

### Multi-Organ Transplant Program (MOTP)





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# What is (IT) Collaboration?

#### What is Collaboration?

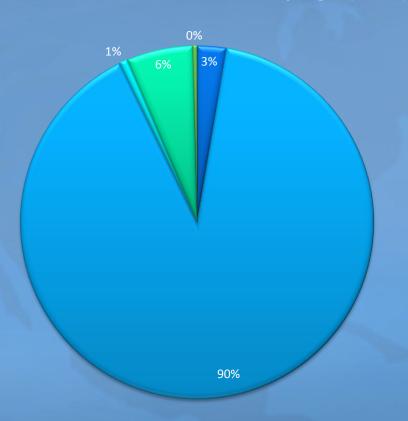
Collaboration is a working practice whereby individuals work together to a common purpose to achieve business benefit.

- Atlantic Canada (internal)
- Canadian Organ Replacement Registry (external)
- Canadian Blood Services (external)



# Internal Collaboration Pre-Transplant

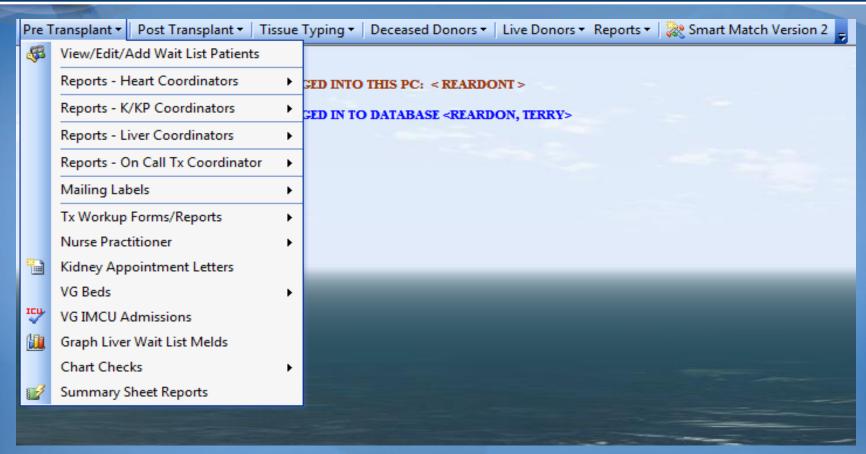
#### % Atlantic Canada Wait Lists by Organ (n=264)





