

The Nordic Liver Transplant Registry (NLTR)

Annual report 2014

Report prepared by Espen Melum June 2015

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1. Source of data

The numbers and graphs included in the present report are based on data extracted from the Nordic Liver Transplant Registry (NLTR) in March 2015. Prior to this export, data were subjected to extensive integrity and quality control. Entry of missing data and correction of errors were performed meticulously by transplant coordinators at all centers prior to the final data extraction.

2. Data content NLTR 2014

The registry comprises complete data from the liver transplantation activity at all transplantation centres in Denmark, Sweden, Norway and Finland since 1982. Before 1990 only patients that were transplanted were registered. After 1990, the registry covers all patients entered to the liver transplantation waiting list, regardless of transplantation status. From September 1994, complete waiting list data are available from all patients in addition to the transplantation details. Data are stored securely at Scandiatransplant in Århus (www.scandiatransplant.org).

Up to December 31st 2014, data from a total of 6437 patients had been entered to the NLTR. Of these, 5549 patients had received a first liver graft. Of these, 540 (9.7%) had been transplanted more than once, and 92 (1.7%) had been transplanted more than twice. A total of 160 living donor transplantations had been performed. Children below 16 years constituted 582 (10.4%) of the transplanted patients in the registry.

3. Transplantation activity 2014

The total number of patients who received a first liver graft in 2014 was 352 (Figure 1). Of these, 4 were combined liver-kidney transplantations. Of the first liver transplantations in 2014 10 were

living donor transplantations and 5 domino transplantations. In addition, 36 re-transplantations were performed (Table 2). The total number of 388 liver transplantations represents an increase from the 362 liver transplantations performed in 2013 (Figure 1). The number of re-transplantations remains steady (Figure 1).

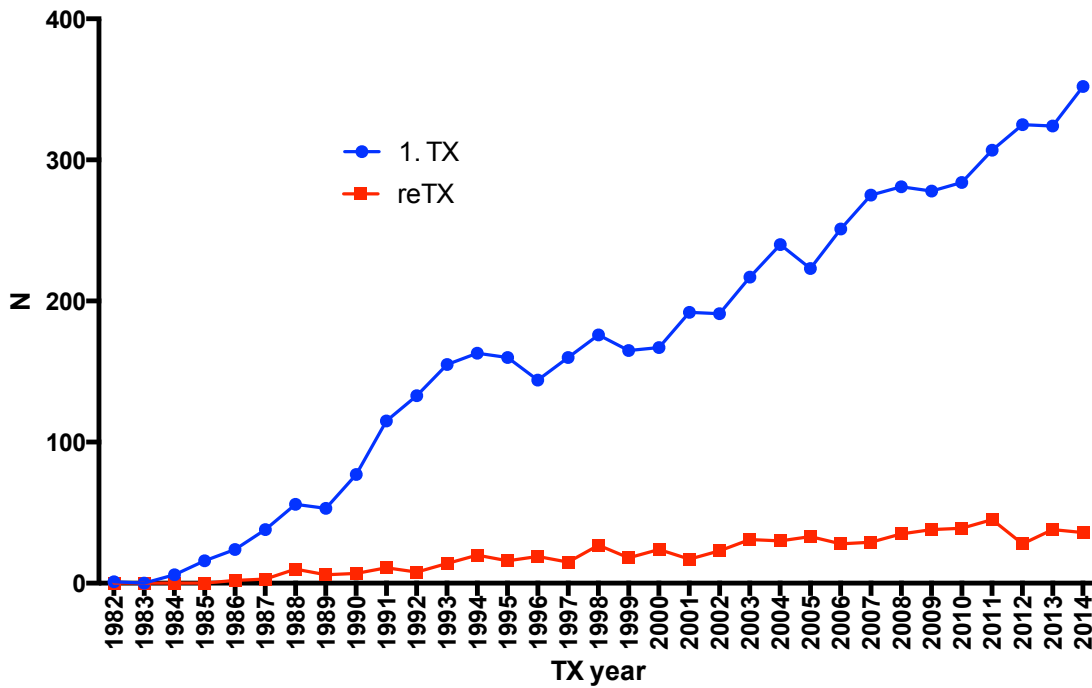


Figure 1. Number of patients receiving a liver allograft 1982-2014. The blue line represents the number of patients receiving a first liver graft while the red line represents the total number of re-transplantations.

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Copenhagen	36	32	37	43	37	43	42	44	39	41
Gothenburg	53	52	64	66	78	61	67	75	72	89
Helsinki	39	49	50	42	42	47	52	48	44	56
Oslo	32	52	64	69	69	77	81	89	96	89
Stockholm	56	56	50	52	43	53	65	69	73	77
Uppsala	7	8	8	11	10	3	0	0	0	0

Table 1. Number of first liver transplantations performed at the individual centers during the last 10 years.

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Copenhagen	4	4	5	1	3	4	9	4	3	6
Gothenburg	14	8	11	10	11	19	16	4	9	8
Helsinki	3	4	3	5	6	3	4	4	5	3
Oslo	7	10	8	10	13	12	8	11	14	11
Stockholm	4	3	2	6	3	1	8	5	7	8
Uppsala	0	0	1	2	1	0	0	0	0	0

Table 2. Total number of re-transplantations performed at the individual centers during the last 10 years.

