

A Retrospective Evaluation of Organ Donation in the United States: Trends in Donors and Organ Utilization Over 15 Years

Justin A Steggerda MD¹, Irene K Kim MD², and Daniel Borja-Cacho MD¹

¹Kovler Organ Transplant Center, Northwestern Memorial Hospital, Chicago, IL
²Comprehensive Transplant Center, Cedars-Sinai Medical Center, Los Angeles, CA

Background

- There prevalence of chronic comorbid conditions is increasing amongst the general population in the United States
- Obesity (body mass index >30 kg/m²) affects > 40% of the population
- Hypertension is present in up to 45% of the population
- Diabetes affects 10-12% of the population (*data from www.cdc.gov*)
- Chronic medical conditions are associated with end-organ damage which may affect quality of organs prior to donation

Aims of the present study:

1. To determine if changes in the donor population were reflective of changes in the health of the general population
2. To evaluate the effects of changing donor health on donor and organ utilization

Methods

Study Population

- UNOS/OPTN Standard Transplant Analysis and Research (STAR) file
- 132,783 potential organ donors identified between 2005-2019
- Included all ages and donation types (DBD vs DCD)
- Evaluated demographic characteristics, medical and social history, and terminal laboratory values

Donor Utilization—determined by transplantation of at least one organ from a single donor

Data Analysis

- Three Eras: Era 1 (2005-2009), Era 2 (2010-2014), Era 3 (2015-2019)
- Donor characteristics compared using T-tests, ANOVA, and Wilcoxon Rank-Sum tests as appropriate
- Multi-Variable Modeling-- Logistic Regression for Donor Utilization
 - Donors cohorted by donor type (DBD vs DCD)
 - Created individual models for each era
 - Created a composite model to evaluate across eras

