Provincial Clinical Standard

Directed Organ Donation Clinical Standard – Transplant Manitoba	
Service Area: Transplant Manitoba	
Approved By: Provincial Clinical Leadership Team	**Approved Date:** Mar 19, 2024

1.0 CLINICAL STANDARD STATEMENT

Shared Health and Transplant Manitoba are committed to offering the people of Manitoba access to transplantation in a manner that is as fair and objective as possible. All wait list candidates have an equal right to be considered for kidney and other solid organ transplants, and the vast majority of organs should be allocated in a non-direct manner, following the allocation system currently in place (Appendix A).
There will be exceptional cases that arise, when the family members of potential deceased-organ donors make special requests to the transplant team. These will be addressed as follows;

2.0 STANDARD:

2.1 Inclusion/Exclusion Criteria

- Conditional organ donation to a specific type or class of person is not acceptable. Transplant Manitoba will not except organs for donation if the donor's substitute decision maker makes the donation conditional on transplant to recipients based on protected characteristics including race, gender, religion, sexual orientation or ethnic background.
- Transplant Manitoba will not conditionally allocate organs based on past medical, psychological or social history, or any other factors that are currently not part of Transplant Manitoba's allocation system.
- Transplant Manitoba will not accept organs for donation if the donor's substitute decision maker makes the donation conditional on changing the usual method of organ procurement or delivery (e.g. altering the "no touch" time after a donation after cardiac death (DCD) transplant, waiting an inordinate amount of time to find the intended recipient, etc.

2.2 Standard

2.2.1 Directed donation to a named recipient will be allowed under the following conditions:

- The potential donor meets all criteria for deceased donor organ donation as per usual Transplant Manitoba's policy – "Priority Ranking Allocation Criteria Guidelines" (Appendix A).

- The substitute decision maker can attest that the directed donation would have been consistent with the values and desires of the deceased donor (e.g. that they had a close personal connection to the intended recipient or had expressed a wish to donate organs to that individual)

- For organs that are currently transplanted in Manitoba, the intended recipient must be on the "ready" or "almost ready" list for transplant within the catchment area of Transplant Manitoba and felt, by the transplant physician, to be medically safe to receive the organ from the directed donor.

- A directed donation to a recipient outside of Transplant Manitoba's catchment area will only be considered when the receiving transplant centre accepts the terms of the directed donation prior to organ procurement

- For organs sent out of Manitoba for transplantation, the receiving transplant centre will need to accept the terms of the directed donation prior to organ procurement

- The timeline of the organ procurement process will not be significantly altered by accommodating the donor's request

- The intended recipient (or his/her/their guardian) is informed that the donation has been directed to them outside of the normal allocation system and given the opportunity to accept or refuse the donation

- The substitute decision maker understands all attempts to maintain confidentiality will be made, but due to the exceptional nature of the request, there may be some unavoidable breaches of confidentiality

3.0 APPLICATION:

3.1 For Patients

- If there is a suspicion that the donor's death was in any way connected to the possibility of a directed donation (e.g. homicide for the purposes of organ procurement), Transplant Manitoba reserves the right to refuse to direct the donation

3.2 For Clinicians

- Physicians and staff members of Transplant Manitoba will not seek out or promote directed donation of organs but will respond to requests initiated by the potential donor's substitute decision maker

- Physicians and staff members of Transplant Manitoba will respect the Personal Health Information Act (PHIA) rights of their wait list candidates and will not

divulge information about wait list candidates without the candidate's express consent

4.0 DEFINITIONS:

4.1 Terms defined for common understanding;

4.1.1 Conditional organ donation- donation of organs or tissues only under conditions decided by the donor or donor family (e.g. to a specific class, race or age of recipients)

4.1.2 Deceased donation- the process of giving one's organs or tissue at the time of the donor's death for the purpose of transplantation to another person. Both donation after neurological determination of death and death after circulatory determination of death are currently available in Manitoba

4.1.3 Directed deceased donation- donation of one or more deceased donor organs or tissues to a specific, named recipient

4.1.4 Substitute decision maker- the person or persons making a decision on behalf of the deceased individual, as outlined by the Health Care Directives Act

4.2 Abbreviations

PHIA- The Personal Health Information Act

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5.0 CONTACT:

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Key Supporting Documents/Resources:

