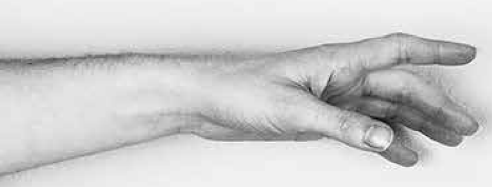
NHS
Blood and Transplant

ISODP International Society for Organ Donation and Procurement



Journal Watch

a section of The Transplantation Society

February 2021 | Newsletter 1

Introduction

Dear friends and colleagues.

It was about a year ago when members of the ISODP Board and interested individuals met on a zoom call to discuss the concept of a 'donation journal'. A journal dedicated to publishing academic, peer-reviewed articles on deceased organ donation.

It has been apparent for many years that as a donation community, it is hard to get donation articles published. When we do succeed, our academic outputs are scattered across multiple journals such as transplantation, intensive care, anaesthesia, ethics and public health to name but a few. It is likely that you, like us, neither subscribe to nor read such a wide variety of journals.

The obvious answer was – we should start our own journal. Easy to say, hugely difficult to achieve. Especially if the goal is to create something financially sound and academically credible.

It was here that Jeremy Chapman, Editor-in-Chief of Transplantation, gave our fledgling group some much-needed wisdom. His advice was to build your academic donation community first. Start with a newsletter that summarises recent donation focused articles, share with your world-wide community, encourage and support submissions.

This is what this newsletter represents. A Journal Watch newsletter, published every three months, to be shared with ISODP members and the wider donation community, which will highlight and draw attention to recent donation related articles.

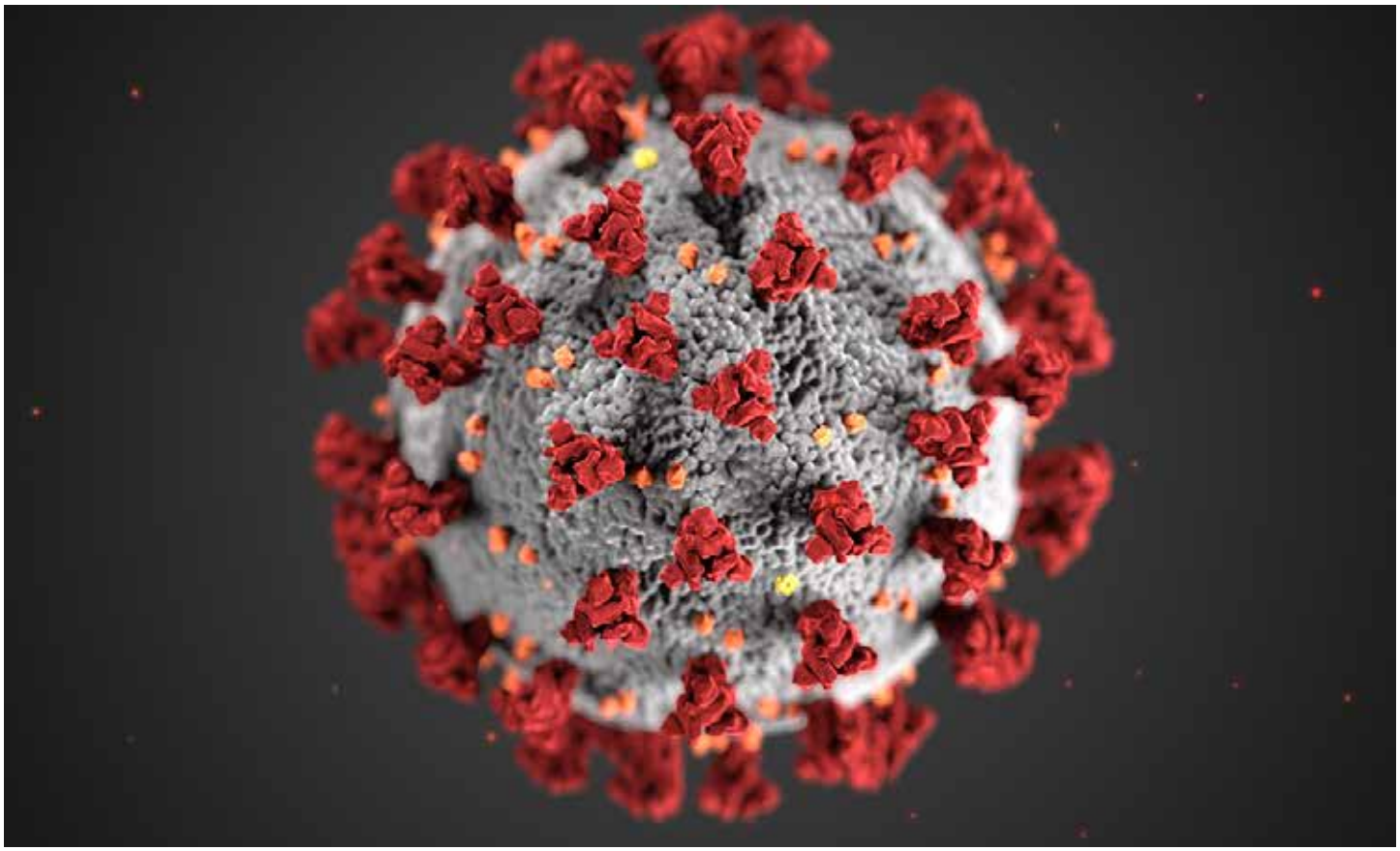
NHS Blood and Transplant in the United Kingdom has committed to publishing the newsletters in 2021. In this launch edition of the ISODP Journal Watch, we are very grateful to Dr Alex Manara, National Clinical Lead for Organ Donation Quality, who curated the selected articles. Alex has found eight recent high-quality donation related articles to share with you.

