

**Nordic Kidney Group  
12th annual meeting  
November 19, 2014 at Copenhagen Airport  
Minutes of meeting**

**Present:**

Nordic transplantation/nephrology departments:

Søren Schwartz Sørensen – København

Ragnar Kallen – Skåne

Lars Wennberg – Stockholm

Marko Lempinen – Helsinki

Lars Mjörnstedt – Göteborg

Claus Bistrup – Odense

Lars Bäckman – Uppsala

Anna V. Reisæter – Oslo

Karin Skov – Aarhus

**Nordic Kidney Registries:**

Torbjørn Leivestad – Norsk Nefrologiregister

Anders Åsberg - Norsk Nefrologiregister

James Heaf – Dansk Uremi register

KG Prütz – Svenskt Njur Register

**Scandiatransplant:**

Kaj Anker Jørgensen – Scandiatransplant

Bo Hedemark Pedersen - Scandiatransplant

Ilse Duus Weinreich – Scandiatransplant

**Absent:**

Runolfur Palsson – Reykjavik

NTCG representative



- Welcome by meeting chairman Lars Bäckman

- Approval of last meetings minutes

No minutes from the meeting held April 30, 2014 concerning Kidney Paired Exchange Program.  
Minutes from meeting November 20, 2013

<http://www.scandiatransplant.org/members/nkg/MinutesofNKGmeeting2013.pdf>

Accepted. A minor change in wording will be made - Cross-over transplantations and Cross over program will be changed to 'Kidney Paired Exchange Program'.

- Further matters to the agenda

- Blood samples for cross match
- Electronic donation and coordination program used in Skåne

- Status from each center and registry (developments, phase-out, structural changes e.g.)

Each center gave a short report

- Announcement of NKG national key persons 2014-2015

- Marko Lempinen (FI)
- Anna V. Reisæter (NO)
- KG Prütz (SE)
- Claus Bistrup (DK)
- Runólfur Pálsson (IS)
- Ilse D. Weinreich (Scandiatransplant)

- Kidney exchange compliance

Presented by Ilse Weinreich

In the first 10 months of 2014 a total of 391 searches for recipients in relation with a deceased donor were done in the Scandiatransplant database.

In 21% (81 of 391) of these searches exchange obligation(s) occurred between centers.

In 4,9% (4 of 81) the exchange rules was not followed.

Conclusion: The deviations were discussed and accepted. The tissue typers will get a reminder about the importance of searching on the donor birthdate and not the donation date, as this might influence the search results.

- Evaluation of the exchange rules

<http://www.scandiatransplant.org/organ-allocation/Kidneyexchangerep.7maj2013.pdf>

Suggestion: Exchange obligation 1 (Highly immunized + HLA-A,-B,-DR compatible) and 2 (STAMP) shift place.

Pros:

- Reduce the number of positive cross matches due to HLA-C and DQ antibodies
- Reduce the number of positive cross matches due to matching on broad types
- Reduce waiting time, recipients on STAMP has already waited for 1 year

Cons:

- Less A, B and DR matches

Conclusion: All accepted the proposal.

Lars Bäckman will send a written proposal to the Scandiatransplant office and will present it at the Scandiatransplant Council of Representatives Meeting May 2015.

Ilse Weinreich will bring forward the proposal to the Tissue Typers Group Meeting in January, 2015. The Tissue Typers Group will also be asked to evaluate the need for matching on HLA-C and DQ and furthermore narrow tissue types.

- STAMP

Presented by Torbjørn Leivestad

Since the beginning there have been 13 positive cross matches (2009:1; 2010: 4; 2011: 6; 2012: 0; 2013: 0; 2014: 2).

9 recipients on STAMP have been transplanted due to exchange obligation priority 1 (Highly immunized and HLA-A,B- and DR compatible).

