

# Liver exchange and pay back rules - revised Oct. 04, 2017

## 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 and multivisceral recipients

- A paediatric patient is defined as <18 years at entry on liver waiting list
- A paediatric donor liver should be used for a paediatric/multivisceral recipient
- A paediatric donor liver, a splitable liver or a segment can be used without any limitation for a paediatric/multivisceral 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/multivisceral 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/multivisceral recipient on kind request.
  2. The paediatric/multivisceral 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

## 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

## Payback after exporting liver for urgent call, paediatric, split, multivisceral and kind request

- When there are no (suitable) recipient on HU, paediatric or kind requests lists, payback must be offered with the first available ABO blood group identical liver.
- You are obligated to offer payback according to liver quality groups as specified in the table:

Payback offer → ↓ Received liver	Paediatric	Splitable	Normal	Donor > 65 years
Paediatric			X	
Splitable			X	
Normal			X	
Donor > 65 years				X

- It is allowed to reject the liver offered, however rejection cause must be noted.
- Payback offer can always be done with a better quality group donor liver, if decided by payback center
- Payback can be postponed after mutual agreement between responsible surgeons and reasons for this must be noted.

## Reason for not splitting the liver shall be recorded

If a liver is not used for a paediatric/multivisceral recipient, the reason for this shall be recorded in Scandiatransplant according to the following categories.

- The donor did not fulfil liver split criteria
- Logistics
- No paediatric/multivisceral recipient on the waiting list
- Medical
- Offered but refused by recipient center
- 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 by the receiving centre of another country.

Accepted October 4<sup>th</sup> 2017 and effective from December 1<sup>st</sup> 2017

On behalf of Scandiatransplant liver centres and NLTG

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