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How do we address current inequity of access to non-directed altruistic donation?

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**How do we address current inequity of access to
non-directed altruistic donation?
Surgical Perspective**

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**UK Living Donor Liver Transplantation Network
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Leeds Living Donor Liver Transplant Programme – Altruistic Donation

- Altruistic donation more frequent in kidney than in liver donation
- Altruistic NDAD is further rare in liver donation
- Difference between kidney and liver NDAD is the magnitude of the surgical trauma and balance of risks

Leeds Living Donor Liver Transplant Programme – Altruistic Donation

- LDLT service commence 2007
- In total we have done 137 LDLTX, 47 RL (34%), 80 LLS(58%), 10 LL(7%)
- First altruistic donor 2012
- 21 altruistic donor procedures (+1 abandoned on table) – till date

Left Lateral Segment	Right Lobe	From Social Media Appeal
N = 17	N = 4	LLS = 2 Right Lobe = 1

- Median age 29 years (19 – 54)
- Donor relation – 61.5% first degree, 23.1% second degree, 1.9% unrelated (friend) and 13.5% altruistic
- aLDLDT- 40% pLDLT- 60%

Leeds Living Donor Liver Transplant Programme – NDAD

- Between January 2012 to April 2021, 100 enquiries from NDAD were received, 14 progressed to donation, 11 donated a left lateral segment and three donated a right liver graft.

DEMOGRAPHICS OF NDAD enquiries = 100	
Gender	63% males
Age (median)	40 (18-60)
Found medically "unfit"	30%
> upper limit Age (>50 years)	12%
No further engagement	45%
Former organ donation – kidney	7%
Total Proceeded to donation	14/40 (35%)

Leeds Living Donor Liver Transplant Programme – NDAD

DEMOGRAPHICS NDAD donation n = 14	
Age	29.6 (19-54)
Gender	8 males, 6 females
BMI	23 (19-27)
Weight (Kg)	69 (57-80)
Former donation	1 (Kidney)
Duration assessment (first visit to MDT decision)	91 (34-164) days
Time to donation (MDT decision to donation)	71 (13-204) days
Overall process length (first visit to donation)	156 (64-369) days

Leeds Living Donor Liver Transplant Programme – Altruistic Donation

- The donor cohort was demographically diverse, but they all shared a common desire to help others with their motivation and action.
- This group is intellectual, psychologically well balanced, self-aware and with a universal sense of social and personal responsibility to help others.
- Experienced LDLT programs should seriously consider NDAD liver transplantation.

Leeds Living Donor Liver Transplant Programme – Altruistic Donation

Points to note

- Longer period from start of assessment to donation- to accommodate donor commitments
- Longer cooling off period
- Allocation of grafts- Utility aspect (maximizing the good)
 - Equity aspect (fairness and justice)
 - Donor-recipient matching- anatomy, size of graft

How to address inequity of access to NDAD?

Challenges

Very small numbers- scarce source of grafts

Resource intense- workforce experience established over many years

Donor workup, suitability, availability, expectations

Donor- recipient matching- anatomy, size, timing of tx

Funding issues

Unfair to compare to kidney sharing scheme

How to address inequity of access to NDAD?

Future direction

- Working together
- Mutual trust
- LDLT proctor programme- will enhance the above
- Centres building up on LDLT programme and promoting altruistic donation

Equity of Access – Hepatologists' Perspective

- Families **eternally** grateful
- Children in the North – more likely to live in Poverty of The South
 - Impact on **social circumstances** of families (feasibility of live donation / donors @ large)

Increasing total numbers:

- Awareness: Liver donation < Bone Marrow & Kidney Donation?
- Further Development of other Programmes / Resource investment



Addressing Inequities in Non-Directed Liver Donation

LIVER CO-ORDINATOR'S PERSPECTIVE

EMMA HARKIN

Barriers & challenges

- ▶ Lack of established programmes
- ▶ Logistical & geographical challenges
- ▶ Lack of awareness in general public
- ▶ Volume of enquiries vs donors proceeding
- ▶ Local resources
- ▶ Financial
- ▶ Culture



Ways to implement change

- ▶ Education, increasing awareness & promotion of Non directed donation publicly
- ▶ Streamlining process
- ▶ Collaborate with other centres – partnerships
- ▶ Data collection & analysis
- ▶ Financial/logistical support
- ▶ Dedicated staff

Final thoughts..

Recognition of risk in liver vs kidney donation

Need to address prejudices

Huge advantage to all of our waiting list patients if we can get the programme established and provide equity of access nationally.



