NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION

MINUTES OF THE THIRTY SECOND MEETING OF THE MULTI-VISCERAL AND COMPOSITE TISSUE ADVISORY GROUP (MCTAG) ON TUESDAY 9th DECEMBER 2025 10:00 – 15:30

Via MS TEAMS

ATTENDEES

Andrew Butler	**Outgoing Chair MCTAG/**Cambridge University Hospitals
Phillip Allan	Oxford Intestinal Transplant Centre
Irum Amin	**Incoming Chair MCTAG/**Cambridge University Hospitals
Varina Aluvihare	Chair LAG/King's College Hospital
Richard Baker	Associate Medical Director - Governance, NHSBT
Carly Bambridge	Clinical Nurse Specialist, Paediatric Intestinal Transplant, King's College Hospital
Sarah Beale	Service Development Manager, NHSBT
Raymond Braid	Programme Manager, Specialist Services, NHS National Services Scotland
Gemma Brewin	BSHI Representative
Emilio Canovai	Oxford Intestinal Transplant Centre
Miriam Cortes Cerisuelo	King's College Hospital
Tim Court	Lay Member
Gordon Crowe	Regional Head of Nursing, NHSBT
Girish Gupte	Birmingham Womens and Children's Hospital
Susan Hill	Great Ormond Street Hospital/BSPGHAN
Maria Jacobs	Statistics and Clinical Research, NHSBT
Alba Beuno Jimenez	Birmingham Womens and Children's Hospital
Gareth Jones	Chair KAG
David Leonard	Leeds Teaching Hospitals
Simon Kay	Leeds Teaching Hospitals
Derek Manas	OTDT Medical Director, NHSBT
Isabel Quiroga	Oxford Intestinal Transplant Centre
Carla Rosser	OTDT H&I Lead, NHSBT
Charlotte Rutter	Cambridge University Hospitals /BAPEN
Tahir Shah	University Hospitals Birmingham
Rhiannon Taylor	Statistics and Clinical Research, NHSBT
Hector Vilca-Melendez	Birmingham Womens and Children's Hospital
Sarah Watson	Programme Director, Highly Specialised Services, NHS England
Anthony Wrigley	Lay Member

IN ATTENDANCE

Alicia Jakeman	Clinical Support Services, NHSBT
Tanya MacHale	Clinical Support Services, NHSBT

APOLOGIES

Julie Whitney

ITEM		ACTION
1	**Welcome and Apologies**	
	A Butler welcomed members to his last MCTAG meeting as Chair, Irum Amin has been appointed as the new Chair. Julie Whitney had sent her apologies for the meeting.	
2.	**Declaration of interest in relation to the agenda**	
	There were no declarations of interest declared.	
3.	**Minutes of the MCTAG meeting held on 2nd July 2025 - MCTAG(M)(25)01**	
3.1	Accuracy	
	The minutes of the last meeting were agreed as an accurate record.	
3.2	Action Points - **MCTAG((AP)(25)01**	
	Action Points from the previous meeting that were not marked as complete were raised for discussion: **AP3 M&F Proposal – Potential funding for film (Transplant TV)** The hand transplant program lead has forwarded on a link to a Sky Program. **AP4 Potential funding for film (Transplant TV) – Educational information** D Leonard confirmed that he had taken the action forward to connect interested parties with the Film Company informally. A Butler and S Kay confirmed that there are adult and paediatric news stories that could be shared to increase exposure and share experiences. D Manas advised that NHSBT have a Comms. Team and Marketing Team; to promote organ donation this will go through the Marketing Team, although they have a very small budget. Representatives from paediatric, adult, limb and uterine groups will discuss the material to be communicated wider outside of this meeting, with S Kay as Lead. **AP7 Performance report of the National Bowel Allocation Scheme (NBAS) – FOEDUS** M Stokes was not present at the meeting and will prepare a report for next meeting. D Manas advised that there have been recent changes to the FOEDUS program. M Cortes Cerisuelo advised that King's have registered liver/bowel paediatric patients with FOEDUS, who were offered a bowel but no liver. The group will continue to register very sick paediatric and highly sensitised adult patients on the FOEDUS platform via coordinators. **AP8 Discussion re: potential changes to allocation policy** E Canovai has analysed the data, having identified five patients. He shared the anonymised data with the group, further information on the degree of post-transplant sensitisation will be sought from centres' H&I Labs. C Rosser confirmed that antibodies that are produced post-transplant are put through the OTDT CRF calculator. **AP9 Summary from Statistics and Clinical Research** NHSBT do not collect information on referrals or assessment and would be unable to review geographical variation. R Taylor advised that NHSBT produce maps for transplants and registration rates and could potentially produce the equivalent for referrals if they have the referral postcodes from transplant centres. Centres will be required to complete a spreadsheet including IDs of patients referred and their postcodes. **AP10 Patient Survival after Intestinal Transplantation – potential further subdivisions in future reports (malignancy v. non malignancy)** A Butler advised members that the outcome data provided by R Taylor and M Jacobs in terms of the separation of bowel transplant outcomes of malignancy versus non-malignancy was well received by International Teams when	**S Kay/ S Hill/ I Quiroga/ E Canovai/ C Bambridge** **All** **All/ R Taylor**

