



Minutes from the Nordic Liver Transplant Group Meeting

Hotel Opera, Oslo, April 18. 2023,

1. Minutes from the last meeting

The minutes from the last meeting in Gothenburg Oct. 10 2022 were presented and unanimously accepted. The minutes are available at:

<http://www.scandiatransplant.org/members/nltr/minutes>

2. Centre-wise updates

All centres reported satisfying activity levels, but the utilized number of donors has been lower in Norway so far as compared to the other countries. The DCD program in Sweden is running well, including liver donation with NRP. The same holds true for Norway

Gabriel Oniscu has started as Professor and Head of the Division of Transplantation Surgery at Karolinska Institutet.

3. Presentation of the 25-year anniversary symposium for the Intestinal failure Centre at Sahlgrenska University Hospital.

Gustaf Herlenius gave a short presentation of the program and the planned symposium and invited participation from all Scandia centres.

4. Updates from Scandiatransplant

Ilse Duus Weinreich provided an update from the Scandiatransplant office within the following areas:

5. Liver payback status

As per April 2023, 12 livers exchanged has not been paid back. The delay interval was mean 288 days, median 170 days, minimum 20 days. Compared with the last 5 years, this is a gradual improvement. The discussion between the centres revealed that blood group and recipient size may be an issue to explain that offered payback are not always accepted. The balance presented was:

(Center that owes payback vertical and credit center horizontal)

	CP	GO	HE	ST	TA	sum
GO	1	0	1	1	2	5
OS	1	1	0	0	0	2
ST	0	2	2	0	1	5
sum	2	3	3	1	3	12

* Dynamically updated, only includes centers that owes or needs payback

6 cases of extremely long payback times (204-915) days were presented in more detail.

a. **ABO liver exchange program (A⁴BB⁴A)**

At the meeting in Gothenburg, it was proposed and agreed that that NLTG should make it possible to opt voluntarily for a non-identical ABO group exchange for pending paybacks, based on individual centre needs. The necessary modifications for ABO liver exchange in YASWA were introduced with the updates done in February 2023, and can easily be entered through a menu, which makes the status available for all partners. All centres agreed that this program (A⁴BB⁴A) should move forward and be evaluated at forthcoming NLTG meetings.

b. **Exchange and urgent call**

A total of 23 recipients were listed as highly urgent in 2022. The corresponding number for the 4 preceding years was 34, hence there has been a substantial reduction.

c. **Paediatric and multivisceral offers.**

Evaluation forms for paediatric grafts have been introduced and utilised 17 times. Most centres perform routine CT of potential donors and centres agrees that it is highly desirable to perform volumetry of the prospective paediatric graft volume. Average evaluation time have been calculated to around 30 minutes. Missing CT, volumes or other medical information have led to prolonged evaluation times in some instances. All evaluations have been scored as "Excellent" or "Good" for the overall process, and the evaluation can be considered finalised. Volume should be added as an option to the "Liver size measurement" window in YASWA.

Gustaf Herlenius gave an overview of the need for multivisceral grafts.

d. **Classification of permanent withdrawals from the waiting list**

During the Gothenburg meeting it was agreed that there should be a uniform classification and registration for cause of withdrawal from the waiting list.

Further work on the classification should be continued until the next meeting.

6. **Update from NLTR**

Ilse Duus Weinreich oriented about NLTR from the Scandiatransplant office. A NLTR workshop was held in Copenhagen February 22. Action points were common definition of parameters, quality control of data completeness, need for revision of current forms, registration of long-term complications and QoL.

Ilse outlined the principles for data export to the ELTR. All centres must have a data processor agreement with ELTR, and the responsibility for this lies with the data controller, i.e. each centre. Proposal of agreement have been sent to all centres.

Backup requirement is not actually needed since the data are contained also in NLTR.

Espen Melum provided an overview of key data and figures for 2022, including centre-wise comparisons. 9694 patients have been entered into the system, of those

8486 were first liver transplants. Paediatric recipients form 10.6% of the population (896 children). During the year, 374 patients were transplanted. The number of patients dying on the waitlist was record low. There has also been a decline in urgent listing over the last 5 years. Twelve patients were listed as urgent for a first liver transplant in 2022. Eight patients received a graft, 58% of these within 72 hours.

Espen Melum will hand over the main responsibility as coordinator for NLTR to Katrine Engesæter. There will be an interim period where they both are involved until the spring meeting in 2024.

7. Exchange of radiological information between centres through the Scandiatransplant IT-platform.

All centres agree on the need for exchange of radiological DICOM image files, both to ensure safety as well as the importance for optimal allocation. William Bennet have written a letter to the Board of Scandiatransplant signed by each centre as well as the Heart and Lung group that also have the same need. The optimal solution would be to have this integrated into YASWA. Gothenburg have been in contact with an external supplier that already sere Swiss and French Centres. This case should be followed up in forthcoming meetings.

8. Ongoing and planned studies

a. Outcome following re- transplantation for PSC. (Antonio Molinar)

The PI was not present at the meeting

b. DETECT: De-novo malignancies in liver transplant recipients (Hans Christian Pommergaard)

Study is ongoing, none of the PI were present at the meeting

c. **DSA study (Allan Rasmussen)**

The data analysis plan for the study was sent for the meeting, none of the PI's had the opportunity to take part in the meeting.

d. Results of Hepatico-duodenostomy (Oslo/Copenhagen)

e. Use of donor CT examination for allocation of liver grafts

f. Outcome of Extended Right Lobe Liver Transplantations in the Nordic Countries (Vera Nilsén/Carl Jorns)

Vera Nilsèn presented the study and muticentre involvement is possible.

g. "Parameters associated with waiting time and mortality on liver transplant waiting lists in the Nordic Countries – a multicenter cohort study" (Emil Bluhme/Carl Jorns)

Emil Blume presented the study: As is apparent from the NLTR report, blood group is a determining factor for waiting times and access to grafts. Based on the analysis presented, blood group O appears to be a significant risk factor for death.

h. Presentation of Transplant Oncology portfolio in Oslo

Pål-Dag Line presented the transplant oncology research portfolio in Oslo. Ongoing protocols include transplant for CRLM, NET liver metastasis, hilar cholangiocarcinoma and intrahepatic cholangiocarcinoma. It is possible for the other centers to join.

i. DCD donation

Gabriel Oniscu gave a presentation on protocols from the UK and the experiences with a comprehensive sampling of samples to a donor biobank from the UK. There was broad agreement that this is a good opportunity for further cooperation between the centres and that harmonization of variables and samples is an important starting point. it

9. Any other business

Next meeting will be in Stockholm, and the date was set to the 10th of October.