# European Perspective on Expedited Allocation

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CUTTING EDGE of **TRANSPLANTATION** 

#### **TRANSPLANT SUMMIT 2018**

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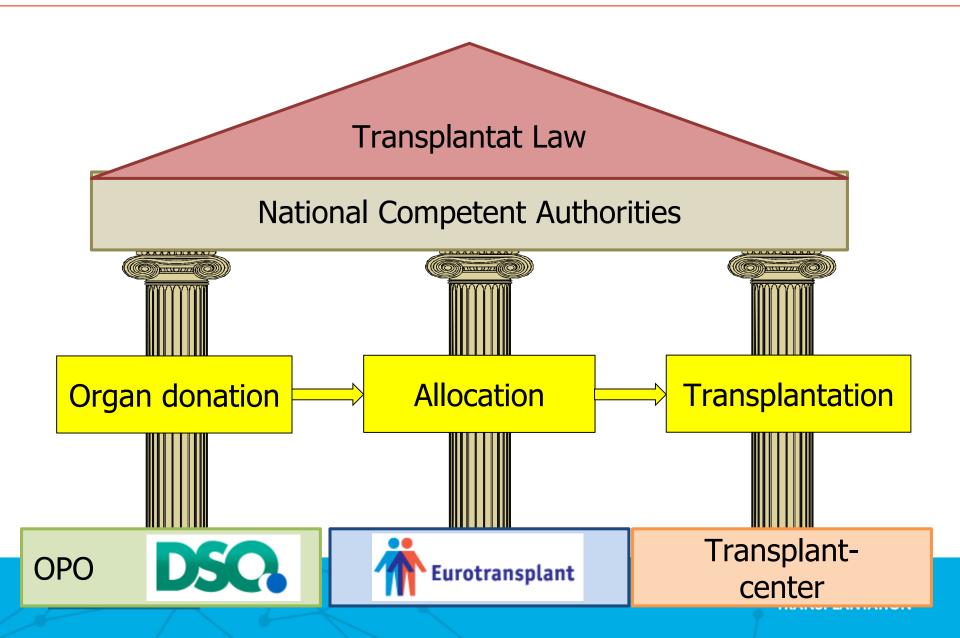
#### Disclosure

I have nothing to disclose





#### Distribution of tasks in organ transplantation



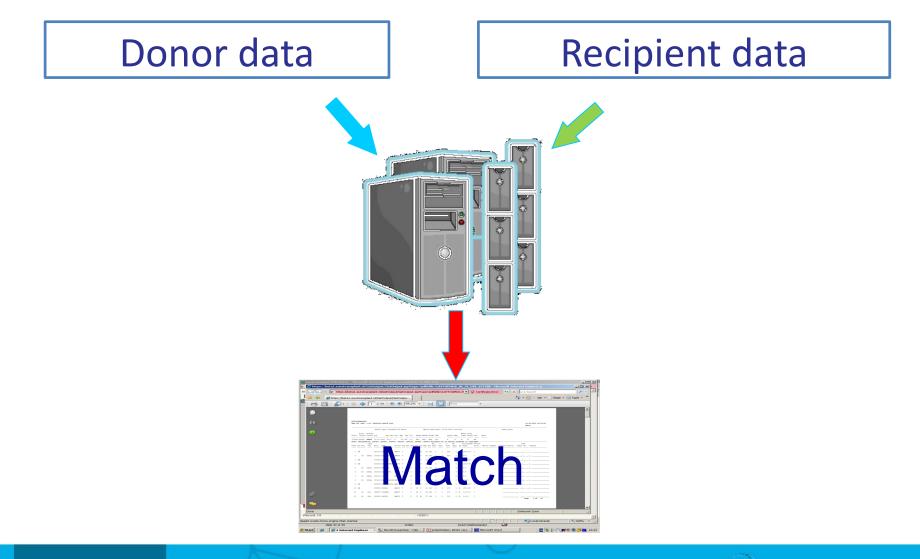
# Aims of organ allocation

- Finding a suitable donor organ for every recipient on the waiting list (including special patient groups)
- Optimizing the match between donor and recipient to improve long term outcome of transplantation

 Preventing organ loss – finding a suitable recipient for every transplantable donor organ



#### Match





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## Allocation – The key steps

- Step 1 Selection:
  - Identifying those patients that are suitable at all for a specific organ among all patients on the waiting list.





