



**Minutes of the Nordic Pediatric Liver Transplant Group (NPLTG) Meeting
Copenhagen October 9th, 2018
and
the Nordic liver Transplant Group (NLTG) meeting October 10th, 2018**

Minutes from pediatric meeting October 9th

Center wise update

It seems that most center have a stable annual number of transplantations of 6-7. Several centers have actually no children on the waiting list.

The status of pediatric liver transplantations and waiting list was presented by Ilse Duus Weinreich.

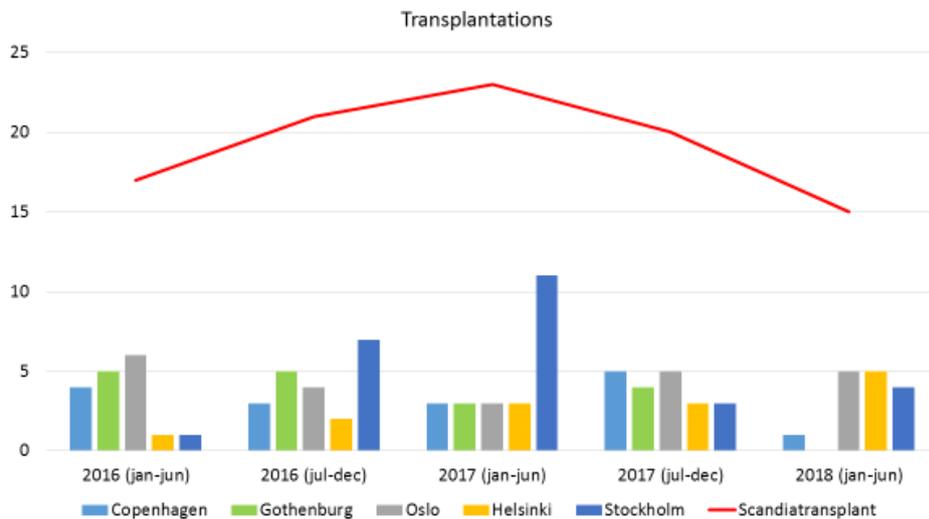
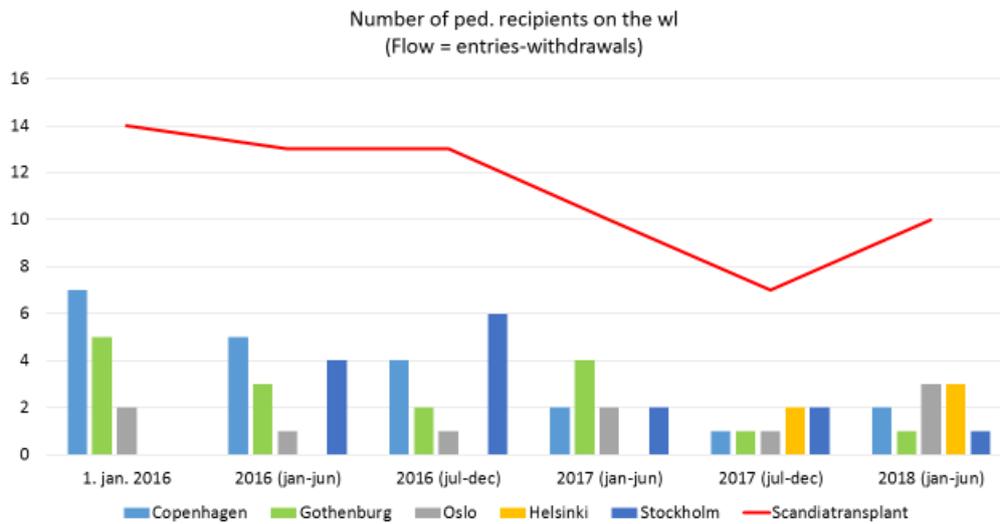
Seventy-five percent (8/14) of pediatric cases were transplanted with a liver exported from another center.

It seems that we have been successful in allocating splittable livers for pediatric cases. But there is room for improvement. There is still splittable livers that are not offered to pediatric cases outside donor center because of “logistic” reasons. And it seems that too many livers are just reduced instead of a full split, which is not optimal with the current donor situation in most Scandinavian centers.

To optimize the use of right lobe we recommend in situ split at the donor hospital. If in situ split is not possible the full liver still goes to the pediatric recipient center for ex situ splitting. The pediatric recipient center still “owns” the graft.

Liver from adult donor used for ped. recipient - transplanted as split, reduced or whole

	2 split tx's		1 split tx		whole		1 reduced tx		Total
	- Fulfill spilt criteria	+ Fulfill spilt criteria	- Fulfill spilt criteria	+ Fulfill spilt criteria	- Fulfill spilt criteria	+ Fulfill spilt criteria	- Fulfill spilt criteria	+ Fulfill spilt criteria	
2018 (jan-aug)	0	2	3	2	4	1	1	1	15
2017	5	5	4	2	4	1	3	1	25
2016	13	4	5	3	3	2	0	0	30



Project on data collection on children transplanted in the Nordic countries including: A mutual pediatric immunosuppression protocol in the Nordic countries

William Bennet suggested a pediatric liver transplantation register (NPLTR). A working group will look for missing points in the data that is already registered in YASWA. The working group will have one participant from each center (Oslo: Pål Dag; Gothenburg: William Bennet; Copenhagen: Nicolai Schultz; Stockholm: Carl Jorns ? ; Helsinki: ? ; Estonia ?;).

