Minutes from the NLTG meeting in Oslo March 31, 2014

1) **The NLTG minutes from the meeting in Gothenburg** October 21, 2013 were approved without any comments.

2) **Center wise updates**.
In general, there were no major changes at any center. The Ltx activity in Copenhagen has increased markedly in the first quarter of 2014 compared to low figures in 2013, and the waiting time seems to be dropping. The group discussed the consequences of a TV-program regarding a potential donor shown last year who eventually recovered.

3) **The NLTR 2013 Annual report was presented by Tom Hemming Karlsen**
In general, the Ltx activity is still increasing with a total of 363 Lts performed in 2013, of which 38 (10.5%) were retransplantations. The NLTR now contains over 6000 patients. The waiting times and all over survival rates seems to be stable through the latest years. HCC is now the most common indication for Lt in Scandinavia. The number of PSC patients is decreasing, while the other indications are stable.
The annual report from 2013 will be presented as an article.

4) **Issues regarding data transfer from local registries to NLTR and Scandiatranplant** were presented by Tom H Karlsen and Scandiatransplant representatives. These issues have to be managed properly before transfer of data to ELTR can be done. The main conclusion was that the process of data transfer from local registries should be simplified as much as possible. Computer programmers from Scandiatransplant are willing to travel to each centers and contribute to this work. The new web-based Scandiatransplant registry interface was demonstrated.

5) P**roposals for new NLTR guidelines for data request and publication** were presented by William Bennet and Styrbjørn Friman.

> 1) Any new or ongoing Nordic project should be presented at one of the two yearly NLTG meetings. In general, two co-authors from each participating center should be included, as well as one representative from the NLTR
> 2) When shorter data are requested/used: This should be presented to and approved by the 5 responsible contacts for the NLTR, and the project should be presented on the next NLTG meeting
> 3) When using figures/tables from the NLTR/annual report, the source has to be stated clearly and acknowledged in publications.
> 4) If authorities/external researches request data, this should be approved by the 5 responsible contacts for NLTR.
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> William Bennet will send out a revision of these policies to the responsible person at each center.

6) **Update on paediatric Ltx and the common waiting list** by Willim Bennet.
The frequency of segment 2/3 Ltx to children performed at each center were presented. In total, 24 such procedures were performed in 2013, compared to 18 in 2012.

The potential for such donors seems not to be fully utilized. In 2013, approximately 50 donors fulfilled all 4 criteria's for being considered as splitable donors.
Tim Sholz presented the background for the upcoming first PLTG meeting, which will be held April 1, 2014.

7) **Information on Donor Risk Index Score** by Christian Ross
A brief review of 12 studies exploring the concept of DRI was given, also addressing the difference between the DRI used in Eurotransplant vs DRI in the US (Feng et al, 2006). DRI clearly has impact on long-term graft and patient survival, and represents a tool, which could play a role also within the Scandinavian countries, especially in the era of increased use of extended criteria donors. The group discussed if a Nordic DRI-study should be performed, and whether this should be performed retrospectively or prospectively. According to info from Helena Isoniemi, results from Helsinki did not show any special gain in predicting outcome when utilizing the original DRI. A retrospective study within NLTG could have the potential to come up with new factors/index predicting outcome.

8**) Multivisceral tx** by Gustav Herlenius
Update on current status. There are now 4 patients on the waiting list, this will probably rise to 7-9 in the next 6 months. Mortality for patients on the waiting list has been high (1-year mortality approx. 30 %). The group was urged to have increased awareness regarding potential donors, potential split-donors can often be utilized for multivisceral tx.

9) **Info on cooperation with Estonia** by Ilse Duus Weinreich, Helena Isoniemi and Aksel Foss
We were given information on the rotation of livers imported from Estonia. Two livers were imported in 2013, rotation was done correctly in both cases. A recent case regarding an Estonian girl transplanted in Stockholm with LD was discussed. The liver failed and she was receiving a split from a Scandiatransplant donor, following center contact by BG Ericzon. This approach was approved by the group. Estonia is expected to have a small number of children in need of tx each year (2-3?), and the group discussed if these children should be transplanted in a Nordic country as a "pay-back" for the livers they offer us.

10) **Donor to recipient transmission of HCV** by Helena Isoniemi
HCV was transmitted to multiple recipients from a donor in the summer of 2013. The screening test done pre-procurement was negative for HCV antibodies. However, later PCR testing was positive for HCV-RNA, subtype 3a. The donor probably was contaminated with HCV shortly before death. Should donors be screened with PCR before procurement to avoid this in the future? Personnell involved in transplantations with this donor should be tested for HCV.

11) Invited speaker Stephen Strom: **Hepatocyte transplantation**
The group was given a nice and concise lecture on this topic, which still represents experimental medicine. This treatment might be useful in 'inborn error of metabolism' and may be as a bridge to transplantation or as temporary 'liver-replacement theraphy' awaiting acute liver failure to resolve spontaneously.

Currently, it is a challenge providing livers for hepatocyte isolation. Donor livers not excepted/eligible for Ltx should be offered for cell isolation, also in the setting of very old donors.

12) **Update on present studies**

1) **Outcome of Liver transplantation for α1–anti trypsin deficiency. A Nordic multicenter study** *(Bo-Göran Ericzon)*
   NLTG is positive to performe such a study. Bo-Göran will work out a study protocol, one contact person at each center.

2) **Liver transplantation and cancer – Nordic Multicenter Study** (H Isoniemi)
   Results will probably be presented on the next NLTG meeting

3) **Paediatric Liver Transplantation** (Antal Nemeth)
   Due to be completed in short time

4) **Alkohol studie på Levertransplanterade pasienter** (Knut Stokkeland)
   Currently, 110 patients are included. 200 patients need to be included to be able to show impact on patient mortality. The two participating centers will discuss if the study is to be prolonged in order to reach n=200.

5) Donors above 75 years and less than 6 years in Ltx (Trygve Thorsen)
   Donor 75 is submitted to Liver Transplantation 4 weeks ago. More data on the control group in Donor 6 need to be collected.

13) **Other & future studies** (Allan Rasmussen)
The group discussed if we should participate in a study exploring replacement of tacrolimus/calcineurin inhibitor with sirolimus and potential gain of this. Allan will present a more detailed proposal on next NLTG meeting

14) **Update from Astellas on the use of Advagraf**

15) **Next meeting**
Will be held in Stockholm 23/10 2014, with dinner and social meeting the night before.

16) **Astellas and Marie Sverkersdotter hosted a very nice dinner at The Thief**

Minutes by

Trygve Thorsen

Aksel Foss