

**NHS BLOOD & TRANSPLANT
ORGAN DONATION AND TRANSPLANTATION DIRECTORATE**

**OTAG Audit Clinical and Research sub-group meeting
Wednesday 20th January 2016**

Royal College of Ophthalmologists, 18 Stephenson Way, London, NW1 2HD

Present: Frank Larkin (chair), Cathy Hopkinson (CH), Mark Jones (MJ), Stephen Tuft (ST), Stephen Kaye, Jeremy Prydal, Johnny Moore.

Will Moore (Gt Ormond St Hospital) attended for item 6.

1. Apologies: Dave Collett.

2. Minutes of the OTAG ACR 24/6/2015 previously circulated were agreed an accurate record.

3. Matters arising not discussed later on agenda

(i) Data from 10 year follow-up submitted by Derek Tole as abstract to ARVO 2016.

(ii) Prospective studies

(a) *HSV post-transplant prophylaxis study*

The group agreed to audit outcomes in HSV transplant recipients and Jeremy Prydal would submit an application to MJ. Information collected could include graft survival, HSV epithelial/stromal HSV recurrence, post-graft antiviral prophylaxis, pre- and post-graft acuity.

(b) *Pathogenesis of higher failure rates of grafts in pseudophakic corneal oedema*

A funding application from Colin Willoughby (Liverpool) has been short-listed by Fight for Sight in which the plan of investigation includes analysis aqueous humour specimens from cataract and corneal transplant surgery patients. Moorfields and Leicester have agreed to collaborate with specimens.

4. Reporting of type of EK (MJ)

In >350 EK registration forms the type of EK was not specified. It is likely that a small minority of these are DMEK procedures. Thus far total 122 DMEKs have been registered.

The group agreed that information on DMEK outcomes was of real audit importance. For this reason surgeons must be continually reminded to specify EK type.

Action: DT to communicate at OTAG, MJ at Bowman Club

5. Donor age and endothelial cell density (FL)

The group discussed an analysis of influence of donor age and ECD on EK outcomes, following on a published earlier analysis of influence of these factors in PK. It was agreed that an audit of ECD counting in the eye banks had higher priority at present. There may be significant shortcomings in reproducibility of these counts provided at donor cornea issue to surgeons; if not, such quality assurance would give valuable foundation to studies correlating post-graft outcomes with eye bank ECD. The above EK study would be discussed at the next meeting and supported if there should be any delay in the eye bank audit.

Action: FL to contact J Armitage

6. Paediatric transplants

William Moore was invited for this item and was welcomed to the meeting.

Although the actual number of paediatric grafts is small, the majority were GOSH patients under the care of Will and consultant predecessors. Several outcome forms were brought to the meeting. Advice from the group was to involve one of the cornea fellows to complete the forms as a regular responsibility. The new joint GOSH/Moorfields fellow would be ideal. No UK-wide report could be published without inclusion of GOSH patients and Will was invited to lead this.

Action: MJ to monitor

7. Centre specific reports (MJ)

Reporting visual acuity post-transplant

Nabil Habib (Plymouth) suggested changing the categories of visual acuity to include '6/6 or better'. This was agreed and could be incorporated as a new 4th category. These would now be: 6/6 or better, 6/12 or better, 6/60 or better, < 6/60.

Action: MJ

8. Amniotic membrane audit (DT)

Proposal received from Akila Chandrasekar (NHSBT TES) and Francisco Figueiredo was discussed. FL felt that questionnaires response rate would be poor, and that the study would add little to the published report from UK user group in BJO 2007. ST suggested that an application for a prospective trial to NIHR would be more worthwhile and yield more valuable information. The group agreed that if the proposers were minded to proceed as they originally intended, the very limited statistical support would be available (or necessary) and they would need to develop their own questionnaires.

Action: FL to contact A Chandrasekar

9. Audit and Research projects (MJ, CH)

All projects at various stages of preparation/submission/revision and those published were presented by MJ. The 'pipeline' was adequate but manageable. Projects on gender mismatch and bilateral grafts involved major time input by CH, as would further work on splines. General shortage of statistician time in NHSBT was a real problem in recent months due to staff absence on leave.

The group discussed ways to assist.

(i) It was agreed that some datasets would be made available on request to external statisticians. This arrangement was already used in renal transplant projects.

(ii) Applications could be made to external grant-giving bodies to support fellows or MSc / PhD students working alongside NHSBT statisticians.

MJ and CH were thanked for their valuable assistance and expertise.

Action: FL to contact D Collett

10. Splines

CH will circulate further analysis to members for comments prior to next meeting.

11. Any other business

None.

Next A&CR subgroup meeting to be held in June 2016. Date to be confirmed.