

ACTION

- 3 RCS/NHSBT joint audit contract**
- Members agreed that M Akyol will write informing J Neuberger that the LSAWP would be happy to contribute to the appointment process of the Fellows and to the development of any research workplan, when a contract with NHS England was in place
- Concern was expressed by M Akyol that funding would be lost in the absence of any contract being put in place soon. Members also stated that the support offered by the College of Surgeons to-date has been of great benefit and would like this to continue. M Akyol will write to J Neuberger highlighting these points.
- M Akyol**
- M Akyol**
- 4 Review of current UK guidelines for liver transplantation for patients with HCC**
- The LSAWP's agreement for the upper level of AFP level to be amended to 1000 in the liver registration guidelines will be raised at November's LAG meeting for endorsement. K Huang to raise this as an agenda item.
- M Akyol/
K Huang**
- It was mentioned that there is some published data suggesting an upper AFP limit of 300 or 400 may be more appropriate. A Gimson has outcome details of HCC patients by AFP levels at registration. Data on outcome for those with AFP levels between 300-1000 will be looked at and this data will be presented at LAG in November.
- C Counter**
- C Counter reported that once LAG have endorsed the revised AFP level, a request would be made for IT resource to schedule the work.
- C Counter**
- M Akyol informed members of the intention to host a Consensus Conference in Birmingham on 29th November to discuss other potential changes to HCC patients' eligibility for transplantation. It was recommended that one representative from each liver transplant unit should form a panel to develop the program. P Muiesan will convene a meeting (teleconference) to determine the Agenda and the structure for the Consensus conference. Representatives suggested were:
- All**
- P Muiesan**
- J Powell – Royal Infirmary of Edinburgh
A Gimson – Addenbrooke's Hospital, Cambridge
J O'Beirne – Royal Free Hospital, London
P Muiesan – Queen Elizabeth Hospital, Birmingham
Representative from St James's University Hospital, Leeds to be confirmed
Representative from King's College Hospital, London to be confirmed
Representative from The Freeman Hospital, Newcastle to be confirmed
- Post meeting note:**
- Augusto Villanueva – King's College representative
Derek Manas – Newcastle representative
Magdi Attia – Leeds representative
- Six agenda items were proposed to be discussed at the Conference:
- Imaging criteria and management on waiting list
 - Changing/ expansion of criteria
 - Biomarkers
 - Downstaging - definition
 - Recurrent or de novo HCC after treatment
 - Living donor transplantation for recipients with HCC

ACTION

It was agreed that A Langford and M Walmsley will also be invited to attend the Conference as representatives for the patient groups and to the pre-meeting.

5 **BASL/HCC Symposium – 27 September 2013**

Members were reminded of the above meeting should they be interested in attending. This meeting has a different remit to the HCC consensus conference.

6 **LTAS Update**

6.1 **Deaths on the liver transplant list:**

C Counter reported that work on a database to collect these data was in progress but had been slightly delayed due to work on the Intestinal Failure allocation scheme. It is intended to collect data on adult deaths on the elective liver transplant list since January 2012. A letter has been drafted to communicate the details of the data collection to the transplant coordinators and a list of patients for whom a form is expected is also to be sent to each centre. It was requested that centre representatives ensure transplant coordinators are aware of this additional data collection.

C Counter

All

6.2 **Sequential data collection:**

C Counter reported that the only centre not to have returned any forms was Birmingham. Data collected will be from 1 December 2012 to 1 December 2013 and analysis will take place once a year's data has been collected. It is intended to start this in January 2014.

6.3 **Standardisation bilirubin, creatinine and INR measurements:**

D Thorburn informed members that data on this project had been received from A Burroughs and the next steps to be taken. Control samples will be taken for analysis in the labs. D Thorburn kindly agreed to lead this project.

D Thorburn

6.4 Discussion took place around the timescales for the analysis of the universal liver allocation scheme using additional data. C Counter informed members that the analysis could only begin if sequential data from all centres was available and there was standardisation of measurements. It was agreed that ethnicity will be left out as a variable in the analyses. A Gimson stated that the 'Aims' and 'Outcome' need to be agreed before undertaking any analysis. It was agreed a paper should be presented at LAG detailing the analysis and timelines for the work.

C Counter

K Huang to raise a LAG agenda item for November's meeting.

K Huang

7 **Data Applications**

The study from T Perera on adult combined liver kidney transplants has been resubmitted with a more detailed application. It was commented that the statistical analysis section was weak considering the amount of data items requested and should have more detail. P Muiesan will liaise with T Perera to complete this section.

P Muiesan

C Counter will re-circulate the revised application via email to members for approval.

C Counter

ACTION

8 Proposal for Birmingham participation to a European trial on liver transplantation from colorectal liver metastases

A range of views was expressed, some commending the study Protocol for detail and clarity but others criticising it for shortcomings. Birmingham is the only UK liver transplant centre participating and is asked to contribute 6 patients over 3 years. The potential impact of this on the patients awaiting transplantation in Birmingham waiting list was mentioned and discussed. P Muiesan stated that the impact is likely to be negligible since there are enough unused local DCD liver grafts to cater for the small additional demand created by the study. It was also decided that patients registered on the waiting list as part of this study will not be considered in NHSBT analyses of registrations and size of donor zone.

The LSAWP agreed to support the principle of the trial and will raise this at LAG for endorsement.

M Akyol**9 Any other Business**

9.1 A Langford asked for an update on patient representation at LAG. A Gimson stated that NHSBT have tendered a contract for an external company to manage the recruitment and the process of education for patient representatives for all advisory groups. A Langford requested that it be noted that patients groups felt that unnecessary money was being expended on this process.

9.2 The question was raised as to when more information would be available on the Welsh opt out organ donation scheme and the impact on the allocation/distribution of donors. A Langford was informed that all deceased donor organs will go into the national organ pool and principles of allocation will remain unchanged irrespective of regional contribution.

A Langford reported that it would be beneficial to make this clear to patients. M Akyol and A Gimson will write to J Neuberger to communicate this on the NHSBT website.

**M Akyol/
A Gimson/
J Neuberger**

9.3 The LSAWP will await LAG's decision on whether the group should continue under its current terms of reference or in an alternative form. A Gimson expressed his view that LSAWP should continue.

10 Date of next Meeting

M Akyol stated that LSAWP did not need to meet again before November's LAG meeting, since LTAS analyses cannot be progressed further until January and other arrangements are already in place for considering registration criteria for HCC.

11 Outcomes of transplantation of livers from donation after circulatory death donors in the UK - a cohort study:

Members were presented a copy of the study for information.