

# New Report Shows Continued Increases in Liver Transplants

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700 North 4th Street, Richmond, VA 23219

tel: 804-782-4800

fax: 804-782-4816

[www.unos.org](http://www.unos.org)

*Brian M. Shepard*

*Executive Director & CEO*

## Data show more transplants for adult, adolescent patients at 18 months

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A new report on the first eighteen months of recent liver and intestine allocation policies shows a 5% increase in liver transplants. This report compares activity from before the policy was implemented (Aug. 6, 2018 – Feb. 3, 2020) to after implementation (Feb. 4, 2020 – Aug. 3, 2021).

The new liver policy continues to improve the organ allocation system by focusing even more on the medical urgency of waitlisted patients. The previous system's emphasis on physical boundaries produced inequitable variations between available donor organs and patients in need. As demonstrated in previous policy monitoring reports, when the emphasis on physical boundaries is reduced, the system is better able to equitably serve the sickest patients.

Read the full report at  
<https://optn.transplant.hrsa.gov/professionals/by-organ/liver-intestine/>

**The data in this report show that the policy is working as intended and directly benefiting patients.**

Other key takeaways from the report include:

- Overall, there was a 5.1% increase in the number of liver transplants.
- There were 570 more adult deceased donor liver transplants post-policy than pre-policy. There were also 98 more simultaneous liver-kidney transplant recipients post-policy.
- Transplant rates for the sickest patients continued to increase after the policy post-implementation. Liver transplants for the most medically urgent adult patients had the largest proportion of livers transported from 250-500 nautical miles (NM), meaning more high-need patients are gaining greater access to lifesaving liver transplants.
- Consistent with the 15 month report, the number of liver transplants occurring over 150 nautical miles of the donor hospital increased, but the number of transplants occurring over 500 NM from the donor hospital decreased.
- Despite some organs traveling farther, median time in transit increased only slightly, by approximately 11 minutes.
- The median medical urgency score at time of transplant for pediatric patients decreased, indicating access to transplant became more equitable for children.

- The majority of transplant programs performed either more deceased donor liver transplants or about the same number post-policy compared to pre-policy.
- Additions to the waitlist remained consistent.

The two-year monitoring report will be released in May 2022. UNOS will continue to monitor the new policies to ensure the system continues to provide equitable opportunity for a lifesaving transplant for all patients on the waiting list.

*United Network for Organ Sharing (UNOS) serves as the national donation and transplant system, under contract with the federal government. **Contact:** [Chelsea.Haynes@unos.org](mailto:Chelsea.Haynes@unos.org) | 804-782-2958*