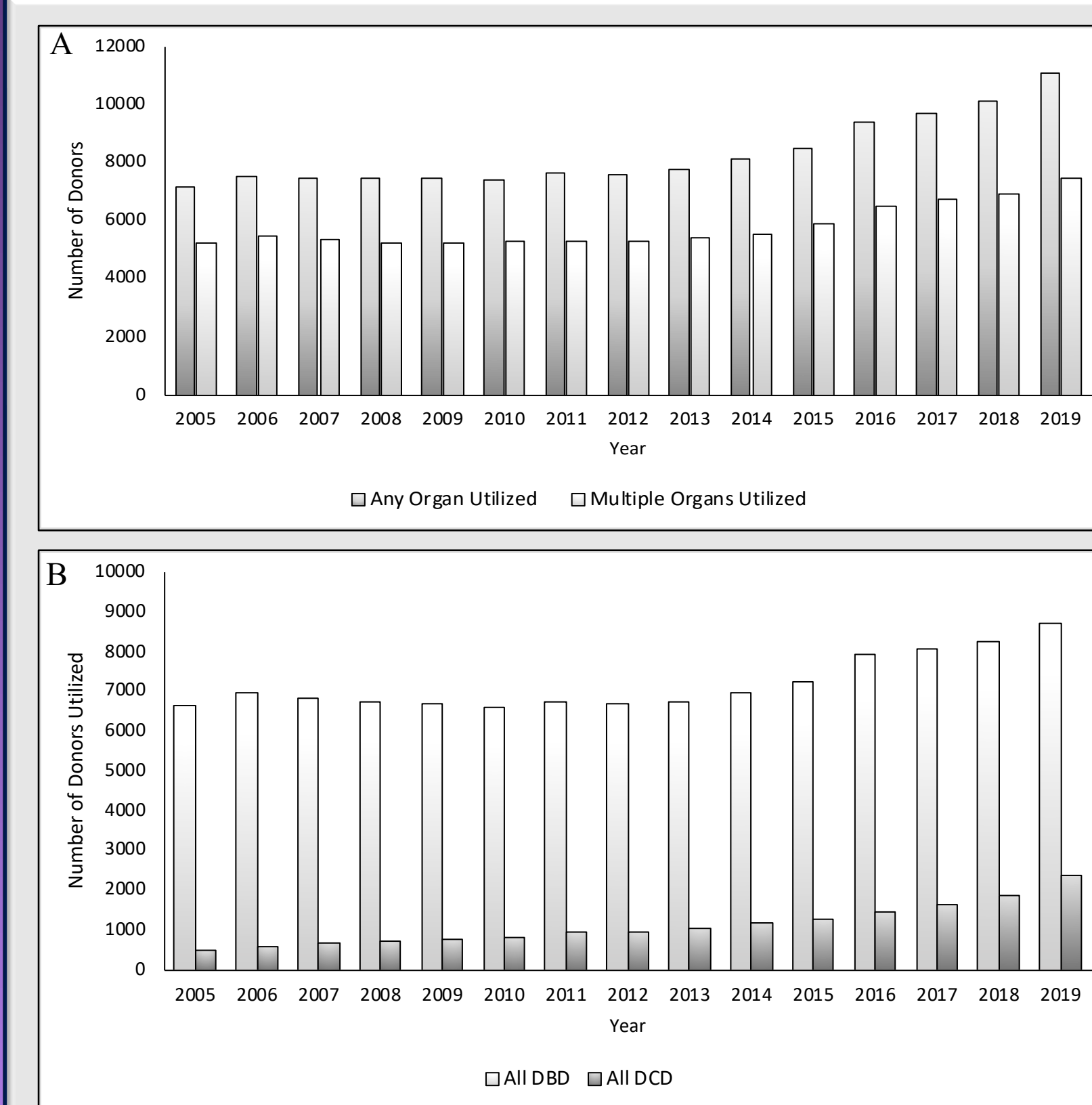


Figure 1. Number of Organ Donors in the United States, 2005-2019.

A) Donors with at least one organ utilized for transplant and those with two or more organs utilized for transplant.

B) Number of donors utilized after brain death (DBD) and donation after circulatory death (DCD) donors annually.

	Era 1 2005-2009	Era 2 2010-2014	Era 3 2015-2019	p-Values
Organ Donor	37,167 (93.5%)	38,688 (94.1%)	48,874 (94.0%)	0.001
Multi-Organ Donor	26,575 (66.9%)	26,943 (65.5%)	33,576 (64.6%)	<0.001
# Organs per Donor	3.02 ± 1.77	3.05 ± 1.78	3.04 ± 1.78	0.027
Kidneys				<0.001
Transplanted	30,487 (76.7%)	32,044 (77.9%)	40,483 (77.8%)	
Recovered-Not Transplanted	5,082 (12.8%)	5,385 (13.1%)	7,354 (14.1%)	
Not Recovered	4,176 (10.5%)	3,691 (9.0%)	4,170 (8.0%)	
Liver				<0.001
Transplanted	30,543 (76.9%)	30,444 (74.0%)	37,830 (72.7%)	
Recovered-Not Transplanted	3,616 (9.1%)	3,338 (8.1%)	3,773 (7.3%)	
Not Recovered	5,586 (14.1%)	7,338 (17.9%)	10,404 (20.0%)	
Heart				<0.001
Transplanted	11,193 (28.2%)	12,453 (30.3%)	16,383 (31.5%)	
Recovered-Not Transplanted	111 (0.3%)	111 (0.3%)	149 (0.3%)	
Not Recovered	28,441 (71.6%)	28,556 (69.5%)	35,475 (68.2%)	
Lungs				<0.001
Transplanted	6,855 (17.3%)	8,617 (21.0%)	11,493 (22.1%)	
Recovered-Not Transplanted	102 (0.3%)	330 (0.8%)	576 (0.2%)	
Not Recovered	32,788 (82.5%)	32,173 (78.2%)	39,938 (76.8%)	
Pancreas				<0.001
Transplanted	6,676 (16.8%)	5,304 (12.9%)	5,013 (9.6%)	
Recovered-Not Transplanted	2,739 (6.9%)	1,831 (4.5%)	1,574 (3.0%)	
Not Recovered	30,330 (76.3%)	33,985 (82.7%)	45,420 (87.3%)	
Intestine				<0.001
Transplanted	901 (2.3%)	633 (1.5%)	580 (1.1%)	
Recovered-Not Transplanted	56 (0.1%)	44 (0.1%)	37 (0.1%)	
Not Recovered	38,788 (97.6%)	40,443 (98.4%)	51,390 (98.8%)	

