

NHS BLOOD AND TRANSPLANT

MULTI-VISCERAL AND COMPOSITE TISSUE ADVISORY GROUP

SUMMARY FROM STATISTICS AND CLINICAL STUDIES

INTRODUCTION

- 1 This paper provides an update from Statistics and Clinical Studies and summarises current and future work in the area of multi-visceral and composite tissue transplantation.

UPDATE FROM STATISTICS AND CLINICAL STUDIES

- 2 New and updated reports, all Advisory Group papers and conference presentations continue to be posted on the ODT Clinical Site www.odt.nhs.uk. The [2019/20 Annual Report on Intestine Transplantation](#) has been published on the ODT Clinical Site and circulated to intestinal transplant centres and commissioners since the last MCTAG meeting:
- 3 Please note our current arrangements for staff responsibilities in support of organs and tissues.

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RECENT AND FUTURE WORK

- 4 Work has continued, in collaboration with the Winton Centre for Risk Communication, to develop a tool to support conversations between patients and clinicians at the time of listing with regards to the risks and benefits of transplantation. The lung and kidney models have been developed first and then the other organs are due to be developed shortly.

- 5 The [ODT Hub Programme](#), which has seen the implementation and introduction of new offering schemes for most organs, and the transformation and enhancement of previous donation and transplantation processes, has now come to an end. Statistics and Clinical Studies continues to provide support to the ODT Directorate as they move into a business as usual model.

REGISTRATION AND ALLOCATION POLICY UPDATES

- 6 Multi-visceral transplantation of patients with hepatoblastoma. The process to register patients with hepatoblastoma for multi-visceral transplantation and to prioritise them for the offering of organs has been discussed between NHSBT and a group of clinicians, as follows:

- Hepatoblastoma is not an indication for multi-visceral transplantation, therefore there is a requirement to seek approval from the Intestinal National Appeal Panel prior to patient registration onto the intestinal waiting list ([POL194](#)).
- Hepatoblastoma recipients are not prioritised for offering in the National Bowel Allocation Scheme ([POL193](#)).
- POL193 offers a pathway for prioritisation of intestinal patients via the Addition of Waiting Time Points (see p. 6), which will be used to prioritise multi-visceral hepatoblastoma patients.
 - The exact number of additional waiting time points to add in order to guarantee prioritisation will be determined by the Stats team
 - It is the transplant centre's responsibility to seek approval of the Intestinal National Appeal Panel to register a multi-visceral hepatoblastoma patient and grant them additional waiting time points. The appeal process and the process to request extra waiting time points are described in [POL194](#) and [POL193](#), respectively.
 - Prioritisation will be guaranteed only within the donor to recipient blood group preference tier of the National Combined Liver/Intestinal List. This is, a non-hepatoblastoma intestinal patient who is blood group preferable to a donor will be prioritised over a hepatoblastoma multi-visceral patient who is only blood group compatible with the donor.
 - A multi-visceral hepatoblastoma patient will only be prioritised within the National Combined Liver/Intestinal List and never within, or above, the National Hepatoblastoma List (see Fig. 2 in [POL196](#)).

Subject to approval by MCTAG members, POL193 and POL194 will be updated to reflect the suggested pathway for registration and prioritisation.

- 7 Patients registered for an intestinal transplant but transplanted for an isolated liver only. Patients who receive a liver only transplant through the intestinal registration pathway are not able to be correctly followed up post-transplant without amending the registry to migrate their data to the liver scheme. This is actioned by the Statistics team. Because of the steps involved, it's important this is actioned as soon as possible after transplant, as failing to correct the data could create complications with re-registration of the patient and generate a backlog of follow-up for the transplant centre.

- When a transplant like this occurs, the transplant centre will inform the Statistics team as soon as possible after the transplant, by emailing statistical.enquiries@nhsbt.nhs.uk
- The transplant centre will inform ODT Hub Operations, at the transplant notification stage, that the patient was originally registered using the intestinal transplant registration form but transplanted for an isolated liver. Therefore, ODT Hub Operations will not be able to find this patient on the liver waiting list.

POL194 will be updated to reflect this process.

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