

Minutes of the Kidney Transplant Consultants Meeting held on 28/07/2018 at Tamil Nadu Government Multi Super Specialty

Hospital, 1st Floor, Room 1046, Omandurar Government Estate.

Kidney Transplantation meeting involving all experts from the Government and Private hospitals across Tamil Nadu was held on 28/07/18 at 02.00 p.m at Transplant Authority of Tamil Nadu (TRANSTAN) to discuss issues regarding challenges faced during allocation of Deceased Donor Organ, 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. Edwin Joe
Director of Medical Education
2. Dr. Geetha
Additional Director of Medical Education
3. Dr.Gopalakrishnan
HOD, Nephrology Dept, Rajiv Gandhi Government General Hospital, Chennai
4. Dr.Edwin
HOD, Nephrology Dept, Stanley Hospital, Chennai
5. Dr. V. Balaraman
HOD, Nephrology Dept, Kilpauk Medical College and Hospital, Chennai
6. Dr. Arul
HOD, Nephrology Dept, Government Rajaji Hospital, Madurai
7. Dr. Remi George
Kilpauk Medical College and Hospital, Chennai
8. Dr.Siva Kumar
Govt.Royapettah Hospital, Salem
9. Dr. P. Shankar
Govt. Mohan Kumara Mangalam Medical College and Hospital, Salem
10. Dr.Subha rao
Apollo Hospitals, Chennai
11. Dr.Mahendra Varman for Dr.Vel Aravind
Apollo, Hospital, Trichy
12. Dr. Venkatesh
Annai Arul Hospital Chennai
13. Dr. Raajesh
Abirami Kidney Center
14. Dr.Prabhu
Billroth Hospital Chennai

15. Dr.Santhosh Varugese
CMC, Vellore
16. Dr.Vijayakumar
Chennai Kaliappa, Chennai
17. Dr Pachaiappan for Dr. Ramalingam
Coimbatore Kidney center
18. Dr.Joseph
Faith Hospital Chennai
19. Dr. Gowtham
G. Kuppuswamy Naidu Hospital, Coimbatore
20. Dr. Sakthivel
Kalyani Kidney Care Centre, Erode
21. Dr. Kandaswamy
Kovai Medical Center Hospital, Coimbatore
22. Dr. Suresh sankar
Kumaran Hospital
23. Dr.Kanagaraj
MIOT Hospital, Chennai
24. Dr.Sunil Shorff
MOHAN Foundation
25. Dr. Ashok Kumar
Manipal Hospital, Salem
26. Dr.Andrew rajiv
Meenakshi Mission Hospital, Madurai.
27. Dr. Vijaya Sankaran
Madurai kidney center, Madurai
28. Dr.Soundararajan
Saveetha Hospital , Chennai
29. Dr.Jayakumar
Sri Ramachandra Hospital, Chennai
30. Dr.Ramprabhakar
SIMS Hospital, Chennai
31. Dr. Sathiyar
SIMS Hospital, Chennai
32. Dr. Jeyachandran
Trinity Hospital, Chennai
33. Dr. Saravanan
VIMS Hospital, Salem
34. Dr.Vikram Sagar
Velammal Hospital, Madurai
35. Dr. Radha venkatraman
Vijaya Health Center, Chennai

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:

Sl.No	Agenda with detailed notes	Decision taken in the Meeting
1.	<p>Legislation & Govt Orders</p> <ul style="list-style-type: none"> • Transplantation of Human Organs Act (THOA) 1994 • G.O.(Ms)No.287 – cadaver transplant programme – Procedure to be adopted for cadaver transplant by the Govt & Private Hospitals approved for organ transplant by the Appropriate Authority 	Discussed
2.	<p>Legislation & Govt Orders</p> <ul style="list-style-type: none"> • G.O (Ms) No.288 - Responsibilities of Transplant centres in Hospitals- Maintaining the transplant surgery records as required in the Act and G.O for a minimum period of ten years. • G.O(Ms) 287 includes • G.O.(Ms)No. 6 & G.O (Ms)No.75 of Health and Family welfare Department • Maintaining the Organ waitlist • Organ allocation criteria and share organ allocation procedures. • Formation of Advisory committee 	Discussed
3.	<p>Essential points discussed in last Meeting</p> <ul style="list-style-type: none"> • Hospitals should accept or decline the offer in 45 minutes. • Donor Hospitals need to provide a certain minimum clinical data concerning the donor to recipient hospitals to facilitate the process of identifying if their recipient will match. • Patient above 60 years – Will be considered for allocation of kidneys from donors above the age of sixty or of other kidneys not matched or accepted by recipients below the age of sixty. • No takers Kidney 	Discussed

