

Scandiatransplant



Nordic Kidney Group, 17th annual meeting

November 10th, 2021, 10:00-15:00 CET

Virtual meeting – Teams platform

MINUTES

1. Welcome by meeting chairman – *Søren Schwartz Sørensen*:

Søren Schwartz Sørensen bid everybody welcome to the meeting on the Teams platform.

2. Registration of participants and election of writer of minutes – *Søren Schwartz Sørensen*:

TRANSPLANTATION DEPARTMENTS:
Søren Schwartz Sørensen – Copenhagen
Clara Paul – Skåne
Marko Lempinen – Helsinki
Lars Wennberg – Stockholm
Lars Mjörnstedt – Gothenburg
Claus Bistrup – Odense
Amir Sedigh – Uppsala
Anna V. Reisæter – Oslo
Karin Skov – Aarhus
Margrét Birna Andrésdóttir – Reykjavik
Jaanus Kahu – Tartu

KIDNEY REGISTRIES:
Maria Stendahl, Swedish Renal Registry (SNR)
Mai Rosenberg – Estonian Kidney Registry
GROUPS:
Tissue Typers Group – Helle Bruunsgaard
STEP committee – Per Lindnér
NTCG – Ulla Plagborg
SCANDIATRANSPLANT OFFICE:
Kaj Anker Jørgensen – Scandiatransplant
Ilse Duus Weinreich – Scandiatransplant

Kaj Anker Jørgensen was elected as writer of minutes.

3. Approval of last meeting's minutes:

(http://www.scandiatransplant.org/members/nkg/Minutes_NKGmeeting_11_November_2020_virtual.pdf) - **Søren Schwartz Sørensen:**

The minutes were approved.

4. Further matters to the agenda - Søren Schwartz Sørensen:

Lars Mjörnstedt would like to discuss transplantation of patients with positive hepatitis titers if there was time enough.

5. Status from each center and registry (developments, phase-out, structural changes

e.g.):

- Reykjavik:

The vulcano is silent and the Covid is very high despite 90% of the population vaccinated. The director of Landspítali has stepped down and they are in process of getting a new one. In the transplantation crew, one young doctor has gone abroad for further education, and they hope he will be back in a year. There has been an increase in the number of deceased donors, but a decline in the number

of living donors. They are working on the STS Congress in 2022 to be held from August 31st to September 2nd in 2022.

- Oslo:

Covid has given them a lot of work and they are pushing for vaccinating and testing the whole transplant population. Their waiting list for transplantation has increased, so that the numbers on the waiting list are about the double of what they were before. Their DCD programme has now been approved and can be put into action, it but has not been put into action yet. Anna Reisæter has stepped down as the head of the renal department, and this responsibility has now been taken by Christian Hellberg.

- Uppsala:

They have started DCD and are training the donor hospitals in this. Despite Covid the transplantation activity seems to be normal. There has been less referrals for pancreas transplantation.

- Stockholm:

The transplantation activity is high, they are using DCD donors, they are using normothermic regional perfusion and can therefore also use livers from DCD donors. The pressure from Covid is low, and they are back to normal with a high transplantation activity.

- Gothenburg:

They have caught up with activity after Covid both on living donors and on deceased donors, they are also in DCD program, but have not been as active as Uppsala and Stockholm. Their chief Per Lindnér is retiring next year.

- Skåne:

They are back to normal after Covid and they have had a decline in living donors. They are starting with DCD. They have a great need for more surgeons.

- Helsinki:

They have had close to normal activity despite Covid, but they now have less donors than before. They have two new surgeons, they have started a DCD pilot program and have done two DCDs. They have a record high number of living donors.

- Tartu:

Covid has reserved beds in the units and intensive care department where they usually have transplant patients. They are not aware of losing donors due to this, but the numbers have gone down.

- Copenhagen:

The number of living donors has declined, but they have had a very good year for deceased donors. Hopefully due to new initiatives taken, but they will have to wait some time to see if that is the case. DCD is still under discussion in a group under the Health Authorities.

- Odense:

They are training new surgeons. This is difficult because both the living donor and deceased donor rates are lower than usual, so generally speaking this has been a bad year until now.

- Aarhus:

Number of living donors seems unchanged, but the number of deceased donors seems to have gone down.

6. Announcement of NKG national key persons 2021-2022:

(National Key persons 2020-2021: Marko Lempinen (FI), Anna V. Reisæter (NO), Lars Wennberg (SE), Claus Bistrup (DK), Margrét Birna Andréssdóttir (IS), Jaanus Karhu (ES) Ilse Weinreich (Scandiatransplant)):

These were unchanged.

