Fewer Kids Dying While Waiting For New Organs

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Fewer children died waiting for organ transplants in the past decade after policy changes to the national organ allocation system, researchers stated.

The number of children dying before they could receive a transplant dramatically decreased from 262 to 110 as pediatric transplants increased from 2001 to 2010, stated Jennifer Workman, MD, of the University of Utah School of Medicine in Salt Lake City and colleagues, in *Pediatrics*.

The authors attributed major policy shifts for liver and kidney transplant protocols to the increase in transplants to children 17 and younger. Those organs compose the greatest percentage of solid-organ transplants in children, they noted.

Changes under the United Network for Organ Sharing (UNOS) allowed for increased transplantation from circulatory death donors while transplants from brain death donors decreased. UNOS is the private, non-profit organization that manages the nation's organ transplant system under the federal government, according to it website.

In fact, recipients of pediatric donation after circulatory determination of death (DCDD) increased by 174% (50 to 137), while recipients of pediatric donation after neurologic determination of death (DNDD) decreased by 13% (2,992 to 2,614), Workman and colleagues stated.

"The increased use of DCDD kidneys and livers for transplantation into children may be one method to increase the number of pediatric transplants," wrote Heung Bae Kim, MD, and Craig Lillehei, MD, of Harvard Medical School and Boston Children's Hospital in an accompanying commentary.

However, "efforts to pursue living donation as the primary option for kidney transplantation in children" should not be ignored, Kim and Killehei wrote.

Other changes included policies affecting pediatric liver transplants, a liver disease end-stage scoring system, and, regional sharing of pediatric liver donors.

"Our analysis suggests that these liver allocation changes improved access to transplantation for children with liver failure and support earlier reports which investigated the effect of the model for end-stage liver disease/pediatric end-stage liver disease scoring systems on pediatric liver transplantation," they wrote.

The authors obtained data from the Organ Procurement and Transplantation Network for U.S. organ recipients and donors from 2001 to 2010. Data were stratified by age, organ, and DCDD, and transplant wait-list removals due to death.

The criteria for donors for pediatric kidney transplants was expanded, giving pediatric recipients priority to kidney donors younger than 35. Pediatric kidney transplants increased an average 61 per year, the authors wrote.

"The kidney shortage remains an enormous problem for the transplant community, and allocation strategy changes to maximize donor kidney utilization are currently being assessed," they wrote.

The authors noted that adult recipients far outnumber child recipients, while adult donors are more numerous than child donors.

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