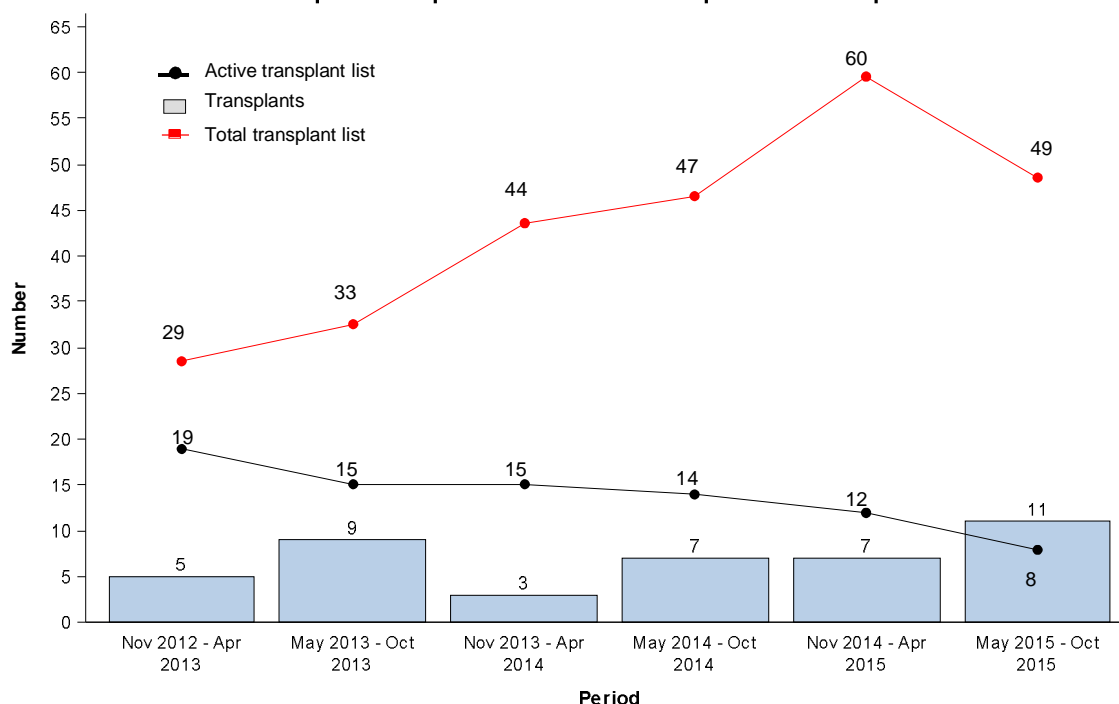
##### LIVER/KIDNEY ACTIVITY

- 4 **Figure 1** shows that the number of adult and paediatric elective DBD donor liver/kidney transplants in the UK was higher in the last 6 months than in the previous five 6-month periods. The last 6 months has also seen a fall in the total number of liver/kidney patients on the list for the first time in three years. There are still almost 50 patients waiting for liver/kidney transplant, however, although the number of those patients with an 'active' kidney status has fallen as shown. Centre practice with regard to kidney listing status is not clear, although 9 of the 11 patients transplanted last year had a suspended kidney status at the time of transplant. Thus the total transplant list numbers are likely to be more indicative of the real need for liver/kidney transplantation.

##### IMPACT FOR KIDNEY PATIENTS

- 5 During the period May-Sept 2015, there were 354 DBD donor livers offered. For 198 (56%) the liver was offered before the donor HLA type had been reported and thus the delay to second kidney offering would be less than the specified 60 minutes (as kidney offering is dependent on availability of donor HLA type). It is unclear what the delay is for offering the second kidney for the remaining donors. When the donor HLA type is known at an earlier stage (before liver offering), then the Duty Office are coordinating offering of all organs in similar timeframes and cardiothoracic organs and livers take priority for offering in these situations. The delay may thus be minimal also.

**Figure 1** Liver and kidney patient activity in the UK, 1 November 2012 - 31 October 2015  
Number of transplants and patients on the liver transplant list at 30 April and 31 October



Note: Number of transplants in May to October 2013 includes two DCD transplants

- 6 In terms of kidney patients who may have missed out on a transplant as a result of a kidney being used for a liver/kidney patient, the 11 liver/kidney transplants since May were examined. In three cases there was one high priority patient on the kidney matching run and in a further case there were two high priority patients. High priority patients include those waiting at least 7 years, 000 HLA-A, B, DR mismatched patients and well matched paediatric patients. Of the five high priority patients, four were offered the first kidney and were thus not disadvantaged (only one of which was transplanted). The remaining high priority patient was not offered the first kidney as it was already committed to a multiorgan patient. It is not clear whether the kidney would have been accepted and transplanted for this patient.
- 7 In summary, the impact for kidney patients has been negligible except that very occasionally a high priority kidney patient may miss an offer of a transplant.

## RECOMMENDATION

- 8 There is some evidence of an increase in liver/kidney transplants and minimal impact on kidney patients following the change in process. It is recommended that the new process should continue with a further review by LAG and KAG in November 2016.

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