	presented at CIRTA. He asked for members to consider the indications and influence on outcomes to be extended to include vascular access and recurrent line sepsis data. A Butler will relook at the registration data, which captures the number of episodes of line infections and loss of vascular access, to be added to the Annual Report. **AP16 Traceability of rectus fascia flowchart** R Baker confirmed that he had previously asked if a free text form could be created when the patient is registered to clearly collect data on what transplant had been undertaken. NHSBT do not currently have a bowel form that records organs removed and implanted, centres use a pancreas form to register which organs and been retrieved. Adapting a form for use of recording livers that have been retrieved and registered to include stomach, small bowel, colon, multivisceral composite tissue and rectus fascia was suggested. D Manas will speak with J Whitney, for further discussions outside of this meeting. R Baker advised members that his response from Vicky Goulden confirmed that there is no in-date SLA for rectus fascia, the HTA return listed none have been procured this year under the NHSBT Tissue License. D Manas confirmed that the HTA licence is for abdominal wall, not rectus fascia. Members raised further issues with the licensing as rectus fascias can be stored for 48 HOURS only and then disposed of. D Manas will contact O McGowan to add this to the agenda for the next month's joint NHSBT/HTA meeting with A Butler invited. A module on bowel retrieval will also be included in the next NORS Masterclass to provide appropriate training for retrieval surgeons. **AP20 Items from the meeting for cascade to teams** A Butler provided an update at the last MCTAG meeting with no agreement reached between the three paediatric centres on proritisation for a size appropriate multivisceral transplant over a Hepatoblastoma patient. R Taylor advised that it has now been agreed that donors and recipients weighing less than 15kgs will be prioritized above the Hepatoblastoma Tier but under the Super Urgent patients, approved by CARE Committee and LAG last month. The Intestinal Selection Policy will be updated to go-live in the New Year. G Gupte confirmed that discussions are ongoing to align paediatric and adult transplant centres in relation to the generation of a forum at which paediatric patients can be considered for transplant. No progress has been made yet. Members confirmed that the national MDT meetings also discuss outcomes post-transplant and complex cases as part of the governance process. G Gupte confirmed that cases are discussed at the Annual UK Intestinal Transplant Forum meeting and UK Intestinal Failure Network meeting. He will look to create a joint Transplant Meeting with the UK Intestinal Transplant Forum meeting, to hold these discussions.	**All** **A Butler/ I Amin** **D Manas/ J Whitney** **D Manas** **A Butler** **G Gupte**
3.3	Matters Arising, not separately identified	
	There were no matters arising.	
3.4	MCTAG Membership	
	A Butler advised that other Advisory Groups have outlined the duration of tenure, asking members' views on length of membership. D Manas advised that the Terms of Reference for Advisory Groups have been updated; members of the Advisory Groups are committed for a specified period of time and should allocate Deputies if they are unable to attend a meeting. If Members do not attend Advisory Group meetings on three consecutive occasions, they will be replaced.	
4.	**Medical Director's Report**	
	D Manas provided an update; D Manas thanked A Butler for his hard work as MCTAG Chair, with Irum Amin replacing him. A Butler will support I Amin for the next twelve months. C Callaghan has stepped down from his position as AMD for Utilisation and is the newly appointed PAG Chair. Jas Palmer has been appointed as AMD for Patient Engagement. Gareth Jones is no longer Lead for Collaboratives, he	

