

Minutes from STAMP – skype – meeting

15th of September 2014

Participants:

Søren S. Sørensen (SSS)

Mats Bengtsson (MB)

Bjarne Møller (BM)

Christian Naper (CN)

Jouni Lauronen (JL)

Ilse Weinreich (IW)

1. DQA1 and DP typing and registration on STAMP recipients and deceased donors?

The technology is not up and running in all sctp labs. and it is a lot of extra work to add typing on DP especially in the night time on deceased donors.

From a clinical point of view DP typing is much more needed than DQA1, due to the close linkage between DQalpha and DQbeta.

It is possible to register DQA1 and DP typings on recipients and donors in the system but not antibodies.

New typing techniques will probably be available in the near future, however time will be needed for testing and implementing these techniques.

Approx. 1/3 of the highly immunised recipients have DP antibodies and they are excluded from STAMP, depending on antibody levels and specificities. To help these recipients on STAMP DP typing on donors is needed.

Scandiatransplant office is asked to put registration of DQA1 and DP antibodies and matching of these in STAMP on their priority list. IW will do this.

2. Criteria for acceptance on STAMP, should they be changed?

PRA or transplantability? Maybe we should consider looking more at transplantability instead of PRA to ensure that the right patients are enlisted on STAMP. A patient with cPRA of 80% is eligible for STAMP, however, if this is in combination with blood group A the chance of finding a suitable donor can be much higher than e.g. a patient with cPRA of 50% and blood group B.

3. STAMP patient with a low possibility of finding a donor in the SCTP countries

Even on STAMP some patients will have a very low chance of getting a suitable kidney, due to the number of actual donors available (aprox 400/year). Increasing the donor pool could be achieved by teaming up with another big transplantation organisation, e.g. Eurotransplant (EU) for these patients. MB will attend an EU meeting this fall concerning AMP as an observer. At the meeting he will contact Eurotransplant and talk about collaboration.

4. Should STAMP be exchange obligation no. 1?

The STAMP committee agrees that the STAMP priority should have the highest priority. SSS will bring this forward at next NKG meeting.

5. Publication and yearly report

The program has been up and running for 5 years, all agrees that it is a good idea to present the data in a publication. (Waiting time, transplantation success, clinical follow up data etc.)

Torbjørn Leivestad has for several years followed the clinical outcome for the STAMP patients, and reported this yearly to the "Tissue Typers Group" and the "Nordic Kidney Group". Torbjørn Leivestad, has also expressed interest in publishing these results, and Pernille Kofoed-Nielsen, Skejby Hospital has expressed interest in participating in this work

Pernille B. Kofoed-Nielsen will be asked to initiate this work by taking contact to Torbjørn Leivestad.

Around 80 recipients have been transplanted through STAMP. Recipients for the control group could be recipients on STAMP transplanted with a local kidney; there are around 30 recipients in this group.

6. DSA in search including Cw and DQ

It should be possible to use the registered HLA antibody information on HLA-C, DQ and splits as a warning against DSA when doing a donor search. IW will look into this.

But to get proper use of this all antibodies need to be registered in the database.

7. Evaluation of the skype-meeting

Leaves room for more frequent meetings, saves time and money and worked well. Next STAMP Committee meeting on the Skype platform is intended before the next meeting in the Tissue Typers Group

Writer of minutes: Ilse Weinreich

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