

Since the first organ transplant was performed in Boston in 1954, organ transplantation has become a viable option for many individuals with chronic disease. Most recently, in July 2014, vascularized composite allografts (VCAs) were added to the list of organs available for transplant (VCAs are body parts such as hands, joints, face, etc.). Unfortunately, there are never as many organs available for transplant as there are patients in need. There are also questions of organ compatibility (blood and tissue types) and patient priority (access to organs based on greatest medical need) (United Network for Organ Sharing [UNOS], 2015a). A total of 12,211 people donated one or more organs from January through September 2017, yet 116,589 people were awaiting a transplant as of October 23, 2017 (Table 1) (Organ Procurement and Transplantation Network (OPTN), 2017a).

ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK (OPTN)

Due to the need to organize data and match donors with patients, the United Network for Organ Sharing (UNOS) developed an organ matching computer database in 1977. Revolutionizing and nationalizing the organ transplant network, this system facilitated access for both doctors and patients to information about organ availability and need (UNOS, 2015a). The Organ Procurement and Transplantation Network was established through a congressional act in 1984. “The act established the Organ Procurement and Transplantation Network (OPTN) to maintain a national registry for organ matching. The act also called for the network to be operated by a

private, non-profit organization under federal contract.” UNOS is the only organization under federal contract to operate the OPTN since its inception (OPTN, n.d.b).

TRANSPLANT RECIPIENTS

Patients with medical conditions that may warrant an organ transplant are referred by their physician to a transplant center. A “transplant team,” which typically includes a transplant coordinator, physician, surgeon, financial coordinator, insurance case manager, and social worker, evaluates the patient (Transplant Living, 2017b). If the patient is determined to be a good transplant candidate, his/her medical profile is added to the national organ transplant waiting list which is maintained by the OPTN and operates using UNOS computer databases. This waiting list is not a ranked list but rather a “pool” of transplant candidates (UNOS, 2015b).

<i>Organ Type</i>	<i>US</i>	<i>TX</i>
	As of 10/24/2017	As of 10/24/2017
Kidney	96,483	8,419
Liver	14,244	1,472
Heart	3,991	385
Lung	1,370	125
Kidney & Pancreas	1,695	83
Pancreas	919	42
Intestine	274	1
Heart & Lung	46	3
ALL	116,589	10,315
(OPTN, 2017a)		

ORGAN DONORS

An organ donor is someone from whom at least one organ or tissue is recovered for the purpose of transplantation. Donors are designated either living or deceased. Living donors can give a kidney, or a portion of a lung, liver, pancreas or intestine (UNOS, 2015c).

Organ	Living Donor	Deceased Donor	Total
Kidney	4,222	10,554	14,776
Liver	265	5,834	6,099
Lung	0	1,854	1,854
Heart	2	2,442	2,444
Kidney & Pancreas	0	591	591
Pancreas	0	163	163
Intestine	1	80	81
Heart & Lung	0	23	23
Other	1	2	3
ALL	4,491	21,543	26,034

(OPTN, 2017a)

Donor registries are confidential databases that provide access to authorized individuals confirming consent to organ donation. Until recently, not all donor registries were deemed “consensual.” First Person Consent legislation was required in order for a donor registry to be considered as giving consent to a hospital to harvest organs for transplantation. The Revised Uniform Anatomical Gift Act, effective September 1, 2009, now serves that purpose and a donor may give consent by authorizing a statement or symbol indicating the intent to donate on driver’s licenses and identification cards as well as wills and other documents (Statues, n.d.). All 50 states (and the District of Columbia) currently have donor registries, and they are all tied to the Department of Motor Vehicles for easy registration access to the public (U.S. Department of Health and Human Services [HHS], 2011). Additionally, the Act states that “in the absence of an express, contrary indication by the donor, a person other than the donor is barred from making, amending, or revoking an anatomical gift of a donor's body or part if the donor made an anatomical gift” (Statues, n.d.).

MATCHING DONORS AND RECIPIENTS

There are five steps involved in the process of matching a donor with a recipient:

- An organ is donated: organ size, blood type, tissue type, genetic information about the donor and the condition of the organ are reported in UNOS.
- UNOS computes a list of compatible patients: the computer ranks candidates by compatibility with the organ and other allocation policies.
- The most compatible candidate’s transplant center is notified.
- The transplant center’s team of doctors must refuse or accept the organ. This is decided on the basis of: medical criteria, organ condition, candidate condition, staff and patient availability, and organ transportation. By law, the medical team has only one hour to accept or decline the organ.
- The organ is either accepted or declined. If it is declined, it is offered to the next most compatible candidate, and so on until it is placed with a recipient.

(OPTN, 2015)

Each organ type has a different set of criteria for distribution taking into consideration the unique medical considerations involved.

Generally, priority is given to patients that are:

- Closest biological match
- Most urgent, medically
- Children
- Close proximity
- Longest wait time (often used as tie breaker)

(UNOS, 2015a)

Since the waiting list is a “pool” of candidates versus an actual list, waiting times for individuals can vary widely. The table below depicts how long current transplant candidates have been on the list:

	<i>National</i>	<i>Texas</i>
All time	116,425	10,315
< 30 days	4,409	411
30 to <90 days	7,725	717
90 days to < 6 months	10,076	959
6 months to < 1 year	16,532	1,572
1 year to < 2 years	23,895	2,120
2 years to < 3 years	17,799	1,522
3 years to < 5 years	23,120	2,023
5 or more years	18,550	1,491
(OPTN, 2017a)		

As the table illustrates, almost 50% of those waiting for transplant have been waiting for two years or more. The primary reason for such a long waiting period is the shortage of organs available for transplantation. Every day, 22 people on the waiting list for an organ transplant die due to lack of available organs (OPTN, n.d.a). From January through September 2017, 3,816 people died awaiting an organ transplant, 345 of whom were in Texas (OPTN, 2017a).

