



Draft Minutes of RTAC Meeting held on Tuesday 22nd May 2018 O'Riordan St, Alexandria

Meeting Attendance Record

State Delegates	Names	✓ = Present X = Apology
VIC/TAS Representative & Chair	Prof John Kanellis	✓
VIC/TAS Representative	Dr Kathy Paizis	✓
NSW/ACT Representative	A/Prof Kate Wyburn	✓
NSW/ACT Representative	Vacant	
QLD Representative	Dr Scott Campbell	✓
QLD Representative	Dr Tony Griffin	✓
SA/NT Representative	Prof Graeme Russ	X
SA/NT Representative	Dr Rob Carroll Proxy – William Majoni	X ✓
WA Representative	Dr Wai Lim	✓
WA Representative	Prof Lloyd d'Orsogna	✓
New Zealand Representative	Dr Ian Dittmer	✓
New Zealand Representative	Dr Nicholas Cross	X
Ex Officios	Names	✓ = Present X = Apology
Renal Transplant Surgeon	Dr Christine Russell	X
AKX Medical Director	A/Prof Peter Hughes	✓
ANZSN Representative	Dr Ross Francis	✓
TSANZ - Representative	Prof Toby Coates	X
APHIA - Representative	Ms Rhonda Holdsworth	✓
ATCA- Representative	Luke Datson	X
Consumer/Community Rep	Mr Carl Pedersen	✓
NOMS Manager	Prof Jeremy Chapman	X
DonatLife State Managers	Ms. Tina Coco	✓
NOMS Analyst	Ms. Jenni Wright	✓
ARCBS Lab Manager NSW	Ms Narelle Watson	✓
NOMS/AOMS Software Expert	Chris Rankin	✓



Invited Guests	Names	✓ =Present ✗ = Apology
OTA National Medical Director	Dr Helen Opdam	✓
OTA Director Clinical Programs	Eva Mehakovic	✗
OTA Assistant Director	Denise Woodward	✓
OTA Director of Data & Analytics	Mark McDonald	✓
Paediatric Rep	Fiona Mackie	✗
Secretariat	Names	✓ =Present ✗ = Apology
TSANZ Project Officer	Kim Rawson	✓

1. **Introduction and Welcome**

J Kanellis welcomed members and invited guests.

1.1. Apologies

They were shown above and noted.

1.2. Declaration of COI related to agenda

None.

2. **Minutes and Actions and Communication**

2.1 Confirmation of the minutes RTAC meeting Dec 2017

Minutes from the meeting held on Tuesday 5th December 2017 were confirmed (moved Ross Francis, seconded Kathy Paizis). The Chair thanked Kate Wyburn for chairing the last meeting.

2.2 Outstanding action items and business arising from the minutes

The group went through the action items from the previous meeting. The action item table reflects updates at [Appendix A](#).

2.2.a Letter regarding Paediatric Priority – The Chair sent a letter to Joshua Kausman, Chair of the ANZPNA re paediatric prioritisation on the Australian kidney waiting list. The letter was seeking assistance in circulating information on paediatric priority allocation for kidneys and the removal of the 12 months wait for paediatric bonus. This has been implemented. No issues with NOMS, 12-month wait is gone.

2.2.b Updated Guidelines

These need to be ratified by TSANZ council

These are the things that have been changed;

- Recipient Eligibility Criteria - 80% - 5-year survival rule now applies to NZ only. No longer a requirement in Australia.
- Live donor transplant failing within 12 months - waiting time will not be lost (but cases need review at state committee level to authorise)
- Paediatric priority bonus – applies from commencement of dialysis. No longer a need to have had 12 months dialysis before bonus applies.
- Mention of survival matching being a future aspiration
- Inclusion and Exclusion criteria – minor wording changes



Changes were circulated and asked for comments (highlighted). Updated document with comments were included, and further comments were to be made to document 2.2b.

ACTION ITEM 188: Feedback to Chair re updated Clinical Guidelines by the weekend, need to send updated guidelines to TSANZ for approval. Denise to help with changes/editing once approved.

