

# The Minutes for the Nordic Liver Transplant Group Meeting

## Stockholm, 4<sup>th</sup> of April, 2017

### **Venue:**

World Trade Center

Stockholm

**Welcome** (Greg Nowak)

*The meeting was opened.*

**Program adjustments** due to team from Göteborg and Pål-Dag Line is not at the opening (expected train and flight delay). Program content was accepted without comments/changes.

### **Espen Melum presented LTx results from 2016**

- 7227 LTx registered in the system till the end of 2016
- New record number of performed LTx in Scandinavia: 419 LTx (including 52 reLTx)
- 407 new patients entered waiting list for LTx in 2016 (79 of them still active on the waiting list); permanent withdraw from the list 23 patients; deads on the waiting list 12 patients
- Shortest waiting time in Helsinki 2 weeks; longest in Gothenburg 51 days
- High urgent LTx: 20 patients and 85% of them were transplanted within 72h
- Indications for LTx: PSC 18% HCC 13%; alcohol 11%; significant reduction of HCC as a primary indication to LTx
- Donors' age: median 57; mean 53

**Ilse Duss Weinreich commented on entry of the data in NLTR** (examples of existing problems: only 2% of recipients HLA is filled by Stockholm team, due to the fact that Stockholm stopped to do it as a routine examination; Helsinki and Copenhagen is using another registry for CIT and ALT, etc. Stockholm and Göteborg will start to use national registry system.

There is up to 14% mismatch regarding registered diagnosis, dates of birth or death when ELTR and NLTR database are compared. However, Nordic database seems to be more correct and NLTR should be the base platform for data entered/transfer to ELTR.

**Espen Melum presented a status of data transfer to ELTR.** Four categories of data: full matched, can be converted, will be added, expansion of NLTR (ex. postoperative complications, living donor, pathology on HCC); are needed. In ELTR new follow-up form was introduced “Complications within 15d after LTx”.

**Pål-Dag Line presented minutes from the NLTR meeting in Oslo, 24-25 October 2016.** The minutes were approved without any corrections or changes.

**Other business/group discussion:**

- 1) Rota-list: below I summarize the most important points of the discussion which will be discussed further during Nordic Transplant Coordinators meeting in Copenhagen on 4<sup>th</sup> of May 2017
  - a) In order to avoid misbalanced in liver import/export according to Rota list on national level in Scandinavia, Sweden should be seen as a one center on the Rota list. This principle should be introduced into an action from the 1<sup>st</sup> of June 2017. The question how the offered liver from Rota list will be allocated internally in Sweden is left for discussion between coordinators from Gbg and Stkhlm (every second liver to Gbg and every second to Stkhlm?). Both centers in Sweden will still keep exchange prioritizing on national level (if Stkhlm has a liver which will not be transplanted locally, in the first hand the liver will be offered to Gbg and only if Gbg can't use the liver, it will be offered to Rota list, etc). In Sweden allocation of organs is still prioritized according to general rules about “urgent calls” and “kind requests”, as well as newly introduced (from 1<sup>st</sup> of December 2016) national prioritizing list “acute on chronic”.
  - b) In case of splitable liver CT angio liver is recommended for evaluation of the vascular anatomy and estimation of left lateral segment volume. Examination should be sent/linked to importing transplant center.

- c) Fax is no longer used as communication modality even in case of urgent calls. Use of SMS (phone calls if necessary) and emails is a standard in information exchange among Scandia Tx centers.
- d) Importance of payback system among Scandia Tx centers was discussed. It seems that we have good rules and recommendations but there is a lot of “feelings” that it is not followed accordingly. For the next meeting in Helsinki (4<sup>th</sup> of October 2017) we will prepare lists of livers which should be paid back but were not sent (during one year period - 2016). Of course, this evaluation will include also an aspect of organ quality. At least for now, it is recommended that each center has internal documentation regarding payback offers and info why the livers were not accepted by the other center.
- e) It was also discussed how to improve the quality of registered data on national and Scandia level (for example grade of encephalopathy). It seems that there are still some problems with correctness of data registration (for example cause of death from primary NLTR list). New form for ELTR complications has been introduced. It is important to implement the same list in Swedish National Registry.
- f) According to EU recommendations Scandinavian Registry for living liver donors will be introduced (as extension to living kidneys donors registry) Bo-Göran Ericzon calls for working group and more info is coming during the next NLTG meeting).

### **Reports from centers:**

In summary, it was pretty good year for all centers.

**Maria Casteldahl discussed how do we classify diagnosis** such what is the meaning of “not known” liver disease in case of cirrosis. Maybe “not know” should be used only in terms of liver disease with no clinical (neither radiological?) signs of cirrosis and no prior liver disease? How to register alcoholic hepatitis? The indication per se is a rare indication but Stockholm, Göteborg and Oslo performed LTX due to such diagnosis.

### **Update on ongoing studies / New proposals:**

1' Espen/Oslo: seasonal variations in viral infection? Study based on patients' birth day. All data are already in the registry and preliminary results will be presented in Helsinki during next NLTG meeting. Stockholm is represented by Björn Fischler and Greg Nowak.

2' In 2018 national pilot study on DCD donors (kidneys) will be started based on selected donor centres in Sweden.

3' Andreas/Copenhagen: Scandinavian study on ABO compatible LTx 2002-2015. The end-point of the study is mortality and reTx. Results are worse for ABO compatible even if ABO incompatible in acute patients as good as in ABO identical patients with chronic liver disease. So recommendation would be use ABO identical livers even for urgent calls. Days on acute waiting list do not predict mortality. During the next meeting in Helsinki we will discuss if it is time to change our policies regarding use of ABO compatibility in urgent calls.

4' Andreas/Copenhagen: Donor specific Ab Multicenter study with ongoing recruitment of the patients in Cph, Stkhl and Gbg; Oslo and Helsinki will be ready to start the study soon.

5' Alan/ Copenhagen: call for multicentre study on molecular diagnostic of liver biopsies based on ABMR. The study is based on results from the study on kidney biopsies and ABMR, which is characterized by molecular changes that indicate a role for injury–repair mechanisms in the microcirculation that are likely mediated by natural killer (NK) cell signalling through CD16a Fc receptors. Phenotyping of MMDS can be performed based on liver biopsy and this study could be performed as a substudy to Nordic DSA study. This will be discussed during the study group meeting in Stockholm tomorrow.

6' Ahmad/Stockholm: update on A1AT study mainly based on results from humanized mice model. There is a need to get more tissue from A1AT livers and therefore Stockholm team is going to resend full description related to the study and how tissue samples should be handled in order to send them to Stockholm.

7' Antonio/Stockholm presented proposal for donor operation survey in Scandinavia. The proposal of the survey will be sent with the report from this meeting and will be discussed during the next NLTG meeting in Helsinki. On line access to the survey:

<https://www.surveymonkey.com/r/OrganProcurementSurvey>

**Next NLTG meeting will take place in Helsinki (from morning on 4th of October) and will follow PNTLG scheduled on 3rd of October after lunch.**