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CANADIAN TRANSPLANT REGISTRY HIGHLY SENSITIZED PATIENT -INTERPROVINCIAL KIDNEY OFFER PROCEDURE

Purpose

The Canadian Transplant Registry (CTR)-Highly Sensitized Patient (HSP) registry identifies transplant opportunities for patients who are highly sensitized and waiting for a kidney transplant. Provincial donation and transplantation programs/agencies who participate in the HSP registry have committed to offering kidneys to highly sensitized patients who are matched through the HSP registry matching process. This document describes the procedure with respect to offering kidneys under the HSP registry.

Procedure

1. HSP Kidney Offer Requirements

- 1.1. All consented deceased donors will be entered into the CTR.
- 1.2. Provinces participating in the HSP registry will make available to the registry one donor kidney from each deceased donor that has two kidneys deemed to be transplantable.
 - 1.2.1. When a donor kidney is available to the HSP registry, a ranked listing of all potential HSP recipient matches will be generated by the registry.
 - 1.2.2. The donor program/agency is obliged to make an offer to the first recipient on the list. If this is declined, an offer is made to the second, then third, and subsequent recipients on the list.
 - 1.2.3. The obligation to offer a kidney to a matched HSP recipient includes both in-province and out-of-province proposed matches as identified and ranked by the CTR-HSP registry.
 - 1.2.4. Should the potential recipient be listed for both a kidney and pancreas – only the kidney would be subject to the mandatory offer through the HSP Registry.
 - 1.2.5. The decision to offer the pancreas or any other organ should this be a multi organ listing, would be an optional discussion between the respective programs/agencies.
 - 1.2.6. Programs/agencies receiving HSP offers have 120 minutes (2 hours) from the time the verbal offer is made, to accept or decline an offer.
 - 1.2.6.1. If the donor (offer) centre does not hear back within 120 minutes from making the offer as to whether the potential recipient centre has accepted or declined the offer, the donor centre should notify the recipient centre that they are proceeding to make an offer to the next ranked HSP recipient/centre.

1.2.7. Phone conversations to confirm the offer must occur between donor coordinators and between HLA laboratories involved.

1.2.7.1. The nature of the donor coordinator conversations is to review donor information, determine donor kidney acceptability, and other relevant logistics.

1.2.7.2. The nature of the HLA laboratory conversations is to discuss pertinent aspects to determine the HLA match. This conversation should occur as soon as possible after the offer is made.

1.2.7.3. If there are specific surgical requirements, surgeon to surgeon communication is recommended.

2. Exceptions to Offer Requirements

2.1. There is no requirement to offer through the CTR-HSP registry allocation process when:

2.1.1. The donor has only one transplantable kidney.

2.1.2. There are no compatible recipients on the CTR-HSP registry list.

2.1.3. The province offering the kidney is at or above, the export threshold level for sharing. (Refer to CTR.50.004 HSP Inter-Provincial Kidney Balancing)

2.1.4. The provinces of the identified ranked matches are all at or above their import threshold.

2.1.5. There are multiple medically urgent patients on the provincial waitlist who match the deceased donor. (Medically urgent is defined in CTR.50.003 HSP-Matching and Ranking Methodology.)

2.1.6. The kidney cannot be safely transplanted due to the likelihood of an extended cold ischemic time based on the risk assessment of the ranked program (s) receiving the offer.

3. Management of the Non-match Allocated Kidney

3.1. Should a recipient centre receive a kidney but is unable to transplant it into the HSP designated recipient, the recipient centre may allocate the kidney:

3.1.1. First to another recipient patient from their centre participating in the HSP registry;

3.1.2. Secondly, any other suitable recipient in that centre or province according to provincial allocation policy.

4. Kidney No-Longer Deemed Transplantable

4.1. Should the kidney be received by the recipient centre and deemed non-transplantable, the receiving donor coordinator should:

4.1.1. Inform the donor centre coordinator and determine if there are specific legal requirements to return the organ to the donor centre.

4.1.2. Dispose of the organ according to provincial biological waste policies.

Version History		
Version	Date	Comments / Changes
V1.3	2013-02-27	Disposal of non- utilized organs and minor edits
V1.2	2012-10-19	Medically Urgent reviewed
V1.1	2012-10-09	Minor updates & formatting. Moved to Official Policies Folder
V1.0	2012-06	Presented to ODTEAC
V1.0	2012-04-03	Original draft version

References
<p>V1.2 re by NKRAC on 2012-10-18.</p> <p>Canadian Highly Sensitized Patient and Living Donor Paired Exchange Registries: Task Force Discussion Document (October 2005)</p> <p>Assessment and Management of Immunologic Risk in Transplantation. A Canadian Council for Donation and Transplantation Consensus Forum Report and Recommendations (January 2005)</p> <p>Kidney Allocation in Canada: A Canadian Forum Report and Recommendations (February 2007)</p>