2.3 Communication;

The Chair received an email from Stephen McDonald and Steve Chadban in May 2018 on the 80% 5-year rule following a discussion at TLRG. Stephen was not satisfied with the consultation process for what was seen as a big change. His view is that wider groups should have been consulted. The committee noted Stephen's comments but felt that the change in the guidelines simply reflected current practice. It was acknowledged that there is variation in interpretation of the survival rule – be it “80% 5-year survival” (as previously stated) or “significant benefit to be derived” (as rewritten).

Steve C mentioned issues regarding data analysis, modelling and understanding what a change might achieve. He commented that there is a need to analyse, model, and predict things before making major changes. The committee agrees with this. The committee does not see the proposed changes as bringing about a major shift in practice. Steve C and John K have suggested a possible Work order process through OTA/TSANZ. This would acknowledge that allocation is something that needs to be formally tackled and requires resources. There are at least three issues that could be included in the work order; sensitisation, survival matching and increase in high risk donors. RTAC needs to enlist TSANZ and OTA to discuss. This is something that the Allocation Subcommittee could discuss.

ACTION ITEM 189: Allocation Subcommittee to consider meeting every 6 months (3 months after RTAC). Next meeting could be held in August or September 2018.

Alternatively, given the time and resources needed - RTAC to consider approaching TSANZ and OTA for a work order which may facilitate the ability to work on allocation issues.

Letter from Ashley Irish, WAKTS re DCD kidneys (circulated) in March 2018. WA are now committed to receiving DCD donation offers from interstate and are offering DCD donors from within WA.

Letter from Fiona Mackie, ANZPNA, about the age at which the paediatric bonus is lost. ANZPNA have had discussions with colleagues from the transition area who support amending the new policy so that anyone who obtains this paediatric priority allocation maintains this priority until a kidney offer has been accepted for them. Fiona said that this is likely to only have a small impact in terms of numbers of patients accessing kidneys and seems a more equitable policy for those just under 18 years of age. The Chair also received an email from Stephen Alexander, President of TSANZ supporting Fiona's suggestion.

The group had discussions on this matter, and generally did not support the extension of the prioritisation beyond the age of 18. The recent update already helps paediatric recipients and at this stage RTAC would not plan a further change. There was some discussion regarding a future aspiration involving a graduated slide in the bonus from 18-25 but this needs to be discussed further and may at some stage be feasible using OrganMatch.

The Chair advised that the cut off for paediatric priority / bonus in NZ is 15.

ACTION ITEM 190: The Chair to respond to ANZPNA stating RTAC are comfortable with the changes that have been made and that a broader discussion is to be had around bonus for age as this is more complicated and that RTAC does not support this at this stage.



3. Governance

3.1 RTAC Membership; TOR

Membership - The Chair has restructured the membership list (Appendix B). It has been separated into State delegates, Ex-officio voting and non-voting and invited guests.

NSW – Angela Webster has left RTAC and will be replaced by David Gracey

Carl Pederson's departure from RTAC was noted. The Chair thanked Carl for his commitment. Carl said that he was honoured to have been involved with RTAC.

The committee was asked to consider new consumer reps. (2 people have since been approached and have agreed to join the committee)

Terms of Reference – need to be finalised and receive approval. Main change is to reflect the way the membership is structured. Also to clarify the governance by TSANZ, links with OTA, TLRG and ANZSN.

ACTION ITEM 191: Feedback to the Chair re RTAC TOR in the next week for any changes to the updated TOR's. The Chair to send TOR to Ross Francis, RF to send back with any comments.

ACTION ITEM 192: Need consumer/community rep – everyone to consider own units. Kathy and Rhonda have relevant people in their units – send details to the Chair.

Consideration for consumer / community reps;

- Rhonda to approach MB (Monash transplant patient working at ARCBS)
- Kathy to approach Austin transplant patient

- 3.1.a RTAC membership document circulated
- 3.1.b RTAC membership tenure circulated
- 3.1.c RTAC TOR (for submission to TSANZ) circulated

3.2 RTAC Subcommittees

Discussion regarding subcommittees was held under other items

3.3 ANZSN and CPAC update (Ross Francis)

ANZSN is in the process of setting up a committee with a focus on transplantation.

