NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION DIRECTORATE

THE TWENTY-EIGHTH MEETING OF THE MULTI-VISCERAL AND COMPOSITE TISSUE ADVISORY GROUP MEETING
AT 10:30 AM ON WEDNESDAY 5 JUNE 2024
AT MARLIN HOTEL WATERLOO, 111 WESTMINSTER BRIDGE ROAD, LONDON, SE1 7HR

Present

Andrew Butler	**Chair MCTAG /** Cambridge University Hospitals
Varuna Aluvihare	**Chair LAG /** King's College Hospital, London
Irum Amin	Cambridge University Hospitals
Emilio Canovai	Oxford Transplant Centre
Tim Court	Lay Member, MCTAG
Gordon Crowe	Regional Manager, SNOD
Susan Hill	Paediatric Gastroenterologist / BSPGHAN
Jonathan Hind	King's College Hospital
Maria Jacobs	Statistics and Clinical Research, NHSBT
Derek Manas	OTDT Medical Director, NHSBT
Charlotte Rutter	Cambridge University Hospitals NHS Foundation Trust / BAPEN
Sanjay Sinha	Deputy AMD Governance / Oxford Transplant Centre
Rhiannon Taylor	Statistics and Clinical Research, NHSBT
Sarah Watson	NHS England
Julie Whitney	Head of Service Delivery, OTDT Hub, NHSBT
Charlotte Yates	Oxford Transplant Centre

In attendance

Caroline Robinson	Advisory Group Support, NHSBT (Minutes)

	Item	Action
1	**Welcome and Apologies**	
	• A Butler welcomed all to the meeting. • It was noted that the recent ransomware cyber attack affecting London NHS hospital trusts particularly, has led to some late apologies. • Apologies were received from Philip Allan, Ayesha Ali, Richard Baker, Carly Bambridge, Marius Berman, Gemma Brewin, Suzi Browne, Chris Callaghan, Ian Currie, Samantha Duncan, Girish Gupte, Simon Kay, Isabel Quiroga, John Richardson, Khalid Sharif, Craig Wheelans, Anthony Wrigley	
2.	**Declaration of interest in relation to the agenda – MCTAG(23)01**	
	• There were no declarations of interest at the meeting. • The agenda, Minutes and papers from this meeting will be added to www.odt.nhs.uk Authors of any papers that should not go on this website should identify these as soon as possible.	
3.	**Minutes and Action Points of the MCTAG meeting held on 8 November 2023**	
3.1	Accuracy - **MCTAG(M)(23)02** – The Minutes of the last meeting on 8 November 2023 were approved.	
3.2	Action Points - **MCTAG(AP)(23)02**	

3.2.1 AP1	MV patients coming below hepatoblastoma in liver only grafts when it would be possible to use split livers – It was previously noted that a size match is the only option for those needing liver and bowel transplant and numbers are small. An update to split liver criteria is on the current list of IT changes.	**COMPLETE**
3.2.2 AP2	Review of Cytomegalovirus (CMV) and Epstein Barr virus (EBV) infections in Intestinal transplantation UK wide experience – (17.3.21) - incidence, outcome and strategies - A substantial risk for MV recipients if EBV is not reported was previously discussed. As labs are now reporting EBV on a universal basis this is no longer considered a substantial risk.	**COMPLETE**
3.2.3 AP3	Governance – a trial re estimation tools to compare estimated and actual donor weights was discussed at the last meeting. Some delay due to the need for quality training was noted but this will be live in the Midlands and London from July. Transfer of CT images across the UK was highlighted and is also being discussed in CTAG. **ACTION: D Manas to discuss this with W Akhtar (who has been developing this for CTAG) and L Ellis-Morgan.**	**ONGOING** **D Manas**
3.2.4 AP4	Patient survival after intestinal transplantation – At the last meeting it was agreed a decision was needed on minimum criteria for data collection from all centres on patients who return to PN post-transplant to determine irreversibility to ensure all patients are captured by the proposal. In P Allan's absence, it was agreed to defer any further discussion to the next meeting.	**ONGOING** **P Allan**
3.2.5 AP5	a) M&F Proposal – Potential funding for film (Transplant TV) – • Now that an educational film is complete for liver there are likely to be more options available to progress and to make a film lasting 7 minutes to feature 1 paediatric and 1 adult patient. • Paediatric teams confirmed they have patients and children with good stories who would be willing to participate. • For adults, it is agreed that there needs to be full MDT involvement alongside patients to provide context. Transplant TV will see what is currently available and the executive team will engage with those involved to write a script. **ACTION: D Manas to take this forward with E Canovai / C Rutter / S Hill /** b) Educational information - the likely audience are gastroenterologists. Agreed to present national data and outcomes at the forthcoming BAPAN (British Association of Parenteral and Enteral Nutrition) meeting (deadline 1 July for items to present). **ACTION: R Taylor to email organizer of BAPAN**	**ONGOING** **a) D Manas / E Canovai / C Rutter / S Hill** **b) R Taylor**
3.2.6 AP6	Web information on intestinal and multi-visceral transplantation on the new NHSBT website for patients **-** **https://www.nhsbt.nhs.uk/organ-transplantation/**	**ONGOING** *See Item 4*
3.2.7 AP7	Disproportionate waiting time for liver and bowel patients compared to a liver patient only – *See Item 8.2*	**COMPLETE**
3.2.8 AP9	Clinical Governance **–** At the last meeting, R Baker agreed to discuss the recording of rectus fascia on the HTA A form with I Currie and M Berman. **ACTION: S Sinha agreed to check progress with R Baker**	**ONGOING** **S Sinha / R Baker**
3.2.9 AP10	Summary from Statistics and Clinical Research **–** **ACTION: R Baker to contact Rebeka Jenkins Rebeka.jenkins@nhsbt.nhs.uk regarding BTRU work she is**	**ONGOING** **R Baker**