#### Selecting: recipient and center profile

a Recipient Waiting List Heart 0.00000000000000000000000000000000000					
ET Nr Recipient Name		Date of Birth		Sex HE LU LIV PA I	
267425 WIXEFH, RALF		14.01.1971	B Pos	M  T	GAKTP
General Donor Profile	Listing Details				
Min Age	18 0	HBsAg	▼ Neg	Sepsis	▼ No
Max Age	55 99	HBcAb	▼ Neg	Meningitis	▼ No
Min Height Female Donor (cm)	160	HCVAb Any	▼ Neg	Malignant Tumor	VI No
Max Height Female Donor (cm)	CMV Any	•	Drug Abuse	▼ No	
Min Height Male Donor (cm)	160			Domino Donor	▼ No
Max Height Male Donor (cm)	190			Rescue Allocation	▼ Yes

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# Allocation – The key steps

- Step 1 Selection:
  - Identifying those patients that are suitable at all for a specific organ among all patients on the waiting list.
- Step 2 Ranking:
  - Determining the allocation sequence among all suitable recipients.
    - MELD, LAS, ETKAS etc.





## Matchlist $\rightarrow$ Allocation

12	0087	1	V G ULJUC	DW G IEFUNNUR BETAL	B Pos		N	LBTP 2	9.05.1966		
	Save	e j		Modify List Jump	o/Add	Reports		Clos	se	Sort by	Rank
REC		RECIP	IENT	COMPLETE LIVER LIST	Г						O Decision
	Rank	Crit.	ETnr	Name	Cent.	Req.	Decn.	Org.	Decndate	C	comment
4	1	NAT	246891	TEURUJOWM	NRDTP	LIV	OF				
	2	NAT	267734	SOILSAOH	NGRTP	LIV	OF				
	3	NAT	257630	OLEPOTLENE	NRDTP	LIV					
2	4	FOC	249293	FOIM	NLBTP	LIV					
2	5	NAT	268078	KAOKK	NRDTP	LIV					
1	6	NAT	256336	EHNIMO	NRDTP	LIV					
	7	NAT	246558	FOURHNI	NGRTP	LIV					
	8	LOC	258017	нин	NLBTP	LIV					
	9	NAT	158145	UAMV	NGRTP	LIV					
	10 NAT 268816 MANUAL		MANUAL	NGRTP	LIV						
	11	11 INT 268652 XOUHRIADOEKLEJDO		XOUHRIADOEKLEJDO	GESTP	LIV					
	12	INT	260344	NILESM	GJETP	LIV					
	13	INT	268468	IOPRUOKMUL	AWGTP	LIV					
	14	14 INT 199824 SEUVUR		GLPTP	LIV						
	15	INT	221566	FAPUHSUON	GMZTP	LIV					





# "Rescue" / "Expedited" Allocation

- Shift from "standard" to "expedited" allocation takes place; when
  - No suitable recipient can be found using standard allocation prior to the start of explantation (for thoracic organs: plus travel time for the thoracic explant team)
  - (Abdominal) organ has been explanted and shipped but is turned down for the selected recipient <u>and</u> ischemic time does not allow restart of standard allocation
- Goal
  - Preventing organ loss ("rescue" of a precious organ) using a modified ("expedite") allocation scheme



#### First Step

### Recipient-Oriented Expedited Allocation (REAL)

- All transplant centers that can be reached with the donor organ in time (taking acceptable ischemic time into account) are contacted
- Each center can identify up to two patients from its waiting list that could be transplanted with this donor organ
  - Taking donor and recipient characteristics and consent of the recipient into account
- These suitable recipients are reported back to Eurotransplant within 30 min after the offer
- Eurotransplant creates a match list of these suitable recipients based on the organ-specific allocation criteria and offers the donor organ in the sequence of this "Mini-Match"



