

**NHS BLOOD AND TRANSPLANT**  
**ORGAN DONATION AND TRANSPLANTATION DIRECTORATE**  
**CARDIOTHORACIC ADVISORY GROUP**

**SUMMARY FROM STATISTICS AND CLINICAL STUDIES**

**INTRODUCTION**

- 1 This paper provides an update from Statistics and Clinical Studies and summarises recent presentations, publications, current and future work.

**UPDATE FROM STATISTICS AND CLINICAL STUDIES**

***CENTRE SPECIFIC REPORTING***

- 2 Transplant centre specific reporting in the public domain is long established and historically has been in a number of formats. There is an increasing need for transparency and all Advisory Groups have been keen for openness and the public availability of data and information.
- 3 There are currently a number of drivers prompting a review of the information that is provided by NHSBT:
  - a. Need for a more coordinated, easy to access set of centre reports
  - b. Revised contractual arrangements with NHS England for audit reports (historically only covering cardiothoracic and liver transplantation)
  - c. Requests for information to support Clinical Reference Groups
  - d. Use of [www.odt.nhs.uk](http://www.odt.nhs.uk) as a suitable platform to publish data
- 4 Transplant centre information is currently available from NHSBT through a series of different reports and media. These include:
  - a. Annual Activity Report (basic activity data only)
  - b. Centre Specific Reports on [www.odt.nhs.uk](http://www.odt.nhs.uk) – including waiting times, cold ischaemia times and post-transplant survival rates, with funnel plot analyses in some cases
  - c. NHSBT Audit Reports – focussing on patient outcomes of liver and cardiothoracic organ transplant patients
  - d. Advisory Group papers (now available at [www.odt.nhs.uk](http://www.odt.nhs.uk))
    - i. These include CUSUM reports of short term outcome centre monitoring for some groups
- 5 Over the coming year reporting will be streamlined such that other than the Annual Activity Report which provides basic activity data, where possible, centre reports to be published will be produced once a year with shorter, interim reports produced six months after each full report.

- 6 These reports will:
  - a. Cover all transplant centres
  - b. Include named centre data
  - c. Be validated by centres before publication
  - d. Be available publically (at [www.odt.nhs.uk](http://www.odt.nhs.uk))
  - e. Include all information requested routinely by third parties so that centres are aware of and have chance to validate all data that are to be published
  
- 7 It is anticipated that the reports cover a five to ten year period for trends but focus on the latest financial year in more detail, and include the following as a minimum (where appropriate for each organ):
  - a. Basic waiting list and transplant activity data
  - b. Basic demographic data for waiting list and transplants
  - c. Median waiting times and outcomes from listing
  - d. Offer decline rates
  - e. Cold ischaemia times
  - f. Centre specific mortality and survival outcomes
    - i. Unadjusted and risk-adjusted graft and/or patient survival rates
    - ii. funnel plots for between centre comparisons
    - iii. CUSUM charts for continuous monitoring of centre performance
  
- 8 The Statistics and Clinical Studies team are currently drafting a cardiothoracic organ transplantation report which will be used as a base template for other organs. Stakeholder engagement will soon begin and will involve NHS England and the Solid Organ Advisory Groups. Working with the Advisory Groups, the reports will evolve over time to ensure comprehensive reporting and also that analyses remain relevant and timely. It is expected that the needs of regular users of such data, eg NHS England and the Clinical Reference Groups, will be met through the coverage of this annual review, offering transplant centres assurances about the data that NHSBT share about them and streamlining the provision of information from NHSBT.

## CONFERENCE PRESENTATIONS, CURRENT AND FUTURE WORK

### CONFERENCE PRESENTATIONS

- 9 An oral presentation on 'The UK retrieval team scout pilot; was given at both the British Transplantation Society Annual Congress in February and the ISHLT Congress in April.
  
- 10 An oral presentation on 'The Effect of Cold and Warm Ischemia Time on Survival After Lung Transplantation in a Large National Cohort' was also given at the ISHLT Congress in April.

**CURRENT AND FUTURE WORK**

- 11 Interim analyses have been performed each quarter on the data from the Scout pilot project. Results have been presented at various internal and external meetings and conferences. Information from the scout forms are currently being entered on to a database and the next steps are to analyse the full 12 month data and use these results to aid discussion at the ODT Senior Managers Meeting on 22 July 2014 over the future of how scouting should continue.
- 12 Several fixes and improvements to the VAD database have now been made and all adult and paediatric centres are now submitting data. The first submission of UK VAD data has been sent to the IMACS international registry and processes are in place to facilitate this on a regular basis.
- 13 Ongoing support is provided to both the heart and lung allocation working groups.
- 14 Work continues on the DCD lung transplantation manuscript.
- 15 Work is being carried out on modelling the impact of ischemia time upon one-year patient survival after lung transplant. A manuscript is being written and results so far have been presented at the ISHLT Annual Congress.
- 16 A database has been set up to record all antibody incompatible transplants performed since 1 April 2012. Centres are currently sending recipient IDs and transplant dates to Jenny Lannon both prospectively and retrospectively. Forms are also required to be completed and sent to ODT Data Services for each of these patients.
- 17 Preliminary analysis is being undertaken looking at long-term VAD outcomes, following the first working group telecon held in March. This analysis will utilise approximately four years of data held in the VAD database from all UK adult centres.
- 18 Work will commence after the Allocation Zone Working Group meeting in April on reviewing the joint heart and lung zones and subsequently realigning the zonal boundaries if required. The proposed changes will be presented at the next Autumn CTAG meeting.