

## Guidance on Requested Deceased Donor Information

### Introduction

The OPTN/UNOS Organ Procurement Organization created this guidance document in order to provide additional information on deceased donor information and testing. This guidance document is designed to assist members in identifying additional testing needed to best evaluate potential donors.

This guidance document is intended only to provide guidance for OPOs and transplant programs. The scope and content reflects necessary collaboration between OPOs and transplant programs, taking into consideration their needs and best practices. This guidance document is *not* intended to be a comprehensive list of all information necessary to evaluate organs for all donors.

### Kidney

With each kidney offer, the host OPO should provide the receiving transplant program with the following biopsy information for kidneys with a Kidney Donor Profile Index (KDPI) score greater than 85% and donors with a significant history of hypertension, diabetes, or acute kidney injury:

- The biopsy sample should capture a minimum of 25 glomeruli
- A frozen or fixed section slide, or the biopsy material, may accompany the kidney
- Biopsy report, when available
- Access to telepathology, when available

Pictures of the kidney and vessels are recommended if there are noted anatomical abnormalities.

If machine perfusion is used, the host OPO should provide the pump parameters, such as flow and resistance.

### Liver

A transplant program may request a pre-procurement liver biopsy for any of the following indications:

- Greater than 70 years of age
- Body mass index greater than 35
- Hepatitis
- History of long-standing alcohol abuse
- History of diabetes (insulin-dependent diabetes mellitus) if greater than 5 years
- Evidence of echogenic/heterogenic (fatty) changes in the liver on imaging

Relative contraindications for pre-procurement liver biopsy:

- Disseminated intravascular coagulation/coagulopathies
- Platelet count less than 80,000 per mL

- Current aspirin or blood thinner therapy
- Hemodynamic or respiratory instability
- Active hemorrhage
- Donation after cardiac death (DCD) donor

Pictures of the liver biopsy slides are recommended.

Access to telepathology, when available.

CT scan/imaging is recommended if the liver is being considered for a split.

## **Heart**

With each heart offer, the host OPO should provide the following information to the receiving transplant program:

- Coronary angiography (for male donors over 40 years old or female donors over 45 years old)
- Central venous pressure (CVP) or stroke volume variation (SVV), and Cardiac output/ Cardiac index, if available
- ECG, Echocardiogram including left ventricular (LV) systolic and diastolic dimensions, Septal wall thickness (diastolic), LV posterior wall thickness (diastolic) (Transesophageal echocardiography if echo not available or of poor quality)
- Cardiac enzyme panel, including troponin, creatinine phosphokinase (CPK) isoenzymes, and serum creatinine kinase MB (CKMB)

A transplant program may request a left and/or right heart catheterization of the deceased donor where the donor's medical or social history reveals at least *one* of the following past medical histories:

- Segmental wall motion abnormality on echo
- Troponin elevation
- Significant smoking
- History of chest pain
- Abnormal electrocardiogram (ECG) consistent with ischemia or myocardial infarction
- Additional requests for a heart catheterization may be indicated by the following:
  - Cocaine or amphetamine use
  - Diabetes (Insulin-dependent diabetes mellitus)
  - Hyperlipidemia
  - Hypertension
  - Strong family history of coronary artery disease
  - Morbid obesity/High BMI (>35)

**Note:** Transplant programs may request access to view digital imaging remotely and request a copy of imaging on a disk.

## **Lung**

With each lung offer, the host OPO should provide *all* of the following information to the receiving transplant program:

- Measurement of chest circumference at the level of nipples
- Measurement by chest x-ray vertically from the apex of the chest to the apex of the diaphragm and transverse at the level of the diaphragm
- Mycology sputum smear
- Non-contrast computed tomography (CT) scan of the chest in the following situations:
  - Significant smoking history
  - Chest trauma with suspected pulmonary contusions
  - Documentation of suspected aspiration or evidence of it upon bronchoscopy
- Every attempt should be made to obtain a bronchoscopy, however, there may be certain circumstances where this is not possible, such as no qualified individual or physician available, lack of equipment in certain small donor hospitals, or DCD donor situations
- The transplant program may request an echo or a Swan Ganz if suspected pulmonary hypertension in donor

**Note:** Transplant programs may request access to view digital imaging remotely and request a copy of imaging on a disk.

## **Pancreas**

With each pancreas offer, the host OPO should provide images of organ if requested.