Ross will be circulating the RTAC TOR and Clinical Guideline updates to ANZSN council.

CPAC, Clinical Policy Advisory Committee has been formed.

3.4 TSANZ report

Nil (Toby Coates - apology)

3.5 OTA & TLRG

Helen provided an update on the latest donation activity:

- Kidney transplant numbers – overall rates were similar between last year and the year before
- At the end of April 2018 there was a 13% increase in deceased organ donors and 18% increase in organ transplant recipients
- Absolute kidney transplant recipients from deceased donors, last year were 832 (during the period 2000-2008 there were an average of 377 per year)



Ongoing strategies that the Donatelife network are focusing on are increasing donation for transplantation. The goal is to optimise consent and maximise the donor pool.

Donatelife are implementing (in the 88 Donatelife hospitals), a process of routine referral to donation agencies with all patients in ICU having end of life care.

A 2-day mandatory course has been introduced for ICU staff to undertake at the College of Intensive Care Medicine.

Resourcing, capacity and downstreaming are a real problem and limit further expansion to increase donation.

Donatelife are advocating through the Health Minister, the Hon. Greg Hunt MP and Indigenous Health Minister, the Hon. Ken Wyatt MP.

There has been an agreement through COAG for a national review by an external group to look at the broader sector. The review's terms of reference are being determined. They encourage people to participate and share local factors that may be problems with how overall system works.

- Sarah White review of infectious disease transmission is finalised.

ACTION: The chair asked for a copy (from OTA) to circulate to RTAC members.

- Commentary provided by Helen on the adverse events being reported to the Vigilance & Surveillance expert committee.
 - Scott Campbell expressed concern that the reporting process was not working as many clinicians may have envisaged. Events that had been reported to the Vigilance and Surveillance expert committee were not always being quickly shared with the transplant units. Some recent cases were highlighted by Scott where the filtering down to units had not occurred. Scott felt that this should be an important part of the Vigilance & Surveillance expert committee's role.
 - Helen responded that the committee is not necessarily set up to report all events in real-time. The need to filter down to units would depend on the event and its likelihood of recurring in a short timeframe. Rare events would likely not be reported promptly to units but would be reviewed and subject to reporting through other channels.
 - Helen will give Scott's feedback to the Vigilance and Surveillance expert committee and will ask them to consider options for more timely communication of important adverse events.
- Helen also reported on other issues:
 - A recurring theme is retrieval team unavailability resulting in a loss of opportunity - with the donor family not wanting to wait further before proceeding with end of life care, even though consent was provided.
 - Difficulty with remote retrievals
- Issues with organ retrievals:
 - Lack of willingness from retrieval surgeons to wait in theatre for a longer period of time for DCD
 - Variation in practice and lack of national consensus, for stand down time and warm Ischaemic time
- Plan for combined transplantation and donation sector meeting in Sydney in March 2019. It is an open invitation and will focus on clinical matters with mutual interest for both donation and transplant.



- Summary of how the OTA Board is structured: OTA's Board reports directly to the Health Minister. Members are; Mal Washer (Chair), Carol Pollock (Deputy Chair), Oren Klemich, Margaret Kruger, Lucinda Barry, Marissa Herson and Steven Lynch. They have met twice. They are responsible for ongoing work of OTA and implementation of national reform.
- Donor age rose from 2001 with average of 40, in 2010 the average was 47. Since 2010 remained static, in 2017 it was 47, the highest average donor age in 2015 was 48.5.
- OTA report - Spain – huge number of 80-year olds compared to Australia. Have a higher transplant rate. UK above 65 – Australia portion is less than 30% UK is 36%, US and Canada don't proceed very often with older donors. There are many opportunities we don't proceed with and possibly could. VIC work being done to put processes in place to go ahead with using higher risk ("increased viral risk") donors.

