Increasing Liver Donation and Utilization

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First, a thanks to the Ad Hoc members

James Eason, MD, Chair	George Loss, MD, Vice Chair
David Mulligan, MD	Ryo Hirose, MD
Jorge Reyes, MD	Richard Gilroy, MD
Benjamin Samstein, MD	PJ Geraghty
David Goldberg, MD	Goran Klintmalm, MD
Kevin Stump	Kevin Cmunt
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The Ad Hoc Subcommittee on Increasing Liver Donation and Utilization seeks to

explore relationships between transplant centers, OPOs and the community to maximize the number of livers donated and utilized for transplantation.

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Areas of Interest

- How can OPOS, Centers and the Community collaborate to maximize the number of livers <u>donated</u>?

- How can OPOs and Centers collaborate to maximize the number of donated livers <u>utilized</u> for transplant?

- Are there ways to <u>enhance</u> DonorNet and the Waitlist to better facilitate liver utilization?

- How can the use of DCD or ECD livers be <u>maximized</u>?

Collaborative Efforts to Increase Donation

Donation and Transplantation Community of Practice (DTCP)

Strategic Goal: To Save and Heal More Lives by Increasing the Number of Organs Transplanted by 5,000 over the next Five Years.

Identified Actions for OPOs, Donor Hospitals, Transplant Centers & Regulatory Agencies

Some of these Identified Actions Include:

COLLABORATE

Align

Acknowledge

Utility

Improve

Develop

Honor

Accountability

Commit

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Expanding the Donor Pool Potential

- DAC, the OPO Committee, the MPSC and the OPO Community are **actively** working on an initiative to improve the definition of donor eligibility and adopting yield metrics to remove disincentives for recovering organs from single-organ donors.

- The Committee would also encourage the community to consider increasing the eligible donor age beyond 75.

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Increasing Liver Utilization

Waitlist
- Narrow liver acceptance criteria
- Expedited Donor Placement Profile for marginal donors

DonorNet
- Increase the number of simultaneous offers an OPO can make
- Restrict the number of offers a center can accept per candidate

Offers & Acceptance
- Increase transparency in organ offer and acceptance practices
- Limit the timeframe for acceptance
- Liver Minimum Acceptance Criteria, post cross clamp placement

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Liver Donor Acceptance Criteria

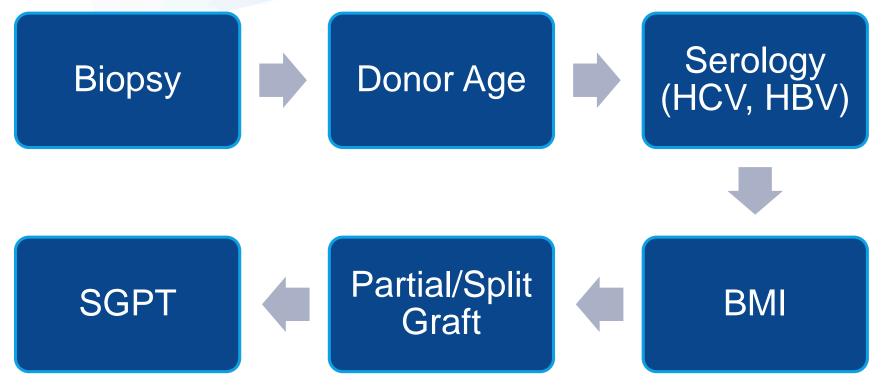**The liver acceptance criteria must accurately reflect the acceptance pattern of each center.

