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Heart and Lung Transplant Hospitals Meeting Minutes held on 09/12/2017 at Tamil Nadu Government Multi Super Speciality Hospital, 2nd Floor, Room 2073, Omandurar Government Estate.

Heart and Lung Transplantation meeting involving all experts from the Government and Private hospitals across Tamil Nadu was held on 09/12/17 by Transplant Authority of Tamil Nadu (TRANSTAN) to discuss regarding Abdominal heterotopic heart transplants, Donation after circulatory death, Organs using maintenance care system and various pertinent issues which Transtan and stake holder hospitals face during organ allocation process.

Following members attended the meeting:

	Doctor Name	Hospital Name
1	Dean, Dr.Narayanababu	Madras Medical College
2	Dean, Dr.Vasantha Mani	Kilpauk Medical College Chennai
3	Dr.P.Balaji	Member Secretary, TRANSTAN
4	Dr.K.M.Chерian	Frontier Life Line Hospital Chennai
5	Dr.Anantharaman	Frontier Life Line Hospital Chennai
6	Dr.Madhu Shankar	Frontier Life Line Hospital Chennai
7	Dr.Jacob James Raj	Madras Medical Mission Chennai
8	Dr.Ravi Agarwal	Madras Medical Mission Chennai
9	Dr.Govini Balasubramani	Global Hospitals Chennai
10	Dr.SandeepAttawar	Global Hospitals Chennai
11	Dr.Paul Ramesh	Apollo Hospitals Chennai
12	Dr.Sundar	Apollo Hospitals Chennai
13	Dr.Madhan Kumar	Apollo Hospitals Chennai
14	Dr.K.R.Balakrishnan	Fortis Malar Hospital Chennai
15	Dr.SivaMuthu Kumar	SRM Institute of Medical Sciences
16	Dr.T.S.Manoharan	Tamil Nadu Government Multi Super Speciality Hospital Chennai
17	Dr.Jothilingam	Tamil Nadu Government Multi Super Speciality Hospital Chennai
18	Dr.Kannan	Government Stanley Medical College and Hospital
19	Dr.Dhamodharan	Government Stanley Medical College and Hospital
20	Dr.Rani	Rajaji Government Hospital Madurai
21	Dr.Jnanesh Thacker	P.S.G Hospital Coimbatore
22	Dr.AntoSagayaraj	Kauvery Heart City Hospital Trichy
23	Dr. R.M.Krishnan	Meenakshi Medical Mission Hospital

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| 24 | Dr.SK.Varma | Madurai |
| | | K.Govindasamy Naidu Hospital, |
| | | Coimbatore |
| 25 | Dr.Vijith Kurian | MIOT Hospital Chennai |
| 26 | Dr.Binoy John | MIOT Hospital Chennai |
| 27 | Dr.Mariyappan | Government General Hospital Chennai |
| 28 | Dr. Dinesh | Government General Hospital Chennai |
| 29 | Dr.Shivan Raj | Government General Hospital Chennai |
| 30 | Dr.Seenivasan | Government Medical College |
| | | Coimbatore |

Dr.P.Balaji Member Secretary Transtan welcomed all the delegates and presented the agenda for discussion. Deliberations and detailed discussions were made and a mutually agreed consensus was arrived at the meeting.

Following points were discussed at length:

1. The Heart and Lung meeting agreed minutes of 20/09/2016 was confirmed/discussed and some of the points amended:
 - a) TNOS registry upgraded and allocation is being made as per date of registration.
 - b) TNOS registry upgraded and common waitlist for thoracic organs created.
 - c) Hospitals have agreed to sent a list of three to five patients only (Indian/International) for all blood groups who are ready for transplant when a heart and lung alert is sent.
 - d) Age parity of the donor will be decided by the hospital accepting the heart/lung offer from a donor.
 - e) Whatsapp Group 'Transtan Transplant' has been created for exchange of information when a donor becomes available.
 - f) Hospitals have agreed to send the post transplant data as it is a mandatory requirement of NOTTO.
2. Heart and Lung from donors 0-16 years will be offered to recipients 0-16 years as first priority in the same blood group and then to compatible blood groups and only then to 17 years and above recipients of same blood group and compatible blood groups. Date of registration in the TNOS registry will be followed.
3. International patient urgent listing amongst the International Patients to be maintained and organ will be allotted if no Indian patient is available to take the offer from the entire country has been agreed and accepted.
4. For outstation donors, hospitals which accept for Indian patient and go to the donor hospital and after assessment find that the organ is not suitable for their Indian patient, have agreed upon to retrieve and bring the organ to the hospital which is next in waitlist

