

Review of research matrix

- RINTAG 11th May 2018 -

Issue

Issue arose whereby several researchers (primarily liver) raised a concern over the scoring criteria *Timescale from start of study to increase number of organs available for transplantation*. It was felt that the end date set by the researchers is subjectively judged/ can be manipulated. Researchers are concerned that the highest ranked study will block other studies from achieving their milestones (number of organs). This poses the risk of being penalised by funding bodies.

Action required

RINTAG is asked to agree;

1. If the scoring criteria should be changed?
2. If so, how should the scoring criteria change?
3. If the scoring criteria should be removed
4. If so, should it be replaced with some other parameter?

Background

The most recent data suggests that studies that were lower in the ranking were still able to receive an organ. The median number of responses per offer was 1 which gave responding studies a good chance of receiving an organ. When looking at the total number of organs received by each study in 2017, all ranked studies were able to receive an organ. Lower ranked studies received less organs, which would be expected.

A large number of kidneys in 2017 were accepted by Cardiff Research Tissue Bank. This suggests that it is common for studies not to accept an organ, given that all other studies must decline prior to the offer being extended to tissue banks.

The current policy ensures that all studies are re-scored and re-ranked every 6 months to accommodate for changes (such as criteria no. 2: Time-scale). Researchers are required to provide regular progress reports to aid in monitoring and evaluation.

The latest progress reports indicate that 15 studies have reported a change to their end date, which will inform the re-scoring exercise.

Time-scale from start of study to increase number of organs available for transplantation	Mark	Score	Definition
Within 18 months	A	4	It is estimated that the project will increase the number of organs available for transplant within an 18 month period from the start of the study. This includes either directly (e.g. through novel forms of organ preservation making previously unsuitable organs safe for transplantation) or indirectly (e.g. through reducing the risk of patients developing organ failure or extending graft survival rates).
19 - 36 months	B	3	It is estimated that the project will increase the number of organs available for transplant between 19 and 36 months from the start of the study
> 37 months	C	2	It is estimated that the project will increase the number of organs available for transplant after 37 months or more from the start of the study
Not applicable	D	1	The study is not intended to increase the number of organs available for transplantation either directly or indirectly.