	has been appointed as KAG Chair. The National Lead and Organ Collaborative Lead posts will be advertised but are not funded. Francis O'Callaghan is the new Chief Executive for NHSBT. Assistant Medical Directors are deputising for D Manas; John Casey as Clinical Deputy and Rommel Ravanan as R&D Deputy. The National Transplant Oversight Group (TOG) has rolled out an Operational sub-group: National Transplant Clinical Panel (NTCP), focussing on Quality & Risk Management and monitoring of Trust engagement with CUSUMs and Trust engagement implementation. D Thorburn has been appointed as National Clinical Lead for Transplantation, co-chairing the National Transplant Clinical panel. All Advisory Groups now have new Patient Partners. NHSBT now have substantive funding to rollout out NRP across centres. The NHSBT Assessment and Recovery Centres (ARC) pilot aims to create additional transplant activity, identify the clinical service model and focus on increased organ utilisation at pilot centres. The long-term vision and aim is to establish two or three multi-organ ARC centres, delivering up to 750 additional transplants per year. The pilot will start shortly and could be fully operational by 2030. The Paediatric DCD hearts work has been successfully developed, led by Louise Kenny. The Council of Europe are using a lot of NHSBT's templates looking at improving organ utilisation. Deceased donation numbers are at an all-time low. The DCD rate is now higher than the DBD rate. S Watson asked for all members to be involved with writing their centre's Organ Utilisation Strategies. If they would like help from D Manas with communicating with their Management Teams, they should contact him	**All**
4.1	SCORE update - **MCTAG(25)12**	
	D Manas advised members that some centres have raised concerns with implementing SCORE. He feels that there is a lot of opportunity to speak with the Trusts' Management Teams as to how to facilitate SCORE. They can email the SCORE Team: SCORE@nhsbt.nhs.uk. S Beale shared a presentation with members, detailing shadow modelling data from 8 April to 24 July 2025. Of 16 donors registered between 08:00 and 16:00, 75% of offers were facilitated with no delays. This is dependent on geography, utilising NORS Retrieval Team resources better, with better travel alignment. There was an 11% reduction in flights during this time. The organ arrival time to transplant centres was shared by organ, with 68% arriving between 06:00 and 09:00. SCORE will go live at the beginning of 2027. A self-assessment survey has been sent to centres to record their readiness in preparing for SCORE, via QR code;	
4.2	H&I update - **MCTAG(25)13**	
	C Rosser updated members on H&I antibody status, with only one documented Human Leucocyte Antigen (HLA) donor characterisation discrepancy error between August 2024 and August 2025. She asked all members to ensure that they are double-checking HLA type on the matching runs for their HLA sensitised patients with the ODT Hub as this is a manual process. NHSBT Statisticians are currently working on updating their calculated reaction frequency tool to integrate HLA-DP unacceptable antigens.	**C Rosser**