If you would like to help support this initiative, the most important thing you can do is share this newsletter with others from the donation community. If you have published a recent donation related article and would like it considered for inclusion in the next newsletter (no promises), please email dale.gardiner@nhsbt.nhs.uk.

Thank you for reading

Anthony Clarkson (Board Member, ISODP)
Dale Gardiner (National Clinical Lead for Organ Donation, UK)

The literature review by Alex Manara



Weiss MJ; Lalani J; Patriquin-Stoner C *et al*.

Summary of International Recommendations for Donation and Transplantation Programs During the Coronavirus Disease Pandemic.

Transplantation: January 2021; 105 (1) 14-17 doi:10.1097/TP.0000000000003520.

A comparison of recommendations from different organisations on organ donation and transplantation during the COVID-19 pandemic from documents available on the Transplantation Society website as of 19th May 2020. Eighteen sets of recommendations were extracted, all based on expert opinion and developed within tight timeframes. The recommendations covered donor screening, risk assessment of the recipient, post-transplant risk, living / paired donation, protection of donation and transplantation staff, and ethics / logistics. The authors found that while the documents generally made similar recommendations, there was substantial variation in some recommendations such as the screening tests for potential donors. It is planned to use the current recommendations to inform the priorities in developing better evidence-based guidelines. The review is ongoing with updated recommendations being made available on https://cdtrp.ca/en/covid-19-international-recommendations-for-odt/