4. New Zealand

4.1 NZ report

Last year NZ performed double the number of deceased donor transplants compared to what was achieved four years earlier. Increase in elderly donors and increase in the use of increased viral risk donors. Increase in numbers of DCD donors. Recent focus on organ donation – advocacy and Improved process.

4.2 AKX/NZKE

Logistic issues regarding NZ joining in with AKX are still being sorted out between OTA, NZ personnel and AKX. Progress has been slow.

5. Audit Items

5.1 RTAC Audit Summary, Monthly Audit reports (Jan 2018 – Apr 2018)

Narelle Watson from the NSW immunogenetics lab collated the summary which was circulated. There were no issues identified.

Key highlights of the kidney transplant and allocation activity were:

- Deceased donors in the reporting period numbered 227 (DCD:81, BD:145, Not specified in NOMS:1)
- 67 kidneys were not retrieved. Two Hep C positive donors were recorded. There were 23 Donor/organs deemed "not medically suitable" given as the predominant reason for not proceeding.
- 51 kidneys were allocated under the national algorithm; 15.5% of the total. Level 3 and 7 were the predominant allocation categories.
- There were 10 allocations to SPK transplant.

5.1.a RTAC Summary document circulated

5.1.b RTAC audit document circulated

5.1.c NOMS analysis document circulated

5.2 Review of cases identified by State Reps

No issues raised

5.3 State Specific issues



Implementation of a pathway in VIC/TAS for Increased Viral risk donors was noted. The documents (consent and policy documents) have been circulated to RTAC members by the chair previously

Audits received and circulated.

5.4 NOMS Analysis

Jenni Wright presented an analysis of the current status of the kidney transplant waiting list and kidney transplants matched by the Australian National Organ Matching System (NOMS) from 1st January to 31st December 2017.

6. Software: NOMS / OrganMatch

6.1 NOMS Current Status, SCRs

Chris Rankin updated the meeting on the transitioning of data from NOMs to OrganMatch. March 2018 release – enhancements from previous meeting;

- NOMS ID – new functionality to enable searching by the NOMS ID to the person search tab
- Change name of ‘National Override’ algorithm to ‘Interstate Utilisation Offer’ in reports, programming code comments and NOMS user manual
- Prevent NOMS client from operating when the NOMS client release is out of sync with NOMS database release
- Update the Transplant Compatibility Section Heading of the Organ Allocation from ‘Potential donor Antibodies’ to ‘Potential Donor Specific Antibodies’
- Reinstate EPTS fields on selected reports.

6.2 OrganMatch update

- Project has been re baselined and organised following a PWC health check early in the 2018.
- System is very large and complex and a module-based development approach has been implemented.
- Go live is planned for April 2 (Tues) and will be ‘big bang’ i.e. all labs at once hence the mid-week date for go live.
- NOMS data is very heterogenic across all labs over 18 years and requires extensive data cleansing to facilitate data migration into OrganMatch
- There is significant work for the labs in data cleansing and checking. The labs will be involved in group user acceptance testing for each module.
- System will support simulation modelling post go live and clinician portal access will be available post go live for reports and information.

ACTION 193: Members to email RH or NW of any reports that they would like to have run as pdf versions.

7. Lab

7.1 Lab update

- Move to the next generation sequencing in HLA typing. Higher resolution typing results. Donor typing remains as is, recipient typing could change. Desire to move towards reporting epitopes and epitope load in the future.

7.2 Histocompatibility Subcommittee

Did not meet recently



8. Allocations Subcommittee/Guidelines

8.1 Subcommittee report/ Meeting Nov 2017

Summary from Nov 2017 meeting previously circulated. Most actions were completed (related to changes in the guidelines). Allocation issues need further discussion and work via a working group.

9. AKX and RACOS

9.1 AKX Report

- Peter Hughes was appointed as AKX Director and resigned as RACOS Chair, Kate Wyburn appointed as RACOS Chair.
- RACOS doesn't currently have a Victoria Representative. To be considered.
- Representatives from SA and QLD have been added.



