



New York State
Living Liver Donor
Data Deliverables

A Report to:
New York State Department of Health
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Living Liver Donor Data Deliverables

Living liver donation has received increasing attention in New York State and across the nation in recent years, particularly as the number of patients on the waiting list has risen and people look to living donation as a means to save lives. As family and friends have elected to undergo the procedure to donate a portion of their liver to a loved one, it has become clear that the donation surgery is not without risks and tracking the health of the donor after donation is critical to better inform anyone who may consider taking this step.

In February 2004, new requirements for living liver donation were adopted in New York (NYCRR Section 405.22) whereby the New York State Department of Health (DOH) requires liver transplant programs to track living liver donors and report characteristics, outcomes and follow-up data. Under the auspices of the New York Center for Liver Transplantation's (Center) contract with DOH, the United Network for Organ Sharing (UNOS) has released center-specific living donor and recipient registration and follow-up data to the Center.

The following data were compiled using data and file layouts from UNOS and from center-reported updates. Data are reported for the period **January 2010-December 2010** for the purposes of fulfilling DOH contract requirements for the current contractual period and to ensure that all data reported have been validated within the 90-day validation period under the UNOS system.

The donor registration file shows 337 liver transplant procedures were performed in New York State between January 1, 2010 and December 31, 2010. The majority (89.4%) of the operations were performed using the livers of deceased donors, while the remaining 10.6% were transplants using livers from living donors. A total of 26 adult-to-adult living liver transplants were done in this time period and are reported in the following tables.

Living Liver Donor Data Variables

Demographics

Table 1: Gender Distribution of Living Donors, Jan – Dec 2010

Gender	Transplant Center					Total
	ROCH	MSSM	NYPC	NYU	WCMC	
Male	0	6	7	0	0	13
Female	0	7	6	0	0	13
Total	0	13	13	0	0	26

Table 2: Age Distribution of Living Donors, Jan – Dec 2010

Transplant Center	N	Mean	Minimum	Maximum
NYPC	13	39.2	23	59
ROCH	0	N/A	N/A	N/A
MSSM	13	37.2	24	59
NYU	0	N/A	N/A	N/A
WCMC	0	N/A	N/A	N/A

Table 3: Race/Ethnicity of Living Donors, Jan – Dec 2010

Race	Transplant Center					Total
	ROCH	MSSM	NYPC	NYU	WCMC	
White	0	12	5	0	0	17
Asian	0	0	3	0	0	3
Black	0	1	2	0	0	3
Hispanic	0	0	3	0	0	3
Arab or Middle Eastern	0	0	0	0	0	0
Total	0	13	13	0	0	26

Table 4: Relationship of the Living Donor to Recipient, Jan – Dec 2010

Relationship to Recipient	Transplant Center					Total
	ROCH	MSSM	NYPC	NYU	WCMC	
Biological:						
Parent	0	1	1	0	0	2
Son/Daughter	0	8	3	0	0	11
Full Sibling	0	1	2	0	0	3
Non-Biological:						
Spouse	0	2	3	0	0	5
Sister-in-Law/Son-in-Law	0	0	1	0	0	1
Friend	0	1	1	0	0	2
Niece/Nephew	0	0	2	0	0	2
Total	0	13	13	0	0	26

Complications Within 30 Days of Donation

Table 5: Readmissions of Living Donors within 30 Days of Donation, Jan – Dec 2010

Readmission	Transplant Center					Total
	ROCH	MSSM	NYPC	NYU	WCMC	
Not Present	0	11	11	0	0	24
Present	0	2	2	0	0	2
Total	0	13	13	0	0	26

Two living donors were readmitted to New York Presbyterian Hospital at Columbia within 30 days – one due to biliary complications and the other for nausea, fever, heartburn and pain in the right shoulder. In addition, two donors were readmitted to Mount Sinai Medical Center. One donor was admitted with fever and the other due to a kidney stone.

Complications at 6-Month Follow-up

Data gathered six months post-donation reveal no known deaths or complications resulting in liver failure. Nor were any living liver donors added to the UNOS transplant list as candidates for liver transplantation.

