NHS BLOOD AND TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE

MINUTES OF THE TENTH MEETING OF THE NHSBT CTAG LUNG ADVISORY GROUP ON WEDNESDAY 13TH SEPTEMBER 2017, 15:00 – 17:00 IN THE INTAVENT SUITE, ASSOCIATION OF ANAESTHETISTS, 21 PORTLAND PLACE, MARYLEBONE, LONDON W1B 1PY

PRESENT:

Mr S Tsui	**Chair**
Dr M Al Aloul	Respiratory Physician, Wythenshawe Hospital, Manchester
Dr M Carby	Chest Physician, Harefield Hospital, Middlesex
Dr V Carter	BSHI Representative, Newcastle
Mr P Catarino	BTS Representative, Surgeon, Papworth Hospital, Cambridge
Mr C Chalk	CTAG Lay Member Representative
Ms N Crouchen	Recipient Transplant Co-ordinator, Harefield Hospital, Middlesex
Prof J Dark	National Clinical Lead for Governance, ODT
Ms J Foley	Head of Clinical Governance, NHSBT
Mr P Flynn	Welsh Health Specialised Services Committee
Prof S Fuggle	Scientific Advisor, ODT
Mrs M Harrison	CTAG Lay Member Representative
Mr A Hasan	Surgeon, Freeman Hospital, Newcastle
Mr J Mascaro	Surgeon, Queen Elizabeth Hospital, Birmingham
Ms J Newby	Head of Referral and Offering, NHSBT
Ms L Logan	Regional Manager, Organ Donation Services, ODT
Dr J Parmar	Chest Physician, Papworth Hospital, Cambridge
Miss S Rushton	Statistician, Statistics and Clinical Studies, NHSBT
Mr O Senbaklavici	Deputy for Mr J Lordan, ULAS Representative
Dr H Spencer	Physician, Great Ormond Street Hospital, London
Mr R Venkateswaran	Surgeon, Wythenshawe Hospital, Manchester
Ms S Watson	Commissioner, NHS England
Miss E Wong	Statistician, Statistics and Clinical Studies, NHSBT

IN ATTENDANCE:

Mr J Asher	Medical Health Informatics, ODT
Mr A Kourliouros	Observer, Clinical Fellow, Papworth Hospital, Cambridge
Mr J McGuinness	Surgeon, Mater Misericordiae University Hospital, Dublin
Prof R Ploeg	National Clinical Lead for Organ Retrieval, NHSBT
Ms S Rendel	QUOD Bio-bank, Oxford
Dr Z Reinhardt	Paediatric Observer, Freeman Hospital, Newcastle
Ms D Russell	Observer, General Manager, Harefield Hospital, Middlesex

APOLOGIES:

Ms T Baker	Transplant and Divisional Manager, Harefield Hospital
Prof J Forsythe	Associate Medical Director, ODT
Dr E Jessop	Medical Advisor, NHS England
Ms S Johnson	Director of Organ Donation and Transplantation, NHSBT
Mrs J Nuttall	Recipient Co-ordinator Lead, Wythenshawe Hospital, Manchester
Mr M Stokes	Head of Hub Operations, NHSBT
Dr M Winter	National Services Division, Scotland

1 **Declarations of interest in relation to the agenda**
There were no declarations of interest in relation to the agenda

2 **Minutes of the meeting held on:**
Wednesday 26th April 2017
2.1 Accuracy
The minutes of the last meeting are a correct record for publication.

2.2 Action Points
1 – Prolonged lung registrations
This is ongoing work; all centres to check records and update with S Rushton to accurately reflect current waiting lists. **Centre Leads**

2 – Updated post lung transplant survival models
This work has now been completed. The Annual Cardiothoracic Report is being produced currently and survival rates will be adjusted for what is possible to risk-adjust for and what is significant. Centres to provide feedback to S Rushton if any concerns.

3 – Paediatric lung allocation
Refer to item 7.3.1 on the shared minutes.

4 – Submission of UK DCD data to ISHLT
S Rushton is working with the head of the DCD ISHLT Registry to facilitate submitting UK data although DCD lung transplants are already sent to UNOS. S Rushton to complete this action. **S Rushton**

5 – Newsletter
It was decided during the Heart section of this meeting that a single sided newsletter written by J Dark and J Foley signposting readers to good practice, learnings and updates will be trialled around one month after CTAG. **J Dark/ J Foley**

6 – Letter to the Heart Valve Bank
J Dark has written to them with clear information on how CTAG retrieval surgeons can assist them. A reply is awaited.

7 – Shared learning from Newcastle CUSUM signal
The External Review report has been forwarded to NHSBT and J Forsythe.