	doing on PREMS and QoL data for MV adult and paediatric transplantation.	
3.2.10 AP11	Patient survival after intestinal transplantation – potential further subdivisions in future reports (malignancy v. non malignancy) – L Sharkey circulated the proposed interim data collection spreadsheet	**ONGOING**
3.2.11 AP12	Patient survival after intestinal transplantation – potential further subdivisions in future reports (malignancy v. non malignancy) - **MCTAG(23)04** A query was raised about the labelling within the report relating to patient survival from first transplant. The title on Table 1 in the circulated report has been amended to reflect patient survival from time of first transplant.	**COMPLETE**
3.2.12 AP13	Aligning definition of tx type with International Registry data - C Brown moved the pancreas from a mandatory to an optional organ for the small bowel and liver small bowel transplant types.	**COMPLETE**
3.2.13 AP14	Performance report of the National Bowel Allocation Scheme (NBAS)– **MCTAG(23)06** – *See Item 12.1*	**COMPLETE**
3.2.14 AP15	Performance report of the National Bowel Allocation Scheme (NBAS)– **MCTAG(23)06 –** R Baker previously agreed to discuss the status of Group One patients referred from the EU now that the UK is no longer a member. The situation remains unclear. *See Item 5 below* **ACTION: S Watson to respond to DMM on this issue.**	**ONGOING R Baker / S Watson**
3.2.15 AP16	Discussion re: potential changes to allocation policy – A separate working group will discuss any changes and report to the next MCTAG meeting.	**ONGOING**
3.2.16 AP17	Update on Uterine Transplantation	*See Item 9.1*
3.2.17 AP18	Quality of Life Working Group: data collection	*See Item 16.1*
3.2.18 AP19	Multi-centre collaborative studies and research -	*See Item 20*
3.3	Matters Arising – NAD	
4.	**Web information on intestinal and multi-visceral transplantation on the new NHSBT website for patients - https://www.nhsbt.nhs.uk/organ-transplantation/**	
	A Butler has been meeting with C Callaghan to discuss the proposed web page. This will be in lay language and will have links for users to access additional information. Following review, this will go to the paediatric teams to act as a template for them. Once complete, patients should be directed to the webpage. This will remain on the agenda for the next MCTAG meeting.	
5.	**Medical Director's Report**	
	D Manas reminded the group that the advisory group meeting is where any decision or proposals agreed in subgroup and working group meetings are endorsed. It is therefore important that all centres are represented at advisory group meetings. • Lorna Marson, former AMD for Research is now on NHSBT Board. • Laura Burton has been appointed as OUG Programme Manager. • R&D – The first meeting of the new steering group is being planned. RINTAG is now a research feasibility group and will meet on 18-19 June.	

