



RENAL TRANSPLANT ADVISORY COMMITTEE (RTAC)
A committee of The Transplantation Society
of Australia and New Zealand (TSANZ)

RTAC REPORT: Dec 2018. (John Kanellis: Outgoing Chair, RTAC)

Distribution

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ANZSN: Secretariat / President / ANZSN membership
RTAC: membership and guests

TSANZ, ANZSN and OTA secretariat to please forward to their respective membership group and to other interested parties.

RTAC members to please forward to their State Transplant Advisory Committees, Health Departments, Labs and State Transplant and Nephrology services.

RTAC Membership and Chair

There are several important changes to RTAC's membership as of December 2018.

RTAC Chair: Kate Wyburn will take over in the role of RTAC chair as of late December 2018. I welcome her to the position and trust that she will find it stimulating, challenging and rewarding – as I have over the last 5 years. Having worked with Kate for several years on RTAC, I know that she will do a wonderful job.

During my period as chair there have been many developments that have involved RTAC. Some of the more important items are as follows:

- A major update to the TSANZ Clinical Guidelines (2016)
- Inclusion of DonatLife and OTA members as guests at RTAC meetings.
- Creation of the RTAC AKX Clinical Oversight Subcommittee (RACOS) which oversees the AKX program and supports the Director of the AKX program in clinical decision-making, auditing and reviewing of AKX match runs.
- Review of NOMS, collation of the specifications for a new operating system (OrganMatch) and selection of a vendor (DataCom) for the build of a new operating system.
- Introduction of KDPI and EPTS reporting with renal deceased donor organ allocations– in preparation for future opportunities to use longevity matching in allocation algorithms.
- Formal inclusion of TSANZ, ANZSN and New Zealand Representatives on RTAC.
- Formal inclusion of a Paediatric representative on RTAC (as of Dec 2018).

Paediatric Representative: On the 4th Dec 2018, RTAC members recommended the inclusion of a Paediatric Representative formally onto RTAC. Fiona Mackie will serve in this role.

Other Membership changes for noting: Professor Graeme Russ is the longest serving member on RTAC and was the founding chair of the committee. He recently stood down from RTAC due to his other commitments. RTAC recognises and appreciates his enormous contribution to the committee over several years.

We have 2 new consumer / community representatives which are a welcome addition to the committee. Manisha Chaubel-Menon and Mitra Burns.

See appendix for a full list of the RTAC membership and invited guests

NOMS Interstate Exchange Audit by RTAC

The NOMS Audit Jan 2018 - Sep 2018 was performed at the RTAC meeting in Dec 2018. There were no major issues identified by the membership. A framework summarising allocation data is being used to give a global view of cases (eg. allocation by hierarchical priority group; risk related issues eg. Hep C, malignancy, marginal donor issues).

TSANZ Clinical Guidelines

There are several changes which should soon appear in an updated version of the TSANZ Clinical Guidelines for Organ Transplantation from Deceased Donors (version 1.2, replacing version 1.1 May 2017). These are the following:

1. A rewording of the 80% five-year survival criterion for kidney wait-listing eligibility. This will now state that “significant benefit” is required from transplantation (to appear under section 5.1).
2. An adjustment to the rules surrounding return of deceased donor waiting time in the event of a failed live donor transplant within 12 months (to appear under section 5.2). Patients will be able to have their dialysis waiting time reinstated (after state advisory committee review) in the event of a living donor transplant failing within 12 months.
3. Removal of the 12-month dialysis waiting period for paediatric bonus score to be applied (to appear under section 5.2.4). The paediatric bonus score will apply immediately upon dialysis commencement. This change has already occurred in NOMS and was previously communicated to Paediatric Nephrologists in early 2018.

KDPI (Kidney Donor Profile Index) and EPTS (Estimated Post Transplant Survival)

A survival index estimating donor kidney survival (Kidney Donor Profile Index: KDPI) was incorporated into the National Organ Matching (NOMS) system in November 2016. Donor kidneys have been allocated with this score since that time.

A survival index estimating recipient survival (Estimated Post Transplant Survival: EPTS) has been present on allocation reports since May 2018.

ANZDATA, DonateLife, TSANZ and RTAC can now use KDPI and EPTS in local and national audits to better understand patterns of practice and behaviour around donor suitability and donor acceptance. These are significant advances that will hopefully move us towards improved allocation practices in the next few years as we analyse and use this data, as well as build our new software system, OrganMatch.

Information on KDPI is available on the TSANZ website (guideline and document download area). Information on EPTS will soon be available there also. It is important that all clinicians involved in transplantation decisions, familiarise themselves with these indices. Please note that KDPI and EPTS are not being used to direct kidney allocation at this stage.