#### Recipient-oriented expedited allocation (REAL)

1	911866 xxxxx xxxxxxx	
2	481844 xxxxx xxxxxxxx	
2	481844 XXXXX XXXXXXXX 95383 XXXXX XXXXXXXX	
5	713120 xxxxx xxxxxxxx	
5	315402 xxxxx xxxxxxx	Center response:
6	365392 xxxxx xxxxxxx	
7	154275 xxxxx xxxxxxx	
/	211370 xxxxx xxxxxxxx	
9	224889 xxxxx xxxxxxx	Center A:
-		
10 11	944251 xxxxx xxxxxxx 236459 xxxxx xxxxxxx	ET-number: 224889 – rank 9
11	734391 xxxxx xxxxxxxx	ET-number: 721421 – rank 28
12	734391 XXXXX XXXXXXXX	
		Mini-Match:
14	17870 xxxxx xxxxxxx	
15	948339 xxxxx xxxxxxx	
16	63200 xxxxx xxxxxxx	1. ET-number: 154275 – rank 7
17	565684 xxxxx xxxxxxx	
18	805966 xxxxx xxxxxxx	
19	459106 xxxxx xxxxxxx	- \\ / \
20	422810 xxxxx xxxxxxx	V/ Center B:
21	2726 xxxxx xxxxxxx	
22	816131 xxxxx xxxxxxx	ET-number: 154275 – rank 7 3. ET-number: 734391 – rank 12
23	984541 xxxxx xxxxxxx	ET-number: 336247 – rank 50
24	957569 xxxxx xxxxxxx	4. ET-number: 948339 – rank 15
25	658807 xxxxx xxxxxxx	
26	899606 xxxxx xxxxxxx	
27	959612 xxxxx xxxxxxx	/ / / 5. ET-number: 721421 – rank 28
28	721421 xxxxx xxxxxxx	
29	591297 xxxxx xxxxxxx	
30	431398 xxxxx xxxxxxx	6. ET-number: 336247 – rank 50
31	388916 xxxxx xxxxxxx	
32	448791 xxxxx xxxxxxx	
33	374639 xxxxx xxxxxxx	
34	811682 xxxxx xxxxxxx	/ // Center C:
35	275724 xxxxx xxxxxxx	
36	537873 xxxxx xxxxxxx	ET-number: 734391 – rank 12
37	42698 xxxxx xxxxxxx	ET-number: 948339 – rank 15
38	937302 xxxxx xxxxxxx	ET-Humber. 948559 – Talik 15
39	865791 xxxxx xxxxxxx	
40	665731 xxxxx xxxxxxx	
41	633264 xxxxx xxxxxxx	
42	409280 xxxxx xxxxxxx	
43	680280 xxxxx xxxxxxx	
44	291446 xxxxx xxxxxxxx	
45	717307 xxxxx xxxxxxx	
46	147734 xxxxx xxxxxxx	
47	572102 xxxxx xxxxxxx	
48	619994 xxxxx xxxxxxx	
49	163741 xxxxx xxxxxxx	
50	336247 xxxxx xxxxxxx	TRANSPLA

Rank ET-number

Name

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Following steps in expedited/rescue allocation

If organ can not be allocated successfully with REAL

A) Center-oriented offer in the region/country

- All recipients independent of blood-group rules
- First come first serve
- B) Center-oriented offer all ET-countries
  - All recipients independent of blood-group rules
  - First come first serve
  - If not successful: Recipients outside blood-group rules

C) Organ exchange organizations outside ET





## Monitoring of Expedited Allocation Center level

- Recipient-orientend expedited allocation (REAL):
  - Selection of suitable recipients based on donor- and recipient characteristics by the transplant center
  - Central allocation of the donor organ by Eurotransplant according to standard allocation criteria among the suitable recipients
- Center-oriented allocation
  - Center has to document reason for the selection of the individual patient
  - Close monitoring of the selection procedure as one part of the on-site visits of the transplant centers



## Monitoring of Expedited Allocation Organizational level

- Total number/fraction of organs allocated via rescue allocation
  - Organs allocated via Standard allocation vs. REAL vs. following steps of rescue allocation
- Logistical aspects
  - Effect on allocation time
- REAL rank position of the finally transplanted patients
- Outcome after transplantation
- Effect on patients on the waiting list
  - Mortality, waiting time





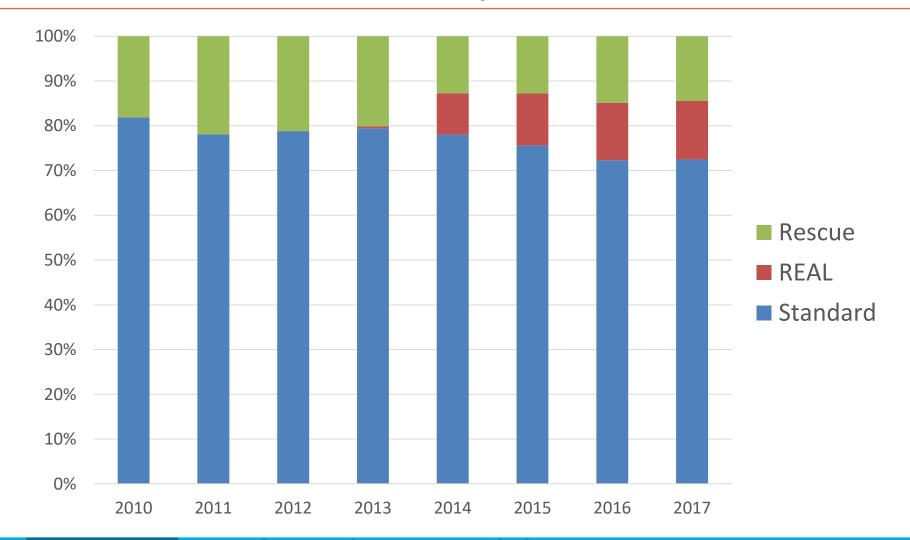
### Type of allocation resulting in transplant Kidney - Germany 2010 -2017



