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# Transplant Authority of Tamil Nadu

(Registered Society formed by Government of Tamil Nadu)

**Dr.R.Kanthimathy M.D.D.A**  
**Member Secretary**

**Minutes of the Liver Transplant Consultants Meeting held on 29/09/2018 at Tamil Nadu**

**Government Multi Super Speciality Hospital, 1<sup>st</sup> Floor, Room 1046, Omandurar**

**Government Estate.**

Liver Transplantation meeting involving all experts from the Government and Private Hospitals across Tamil Nadu was held on 29/09/18 at 02.00 p.m at Transplant Authority of Tamil Nadu (TRANSTAN) to discuss issues regarding challenges faced during allocation of Deceased Donor Liver, formation of Technical committee and various pertinent issues which TRANSTAN and stake holder Hospitals face during organ allocation process.

**The following Consultants attended the meeting:**

- |                               |                               |
|-------------------------------|-------------------------------|
| 1. Dr Rajasekar Perumalla     | Kavery Hospital               |
| 2. Dr Joseph John             | PSG Hospital                  |
| 3. Dr Srivatsan Gurumurthy    | Gem Hospital                  |
| 4. Dr Srinivasan Ramachandran | Meenakshi Mission Hospital    |
| 5. Dr Shiva Kumar             | Kumaran Hospital              |
| 6. Dr Eapen                   | CMC , Hospital                |
| 7. Dr Paari Vijayaragavan     | Kovai Medical Centre Hospital |
| 8. Dr S.Ilango                | Miot Hospital                 |
| 9. Dr Babu                    | Sri Ramachandra Hospital      |
| 10. Dr M.Srinivas Reddy       | Dr Rela Institute Hospital    |
| 11. Dr Gomathy Narasimhan     | Dr Rela Institute Hospital    |
| 12. Dr Swaminathan            | PSG Hospital                  |
| 13. Dr S.Jeswanth             | Govt.Stanley Medical Hospital |
| 14. Dr Rajarathinam           | Star KIMS Hospital            |



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Dr. R. Kanthimathy Member Secretary TRANSTAN welcomed all the delegates and presented the agenda for discussion. Deliberations and detailed discussions were held and a mutually agreed consensus was arrived at the meeting.

Following points were discussed at length:

S.NO	Agenda with detailed notes	Decision taken in the meeting
1	<b>Legislation &amp; Govt Orders</b> <ul style="list-style-type: none"><li>• Transplantation of Human Organs Act (THOA) 1994</li><li>• G.O.(Ms)No.287 – cadaver transplant programme – Procedure to be adopted for cadaver transplant by Govt &amp; Private Hospitals approved for organ transplant by the Appropriate Authority</li><li>• G.O (Ms) No.288 - Responsibilities of Transplant centres in Hospitals- Maintaining transplant surgery records as required in the Act and G.O for a minimum period of ten years.</li></ul>	<b>Discussed</b>
2	<b>Legislation &amp; Govt Orders</b> <b>G.O(Ms) 287 includes</b> <ul style="list-style-type: none"><li>• G.O.(Ms)No. 6 &amp; G.O (Ms)No.75 of Health and Family welfare Department</li><li>• Maintaining the Organ waitlist</li><li>• Organ allocation criteria for liver urgent list and share organ allocation procedures.</li><li>• Formation of Advisory committee</li></ul>	<b>Discussed</b>



