

Malaysian Organ Sharing System (MOSS)

Editor - The extensive media coverage of organ transplantation over the last two years in this country has resulted in an increase in the number of cadaveric transplantation. There is now a growing concern about how cadaveric organs are allocated and to whom; with particular reference to distributive justice and medical suitability.

The Malaysian Society of Nephrology and Ministry of Health of Malaysia have initiated the development of a national organ sharing network and is named Malaysian Organ Sharing System (MOSS). Presently MOSS is only involved in the allocation of cadaveric kidneys as the number of patients in the waiting list for other solid organs are still very small. MOSS had developed a system of organ (cadaveric kidneys) allocation based on distributive justice and medical suitability and is described below.

Eligibility

All Malaysian citizens who are medically fit for transplantation are eligible to be registered with MOSS as potential cadaveric renal recipient^{1,2}. Permanent residents will be considered on an individual basis.

Exclusion Criteria

Patients aged less than 2 years old or above 60 years old are disqualified^{3,4}. Patients with any disease or illness with expected survival of less than 5 years or with a resultant poor quality of life are not eligible. This will include patients with:

1. Positive HIV serology⁵.
2. Positive Hepatitis Be antigen⁶.
3. Active liver disease^{6,7}.
4. Severe cardiovascular/ cerebrovascular/ pulmonary disease.
5. Dementia or psychosis with no underlying treatable disease.
6. Malignancy of limited life expectancy^{8,9}.
7. Oxalosis (not contraindicated for combined liver and kidney transplantation).
8. Fabry's disease.
9. Active substance abuse.

Pre-registration Assessment

Cardiac assessment (including cardiac stress test & echocardiogram)^{3,10} is required for asymptomatic, nondiabetic patients ≥ 55 years old or diabetic patients ≥ 35 years old. For symptomatic patients or asymptomatic patients with positive stress test, they should be further assessed by a cardiologist and treated appropriately.

Criteria for Prioritization of Candidates¹¹⁻¹⁸

With rare exception, the donor and recipient should be of the same ABO blood group type. One of the two kidneys will also be allocated to the procurement centre.

Candidates with limited life expectancy (<1 year) without renal transplant will be placed into medical emergency list (SOS list). This decision can only be made by a nephrologist and a committee will review the SOS list periodically. Candidates on the SOS list will receive top priority in receiving a cadaveric kidney.

Candidates will be selected based on the following scoring system:

- A. HLA Ag (A,B and DR) matching *** (12 points)
***Six HLA antigens match will be given top priority.

***Due to logistic reasons, HLA Ag matching is presently not being used as a selection criteria.

- B. PRA (10 points)
- C. Waiting time (20 points)
- D. Logistical Score (6 points)
- E. Age less than 18 years

Patients less than 18 years old will be given extra weightage.

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