- The Human Tissue Gift Act (Manitoba) C.C.S.M. c. H180
- The Health Care Directives and Consequential Amendments Act (Manitoba) S.M. 1992, c. 33
- The Personal Health Information Act (Manitoba), C.C.S.M. c. P33.5

Appendix A

Transplant Immunology Laboratory **General** **Policies, Procedure & Processes**	Document Title: **Priority Ranking Allocation Criteria Guidelines**	
	Document No: **JATI-10-08A**	Version No: **08**
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	Approved By: **TI MC**	Last Revision Date: **12May22**
	Originated By: **TI CT**	

REFERENCE COPY; 01DEC22; RS

1.0 PROCEDURE:

1.1 Priority Ranking Allocation Criteria Guidelines:

NDD and DCD Deceased Donors:			
ABO Compatibility All compatible blood groups to be considered for Overriding and some High Priority recipients; for all other categories, priority given to staying within the same blood group			
Overriding Priority Medical Urgency Highly sensitized (cPRA ≥95%) with a negative virtual crossmatch			
High Priority Pediatric Recipient (all compatible blood groups) Previous Living Donor (same blood groups)			
Normal Priority			
KDPI <20 ↓ **Recipients <60**	**KDPI 20 – 59** ↓ **All Recipients**	**KDPI 60 – 85** ↓ **Recipients ≥60**	**KDPI >85** ↓ **Recipients ≥65** **(consented for ATKTP)**

	Priority Score = Wait-time + HLA Match + Sensitization Wait-time from start of dialysis: each year = 1 point HLA Matching (DRB1/3/4/5 + DQB1): Maximum of 3 points 0 MM = 3 pt 1 MM = 2 pt 2 MM = 1 pt Sensitization: Maximum of 1.88 points 0.02 x cPRA (0-94%)
	No Priority Pre-emptive transplantation

2 Additional guidelines for pediatric recipients:

Pediatric Recipient Type		**Donor Type**	**Comments**
Overriding Priority	Medical Urgency	*NDD/DCD ≥6 years of age with KDPI <60	**Apply additional minimum match criteria (or exceptions) as listed in the Friday List.
	Highly Sensitized (cPRA ≥95%)	*NDD/DCD ≥6 years of age with KDPI <60 (HSP and local)	
High Priority (all other pediatric recipients)		*NDD/DCD ≥6 years of age with KDPI <35	

***Addition to Donor Type: SPD <6 years age should be offered to all pediatric recipients to allow PTN to retain right of first refusal.**

**TN-PKP defined.

2.0 Alternative Donor Pool guidelines:

- All deceased donor kidneys with a KDPI >85 will be assigned to the alternative donor pool.
  - The on-call TN will review KDPI >97 offers carefully (especially when the KDPI equals 100) and will decide whether to accept as SKT, EBKT or decline.
- DD kidneys with a KDPI of ≤85 may be assigned to the alternative donor pool at the on-call TN's discretion if there are other characteristics which raise concern for graft longevity such as advanced age, AKI, smoking history or proteinuria.

2.1 Alternative Donor Pool Allocation guidelines:

- Alternative donor pool kidneys will be allocated to both Normal Priority and No Priority recipients ≥65 years old who are

consented for ATKTP. The usual priority ranking criteria guidelines and scoring system will be applied.
    - NB: Although alternative donor pool kidneys are intended for a select group of older recipients, should they match an Overriding or High Priority recipient, preference will be given and allocation considered on a case by case basis as per the on-call TN.
- When there are no suitable Normal Priority recipients on dialysis, alternative donor pool kidneys will then be considered for No Priority conservative recipients (for pre-emptive transplantation)
    - Pre-emptive wait time will be used instead of dialysis wait time to rank all conservative ATKTP candidates within the No Priority category.
        - Pre-emptive wait time will be calculated from the date at which the patient's 2-year KFRE is confirmed to meet or exceed 50%
    - Once a conservative ATKTP candidate commences dialysis, their wait time calculation will revert to time accumulated from dialysis start date.

3.0 2.0 RELATED DOCUMENTS:

SOP TI-10-08 Deceased Donor and Recipient Work-up Process REFERENCE COPY; 01DEC22; RS

Document Review History

Version #	Date	Reviewer	Action
1.0		Kidney Allocation Committee	ENDORSED
1.0	Jun 13, 2023	Provincial Clinical Team, Chronic & Complex Medicine and Rehabilitation	ENDORSED
1.0	March 19, 2024	Provincial Clinical Leadership Team	Approved