

TRANSPLANTATION

Challenging the allocation of lower quality livers to less sick patients

The worldwide propensity to allocate extended criteria donor livers to patients with a low MELD score has been called into question by work published in *Transplantation Proceedings*. “Our results suggest that contrary to common belief it is not justified to preferentially allocate organs of slightly lower quality into less sick patients,” says Roberto Hernandez-Alejandro, corresponding author.

The team reviewed their prospectively maintained database for donation after brain death liver transplantation, analysing data from the 310 eligible patients for early allograft dysfunction (EAD) with respect to donor risk index (DRI) and recipient MELD score. The DRI was defined as high (≥ 1.7) or low (< 1.7) and the MELD score as high (≥ 27), moderate (15–26) or low (< 15).

For recipients with a low MELD score the EAD was significantly higher in those who received a high DRI liver

(25%) versus a low DRI liver (6.25%). By contrast, for recipients with a moderate or high MELD score, the DRI of the transplanted organ had no significant effect on EAD.

“Some authors propose a change in the allocation scheme to a ‘transplant benefit’ based policy that considers both waiting list and post-transplant outcomes,” explains Hernandez-Alejandro. “The present study will be valuable in shaping future allocation policy to ensure that the greatest benefit can be achieved from the precious gift of a new organ to those in need.”

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Original article Croome, K. P. *et al.* Should a lower quality organ go to the least sick patient? Model for End-Stage Liver Disease and Donor Risk Index as predictors of early allograft dysfunction. *Transplant. Proc.* 44, 1303–1306 (2012)