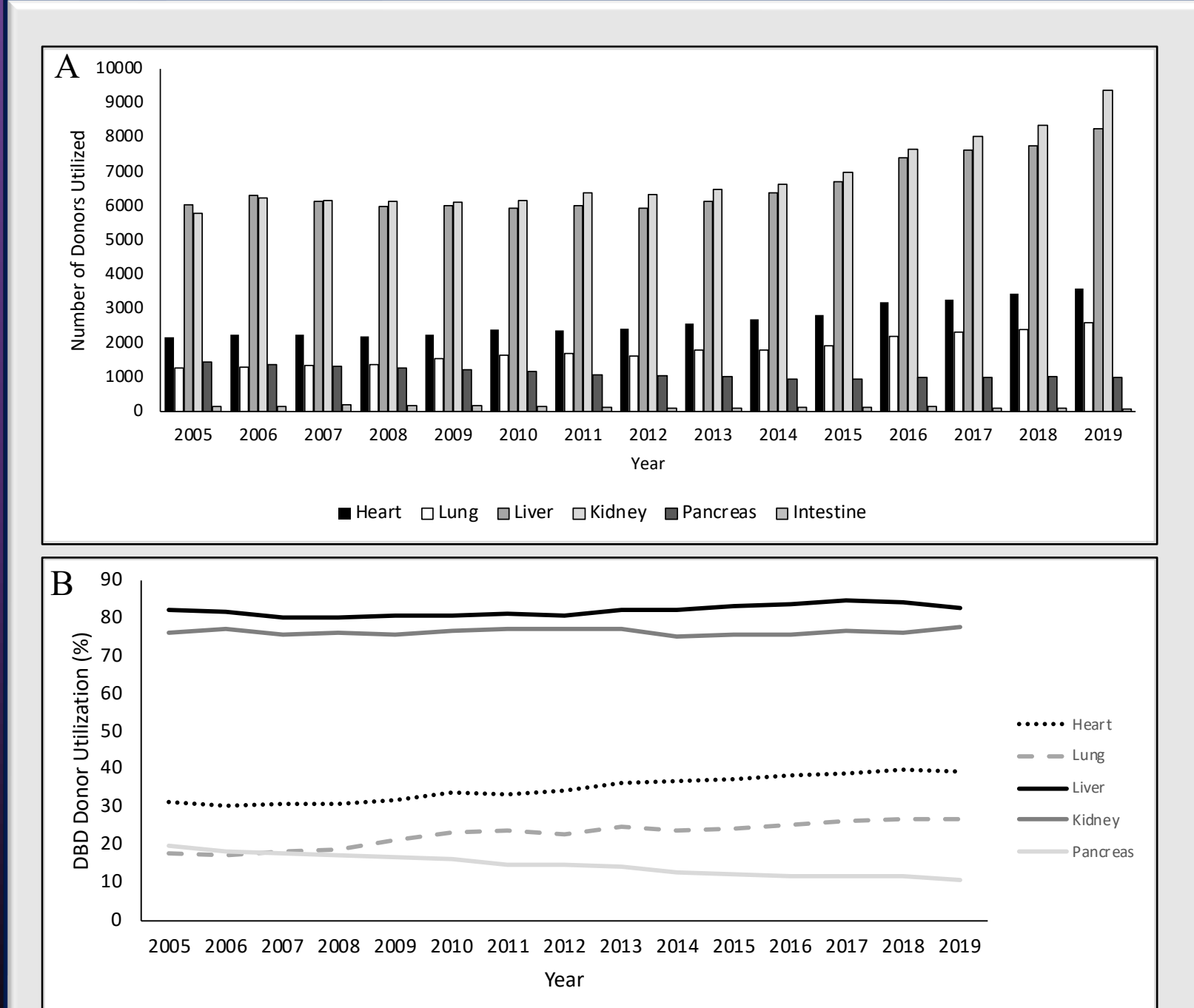


Figure 2. Annual Organ Utilization, 2005-2019

A) Number of donors utilized for transplant for all organs—heart, lung, liver, kidney, pancreas, and intestine.

B) Annual donor utilization rate by organ type. DBD donors only.