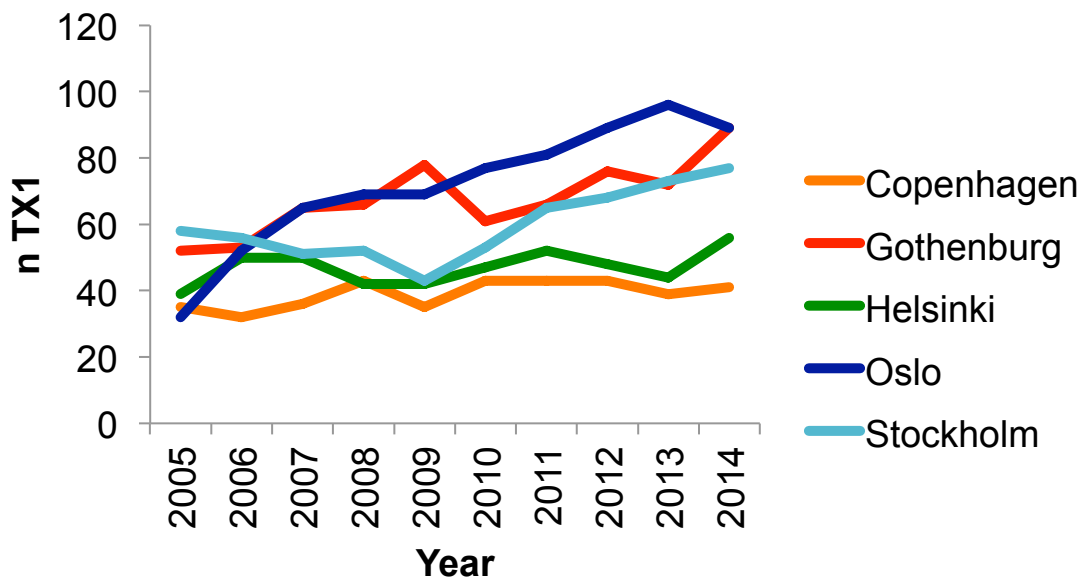


Figure 2. Number of first liver transplantations performed at Nordic centers that are currently performing liver transplantations.

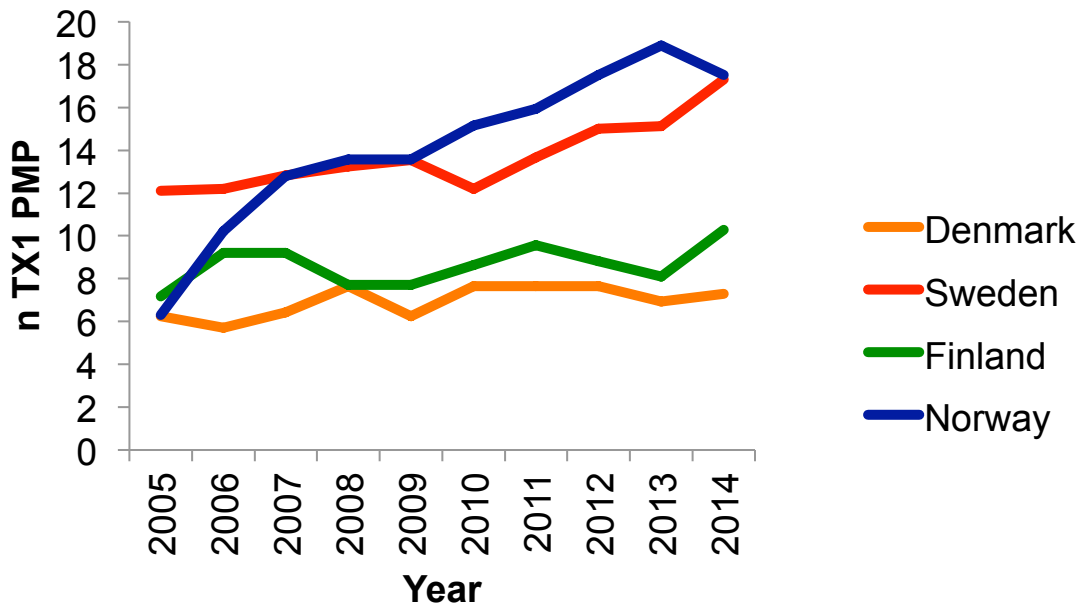


Figure 3. Number of first liver transplantations performed in the Nordic countries according to the countries population. PMP, per million population.

4. The waiting list 2014

In 2014, a total of 417 patients were entered into the waiting list for a first liver transplant (Table 3). Thirty of these patients were listed as highly urgent.

Active on waiting list	Deceased donor	Living donor	Dead	Permanent withdrawal
94	287	9	10	17

Table 3. Patients entering the waiting list in 2014 classified by outcome as of December 31st 2014.

The number of deaths among patients waiting for a first liver transplant in 2014 was 10 (Denmark 2, Sweden 1, Finland 2, Norway 5). The absolute number of deaths registered on the waiting list has remained stable since 1990 (Figure 4). When the deaths on the waiting list are evaluated in relation to the total liver transplantation activity there has been a decrease in the number of deaths on the waiting list (Figure 5).