	A Butler suggested looking at National H&I antibody status on outcomes rather than centre based data. C Rosser will request this data from H&I colleagues.	
5.	**Patient Safety Report - MCTAG(25)14**	
	S Sinha was not present at the meeting. R Baker will ask for the latest report from NHST Patient Safety Colleagues.	**R Baker**
5.1	Traceability of rectus fascia flowchart	
	This was discussed under Action Points agenda item 3.2.	
5.2	Bowel specific form for organ retrieval and outcome	
	This was discussed under Action Points agenda item 3.2.	
6.	**OTDT Hub Update**	
	J Whitney was not present at the meeting, having sent her apologies.	
7.	**Summary from Statistics and Clinical Research - MCTAG(25)15**	
	R Taylor provided the paper, circulated to members prior to the meeting. She updated members on the NHSBT Digital offering programme which will be rolled out at the end of 2026, SNODs will report reasons for non-offering and organ decline data.	
7.1	Follow-up form return rates - **MCTAG(25)16**	
	M Jacobs updated members of follow-up form return rates as at 24th November 2025. She encouraged members to ensure timely return of the follow-up forms to accurately record patient outcomes.	
7.2	Potential Bowel Donors - **MCTAG(25)17**	
	M Jacobs presented the paper to members, detailing potential bowel donors, defined as DBD donors who donated at least one solid organ for the purpose of transplantation, meeting the criteria of being aged less than 60 years and weighing less than 90 kg. Between 1st April 2024 and 31st March 2025 there were 676 UK DBD donors, 317 met the criteria for bowel donation. 138 were offered to intestinal transplant centres, 15 of those offered were accepted for transplantation. The number of DBD donors in 2024/25 decreased from 769 donors in 2023/24. Of the 317 donors who met criteria, five weighed less than 30 kilograms. C Bambridge asked as to why paediatric donors less than 30kg did not proceed with bowel donation, with some organs donated, as to if this was due to parent consent. M Jacobs will confirm which organs were consented for, for the donors of the two bowels without consent for offering. There were 41 non-UK donors offered for bowel donation in 2024/25, three were retrieved with two progressing to transplant. E Canovai advised members of previous conversations with SNODs, where parents did not wish for the abdominal wall to be removed. A Butler advised that further education may be required. R Taylor updated members on recent conversations with Liver Colleagues where no suitable donor was found due to blood group and donor/recipient weight incompatibility. Fast-tracking an offer, when no named patient offer is received, could be considered. H Vilca-Melendez asked how many DCD offers there have been from donors weighing less than 30kg or 40kg. This will be discussed at the next MCTAG meeting.	**M Jacobs** **R Taylor**
8.	**Multicentre Collaborative Studies and Research**	
	This item was not discussed during the meeting.	
9.	**Update on Current Situation Relating to Composite Tissue Transplants**	
9.1	Uterine Transplantation	
	I Quiroga updated members, with six transplants completed since February 2023, two were living donors. The Womens Council Charity is funding the project, agreeing to fund five living donor transplants. A second baby is due this week. There are three patients on the waiting list, two have been waiting for over 18 months. London, Oxford, Southwest and South-Central areas	

	have few donors in their donor pool. From publicising the programme nationally, donors came forward as non-altruistic donors, the HTA have confirmed that this is lawful. The process of commissioning these transplants utilising retrieval teams is ongoing.	
9.2	Limb Transplantation	
	S Kay provided a paper, circulated prior to the meeting. S Kay advised that 21 limb transplants in 12 patients have been completed. 2 cases. Where the recipients became profoundly unwell during the transplantation process, they recovered rapidly following amputation. Bilateral limb transplantation takes twelve hours of surgery requiring four surgical teams in two theatres. The Protocol has now been amended, with surgery now split into two six-hour periods, 48 hours apart.	
9.3	Update on Current Situation Relating to Composite Tissue Transplants - An update on Sentinel skin flaps	
	H Giele was not present at the meeting.	
10.	**Moving Forward with NRP in DCD Donors. Developing a Strategy and Actions**	
	A Butler updated the group on meetings chaired by Chris Watson to discuss the way to progress this. A further meeting, which will include Louise Kelly, will look further at DCD Paediatric hearts, with representation from King's and Birmingham colleagues. There was good representation at a DCD NRP conference in Madrid last week with members practicing in an experimental situation. Next, there will be change control measures and protocols written, with progress being made in a reasonable time frame.	
11.	**Intestinal allocation policy review FTWG**	
11.1	Thresholds for kidney inclusion as part of an intestinal graft - **MCTAG(25)19**	
	A Butler provided the background, with the current Allocation Policy including offering a kidney alongside an intestinal graft with an GFR threshold of 4mls per minute. A move to a sequential kidney after bowel transplant with an GFR of 30mls per minute has been proposed. G Jones has not yet taken this to KAG for approval. It was agreed that these cases are few and far between, affecting both adult and paediatric recipients. A safety net of ensuring these patients have a sequential kidney transplant will be discussed further, with additional criteria to be included, if requiring better matching. Subsequent NHSBT Allocation Policy change will be taken to KAG for approval. MCTAG members agreed to move to a simultaneous kidney transplant for those patients with a GFR of 30mls per minute. It is more nuanced for those patients with a GFR between 30 and 45mls per minute, should they then suffer significant renal impairment. G Jones will take this proposal to KAG Members for approval.	**G Jones**
12.	**National Bowel Offering**	
12.1	Performance Report of the National Bowel Offering Scheme - **MCTAG(25)20**	
	M Jacobs presented the data on patients active on the waiting list including prolonged registrations and post registration outcomes. Between 1st January 2025 and 30th June 2025, there were a total of 23 patients on the active intestinal transplant list at any time, corresponding to 23 registrations; 16 adult and 7 paediatric. M Jacobs highlighted prolonged suspensions by centre and reasons for suspension, asking for centres to review whether these patients should remain suspended and will provide patient level information to individual centres.	**M Jacobs**
12.2	Discussion re: potential changes to allocation policy	
	A Butler highlighted issues within the current intestinal allocation policy, with it not relating to the size of the donor or recipient upon offering. A suggestion of including thresholds or percentages for donor weight or height to prioritise size appropriate donors, was considered. This would provide a high degree of prioritisation if the donor and recipient's weights are within 10% or 5kg of each other. This will be discussed further outside of this meeting with centre representatives, including paediatric centres.	

