



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 10.05.2023

Liver Transplant Consultants Meeting was organized by TRANSTAN as hybrid session on 10.05.2023 at 3 pm. Dr. R. Kanthimathy welcomed and addressed the Liver Transplant Consultants to the meeting,

The Following members attended the meeting:

SI.No	NAME	HOSPITAL NAME
1	DR. JESWANTH. S	Stanly Medical College, Chennai
2	DR. ILANGO SETHU	MIOT Hospital, Chennai
3	DR. NAGANATH BABU	RGGGH, Chennai
4	DR. AKILA RAJAKUMAR	Dr.Rela Institute and Medical Centre, Chennai
5	DR. ELANKUMARAN KRISHNAN	Apollo Hospitals, Chennai
6	DR. SRIKANTH THUMMALA	MGM Healthcare, Chennai
7	DR. ANAND BHARATHAN	Sri Ramakrishna Hospital, Coimbatore
8	DR. ARULSELVAN VELUSAMY	
9	DR. RATHINAVEL	Rajaji Government Hospital, Madurai
10	DR. KANDASAMY	Tirunelveli Medical College of Hospital
11	DR. EAPEN.C.E.	Christian Medical College and Hospital, Ranipet.
12	DR. MAHALAKSHMI	
13	DR. PREM KUMAR.K	RGGGH, Chennai
14	DR. SARAVANA BHOOPATHI	Tirunelveli Medical College of Hospital
15	DR. SRINIVASAN RAMACHANDRAN	Meenakshi Mission Hospital & Research Centre, Madurai
16	DR. UDAY ZACHARIAH	Christian Medical College and Hospital, Ranipet
17	DR. PARTHIBAN.D	MIOT Hospital, Chennai
18	DR.JOY VARGHESE	Global Healthcity, Chennai
19	DR. MOHAMMED NAHID	
20	DR. SANJEEV PJ	
21	DR. ARUNA RAVI	
22	DR. SENTHIL.M	VMCH, Madurai
23	DR. MUTHUKUMAR	
24	DR. SRINIVAS REDDY	Global Healthcity, Chennai

2.	<p>h). Live Liver data to be sent on 3rd of every month.</p> <p>ISSUES:</p> <ol style="list-style-type: none"> 1. Regular updation of waitlist and inhouse priority. 2. TRANSTAN will not entertain the following. <ul style="list-style-type: none"> ○ Requesting for change in inhouse list after donor alert. ○ Requesting priority for new registration before 24 hours approval. ○ Hospitals instructing patients to delete from the existing registration and to get registered in hospital with donor or in a hospital next in ROTA. 3. Patient Complaints: <ul style="list-style-type: none"> • Deletions without informing patient. • No transparency because of ROTA • Recently registered patients given priority over patients registered earlier. 4. Post transplant data to be updated. 5. utilisation certificate to be uploaded within 24 hours. 	<p>Noted</p> <p>Agreed.</p> <p>Agreed.</p> <p>Member Secretary requested liver consultants to inform patients of their inhouse seniority and likely waiting period depending on ROTA. Agreed by consultants.</p> <p>Agreed.</p> <p>Agreed</p>
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<p>3.</p>	<p>Issues faced by TRANSTAN:</p> <ul style="list-style-type: none"> • No response from transplant coordinators of some hospitals at night and subsequently asking for priority for their patients in the morning. • Share liver standby hospitals sometimes are not ready with their priority patients. 	<p>Member Secretary said that it was the duty of Transplant Coordinator to be alert 24x7. TRANSTAN had introduced automated calls through App as it is tedious to call each and every transplant team. Even then, TRANSTAN coordinators do call the priority hospitals in addition to Automated calls.</p> <p>All standby recipients should be ready if the priority hospital declines.</p>
<p>4.</p>	<p>DECISIONS TAKEN BY TRANSTAN</p> <p>a. Donor in Government NTORC → ALF flagged by private hospital → Debt return → To Government hospitals in ROTA</p> <p>b. Time limit will be fixed (45 minutes + 10 minutes) to accept and decline share liver offer as per ROTA.</p> <p>c. No takers liver in a zone → requested by other zone → the same zone makes a delayed request for a recipient → same zone recipient will be considered as standby only.</p> <p>d. TRANSTAN will go by established protocols and it cannot change during allocation process.</p>	<p>Agreed</p>

5.	<p>Points for discussion:</p> <p>ALLOCATION BY ROTA / MELD / SENIORITY??</p>	<ul style="list-style-type: none"> • The pros and cons of MELD were discussed. It was agreed by all that MELD scoring is variable and also can be tampered with. • ROTA → gives a fair and equitable distribution to all hospitals. Moreover, the inhouse priority is based on MELD. Hence, to continue with ROTA system at present.
6.	<p>PEDIATRIC DONOR AND ROTA:</p> <p style="text-align: center;">Paediatric donor</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">No pediatric recipient in the hospital.</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">No change in ROTA position.</p>	<p style="text-align: center;">Agreed.</p>
7.	<p>ALF from Other State:</p> <p style="text-align: center;">Post transplant graft rejection from other state.</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">ALF listing.</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Will not be considered</p>	<p style="text-align: center;">Agreed.</p>

Other Discussions:

S.No.	Issues Discussed	Decisions
a)	<p>Dr. Elankumaran</p> <ul style="list-style-type: none"> • Wanted to know the time gap between second apnoea tests for paediatric patients. • Ancillary test to be followed for Brain Dead Identification. • COVID RT PCR → mandatory? • Duration of patient registration and Inhouse activation. 	<p>Member Secretary said that it was 12 hours.</p> <p>Cerebral Angio can be done.</p> <p>Member Secretary said that Rapid test for COVID can be done.</p> <p>patient registration → 24 hours Inhouse activation → 24 hours</p>

b) Dr. Jeswanth said that increasing donations will do away with disparity.

c) Dr. Eapen suggested that initially MELD score-based waitlist can be initiated with Government Sector hospitals.

d) Dr. Srinivas Reddy and Dr. Akila suggested that a composite clinical severity scoring system can be followed for prioritizing patients on waitlist.

e) Dr. Srikanth Thummala said that combined organ transplants should be given priority in share pool. Member Secretary said that this was discussed with nephrologists and disagreed by them as waiting list of renal failure patients is huge and the average waiting period is 2 – 3 years.

8.	Technical Commitee	<ol style="list-style-type: none"> 1. Dr. Jeswanth S 2. Dr. Ilango Sethu 3. Dr. Eapen. C. E. 4. Dr. Elankumaran Krishnan 5. Dr, Thiyagarajan. S 6. Dr, Naresh Shanmugam 7. Dr. Senthil.M 8. Dr. Anantha Bharathan 9. Dr. Pari Vijayaraghavan
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Dr.R.Kanthimathy M.D.D.A
Member Secretary

Dr. R. Kanthimathy thanked all the Liver Transplant Consultants for having attended the meeting and offering their valuable opinions and suggestions.

Member Secretary,

TRANSTAN