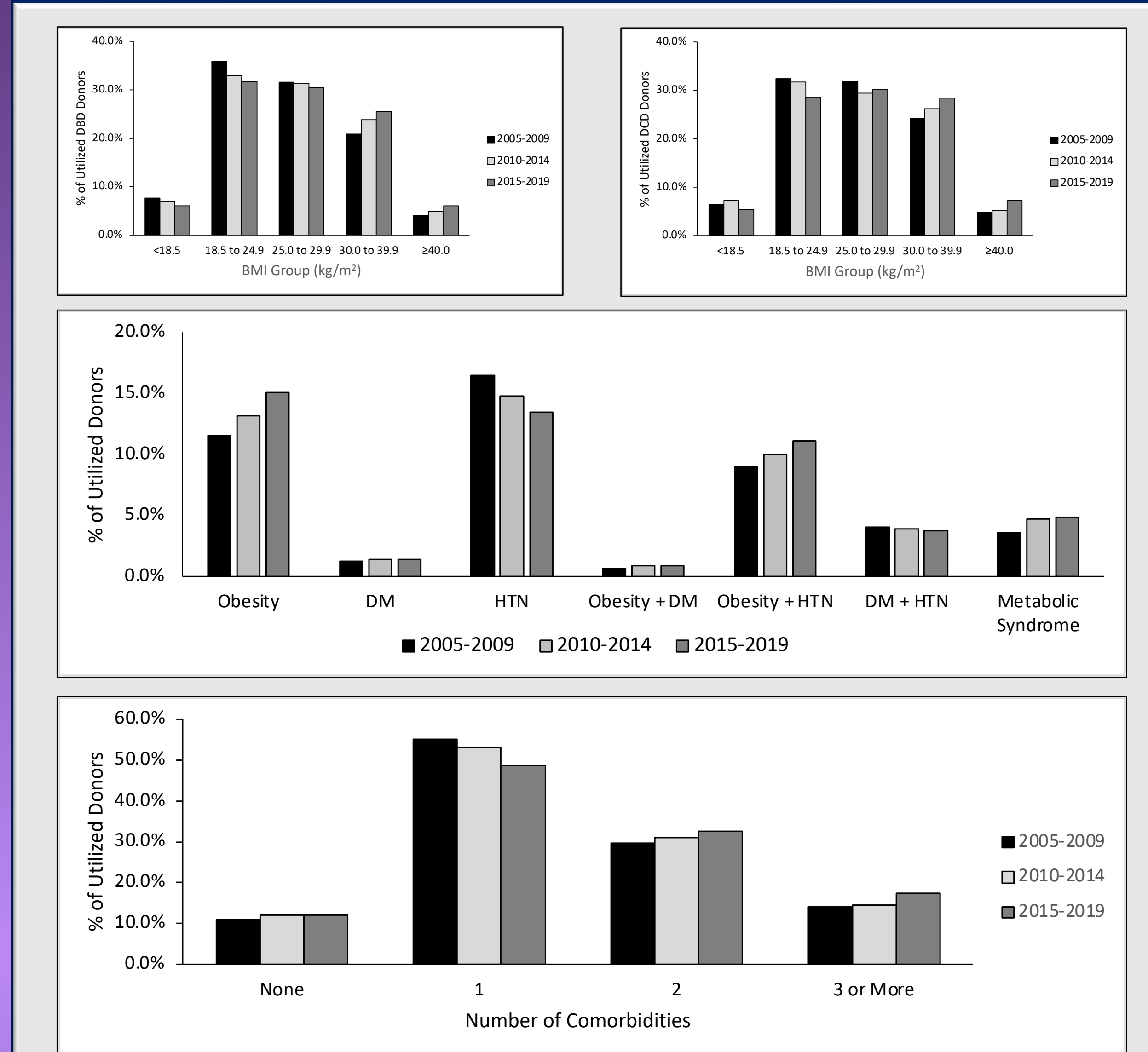


Figure 3. Donor Utilization by Era. Donor utilization rates by donor BMI subgroups for (A) DBD and (B) DCD donors. C) Donor utilization rate by comorbid conditions contributing to metabolic syndrome (obesity + hypertension + diabetes mellitus). D) Donor utilization rate by number of comorbidities—obesity, hypertension, diabetes, hepatitis C virus, hepatitis B virus, prior myocardial infarction, or prior cancer diagnosis.