OrganMatch Project

The Australian Red Cross Blood Service (ARCBS) with the support of the Organ and Tissue Authority is aiming to replace the National Organ Matching Service System or NOMS (built in 2000) and in the process, implement improved support services for its ongoing management and extension.

OrganMatch development is well underway. Go Live is scheduled for early April 2019. Newsletters regarding the OrganMatch build will be circulated separately, updating stakeholders about the status of the software build and new capabilities of the software.

From RTAC - Rhonda Holdsworth, Narelle Watson, John Kanellis and Peter Hughes have all been very involved in the process to date as have OTA and ARCBS. Multiple meetings and workshops continue while the software is being built.

Australian Kidney Exchange (AKX) / Paired Kidney Donation (PKD) Program

AKX match runs will continue to occur 3-4 times per year under the guidance of the AKX Director (Peter Hughes) and Co-ordinator (Emma van Hardeveld). Almost 300 transplants have been performed to date. Publicity remains high as the program attracts significant interest from the media and the public. **Please note - there are AKX guidelines for dealing with the media. These have been circulated to all units but are also available from the AKX director and co-ordinator.**

Inclusion of New Zealand in the paired kidney donation program is planned and hoped for the future. Various issues are being resolved including things such as minor differences in protocols, the transportation of organs and timing of surgery.

The RTAC AKX clinical oversight sub-committee (RACOS), reviews urgent issues that arise, performs audits of match runs, and provides some aspects of clinical governance and review of the AKX Program on behalf of RTAC. The Subcommittee feeds back to RTAC and convenes outside the biannual RTAC meetings by way of teleconference. This process has been running very well since it was set up in 2014.

Future Kidney Allocation Project

RTAC, TSANZ and OTA have identified a major need to allocate resources to the task of reviewing and changing aspects of the kidney allocation system we have currently. Importantly, following the release of OrganMatch in April 2019 we will have the opportunity to start to use some of its capabilities to improve various aspects of our current allocation system.

It is hoped that a TSANZ work order (with OTA support) will provide funding and the allocation of resources to such a project with a working group being formed to address some of these issues. Representation on this working group will likely include ANZDATA, TSANZ, ANZSN, RTAC and OTA. There are several aspects that need to be reviewed and potentially improved upon with new policies, including (but not restricted to) the following: i) allocation of kidneys for the sensitised, ii) allocations of kidneys to prevent sensitisation – especially in the young, iii) longevity matching; i.e. using KDPI and EPTS to allocate kidneys more rationally and efficiently with the hope of improved overall outcomes, and iv) approaches to using kidneys with increased risk of viral transmission.

John Kanellis
Outgoing Chair, RTAC
Dec 2018

APPENDIX: RTAC Members (as at Dec 2018)

1. State Delegates (10)	Names
NSW/ACT Representative & Incoming Chair	A/Prof Kate Wyburn
NSW/ACT Representative	Dr David Gracey
VIC/TAS Representative & Outgoing Chair	Prof John Kanellis
VIC/TAS Representative	Dr Kathy Paizis
Qld Representative	Dr Scott Campbell
Qld Representative	Dr Tony Griffin
SA/NT Representative	Currently Vacant (formerly Graeme Russ)
SA/NT Representative	Dr Robert Carroll
WA Representative	Dr Wai Lim
WA Representative	Prof Lloyd d'Orsogna
2. Ex Officios: voting (7)	Names
Paediatric Representative	A/Prof Fiona Mackie
Renal Transplant Surgeon	Dr Christine Russell
TSANZ - Representative	Prof Toby Coates
ANZSN Representative	Dr Ross Francis
AKX Medical Director	A/Prof Peter Hughes
Consumer/Community Representative	Manisha Chaubal-Menon
Consumer/Community Representative	Mitra Burns
3. Ex Officios: non-voting (9)	Names
New Zealand Rep	Dr Ian Dittmer
New Zealand Rep	Dr Nicholas Cross
National Immunogenetics Services Rep	Ms Rhonda Holdsworth
ARCBS Lab Manager NSW	Ms Narelle Watson
ATCA Representative	Luke Datson
DonateLife State Managers	Ms. Tina Coco
NOMS Manager	Prof Jeremy Chapman
NOMS Analyst	Ms. Jenni Wright
NOMS/AOMS Software Expert	Chris Rankin
4. Invited Guests	Names
OTA National Medical Director	Dr Helen Opdam
OTA Representative	Kylie Downes
OTA Director of Data and Analytics	Mark McDonald
5. Secretariat	Names
TSANZ Project Officer	Kim Rawson