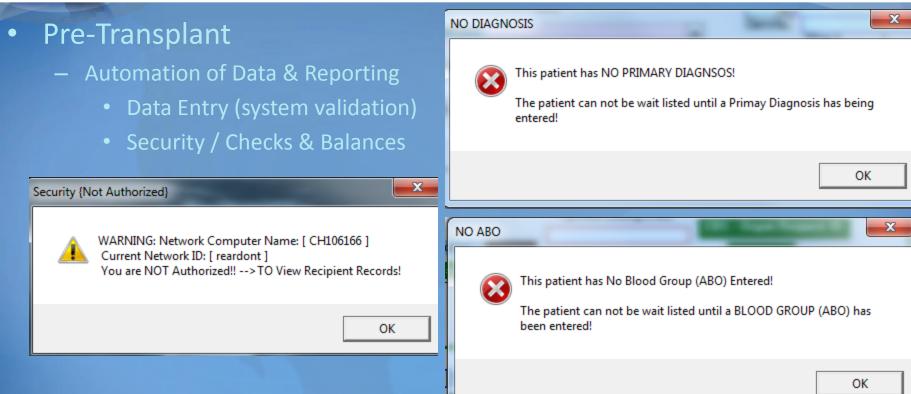


# Collaboration Pre-Transplant



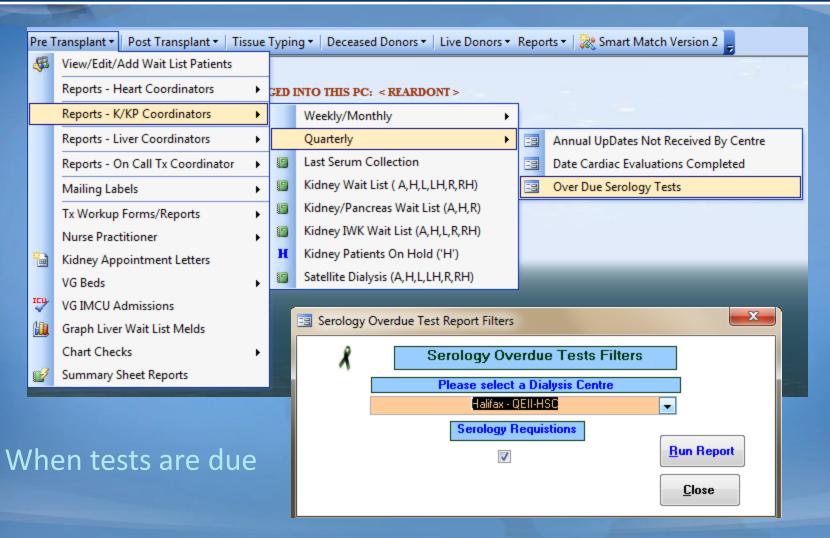


# Pre-Transplant – System Checks





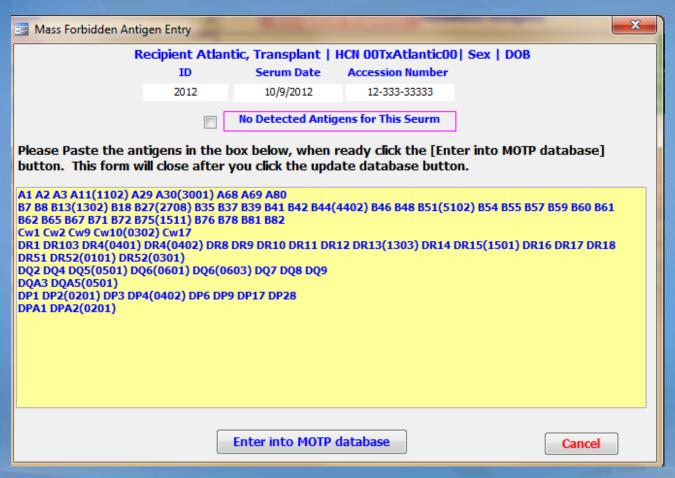
## Pre-Transplant - Reports





# Pre-Transplant – Tissue Typing

### Tissue Typing Automation





# Pre-Transplant (Tissue Typing)

### Resulting antibodies list inserted from paste

	Locu	s	Antigen		Verifie	ed	Reported Antigen	Allele S <sub>I</sub>	oecific		Auto ntibody	_ In	deter	m
Ы	Α	<b>-</b>	1	<b>-</b>	No	<b>~</b>	A1		No	V	Yes	¥	No	▼
Н	Α	V	2	V	No	v	A2		No	v	Yes	v	No	▼
П	Α	<b>-</b>	3	•	No	v	A3		No	v	No	V	No	▼
П	Α	•	11	•	No	¥	A11(1102)	1102	Yes	v	No	V	No	▼
П	Α	•	29	•	No	v	A29		No	v	No	v	No	▼
П	Α	•	30	•	No	v	A30(3001)	3001	Yes	v	No	v	No	▼
П	Α	-	68	•	No	•	A68		No	•	No	v	No	v
	Α	•	69	•	No	•	A69		No	•	No	v	No	•
П	Α	•	80	•	No	•	A80		No	•	No	¥	No	▼
П	В	▼	7	•	No	•	B7		No	v	Yes	¥	No	▼
П	В	•	8	•	No	•	B8		No	v	No	v	No	▼
П	В	_	13	•	No	•	B13(1302)	1302	Yes	v	No	v	No	▼.
П	В	_	18	•	No	$\blacksquare$	B18		No	$\blacksquare$	No	$\blacksquare$	No	▼
	В	▼	27	•	No	•	B27(2708)	2708	Yes	v	No	v	No	▼
	В	▼	35	•	No	•	B35		No	v	No	v	No	▼
	В	_	37	•	No	•	B37		No	v	No	v	No	▼
	В	▼	39	•	No	•	B39		No	v	No	¥	No	▼
	В	▼	41	•	No	•	B41		No	•	No	v	No	V
	В	▼	42	•	No	•	B42		No	▼	No	v	No	▼
	В	▼	44	•	No	•	B44(4402)	4402	Yes	▼	Yes	v	No	▼
	В	_	46	•	No	V	B46		No	v	No	<b>-</b>	No	▼
	В	_	48	•	No	•	B48		No	•	No	$\blacksquare$	No	▼
	В	▼	51	•	No	•	B51(5102)	5102	Yes	v	No	v	No	▼
	В	v	54	•	No	•	B54		No	¥	No	¥	No	v