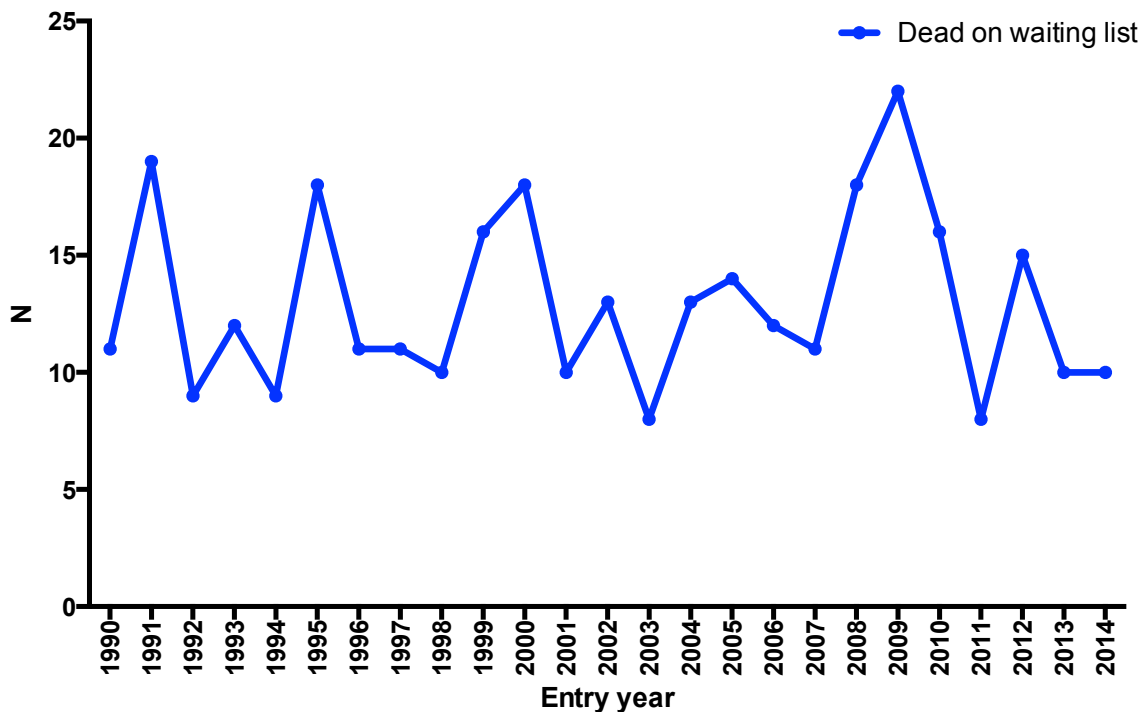


Figure 4. Number of patients registered as dead on the waiting list in the period 1990-2014.

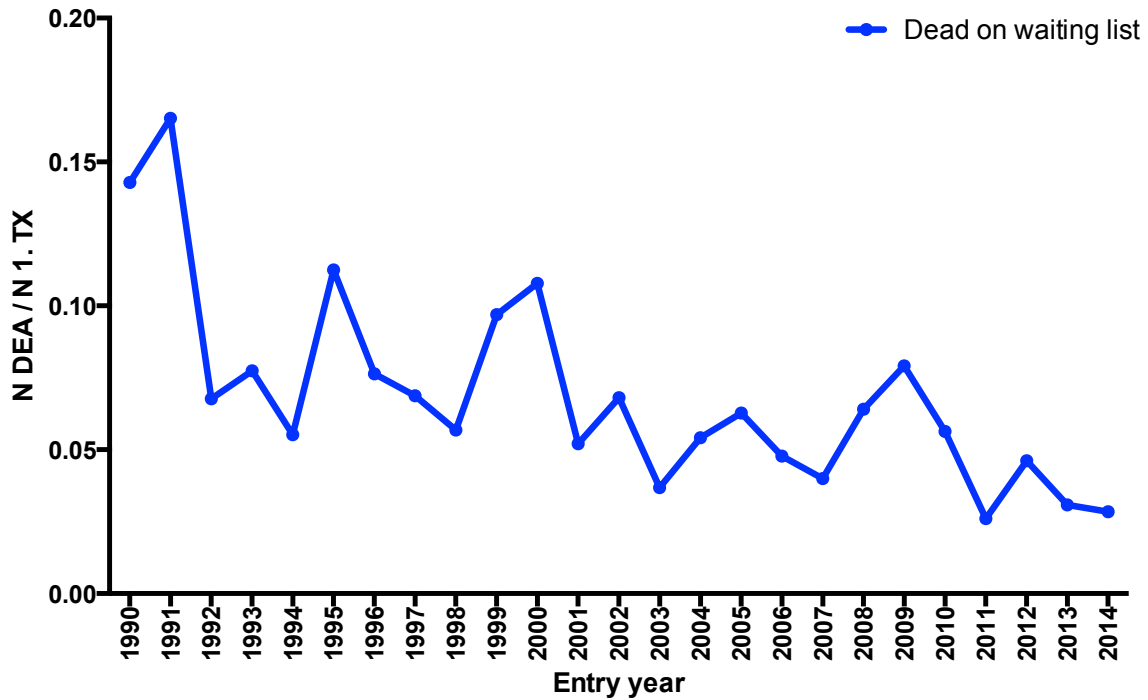


Figure 5. Number of patients registered as dead on the waiting list in relation to the total transplantation activity in the period 1990-2014.

The median waiting time in 2014 was 55 days when excluding patients listed for a highly urgent liver transplantation. The differences according to different ABO blood types were as expected (Table 4) with largely similar numbers since 2000 (Figure 6).

O	A	AB	B
78 (451)	41 (878)	6.5 (104)	56 (277)

Table 4. Median time on waiting list (days) for patients receiving a first liver allograft in 2014 according to ABO blood type. The number in parenthesis represents the maximum waiting time for the indicated blood type in 2014. (Patients listed as highly urgent are excluded from the calculations.)