Read more

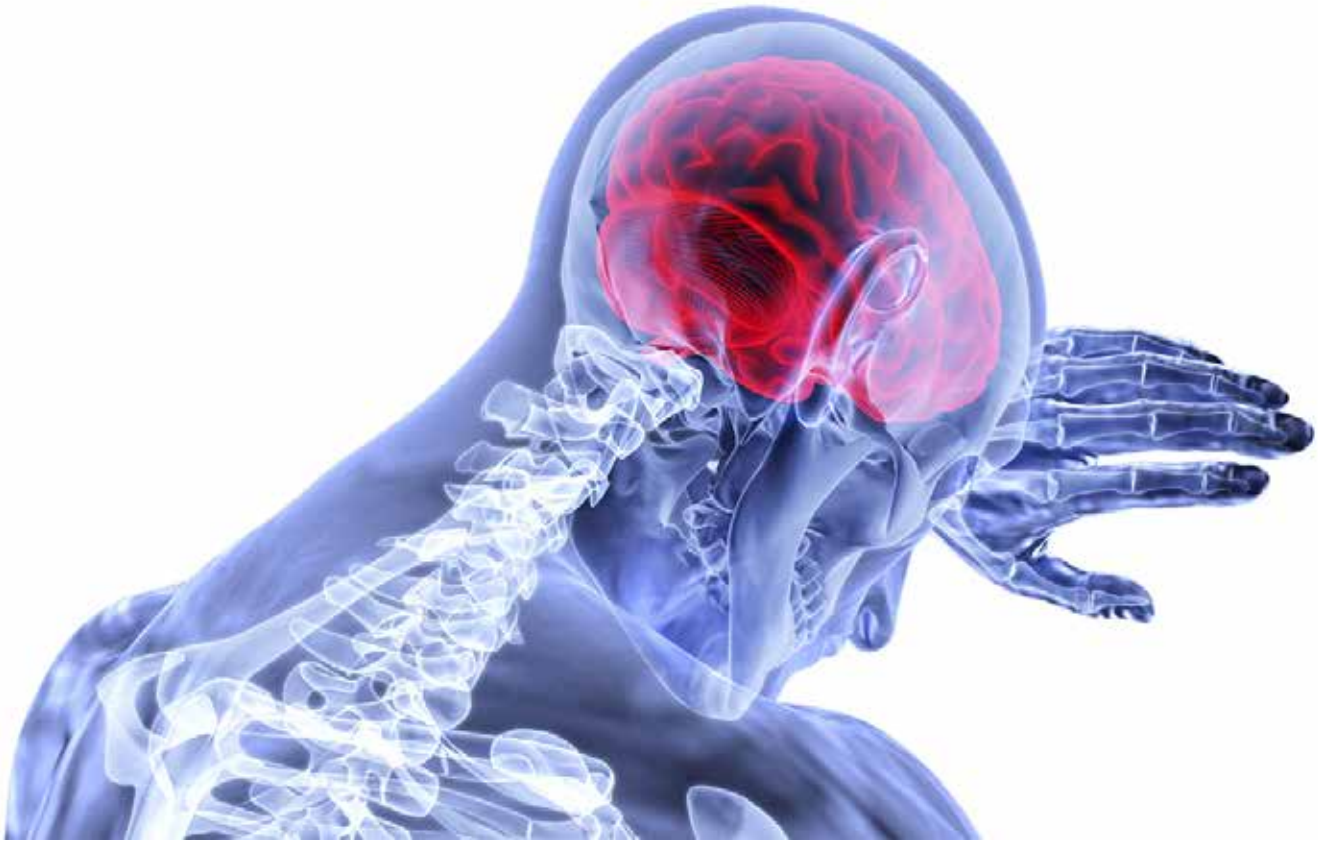
Saemann L; Karck M[1], Korkmaz-Icöz S *et al*.

Ethical decision diagrams on donation after cardiocirculatory death heart transplantation considering organ preservation techniques.

Transplantation Direct: October 19, 2020; 6 (11): e617 doi: 10.1097/TXD.0000000000001075.

The ethics of DCD heart transplantation continues to be debated, in particular the diagnosis of death in these circumstances and the preservation techniques used to minimise ischaemic injury. The authors formed a group of clinical ethicists, transplant surgeons, transplantation researchers and perfusionists to address the ethical issues from the perspective of the donor, the donor's family, and the recipient. The group then created decision making diagrams to guide whether DCD heart transplantation is ethically justified right for the patient, the family, and the recipient. Much of the decision making issues attributed to the recipient may be equally important from the perspective of the donor or their family. The diagrams are useful in raising the right questions but are likely to be developed and modified further in the future as DCD heart transplantation programs are develops further. Involvement of donation specialists would be useful in enhancing and upgrading the diagrams for use in ICU's looking after donors and their families.