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3	<b>Liver Utilization Statistics in 2018 ( North, South and West Zones)</b>	<b>Noted</b>																									
4	<b>Waiting List</b> <b>Updating the waiting list and inactivating patients</b> <ul style="list-style-type: none"><li>• Not willing / Medically Unfit</li><li>• Not in station for more than 2 weeks</li><li>• Had a live transplant or Transplant done in some other hospital</li><li>• Financial issues</li><li>• Not in follow up</li><li>• Transplant not required at present.</li><li>• Expired.</li></ul>	<b>Agreed</b> <ul style="list-style-type: none"><li>• For listing a patient in TNOS Registry, minimum cut off MELD score should be 12 and maximum should be 40.</li><li>• Transplant coordinators to update the waiting list periodically.</li></ul>																									
5	<b>Current TNOS Registry waiting list for liver as on 29.09.2018</b> <table border="1"><thead><tr><th>S.No</th><th>ONE</th><th>ACTIVE</th><th>INACTIVE</th><th>TOTAL</th></tr></thead><tbody><tr><td>1</td><td>North zone</td><td>244</td><td>178</td><td>422</td></tr><tr><td>2</td><td>South zone</td><td>112</td><td>18</td><td>130</td></tr><tr><td>3</td><td>West zone</td><td>75</td><td>24</td><td>99</td></tr><tr><td></td><td><b>Total</b></td><td><b>431</b></td><td><b>220</b></td><td><b>651</b></td></tr></tbody></table>	S.No	ONE	ACTIVE	INACTIVE	TOTAL	1	North zone	244	178	422	2	South zone	112	18	130	3	West zone	75	24	99		<b>Total</b>	<b>431</b>	<b>220</b>	<b>651</b>	<b>Noted</b>
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6	<b>Updated waiting list</b> North Zone - 106 South Zone - 33 West Zone - 52 <b>Total - 191</b>	<ul style="list-style-type: none"><li>• Agreed to update the waitlist in order to show the actual list of patients waiting for liver transplant</li></ul>																									



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7	<p><b>In-house Liver</b></p> <ul style="list-style-type: none"><li>• In-house list to be sent within 5<sup>th</sup> date of every month mandatory.</li><li>• Updating the in-house waitlist as &amp; when there is a change and informing TRANSTAN.</li><li>• Priority list should have been sent to TRANSTAN 24 hours before a donor alert.</li></ul> <p><b>Details in the In-house prioritization sheet</b></p> <ul style="list-style-type: none"><li>▪ Name</li><li>▪ Age</li><li>▪ Sex</li><li>▪ Unique Id</li><li>▪ MELD score</li><li>▪ Priority Number</li><li>▪ Updated Remarks</li></ul>	<ul style="list-style-type: none"><li>• Agreed.</li><li>• Each Centre to send their prioritization criteria to TRANSTAN.</li><li>• Hospitals to send their In-house priority list within 5<sup>th</sup> of every month with remarks whenever there is a change.</li><li>• Hospitals to mention the reason for giving priority.</li><li>• Hospitals to finalise regarding skipping a turn when they don't have recipients in a particular blood group.</li></ul>
8	<p><b>Share liver</b></p> <ul style="list-style-type: none"><li>• Priority only for SAME Blood Group.</li><li>• Accept/decline the liver within 45 minutes.</li><li>• This 45 minutes will be from the time the relevant medical investigations are received from the donor hospital.</li><li>• Goes by Rota /Zone.</li><li>• For other state liver, it will go by zonal rotation</li></ul>	<ul style="list-style-type: none"><li>• Agreed.</li><li>• It was agreed that if 1st hospital declines the liver within 45 minutes, the following two hospitals should take maximum 30 minutes to accept or decline the organ and it is not applicable for on table decisions.</li></ul>
9	<p><b>A. Urgent List</b> ALF criteria (GO 287 of Health and Family Welfare) point 5: (i) Hepatic Artery Thrombosis following a liver</p>	<ul style="list-style-type: none"><li>• Agreed</li><li>• ALF taken into consideration once the patient is registered</li></ul>



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transplant.

- (ii) Primary Non-function of a graft
- (iii) Fulminant hepatic failure.

These conditions do not require a waiting time on the waitlist.

**Note: The patient should be registered with TNOS before listing a patient for the urgent list.**

- 24 hours for other hospitals to object.
- 3 hours if a donor is available after the urgent listing.