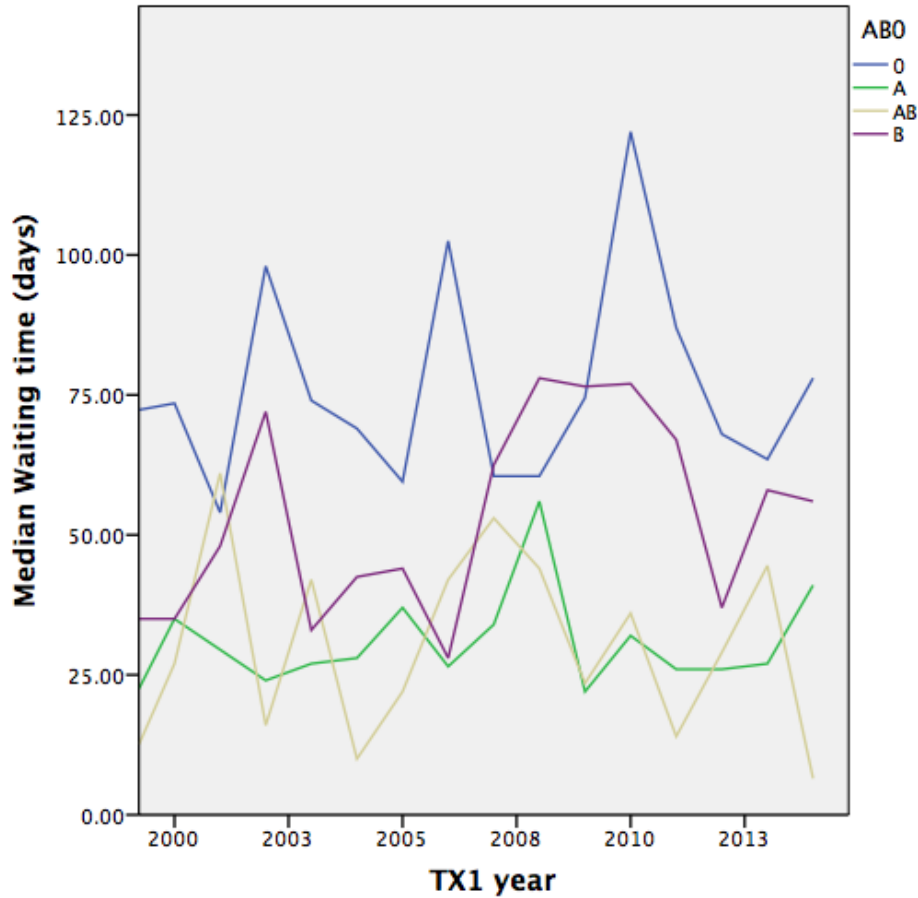


Figure 6. Median waiting time for first liver transplantation according to ABO blood type for 2000-2014. (Patients listed as highly urgent are excluded from the calculations.)

There were slight differences in the median waiting time between the centers in 2014 (Table 5). There has been a steep decrease in the median waiting time for Danish patients over the last years, while a slight increase in the median waiting time is seen in Sweden and Norway (Figure 7).

Copenhagen	Gothenburg	Helsinki	Oslo	Stockholm
50 (878)	64.5 (341)	42 (309)	57 (305)	53.5 (451)

Table 5. Median time on waiting list (days) for patients receiving a first liver allograft in 2014 according to transplantation center. The number in parenthesis represents the maximum waiting time for the indicated center in 2014. (Patients listed as highly urgent are excluded from the calculations.)

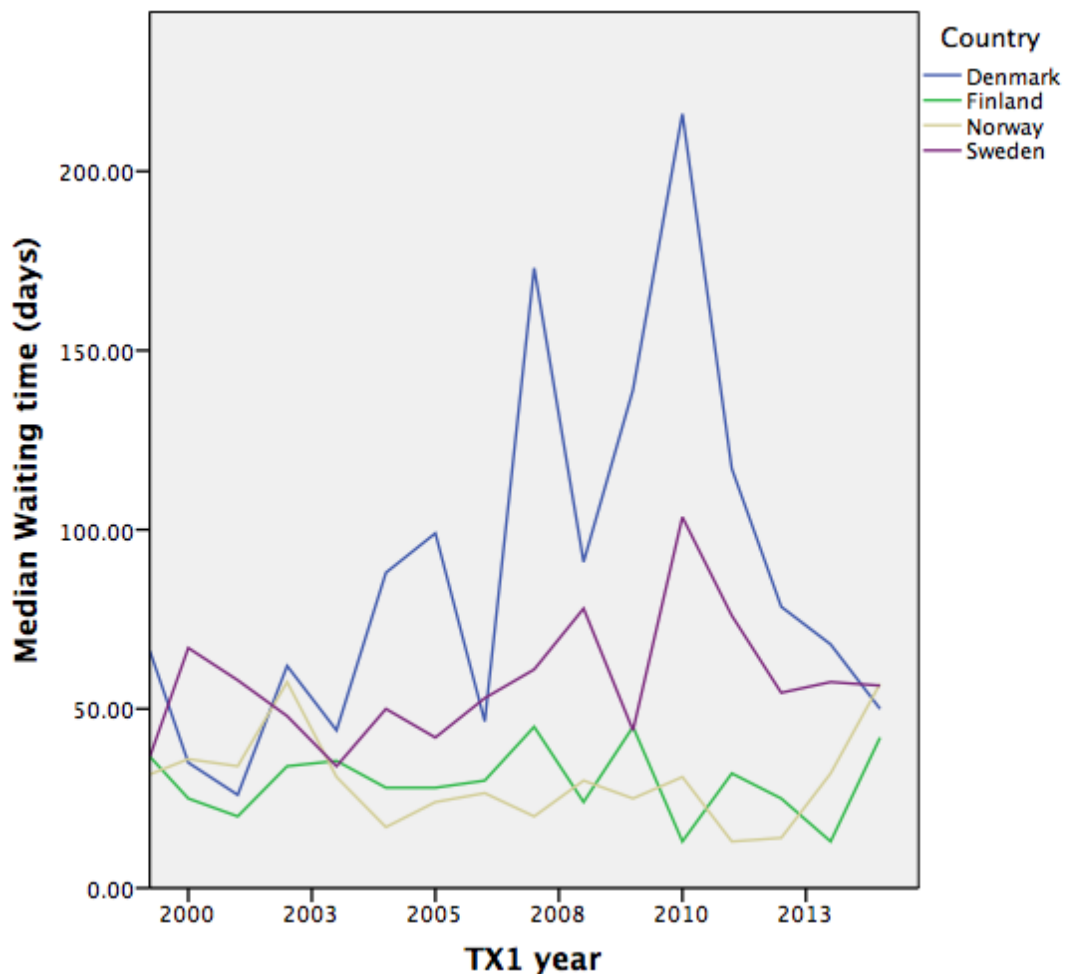


Figure 7. Median waiting time for first liver transplantation according to country for 2000-2014. (Patients listed as highly urgent are excluded from the calculations.)

