

The 2009 Annual Report of the OPTN and SRTR

DonorNet and the Potential Effects on Organ Utilization

Overview

- The evolution of communication as donor data flows from OPO to transplant centers has evolved with the incorporation of DonorNet 2007® into the UNetSM system. The ensuing study looks at DonorNet's impact on this process.
- Defined time periods were established for comparison purposes. The study looked at match number for organ placement and overall organ utilization with a focus on ischemia time and graft outcomes.
- The results of the study demonstrate no significant change in the median match number of organ placement in liver or kidney transplantation.
- Changes in discard rates were varied amongst transplanted organs and there were noticeable changes in organ sharing with an increase in local allocation for kidney and liver and an ensuing decrease in regional and national distribution.
- There were no significant differences in the outcomes of livers and kidneys with low offer numbers compared with those with high offer numbers.
- Overall the study suggests a modest impact by DonorNet on organ placement and utilization, but a longer term study would need to be done to fully evaluate its impact.

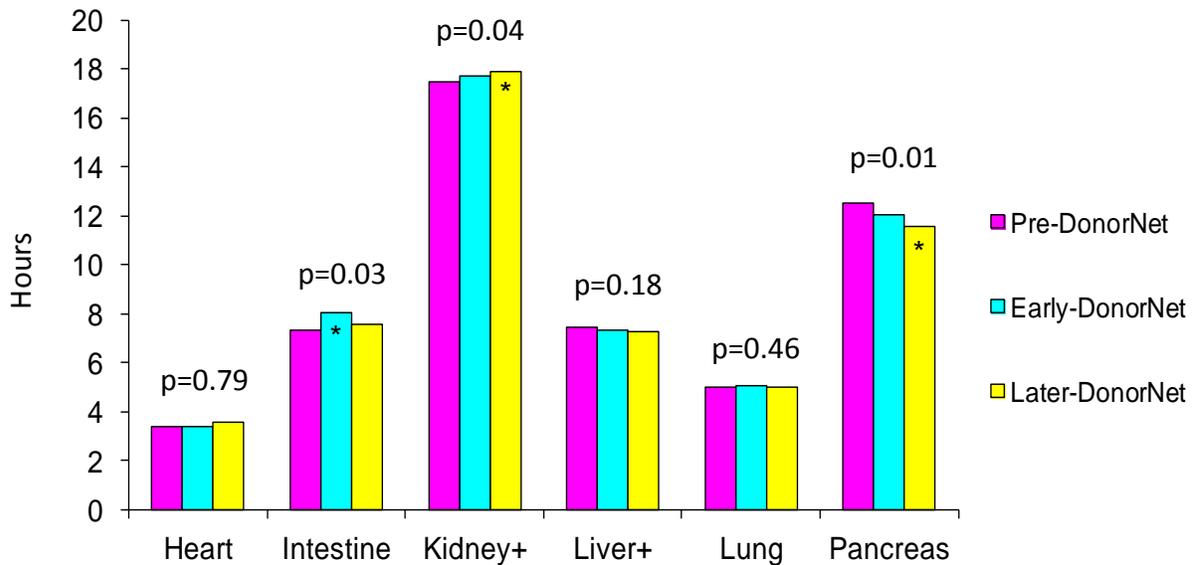
The figure on the following page shows the mean cold ischemic time for organs transplanted in what Chapter IX of this report describes as the Pre-DonorNet (April 30, 2006 to October 31, 2006), Early DonorNet (April 30, 2007 to October 31, 2007) and Later-DonorNet (April 30, 2008 to October 31, 2008) periods. More information on these numbers and the points above may be found in Chapter IX of the report.

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The data and analyses reported in the 2009 Annual Report of the U.S. Organ Procurement and Transplantation Network and the Scientific Registry of Transplant Recipients have been supplied by the United Network for Organ Sharing and the Arbor Research Collaborative for Health under contract with the Department of Health and Human Services. The authors alone are responsible for reporting and interpreting these data; the views expressed herein are those of the authors and not necessarily those of the U.S. Government.

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Mean Ischemic Time for Transplanted Organs, by Organ and Time Period



+Cold ischemic time only
*p <0.05 vs. Pre-DonorNet period

Source: SRTR analysis, data as of May 2009

There was a gradual decline in cold ischemia time for liver transplants from 7.5 hours in the Pre-DonorNet time to 7.3 hours in the Later-DonorNet period. In the kidney cohort, cold ischemia time increased in the Later-DonorNet period compared with the Pre-DonorNet time, 17.9 hours and 17.5 hours, respectively. Pancreas ischemia times decreased from 12.5 hours in the Pre-DonorNet period to 11.6 hours in the Later-DonorNet period.