

Liver exchange and pay back rules - revised December 2, 2015

High urgent call (HU)

- An acute liver failure patient who is at a risk to die within few days (no prior liver disease)
- Need for re-transplantation within 2 weeks after transplantation (includes primary non-functioning graft)
- If several HU calls exist at the same time, the first one has priority over later HU call. This is also true if the second centre has a local donor
- Within 72 hours after HU call, every centre has an obligation to offer available livers for the recipient centre
- The first available donor liver with compatible ABO blood group must be offered to recipients on HU call.

Paediatric recipients (<18 years at entry on liver waiting list):

- A paediatric donor liver should be used for paediatric recipients
- A paediatric donor liver, a splitable liver or a segment can be used without any limitation for a paediatric recipient in own centre.
- If there is no paediatric recipient in own centre, the paediatric or splitable liver has to be offered to ABO compatible paediatric recipients in other centres as a whole or a split liver, if this is sufficient for the recipient. Prioritized as:
 1. Paediatric recipient with Hepatoblastoma or Hepatocellular Carcinoma (Liver cancer diagnosis must be defined in the database) or a paediatric recipient on kind request.
 2. The paediatric recipient with the longest waiting time on the waiting list

Kind request

- Should be used only for very selected cases
- HU call 72 hour limit has exceeded without transplantation and the patient is still transplantable
- Rapidly deteriorating acute-on-chronic patient according to consideration of the centre
- There is no obligation to send a liver from other centres, this is voluntary

Pay back after urgent calls (HU) / Kind requests:

The receiving centre has to do the pay back with the first available ABO blood group identical liver of the same quality group as the liver received. The recipient centre can voluntary do the pay back with a liver from a better quality group.

Donor liver quality groups:

- Paediatric liver
 - <18 years
- Splitable liver:
 - < 51 years
 - BMI < 26
 - < 4 days in ICU
 - ALT / AST < 3 x normal
- Normal liver:
 - Any other liver ≤ 65 years
 - Defined by the responsible surgeon on call
- Donor > 65 years

Pay back after segment or whole "splitable liver" for paediatric transplantation (<18 years):

- The pay back of a paediatric donor liver for a paediatric recipient shall be done with the first available splitable liver.
- Pay back after segment shall be done with a normal whole liver within 6 month.
- Pay back after whole splitable liver shall be done with the first available splitable liver.
- Pay back must be with identical ABO blood type

Under certain occasions the pay back can be postponed after mutual agreement between the responsible surgeons in the 2 centres.

All donors fulfilling the split criteria shall be recorded

If a splitable liver is not used for a paediatric recipient, the reason for not splitting the liver shall be recorded in Scandiatransplant according to 4 categories.

- Logistics
- No paediatric recipient on the waiting list
- Medical
- Other. Specify:

Liver rotation rules (surplus livers):

- When a surplus liver is available other centres will be contacted
- All centres must respond positive/negative to the offer within 30 minutes,
- The centre at the highest position on the rota list accepting the surplus liver will receive it
- Only the accepting centre is rotated and the donor centre is responsible for the rotation a.s.a.p.
- Whether a surplus liver is offered as a whole or a split liver the accepting centre must be rotated
- Pay back livers do not cause any changes in rota list

Rotation has to be done when a surplus liver is offered and accepted of another country

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On behalf of Scandiatransplant liver centres and NLTG

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