4.

CURRENT PROBLEMS:

- A. WAIT LIST
- B. INHOUSE KIDNEY
- C. SHARE KIDNEY
- D. NO TAKERS ALERT
- E. BIO CHEMICAL AND OTHER INVESTIGATION

A. 1. Kidney waitlist

Clearing up the waiting list and maintaining the exact waitlist can be done by inactivating patients:

- Not willing
- Not in station
- Financial issues
- Recovered from illness
- Not in follow up
- Had a live transplant

A. 2. Protocol for registering patient in TNOS - 2 months of Dialysis

A.3. Patient Transfer

Hospitals are requested to send the transfer letter with the consultants covering letter and the patient's NOC in their own handwriting. Such transferred patient becomes eligible for inclusion in the priority list only 48 hrs after the transfer.

Agreed.

Clarification to be obtained from the Hospital about the current long inactive list. TRANSTAN to send the list of patients inactive for 2 years to the Hospitals to update the list.

While registering in TNOS, recipient Hospitals should furnish an undertaking from the Surgeon that

- i. The patient is suffering from end stage kidney disease.
- ii. The patient is on dialysis for minimum period of one month.

Agreed.

<p><u>A.4. Avoid Duplication in the Waitlist:</u></p> <p>In order to avoid the double entry of the patient in different hospitals, Hospitals are requested to enquire with the patient before registering in TNOS.</p> <p><u>A.5. Updating the 'Be ready' list once in a week.</u></p> <p><u>A.6. Like Heart and lung waitlist , a column to be added for mentioning the time and date for activating or deactivating the patient in the list.</u></p>	<p>Adhaar card number mandatory for Indian patients.</p> <p>Agreed.</p> <p>Agreed.</p> <p>Agreed.</p>
<p><u>B. Inhouse kidney allocation</u></p> <ul style="list-style-type: none"> • Sending the in-house list within 5th of every month is mandatory . • Updating the in-house waitlist if there is any change in the list and send to TRANSTAN as soon as possible. • Priority list should have been sent to TRANSTAN 24 hours before a donor alert. • Local kidney to be allocated to the same blood group patient. If not, the kidney to be offered to share pool. • If donor age is below 60, the priority should be given to recipients aged below 60. • If the donor hospital does not have a suitable recipient, then the offer goes to share pool. 	<p>Agreed.</p> <ol style="list-style-type: none"> i. Hospitals to ensure that the top priority list patients are available in the local area. ii. Inhouse prioritisation criteria to be the same for all the patients. iii. Inhouse prioritisation criteria of patients should be informed by Hospitals to TRANSTAN to maintain transparency in allocation of organs.
<p><u>C. Share kidney</u></p> <ul style="list-style-type: none"> • The donor hospitals should accept or decline the offer in 45 minutes. • This 45 minutes will be from the time we receive the medical investigations from the donor hospital. • If donor age is below 60, the priority is to be given to below 60. If the zone have no suitable recipient in the below 60 category, it would be 	<p>Agreed</p> <ol style="list-style-type: none"> 1. Top priority list patient should be available in the local area. 2. If donor age is below 60, the priority should be given to below 60 aged recipient. If the zone has no suitable recipient in the below 60 age

