

National liver offering scheme

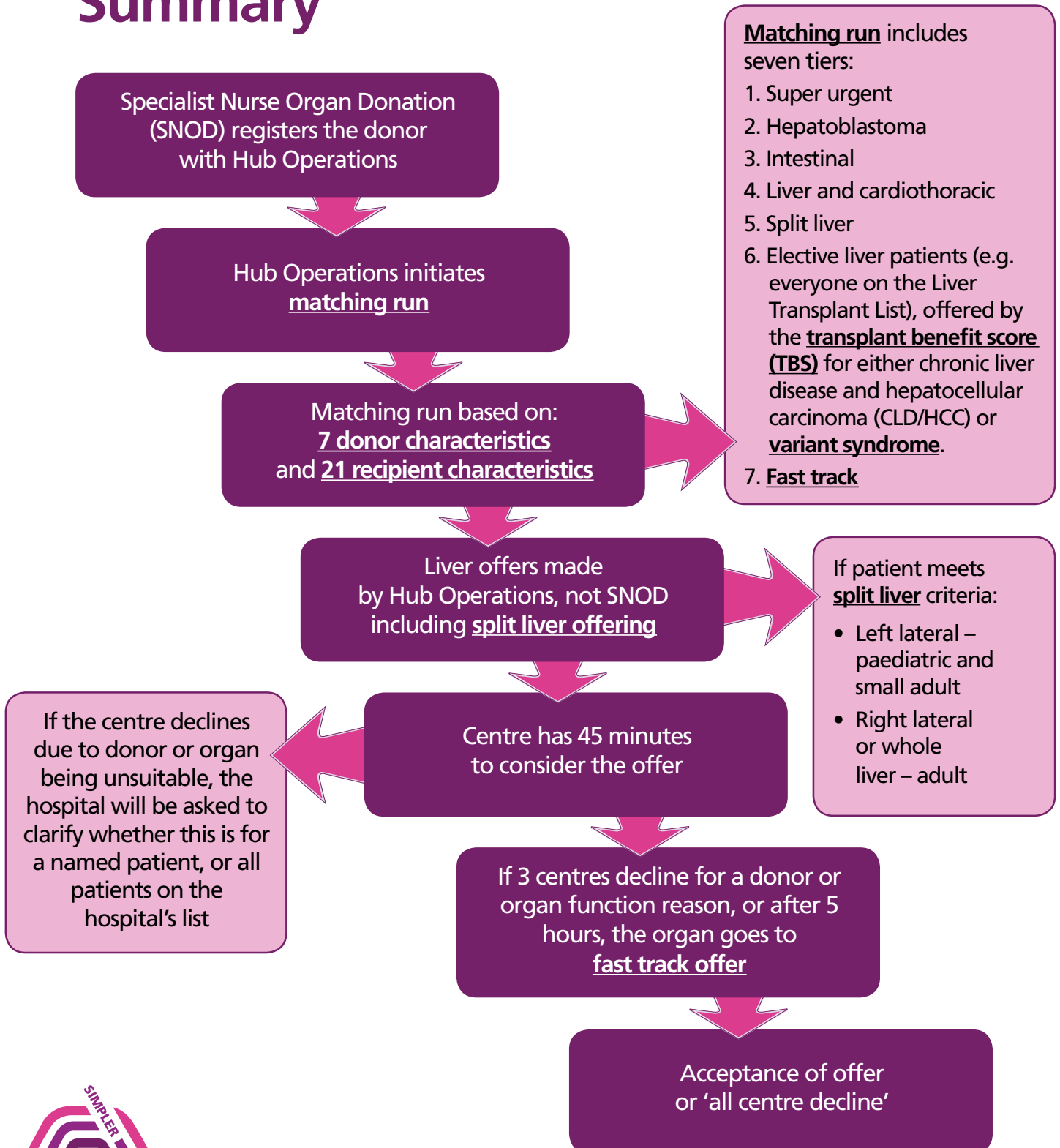
Outline

- 1** Specialist Nurse Organ Donation (SNOD) registers donor with Hub Operations
- 2** Hub Operations initiates the matching run
- 3** Matching run offering list printed and also saved in electronic file by Hub Operations
- 4** Hub Operations offers organs to recipients according to the matching run offering list
- 5** Hospitals have 45 minutes to consider their offer and either accept or decline
- 6** If three centres decline for a donor or organ function reason, or five hours pass, fast track offer may be initiated
- 7** Acceptance of offer or 'all centre decline'



National liver offering scheme

Summary



Fast track offering

Three declines for a donor or function related reason will trigger a fast track offer.

Fast track offering made by Hub Operations, not SNOD for all offers

Each centre has 45 minutes to consider the offer and call in to accept the offer

If more than one centre is interested in the offer, the organ offer will be given to the centre with the highest ranked **transplant benefit score (TBS)** patient

Hub Operations will only inform the centre if their patient has been allocated the organ.
If a centre does not receive a call they will know they did not have the highest TBS and they are not allocated the organ

Hub Operations will then ring the SNOD to say that the organ has been accepted, or will inform the SNOD there has been an 'All centre decline'

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Matching run

Priority is always given to those on the 'super urgent' list (those who will not live long without a transplant), patients with hepatoblastoma and those waiting for a multi organ transplant (intestinal / liver and cardiothoracic).

The liver is then offered to patients on the Liver Transplant List with the highest transplant benefit score (TBS).

The highest ranked patient with the best match will be the first to be offered the liver.

If the liver is accepted and the transplant proceeds, the recipient will be removed from the transplant list within 24 hours.

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Split liver offering

If the donor meets the criteria for a split liver:

- the liver will be offered first for named hepatoblastoma patients
(If the recipient is a paediatric or small adult, the centre can accept the split and keep the right lateral.)
- the offer is then made to paediatric and small adults using a centre allocation which is on a zonal basis then on a centre basis
- the right lateral or whole liver will be offered to adults based on the transplant benefit score, **on a named patient basis**

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THE HUB

Note: Centre will not be penalised for declining an offer and patients will remain categorised in the same way.

Transplant benefit score applies to CLD and HCC recipients

Transplant benefit scores are computed using the 21 recipient criteria and the 7 donor criteria.

As the donor changes so will the benefit score so recipients ranked highest on one matching run may not appear in the same rank with another donor.

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Note: Centre will not be penalised for declining an offer and patients will remain categorised in the same way.

Donor criteria:

- Age
- Cause of death
- BMI (height and weight)
- Diabetes
- Donor type
- Blood group
- Split liver criteria

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Recipient criteria:

- Age
- Gender
- Hepatitis C
- Disease group
- Creatanine
- Biliruben
- INR
- Sodium
- Potassium
- Albumin
- Renal support
- Inpatient status
- Previous abdominal surgery
- Encephalopathy
- Ascitis
- Time on waiting list
- Diabetes
- Maximum AFP level
- Maximum tumour size
- Two tumours
- Three or more tumours

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Variant syndrome patients

The computer will produce a matching run for variant syndrome patients with a frequency based on the statistical incidence of patients registered as variant syndrome patients.

This currently stands at 3% of patients on the transplant waiting list.

Therefore, on average, around 3 in every 100 matching runs will be for variant syndrome patients.

These recipients will be ranked in the offering sequence according to how long they have been registered on the waiting list.

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