



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 03.05.2019 at
 Tamil Nadu Government Multi Super Specialty Hospital, 1st Floor, Room
 1046, Omandurar Government Estate, Chennai.

In continuation of the last liver committee meeting, a meeting of liver Consultants was held on 3.05.2019 at 02.00pm in TRANSTAN office. Dr.Kanthimathy, Member Secretary, TRANSTAN welcomed the gathering.

The Meeting was attended by:

1. Dr.Rajasekar Perumalla , Kauvery Hospitals, Chennai.
2. Dr.Anand Bharathan, Sri Ramakrishna Hospital, Coimbatore
3. Dr.M.Senthil, Apollo Hospital
4. Dr.Anand Ramamurthy, Apollo Hospital Chennai
5. Dr.Elankumaran. K. Apollo Hospital Chennai
6. Dr.Siva Kumar, Kumaran Hospital & SRMC, Chennai
7. Dr.Naresh Shanmugam, Dr. Rela Institute
8. Dr.C.E.Eapen, CMC Vellore
9. Dr Vivekanandan, Kauvery Hospital
10. Dr.Ashwin Ramanathan, Dr.Relai Institute and Medical Centre, Chennai
11. Dr.Mohammed A. Nayeem, Apollo Hospital,
12. Dr.S. Jeswanth, Government Stanley Hospital, Chennai
13. Dr.M.Thiruman, Government Stanley Hospital, Chennai
14. Dr.Swaminadhan, GEM & PSG Hospitals, Coimbatore
15. Dr.Hemamala, MIOT Hospital, Chennai
16. Dr.Ilango, MIOT Hospital, Chennai
17. Dr.Paari, Kovai Medical Centre and Hospital, Coimbatore
18. Dr.Srinivasan Ramachandran, Meenakshi Mission Hospital and Research Centre, Madurai
19. Dr.Mahesh, Dr.Kamakshi Memorial Hospital, Chennai