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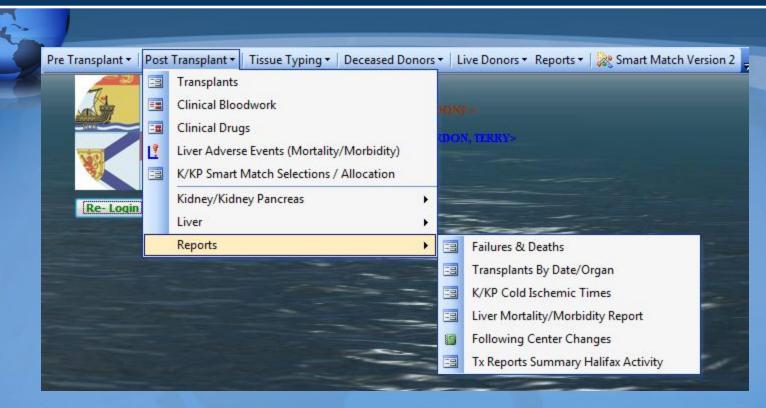
Wait Time [Pediatric]

### **Kidney Selection - Automation**

Selection Report Pancreas Avail: Yes [ Donor Age < 35 ] 34 DRB3 DQ1 Age Donor: D##-### DRB4 DP2 Hep C +: TEST DONOR NAME DRB5 CMV ABO В C DR Test Date: yyyy-mm-dd 3 24 7 60 9 7 1 0 Wait Time VG ID Candidates Forbidden Antigens CPRA CMV ABO \* = allele specific = ()splits [Rank] TIER 1 Recipient is Medical High Priority 2893 P1 2 31 7 38 6 7 4 11 2 1 2 0 Patient 1 0 33 2092 P2 Patient 2 2 3 51 44 2 5 4 7 1 2 2 0 Calculated PRA >= 95 % 2165 P3 Patient 3 1 3 8 17 1 2 2 0 98 0 47 2 2 7 60 5 14 1 1963 P4 KI 0 2 0 0 0 Patient 4 95 47 639 Patient 5 **Combined Liver or Heart** 1498 Patient 6 KН 3 31 35 44 4 5 13 0 47 793 P7 1 24 8 35 4 7 15 16 1 2 2 0 Patient 7 KL51 TIFR 2 0 HLA Mismatches A, B, DR 0 1710 Patient 8 24 3 7 60 7 1 0 0 0 0 Combined Kidney/Pancreas 430 P9 2 24 39 44 5 7 4 8 1 2 2 0 Recipient was Previous Live Kidney Donor P10 Patient 10 3 68 62 44 9 5 4 13 1 2 2 0 Calculated PRA Between 80% & 94% 1451 P55 Patient 55 3 68 62 44 9 5 4 13 1 2 2 0 TIER 3 0 HLA Mismatches B, DR [Pediatric] 1844 P11 1 68 7 60 5 7 1 Patient 11 0 HLA Mismatches B, DR [Adult] 1057 P12 Patient 12 1 2 7 60 7 10 1 4 2 0 0 0 TIER 4 0 HLA Mismatches DR [Pediatric] 1077 P13 IWK Patient 13 26 32 7 35 4 7 1 4 2 1 0 0 IWK 1 15 2 2 0 0 Patient 14 0 HLA Mismatches DR [Adult] 2 11 35 44 4 16 1 7 2 2 0 1 P15 Patient 15 TIER 5



# Internal Collaboration Post-Transplant





# Post Transplant – Reporting (TIPS)

Third Quarter 2012 T.I.P Form Fax: 905-567-0995 Page 1 of 2

Transplant and Immunology Program (T.I.P) Form - Kidney Third Quarter (July 1 and September 30, 2012)

Fax: 905-567-099

Tel: 905-567-1777

1. Please provide the total number of kidney transplant patients (existing patients with functioning grafts) followed by *your transplant program:* 

Organ Type	Total # of Transplant Patients Followed up to September 2012				
Kidney	612				

Please provide the total number transplant patients currently on Neoral, Prograf, CellCept, Rapamune, Myfortic and Advagraf:

