

**Senate Community Affairs Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH AND AGEING PORTFOLIO**

Budget Estimates 2012-2013, 30 & 31 May and 1 June 2012

**Question:** E12-168

**OUTCOME 13:** Acute Care

**Topic:** Marginal donors

**Type of Question:** Hansard Page 26-27, 30 May 2012

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**Senator:** Senator Fierravanti-Wells

**Question:**

How many organs have been donated annually from marginal donors? Are we seeing a growing number of Australians being saved by marginal organ donations?

**Answer:**

The national reform agenda seeks to implement world's best practice, in part, by ensuring safe, equitable, and transparent national transplantation processes.

In 2009, the Transplantation Society of Australia and New Zealand (TSANZ) was engaged to establish professional standards for nationally uniform eligibility criteria for organ transplantation and the allocation of organs from deceased donors, the Consensus Statement on Eligibility Criteria and Allocation Protocols (The Consensus Statement). The Consensus Statement submitted to the Authority in June 2010 and on 1 July 2011, the Parliamentary Secretary for Health and Ageing, the Hon Catherine King MP launched it at the TSANZ Annual Scientific Meeting. In Australia, organs are allocated using the Consensus Statement.

The Consensus Statement includes:

- eligibility criteria to ensure there are equitable and transparent criteria for listing patients for organ transplantation; and
- allocation protocols to ensure consistency across Australia in the criteria by which donated organs are allocated to patients once listed.

It describes standard and expanded criteria (marginal) for donor suitability for each organ type, (chapter 9 to 13 of the Consensus Statement refers). Standard criteria relate to donor characteristics associated with the best outcomes after transplantation.

In order to increase the availability of donor organs, expanded eligibility criteria have been developed that include expanded criteria for donation. These are donor characteristics that are associated with increased short and/or long term morbidity and mortality after transplantation; for example, age, longer ischaemic time and comorbidities. The Consensus Statement indicates that it is expected that transplant units in Australia and New Zealand will make use of both standard and extended criteria donors.

In the clinical environment the assessment of medical suitability for donation rests primarily with the ICU doctors and transplant clinicians utilising the Consensus Statement and in discussion with the recipient.

The Australia New Zealand Organ Donor (ANZOD) register reports on the average age of donors and the expanded criteria for kidney donors.

Table 1 shows that the percentage of expanded criteria kidney donors has increased from 26% in 2007 to 33.6% in 2011.

Table 1:  
Australia – Expanded Criteria for Kidney donors

	2007	2008	2009	2010	2011
Expanded*	51	74	81	90	102
Non Expanded	143	182	166	201	202
Total	194	256	247	291	304
% Expanded	26.3%	28.9%	32.8%	30.69%	33.6%

\*An expanded criteria kidney donor as defined in American Journal of Transplantation 2003; (Suppl.4): 114-125 i.e. any donor aged  $\geq 60$  years, or any donor aged 50-59, with two of the following three criteria: CVA death, or terminal creatinine  $>133$ , or hypertension. (Source: ANZOD). Information on extended criteria donors for other organs is unavailable.

Due to the lack of internationally accepted standard criteria for expanded criteria donors, as well as differences in health systems and the age profile of a country, it is difficult to make direct international comparisons.