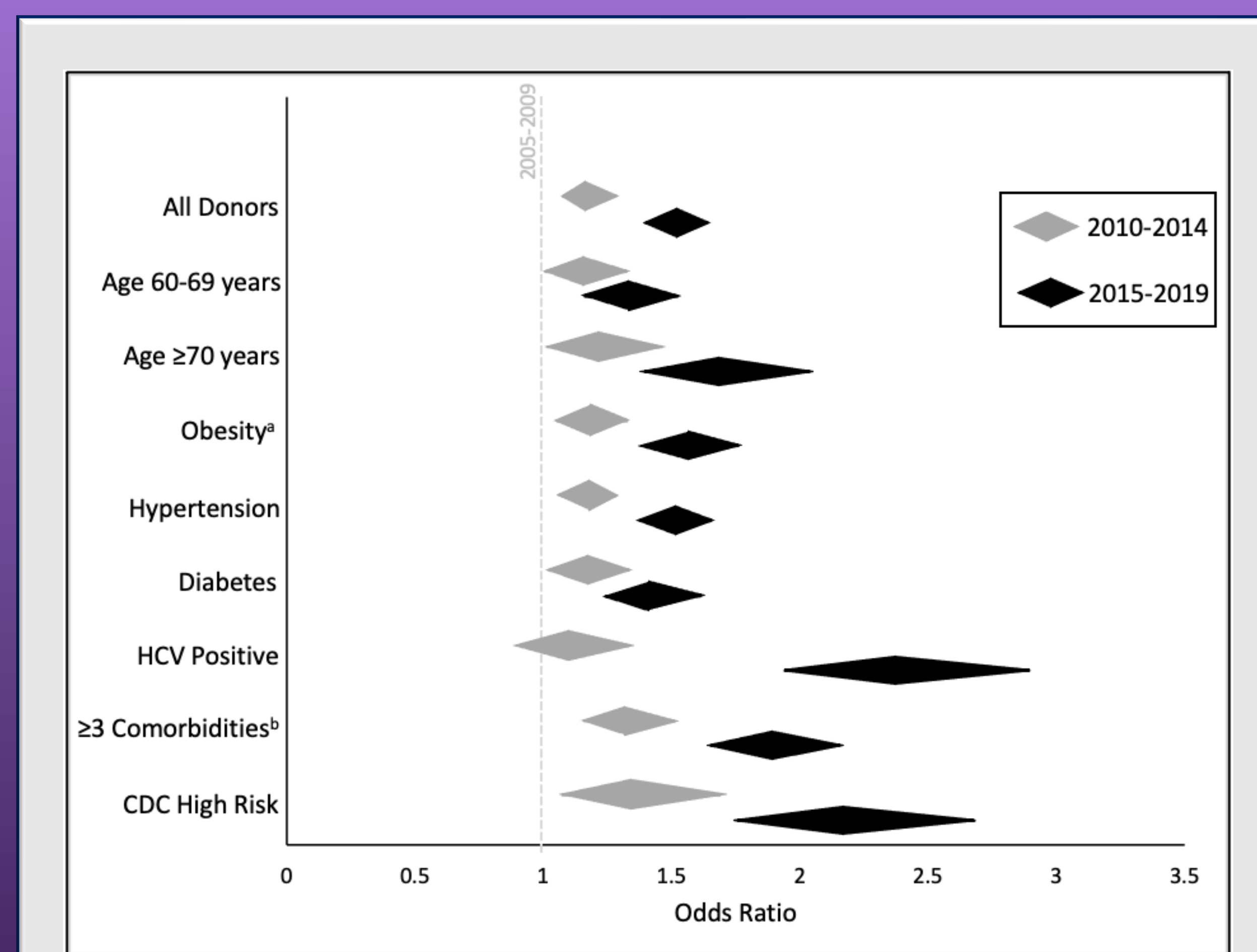


Figure 4. Likelihood of Donor Utilization Across Eras for DBD Donors.

A composite model consisting of factors associated with donor utilization in any era was used as base model. Donor utilization was then assessed in specific marginal subgroups (i.e., older age, obese donors, comorbid conditions, etc.). Likelihood of donor utilization within each subgroup was assessed using Era 1 (2005-2009) as reference group. Odds ratios (OR) and 95% confidence intervals are shown for Era 2 (2010-2014, gray diamonds) and Era 3 (2015-2019, black diamonds). DCD donors were evaluated separately (results not shown).