S.N	Agenda with detailed notes	The decision taken in the meeting
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1.	<p>legislation & government 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 • 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 for liver urgent list and share organ allocation procedures. • Formation of Advisory committee 	Noted
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2.	<p>LIVER UTILIZATION STATISTICS IN 2018 & 2019 (NORTH ZONE)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Sl.No</th> <th>Hospital</th> <th>No. of. Donor</th> <th>Local Liver</th> <th>Share Liver</th> <th>No.of.liver Utilized</th> </tr> </thead> <tbody> <tr><td>1</td><td>Apollo Greams Road</td><td>12</td><td>9</td><td>4</td><td>13</td></tr> <tr><td>2</td><td>Apollo Aynambakkam</td><td>1</td><td>1</td><td>3</td><td>4</td></tr> <tr><td>3</td><td>Cehrtrnadu Hospital</td><td>1</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>4</td><td>CMC vellore</td><td>9</td><td>6</td><td>3</td><td>9</td></tr> <tr><td>5</td><td>Global Hospital</td><td>14</td><td>10</td><td>3</td><td>13</td></tr> <tr><td>6</td><td>Govt. Stanley</td><td>6</td><td>0</td><td>7</td><td>7</td></tr> <tr><td>7</td><td>Kanchi Kamakodi child Trust</td><td>1</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>8</td><td>MIOT Hospital</td><td>16</td><td>7</td><td>2</td><td>9</td></tr> <tr><td>9</td><td>RGGGH</td><td>22</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>10</td><td>SRMC</td><td>8</td><td>8</td><td>3</td><td>11</td></tr> <tr><td>11</td><td>SIMS Hospital</td><td>2</td><td>0</td><td>4</td><td>4</td></tr> <tr><td>12</td><td>Saveetha Hospital</td><td>1</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>13</td><td>Vijaya Hospital Chennai</td><td>3</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>14</td><td>Apollo children's Hospital</td><td>0</td><td>0</td><td>3</td><td>3</td></tr> <tr><td>15</td><td>Apollo OMR</td><td>0</td><td>0</td><td>1</td><td>1</td></tr> <tr><td>16</td><td>Kauvery Hospital Chennai</td><td>0</td><td>0</td><td>2</td><td>2</td></tr> <tr><td>17</td><td>Kumaran Hospital</td><td>0</td><td>0</td><td>2</td><td>2</td></tr> <tr><td>18</td><td>Sri Balaji Hospital</td><td>0</td><td>0</td><td>1</td><td>1</td></tr> <tr><td>19</td><td>J.R Hospital</td><td>0</td><td>0</td><td>3</td><td>3</td></tr> <tr><td></td><td>Total</td><td>96</td><td>41</td><td>41</td><td>82</td></tr> </tbody> </table> <p>LIVER UTILIZATION STATISTICS IN 2018 & 2019 IN WEST ZONE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Sl.No</th> <th>Hospital</th> <th>No. of. Donor</th> <th>Local Liver</th> <th>Share Liver</th> <th>No.of.liver Utilized</th> </tr> </thead> <tbody> <tr><td>1</td><td>Aishwarayam</td><td>1</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>2</td><td>GKNM Hospital</td><td>2</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>3</td><td>K.G. Hospital</td><td>7</td><td>5</td><td>2</td><td>7</td></tr> <tr><td>4</td><td>KMCH Hospital</td><td>12</td><td>7</td><td>6</td><td>13</td></tr> </tbody> </table>	Sl.No	Hospital	No. of. Donor	Local Liver	Share Liver	No.of.liver Utilized	1	Apollo Greams Road	12	9	4	13	2	Apollo Aynambakkam	1	1	3	4	3	Cehrtrnadu Hospital	1	0	0	0	4	CMC vellore	9	6	3	9	5	Global Hospital	14	10	3	13	6	Govt. Stanley	6	0	7	7	7	Kanchi Kamakodi child Trust	1	0	0	0	8	MIOT Hospital	16	7	2	9	9	RGGGH	22	0	0	0	10	SRMC	8	8	3	11	11	SIMS Hospital	2	0	4	4	12	Saveetha Hospital	1	0	0	0	13	Vijaya Hospital Chennai	3	0	0	0	14	Apollo children's Hospital	0	0	3	3	15	Apollo OMR	0	0	1	1	16	Kauvery Hospital Chennai	0	0	2	2	17	Kumaran Hospital	0	0	2	2	18	Sri Balaji Hospital	0	0	1	1	19	J.R Hospital	0	0	3	3		Total	96	41	41	82	Sl.No	Hospital	No. of. Donor	Local Liver	Share Liver	No.of.liver Utilized	1	Aishwarayam	1	0	0	0	2	GKNM Hospital	2	0	0	0	3	K.G. Hospital	7	5	2	7	4	KMCH Hospital	12	7	6	13	Noted
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6	PSG Hospital	8	6	5	11
7	Sri Ramakrishna Hospital	4	1	0	1
8	Vinayaka Mission	3	0	0	0
9	GEM Hospital	0	0	3	3
	Total	44	23	18	41

LIVER UTILIZATION STATISTICS IN 2018 & 2019 -SOUTH ZONE

Sl.No	Hospital	No. of Donor	Local Liver	Share Liver	No.of.liver Utilized
1	Aishwarayam	1	0	0	0
2	GKNM Hospital	2	0	0	0
3	K.G. Hospital	7	5	2	7
4	KMCH Hospital	12	7	6	13
5	Manipal Hospital	7	4	2	6
6	PSG Hospital	8	6	5	11
7	Sri Ramakrishna Hospital	4	1	0	1
8	Vinayaka Mission	3	0	0	0
9	GEM Hospital	0	0	3	3
	Total	44	23	18	41

3. current TNOS waiting list for liver

S.No	ZONE	ACTIVE	INACTIVE	TOTAL
1	North zone	243	134	377
2	South zone	79	41	120
3	West zone	92	31	123
	Total	414	206	620

current liver combined waitlist

S.No	ZONE	ACTIVE	INACTIVE	TOTAL
1	North zone	243	134	377
2	South zone	79	41	120
3	West zone	92	31	123
	Total	414	206	620

Combined Transplant:

- Liver & Pancreas
- Liver & Kidney
- Liver, Kidney, Pancreas and Small Bowel

Noted

4. **Issues from patients**

- 1st registration is deleted by hospital without patient's knowledge and registered in another hospital
- Patient not aware about their existing registered hospital.(without their knowledge transfer is done)
- Not aware about the liver alert
- Recently registered patients given priority over patients registered earlier.

