NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION

MINUTES OF THE TWENTY EIGHTTH KIDNEY PAEDIATRIC SUB-GROUP MEETING HELD AT 2PM ON MONDAY 25th APRIL 2022 USING MICROSOFT TEAMS MEETING

PRESENT:

Mr Alun Williams, Consultant Surgeon, Nottingham (Chair)
Dr Jan Dudley, Consultant Paediatric Nephrologist, Bristol
Miss Chloe Brown, Statistics and Clinical Research, NHSBT
Dr Christian Brix, Consultant Paediatric Nephrologist, Manchester
Dr Mairead Convery, Consultant Paediatric Nephrologist, Belfast
Mr Martin Drage, Consultant Transplant Surgeon, Guy's/Evelina
Ms Anusha Edwards, Consultant Transplant Surgeon, Bristol
Dr Shuman Haq, Consultant Paediatric Nephrologist, Southampton
Mr Roderick Jacques, Statistician, NHSBT
Ms Maria Jacobs, Statistician, NHSBT
Dr Helen Jones, Consultant Paediatric Nephrologist Guy's/Evelina
Ms Rose Lamb, Trainee Representative (now Consultant)
Dr Andrew Lunn, Paediatric Nephrologist, Nottingham
Dr Stephen Marks, Consultant Paediatric Nephrologist, GOSH
Mr Omar Masood, Consultant Transplant Surgeon, Leeds
Dr Mordi Muorah, Consultant Paediatric Nephrologist, Birmingham
Dr Tracey Rees, Chief Scientific Advisor, NHSBT
Dr Matthew Robb, Lead Statistician, NHSBT
Mr Khalid Sharif, Consultant Surgeon, Birmingham
Dr Mohan Sheyno, Consultant Paediatric Nephrologist, Manchester
Dr Graham Smith, Consultant Paediatric Nephrologist, Cardiff
Mr Vlad Shumeyko, Consultant Transplant Surgeon, Glasgow
Dr Yincent Tse, Consultant Paediatric Nephrologist, Newcastle
Ms Julie Whitney, Head of Service Delivery, Hub Operations, NHSBT

IN ATTENDANCE:

Ms Alicia Jakeman, Medical Director & Group Support Office, NHSBT

APOLOGIES:

Dr Martin Christian, Consultant Paediatric Nephrologist, Nottingham
Miss Rebecca Curtis, Statistician, NHSBT
Mr Nicos Kessaris, Consultant Transplant Surgeon, Guy's/Evelina
Dr Ben Reynolds, Consultant Paediatric Nephrologist, Glasgow
Mr Afshin Tavakoli, Consultant Transplant Surgeon, Manchester

		ACTION
1	**Declarations of interest in relation to the agenda - KAGPSG(21)16**	
	There were no declarations of interest.	
2	**Minutes of the interim meeting held on the 12 October 2021 - KAGPSG(M)(21)3**	
2.1	**Accuracy**	
	The minutes were agreed as a true and accurate record and ratified.	
2.2	**Action points – KAGPSG(AP)(21)3**	
	No questions were raised on the Action points from the last meeting, with items added to the agenda for discussion in this meeting.	