<p>offered to other zones for the same blood group recipient.</p>	<p>category, it would be offered to the same zone for the same blood group recipient in the above 60 age category also.</p> <ol style="list-style-type: none"> 3. If all hospitals within the zone decline the offer then it will be offered to below 60 years recipients and then to the above 60 years recipients of same blood group of other zones. 4. If no suitable recipient are available in the same blood group in all zones then the organ will be offered to compatible blood group of same zone and then to other zones.
<p>D. No Takers Kidney</p> <ul style="list-style-type: none"> • If the kidney allocation has not been finalized even after exhausting the waitlist of 50, 'No takers' alert will be sent to all hospitals within the Zone. • Preference to be given to recipient below 60 years, same zone and same blood group. <p>Hospitals are requested to respond the alert within 1 hour.</p>	<p>Agreed.</p> <ol style="list-style-type: none"> 1. If donor age is below 60, the priority should be given to below 60 aged recipient. If the zone has no suitable recipient in the below 60 age category, it would be offered to the same zone for the same blood group recipient in the above 60 age category also. 2. If all hospitals within the zone decline the offer then it will be offered to below 60 years recipients and then to the above 60 years recipients of same blood group of other zones. 3. If no suitable recipient are available in the same blood group in all zones then the organ will be offered to compatible blood group of same zone and then to other zones. <p>Agreed</p>

<p>E. Bio Chemical Investigation – Urine output and Creatinine value</p> <ul style="list-style-type: none"> • Donor Hospitals are requested to give the donor alert with all Bio-medical reports of the donor. • Should we have a criteria for allocation based on serum creatinine, urine output, electrolytes or any other investigation on the deceased donor? 	<p>Agreed.</p> <p>The following reports should be given by the donor hospital at the time of donor alert:</p> <ol style="list-style-type: none"> 1. History of Hyper tension and Diabetes 2. Urine Output 3. Urine culture / routine 4. Blood investigations 5. Serum Creatinine (admission and current) 6. Ultra Sound Abdomen 7. Viral markers and serology 8. Donor maintenance and support details.
<p>5. F. Paediatric recipient age</p> <ul style="list-style-type: none"> • Paediatric age 12 or 18? • Paediatric recipients will be given priority for kidneys from paediatric donors. 	<p>Agreed to fix Paediatric age as 12</p> <p>Agreed</p>
<p>6. Formation of Technical Committee</p> <ul style="list-style-type: none"> • To scrutinize the daily allocation and waiting list. • For expert advice. 	<p>i. Agreed to form Technical committee comprising of five Experts.</p> <p>ii. Dr. Gopalakrishnan, HOD, Nephrology, Rajiv Gandhi Government General College and Hospital to head the Technical Committee and select four experts with equal representation from all zones / Government and Private Hospitals.</p>
<p>7. Marginal Kidney</p>	<p>i. Marginal kidney recipient list to be prepared by the Consultants.</p> <p>ii. Recipients to be informed about the marginal nature of the organ offered.</p> <p>iii. Recipients should be given the choice to accept or decline the marginal organ. If accepted a letter from the</p>

		<p>patient to be sent to TRANSTAN.</p>
8.	<p>What to do ?</p> <ul style="list-style-type: none"> When Kidney is declined after renal biopsy report or on table? When both donor kidneys come into the no takers list and if a hospital requests both the no takers kidneys for one recipient ? 	<p>Biopsy report details to be informed to the patient and the recipient should be given the choice to accept or decline the organ. If accepted a letter from the patient to be sent to TRANSTAN</p> <p>If both donor kidneys come into the no takers list and if a hospital requests both the no takers kidneys, it is agreed to allocate both the organs for one recipient.</p> <ul style="list-style-type: none"> If no takers in TamilNadu, the offer will be given to other states also. Hospitals to identify a single point contact and to inform TRANSTAN to share the medical condition of the donor. The list to be circulated to the Consultants. Utilization report to be sent to TRANSTAN within 24 hours from the transplant. Post Transplant data in the prescribed format to be updated periodically to TRANSTAN.
9.	<p>Any other pertinent issues</p>	

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

Member Secretary, TRANSTAN