95 STAMP recipients have been transplanted due to STAMP exchange obligation.

25 STAMP recipients have been transplanted locally against DSA and 25 recipients have been transplanted locally on LAMP.

- Nordic Kidney Registries, status and data presentation

Presented by Torbjørn Leivestad and Søren S. Sørensen

The data presentation was based on 18025 transplantations performed in Scandiatransplant. Among others it included graft survival in relation with donor type, HLA-DR mismatches, ABO compatibility/incompatibility and HLA immunization.

The presentation will soon be forwarded to all NKG members and placed on the Scandiatransplant homepage.

- NLDR, mandatory fields and timing of follow-up etc

Presented by Kaj Anker Jørgensen

According to EU directive 2010/45/2010 all EU member states must have living donor registry, within Scandiatransplant we already have such a registry.

Suggestion: A minimal set of data must be mandatory to register

- Transplantation registration:  
Age, name, relation code, organ type, sex and transplantation date. (Is registered when the transplantation registration is done).

- Living kidney donor basic:  
Height, weight, BP, Creatinine, Proteinuria, Diabetes, Per op. complications, Post op. complications.
- Living donor follow up - 1 year and every 5th. year:  
BP, Creatinine, Proteinuria, Diabetes.
- Death

Conclusion: Proposal accepted. Some centers already have their own registry and therefore would like to export data to Scandiatransplant.

- Quality Assessment and Scientific Research using SCTP

Presented by James Heaf

James Heaf has used data from the Danish Kidney Registry and Scandiatransplant to look into a variety of questions concerning the kidney waiting list in Denmark. He has found some disadvantages in the data from Scandiatransplant, when you wish to use it for scientific research.

The following solutions were suggested:

1. One to one relationship between WL and RT = Key
2. New variable: date of last true possibility of transplantation  
(Transplantation date, death date, permanent withdrawal date, temporary withdrawal date)
3. New variable: Number of days with "true" temporary withdrawal

Ad. 1. This is already true with all transplantations done after 1995

Ad. 2. and 3. Data is already in the database, therefore the addition merely concerns adding a new column in the data extraction which collect data from various places. This wish has been added to the prioritization list at the Scandiatransplant office.

- Paired Kidney Donation Program

Presented by Lars Wennberg

The basic principles in **Scandia Transplant Kidney Exchange Program (STEP)** were presented. The main goal is to make it possible for patients with a suitable living kidney donor which is immunological incompatible to get kidney transplantation by (initially) a 2-way exchange. A preliminary STEP protocol describing procedures and criteria has been made and will be circulated for comments.

STEP will probably (hopefully) be activated and tested during 2015. The first match runs will be done in a local database, however as soon as possible it will be integrated and be a part of the Scandiatransplant database.

- HLA antibody screen test every 3 months?

Presented by Claus Bistrup

It was discussed whether it would be possible to change the routinely HLA antibody screen test done every 3<sup>rd</sup> months to every 6<sup>th</sup> months. The laboratories must fulfil what is written in the EFI standards paragraph G2.3:

[http://www.efiweb.eu/fileadmin/user\\_upload/pdf/2014-09-12\\_Standards\\_v6.2.pdf](http://www.efiweb.eu/fileadmin/user_upload/pdf/2014-09-12_Standards_v6.2.pdf)

The question must be brought forward to the Tissue Typers Group.

- Any other matters

#### Blood samples for cross match

When kidneys are exchanged it would be very helpful if blood samples could be sent in advance to reduce the cold ischemia time. The coordinators have clearly stated that this is not possible, due to the fact that it is time consuming and getting transportation arranged is sometimes a challenge. However if it is possible in some cases this would be highly appreciated, so please discuss it with your local coordinators.

#### Electronic donation and coordination program used in Skåne

A donation and coordination module developed and used in Skåne was demonstrated by Ragnar Kallen. All data in the organ donor coordination process is stored and accessible over the internet (test database: <http://www.wtxsystems.se>). The plan is to use the same module in whole Sweden.

- Next meeting

November 18, 2014 at Hilton, Copenhagen airport

Minutes reviewed by: Lars Bäckmann and Kaj A. Jørgensen

Minutes respectfully submitted by: Ilse D. Weinreich