Keep patient informed of their priority, registration and Liver alert.

It was decided that all hospitals inform their patients periodically regarding their priority, procedures of transfer and Liver Alert.

5. **Issues faced by TRANSTAN**

- Multiple Registration
- Hospitals requesting the organ for newly registered patient, after the donor identification.
- Last minute transfer of patients, to hospitals next in the ROTA
- Deleting the UID of a recipient already registered, newly registering in another hospital (next in the rota) and requesting the organ for the patient during donor alert **without sending the DD**
- **In house priority sent after the donor alert**
- **LAST MINUTE RECIPIENT CHANGE**

All consultants agreed to follow the norms fixed by TRANSTAN. It was also decided to penalise erring hospitals.

6. **Liver Allocation**

-In order to avoid confusion in share liver TRANSTAN proposed date of registration / meld score for share liver allocation.

All consultants except for Dr. Ilango (Who favored MELD Scoring) wanted ROTA system of share liver allocation as they felt it was transparent and fair to all stake holders.

Disadvantage in rota system

ROTA	SENIORITY
<ul style="list-style-type: none"> • Hospital Centric • Multiple registration in different hospitals • Share Liver- Hospitals preceding the hospital that accepted the organ will go down in the Rota • Debt return issues • Split return issues • Some Hospitals that don't have recipients are in the Rota • Time Consuming • When there are more than one donor confusion arises in the Rota System 	<ul style="list-style-type: none"> • Patients Centric - - - - - -

If three Hospitals decline liver in the ROTA /Zone for the following reasons (i) Marginal Organ (On Assessment & during the allocation process) (ii) On table decline (Fatty Liver, Fibrotic /cirrhotic) then it becomes "No Taker" Liver

If the No Takers offer is accepted by a hospital from other Zones all Logistics should be decided only by the recipient hospital. TRANSTAN will not be involved in arranging logistics.

	<p>Seniority Listing</p> <ul style="list-style-type: none"> • 1st 20 patients will be considered in the same zone of same blood group • If all 20 declined then NO TAKERS liver offer will be given in the same zone of same blood group • If there are NO TAKERS for the same zone of same blood group the offer will be given to other zones of same blood group • If there are NO TAKERS for the other zone of same blood group, the offer will be given to other blood group of Same zone and other zones <p>Advantages - Meld Score Based Priority</p> <ul style="list-style-type: none"> • Severity of Disease based priority. • Evidence based one. • The procedure is recognized and followed Internationally • Scientific Method. • Patient centric. • Prevents confusion and duplication in waitlist. • Accessible for underprivileged patients. <p>If Meld Score is accepted then priority will be based on</p> <ul style="list-style-type: none"> • BLOOD GROUP • ZONE • MELD score to be updated whenever there is a change. • If MELD score changes for a patient, it will appear in TNOS LIST after 24 hours only. • Then the patient's priority will change based on the MELD score <p>Debt return</p> <ul style="list-style-type: none"> • Will become null and void after adopting allocation system based on Seniority 	<p>If two or more Hospitals accept the No Taker offer the organ will be allocated based on ROTA/ Zone and they will not skip their turn in the ROTA</p> <p>No Phone calls will be made by TRANSTAN for No Takers Offer</p> <p>Seniority listing not accepted by consultants</p> <p>Member Secretary informed that TRANSTAN is ready to implement MELD scoring in TNOS registry & only needed everyone's agreement on this.</p> <p>All Consultants disagreed on MELD Score as it could be manipulated. Other than Dr. Ilango all others disagreed to go by MELD Scoring.</p>
<p>7.</p>	<p>Waiting List</p> <p>Clearing up the waiting list and maintaining the exact waitlist can be done by inactivating the following patients in order to avoid the LONG waitlist.</p> <ul style="list-style-type: none"> • Not willing / Medically Unfit • Not in station • Financial issues • Not in follow up 	<p>Agreed</p>

