

Nordic Kidney Group, 19th annual meeting

November 16th, 2022, 10:00-15:00 CET

Clarion Hotel, meeting room Tyr, Kastrup Airport, Copenhagen, Denmark

MINUTES

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

Søren Schwartz Sørensen bid everybody welcome to this first face-to-face meeting after years with online meetings.

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

Kaj Anker Jørgensen was chosen as writer of minutes.

Participants:

Søren Schwartz Sørensen, Copenhagen

Alireza Biglarnia, Skåne (online)

Marko Lempinen, Helsinki

Lars Wennberg, Stockholm (online)

Lars Mjörnstedt, Gothenburg

Claus Bistrup, Odense

Amir Sedigh, Uppsala

Anna V. Reisæter, Oslo

Karin Skov, Aarhus

Margret Birna Andresdottir, Reykjavik

Jaanus Kahu, Tartu

Anders Åsberg, Kidney Registry, Norway

K.G. Prutz, Swedish Renal Registry

Maj Rosenberg, Estonian Kidney Registry

Per Lindner, STEP

Ulla Plagborg, NTCG

Anna Werner Hauge, STTG

Kaj Anker Jørgensen, Scandiatransplant

Ilse Duus Weinreich, Scandiatransplant

Anna Ørskov Boserup, Scandiatransplant

3. Approval of last meetings minutes

http://www.scandiatransplant.org/members/nkg/Minutes_NKGmeeting_10_November_2021_virtual.pdf) - *Søren Schwartz Sørensen*:

The minutes were approved.

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

Alireza Biglarnia wanted to discuss a project on DOAC treatment.

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

○ *Reykjavik:*

They have more deceased donors and less living donors. There have been some changes in the staff. They have held the STS Congress, which everybody agrees was very successful.

○ *Oslo:*

They have many living donors and deceased donors seem to be normal. They have just joined STEP. Their DCD program has been approved. They may need to work more with minorities regarding these becoming donors.

○ *Stockholm:*

Total number of transplants probably the same, but DCD has gone up. There has been some discussion of transplantation of immigrants, who have not received a permanent permission to stay in Sweden.

○ *Gothenburg:*

They have increased the number of transplantations and have also started DCD, but living donors seem to have gone down a little. There is a great lack of nurses. They have started robot surgery.

○ *Uppsala:*

Number of living donors have gone down. They have got two new surgeons, and they are also transplanting many DCD kidneys.

○ *Helsinki:*

Number of transplantations from deceased donors have gone down. They have had some Covid positive donors which they have not used. There are in DCD pilot studies and have delayed graft function in 50%. The living donor has gone up, and they now have a LifePort, which they use for DCD and for donors over 70 years.

○ *Tartu:*

Number of donors a little better than last year.

- *Copenhagen:*

DCD is now approved in Denmark, and they hope to start up some time. They also have staff shortage, and they have started robot surgery and are planning a randomised controlled trial with open surgery as control. Living donors have gone down, but they hope to keep up the good donor numbers from last year.

- *Odense:*

Low number of transplantations. There has been a change in surgeons.

- *Aarhus:*

Living donation almost normal, and deceased donors seem to be a little better than last year. Are looking forward to starting the DCD program.

- *Skåne:*

Have also started DCD. The number of living donors have gone down.

6. Announcement of NKG national key persons 2022-2023:

Marko Lempinen (FI), Anna V. Reisæter (NO), Lars Wennberg (SE), Claus Bistrup (DK), Margrét Birna Andrésdóttir (IS), Jaanus Karhu (ES) Ilse Weinreich (Scandiatransplant)

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

Ilse Weinreich had sent out a document on this and went through it. Everyone agreed that the number of deviations are on an acceptable level and that it is difficult to completely avoid recipients active on the waiting list that are not transplantable when they arrive at the hospital.

From Helsinki they have had recipients who were not transplantable due to a positive PCR test for Covid when they arrived at the hospital. In Copenhagen they get a PCR test from the blood within 4 hours, and use this, among other parameters, to decide on transplantability.

8. Kidney payback overview – *Ilse Weinreich and Coordinator:*

Ilse Weinreich showed a presentation on the kidney payback status. It seems that the rules are followed and YASWA has made it much easier for the coordinators to keep track on this. In the next update a new feature will be introduced where you can register if you will accept another blood group as a payback.

9. Evaluation of kidney exchange rules:

- **DCD and DBD are they equal in relation to exchange and payback – Ulla**

Plagborg:

The group has decided that this is a case previously. Now there are some graft survival results backing this decision up.