Click here



Robbins NM, Bernat JL.

What should we do about the mismatch between legal criteria for death and how brain death is diagnosed?

AMA Journal of Ethics Dec 2020; 22(12): E1038-1046.

A publication on policy that highlights the legal, and practical difficulties in meeting the requirements of the 1980 Uniform Determination of Death Act (UDDA) in the United States when diagnosing brain death using accepted medical standards. Currently acceptable medical standards and technologies used to diagnose brain death cannot demonstrate “irreversible cessation of all functions of the entire brain, including the brain stem” as required by the UDDA. The authors propose four possible ways of addressing this problem: a) improving testing to meet the requirements of the UDDA; b) amending the UDDA to align the law more closely with actual clinical practice; c) accepting the mismatch between the requirements of the law and what can be achieved in clinical practice; d) revising both the legal criteria and the clinical and diagnostic criteria for confirming brain death.

Click here

Esser G.; Kolbrink B.; Kunzendorf U *et al*.

Evaluation of underidentification of potential organ donors in German hospitals.

PLoS ONE; 2020; Nov 19;15 (11): e0242724.

Organ donation and transplantation cannot happen if the initial step of the donation pathway, identifying and referring potential donors, is missed. In Germany, the number of organ donors has decreased by one third since 2010, primarily due to potential organ donors not being identified and referred. The authors sought to clarify the distribution of these potential donors according to the type of hospital and in which region of the country. This involved an analysis of over 20 million inpatients in 2016. All deaths from primary or secondary brain injury with no contraindication to donation were considered potential donors if they were mechanically ventilated. They identified 28,087 potential donors. The largest proportion of potential organ donors (42%) were in the smaller hospitals without a neurosurgical unit rather than larger university hospitals (21%) or those with a neurosurgical unit (28%). The same hospitals also had the lowest referral rate of potential donors (6% compared to 10.6% and 10/9%) and the lowest conversion rate of potential donors to actual donors (1.7% compared to 4.6% and 4.8%). There was no difference in referral and donation practice between urban and rural regions. The authors suggest the development of strategies to increase identification and referral of potential donors particularly from non-university hospitals without a neurosurgical unit.

Click here

Bea S.

Opt-out policy and the organ shortage problem: Critical insights and practical considerations.

Transplantation Reviews; Jan 2021; 35 (1): 100489.

Abstract: The legal shift to an opt-out system of consent for deceased organ donation is now official in England, Wales and Scotland. While it is commendable that national governments across the United Kingdom have publicly signalled their serious engagement with organ donation, it remains questionable that opt-out policy can in and of itself solve the public health issue of organ shortage. Opt-out policy risks becoming a futile solution if it fails to attend to key factors in clinical practice. Thus, this article provides critical insights and practical considerations in order to work towards increasing the availability of organs for transplantation: 1) organ donation specialists on their own are not enough, a collaborative hospital culture of donation is also needed; 2) investment in innovative perfusion technologies is fundamental to increase both the quantity and quality of organs utilised for transplants; and 3) opt-out does not solve the enduring problem of consent or authorization for donation, rather than hoping that opt-out will shift the societal culture of donation and make donation the default choice, it is necessary to acknowledge that families' authorization remains essential and their emotional experience can neither be minimized nor excluded altogether. Importantly, consent rates are not the only factor to account for overall deceased donation rates. The organ shortage cannot be solely attributed to a matter of negative public attitudes reversible by law. Doing that does a disservice to the public and diverts strategic attention and resources from fostering the organisational and technological enablers of organ donation in clinical practice.

