

MINUTES OF HEART & LUNG MEETING HELD ON 05/02/2018
AT TAMIL NADU GOVERNMENT MULTI SUPER SPECIALITY HOSPITAL,
6TH FLOOR, ROOM 6008, OMANDURAR GOVERNMENT ESTATE

Heart and Lung Transplantation meeting involving all Experts from the Government and Private hospitals across Tamilnadu convened by the Transplant Authority of Tamil Nadu was held under the Chairmanship of the Hon'ble Minister for Health and Family Welfare and presided over by the Principal Secretary Health and Family Welfare in the presence of the Director of Medical Education and Deans of the Government Medical Colleges on 05-02-2018 at Omandurar Multi Super Speciality Hospital.

The following members attended the meeting:

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| 1. Dr.C.VIJAYABASKAR | HON. MINISTER HEALTH AND FAMILY WELFARE |
| 2. Dr.J.RADHAKRISHNAN, IAS | PRINCIPAL SECRETARY HEALTH AND FAMILY WELFARE |
| 3. Dr. Narayanababu | DME, FAC |
| 4. Dr. R. Jayanthi | Dean, Madras Medical College |
| 5. Dr. Vasantha Mani | Dean, Kilpauk Medical College |
| 6. Dr. P. Balaji | Member Secretary, TRANSTAN |
| 7. Dr.K.M. Cherian | Frontier Life Line Hospital Chennai |
| 8. Dr. Paul Ramesh | Apollo Hospitals Chennai |
| 9. Dr. Sundar | Apollo Hospitals Chennai |
| 10. Dr. Madhan Kumar | Apollo Hospitals Chennai |
| 11. Dr. Suresh Manickavel | Apollo Hospitals Chennai |
| 12. Dr. Anantharaman | Frontier Life Line Hospital Chennai |
| 13. Dr. Madhu Shankar | Frontier Life Line Hospital Chennai |
| 14. Dr.Suresh Rao | Fortis Malar Hospital Chennai |
| 15. Dr. Murali | Fortis Malar Hospital Chennai |
| 16. Dr. Jacob James Raj | Madras Medical Mission Chennai |
| 17. Dr. Sandeep Attawar | Global Hospitals Chennai |
| 18. Dr. Siva Muthukumar | SRM Institute of Medical Sciences |
| 19. Dr. T. S. Manoharan | TN Govt. Multi Super Speciality Hospital Chennai |
| 20. Dr. Dhamodharan | Government Stanley Medical College and Hospital |

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| 21. Dr. Jnanesh Thacker | P.S.G Hospital Coimbatore |
| 22. Dr. Raghuram | Kauvery Hospital, Chennai |
| 23. Dr. Vijil Cherian | MIOT Hospital Chennai |
| 24. Dr.Mariappan | Government General Hospital, Chennai |
| 25. Dr. Shivan Raj | Government General Hospital, Chennai |
| 26. Dr. Vinayek Sukla | Christian Medical College Vellore. |
| 27. Dr. G. Selvamani | Tanjavore Medical College. |
| 28. Dr. Marvin | Tirunelveli Medical College |
| 29. Dr.R.Mohan | Fortis Malar Hospital |
| 30. Dr.R.Ravikumar | Gleneagles Global Hospital |
| 31. Dr.Ravi Agarwal | Madras Medical Mission |
| 32. Dr.Anto | Kavery Hospital |
| 33. Dr.Binoy John | MIOT International |
| 34. Dr.Apar Judal | Gleneagles Global Hospital |
| 35. Dr.Vijil Rahulan | Gleneagles Global Hospital |

Dr.P.Balaji, Member Secretary, Transtan welcomed the Hon'ble.Minister for Health and Family Welfare, Principal Secretary of Health and Family Welfare, Director of Medical Education, Deans of the Government Medical Colleges and Heart and Lung Transplantation Experts from all over the State and other members and presented the agenda relating to Donor Assessment, Urgent Listing, Allocation, Organ Utilization Information, Transport Logistics, Payment of Donor Organ Retrieval Cost to Government Hospitals, Creation of Corpus Fund to promote deceased Donor Programme in Government Hospitals, Paediatric Recipients, Homograft Heart Valve Programme, Domino Heart, Abdominal Heterotopic Transplant, Donation after Cardiac Death, Awareness on Congenital Heart Diseases, Post Transplant Data and to maintain Accountability in the Organ Donation Programme. Deliberations and detailed discussions was held on each agenda and other points among all the participants and a mutually agreed consensus was arrived at the meeting.