8 – Paper to implement 4 point offering
Cardiothoracic offering will be discussed further at a meeting on 9th October.

9 – Flow chart outlining lung allocation process
This has been forwarded to the recipient co-ordinators.

10 – Work with NHS England
Provisional proposal for commissioning ECMO as a bridge to transplant – this work is in progress and ongoing.

11 – Specifying a range of acceptable donor sizes
Size specification restrictions have now been added to registration forms.

11 – Listing patients with a gender specific minimum and maximum donor size
This is ongoing work. Recipient co-ordinators are now able to list with gender specific donor sizes.

12 – Paper outlining variations in listing outcomes
J Parmar is working on this and will submit to CTAG CAG for review. **J Parmar**

13 – Consider non-smoking lung donors up to the age of 75
The project is currently on hold due to the number of changes happening around cardiothoracic offering. The donor registration forms will hold details of whether the donor was a current, past or non-smoker and this project will be re-opened once the Hub is operating properly. J Dark to send L Logan the rationale for future implementation. **J Dark**

3 **Governance issues**

3.1 Non-compliance with lung allocation
There were no incidences of non-compliance with lung allocation since the last report in April 2017.

3.2 Group 2 transplants
NHSBT should be notified if a Group 2 patient is transplanted. At present, for cardiothoracic there has only been one recorded case in the last 10 years; the donor was from the Republic of Ireland. Queries regarding patients who fall outside the remit of Group 1 transplantation and care should be referred to NSD Scotland or NHS England for guidance regarding the funding of transplants, costs associated with aftercare and post-transplant treatment.

3.3 Lung incidents for review
Lung incidents recorded include late declines of organs, in part due to recipient surgeons concerned that the organ would have too long an ischaemic time to be successfully transplanted. One damaged organ was recorded. Members were asked to remind team members to share any anatomical problems or abnormalities with recipient surgeons. In this instance the HTA B form was incorrectly completed. As there was only one surgeon present, the DCD lungs were not properly bronchoscoped. **Centre Leads**

3.3.1 Clinical Governance Report
The clinical governance report, containing further details of the incidents above, was attached for information.

3.4 Summary of CUSUM monitoring of 30 day outcomes following lung transplantation
No cardiothoracic CUSUM signals have been identified during the past 5 months. NHSBT Statistics and Clinical Studies has proposed updating the baseline data from 2008-2011 to a more recent period. Changes will be brought to the next CTAG meeting for information. It was mentioned that softer outcomes such as quality of life should be monitored.

4 **Statistics and Clinical Studies Report**

4.1 Review of the first three months of Urgent and Super Urgent Lung Allocation Scheme
Statistics and Clinical Studies have carried out a review of the first three months of the urgent and super urgent lung allocation schemes. Usage of the new scheme is as anticipated. Acceptable donor size is still not specified on all recipient registration forms despite being requested, and patients who are accepted onto the waiting list following a decision from the adjudication panel should have a new registration form completed and submitted every month. In principle, patients should revert to the non-urgent list after 1 month if further evidence is not provided. The metrics used for the review will be revisited as the project is in its infancy. To date 60% of patients listed on the urgent or super-urgent list have been transplanted. Further investigation will take place looking at the impact on the non-urgent lung allocation scheme and the allocation of small adult and paediatric lungs; also if the rate of export is greater and if any paediatric donors are being used for urgent/super-urgent adults. **S Rushton**

5 **Lung Allocation**

5.1 Extending donor upper age limit in lung transplants
Discussed earlier in AP13.

5.2 Lung Utilisation
A comparison between ideal lung donors in France and ideal lung donors in the UK shows that the UK only utilises 60% of these ideal lungs while France utilise 90% of theirs. Reasons for declining organs which come from ideal donors should be recorded and investigated to inform whether there is any pattern and whether the same surgeons or centres regularly decline lungs. J Dark will lead on a monthly telecon between centres to identify the ideal donor lungs that have been declined and the reasons for decline. The group will include M Carby, H Spencer, R Thompson, M Al Aloul, J Parmar and O Senbaklavici. The first telecon is planned for November 2017. **J Dark**

6 **Any other business**
No other business was raised for discussion.

The CTAG Patient Group Meeting will take place in central London on Monday 16th October 2017 from 12.00-16.00. Members to contact L Newman to register their attendance.

7 **Dates of next meeting:**
2018 CTAG Wider Group (Lung) Meetings:
Wednesday 25th April 2018, 10:00 – 12:00 – venue TBC
Wednesday 26th September 2018 15:00 – 17:00 – venue TBC