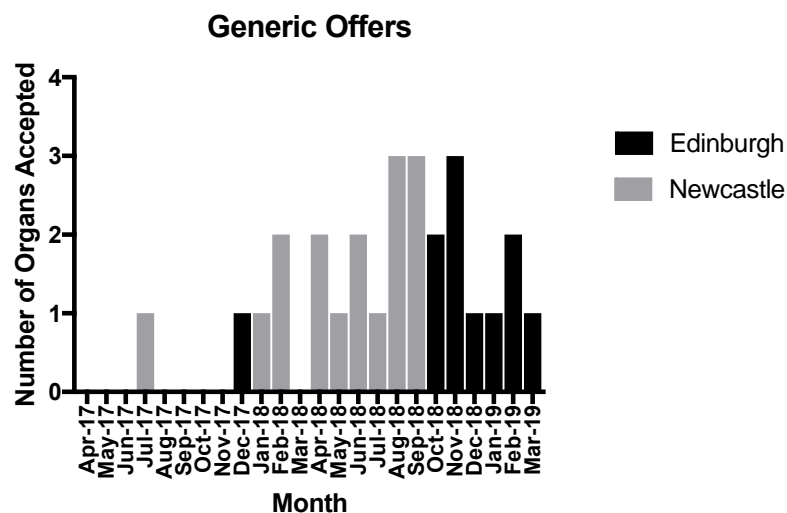


RINTAG Lung research allocation resource sharing: Newcastle and Edinburgh

The utilisation of human donor lungs declined for transplantation in research is currently being undertaken in two UK centres (Newcastle and Edinburgh). Unlike for kidney and liver, few donor lungs are retrieved and then declined in theatre due to in situ assessment. Thus, the number of available donor lungs for research is far smaller and the resource is therefore highly precious. In light of this, and as there are only 2 centres (Edinburgh/Newcastle) with active RINTAG projects for lungs, both centres have committed to ensuring a robust on call arrangement is in place to limit the likelihood that an available organ is missed and as a result the percentage of offered organs accepted for research approaches 100%.

Over the past two year,s on almost every occasion the 1st ranked centre was available to take an offered lung leading to an unintended limitation in research activity in the alternative site. The graph below shows the destination of offered lungs over the past 2 years with a change in 1st ranked centre from Newcastle to Edinburgh associated with a reversal of activity.