	<ul style="list-style-type: none"> • Transplant not required at present • Had a live transplant or Transplant done in some other hospital. • Expired 	
8.	<p>Patient Transfer</p> <ul style="list-style-type: none"> • Request for transfer must be in the form of a handwritten letter from the patient accompanied by NOC from the consultant • Only after 48 hours of transfer – Patient should be added in the in-house list <p>Transferring time of patient:</p> <ul style="list-style-type: none"> • Monday – Friday 10am to 5pm (Working Hours) • Saturday 10am - 2pm (Working Hours) • Sunday/Holidays No transfer 	<p>The issues regarding patient transfer when a donor becomes available was discussed and Member Secretary suggested to increase 48 hours' time period to 72 hours. Dr. Jaswant, Government Stanley Hospital suggested 5 days which was unanimously accepted by all consultants</p> <p>Agreed</p>
9.	<p>LOCAL LIVER (In-house)</p> <ul style="list-style-type: none"> • In-house list to be sent within 5th of every month. • In-house waitlist to be updated whenever there is any change in the list. • Priority list should have been sent to TRANSTAN 24 hours before a donor alert. • Priority for same blood Group. • Accept / decline the liver within 45 minutes. <p>Combined offer only from Local organs</p>	<p>Agreed</p>
10.	<p>In house prioritization sheet – mandatory details</p> <ul style="list-style-type: none"> ▪ Name ▪ Age ▪ Sex ▪ Unique Id ▪ MELD score ▪ Date format to be followed (DD/MM/YY) ▪ Criteria for listing 	<p>It was agreed to add Meld Na score in the in- house Prioritization Sheet as all consultants are at present following the MELD Na for assessment.</p>
11.	<p>share liver</p> <ul style="list-style-type: none"> ▪ Priority only for SAME Blood Group. ▪ Acceptance / decline must be within 45 minutes. ▪ These 45 minutes will be from the time of receipt of relevant medical investigations from the donor hospital. ▪ Goes by Seniority /Zone. ▪ For other state liver - by zonal rotation ▪ (S-W-N). 	<p>Agreed</p>

<p>12.</p>	<p>Urgent List</p> <ul style="list-style-type: none"> Following King's College Hospital for ALF criteria.(GO 287 of Health and Family Welfare) point 5 <p>(a) URGENT: Those on the urgent list are those who have:</p> <ol style="list-style-type: none"> Hepatic Artery Thrombosis following a liver transplant. Primary Non function of a graft Fulminant hepatic failure. <p>These conditions do not require a waiting time on the waitlist.</p> <p>Note : The patient should be registered with TNOS before urgent listing.</p> <ul style="list-style-type: none"> Patient should be registered in TNOS, DD and mail should have been sent to TRANSTAN and should have been added in In-house liver priority list at the same time of urgent listing Urgent list to be considered 6 hours before the donor alert (Not 3 hours) Any objection should be raised within 6 hours from the listing (Not 24 hours) 	<p>It was decided to consider Urgent listing from the time patient is registered in TNOS and Intimation given to TRANSTAN.</p> <p>Agreed</p> <p>Agreed</p>
<p>13.</p>	<p>Pediatric Donor & Recipient</p> <ul style="list-style-type: none"> Internationally upto 18 years accepted as pediatric Patient If there is no paediatric patient in-house, it will go to paediatric share pool. Only if there are no paediatric patients in all zones, the offer will be given to donor hospital 	<p>It was decided by all consultants to continue the current system of not considering -- pediatric-- as a separate entity as pediatric can sometimes be a big pediatric and an adult can also be a small adult.</p> <p>Separate ROTA for paediatric to be considered in the next meeting once split liver comes into regular allocation process</p>
<p>14.</p>	<p>Split Liver</p> <ul style="list-style-type: none"> Urgent list – Right Split lobe will go to donor hospital. Only if the donor hospital declines, the offer will be given to Share Pool. Share Split Liver Hospital that used for ALF patient/Pediatric Patient. 	<p>Agreed</p> <p>Allocated as per ROTA. To Note: Hospital accepting share split liver- No debt return and No change in ROTA</p> <p>Debt return will apply.</p>
<p>15.</p>	<p>Reimbursement cost of organ retrieval and transport to Government Hospital.</p> <p>It was decided in the liver committee meeting dated 26.02.2015 Reimbursement of organ retrieval and transport charges to Government Hospitals should be made by the hospital which owes debt return when it involves long distance travel.</p>	<p>Agreed</p>

