

Comments
on
Appraisal Consultation Document

Machine perfusion systems and solutions for cold (static) storage of donated kidneys

I commend the committee on this document and appreciate the deliberations undertaken in considering technologies where the quality of evidence is so poor but where the clinical issues are varied, complicated and vitally important.

Before addressing the questions asked I would like to draw attention to the fact that in Appendix B of the ACD, NHS Quality Improvement Scotland is placed in B IV “Commentator organisations (did not provide written evidence and without the right of appeal)”. NHS QIS asked [REDACTED] to produce a written report on its behalf and this statement was available to the Appraisal Committee and the invited clinical specialists and patient advocates at the meeting on 13th August.

Specific headings

- i) Yes. The relevant evidence for these technologies is sparse and I consider that all the relevant evidence was presented very clearly in the written documentation prepared prior to the Appraisal Committee meeting in August, presented and discussed at the Committee meeting and summarized in the ACD. I know of no other published reports which are relevant. There has been a presentation at the Transplantation Society meeting in Australia last month when further data from the Machine Perfusion Trial showed that in the subgroup of kidneys from non heart beating donors the kidneys which did develop delayed graft function experienced this for a shorter period of time (mean 3 days less) in the machine perfused group compared to the kidneys which were preserved with static cold storage. This data is as yet unpublished.
- ii) Yes. Within the restraints of the paucity of good quality evidence I consider that the summaries of the clinical and cost effectiveness are reasonable interpretations of the available evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate.
- iii) Yes. I consider that the provisional recommendations of the Appraisal Committee are sound and are a suitable basis for guidance to the NHS.
- iv) No. I do not see any equality related issues that may need special consideration.

General Comment

This is a very well thought out report which takes into account the general lack of quality evidence relating to machine perfusion systems and solutions for cold storage of donated kidneys. The committee has appreciated and given heed to all the additional information and concerns expressed by the organisations and the individuals active in the clinical field and produced a document that presents the facts

and makes recommendations that are safe for the viability of the kidneys within a cost awareness environment without unduly restricting responsible clinical practice. The recommendations for further research are appropriate in that further data is awaited from the 2 RCTs relating to machine perfusion and it is important for individual transplant units to record and audit the outcomes of their preservation practice(s).

The review date in 2 years appears appropriate to allow reassessment after further evidence is available from the as yet incompletely analysed RCTs and their follow up data but may be too soon to have reported data on the impact of the implementation of the recommendations of the organ donor task force report. It is unlikely that the recommendations of the organ donor task force report will be fully implemented before about this time next year. If then we require at least a year to see what changes this produces and then to analyse the data it will not be available for consideration before the proposed August 2010 review. The task force recommendations should increase the numbers of donors and of transplants but may have little effect on the methods or quality of kidney preservation.

Laura J Buist
Director of Renal Transplantation
Western Infirmary, Glasgow

Nominated by NHS QIS as a clinical specialist for this appraisal

14/9/08