Organ Type	Organ Type Total # of Transplant Patients Currently on the Specified Immunosuppressant as of September 2012						
	Neoral	Prograf	CellCept	Rapamune	Myfortic	Advagraf	
Kidney	179	329	329	58	128	60	

3. Please provide the total number newly transplant patients (deceased vs. living donor) during the period between

Organ Type	Total # of Newly Transplant Patients Third Quarter 2012				
Kidnev	Deceased Donor	Living Donor			
	18	7			

Third Ouarter 2012 T.I.P Form Fax: 905-567-0995 Page 1 of 2

Transplant and Immunology Program (T.I.P) Form - Liver Third Quarter (July 1 and September 30, 2012)

Fax: 905-567-0995

Tel: 905-567-1777

1. Please provide the total number of liver transplant patients (excisting patients with functioning grafts) followed by your transplant program:

Organ Type	Total # of Transplant Patients Followed up to September 2012					
L iv er	318					

 Please provide the total number transplant patients currently on Neoral, Prograf, CellCept, Rapamune, Myfortic and Advagraf:

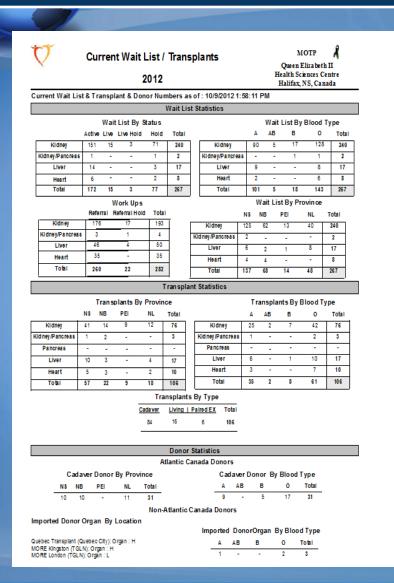
Organ Type	Total# of Transplant Patients Currently on the Specified Immunosupp ressant as of September 2012						
	Neoral	Prograf	Cel1C ept	Rapamune	Myfortic	Advagraf	
Liver	62	254	180	95	11	7	

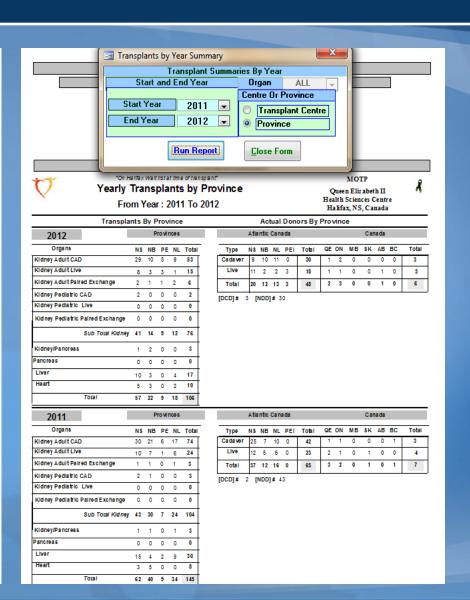
3. Please provide the total number newly transplant patients (deceased vs. living donor) during the period between

Organ Type	Total # of Newly Transplant Patients Third Quarter 2012				
Liver	Deceased Donor	Living Donor			



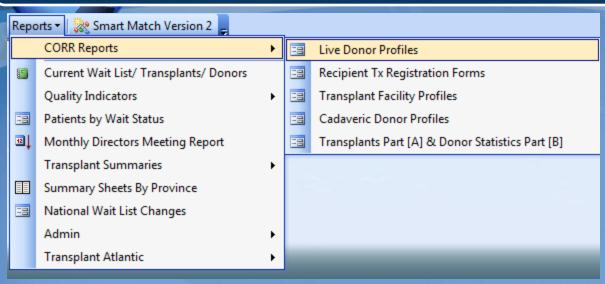
# Post Transplant – Reporting Tx Stats







# External IT Collaboration CORR/CBS







# External IT Collaboration CORR/CBS

### Canadian Blood Services

- National Organ Wait List (NOW)
  - Live Feeds from Halifax MOTP Information System for Atlantic Canada Provinces (26 June 2012)
- Highly Sensitised Patient Registry (HSP)
  - Currently Collaborating on.....





# External IT Collaboration CORR/CBS