Organ	# of Patients
Kidney	2,704
Liver	857
Heart	240
Lung	142
Kidney & Pancreas	49
Pancreas	22
Intestine	10
Heart & Lung	5
Total	3,816*
*includes individuals awaiting multiple organs (OPTN, 2017a)	

PEDIATRIC TRANSPLANTS

Children are not exempt from the need for an organ transplant. 5.4% of all the transplants from January through September 2017 were received by children under the age of 18. On October 23, 2017, 2,008 pediatric patients (ages 17 and below) were on the waiting list for one or more organs. During that same period, pediatric transplants accounted for 3% of all transplants performed in the San Antonio area

(OPTN, 2017a). As a result of the Children's Health Act of 2000, the OPTN adopted several measures to address organ allocation to pediatric patients (General Accounting Office, 2001). Since then, many specific aspects of organ allocation to children were updated:

- Kidneys from donors less than 35 years old are offered to pediatric patients first
- Changes in liver allocations giving additional preference to pediatrics were made in 2012
- Pediatric donor lungs are now offered first to pediatric patients
- Pediatric candidates awaiting heart transplants are given priority and preferential allocation of all pediatric hearts since 2009
- Effective March 2017, pediatric donor lungs will be offered to candidates under 18 years old in wider geographic areas

(HHS, 2013; OPTN, 2017b)

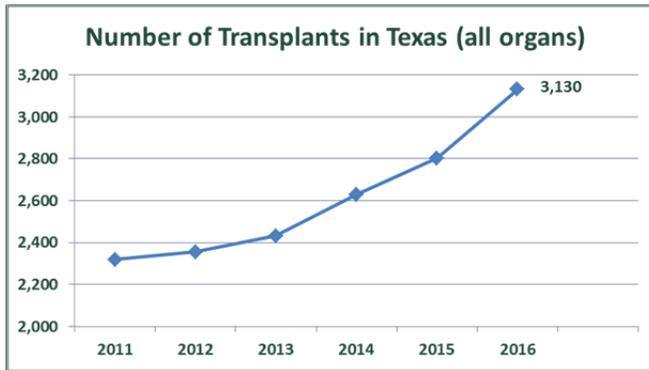
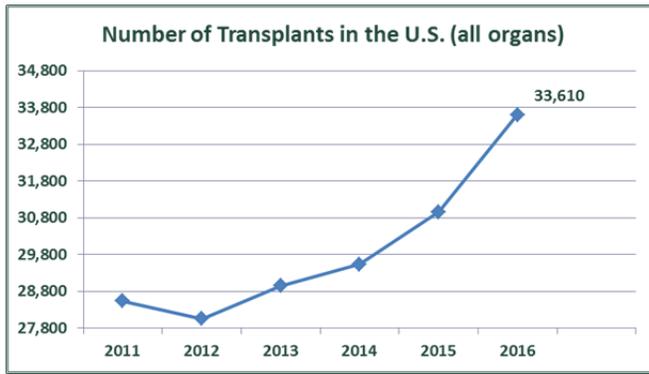
Typically, pediatric patients fare as well or better than adult patients. Five year survival rates for children less than one year old are the best among all types of renal transplants; children between 6-10 years have the best outcomes among liver recipients and the best five year survival rate of all heart transplants (OPTN, 2017c).

TRANSPLANTS IN TEXAS

Since the year 2000, transplants both in Texas and in the United States have been steadily increasing, reducing the number of deaths in people awaiting transplants. In 2016, the national number of transplants performed reached an all-time high of 33,969.

Unfortunately, it came nowhere near reaching the almost 117,000 people on the waiting list (OPTN, 2017a).

According to data from the OPTN (2017a), the following graphs represent trends in the growth of transplant surgeries performed both nationally and in Texas from 2011 through 2016.



Currently, three of the 26 Texas facilities that actively perform organ transplants are in the San Antonio area:

- University Hospital (UH),
- Methodist Specialty and Transplant Hospital (MSTH)
- CHRISTUS Santa Rosa Medical Center (CSRMC).

Center	Adult (Ages 18+)	Pediatric (Ages <1-17)	Total
CSRMC	24	0	24
MSTH	267	3	270
UH	151	12	163
Total	442	15	457

(OPTN, 2017a)

SURVIVAL

Organ recipients who survive organ transplants are generally able to live normal lives with the aid of medications. One major risk associated with post-transplant patients is organ rejection, which occurs when the body of the patient does not recognize the new organ and considers it a threat. The body begins to attack it with white blood cells, attempting to destroy the organ as it would any other invader such as a virus. To reduce the likelihood of an organ being rejected, immunosuppressants are administered post-transplant surgery in order to stop the immune system (white blood cells) from attacking the organ. However, this does not exclude the possibility of the body ultimately rejecting the organ, infections, or other illnesses (Transplant Living, 2016a). Health precautions and regular doctor visits are essential to reduce the risk of further health complications.

Organ	1 Year	5 Years
Kidney- Deceased donor	69.2%	83.1%
Kidney- Living donor	98.8%	92.0%
Pancreas	91.9%	79.9%
Pancreas after Kidney	97.6%	88.3%
Liver- Deceased donor	91.2%	75.0%
Liver- Living donor	92.3%	83.8%
Intestine	81.1%	58.0%
Heart	90.9%	78.1%
Lung	87.7%	55.4%
Heart and Lung	90.9%	78.1%

(OPTN, 2017a)

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