5. Age of recipients and donors

The mean age of adult liver recipients (≥ 16 years, first liver transplantation) in 2014 was 51.6 years. Mean age of children (< 16 years, first liver transplantation) in 2014 was 6.9 years. Since 1990 the proportion of recipients > 60 years of age at the first transplantation has gradually increased (Figure 8). The mean age of the donors has increased since 1990 with a similar trend in all the Nordic countries (Figure 9).

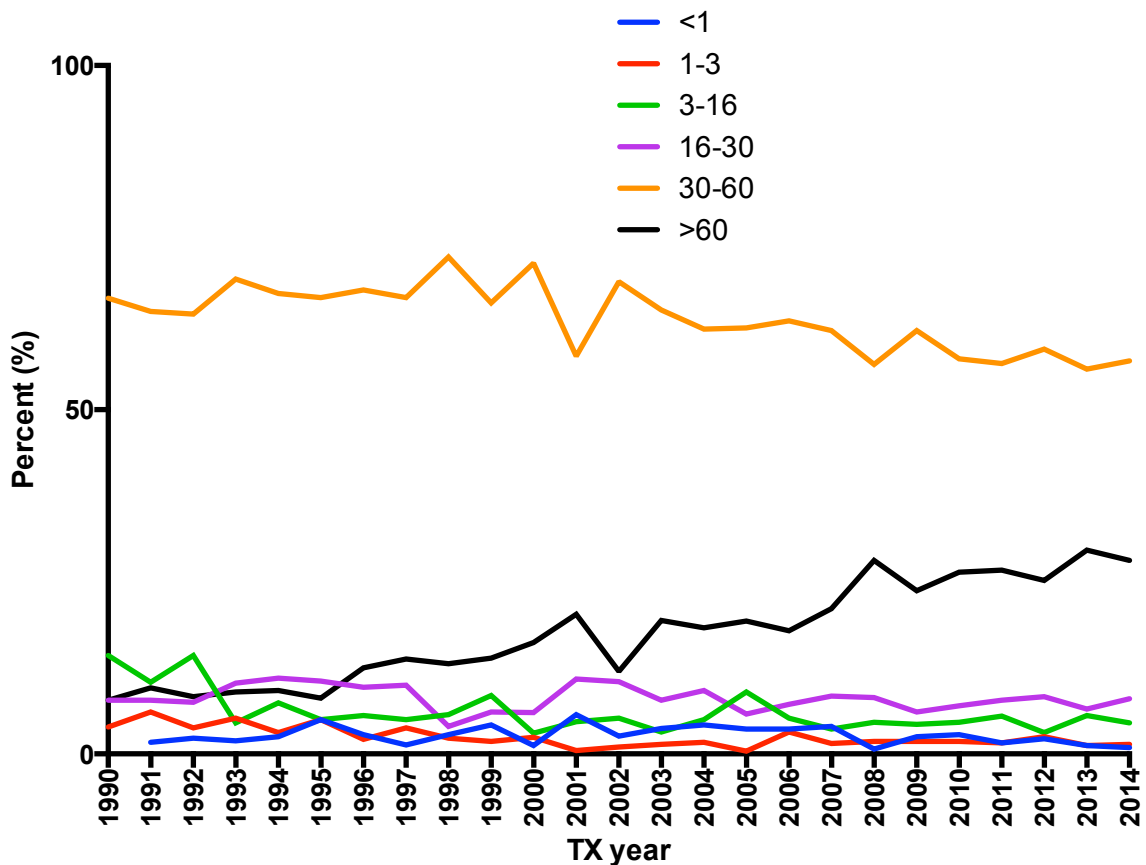


Figure 8. Proportion of liver transplants in the indicated age groups.