THE MINUTES OF THE MEETING IS AS GIVEN BELOW:

AGENDA WITH DETAILED NOTES	DECISION TAKEN IN THE HEART AND LUNG MEETING																												
<p style="text-align: center;"><u>PERFORMANCE</u></p> <p>The Total No. of Adult Heart Transplants done is : 371 The Total No. of Adult Lung Transplants done is : 227 The Total No. of Adult Combined Transplants done is : 27 The Total No. of Paediatric Heart Transplants done is : 43 The Total No. of Paediatric Lung Transplants done is : 6 The Total No. of Paediatric Combined Transplants done is : 1</p>	<p>NOTED</p>																												
<p style="text-align: center;"><u>ASSESSMENT OF DONOR STATUS</u></p> <p>For all donors (Local & Out-Station) it has been agreed upon on 9-12-2017 that assessment of the organ to be retrieved will be 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 and the same to be sent through a Whatsapp group which will make Donor Organ Assessment easier and Allocation process Transparent.</p>	<p>AGREED – TRANSTAN WILL CREATE A WHATSAPP GROUP AND ENSURE THAT THE CORRECT DETAILS OF THE DONOR AND ADDITIONAL DETAILS IF REQUIRED ARE PROVIDED BY THE DONOR HOSPITAL.</p>																												
<p style="text-align: center;"><u>URGENT LISTING</u></p> <p>Present urgent listing criteria for Heart is</p> <ul style="list-style-type: none"> • Hyper Acute Rejection • Primary Graft Dysfunction <p>Present urgent listing criteria for Lung is</p> <ul style="list-style-type: none"> • ECMO • Mechanical ventilation • Primary Graft Dysfunction • Should urgent listing of Heart and Lungs be continued (Indian patients only) as some Transplant Surgeons have reservations on the same. 	<p>UNANIMOUSLY AGREED TO ABOLISH THE URGENT LISTING FOR HEART AND LUNG</p>																												
<p style="text-align: center;"><u>HEART / LUNG & COMBINED WAITLIST</u></p> <table border="1" data-bbox="193 1529 1010 1771"> <thead> <tr> <th>ORGAN</th> <th>TOTAL</th> <th>ACTIVE</th> <th>INACTIVE</th> <th>INDIA N</th> <th>INTERNA TIONAL</th> <th>PAEDIATR IC</th> </tr> </thead> <tbody> <tr> <td>HEART</td> <td>200</td> <td>120</td> <td>80</td> <td>151</td> <td>49</td> <td>23</td> </tr> <tr> <td>LUNG</td> <td>108</td> <td>66</td> <td>42</td> <td>68</td> <td>40</td> <td>6</td> </tr> <tr> <td>COMBINED (Heart & Lung)</td> <td>27</td> <td>20</td> <td>7</td> <td>20</td> <td>7</td> <td>1</td> </tr> </tbody> </table>	ORGAN	TOTAL	ACTIVE	INACTIVE	INDIA N	INTERNA TIONAL	PAEDIATR IC	HEART	200	120	80	151	49	23	LUNG	108	66	42	68	40	6	COMBINED (Heart & Lung)	27	20	7	20	7	1	<p>NOTED</p>
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ALLOCATION

- Allocation is made only to the waitlisted patients list submitted by the stake holder hospitals.
- **Transparency in Allocation** can be maximized if the following steps are followed meticulously by all the parties involved.
- All stakeholder hospitals to send only two Active patients i.e. patients who have consented, been counselled and waiting in Chennai and willing and ready to undergo transplant in all the blood groups (Indian/International) whenever the donor becomes available for allocation of heart, lungs, heart and lungs.
- As discussed on 09-12-2017 patients registered for heart and lung will be **active in the TNOS registry waitlist for one year only**. Hospitals should inactivate the patients if they have not been transplanted for more than one year and re-register the patient again if required.
- Automatic one year cut-off date will be incorporated within a new upgraded completely fool-proof web application software shortly by Transtan.
- On receipt of a Potential Donor Alert from Transtan, the Surgeons should acknowledge the donor alert immediately.
- The willing hospitals have to send the relevant details viz. Name, Age, Blood group, Unique ID, Date of registration etc., of a maximum of two recipients only in all the blood groups (Indian / International) within 45 minutes after receiving the alert.
- After accepting the Organ during allocation for an Active recipient some hospitals decline after 2 hours citing that the recipient has suddenly become unwell thereby leading onto reallocation for that Organ. If there is no active Indian recipient in that Blood group in TamilNadu and the next recipient is an International patient, following the guidelines issued in G.O.287 of 2009 by our Government all SOTTO's, ROTTO's and NOTTO have to be informed and requested to identify a suitable Indian recipient in their list and only after obtaining acceptance / decline message from them reallocation message can be given by Transtan which leads to lot of time delay and hardship during retrieval and the same can be avoided by the cooperation of all stake holder hospitals in accepting for a fit recipient during the initial allocation itself.