	• Interviews are planned for an Environmental Sustainability Lead who will help with work on 'green' transplant units. This will include NORS teams. • Finance – The only funding confirmed is for DCD Hearts, CLUS and HHV-8. £1M has been received for A-NRP but this will include money already allocated for Cambridge and Edinburgh's work. The funding cannot be used for capital or recruitment. • Histopathology – 90 organs have been lost due to lack of histopathology resource. An interim business case has gone through. PITHIA will be located at Newcastle, Royal Free, Birmingham and Leeds and 2 other sites for this are needed. Although a July start date was anticipated, this is now looking unlikely. • OUG – Work will be ongoing for the next 5 years. • The Cardiothoracic Review has been held recently with involvement of all CT centres. The final report is now anticipated to go to the DoH. • ARC Business Case – There has been a resurgence of interest on the NHSBT Board regarding ARCs and a 1st meeting has taken place. The old business case will be modified to co-locate 3 ARCs within NHS trusts. • HHV-8 – Following screening of donors, 70 positive cases (5% of population) were identified. 10 of these were extremely positive and 2 recipients have since died. The turnaround of the test is 2 weeks which leads to a delayed response. A meeting to discuss support for centres was held and guidance for BTS will be written. • Access to European organs – following a case involving a child who needed an MV size match graft the relationship with European centres was discussed. A bilateral agreement with Eurotransplant exists for EU countries. The UK is also linked with Foedus – D Manas is on the Board - who are major exporters of organs in the UK and which covers all Europe. A bilateral agreement with Spain is also ongoing. There is the option to put individual patients on that platform. It was noted that MV grafts are the lowest in Europe and small donors are struggling particularly along with highly sensitised patients. Any use of these organs needs to go through SNODs. Centres should engage with J Whitney/Hub if they want to put a case on the platform ie all paediatric and highly sensitised adult patients. • Cyber attack – This ransomware attack has affected 6 NHS trusts in London. It is likely the effects of this will be ongoing for several weeks. It is agreed that centres will offer support to those affected by offering mutual aid. NRP and organox are not currently possible in the affected transplant centres due to the need for blood to prime machines. There is also an amber alert on O-blood nationally. It was agreed that better business continuity is needed for the future.	
5.1	HTK/UW review – Most centres moved to using HTK last year following the closure of the company making UW. An audit on kidney, liver and pancreas organs to assess any issues arising from this change found no significant problems, although more pancreatitis and longer ITU stays post-transplant were noted with	

	Cambridge not using DCD pancreases with HTK. Surgeons overall are not happy to use HTK long term and it is hoped to move back to use of UW from July.	
6.	**Clinical Governance Report for MCTAG – MCTAG(24)01**	
	There is nothing to action on the report circulated prior to the meeting.	
7.	**OTDT Hub Update**	
7.1	SCORE – J Whitney gave an update on the work of SCORE which aims to Increase certainty and providing support for sustainability in OTDT over 10 years. The key workstreams are: • Donation • NORS Service Model (with a changed Planned Arrival Window (PAW) for 20:00-03:00. Donors are registered with the Hub by 08:00 with offering starting at 08:00 and closing at 16:00. NORS should arrive at the donor hospital between 20:00 and 03:00. The aim is for organs to arrive at the recipient hospital during daytime hours with implant taking place at an optimal time for both the surgical team and the recipient. Retrieval overnight should mean organs can be moved out easier to meet flight times. The aim is to have all core information available to make decisions. • Support Services workstream • NORS workforce workstream • Engagement and Communication workstream to find out information to shape the business case, proposals and models for the future. The meeting agreed: • Engagement with trusts at an early stage is crucial as this will enable resources, staffing, allocation of theatres, scheduling etc. The plan is to go to liver centres in the autumn. At LAG it was agreed to move forward with liver centres in the autumn. • Recipients for MV will start at night (as in CT). J Whitney stated it is hoped a clinical team will be recruited into OTDT Hub. • ARC business plan – Consideration of how this will impact on timings is needed. • A question was raised about whether the unpredictable delay in cross clamp will be overcome via SCORE and whether there will be a set of metrics for this. It is hoped that KPIs in development and central co-ordination will bring about improvements. • How complex transplants are measured needs to be defined. Contact SCORE@nhsbt.nhs.uk for further information.	
8.	**Summary from Statistics and Clinical Research – MCTAG(24)02 – circulated for information.**	
	The report circulated prior to the meeting provides an update from Statistics and Clinical Research and includes up-to-date contact details for the Statistical leads and recent changes in the team: • All Advisory Group papers and conference	