		ACTION
2.3	**Matters arising not separately identified**	
	There were no matters arising.	
3	**UK renal transplantation status during COVID-19**	
3.1	**Centres Operating**	
	A Williams asked the group if there were any operational issues about the running of individual centres at present. All centres are fully functioning post COVID with deceased and living donor programmes, although experiencing staffing issues. There was also a discussion about time before relisting after COVID infection recognising NHSBT supported guidance (28 days) and Royal College of Anaesthetists (RCA) guidance (7 weeks). M Drage asked for feedback on what centres were doing with green pathways; - GOSH have a transplant corridor for children with negative PCR results and have been very busy, completing 39 transplants in the financial year. Their main problem has been the fact that once a transplant recipient or an immunosuppressed child at GOSH has had COVID diagnosed, it takes time to clear isolation for infection prevention and control. - Manchester still have a green zone with no plans to change. - Leeds go ahead with transplant if the patient tests negative and wait seven weeks for patients who have had COVID, as per RCA recommendations. - Nottingham have designated their ward as a green ward to continue with transplants. - Birmingham have designated their ward as a clean area. They are testing their dialysis patients twice weekly. - Bristol have designated their ward as a clean area. They are testing their dialysis patients twice weekly and rapid testing all patients before they go to theatre, not proceeding if the recipient tests positive. They relist patients four weeks after symptomatic COVID, upon a negative result. - Belfast are testing their patients before they go to theatre. - Southampton, pre-transplant they follow the same pathway as Evelina, post-transplant patients from any specialty have to go through a holding ward. Parents and patients are swabbed. - Glasgow are still adhering to the seven week window.	
3.2	Post take analysis - **KAGPSG(22)01**	
	H Jones provided the results from questionnaire looking at what happened in the first wave of the lockdown with patients awaiting kidney transplantation, with responses received from all eight centres; - 21 patients with scheduled dates for their transplants had these cancelled (median 2.5, range 0-5). - 4 patients from 4 different centres had offers in the kidney sharing scheme that did not proceed. - 8 patients from 3 centres had offers in the kidney sharing scheme that did proceed (between June and October 2020). - 2 patients who were due pre-emptive renal transplants from living donors had to commence dialysis in view of the delay of their transplantation date. - As of the end of 2020 17/21 of the recipients with dates scheduled for transplantation that were postponed at the start of the pandemic had completed transplantation (in one case it was noted there was a 3 month delay in view of donor weight gain). Of the 4 cases not transplanted, in 3 cases the families elected to delay until a later date and 1 child sadly died prior to their transplantation date. - In summary, it provides additional evidence of the increased number of children now on dialysis, an increase in 50%. The group will continue discussions about where to submit this paper.	

		ACTION
4	**Kidney offer decline rate audit**	
4.1	**Centre specific organ decline rates - KAGPSG(22)02**	
	M Robb presented the regular NHSBT paper on the decline of offers for paediatric patients, which shows the variation in the decline rates between the centres, which is important to monitor as it can impact equity of access to transplantation. **Figure 1** and **Table 1** compare individual centre offer decline rates with the national rate for paediatric offers of DBD kidneys. The national decline rate is 46% which is lower than the national decline rate for adult offers of standard criteria DBD donors, 61% in 2020/21, 53% over the past three years. The variation between centres ranges between 26% from Manchester and 59% for Bristol for the period between 2017 and 2021. Members are asked to review the data and consider ways to minimize the offer decline rates. M Robb highlighted the DCD offers significantly increased in the number of offers in the last two years, 19 offers in 2020 and 25 offers in 2021. The decline rate was also much lower in 2021 compared to the average over the period since 2015 (54% with a decline rate of 36% in 2021). J Dudley asked if all centres were using the SaBTO aide memoire before declining an offer. Representatives from just over half of centres are using it.	
5	**Paediatric activity in the new kidney offering scheme - KAGPSG(22)03**	
	M Robb presented a paper reviewing the new offering scheme introduced in 2019 looking at data on all deceased donor kidney paediatric offers and transplants between 11th September 2019 when the scheme was introduced through to 11th March 2022. The data were split into six month periods to compare activity over time and to present data prior to COVID-19 separately. Since the scheme's introduction there have been 256 offers to paediatric patients which resulted in 111 transplants. 6 were Tier A, 105 Tier B. On 16th September 2021 the deceased donor maximum age criteria for paediatrics was increased from 50 to 60 years old. Since this change there have been 6 donors over 50 years of age from which kidneys were offered to paediatric patients. J Dudley shared a graph of 285 children under 18 on dialysis, which has fallen to 256 in six months. It is now four to six months after the task and finish group proposals aiming to increase the number of living donors by 30, to reduce declined offers by 10 and to increase numbers of children and people on the waiting list by 5. J Dudley asked if centres would be able to provide paediatric dialysis patient numbers, on a monthly basis, to triangulate the data. A Jakeman will contact centres prior to the 14th day of each month to request the number of paediatric patients on Home HD, HD (in centre) and PD.	**A Jakeman**
6	**Discontinuation of Soltran production and kidney alone retrievals**	
	A Williams asked the Consultant Surgeons, 1. If they have found an alternative to perfuse kidneys and 2. Are there any problems with what they've decided? The centres are using either Custodiol or UW and are all happy with their perfusion fluids.	
7	**Update on non-favourably matched paediatric grafts - KAGPSG(22)04**	
	M Robb presented the paper looking at non favourably HLA mismatched grafts in paediatric patients. During the period 11 September 2019 to 31 December 2021, in 12 cases, the child had waited for more than 365 days prior to transplant. In 2 cases the	