AGREED

HOMOGRAFT VALVE PROGRAMME

Donor heart **not fit for transplant and declined** by all recipient hospitals may be allotted for the heart valve homograft programme for valve replacement and has been agreed upon on 09-12-2017 by all the stake holder hospitals.


A report of the no. of donor valves utilized for replacement should be submitted to Transtan.

AGREED

<p style="text-align: center;"><u>PAEDIATRIC RECIPENTS</u></p> <p>It was agreed upon on 09-12-2017 that Heart and Lung from Donors 0-16 years will be offered to</p> <ul style="list-style-type: none">a) Recipients of 0-16 years in the same blood group as first priority andb) then to compatible blood groupsc) and only later to recipients above 17 years of the same blood groupd) and later to compatible blood groups.e) Seniority in the date of registration in TNOS Register will be followed.	<p style="text-align: center;">AGREED</p>
<p style="text-align: center;"><u>ORGAN UTILIZATION INFORMATION</u></p> <p>The heart and lung surgeon of the recipient hospital will have to send by Mail to Transtan the fate of the organ allocated and details of the recipient patient with TNOS number within the next twenty four hours following Transplantation.</p> <p>The report should bear the signature of the Transplant Surgeon and not that of the Transplant Coordinator.</p>	<p style="text-align: center;">AGREED</p>
<p style="text-align: center;"><u>TRANSPORT LOGISTICS</u></p> <p>Failure of materialisation of the agreed terms of the last meeting held on 09/12/2017 on Transport Logistics for out station donor organs.</p> <p>When a hospital accepts for Indian patient and on reaching the out-station donor hospital finds after assessment that the organ is not suitable for its Indian patient, it has been agreed upon that the hospital will retrieve and bring the organ to the hospital which is next in the waitlist for its Indian patient but not present at the donor hospital during retrieval and the cost of logistics involved will be borne by the hospital which receives the organ.</p> <p>But in the recent case involving Global Hospital and Frontier Lifeline Hospital the transport logistics cost was not mutually agreed and the Organ was not utilised.</p> <p>Concerned hospitals have to agree among themselves in the transport logistics before retrieval as Organ allocation message is to be sent by Transtan.</p>	<p style="text-align: center;">AGREED UPON</p>

<p style="text-align: center;"><u>DOMINO HEART</u></p> <p>DOMINO HEART - Transplantation of hearts from live donors</p> <ul style="list-style-type: none">➤ is done when a patient who undergoes Heart & Lung transplantation and his Heart is given, to another Heart transplant recipient as part of a "DOMINO" procedure.➤ Hospital having domino heart availability should inform other hospitals of the availability minimum 24 hours before a donor is identified for routine heart allocation in order to allow other hospitals enough time to assess the domino heart if they are willing. <p>Points of concern</p> <ul style="list-style-type: none">• How a Heart which is not suitable for the Donor will become suitable for another recipient. <p>This is actually a Live Unrelated Transplant - Legal Issue.</p>	<p style="text-align: center;">TRANSPLANTATION USING MARGINAL HEART NEEDS FURTHER DETAILED DISCUSSION AND SHOULD SATISFY ALL LEGAL PARAMETERS BEFORE BEING IMPLEMENTED.</p>
<p style="text-align: center;"><u>ABDOMINAL HETEROTOPIC HEART TRANSPLANTS</u></p> <p>The donor hearts which are rejected in view of reduced LV function can be utilised as heterotopic heart transplant and be offered to Indians with separate list of 'recipients' who are at high risk but unfit and unstable for regular heart transplant.</p> <p>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.</p> <p>Ethics Committee clearance, Legal Sanction and Government acceptance need to be obtained before this concept becomes operational.</p>	<p style="text-align: center;">TRANSPLANTATION USING MARGINAL HEART NEEDS FURTHER DETAILED DISCUSSION AND SHOULD SATISFY ALL LEGAL PARAMETERS BEFORE BEING IMPLEMENTED.</p>
<p style="text-align: center;"><u>DONATION AFTER CARDIAC DEATH</u></p> <p>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. Technical feasibility and Legal Issues to be sorted out.</p> <p>Protocols for same to be designed to take this concept forward.</p> <p>It was decided to take up the matter with the Government for its decision and enacting a law after discussing with Ministry of Health, Govt. of India.</p>	<p style="text-align: center;">NEEDS FURTHER DETAILED DISCUSSION AND SHOULD SATISFY ALL LEGAL PARAMETERS BEFORE BEING IMPLEMENTED</p>

