NHS BLOOD AND TRANSPLANT
CARDIOThorACIC ADVISORY GROUP
SPECIFYING RANGE OF ACCEPTABLE DONOR SIZE FOR LUNGS

BACKGROUND

1. A recent incident (INC 2093) highlighted that there is nothing in the NHSBT allocation policy to prevent the lungs from a neonatal donor being offered to all cardiothoracic transplant centres.

2. It is important to reduce the number of redundant organ offers made by the ODT Duty Office. This paper presents several options for reducing offers based on acceptable donor size.

CURRENT POLICY

3. Policy 188, Clinical contraindications to approaching families for possible organ donation, states that the lung-specific absolute clinical contraindications for donation are:

   - DCD donor age >65 years (on or after their 65th birthday)
   - DBD donor age >70 years (on or after their 70th birthday)
   - 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

4. Patients in the soon-to-be-implemented Super-Urgent and Urgent Lung Allocation Schemes can be registered with gender-specific maximum and minimum donor heights they are willing to accept. These patients will subsequently not receive offers of donor lungs from donors that fall outside of these specified criteria. However, it is not mandatory to provide this information and a patient will receive offers from all donor sizes if it is left blank on the registration form.

5. Patients in the Non-Urgent Lung Allocation Scheme cannot be registered with any specific donor acceptance criteria. Offering is centre-based rather than patient-based.
POSSIBLE OPTIONS (not mutually exclusive)

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<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Effort rating</th>
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<tbody>
<tr>
<td>1</td>
<td>Add national size restrictions to the lung-specific absolute clinical contraindications for donation in POL188, meaning that no patient will receive an offer outside of these limits.</td>
<td>Easy - simple change to policy and re-training of SNODs/Duty Office</td>
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<td>2</td>
<td>Make gender-specific maximum and minimum donor heights compulsory on the <em>Super-urgent/Urgent Lung Recipient Registration Form</em> and the Duty Office will delay registration until this information is provided by the centre.</td>
<td>Easy - communication to centres and training of Duty Office</td>
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<td>3</td>
<td>Ask each centre to provide centre-specific acceptance criteria for donor size. This would screen out offers across all offering tiers (Super-Urgent/Urgent/Non-Urgent) and would be used in conjunction with additional patient-specific acceptance criteria for super-urgent/urgent patients. For Newcastle these could be different for paediatric and adult recipient offers.</td>
<td>Difficult - would require NHSBT IT resource to be implemented without manual workaround and associated risk (can be brought in with “task based offering” in 6-12 months)</td>
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<td>4</td>
<td>Allow non-urgent patients to be registered with gender-specific maximum and minimum donor heights they are willing to accept. If a donor is outside of the ranges specified for all active patients in the non-urgent tier for a given centre, the offer will not be made to that centre.</td>
<td>Difficult - would require NHSBT IT resource to edit non-urgent registration form and allow information to be captured and used for screening offers</td>
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**ACTION**

6. CTAG are asked to decide which combination of the 4 options is most appropriate, or suggest alternatives.

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