7. Kidney exchange compliance (will be circulated before the meeting) – Ilse Weinreich:

Ilse had before the meeting sent out an overview of the compliance to the Scandiatransplant kidney exchange rules based on donor searches performed. She described all the cases where the rules had not been followed, and the explanations for this. The cases were discussed, and the conclusion was that the overall compliance to the exchange rules is still good. People are urged to inactivate patients in the registry when they are temporarily not transplantable.

8. Kidney payback overview – Ilse Weinreich and Coordinator:

Ilse Weinreich showed a presentation of the current and former years' payback balance between the centers. She then looked closer at the cases where time to payback was very long and looked at the attempts that had been made to give these paybacks. The general impression is that people really do what they can to do these paybacks, and it seems like the time until a payback is made is going down. She then went through the new features in YASWA which were implemented last year in April and also new features implemented lately which helped the coordinators see exactly what paybacks they have during the allocation process. Ulla Plagborg commented that the coordinators felt this was a big help for them. Lars Mjörnstedt asked: "Is everybody following the payback rules in all cases?". It seems like everybody does this. There are special cases within Sweden with their own rules for payback, and Ilse had taken these out of the review. In Denmark there is a special allocation for children, but the payback for these follow the Scandiatransplant rules.

9. Nordic Kidney Registries, Annual data report – Anders Åsberg, Søren Schwartz

Sørensen:

Søren Schwartz Sørensen gave a PowerPoint presentation of the results of the analysis he and Anders Åsberg had done. This presentation is on the homepage
http://www.scandiatransplant.org/members/nkg/NKG_annual_report_1995_2020.pptx

- *Suggestions for further analysis of NKG registry data – all:*

Lars Mjörnstedt suggested investigations of HLA antibodies. This led to a discussion of the registration of HLA antibodies in YASWA, and the possibility to find patients who were transplanted against donor specific antibodies. Ilse Weinreich pointed out, that if all centers exported their Luminex results to YASWA, we would have these data. It was highly recommended that all centers do this for all patients, but for different reasons this is not the case for the time being. There was a request for a list of the variables that are in YASWA so people can think about which analysis can be made. The conclusion was that Søren

Schwartz Sørensen will look at what possibilities there are in YASWA to look at patients who have been transplanted against DSAs.

- *Report from the WG on comorbidity index – Margret Andresdottir:*

Margret Andresdottir showed a presentation much like the one the year before on the different indices they had looked at, and if the variables were registered in the different countries. It seems like the KTMI would be the index that would fit the variables that exist in the countries most. It was discussed if the variables could be included in the annual imported from the Uremic registries in the different countries into YASWA. This would certainly present some challenges, but the conclusion was that this working group plus Søren Schwartz Sørensen and Anders Åsberg should look into the possibilities.

10. Suggestions and recommendations from the Tissue Typer group – Helle Bruunsgaard:

Helle Bruunsgaard presented suggestions from the Tissue Typers group, that had been sent out beforehand. Suggestion 1 was how to prioritise the allocation of kidneys when there is more than one STAMP candidate for the same organ. The suggestion was that the kidney goes to the patient with the lowest ABO compatible transplantability score. If there still are two patients it should then go to ABO identical recipients, and if this still is the same, the exchange should go to a recipient in the same country. This policy was accepted, but it was added that if there still after these priorities were two patients, it should go to the one, who has had the most time on the waiting list. Suggestion 2: The inclusion criteria in STAMP should change: For ABO identical TS ≤ 2 and for ABO compatible TS ≤ 3. This suggestion was adapted. Suggestion 3 was that selected HLA antibodies may be delisted and corresponding antigens set as acceptable in Stamp patients, if Imlifidase treatment is considered. This suggestion was not accepted and referred to point 17 in the agenda on Imlifidase.

11. SCTP Acceptable Mismatch programme (STAMP):

- *News from the STAMP committee – Søren Schwartz Sørensen:*

Søren Schwartz Sørensen told about the meetings in the committee. He was not sure when the next meeting will held be due to Covid. Ilse Weinreich commented that the evaluation process had improved greatly.

- *Upcoming publication on the results from STAMP – Ilse Weinreich:*

Ilse Weinreich told about the progress in writing this publication and showed some figures on the results that will appear in the publication. The first draft for manuscript is expected soon.

- *Should NKG/the STAMP committee approach other transplant organizations in Europe in order to increase the donor pool for the very highly immunized patients - Søren Schwartz Sørensen:*

It was decided that there could be looked into this issue, but there would be many challenges.

12. News from the Coordinator group – Ulla Plagborg:

Ulla Plagborg said that the coordinator group would have a face-to-face meeting the next day, she had not much more to tell but again said that the new payback functionalities in YASWA were very good.

13. Paired Kidney Donation Program (STEP):

- *Status - Per Lindnér, Ilse Weinreich*

Per Lindnér and Ilse Weinreich gave an overview of the match runs and transplantations that had been performed. It seems like three match runs per year is good. Currently 39 transplantations have been performed, 25 cycles have been broken for various reasons and three cycles/chains are waiting for transplantations. There have been problems with transportations of organs due to Covid. The next STEP meeting will be in January and they are considering a publication.

