NHS BLOOD AND TRANSPLANT
ORGAN AND TISSUE DONATION AND TRANSPLANTATION

MINUTES OF THE TWENTY NINTH KIDNEY PAEDIATRIC SUB-GROUP MEETING HELD AT 2PM ON MONDAY 04 JULY 2022 VIA MICROSOFT TEAMS

PRESENT:

Mr Alun Williams, Consultant Urology and Transplant Surgeon, Nottingham (chair)
Dr Richard Battle, BHSI Rep.
Dr Christian Brix, Consultant Paediatric Nephrologist, Leeds
Ms Rebecca Curtis, Statistics & Clinical Research, NHSBT
Dr Shuman Haq, Paediatric Nephrologist, Southampton
Dr Helen Jones, Paediatric Nephrologist Evelina London Children's Hospital
Dr Meeta Mallik, Paediatric Nephrologist, Nottingham
Prof. Stephen Marks, Consultant Paediatric Nephrologist, GOSH
Dr Mordi Muorah, Consultant Paediatric Nephrologist, Birmingham
Mr Vlad Shumeyko, Consultant Transplant Surgeon, Glasgow
Dr Yincent Tse, Consultant Paediatric Nephrologist, Newcastle

IN ATTENDANCE:

Ms Alicia Jakeman, Clinical & Support Services, NHSBT

APOLOGIES:

Dr Martin Christian, Consultant Paediatric Nephrologist, Nottingham
Dr Mairead Convery, Consultant Paediatric Nephrologist, Belfast
Dr Jan Dudley, Consultant Paediatric Nephrologist, Bristol
Dr Jon Jin Kim, Consultant Consultant Paediatric Nephrologist, Nottingham
Dr Tracey Rees, Chief Scientific Advisor, NHSBT
Dr Ben Reynolds, Consultant Paediatric Nephrologist, Glasgow
Ms Julie Whitney, Head of Service Delivery, Hub Operations

		ACTION
1	**Declarations of interest in relation to the agenda**	
	There were no declarations of interest.	
2	**Minutes of the meeting held on 25 April 2022 - KAGPSG(M)(22)2**	
2.1	**Accuracy**	
	The minutes were agreed as a true and accurate record and ratified.	
2.2	**Action points - KAGPSG(AP)(22)1**	
	All action points had been completed or were included on the agenda. **AP1. Paediatric activity in the new kidney offering scheme** A Williams thanked centres for completing the paediatric dialysis figures monthly. **AP2. Update on non-favourably matched paediatric grafts** R Curtis reported that the two centres shown within Table 1 the report presented at April 2022 meeting were GOSH & Belfast, which detailed the match grade at each centre. S Marks reported that the graft was accepted, despite being an unfavourably matched kidney, on clinical grounds, also citing the imperative to address dialysis capacity problems. Following the meeting, the circumstances have been reviewed by the local team. A Williams will endeavour to contact centre representatives in advance if the report shows that they have accepted a non-favourably matched paediatric graft in future. H Jones suggested looking at local numbers of patients listed on-call where centres may accept a DR mismatch during their first year listed.	**A Williams**

