

**NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION DIRECTORATE
CARDIOTHORACIC ADVISORY GROUP – LUNGS MEETING**

**ACTION POINTS ARISING FROM OR BEFORE
CTAG HEARTS MEETING ON WEDNESDAY 18 MAY 2022**

Action No. & Agenda Item	Details	Owner	Target Date	Progress Update	Status
AP1 2.2.2	Long waiting patients on urgent list - D Kallan reported that several meetings have taken place regarding long waiting patients on the urgent list and a writing committee has been put together to review CTAG guidelines. A rough draft has been completed and it is hoped to circulate the guidelines in June. A data group will also look at the demographics of these patients and past transplants and will include patients on the waiting list as well.	D Kallan	09/11/22	See Item 8 on agenda	
AP2 2.2.3	LVAD Complications Project: This project, proposed by S Lim and endorsed by CTAG in 2020, aims to review outcomes of urgent heart transplantation in patients with LVAD-related complications in the UK and to identify patients at high risk of mortality from transplantation. The proforma for urgent appeals has been re-circulated.	S Rushton / S Lim	09/11/22	See Item 11.3 on agenda	
AP3 2.2.7	COVID-19 Update: U Stock agreed previously to investigate why Harefield data is not populated in the data shown for hospital bed occupancy data. R Venkateswaran will discuss this off-line with J Dunning.	R Venkateswaran / J Dunning	09/11/22		COMPLETE

AP4 6.1	JIF Board meeting update: A letter from all units and the Chair of the Patient Group to the JIF Board has been drafted indicating national support for the DCD Hearts programme. M Berman also stated that he had presented the outcomes of 50 DCD heart transplants at the International Society for Heart and Lung Transplantation (ISHLT) Conference which highlighted the UK as the only country in the world to have a national collaborative programme for DCD. All Centre Directors to send their electronic signatures to C Robinson	All Centre Directors	09/11/22	Complete	
AP5 6.2	DCD Hearts Regular report: It was agreed that following confirmation of full funding of DCD and agreement by the JIF Board, a move should be made to adopt the DBD offering sequence for DCD, acknowledging that it will take time to implement at the Hub. In the interim, if a DCD becomes a DBD it has been agreed that: <ul style="list-style-type: none"> • <i>If offering is underway but not accepted OR heart has been placed but the NORS team are not en route a DBD matching run will be generated and named patient offering commenced.</i> • <i>If NORS team en route, keep with allocation.</i> J Whitney to operationalise offering when DCD becomes a DBD	J Whitney	09/11/22		
AP6 7.2	Offer Review Schemes – heart: IVS less than or equal to 12 mm in the criteria was queried as 13 mm is now recommended as the threshold. It was confirmed that this will be changed within the criteria. All criteria will be reviewed and modified as necessary. D Garcia Saez to alter IVS from less than or equal to 12 mm to less than or equal to 13 mm in HQD definition	D Garcia Saez	09/11/22		
AP7 8.2	Heart Liver update: Heart liver results will be reported in the Annual Cardiothoracic Report	S Rushton	09/11/22		Complete
AP8 8.3	Summary of Adjudication Panel Appeals: Future reports will cover a more recent period of the last 3 years.	S Rushton	09/11/22		Complete

AP9 9.2	Latest Centre activity summary: D Gardiner presented this paper which shares data of heart transplants at each CT centre and includes details from Canada. Despite Canada having 58% of the UK population, as many heart transplants are done there as in this country. This data is available to any centre to use as a powerpoint presentation. All to give feedback/ideas to D Gardiner / S Rushton and to request a powerpoint presentation if required.	All	09/11/22		
AP10 10.1.1	Laparotomy needed for donors of CT and Multi-visceral (MV) organs: It is agreed that in the interests of a smooth process with the minimum cross clamp delay and delays in CT recipient surgery, the MV assessment will now take place first. I Currie/M Berman to prepare a paragraph on this for the NORS guidelines	I Currie / M Berman	09/11/22		
AP11 10.2	Use of Sherpapak - R Venkateswaran to discuss possible next steps with Sherpapak to see what further support is possible	R Venkateswaran	09/11/22	See Item 13.3 on agenda	Complete
AP12 10.4	Signet Trial - J Dark attended the meeting to highlight the Signet Trial. This study funded by NIHR was originally presented to CTAG in Autumn 2020 and will randomise a total of 2600 DBD donors to receive either simvastatin or standard care. All those involved in other studies to contact J Dark to negotiate a co-enrolment process.	All	09/11/22		
AP13 10.6	F-CUSTOSS: This is a randomized control trial to compare the 2 preservative solutions approved for use in the UK. Currently there is little evidence on which solution is better. L Williams will have a separate meeting about the study with NORS teams	L Williams	09/11/22		
AP14 10.7	Workplan update: R Venkateswaran will contact I Currie/M Berman regarding donor management to increase heart utilisation and transplantation.	R Venkateswaran	09/11/22		Complete

AP15 10.8	Donor heart acceptance from Irish donors: This issue where hearts not utilised in the Republic of Ireland are offered to UK recipients was discussed in the previous CTAG Hearts meeting. Retrieval will be done by the Irish team, but there will be no Swan Ganz as only direct pressure measurement and visual inspection are required by the Irish service. No offers would be made without transthoracic echo. A UK team would need to fly to Ireland to bring back the heart to a recipient centre which has cost implications. D Garcia Saez to feedback to J Dunning and R Venkateswaran will respond with the meeting's feedback to Jim Egan, Organ and Donation Transplant Ireland.	D Garcia Saez / R Venkateswaran	09/11/22	Complete	Complete
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