Read more

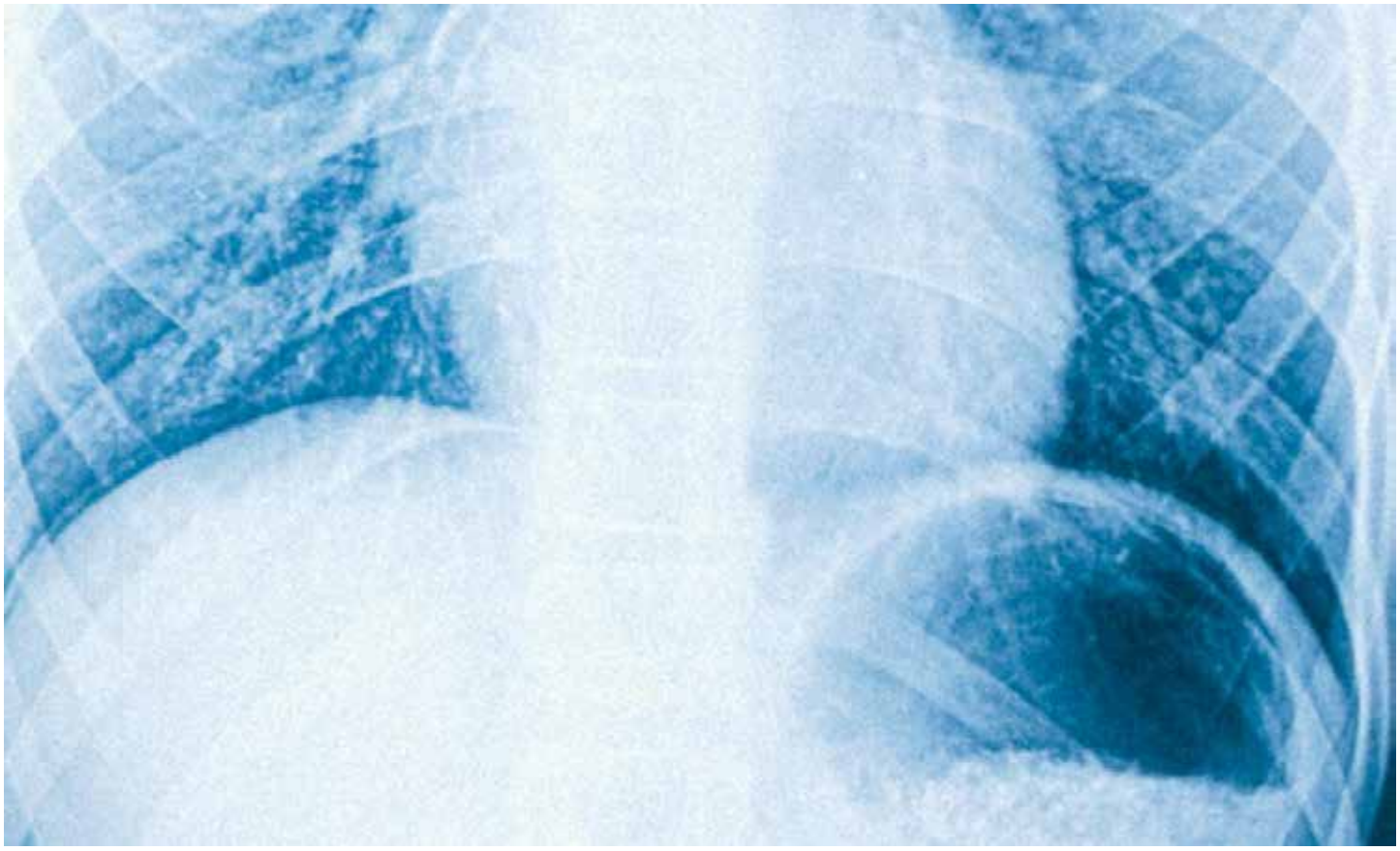
Kotsopoulos AM; Jansen NE, Vos P *et al*.

Determining the impact of timing and of clinical factors during end-of-life decision-making in potential controlled donation after circulatory death donors.

American Journal of Transplantation; 2020; 20: 3574-3581.

