Liver Transplant Programs: The Scientific Registry of Transplant Recipients (SRTR) asked the Scientific Registry of Transplant Recipients (SRTR) to conduct a pilot program to explore the feasibility of establishing a comprehensive registry to monitor processes and outcomes of living donation. This work was supported wholly or in part by HRSA contract 250201000018C. The content is the responsibility of the authors alone and does not necessarily reflect the views or policies of the Department of HHS, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. ATC requires a conflict of interest statement.

Methods
The Organ Procurement and Transplantation Network (OPTN) registers all living donors at the time of donation, but does not collect data on candidates for living donation. A number of studies have suggested that two-thirds of candidates evaluated for living donation do not donate. However, potential barriers to living donation remain unclear. Therefore, the Health Resources and Services Administration (HRSA) asked the Scientific Registry of Transplant Recipients (SRTR) to conduct a pilot program to explore the feasibility of establishing a comprehensive registry to monitor processes and outcomes of living donation. This at, SRTR formed The Living Donor Collective. In this report, we describe the results of the pilot registry, which of the variables that were different between candidates approved and not approved for donation compared with those not approved (Table 1). However, no other candidate characteristics were different between candidates approved and not approved for donation (Table 2). The most common reason for not donating was that the recipient no longer needed a living donor (Fig. 3). Candidates who completed their evaluation were suitable for donation except that the recipient no longer needed a living donor could be ideal controls to compare long-term outcomes with donors. This study used existing and newly-collected data on all donors, waitlisted candidates, and transplant recipients in the US, submitted by the members of OPTN.

• Only potential donors who came to the transplant program for evaluation were considered to be candidates. Potential donors who declined or were excluded before being seen by members of the transplant team were not included in our cohort of potential donors. Data were collected at the time of evaluation. In addition, the decision to accept or reject donation was recorded, and the reasons for not donating were noted for those who were not accepted for donation.

• We examined differences between candidates who were or were not approved for donation. Univariate analysis for these differences in categorical data, and t-tests for normally distributed continuous variables that were logarithmically-transformed when necessary. In addition, we carried out multivariate logistic regression to determine which of the variables that were different between candidates who were approved versus not approved for donation were statistically independent.

• All analyses were conducted using the R Project application (https://www.r-project.org/).

Results
Between May 2018 and the end of September 2019, 259 candidates completed evaluations at the 6 programs; 84 (33%) were approved to donate while 111 (43%) were not approved. However, potential barriers to living donation remain unclear. Therefore, the Health Resources and Services Administration (HRSA) asked the Scientific Registry of Transplant Recipients (SRTR) to conduct a pilot program to explore the feasibility of a more comprehensive, nationwide registry of living donation candidates. In this report, we describe the results of the pilot registry, which of the variables that were different between candidates approved and not approved for donation compared with those not approved (Table 1). However, no other candidate characteristics were different between candidates approved and not approved for donation. The most common reason for not donating was that the recipient no longer needed a living donor (Fig. 3): Candidates who completed their evaluation were suitable for donation except that the recipient no longer needed a living donor could be ideal controls to compare long-term outcomes with donors.

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Figure 1. Outcomes for LDC transplant candidates

Figure 2. Time from registration to donation decision

Figure 3. Sole reason for not donating

Table 1. Outcomes for LDC candidates approved to donate versus candidates not approved to donate

Table 2. Characteristics that did not differ between candidates approved or not for donation

Conclusions
We conclude that establishing a registry of living liver donor candidates is feasible. Reporting the outcomes of donor candidate evaluations to transplant programs, compared with other programs, may help programs better understand their candidate evaluation processes. Long-term follow-up of donors and donor candidates who did not donate may provide much needed information on important outcomes and may facilitate the donation process in the future.

References