		ACTION
	wait time was less than 365 days. Table 2 shows a summary of the mismatch grades for all the paediatric patients on the kidney transplant list as at 16 April 2022. Table 3 provides further details of the 13 patients who are currently listed for 221 and 222 mismatched transplant, as at 11 April 2022. 5 patients are at Nottingham. The group discussed why patients were getting unfavourable offers. M Robb will check which centres have listed the patients.	**M Robb**
8	**Quality improvement & academic pursuits (brief discussion)**	
	Discussion was held on S Haq's paper: Kidney transplantation in children anuric for at least one year but with no lower urinary tract disease. The UK experience from 2005 to 2020, previously discussed in the interim meeting. M Drage asked if to obtain the data, centres would need to go through all of their patients to find out which ones fulfill the criteria, for further discussion. J Dudley informed the group of G Pettigrew's MELODY Study, with the age range for recruitment brought down to 12. Registration setup is such that study team go directly to the families, the group all agreed in principle to sign posting the study to their patients.	
8.1	**Harmonisation of transplant immunosuppression**	
	M Robb reported that as of the end of March there were 127 data entries. J Dudley advised that there are six months of data that haven't been collected but the assessments can be made without it. NHSBT has not received any requests to use the data yet, the data will be looked at in October 2022.	
8.2	**Comparison of paediatric DBD and DCD kidney transplant**	
	No update was given. To be added to the October PSG agenda.	
8.3	**Outcomes in smaller children compared to larger children**	
	J Dudley reported on the paper that Charlie Pickles is leading on. He is updating the manuscripts and it is being presented as a pitch poster presentation at the ESPN in June 2022.	
8.4	**JJ Kim studies**	
8.4.1	**Molecular HLA study**	
	A Williams advised that JJ wanted to send his thanks to everybody who's contributed. JJ is working with M Robb & R Curtis and has 20 year outcome data. He is considering using machine learning tools as a way to develop models.	
8.4.2	**iSpy**	
	A Williams provided an update on behalf of JJ Kim that JJ and Ben Reynolds have submitted this to IPNA.	
8.4.3	**Donor quality v HLA over 30 years**	
	No update – work in progress	
8.5	**Kidney transplantation in anuric children without lower urinary tract problems - KAGPSG(22)05**	
	S Haq confirmed that the dataset is easier to collect as the follow up time is reduced and has been restricted to recipients aged under five.	
9	**For information only**	
9.1	**Centre specific transplant list and transplant activity - KAGPSG(22)06**	
9.2	**KAGPSG membership - EOIs**	

		ACTION
	A Williams advised that he had received two expressions of interest for a Medical Trainee representative and would like EOIs for Surgical Trainee Representative and Vice Chair. To be received by the day after Bank Holiday Monday.	
10	**Any other business**	
	A Williams informed the group that the consultation on CMV is due to close on the 22nd of May 2022. The Constitution period started a fortnight ago and is due to run until 22nd of May. A Williams discussed having a face-to-face meeting in the Autumn and asked if the group would like to meet more frequently. The Group agreed to meet quarterly. H Jones asked centres to advise on shielding, Evelina are still asking recipients to shield for a week instead of two weeks pre transplant, donor and recipient and then are relaxing on shielding afterwards. - Nottingham are not asking their pre-op patients to shield, adults are asked to shield emphasising reduced exposure post-transplant. - Bristol are recommending six weeks shielding post-transplant. They signpost pre-transplant to NICE rapid guidance on transplantation. - Birmingham LFT 72 hours pre-transplant if they haven't had COVID within 90 days. - Manchester also LFT 72 hours pre-transplant with patients going back to school four weeks post-transplant. - Belfast also LFT 72 hours pre-transplant asking patients to avoid large crowds to minimise risk. - Newcastle ask patients not to attend school one week pre-transplant and shield 6 weeks post-transplant, also testing 72 hours pre-transplant. - Leeds do nothing pre-transplant and ask patients to shield 4/6/8 weeks post-transplant. - Southampton ask children to not attend school until 6 weeks post-transplant.	
11	**Date of next meeting - Monday 4 July 2022 via MS Teams**	