	The recommendations can be considered for R Taylor to run some simulations to which patients would be offered under the new criteria and bought to the next MCTAG meeting.	**R Taylor**
12.3	Access to Super Urgent Liver Transplants Post Intestinal Transplantation	
	A Butler advised members of discussions with V Aluvihare, with agreement that patients aged up to 59 years old will be able to access a super urgent liver transplant after a bowel only transplant via the ACLF pathway if they develop acute liver failure.	
13.	**Paediatric transplantation**	
13.1	Paediatric offering	
	A Butler updated the group on recent discussions with Colleagues in Madrid, as mentioned under agenda item 10, with seven neonatal referrals following on from the DCD paediatric heart programme. The aim will be to open access to more donors than the group has previously been aware of.	
13.2	Paediatric offering outcomes	
	This item was discussed under Item 13.2	
14.	**Group 2 Bowel Transplants - MCTAG(25)21**	
	This was previously discussed under Agenda Item 3.2. M Jacobs confirmed that there were no Group 2 transplants and one non-UK resident EU patient transplanted between 1st April and 30th September 2025. The Group 1 non-UK resident recipient appeared third out of seven patients on the matching run. The intestinal allocation policy will require an amendment, for further discussion with V Aluvihare.	**R Taylor/ I Amin/ V Aluvihare**
15.	**Discussion Relating to Data Set for UK Reporting**	
	C Bambridge will look at the dataset to trial this locally prior to it being applied to the national data set.	**C Bambridge**
16.	**Intestinal transplantation for patients with Neuroendocrine Tumours**	
	E Canovai and T Shah updated the group on discussions held with Neuroendocrine Tumours (NET) Teams, on two groups of patients with locally advanced unresectable Neuroendocrine Tumours and vascular complications following NET resections. These patients number approximately three to six per year requiring a transplant on an ad-hoc basis. He asked if this should be formalised within the Intestinal group, aligned with the Liver FTWG. It was agreed that a Fixed Term Working Group will be composed of NET experts, Transplant Surgeons, NET Surgeons, Radiologist, Histopathologist, Patient Representative, Nurse Representative, reporting recommendations to the next MCTAG Meeting. I Amin will approach a Patient Representative to join the Group.	**E Canovai/ T Shah** **I Amin**
17.	**Feedback from Liver Advisory Group Meeting**	
	There was no further information from conversations held at the LAG meeting, for discussion.	
18.	**Update on Current Situation Relating to Composite Tissue Transplants**	
	A Butler confirmed that there was no further update in relation to this agenda item.	
19.	**Any Other Business**	
	C Rutter asked members if they had knowledge of where the Annual Symposium will be held in 2026. I Amin will email centres to ask if King's or Oxford centres can hold the Symposium in May/June 2026.	**I Amin**
20.	**For information only**	
	Terms of Reference - Transplant Oversight Group - MCTAG(25)23	

	A Butler advised members that I Amin will now represent MCTAG at future meetings, invitations have not yet been sent.	
21.	**Date of next meetings:** **Thursday 25th June 2026, Venue TBC** **Thursday 10th December 2026 via MS Teams**	