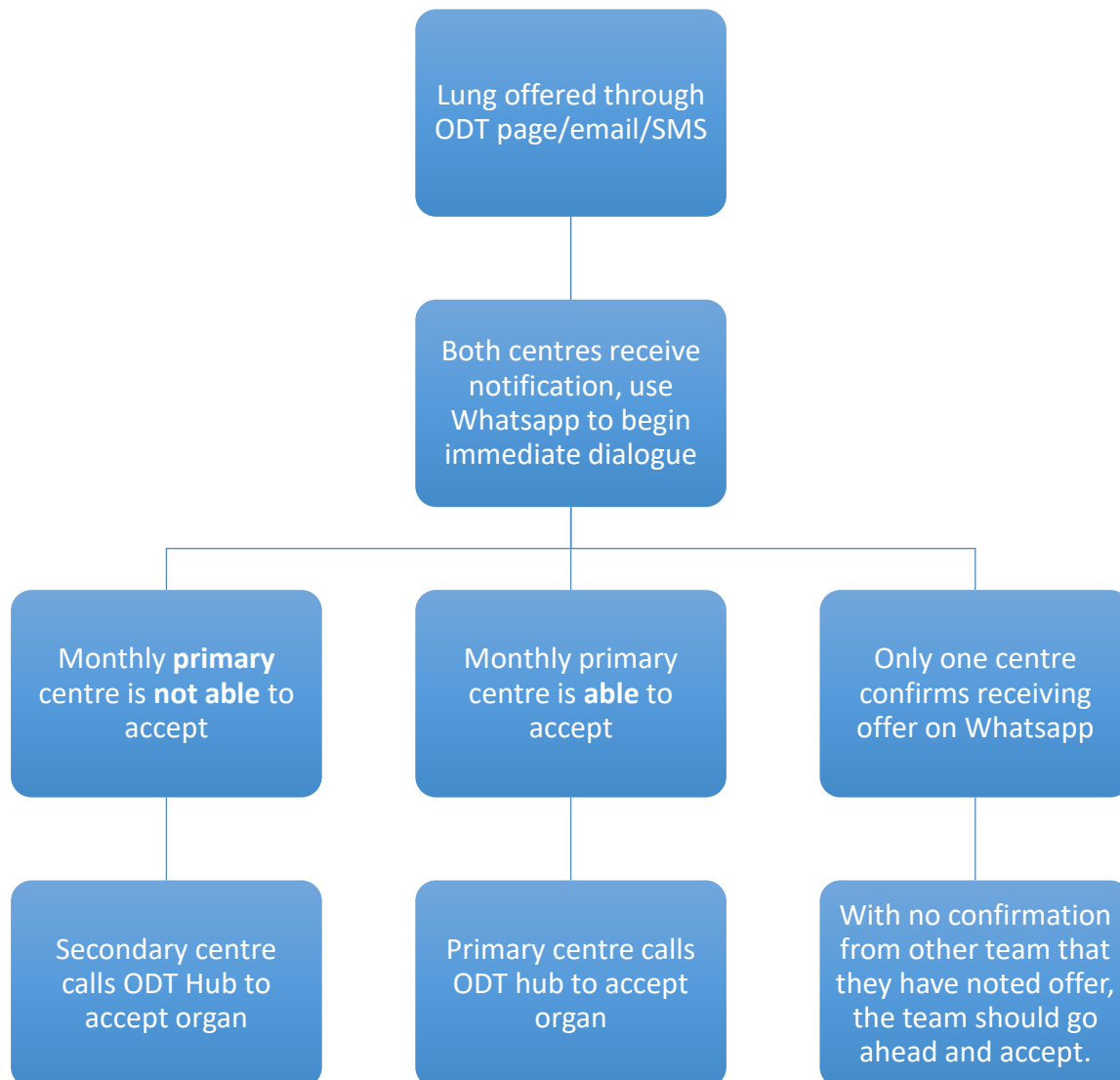


In the specific case of lung offers with reference to the small number of available organs and only two teams currently competing for their use we would advocate an alternative arrangement. Both teams will maintain full time on call arrangements for the acceptance of lungs but through open dialogue between centres arrange to allocate available organs in an equitable manner.

In the first instance this will be by alternating the top ranked centre on a monthly basis. The on-call teams will be in direct contact to ensure that if the priority team is unavailable, the secondary team can accept lungs. The arrangement will allow flexibility so that in the event of a critical milestone, or prolonged lack of activity on one site the next available organ can be prioritised to that centre- this would need to be agreed in advance, not at the time of an offer.

It is understood that should a third UK centre begin accepting lungs this arrangement would no longer be valid. The arrangement detailed above will be under review and discussed between the 2 centres in the future to ensure it is fit for purpose.

Suggested process for lung acceptance with 2 UK sites



We aim to use a shared Whatsapp group with all the relevant on call parties on both sites. This would be for **communication of ability to accept or decline**, not for discussion of patient specific information. The expectation is that if one is able to receive a page/ make a phone call to ODT Hub, they should be able to also send or receive a quick message to the shared group. Time is a critical factor with only 45 minutes to accept an offer but this is not expected to introduce any significant delay. In the event that only one team messages the group and there has been no response from the other centre within 20 minutes it should be assumed that the other centre has not received the offer and the team who is aware of an offer should proceed to accept to limit loss of available organs. Therefore, from the ODT Hub perspective lungs would be offered on a first come basis as the secondary team for that month should only call to accept if either a) it has been discussed and agreed with that months primary centre or b) there has been no response from the primary centre.

Current Teams available for acceptance across both sites

Irene Young and Bill Scott will act as primary contact for each site*

Newcastle

Prof Andrew Fisher
Mob: 07920263477
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*Dr William 'Bill' Scott III (primary contact for Newcastle)
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Mr Tom Pither
Mob: 07935 967985
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Edinburgh

Prof Kev Dhaliwal
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