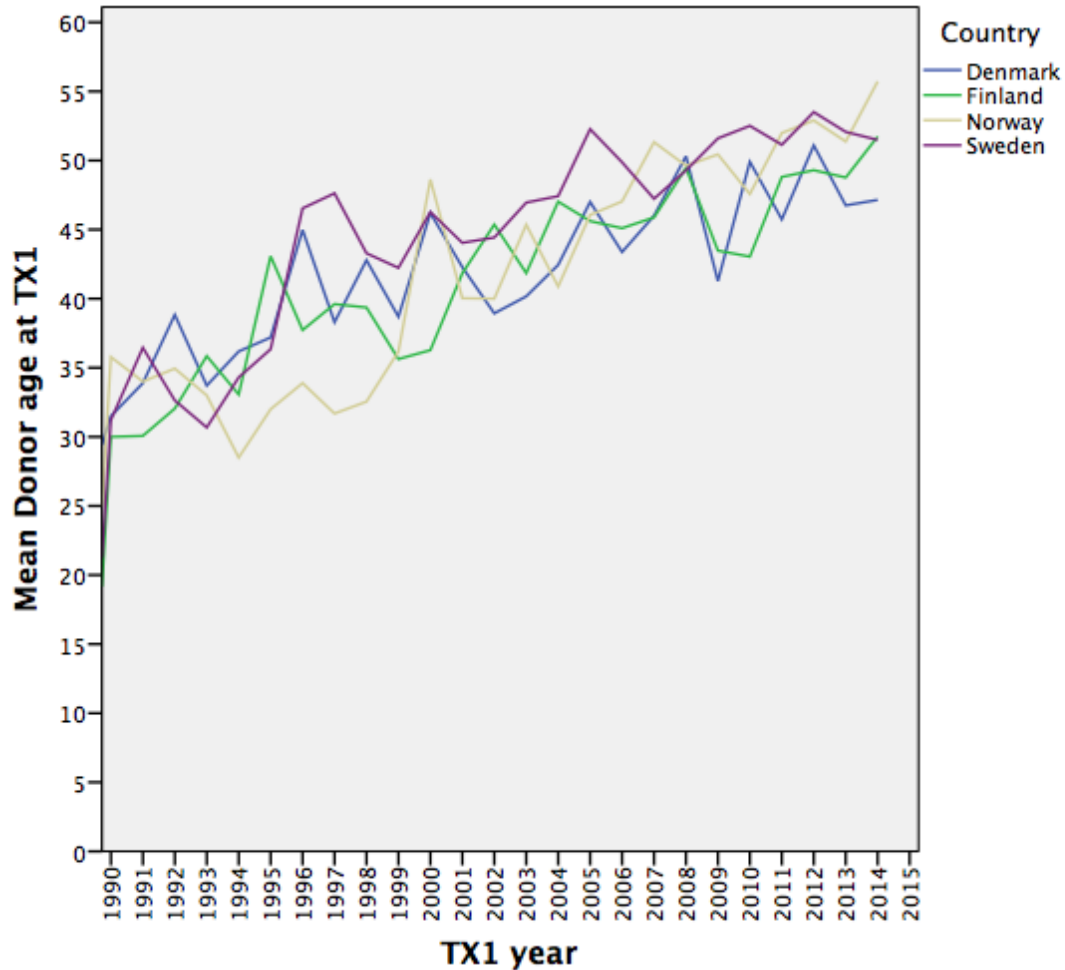


Figure 9. Mean age of donors utilized in the indicated years stratified for the different Nordic countries.

6. Diagnoses

In 2014, hepatocellular carcinoma and primary sclerosing cholangitis were the leading indications for liver transplantation in the Nordic countries (Table 6). Of the patients listed for transplantation with a primary diagnosis of hepatocellular carcinoma (HCC) in 2014 49% were also anti-HCV positive.

	1982-89	1990-94	1995-99	2000-04	2005-09	2010-14	2014	Total
Primary sclerosing cholangitis	11.4%	11.6%	14.7%	16.1%	15.8%	16.2%	18.2%	15.2%
Alcoholic cirrhosis	0.5%	6.9%	11.6%	12.7%	11.7%	11.5%	11.1%	10.8%
Hepatocellular carcinoma and cirrhosis	11.0%	5.7%	5.5%	5.9%	9.0%	17.0%	20.2%	9.8%
Primary biliary cirrhosis	26.2%	15.2%	10.1%	6.8%	7.5%	5.1%	4.8%	8.7%
Post hepatitis C cirrhosis	0.0%	2.6%	7.2%	9.7%	10.2%	8.1%	5.1%	7.8%
Acute liver failure - other	8.1%	11.3%	7.9%	7.1%	5.7%	5.3%	4.8%	7.0%
Metabolic disease	10.0%	9.1%	5.7%	4.9%	6.2%	6.6%	4.8%	6.5%
Autoimmune cirrhosis	2.4%	3.5%	3.6%	4.1%	4.6%	4.6%	5.6%	4.1%
Extrahepatic biliary atresia	6.7%	4.8%	5.3%	4.7%	3.2%	2.4%	2.5%	3.9%
Acute liver failure - toxic	1.0%	2.3%	3.6%	4.3%	4.0%	3.0%	2.8%	3.4%
Cryptogenic cirrhosis	3.8%	7.2%	7.2%	5.7%	7.5%	6.3%	6.1%	6.7%
Post hepatitis B cirrhosis	0.5%	2.9%	2.9%	3.6%	1.6%	1.2%	1.5%	2.2%
Acute liver failure - viral	0.0%	2.9%	2.0%	1.3%	1.4%	1.7%	1.5%	1.7%
Other liver malignancies	1.9%	2.7%	2.2%	1.8%	0.7%	1.6%	2.3%	1.7%
Budd-chiari	1.0%	1.6%	2.3%	1.0%	1.0%	1.0%	1.0%	1.3%
Polycystic disease	0.0%	0.8%	1.5%	1.3%	1.4%	1.5%	1.3%	1.3%
Secondary liver tumors	1.0%	0.7%	0.4%	0.6%	2.1%	2.0%	2.5%	1.3%
Congenital disease	1.0%	1.2%	0.9%	0.9%	0.8%	0.8%	0.8%	0.9%
Post hepatitis other cirrhosis	9.5%	2.6%	0.7%	0.4%	0.0%	0.1%	0.0%	0.9%
Cholangiocarcinoma	1.4%	1.3%	0.7%	0.9%	0.7%	0.2%	0.0%	0.7%
Others	2.9%	3.2%	3.8%	6.4%	4.8%	3.7%	3.4%	4.5%

Table 6. Diagnoses of patients listed for a first liver transplantation in 2014 compared with previous years. In 2014 49% of HCC patients listed for a first liver transplantation were anti-HCV positive.

7. Patient and liver graft survival

When looking at 5-years intervals, patient survival (defined as time from the first liver transplantation until death) and graft survival (defined as time from the first liver transplantation until death or re-transplantation) were dramatically improving over the first years of the Nordic liver transplantation programs (Figures 10 and 11). It is now evident that there is a further increase in the observed survival also in the most recent 5-year period. There are notable differences in the long-term patient and graft survival for different indications for transplantation (Figures 12 and 13). Especially the inferior survival past 10 years for patients transplanted for alcoholic cirrhosis deserves further attention in dedicated studies.