- *Do some fields in the donor data sheet need to be mandatory? How long time must pass from a match round until transplantation? – Claus Bistrup*

Claus Bistrup brought up a question of lacking data when the match runs are done. In Denmark the renograms are used for the split function of the two kidneys, and they wanted this data. It seems that all centers have a method of splitting the total kidney functions between the two kidneys. It was suggested that the time from match run to transplantation should be two months.

14. NKG living donor registry project, progress report – *Geir Mjøen and Anna Reisæter:*

Geir Mjøen had investigated the missing data in the living donor registry. The basic data were okay, but there were many missing data in the follow-up, and it was said that some centers do not use YASWA as their follow-up registry for living kidney donors. It was suggested that they look into the centers, where the data completeness is good enough to do scientific evaluations.

15. ABOi project, progress report – *Anna Reisæter:*

Anna Reisæter had tried to look at the ABO incompatible transplantations in YASWA. She had a PowerPoint presentation, but there were problems in getting the screen share function in TEAMS to work, but the main message was that she had not got response from all the contact persons, and she probably had made it too complicated. It was concluded that they should go on trying to see what demographic data and survival data they can get out of YASWA, and they should do this together with Søren Schwartz Sørensen.

16. Prior cancer in living donors – time to reconsider what can be accepted? – *Anna Reisæter:*

Anna Reisæter had looked at the different guidelines for what can be accepted regarding cancers in living donors. In summary, if the risk of transmission of the malignancy from a living donor is less than 0.1% it is okay to use the donor. If the risk is between 0.1-1.0% it can be considered on individual basis. In these cases if there is a history of malignancies more than five years back and with a probability of cure of more than 99%, the donor can be used. Histology, staging, imaging, treatment protocols must be available, and you must consider the risk of de novo malignancy and consider the side effects of cancer treatment and both recipient and donor have to be informed. In very special situations where transplantation is immediately lifesaving, the risk benefits considerations may be different. The acceptable size for kidney tumors in a kidney to be transplanted from a living donor was also discussed, but there is no consensus on this. In Oslo they accept a tumor size of up to two centimeters and do frozen sections during surgery.

17. Common Nordic protocol for HLAi transplantation with Imlifidase – *Lars Wennberg and Amir Sedigh:*

Amir Sedigh and Lars Wennberg had sent out a suggestion for such a protocol before the meeting. The protocol was very thorough and Lars Wennberg gave a PowerPoint presentation of their suggestion. It was discussed which patients should be treated with this new drug, the heavy immunosuppressive medication in the protocol and the benefits for this expensive drug. It would be a problem for many centers to make Luminex daily. Some people meant it would be better to start using this in living donors, but it is only accepted for the treatment of patients receiving deceased donor organs. Lars Mjörnstedt raised the question of what people do when they have a negative CDC cross match, but a positive flowcytometry cross match. In Oslo they will accept donor specific antibodies, if the MFI is low, and Stockholm has done some transplants where the CDC cross match is negative, and the flowcytometry cross match is positive. Søren Schwartz Sørensen would like if Lars Wennberg could present their results of these transplants. Lars Wennberg asked for further comments to the protocol and it was decided there should be held a virtual meeting after new year discussing this matter further.

18. News from SCTP board – *Kaj Anker Jørgensen:*

Kaj Anker Jørgensen gave a short overview of the four board meetings that had taken place since the last NKG meeting, also the Council meeting in May and the meeting with the health authorities in September. He mentioned that Tartu had become a full member of Scandiatransplant at the council meeting of Representatives in May 2021, and at the same council meeting, a working group had been established to investigate the possibilities for the transplant centers in Latvia and Lithuania to become members of Scandiatransplant. He then told them that the plan was to have a short virtual council meeting in May 2022 dealing primarily with budgets and accounts, and then have a face-to-face meeting on August 31st 2022 in Reykjavik in connection with the next STS congress to be held in Iceland. At this meeting a new chairman for the board of Scandiatransplant has to be elected.

19. Any other business:

Lars Mjörnstedt asked to discuss how patients with markers of hepatitis B and C were treated, and he asked if people follow the guidelines on the Scandiatransplant homepage. In Skåne they do transplant patients with active hepatitis C since the treatment is so effective. There are problems in communicating this with the patients. Clara Paul will send out the protocol. Lars Mjörnstedt also asked if anybody uses deceased donors, when they have ongoing IV drug abuse but with all tests negative. Most centers do not use these donors, but Stockholm has used them if they can get sufficient information from PCR tests in time.

20. Next meeting:

It was decided that the next meeting will be November 16th 2022 hopefully face-to-face.