Controlled donation after circulatory death (cDCD) occurs after a decision to withdraw life-sustaining treatment and subsequent family approach and approval for donation. Data on factors that affect the decision-making process on withdraw life-sustaining treatment (WLST) and whether time from admission to family approach influences the consent rate are lacking. Such insights could be important in improving the management of potential cDCD donors and how their families are approached for organ donation. This prospective multicentre observational study from the Netherlands evaluated the impact of timing and of the clinical factors during the end-of-life decision-making process in potential cDCD donors. Characteristics of 409 potential cDCD donors admitted to the intensive care units (ICUs) were assessed. A medical decision that continuing active treatment was not in the patient's best interest was reached after a mean time of 97 hours after ICU admission and mostly during the daytime rather than at night-time. Intracranial haemorrhage or ischemic stroke and a high APACHE IV score were associated with a short decision-making process. Preserved brainstem reflexes, high Glasgow Coma Scale scores, or cerebral infections were associated with longer time to decision-making. The families of all 409 patients were approached and consent to donation was obtained from 127 (31%). The authors suggest that the organ donation request could be made shortly after the decision to stop active treatment and consent rates were not influenced by daytime or night-time or by the duration of the ICU stay.

Click here



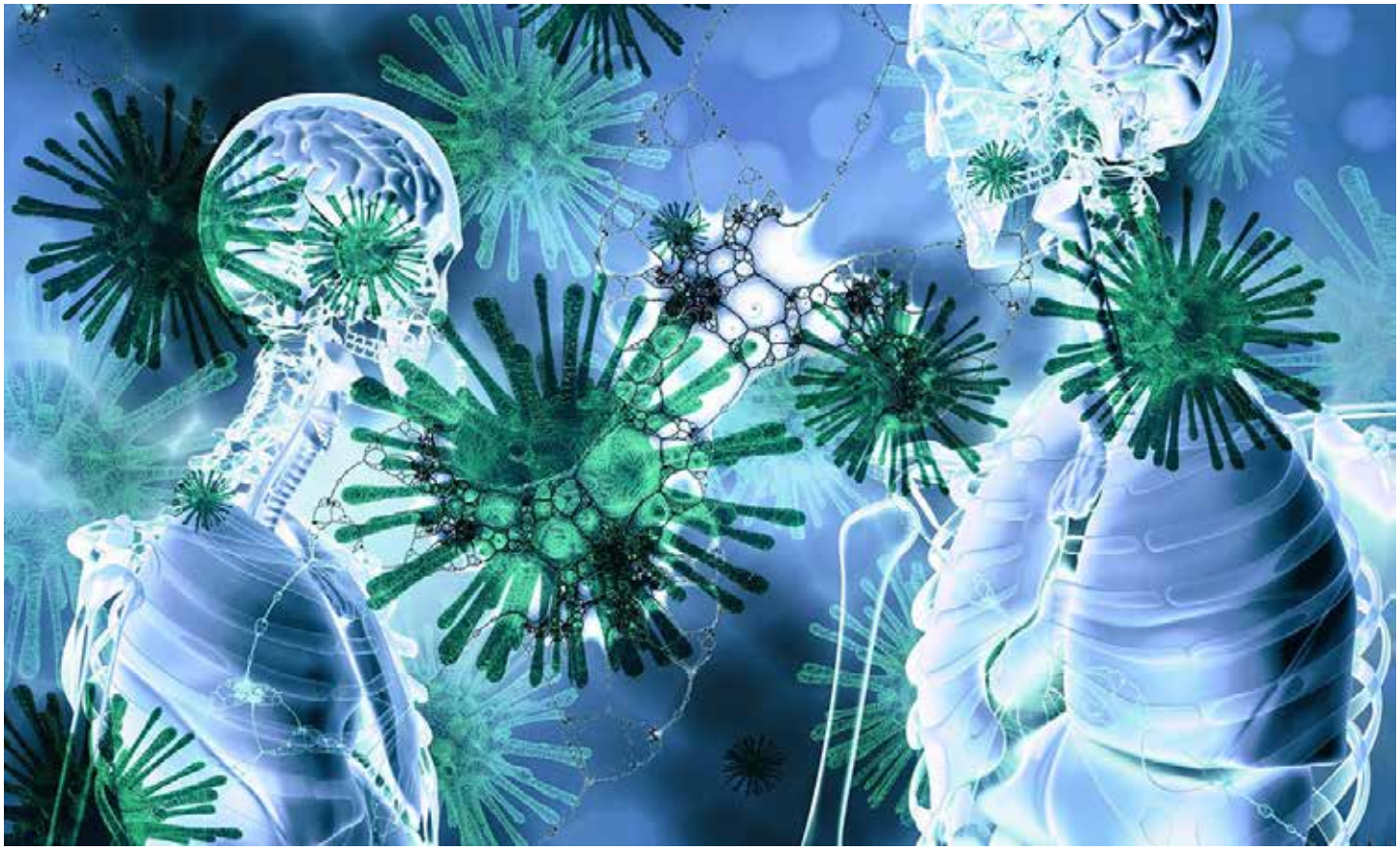
DeRoos LJ. Marrero WJ; Lavieri MS *et al*.