<p>16.</p>	<p>Other Points</p> <ul style="list-style-type: none">▪ Utilization Certificate▪ Post -Transplant data	<p>All Consultants agreed to furnish Utilization Certificate and Post-Transplant data to TRANSTAN in the prescribed Format. Corrections if any to be countersigned by the Consultants</p>
<p>17.</p>	<p>Liver Expert Committee</p> <p>North Zone</p> <ol style="list-style-type: none">1. Dr.Surendran2. Dr.Jaswanth3. Dr.Rajasekar Perumalla4. Dr.Srinivas Reddy <p>South Zone</p> <ol style="list-style-type: none">1. Dr.Srinivasan Ramachandran2. Dr.Rajarathinam <p>West Zone</p> <ol style="list-style-type: none">1. Dr.Swaminathan2. Dr.Paari <p>MIOT Hospital, Chennai Government Stanley Hospital, Chennai Kauvery Hospital, Chennai J.R.Super Speciality Hospital, Chennai</p> <p>Meenakshi Mission Hospital, Madurai Star KIMS Hospital, Trichy</p> <p>PSG Hospital, Coimbatore KMCH, Coimbatore</p>	<p>All hospitals requested for change in the panel members periodically. The following Consultants were nominated in each zone.</p> <p><u>North zone</u></p> <p>Dr.S.Jeswanth, Government Stanley Medical College and Hospital.</p> <p>Dr.C.E.Eapen , Christian Medical College and Hospital, Vellore.</p> <p>Dr. Anand Ramamurthy , Apollo Hospitals Enterprises, Chennai.</p> <p>Dr.Ilango, MIOT Hospitals, Chennai.</p> <p>Dr.Naresh Shanmugam, Dr.Rela Institute and Medical Centre.</p> <p><u>South Zone</u></p> <p>Dr.C.H.Madhu sudhan, Apollo Speciality Hospitals,Madurai.</p> <p>Dr. Dr.Srinivasan Ramachandran , Meenakshi Mission Hospital & Research Centre,Madurai.</p> <p><u>West zone</u></p> <p>Dr.Anand Bharathan, Sri Ramakrishna Hospital, Coimbatore.</p> <p>Dr. Anand Vijay, Gem Hospital Coimbatore.</p>





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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

Other Points Discussed

- It is mandatory for all transplant centres to have the required infrastructure and facilities for Transplant. Certain Consultants felt that the procedures /Check list prescribed by Appropriate Authority for obtaining license are out dated. Hence it was decided that TRANSTAN address the Appropriate Authority to update the procedure/ Check List according to current norms.
- Consultants requested for combined organs from NTORC, but were not accepted by Member Secretary because all organs from NTORC goes to share pool and will be objected by the Nephrologists.
- Dr.Hango of MIOT Hospitals favored MELD scoring system and suggested that it can implemented over the years though it would be difficult initially.
- Dr.Anand, Apollo Hospital volunteered to send a comprehensive format for posting medical reports of the donor. Although TRANSTAN has already devised a concise donor detail format, the Member secretary agreed to incorporate required details in TRANSTAN's donor detail form.

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

Kanthimathy
7/5/2019

Dr.R.Kanthimathy
Member Secretary, TRANSTAN