Accept DCD: YES
Maximum Age: 65
Maximum BMI: 35
Maximum number of miles recovery team will travel: 250

Would a center potentially accept a 65 year old DCD donor: **YES.**

But would the same center accept an offer for a DCD liver from a 65 year old donor with a BMI of 35 from 250 miles away: **NO.** *(Well, maybe not...)*

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Expedited Donor Placement Profile, Marginal Donors

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Biopsy → Donor Age → Serology (HCV, HBV)
                            ↓
SGPT ← Partial/Split Graft ← BMI
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Key Factors for Consideration
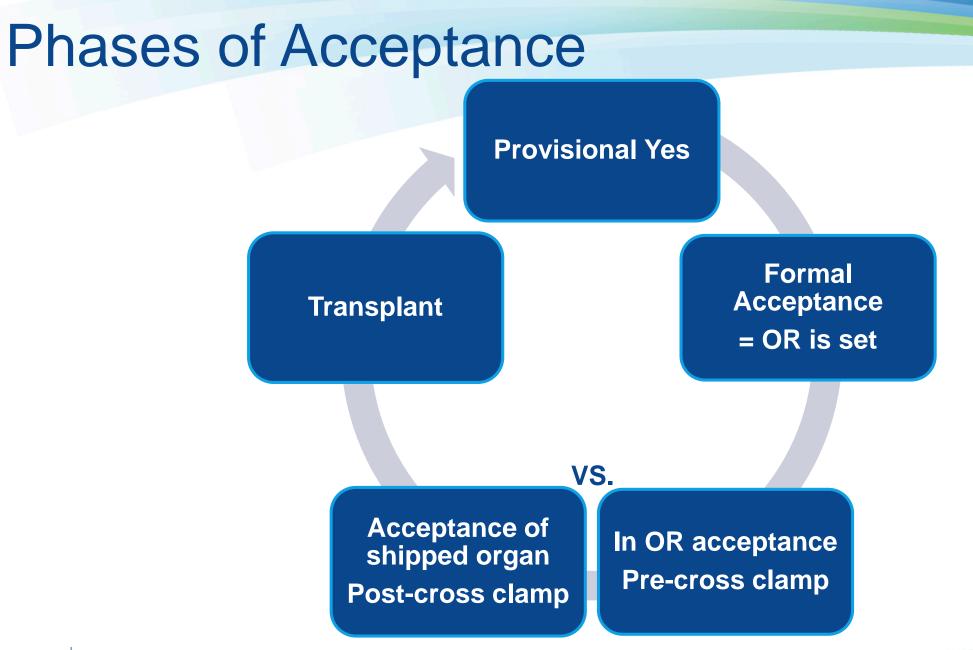
Blast Offers

The Current System

- Unlimited local offers
- 3 outside local offers prior to cross clamp
- 5 outside local offers post cross clamp

The Modified System

- Unlimited local offers
- Unlimited regional offers- Share 35 down to MELD 15 pre cross clamp
- Unlimited regional offers post cross clamp

Under Broader Sharing

- A minimum of 10 centers
- OR the top 50 candidates **dependent on the model chosen

Phases of Acceptance

Provisional Yes

Formal Acceptance
= OR is set

Transplant

Acceptance of shipped organ
Post-cross clamp

VS.

In OR acceptance
Pre-cross clamp

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Limiting Game Play, Increasing Transparency

Defining Formal Acceptance

- Once OR time is establish, the offer should be considered formally accepted
- Expose "Transplant Pending" field
- OPO would enter this information once OR time is set

Limiting Acceptances

- Limiting the number of livers that a center can accept for a single candidate to 1
- Will require center to screen on a candidate by candidate basis

Limiting the Timeframe for Acceptance

- Initial offers should be screened and formally accepted within 30 minutes of notification of becoming primary
- In the event of late turndown and reallocation, backup centers should have 15 minutes to accept or decline

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Minimum Acceptance Criteria, Post Cross Clamp Reallocation

Minimum Acceptance Criteria (MAC) form that centers fill out indicating what types of liver they would consider importing.

When offers go regionally or nationally, the organ center completes the MAC questionnaire, which is then compared to the forms centers have submitted.

The system they can enter bypass codes on the match for centers that have indicated they are not willing to accept these donor characteristics.

Essentially, it's a post-match "screening" done with a much larger group of donor characteristics.

This could be employed in the event of a late turndown or late reallocation to assist the OPOs in the process of placing the liver without increased CIT.

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The Possibility of Proposals

Beneficial to the current system & vital in any instance of change!

Expedited Placement Profile

Minimum Acceptance Criteria

Increasing Offers, Limiting Acceptances & Timeframes

What does the Committee need from the community?

A commitment to collaborate.

Thank you!