

Study examines variation in transplant centers' use of less-than-ideal organs

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Researchers who developed a tool to assess organ acceptance practices by transplant centers found wide variability in centers' willingness to use less-than-ideal donor kidneys. The findings, which appear in an upcoming issue of *CJASN*, may help improve centers' policies related to organ acceptance and therefore boost rates of transplantation.

The number of patients waiting for a [kidney transplant](#) continues to increase, and approximately 5,000 waitlisted patients in the United States die each year while waiting for a deceased donor [kidney transplant](#). Nonetheless, more than 3500 kidneys—20% of all kidneys procured for transplantation—are discarded annually. Given the better survival associated with receiving a transplant with any quality organ compared with dialysis, it is important to ensure that donated organs—even those with less desirable characteristics—are made available to patients, and not discarded, whenever possible.

To examine current practices related to organ discard across [transplant centers](#), Sumit Mohan, MD, MPH, Corey Brennan, MPH (Columbia University Irving Medical Center), and their colleagues created a measure to assess 182 transplant centers' utilization practices of perceived high-risk kidneys from 2010 to 2016, and they attempted to understand how these practices are influenced by regional variations in organ supply and demand.

By developing and applying a "donor utilization index," the team found that characteristics associated with organ discard are not rare among

deceased donor kidneys that are transplanted, which indicates that many centers commonly use at least some kidneys that might be perceived as less than ideal. The use of these organs varied widely across transplant centers, however, and differences were not fully explained by the size of waitlists or the regional availability of donor organs.

The researchers also found that when centers were more likely to accept less than ideal organs for transplantation, patients experienced shorter average wait times for deceased [donor](#) organs.

"With the recent Executive Order on Advancing American Kidney Health, there is an increased focus on access to transplantation and decreasing organ discards in the United States," said Dr. Mohan. "This study demonstrates the [considerable variation](#) in patterns of kidney utilization by transplant centers across the country. Additional studies are needed to understand how transplant center choices impact access to transplantation for patients, particularly given the newly launched Kidney Accelerated Placement Project for kidneys." This project was initiated by the nation's Organ Procurement & Transplantation Network and is designed to assess whether accelerating the placement of extremely hard-to-place kidneys can increase their utilization.

More information: "A Donor Utilization Index to Assess the Utilization and Discard of Deceased Donor Kidneys Perceived as High Risk," *Clinical Journal of the American Society of Nephrology*, [DOI: 10.2215/CJN.02770319](#)

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