	presentations continue to be posted on the OTDT Clinical Site www.odt.nhs.uk. • The 2023/24 annual report for intestinal transplantation will be published in Summer 2024. • A new NHSBT funded fellow – Fiona Hunt – began work with the team in May 2024 for 3 years. She will be based in Edinburgh and will look at NRP utilisation. • Work continues to develop an interim solution to collect more extensive intestinal data. Discussions on the potential to add currently collected intestinal data to the International Registry have also taken place. The meeting agreed that ethnic minorities information and geographical inequality/proximity to the transplant centre and its effect on access should be included in the report. It was also agreed that disparity across IF centres would need to be completed by transplant units. **ACTION: S Duncan and Pedro(?) to be asked to do this alongside R Taylor.**	
8.1	Patient Survival after Intestinal Transplantation – potential further subdivisions in future reports (malignancy v. non malignancy) **MCTAG(24)03** – This report circulated prior to the meeting reports on patient survival following first UK deceased donor intestinal transplantation. Full results are given in the paper and members are asked to provide timely 3-month and annual follow up data to NHSBT to ensure more accurate estimation of outcomes following intestinal transplantation. The meeting noted the fall in survival beyond 5 years and it was agreed more information on what has been included in the calculations is needed. **ACTION: R Taylor to check on what data has been included.**	**R Taylor**
8.2	Patient Survival after Intestinal Transplantation – transplant type aligned with International Registry data **MCTAG(24)04.** This paper was circulated prior to the meeting. It was noted: • Liver containing graft recipients appear to be dying early. This is due to their overall poor health but has an impact on figures over time. • It would be useful to see explant failure is included. • Cambridge stated they are trying not to do MV transplants. • Data will be taken to BAPAN with comparative data for PN. • ABO compatible data is useful to show equivalent survival.	
8.3	Hepatoblastoma Tier vs Intestinal Patients – NAD	
8.4	Potential infographics for bowel transplants to see on website – **MCTAG(24)05** – Not reviewed in the meeting. See link https://www.odt.nhs.uk/statistics-and-reports/organ-specific-reports/	
9.	**Update on Current Situation Relating to Composite Tissue Transplants**	
9.1	Uterine Transplantation – E Canovai reported that this collaboration between Imperial and Oxford for women without a uterus has funding from Womb Transplant UK for 10 DBD transplants and 5 LD uterus transplants. Additional information was provided post meeting by I Quiroga. The charity is	

	fundraising and is working with benefactors to secure funds. The service is not a commissioned service. • 1 LD transplant (Feb 2023) and 3 DBD transplants (Sept 2023, Jan 2024, and June 2024) have been completed. • Success is based on subsequent pregnancy/birth. The implanting region is the whole of the UK. The donation region is Midlands and South Central. • Pregnancies will be reported at future MCTAG meetings. • There is money for more transplants, but not the remaining 11. • South Central Donation Team was the only region recruiting donors for the DBD project. Recruitment was slow and will take more years than anticipated to complete the study. As a result, the Midlands team have been active, and this has resulted in a successful donation and transplant on the date of the MCTAG meeting. • 2 women are on the waiting list and there are 7 more at various points of assessment. The main challenge is to get sufficient good quality embryos before listing for transplant as IVF is funded by the patients and is very expensive. Some health authorities are now considering funding rounds of IVF as they offer to other women of the same age who have a uterus. Current rules state IVF will not be funded if a woman does not have a uterus or does not intend to carry their own baby. At the meeting, it was noted: • There are no known problems related to impact on renal function. • Women will have 2 pregnancies at most after which the uterus will be removed to avoid the need for immunosuppression indefinitely. • Given the limit to funding is 10 transplants, NHSE will need to consider commissioning of the service at an early date. There will be further discussion of the service at the next MCTAG meeting.	
9.2	<u>Limb Transplantation</u> – There has been no recent surgery. The donor pool continues to be very small (in Yorkshire and the North-West), but the plan is to expand this in future. **ACTION: S Kay to report further at the next MCTAG meeting**	**S Kay**
10.	**Moving Forward with NRP in DCD Donors. Developing a Strategy and Actions**	
	There is enthusiasm for having a mechanism for this to work. There is a need for paediatric units to align with an NRP unit and help is needed from NHSBT to put in place what's needed. This will be discussed further outside this meeting. DCD needs to be removed as a contraindication so it can align with adult NRP. **ACTION: J Hind to ask M Cortes Cerisuelo if she is happy to participate in a working group to report back to MCTAG.**	**J Hind**
11.	**Update on Publicity Campaign re: Paediatric Transplants.**	
	See Item 3.2.5	
12.	**National Bowel Allocation**	