	2005-2009	2010-2014	2015-2019
	OR	95% CI	p-Value
Age Groups			
<10 years	0.476	0.174 – 1.302	<0.001
11 to 17 years	0.720	0.229 – 2.257	0.880
18 to 29 years	Reference	Reference	Reference
30 to 39 years	0.310	0.157 – 0.614	0.223
40 to 49 years	0.206	0.110 – 0.385	0.136
50 to 59 years	0.140	0.075 – 0.260	0.080
60 to 69 years	0.052	0.028 – 0.096	0.035
>70 years	0.024	0.012 – 0.045	0.020
BMI Groups			
<18.5 kg/m ²	0.716	0.431 – 1.191	<0.001
18.5 to 24.9 kg/m ²	Reference	Reference	Reference
25.0 to 29.9 kg/m ²	1.127	0.887 – 1.432	1.101
30.0 to 39.9 kg/m ²	0.731	0.574 – 0.931	0.772
≥40 kg/m ²	0.407	0.282 – 0.588	0.553
Race/Ethnicity			
White	Reference	Reference	Reference
Black	1.634	1.237 – 2.157	1.571
Hispanic	0.914	0.681 – 1.227	1.065
Asian	1.115	0.635 – 1.959	0.732
Other	0.525	0.190 – 1.448	0.763
ABO Group			
O	Reference	Reference	Reference
A	0.853	0.702 – 1.037	1.010
B	1.059	0.783 – 1.432	0.822
AB	0.492	0.318 – 0.760	0.467
Cause of Death			
Anoxia	Reference	Reference	Reference
Trauma	1.794	1.294 – 2.486	1.433
CVA/Stroke	1.172	0.903 – 1.520	0.831
Other	0.977	0.510 – 1.875	0.609
Diabetes	0.484	0.393 – 0.598	<0.001
Hypertension	0.720	0.587 – 0.897	<0.001
HCV-Positive	0.117	0.089 – 0.155	<0.001
Creatinine >2mg/dL	0.574	0.460 – 0.715	<0.001
Bilirubin >1.2 mg/dL	0.660	0.583 – 0.810	<0.001
AST >150mg/dL	0.460	0.351 – 0.602	<0.001
INR >1.5	0.487	0.400 – 0.593	<0.001

	2005-2009	2010-2014	2015-2019
	OR	95% CI	p-Value
Age Groups			
<10 years	0.619	0.129 – 2.976	0.262
11 to 17 years	2.441	0.305 – 19.565	0.630
18 to 29 years	Reference	Reference	Reference
30 to 39 years	0.925	0.336 – 2.546	1.227
40 to 49 years	0.280	0.134 – 0.587	0.394
50 to 59 years	0.147	0.072 – 0.299	0.206
60 to 69 years	0.104	0.046 – 0.238	0.126
>70 years	0.047	0.009 – 0.242	N/A
Cause of Death			
Anoxia	Reference	Reference	Reference
Trauma	1.888	1.308 – 2.725	1.888
CVA/Stroke	0.684	0.519 – 0.902	0.684
Other	0.690	0.440 – 1.083	0.690
Diabetes	0.412	0.259 – 0.653	<0.001
Hypertension	0.526	0.372 – 0.744	<0.001
HCV-Positive	0.096	0.028 – 0.318	<0.001
Creatinine >2.0 mg/dL	0.221	0.131 – 0.371	<0.001

Abbreviations: CI- confidence interval, HCV- hepatitis C virus, OR- odds ratio

Conclusions

- The number of donors is increasing annually to meet the ever present need for organs for transplantation
- The donor population closely reflects the general population in the prevalence of obesity and diabetes, however the prevalence of hypertension is lower in the donor population
- The factors associated with donor utilization have increased over the study period— ALL factors associated with donor utilization in the most recent era (2015-2019) were present in the preceding eras
- There is an increased likelihood of organ utilization from marginal donors in the most recent era (2015-2019)— including use of organs from donors over 60 years old, obese donors, those with hypertension, diabetes, or 3 or more comorbid conditions
- There is a large increase in the utilization of organs from Hepatitis C virus positive donors in 2015-2019, a result of the development of a successful treatments for HCV
- DCD donors account for an increasing proportion of all donors. The factors associated with DCD donor utilization are much more narrow than those for DBD donors
 - There will likely be continued increase in the utilization of DCD donors as machine perfusion modalities and normothermic regional perfusion (NRP) techniques become mainstream