		ACTION
	R Battle advised that BHSI are renewing their antibody guidelines in renal transplantation and various other solid organ transplantation types. He will bring a draft to the next meeting, with DR mismatch and risk of sensitisation forming part of that discussion. BSHI are intending to go out to consultation via the BTS at end of the year.	**R Battle**
2.3	**Matters arising not separately identified**	
	There were no matters arising.	
3	**KAGPSG membership**	
	A Williams introduced R Battle who has joined KAGPSG as BSHI Rep. He advised that two Medical Trainee Reps have given expressions of interest; Colin Higgins (Evelina) Victoria Hawkins (Glasgow). The group accepted them on to the group. There were no Surgical Reps who gave EOIs. S Marks advised that a surgical trainee covering GOSH/Evelina may express interest. A Williams advised that they had been encouraged by the local surgical team but not replied and asked centres to all encourage the surgical trainees at their respective units to get involved. S Marks advised that he would ask the surgical trainee who works between Evelina and GOSH to contact A Williams. A Williams also encouraged expressions of interest from a member of the group to be vice chair.	**S Marks** **All**
4	**Paediatric activity in the new kidney offering scheme - KAGPSG(22)07**	
	R Curtis presented the paper, updated from the April 2022 meeting. Since the new scheme was introduced in September 2019, 274 donor offers have been made to paediatric recipients from 237 donors, with some recipients receiving multiple offers, resulting in 120 transplants; 7 were Tier A, 113 Tier B. As at 31 May 2022, there were a total of 108 paediatric patients active on the kidney transplant waiting list, 4 in Tier A and 104 in Tier B, On 16 September 2021 the deceased donor maximum age criteria for paediatrics was increased from 50 to 60 years old, there have been 7 donors offered to paediatric patients. 3 offers have been accepted from patients up to 58 years old and used. A Williams asked the centres the age criteria for living donors that they would accept.. S Haq advised up to 50 years old. H Jones advised it is looked at on a case by case basis at the Evelina, S Marks does the same, having used grand-parents as donors. A Williams advised that kidneys from two grand parental donors had been transplanted in Nottingham with slightly disappointing function – they are advocating the sharing scheme. Y Tse advised that Newcastle has a lower age cut-off of 30, especially with women of child-bearing age. V Shumeyko reported that Glasgow has also looked at grand parental donors and has not had to use a lower-age cut-off. M Mallik suggested looking at data on donor age nationally, to look at outcomes. R Curtis will look at this data although this could possibly be a project to complete with trainees.	**R Curtis**
5	**Paediatric dialysis capacity issues – update**	

		ACTION
	R Curtis presented the paper previously discussed at KAG looking at living donor kidney matching runs. 6 in total were unmatched, two of those were possible matches for paediatric recipients and one of them was accepted. A Williams discussed the task and finish group that was set up, with some strategies put in place. One was to try and accept more kidneys, one was to try and increase living donor numbers and the third was to redirect any of the unmatched end of chain non- directed donor chains to paediatrics. This policy will be reviewed at KAG on Thursday 7 July. Post-meeting note: It was agreed at KAG 7th July meeting that this system would continue for another four matching runs and be reviewed again. The group reviewed the transplant and waiting list activity paper, with DBD donor transplant numbers reduced with the DBD pool getting smaller. The DCD numbers have increased and the number of transplants has helped keep the dialysis capacity numbers stable The waiting list numbers are rising dramatically. S Haq asked that as all their transplants are completed at the Evelina, can Southampton, Cardiff and Liverpool patients be separated in the numbers, in the paper detailing by referral centre rather than transplanting centre. A Williams presented J Dudley's slides on dialysis data, collected at sites on the 14th of each month, with numbers being quite stable. He advised that as there have been nearly 30 more live donor transplants in the last 12 months in paediatrics than there had been in previous years. These will also be shared at BAPN with agreement from the members. R Curtis was asked to look at data, separating live donors from deceased donors, to ascertain time on the waiting list to transplant. R Curtis advised that the kidney offering scheme is still in its infancy in terms of what can be analysed, although it has been in place since September 2019. She proposed looking at thresholds through routine monitoring with statistical testing behind it to test whether they see a disadvantage in the scheme. She will bring the paper to the next KAGPSG meeting.	**R Curtis** **R Curtis**
6	**FOR INFORMATION ONLY**	
6.1	**Centre specific transplant list and transplant activity** Discussed under agenda item 5.	
7	**Any other business**	
	S Haq discussed his project on kidney transplantation in anuric children without lower urinary tract problems as at the last KAGPSG, members offered to help with the data collection. He will be putting together a questionnaire as a case series. H Jones suggested that the new trainee members could get involved with this and smaller projects, to present at future meetings. A Williams advised that it would be a good opportunity for the new trainees to look at the grand-parental data. R Curtis suggested they submit an application form for data, that she will guide them through, providing the data set on the over 50 donors. Y Tse suggested the early kidney loss data could be looked at by the trainees also. V Shumeyko queried what centres were using for perfusion, A Williams offered to email centres to ask what fluid they're using and if there are any issues. Post-meeting note: only a very few replies have been received – centre reps are encouraged to respond naming their perfusion fluid of choice	**R Curtis** **A Williams**
8	**Date of next meeting - 10th October 2022, 10:00 - 15:00 venue TBC** The Group confirmed that they were happy to attend a face-to-face meeting on this date. The Stoke Gifford centre was discussed as a possible venue, although Bristol is difficult for some members to get to. H Jones suggested Beckett House at The Evelina and will look in to the possibility of booking this room.	**H Jones**