12.1	Performance Report of the National Bowel Allocation Scheme (NBAS) – **MCTAG(24)06** - The report circulated details the recent performance of the NBAS, detailing patients active on the transplant list between 1 July 2023 and 31 December 2023, a comparison of 1,2 and 3 year post-registration outcomes over time, median time to transplant, and prolonged registrations. MCTAG members are asked to review the report and to notify NHSBT via ODT online of any data amendments (eg deaths, removals).	
12.2	Discussion re: potential changes to allocation policy – At MCTAG: • It was suggested that NBAS is called an 'offering' scheme rather than 'allocation'. • It would be useful to have a breakdown of why patients are suspended in future reports. • Although the numbers are very small, it is not useful to have adults and paediatric patients combined. • For prolonged registrations, centres in other organ groups are being asked to review those who are on the list for long periods. It was agreed that this wouldn't be examined for intestinal patients	
12.3	Access to Super Urgent Liver Transplants Post Intestinal Transplantation – If more small bowel transplants are going ahead than for those with advanced liver disease consensus is needed regarding what should happen with liver containing grafts. It is agreed that guidelines are needed rather than looking at each incident on a case-by-case basis along with consideration of the original indication for bowel transplant. **ACTION: A working group will be established to discuss patients with advanced fibrosis, how patients are allocated and where. This will be a subgroup of LAG and will also include CTAG, Oxford and Cambridge representation.**	**A Butler / V Aluvihare**
13.	**Group 2 Bowel Transplants – MCTAG(24)07**	
	There was one Group 2 patient intestinal transplant performed in the UK between 1 October 2023 and 31 March 2024. The liver was accepted for a super-urgent liver only patient and all compatible Group 1 intestinal only patients on the matching were offered and declined prior to the bowel being accepted for the group 2 recipient.	
14.	**Potential Routine Inclusion of Contrast Enhanced CT scan in Donor Characterisation**	
	This issue has been raised by M Berman who is keen to avoid unsuccessful retrievals. It is useful to have a CT scan available to ensure that that suitable patients receive transplants. It is advisable to have this for all recipients especially if flights are needed for retrievals. There are about 10 non-liver containing grafts (DBD only) per year. The issue of having to move patients from ITU to take the CT scan was raised. It was agreed that there needs to be a conversation between implant surgeons and intensivists and whether this should be a standard process or an adhoc request. **ACTION: This topic will be taken to NODC/D Gardiner and RAG/M Berman meetings**	**A Butler**
15.	**Discussion Relating to Data Set for UK Reporting**	
	ACTION: R Taylor will send further information to C Rutter	**R Taylor**

16.	**Update from Working Groups**	
16.1	Quality of Life Working Group: data collection – It was agreed that licensing of the questionnaire needs to be combined so that patients all receive the same questionnaire and that this should be built into EPIC. **ACTION: P Allan and C Bambridge to report on this at next meeting.**	**P Allan / C Bambridge**
16.1.1	Adults – there was no update at the meeting.in P Allan's absence.	
16.1.2	Paediatrics – there was no update at the meeting in C Bambridge's absence.	
17.	**Feedback from Liver Advisory Group Meeting - LAG(23)(M)02 and Spring meeting 2024**	
	• Better guidelines for paediatric patients to audit numbers are under development. • The NLOS review is ongoing. • Transplant collaboratives – buddying up with other transplant centres is being considered to develop standardized pathways and mutual aid.	
18.	**Adequacy of Psychological Support for Patients Undergoing MV Transplantation**	
	A move to collect data from adult patients relating to harm due to poor psychological support/inadequate resources needs to be added to the service specification. It was noted that hospital trusts are already funded to provide this service. Centres are asked to generate lists of actual harm to ensure this is commissioned and that funds are used appropriately. **ACTION: S Watson to write to hospital trusts to find out what psychological support is provided.**	**S Watson**
19.	**Threshold for Kidney Allocation**	
	It was reported that R Ravanan is putting together a document to specify what should happen at the time of organ allocation and is happy to be advised of the GFR threshold. Once this is decided a policy will be put into place.	
20.	**Multicentre Collaborative Studies and Research**	
	ACTION: It was agreed to defer this item to the next MCTAG meeting.	**G Gupte**
21.	**Any Other Business**	
	Due to changes in Oxford and the need for hepatology input, patients who are transitioned from Birmingham for liver containing intestinal grafts will go to Cambridge. A response on this proposal is needed from P Allan and G Gupte. **ACTION: C Rutter / A Butler to talk to G Gupte**	**A Butler / C Rutter**
22.	**Key points from today's meeting for cascade to centres**	
	• Potential access to organs from outside UK via Foedus was discussed. It was agreed that paediatric patients need to be included on this platform and centres will look at individual lists to identify sensitized patients.	

	• A request for CTs for non-liver containing MV grafts will be discussed at future NODC and RAG meetings. This is also being discussed in the CTAG groups. • The ethnic designation of transplant patients will be identified along with international designations of patients. • Access to U/SU liver transplants in response to acute liver failure will be explored.	
23.	**Date of next meeting** – ***Thursday 5 December 2024*** via Microsoft Teams. Further information to follow.	