Living Liver Recipient Data Variables

Demographics

Table 6: Gender Distribution of Living Liver Recipients, Jan – Dec 2010

Gender	Transplant Center					Total
	ROCH	MSSM	NYPC	NYU	WCMC	
Male	0	9	9	0	0	18
Female	0	4	4	0	0	8
Total	0	13	13	0	0	26

Table 7: Age Distribution of Living Liver Recipients, Jan – Dec 2010

Transplant Center	N	Mean	Minimum	Maximum
NYPC	13	49.1	19	65
ROCH	0	N/A	N/A	N/A
MSSM	13	57.5	21	68
NYU	0	N/A	N/A	N/A
WCMC	0	N/A	N/A	N/A

Table 8: Race/Ethnicity of Living Liver Recipients, Jan– Dec 2010

Race	Transplant Center					Total
	ROCH	MSSM	NYPC	NYU	WCMC	
White	0	12	5	0	0	17
Asian	0	0	3	0	0	3
Hispanic/Latino	0	0	3	0	0	3
Black	0	1	2	0	0	3
Total	0	13	13	0	0	26

Table 9: MELD Score at Waitlist Removal of Living Liver Recipients, Jan – Dec 2010

Transplant Center	N	Mean
NYPC	13	14.4
ROCH	0	N/A
MSSM	13	17.5
NYU	0	N/A
WCMC	0	N/A

*Range: 7-28, Lab MELD scores reported

Table 10: Diagnoses of Living Liver Recipients, Jan – Dec 2010

Diagnosis	Transplant Center					Total
	ROCH	MSSM	NYPC	NYU	WCMC	
Cirrhosis: Type C	0	1	4	0	0	5
Primary Sclerosing Cholangitis	0	0	1	0	0	1
Primary Sclerosing Cholangitis Crohn's Disease	0	1	0	0	0	1
Primary Sclerosing Cholangitis Ulcerative Collitis	0	1	0	0	0	1
Autoimmune Primary Sclerosing Cholangitis	0	0	1	0	0	1
Primary Sclerosing Cholangitis: Secondary Biliary Cirrhosis	0	0	1	0	0	1
Alcoholic Cirrhosis	0	1	0	0	0	1
PLM: Hepatoma Hepatocellular Carcinoma	0	1	0	0	0	1
PLM: Hepatoma Hepatocellular Carcinoma and Cirrhosis	0	2	3	0	0	5
Cirrhosis: Type B HBSAG Plus	0	1	1	0	0	2
Primary Biliary Cirrhosis	0	2	0	0	0	2
Metastatic Disease: Hepatoportal Sclerosis	0	1	0	0	0	1
Leiomyosarcoma	0	1	0	0	0	1
End Stage Liver Disease/Hepatitis C Virus	0	0	1	0	0	1
Glycogen Storage Disease Type 1 with Multifocal Hepatocellular Carcinoma	0	0	1	0	0	1
Sarcoidosis	0	1	0	0	0	1
Total	0	13	13	0	0	26

Status Within 30 Days of Transplant

Table 11: Status of Living Liver Recipients within 30 Days of Transplant, Jan – Dec 2010

	Transplant Center					Total
	ROCH	MSSM	NYPC	NYU	WCMC	
Alive	0	13	13	0	0	26
Deceased	0	0	0	0	0	0
Retransplanted	0	0	0	0	0	0
Total	0	13	13	0	0	26

There were no cases of death or retransplantation within 30 days of the transplant.

Status at 6-month Follow-up

A review of the available data for recipient status at 6 months post-transplant indicates that there is one additional case of retransplantation in February 2011 due to primary graft failure with vascular thrombosis at the Columbia Presbyterian Medical Center for a recipient who had transplant surgery in December 2010. There were no cases of death reported in 2010.

Summary

Unique measures, designed to protect and inform potential living liver donors, have been implemented by New York's liver transplant programs and the New York State Department of Health. *Since the implementation of these measures, the data shows a decreasing trend in **adult-to-adult** living liver donation in New York State of nearly 45% since 2005.* It is also important to note donors experience complications post-donation and this information should be shared with individuals considering the option of living liver donation. This is the seventh annual report of its kind and has served its aim of better understanding the risks and complications associated with living liver donation.