Assessment of National Organ Donation Rates and Organ Procurement Organization Metrics.

JAMA surgery; 2020 Dec 2;e205395. Online ahead of print.

Organ recovery agencies are responsible for the evaluation and recovery of organs from donors who have died but controversy exists regarding what measures should be used to evaluate their performance. This is an interesting study of data from the US organ transplantation system from January 2008 through December 2017 suggesting that significant variability in the performance rankings of organ recovery agencies, depending on which donation metric is used. There were significant differences in performance of agencies, even after accounting for differences in potential donor populations. The data suggest significant variation in use of ineligible donors among organ recovery agencies and that this is a source for increased donors. They also suggest that performance of agencies should be evaluated using a range of donation metrics. These issues highlight the difficulties in comparing performance between agencies in a single country and indeed performance between different nations.

Read more



Neidlinger NA, D'Alessandro AM. Smith J.A *et al*.

Organ recovery from deceased donors with prior COVID-19: A case series.

Transplant Infectious Disease; 10th Nov 2020, https://doi.org/10.1111/tid.13503.

The impact of SARS-COV2 on wait-listed patients and solid organ transplant recipients and strategies for testing potential donors to exclude current infection and reduce the risks of transmission have been published in recent months. Previous guidance documents have been published regarding organ donation from individuals with a prior history of COVID-19 infection but less is known about the transplantation of organs from donors who had previously tested positive for SARS-COV2 or those who have recovered from COVID-19. This case series from the USA up to 31st July 2020 reports six deceased donors with a history of COVID-19 from whom 13 organs were recovered and transplanted through several of the nation's organ procurement organizations (OPOs). In addition, at least two potential donors were authorized for donation but with no organs were successfully allocated and did not proceed to recovery. No transmission of SARS-CoV-2 was reported from the six donors to recipients, members of the organ retrieval teams, or hospital personnel. The follow up of recipients was short and more longer term studies are needed to define the acceptance criteria for deceased donors who have recovered from COVID-19 to ensure safe transplantation. These criteria will evolve over time and this case series highlights the need to encourage referral of donors recovering or recovering from COVID-19.

Click here

Whats on:

February 25th 2021
The UK Opt-out experience

A free, keynote stand-alone event.
Part of BTS and NHSBT Congress Live 2021

Hosted by Dr Dale Gardiner, the UK National Lead for Organ Donation, a panel of UK donation and transplant leaders, with live links, short video clips, interactive polls and questions, will tell and explore the UK opt-out experience. The session covers legislation, implementation and the onward legacy. Held in collaboration with the International Society for Organ Donation and Procurement, it will be streamed live to a worldwide audience. Join us.

To register for the full Congress click HERE

Watch using this link below:

NHS Organ Donation YOUTUBE Channel

25th Feb 2021, 14:15 -15:45 UK time.

ISODP

2021 ORGAN DONATION CONGRESS

NOV. 3-6 | LAS VEGAS, NEVADA, USA

Click here