Ref: Liver Transplant Meeting Decisions 26.02.2015

**B.**

Two urgent lists are flagged and the hospital that flagged the 2<sup>nd</sup> urgent list gets an in-house donor

- Who gets the priority?
- What if the 2<sup>nd</sup> urgent list were to be a pediatric or a child less than 2 years?

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### **Pediatric Donor & Recipient**

- Less than 16 years of age and weight less than 35 kg (40kg)

- Small Adult
- Large pediatric

in TNOS.

- 24 hours duration given to hospitals to express their disapproval regarding the urgent list.

- It is patient-centric (In case, an ALF patient wants to switch to some other hospital for treatment she/he to be considered under the same priority )

- Even if it is in-house donor the offer goes to the 1st priority urgent list patient.

- If pediatric/ child then to consider split liver

- Donor age 12 years

- Recipient age 16 years.

- When there is a paediatric donor alert, first preference to be given to Paediatric recipients.

- To be discussed further in the next meeting



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11	Split Liver	<ul style="list-style-type: none"><li>Regarding using of Split liver, getting consent from recipient and debt return require further detailed discussions that satisfy all parameters before being implemented.</li></ul>
12	Combined liver	<ul style="list-style-type: none"><li>It was agreed by all hospitals that combined transplant can be considered only if an in-house donor(local liver &amp; Local kidney) is available.</li><li>If a Hospital gets a share liver offer from an NTORC donor, the Hospital can request for (one share kidney) combined transplant for the patient who is seniormost in the waitlist, on a debt return basis (for share kidney)</li></ul> <p><i><u>This has to be agreed upon by Nephrologists.</u></i></p>
13	Adult Donor Liver Allocation  Liver alert ↓ Urgent list ↓ Combined ( if in-house donor) ↓ Split liver ↓ elective recipients (bl gp & zone)	Agreed



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14	<b>Issues of patients</b> <ul style="list-style-type: none"><li>• RTI</li><li>• Phones/emails</li><li>• In person</li></ul>	As TRANSTAN is receiving several queries from patients to know their exact priority, Hospitals have agreed to update and maintain a clear waitlist.
15	<b>MELD Score based Priority</b>	<ul style="list-style-type: none"><li>• As TRANSTAN is receiving several queries from patients to know their exact priority, MELD score based allocation was suggested by TRANSTAN to make liver allocation patient-centric. However, stakeholders have expressed their opinion to continue the existing procedure (center based priority) for liver allocation.</li><li>• Allocation based on MELD Score needs further detailed discussions satisfying all parameters before being implemented.</li></ul>
16	<b>Post Transplant Data</b> <ul style="list-style-type: none"><li>▪ Utilisation certificate</li><li>▪ Post Transplant Data</li></ul>	It has been agreed to furnish <ul style="list-style-type: none"><li>• Utilization certificate</li><li>• post-transplant data reports ( after 1 week, 1 month, 3 months, 6 months &amp; then after 1 year)</li><li>• duly signed by consultant Surgeons and updated periodically</li></ul>



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17	Technical Committee from all Zones	<b>North Zone</b> 1. Dr. Jaswanth, Stanley 2. Dr M.Srinivas Reddy 3. Dr.Rajasekar Perumalla,KMC,Chennai  <b>West zone</b> 1. Dr.Swaminathan, PSG, Coimbatore 2. Dr. Paari, KMCH, Coimbatore  <b>South Zone</b> 1. Dr Srinivasan Ramachandran, Meenakshi Meenakshi Hospital, Tanjore 2. Dr Rajarathinam, Star KIMS Hospital
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As requested by the consultants present, Paediatric liver and Split liver transplants need further discussion in a second meeting before arriving at a consensus opinion.

The Member Secretary thanked all the consultants for having attended the meeting and offering their valuable opinion and suggestions.

Dr.R.Kanthimathy

Member Secretary,  
TRANSTAN