Greetings from the Scandiatransplant Office

1. New Scandiatransplant Articles of Association

2. Survey on kidney recipient search compliance
   • Broad and missing HLA
   • Compliance with exchange rules

3. Suggestion - Guidelines for HLA type registration in Scandiatransplant (YASWA) on recipients and donors
Scandiatransplant Articles of Association

Article 12  Groups in Scandiatransplant

• Specialist groups are formed to fulfil the objectives of Scandiatransplant as stated in article 3. These groups receive support from Scandiatransplant as decided by the Board. They should give a report of their activities at the annual assembly of the Council. They are forums for discussing scientific activities and matters of common interest. These groups adopt their own methods of working and making decisions.

• A matter which cannot be brought to a conclusion within a group or between groups can be brought forward to the Board to decide or to prepare for a decision by the Council of Representative.

Different types of groups

1) Organ main groups, approved by the Council of Representatives, the present organ main groups in 2016 being: Kidney, Liver, Thoracic organs, Pancreas and Intestine

2) Coordinator’s group: This group consists of one coordinator from every member hospital. Their duty is to keep all coordinators updated on relevant information, in particular rules and agreements on allocation and transport of organs for transplantation.

3) Tissue typers’ group:
This group constitutes itself, but all tissue typing laboratories in the Scandiatransplant area should be represented.
It defines its own by-laws, leadership and activities, but it should keep the Office updated on a contact person to the Association and the Office.
The group gives recommendations on relevant tissue type information in the IT system and on recipient search procedures.
The group acts as an expert advising committee for the organ groups.

4) Advisory groups: These are formed by the Board and are groups of experts in a field relevant for organ transplantation. They advise the members and give guidelines to the member hospitals.

5) Official cooperation groups: Groups (including the Nordic Transplant Committee) consisting of representatives of the Association and the national health authorities and other competent authorities. The Board decides who is to represent Scandiatransplant.
Survey on kidney recipient search compliance  
(January 1st – August 31st 2016)

• Broad and missing HLA - Survey on a total of 316 searches
  • 2 searches done on broad HLA types (both B14)
  • 1 search with missing search on HLA-C

Recap
During 2011 there were 423 searches, among those more than 150 searches included broad antigens, making those donors potentially not useful for the STAMP patients. HLA B15, B40, DR3 and DQ3 are the most common broad antigens that are entered: Some centers do more than 60% of their searches with broad antigens but even the best centers still have approx. 15% donor searches with broad antigens.

Survey on kidney recipient search compliance  
(January 1st – August 31st 2016)

• Compliance with exchange rules - Survey on a total of 316 searches
  • 53 of 316 searches resulted in exchange obligation to other centers (17%)
  • 5 of 53 deviated from rules (9%)
    • Wrong blood type registered on recipient in Scandiatransplant, mistake was detected and corrected in the beginning of the process
    • Recipient on the waiting list was not transplantable
    • Communication breach, exchange obligation patient was not transplanted
    • Communication breach, no search was made
    • Wrong tissue type registered on donor/search in Scandiatransplant
Suggestion
Common Guidelines for HLA type registration?

• Should and can we make common guidelines on registration of HLA types on recipients and donors in Scandiatransplant (YASWA)?

• The genomic HLA typing result is registered in the ‘Genomic fields’
• If a high resolution typing comes out clear it is recommended to register the result
• If low resolution typing result B*14, B*15, B*40, C*03, DRB1*03 or/and DQB1*03 is given the serological equivalent must be added

Example