for their Indian patient. In such cases the hospital which receives the organ for its Indian patient will bear all the costs involved in the retrieval/transportation of the organ to the hospital which will use the organ for its Indian patient and the same has been agreed upon by all stake holder hospitals. Transtan will not be involved in the transport logistics and the hospitals involved in this retrieval / receipt of the organ has to mutually agree and sort out all financial and other issues among themselves.

5. For out station donors, hospitals agreed acceptance of the organ to be retrieved based on height, weight, ECG, Echo, ABG, X-ray reports of the donor to avoid delay and for proper planning of logistics by the hospitals interested in going for retrieval.
6. The heart and lung surgeon of the recipient hospital to send in writing/mail to Transtan within in the next twenty fours hours the fate of the organ allocated and details of their patient.
7. Donor cut off age of fifty years for hearts being allotted for the heart homograft programme has been agreed upon by all the stake holder hospitals.
8. Patients registered in the TNOS registry for heart and lung will be active in the registry waitlist for one year only. Afterwards the system will automatically remove the patient and he has to register if required subsequently. One year cut off after the date of registration for heart and lung to be incorporated in the registry. Transtan will do the needful and incorporate this change in the registry shortly.
9. The present criteria for urgent listing of heart and lung will continue and has been agreed upon.
10. The present system of offering heart valves if there are no takers for heart and lung to continue. Heart Valves will be taken from donors till the age of fifty years only.
11. It was decided to reimburse all cost to Government Hospitals on the donor cadaver from the time the donor family consents to donate, including assistance in removing, transporting and preserving the organs subject to a ceiling amount of Rs.75,000/- per case. This cost will be allocated equally to heart, lung(single/double), heart and lung removed from that cadaver by private hospitals. (For example in a Government hospital donor if the private hospital takes Heart / lung it will give Rs.25,000 for heart, Rs.25000/- for lung(single or double) and Rs.50,000/- for Heart and Lung. The private recipient hospitals of those organs will reimburse their share of the cost to the Government hospital concerned as being done now when organ retrieval is done in a private hospital into the account of Deans of the concerned Government Hospital. No charges will be applicable when organs are shared among Government Hospitals.

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12. Abdominal heterotopic heart transplants for patients who are otherwise unfit for regular orthotopic heart transplant in view of comorbidities was discussed. The donor hearts which are rejected in view of reduced LV function is not utilized. These hearts can be utilized as heterotopic heart transplant and be offered to Indians with separate list of 'recipients' who are high risk and unstable for regular transplant. If there are no takers for a heart (Indian/Foreigner) in the whole country and also when heart valves is declined by the hospitals such hearts can be offered to the heterotopic programme. Ethics Committee clearance and Government acceptance need to be obtained before this guideline becomes operational.
13. The concept of organ donation after cardiac death (DCD) similar to brain stem death was discussed in length and a consensus arrived to promote the same as being done in the Western countries to reduce the waiting period of patients with end stage organ failure. Protocols for same to be designed to take this concept forward. It was decided to take up the matter with the Government for its decision and enacting a law.
14. Since most of the heart disease are congenital and manifest in childhood, awareness programme's at the Institute of Child Health and Hospital will have a huge impact and posting of a Grief Counselor at Institute of Child Health will largely benefit the programme. The Dean MMC has agreed to look into the same.
15. Private Hospitals are willing to give funds to maintain a corpus fund to Transtan for helping in donor maintenance at Government Hospitals/Non Transplant Organ Retrieval Centre's to increase donation rate, promoting organ donation awareness and other activities to augment the deceased donor programme.
16. The Member Secretary thanked all the Surgeons for the increase number of Heart and Lung transplants being carried out in Tamil Nadu. He stated that the Government would like to see more Indian patients being benefitted by the skill and expertise of the heart and lung transplant experts and that all should strive towards that end.

The meeting was concluded with members expressing their agreement on all the above discussed agenda.

P. Balaji

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