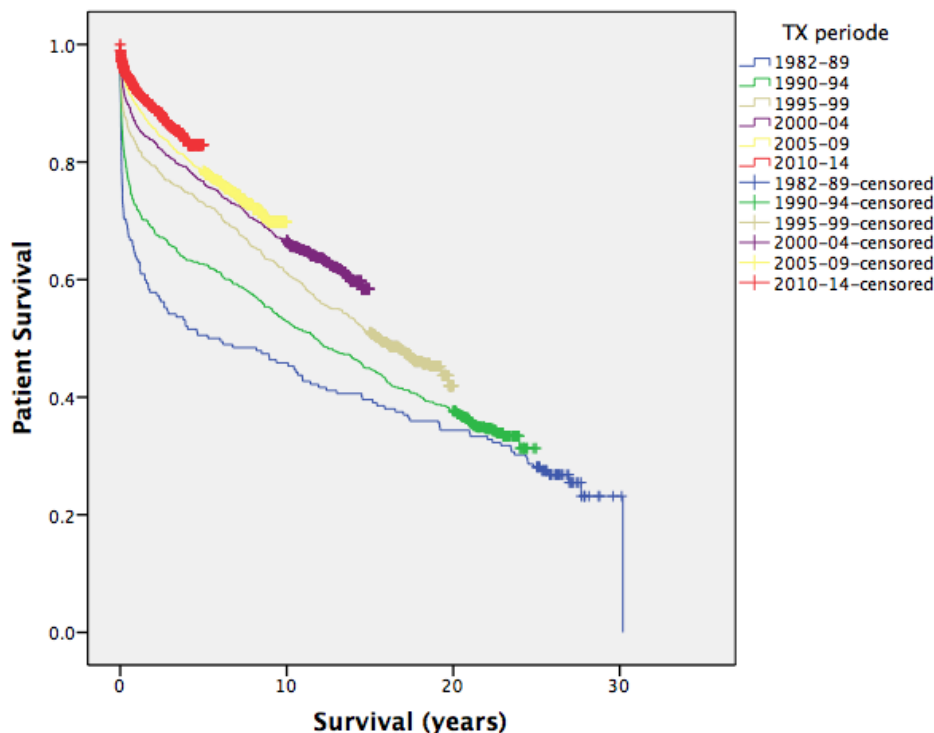


Figure 10. Kaplan-Meier patient survival curve for patients receiving a first liver allograft in the indicated time periods.

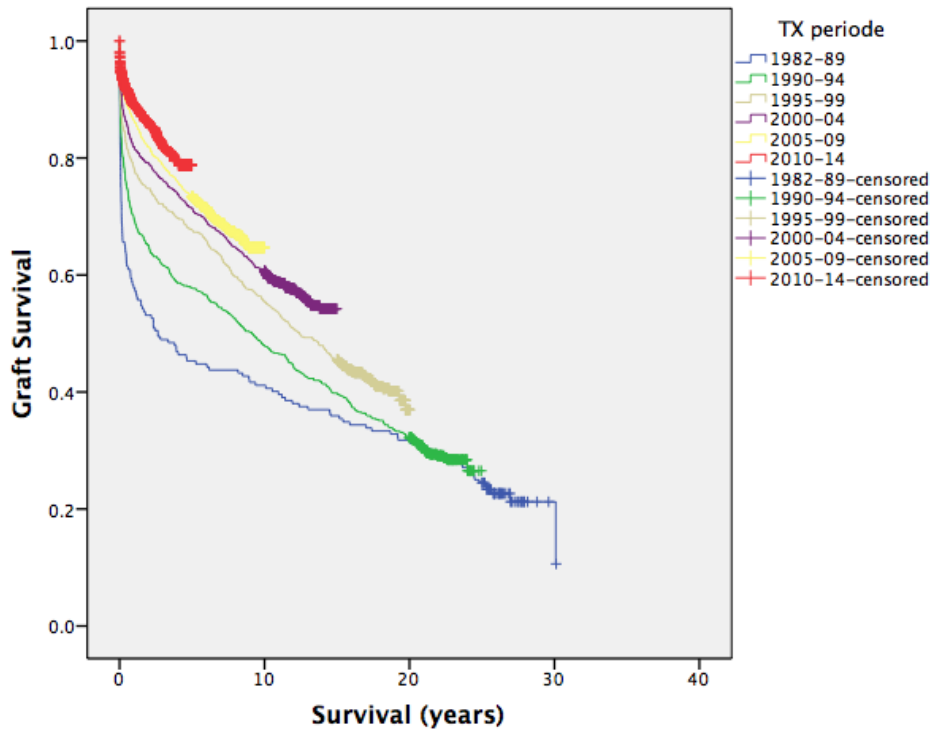


Figure 11. Kaplan-Meier graft survival curve for patients receiving a first liver allograft in the indicated time periods.

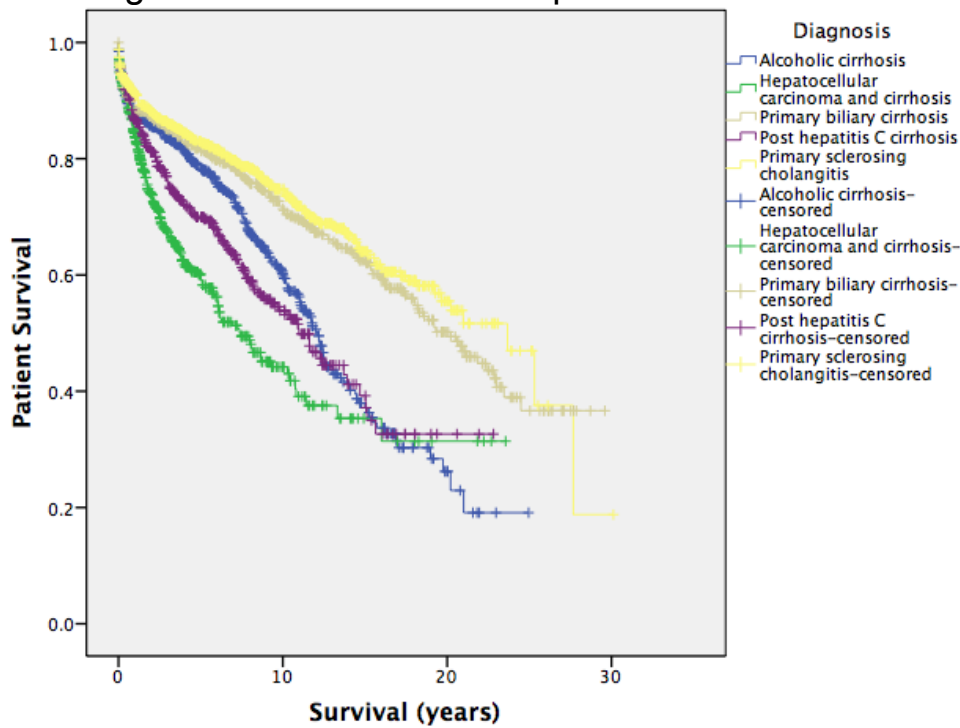


Figure 12. Kaplan-Meier patient survival curve for patients receiving a first liver allograft stratified for the five most common primary diagnoses.