10. Other business

- Scott Campbell wrote a letter to RTAC following Angela Webster's presentation at TSANZ's ASM on living donor outcomes of kidney living donors from living donors 1996 - 2013. The study linked the ANZ data donor registry with other death and medical records.
- There were three post-operative early deaths reported. In Australia and NZ donors there were approximately 3500 people with an early mortality rate of approximately 1:1000. Small numbers but quite a bit higher than usually quoted, including to potential donors.
- The ANZDATA registry started after the deaths.
- We need to make an effort to collect the data in a better way. Need to more accurately inform potential patients of risks and complications of this procedure performed.
- This can be done by having a register of live donor events that registers; deaths, dialysis requirements, defined surgical complications. This will give a minimum figure of complications with some information.
- May need funding – TLRG could discuss.
- It is an event register more than a patient register.
- There would also need to be a mechanism to feed regular reports back to renal and renal transplant services.

ACTION 194: Approach Steve Chadban regarding a Live Donor chapter in ANZDATA report

11. Future Dates

TLRG

20/06/2018, 07/11/2018

RTAC: 4th December 2018 confirmed and booked.

RTAC: 21st May 2019 (confirmed)

ACTION ITEM 195: Need confirmation of room booking (Narelle)



Appendix A

Actions arising from the minutes of 6 Dec 2017 meeting and carryovers.

#	Done	Who	Date Logged	Action required and/or taken
154		J Kanellis	8 Dec 2015	<p>Communicate with ANZSN seeking information on the relationship between ANZSN and RTAC, including governance and communication protocols.</p> <p><u>10 May 2016</u> Awaiting ANZN response</p> <p><u>6 December 2016</u> The issue is ongoing</p> <p><u>22 May 2018</u> Communication ready to send to TSANZ and ANZSN</p>
164-b		J Kanellis	10 May 2016	<p>In consultation with the Committee, submit proposed revisions to the terms of reference of RTAC for discussion at the next meeting, including membership changes and relationship with key stakeholders.</p> <p><u>6 December 2016</u> The Chair to revise the terms of reference in accordance with the suggestions at the meeting, including clarification of voting rights of ex-officio members.</p> <p><u>23 May 2017</u> The Chair will further revise the TOR and present it for ratification at the next RTAC meeting, including confirmation of TSANZ rep on RTAC.</p> <p><u>5 December 2017</u> KW to discuss with JK the proposed amendments to the TOR particularly regarding ex-officio members' voting rights</p> <p><u>22 May 2018</u> JK has updated the membership page of TOR's and the membership to reflect voting rights. TOR to be sent to TSANZ and ANZSN</p>
167		J Kanellis		<p>Discuss the use of National Override at the RTAC May 2017 meeting with a view to clarifying how this interacts with the desire/need to perform occasional ABOi transplants within certain blood groups</p> <p><u>6 December 2016</u> Slated for discussion in May 2017.</p> <p><u>22 May 2018</u> To be discussed as part of Allocation Reform project</p>
175		K Wyburn	5 Dec 2017	Revise the TOR of RACOS
180		NOMS analysis, N Watson,	6 Dec 2016	Conduct a granular analysis of KDPI to provide some clues on the quality of kidneys offered under national override and where they ended up.



