Minutes from Scandiatransplant Tissue typers meeting, Oslo January 31th 2014

1. **Welcome and presentation of participants.**

   Christian Naper welcomed all to the meeting. This year 28 participants attended the meeting, including Liina Vassil from Tartu, Estonia

   Election of meeting chairman and secretary.

   Christian Naper was elected chairman of the meeting; Anne Kari Tveter was elected secretary.

   Election of two persons to adjust the minutes

   This we forgot, so please excuse us. We therefore asked Bjarne Møller and Ilse D.Weinreich to adjust the minutes after the meeting.

2. **Confirmation of the agenda**

   The agenda was accepted without alterations.

3. **Election of the person that will give a report to the council of representatives at their meeting on May 7th 2014 in Copenhagen.**

   Jouni Lauronen was elected.

4. **ABO incompatible (ABOi) liver transplantations: Trygve Thorsen.**

   Trygve Thorsen gave an overview over ABOi liver transplantations and presented data on 61 ABOi liver transplantations performed in Gothenburg and Oslo between 1996 and 2011. Overall there was a reduced graft survival in the ABOi group compared to ABO compatible controls. There was no significant difference in patient survival. Graft survival in the A2→O group was not significantly different from controls. There was a high incidence of vascular and biliary complications in the ABOi group and increased need for re-transplantations. Conclusion: ABOi liver transplantation may be utilized in urgent situations without negative impact on patient survival, but only A2 livers should be used in elective cases.

5. **ABOi living donor kidney transplantations: Anna V. Reisæter**

   Anna V. Reisæter gave an overview over ABOi kidney transplantations and presented data on 45 ABOi kidney transplantations performed in Oslo since 2006 (42 with over 3 months follow-up). There was 11% acute AMR (4% graft loss due to AMR) and 6% cellular rejections in this patient group. Biopsies done one year after transplantation displayed more sub-clinical and borderline rejections compared to ABO compatible controls. Conclusion: ABOi kidney transplanted patients do better than patients with DSA. ABOi transplantations may be an option for highly sensitized kidney patients with low anti-A/-B titers.

6. **Status and experiences in STAMP: Torbjørn Leivestad.**

Is the STAMP-program a success?

- Pos. crossmatches: Initially too many, now satisfactory.
- Centre compliance: Acceptable
- Obtained tx: Acceptable – 72 STAMP vs. 8 on Priority 1
- Post tx. Graft survival: Acceptable; ~ 90% 1 year graft survival
- Post tx rejections: Acceptable; < 20%

Patients with DP antibodies should not be on STAMP, but on LAMP.

It was suggested that STAMP should become priority 1 exchange obligation. The STAMP program offer these highly immunized patients a better chance of receiving a DSA negative kidney than exchange obligation 1 today. This issue will be raised by Torbjørn Leivestad at the next Nordic kidney group meeting.

Mats Bengtsson also discussed if blood group O kidneys should be shipped to blood group B patients.

He also pointed out that it would be nice to have the calculated combined PRA included in the STAMP evaluation email sent to the STAMP committee. A patient with 50% class I and 50% class II could have a calculated combined PRA >80% and the committee, will consider this when evaluating if a recipient is eligible for STAMP.

7. **New additional STAMP SOP: Jouni Lauronen**

STEP1: Selection of patients. Patients must have strong antibodies as detected by CDC or solid phase assay (Luminex). It is impossible to define a common MFI limit due to variations between labs and kits.

STEP 2: Preparation of patients. Should we have common cut-off values? This is difficult due to variations between labs and kits. Important for the STAMP steering committee that notes are given on HLA-antigens not mentioned in acceptable or unacceptable antigens

STEP 3: Activation of prepared patient

STEP 4: Keeping information about the STAMP patients updated. The information should be updated at least once a year or when significant changes occur. Patients must be removed from the list in case of a positive crossmatch in relation with a STAMP kidney exchange obligation.

Conclusion: The new SOP should be included in the Scandiatransplant manual

It was suggested that donors should be DPB1 and DQalfa typed as well. Patients with strong DP antibodies could then be included in the STAMP program. Such additional typing would also improve the evaluation of DQ antibodies. This should further be discussed at the next tissuetypers meeting.

8. **Donor HLA in searches: Ilse Duus Weinreich**. The HLA typing has improved significantly and is now acceptable.

   491 searches were performed in 2013 and most of them were done with split antigens.

   HLA-antibody data and corresponding acceptable mismatches on STAMP patients should be regularly updated.

   The number of cases where the Scandiatransplant rules for exchange of deceased donor organs were not followed was approximately the same as in 2012 (4 of 55). There were exchange obligations in 13% of the searches.

   Ilse demonstrated the new Scandiatransplant interface/software solution (YASWA). Two new programmers have been hired at Scandiatransplant and one is leaving next year. There will be a link to a test server soon, with the possibility to try out the new search user interface. It is important that the new system follows national and EU regulations for data storage and transfer.

9. **Tissue typing in Estonia: Liina Vassil**

   Total number of organs exported to Scandiatransplant
   9 hearts (+1 used for valves)
   2 lungs
   4 kidneys (including 1 double kidney)
   6 livers
   4 Pancreas/Islets (+1 used for research)
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   25 organs (+2 used for research) from 10 deceased donors

   Qualitycontrol of the tissue typing result: The laboratory is EFI-accreditated

   Ilse register HLA typing results on Estonian donors. If retyping of donors in the recipient lab generates discrepant typing results, this should be noted to Scandiatransplant office and the shipping center. This is an important quality control

   1-2 surplus organs are exchanged between Estonia and Latvia each year according to organ exchange agreement but the collaboration can not be called efficient or satisfactory. Only the tissue typing lab in Tartu, Estonia is EFI-accredited. There are donor centers in Tallin and Tartu (in addition to 5 small centers). No ABOi transplantations are performed in Estonia. Estonia has short waiting lists and a surplus of deceased donor organs (especially lungs and

hearts). The highly immunized kidney patients are a challenge, due to the small Estonian population of 1,34 million, therefore the Estonians would like to corporate with Scandiatransplant to increase their chance of being transplanted.

10. Changes in the EFI-standards v6.2: Juha Perasaari.

The changes have been approved by the Executive committee. The changes will be active from October 2014. The deadline for receiving comments is June 1st 2014. The proposed changes have been published on the EFI website http://www.efiweb.eu/index.php?id=102. . Juha informed that comments can be sent to him directly.

11. Christian: would like the computer system to warn about repeat DQ mismatches- this is an option in the new Scandiatransplant user interface (YASWA). C1q binding antibodies also seem to be important. Lund and Uppsala test for such antibodies regularly.

12. **The next meeting** will be held in Iceland 30.1.15

13. **Additional issues**. Tore suggested changing the ABO exchange criteria on Scandiatransplant in order to increase the likelihood of receiving a kidney. It should be possible to ship O kidneys to patients of all ABO groups. A and B kidneys should also be donated to AB patients. Tore will discuss this issue further with the clinicians in Oslo and they will possibly bring this issue up on the next Nordic kidney group meeting.