We didn't get any further in discussion about common immunosuppression and anticoagulation protocols.

Helsinki and Estonia, please report at participant for the working group to Ilse.

Minutes from NLTG meeting 10th October

Centerwise update: Donor situation has been bad in 2018, specially in Copenhagen but also in Oslo and Stockholm.

The focus of the update was on DCD status and experience in the different countries. Sweden has a pilot study running with evaluation after the first 10 cases (lungs and kidneys only). In Oslo they have a program, which is now paused until they have evaluated the first experience including liver. Oslo reports good outcome in the first 8 DCD livers (normotherm perfusion). In Denmark there is ongoing preparation of a DCD program.

Update Scandia Transplant: Ilse Duus Weinreich

Status on NLTR → ELTR data export

The data export is not running yet, but it is expected to work. Ilse is waiting for response from Vincent Karam

Payback status

At last meeting we agreed in payback with the first available liver (Priority: 1) Urgent call; 2) splitable liver/pediatric liver → pediatric recipient; 3) Payback). The goal was to try and have the very old cases (> 6 months) payed back before the next meeting.

32 paybacks since December 1, 2017

Mean 239 days

Median 122 days

Min 4 days

Max 744 days

24 livers that have not been payed pack (going down from 32)

Currently 11 cases have been waiting for payback > 6 months (going down from 17)

Discussion about mandatory CT

There are many good reasons for doing CT scans of donors

- Increasing donor age with an increasing risk of cancer
- vascular anatomy
- CT liver volumetry.

Oslo has good experience in using the AP-measure of donor liver to match donor livers and potential recipients. Using the AP-measure more routinely can be a help to get the small recipients, often staying on the waiting list for long time, transplanted.

NLTG strongly recommend CT and thorax and abdomen (contrast enhanced if possible) of all donors (exception is the unstable patient that can go out of ICU)

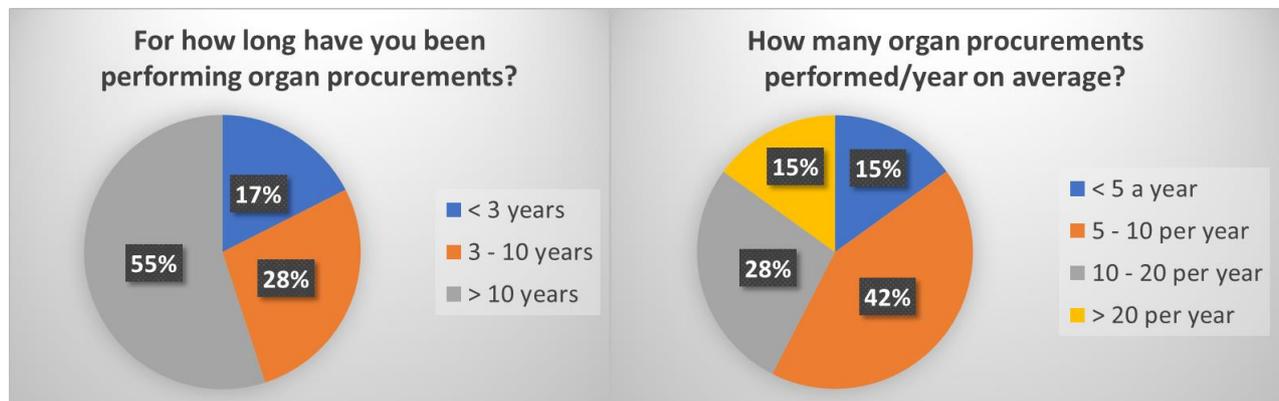
Result of the organ procurement survey: Antonio Romano

The results of the survey showed that the organ procurement in general is done by surgeons with many years of experience, but 15% of the answering surgeons do less than 5 cases per year. The survey showed that there is some variation in the procurement technique and in the feedback from the donor surgeon to the transplant surgeon. Sixty-five percent of liver transplant surgeons answered that they find something unexpected at the liver graft (backtable) in more than ten percent and up to thirty percent of all cases.

A standardization / mutual protocol was suggested. Our guidelines must be consistent with the ESOT guidelines (UEMS courses). And the pancreas and kidney groups in Scandia Transplant have to be involved.

One from each center should participate in a working group (Antonio Romano ?).

Do we need to register data on lesions / adverse events from the organ procurement?



Update ongoing studies

Allan Rasmussen gave an update on the DSA study.

It was reported that the prostatic/breast cancer study has been stopped after a pilot study.

Study proposals

(Stockholm) Carl Jorns will do a study of factors related to waiting list mortality

Oslo and Copenhagen will look at their results of doing choledochoduodenostomy, to see if there is basis for a publication and maybe a larger scale study.

Next meetings

Spring 2019: Gothenburg, March 28th

Autum 2019: Oslo October 22nd (NPLTG) and 23rd (NLTG)

Writer of minutes: Nicolai A. Schultz