		J Kanellis		<p><u>22 May 2018</u> KDPI column been added by Narelle. Ability to look at KDPI but need to discuss further and could improve. No other analysis at this stage.</p>
182		J Kanellis K Rawson	31 July 2018	<p>Circulate to RTAC and RACOS Sarah White's report on high risk donors. <u>5 December 2017</u> E Mehakovic to follow up this report and send to TSANZ. <u>22 May 2018</u> Eva to send report to JK</p>
183		C Rankin	23 May 2017	<p>Request change of the terminology for the next NOMS release <u>5 December 2017</u> Minor change re changing labels for interstate utilisation offer. This is in progress and is awaiting testing. <u>22 May 2018</u> Minor release in March done. Completed.</p>
184		K Wyburn and J Kanellis	5 December 2017	<p>Update Biannual Report December 2017 and send to TSANZ. <u>22 May 2018</u> Report to be drafted.</p>
185		All State Reps	5 December 2017	<p>High risk – behavioral history – clarity on allocation. State reps to send their experience and consent forms to each other and table at next RTAC meeting. <u>22 May 2018</u> QLD and NSW expressed interest in increased viral risk donors if national allocation. WA: not ready yet. No response from SA.</p>
186		W Lim	5 December 2017	<p>Send email to WAKTS to ask them if they are happy with RTAC proposed suggestions re changing the criteria where it cuts in eg. from level 7 to 8 and including interims as active to reduce further number shipped and lower threshold. Suggested agreement could include not accepting DCD over 50 at the HLA level within the State and not put them up and then next level of matching in state would be kept. <u>22 May 2018</u> Email received from Ashley Irish. WA willing to take DCDs and send DCDs out. Notified all the labs via email.</p>
187		K Wyburn, J Kanellis, TSANZ	5 December 2017	<p><u>5 Dec 2017</u> Revision to Clinical Guidelines for Organ Transplantation from Deceased Donors 1. Removal of the 12-month waiting period for paediatric bonus score to be applied. It now applies immediately</p>



				<p>2. Rewording of the 80% five-year survival criterion for wait-listing eligibility. This now states that “significant benefit” is required from transplantation</p> <p>3. An adjustment to the rules surrounding return of deceased donor waiting time in the event of a failed live donor transplant within 12 months.</p> <p><u>22 May 2018</u> Send to TSANZ for endorsement (once final feedback from committee received)</p>
188		All	25 th May 2018	Feedback to Chair re updated Clinical Guidelines by the weekend, need to get changes to TSANZ. Denise to assist with changes/editing once finalised.
189		J Kanellis	31 st May 2018	<p>Allocation Subcommittee to meet every 6 months (3 months after RTAC). Next meeting to be considered for Aug / Sep2018.</p> <p>Alternative approach will be to establish a more formalized “Allocation Reform Project” with a TSANZ work order.</p>
190		J Kanellis	31 August 2018	Re Paediatric bonus and age it is lost. The Chair to respond to ANZPNA stating RTAC are comfortable with the changes that have been made and that a broader discussion is to be had around bonus for age.
191		All	31 May 2018	Feedback to the Chair re RTAC TOR in the next week for any changes to the updated TOR's. The Chair to send TOR to Ross Francis, RF to send back with any comments.
192		All	30 June 2018	Need consumer/community rep – everyone to consider own units. Kathy and Rhonda have relevant people in their units – send details to the Chair.
193		All	ASAP	Email RH or NW of desired (pdf) reports to be part of initial OrganMatch implementation.
194		S Campbell	31 August 2018	Speak to Steve Chadban re a Live Donor chapter in ANZ data report.
195		N Watson	31 August 2018	Need confirmation of room booking (Narelle) 21 st May 2019 (preferred). Alt dates 14 th or 28 th May.



Appendix B

RTAC Members (as at May 2018)

1. State Delegates (10)	Names
VIC/TAS Representative & Chair	Prof John Kanellis
VIC/TAS Representative	Dr Kathy Paizis
NSW/ACT Representative	David Gracey
NSW/ACT Representative	A/Prof Kate Wyburn
Qld Representative	Dr Scott Campbell
Qld Representative	Dr Tony Griffin
SA/NT Representative	Prof Graeme Russ
SA/NT Representative	Dr Robert Carroll
WA Representative	Dr Wai Lim
WA Representative	Prof Lloyd d'Orsogna
2. Ex Officios: voting (6)	Names
Renal Transplant Surgeon	Dr Christine Russell
TSANZ - Representative	Prof Toby Coates
ANZSN Representative	Dr Ross Francis
AKX Medical Director	A/Prof Peter Hughes
Consumer 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
DonatLife 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 Oodam
OTA Director Clinical Programs	Eva Mehakovic
Paediatric Rep	Fiona Mackie
5. Secretariat	Names
TSANZ Project Officer	Kim Rawson