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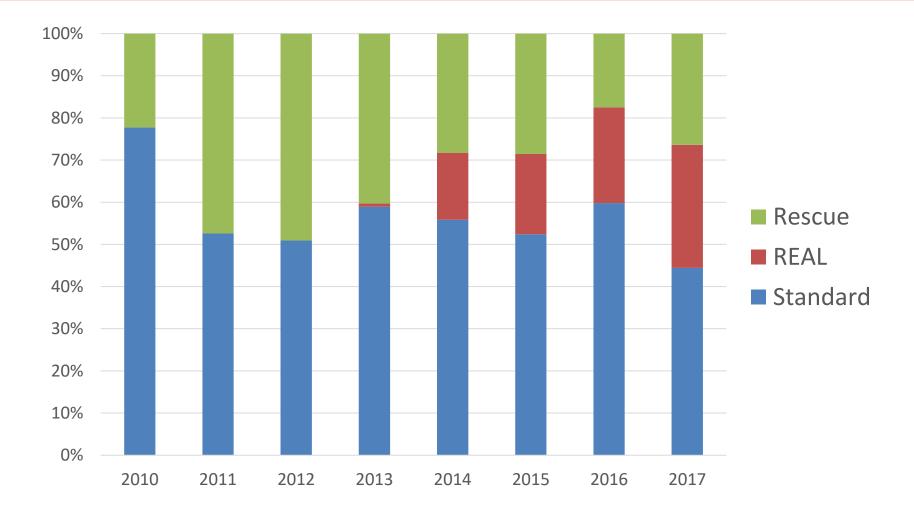
### Type of allocation resulting in transplant Liver - Germany 2010 -2017





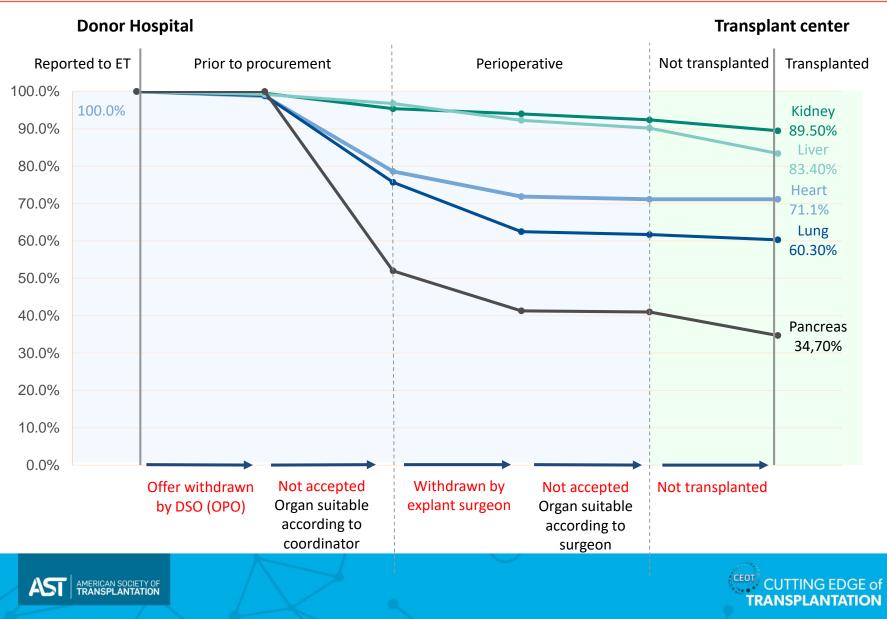


### Type of allocation resulting in transplant Pancreas - Germany 2010 - 2017



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#### Conversion rate - from offer to transplant Germany 2016



# Summary

- Standard allocation does not always allow a timely allocation of organs – especially in case of extended criteria organs
- Expedited organ allocation can help to prevent organ loss
- Recipient-oriented expedited allocation (REAL) allows both fast and transparent allocation using a combination of the organ-specific allocation rules and center-specific knowledge and expertise





#### Literature

- R. Wahba et al.: Rescue allocation and recipient oriented extended allocation in kidney transplantation influence of the Eurotransplant allocation system on recipient selection and graft survival for initially nonaccepted organs. Transplant International 2017; 30: 1226-1233
- Eurotransplant Manual, Chapter 3: Allocation General <u>http://www.eurotransplant.org/cms/index.php?page=et\_manual</u>
- DSO Annual Report 2016 <u>https://www.dso.de/uploads/tx\_dsodl/JB\_2016\_Web.pdf</u>