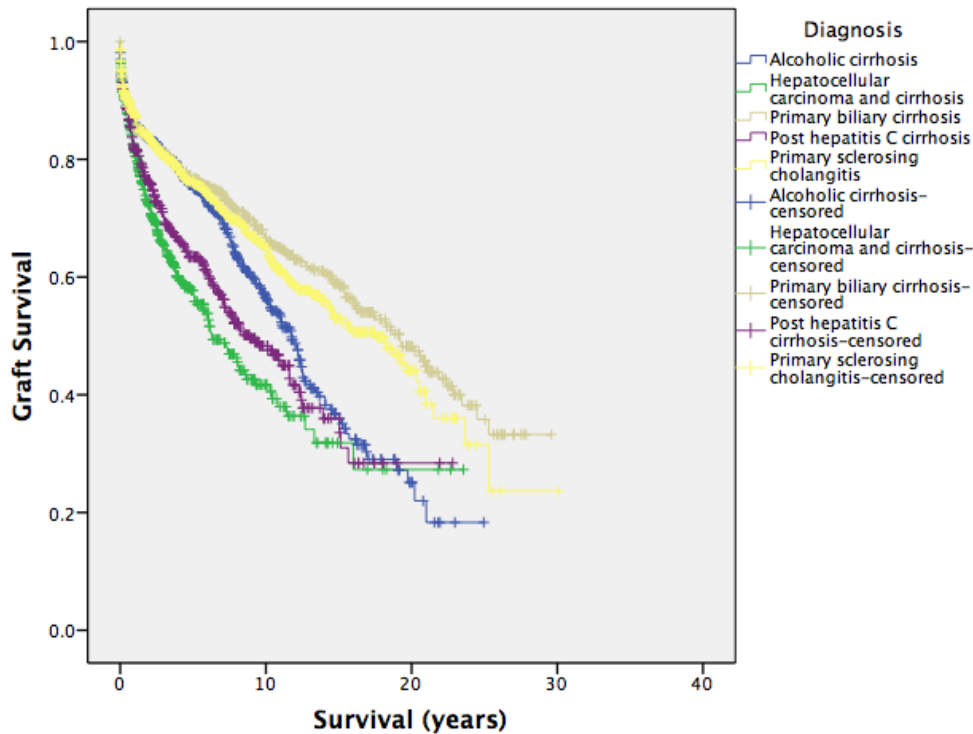


Figure 13. Kaplan-Meier graft survival curve for patients receiving a first liver allograft stratified for the five most common primary diagnoses.

8. Maintenance of the registry

There are notable differences between each center in terms of how extensively data are entered into the NLTR. Diagnosis information, waiting list/transplantation status and survival data for all patients are now complete for 2014. A specific emphasis during the quality control for this report was to ensure proper survival data on patients withdrawn from the waiting list without receiving a liver graft. These data are central to performing intention-to-treat analyses that remains an advantage of NLTR compared to similar registries for other programs. I am extremely grateful for the meticulous follow-up provided by the transplant coordinators upon my requests during quality control. In Oslo, I particularly want to thank Stein Foss, in Gothenburg Christina Wibeck and Ulla Nyström, in Stockholm Marie

E. Larsson, in Copenhagen Mette Gottlieb and in Helsinki it is Helena Isoniemi who answers my requests. Quality control of the content of NLTR is a continuous priority, and a particular emphasis is put into ensuring integrity of the survival data, including cause of death. The remainder of the registry must be maintained at a level set at the discretion of each individual center and contact person. Data transfer between NLTR and local registries and the ELTR are in the process of being established.

9. Acknowledgements - financial support

The NLTR received no financial support in 2014. The maintenance of the Oracle system has been performed by Scandiatransplant. We are extremely grateful for the help and support from Frank Pedersen, Christian Mondrup and Ilse Duus Weinreich and the rest of the Scandiatransplant team in Aarhus. Without their assistance it would very simply not have been possible to maintain the registry and I sincerely hope their efforts are recognized by the NLTG and Scandiatransplant.

10. Organization and data ownership

The registry (software) is the property of Scandiatransplant. The data in the registry are the property of the hospitals represented in the Nordic Liver Transplantation Group. Utilization of data in research projects should be censored by the latter and need to comply with national guidelines for research ethics and data handling. Co-authorships for publications from research projects should be allocated according to the Vancouver guidelines, this includes presentations of data at conferences. The quality statistics of the transplantation activity presented in this report must not be used in other contexts without permission from the Nordic Liver Transplantation Group.

11. Publications based on the NLTR

Full length articles 1990-2014:

1. Keiding S, Ericzon BG, Eriksson S, Flatmark A, Hockerstedt K, Isoniemi H, Karlberg I, Keiding N, Olsson R, Samela K, Schrumpf E. Survival after liver transplantation of patients with primary biliary cirrhosis in the Nordic countries. Comparison with expected survival in another series of transplantations and in an international trial of medical treatment. *Scand J Gastroenterol* 1990; 25:11-8
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