<p align="center"><u>POST TRANSPLANT DATA</u></p> <p>Hospitals have agreed to send the post transplant data of the recipients as it is a mandatory requirement of NOTTO and also that we can have a record of the survival rate of the transplant recipients and assess the success of our programme.</p>	<p align="center">AGREED</p>
<p align="center"><u>AWARENESS PROGRAMME ON CONGENITAL HEART DISEASES</u></p> <p>Since most of the heart disease are congenital and manifest in childhood, it was decided to conduct Awareness programmes at the Institute of Child Health, Egmore which will have a huge impact and the Dean MMC agreed to look into the same.</p>	<p align="center">AGREED</p>
<p align="center"><u>ACCOUNTABILITY</u></p> <p>Established procedures, protocols and guidelines to be strictly followed by all Transplant Experts and Stake holder hospitals.</p> <p>Guidelines issued by the Government in 2008 through G.O. 287 regarding allocation of Organs to be strictly followed</p> <p>Inspite of Stringent rules breach of established protocols occur at times.</p> <p>Experts from Stake holder hospitals to suggest the Course of Action when a Hospital breaks established guidelines.</p>	<p align="center">IT HAS BEEN EMPHASIZED THAT STAKE HOLDER HOSPITALS TO FOLLOW THE ESTABLISHED PROTOCOLS AND ADHERE TO LEGAL GUIDELINES STRICTLY IN THE BEST INTEREST OF THE PROGRAMME AND GUEDELINES ISSUED IN G.O.287 in 2008 WILL BE FOLLOWED DURING ORGAN ALLOCATION.</p>
<p align="center"><u>CHANGES IN TNOS REGISTRY</u></p> <p>Each Transplant Receptient listed should have ONE and ONLY ONE UNIQUE ID number. In the present Website 2-3 Unique ID's one for Heart, One for Lung and and one for Combined Heart & Lung for a single patient can be generated. In order to prevent double Unique ID numbers for the same patient there should be three categories of listing viz. HEART only, LUNGS only (comment section should indicate right lung only, left lung only or both lungs), HEART and LUNGS combined.</p> <p>An expert committee constituted by TRANSTAN comprising of experts from both the Government and Private sector and who should have adequate experience (as transplant fellows of reputed heart / Lung transplant institutes abroad) to oversee any issues relating to organ allocation and usage.</p>	<p align="center">AGREED</p>
<p align="center"><u>AIR AMBULANCE SERVICE</u></p> <p>The viability of Air Ambulance Service in Organ transplants and details regarding cost factor and payment discussed in detail.</p>	<p align="center">EXPERTS AND STAKE HOLDER HOSPITALS WANTED THE GOVT. TO STREAMLINE AND REGULATE THE COST AND LOGISTICS OF AIR AMBULANCE SERVICES IN THE STATE</p>
<p align="center"><u>WAITLIST</u></p> <p>There is an ever increasing demand for organs by patient suffering from end stage organ failure leading to a long waiting list.</p>	<p align="center">ALL STAKE HOLDER HOSPITALS REQUESTED TO MAKE ORGAN DONATION A MOVEMENT AND ENSURE THAT NO BRAIN STEM DEAD DECEASED DONOR IS MISSED.</p>


 Member Secretary
 TRANSTAN
 5/2/18