- **When is a kidney a free kidney/should we have a rota list? – Søren Schwartz**

Sørensen:

There was some discussion of this, but it was concluded that a ROTA list is not needed due to the very low number of free kidneys. A free kidney is a free kidney and does not need payback.

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

Sørensen:

Søren Schwartz Sørensen had sent out a power point presentation before the meeting

(http://www.scandiatransplant.org/members/nkg/NKG_annual_report_1995_2021.pptx

). Søren Schwartz Sørensen described the very good system they now have with two independent people making these analyses.

K.G. Prütz remarked that in Sweden there was a tendency to shortening of waiting time for transplantation, and the waiting time in the different centers seemed to be getting closer to each other.

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

There was suggestion of looking at donor risk index data (KDRI), and Søren Schwartz Sørensen said that he could give the answer that the most significant variable was age. There was a suggestion of looking at antibodies for a publication, but there are problems with registering the antibodies in YASWA (see next bullet). There was a suggestion of looking at the relationship between living donors and the recipients and the effect on graft survival, as there was a suggestion for in the future looking at variables for DCD such as age compared to DBD.

- **Identifying HLAi/DSA from registry data, what are we missing? – Ilse Weinreich and Søren Schwartz Sørensen:**

What are we missing. Ilse demonstrated how differently centers register these data, which makes it difficult to make correct cPRA and DSA calculations. The

NKG strongly supports that all antibodies are directly transferred from the Fusion to YASWA.

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

Margret Andresdottir said there was nothing new from last year where she had sent out a presentation. There was agreement that the comorbidity index should be at the time of enlisting for transplantation. Margret will send a request to all centres about a keyperson and what they are lacking for the comorbidity index. Ilse will be involved regarding additional fields in YASWA and import.

11. Suggestions and recommendations from the tissue typers' group – Anne Werner

Hauge:

There were really no new suggestions, but the tissue typer group supports that the inclusion criteria could be change to an ABO compatibility transplantability score of less than two percent from the present criteria (two percent ABO identical and not more than 3% compatible). It was decided that within two weeks the key persons should report to Søren Schwartz Sørensen if there was anybody against this.

12. News from the Coordinator group – Ulla Plagborg:

- **Exchange of kidneys on Lifeport (suggestion from NTCG (Öystein Jynge)) – Lars Wennberg:**

Lars Wennberg presented the suggestion, and it was discussed. The conclusion was that for the time being, it was not worth going forward with this matter.

13. Paired Kidney Donation Program (STEP) – Per Lindner, Ilse Weinreich:

Ilse gave a presentation of the match runs, cycles, transplantations and broken cycles that have occurred. All centers can now transfer data directly to YASWA. It seems like the number of transplantations in this program is going a down. The group has decided that they will not change the algorithm after they have made several simulations.

- **Discussion on number of match rounds per year – Claus Bistrup:**

It was decided to have four match runs per year, trying to optimize the calendar. The hope was that the shorter waiting time would motivate more ABO incompatible pairs to choose STEP instead of desensitization.

14. SCTP acceptabel Mismatch program (STAMP):

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

Søren Schwartz Sørensen told them, that there had been a preliminary contact to Eurotransplant and that this process would be going on.

15. Common Nordic protocol for HLAi transplantation with Imlifidase – Lars Wennberg:

Lars Wennberg had a follow-up of last year's presentation. He emphasized that it should be to the correct patients, it should be patients who can tolerate this medication and everything that follows with it.

- **Results from HLAi tx with positive B-cell flow-xm in Stockholm – Lars Wennberg:**

Lars Wennberg presented their experience from 2001 to 2012, where these patients were given pretreatment, and it seemed that it went well when they avoided a positive T-cell flow crossmatch. The experience from 2012-2022 where there had been no treatment, indicated that this was OK if there was only one donor specific antibody and that the MFI was quite low.

16. Invitation from ESOT to hold a ½ day virtual meeting on transplantation of highly immunized patients (the ENGAGE project) – Søren Schwartz Sørensen:

Søren Schwartz Sørensen was willing to hold this meeting together with one clinician and one tissue typer from each center.

17. News from SCTP board – Kaj Anker Jørgensen:

Kaj Anker Jørgensen made a brief review of the board meetings that had been, and the changes in the board including a new chairman.

18. Any other business:

Alireza Biglarnia wanted to discuss transplantation of patients in DOAC treatment. He asked if any other centers had such patients on the list, and no other centers had.

19. Next meeting:

It was decided to have the next meeting as a face-to-face meeting on November 15th 2023 in Copenhagen.