

NHS BLOOD AND TRANSPLANT ORGAN DONATION AND TRANSPLANTATION DIRECTORATE CONTRA-INDICATIONS TO ORGAN DONATION

To maximise the potential for organ donation, every eligible organ donor should become an actual donor where appropriate. However, to prevent families being approached needlessly, it is important to define those characteristics of potential donors that preclude donation in any circumstance thus making them ineligible. It should be recognised that it is the responsibility of the recipient surgeon to decide whether to accept an organ and this decision will depend on both donor and recipient factors. Organs from all donors will carry some degree of risk and the risks associated with transplantation must be balanced against the benefits of transplantation and the risks of awaiting a further offer.

The criteria listed below were drawn up by a group of transplant surgeons, physicians, intensive care clinicians and specialist nurses in organ donation and are based on past experience and published data.

As with all guidelines, these should be used with clinical judgement and, if a clinician feels that a person excluded by this list, should be offered the opportunity to donate, then the family should be approached for consent/ authorisation.

Advice on donation from those with intra-cerebral tumours are outlined in the article by Warrens et al, (2012) (see reference below) which advises that organs from donors with primary CNS tumours should be used unless the tumour is a lymphoma (even if the lymphoma is considered a primary intra-cerebral lymphoma) and, only in rare cases, should organs be used from a donor with a CSF shunt and primary intra-cerebral tumour (although the risk of transmission in such cases is estimated to be less than 1%).

Absolute Contraindications to organ donation

- Age >85 years
- Any cancer with evidence of spread outside affected organ (including lymph nodes) within 3 years of donation (however, localised prostate, thyroid, *in situ* cervical cancer and non-melanotic skin cancer are acceptable)
- Melanoma (except completely excised Stage 1 cancers)
- Choriocarcinoma
- Active haematological malignancy (myeloma, lymphoma, leukaemia)
- Definite, probable or possible case of human TSE, including CJD and vCJD, individuals whose blood relatives have had familial CJD, other neurodegenerative diseases associated with infectious agents
- TB: active and untreated
- HIV disease (but not HIV infection)

Organ specific contraindications

In addition to the absolute contraindications a number of organ specific contraindications have been developed by each NHSBT Advisory Group to assist in the assessment of a potential organ donor, these are listed below. Each contraindication is specific to the organ listed and does not preclude the donation of any other organ. In some cases, individual transplant units have developed further contra-indications.

Liver

- Acute hepatitis (AST>1000 IU/L)
- Cirrhosis
- Portal vein thrombosis

Kidney

- Chronic kidney disease (CKD stage 3B and below, eGFR<45)
- Long term dialysis (that is, not acute relating to acute illness)
- Renal malignancy (prior kidney tumours of low grade and previously excised would not exclude donation)
- Previous kidney transplant (> 6 months previously)

Pancreas

- Insulin dependent diabetes (excluding ICU associated insulin requirement)
- Any history of pancreatic malignancy

Heart

Urgent:

- Age >65

Non-urgent:

- Documented coronary artery disease (e.g. confirmed history of MI, CABG or percutaneous stenting)
- Median sternotomy for cardiac surgery
- LVEF≤30% on more than one occasion
- Massive inotropic or pressor support, but only if adequate circulating volume has been confirmed by monitoring

Lungs

- DCD donor age >65; DBD donor age >70 years
- Previous intra-thoracic malignancy
- Significant, chronic destructive or suppurative lung disease (those with controlled asthma are suitable donors)
- Chest X-ray evidence of major pulmonary consolidation

It is appreciated that the term 'active cancer' is imprecise; the term has been agreed to identify those cancers where there is a probability that cancer will be transmitted to the recipient.

As previously stated, these guidelines are to support the assessment of a potential organ donor when considering DBD or DCD donation and should be applied with clinical judgement and in conjunction with the following documents:

Council of Europe. Criteria for preventing the transmission of neoplastic diseases in organ donation. Council of Europe Publishing (2006)

http://book.coe.int/EN/popupprint.php?PAGEID=36&lang=EN&produit_aliasid=2372

NHSBT/BTS Guidelines for Consent for Solid Organ Transplantation in Adults (2011)

<http://www.bts.org.uk/EasySiteWeb/GatewayLink.aspx?alld=927>

SaBTO Guidance on the Microbiological Safety of Human Organs, Tissues and Cells used in Transplantation (2011)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121497

Warrens et al (2012) Advising Potential Recipients on the Use of Organs From Donors With Primary Central Nervous System Tumors
Transplantation Volume 93, Number 4, February 27, 2012

http://journals.lww.com/transplantjournal/Fulltext/2012/02270/Advising_Potential_Recipients_on_the_Use_of_Organs.3.aspx