

News from Scandiatransplant office

June – 2013



Introduction

You have here the second newsletter in 2013 with information from the Scandiatransplant office. This time the main theme is based on the Nordic Liver Transplant Registry Meeting (NLTR) held the 22nd of April, 2013 in Copenhagen. It has been decided by the Nordic Liver Transplant Group (NLTG) that at the spring meeting each year a parallel meeting should be held with the personnel filling in NLTR data in the Scandiatransplant database.

All previous newsletters can be found on the Scandiatransplant web page <http://www.scandiatransplant.org/news/newsletter-2012>

Purpose

By this information letter we wish to communicate to you about the office status and progress within the system, collaboration with groups related to Scandiatransplant and on-going working projects.

We hope that you will read it and share the information with whom it might concern. As always don't hesitate to contact us for further information, ideas, problems and help.

Both Frank and Ilse receives a mail when writing to:
help@scandiatransplant.org

Ilse Duus Weinreich
ilse.duus.weinreich@scandiatransplant.org

Frank Pedersen
frank.pedersen@scandiatransplant.org

Scandiatransplant
Aarhus Universitetshospital, Skejby
DK - 8200 Aarhus N
Denmark
Phone +45 7845 5130

Content

1 Change in kidney exchange rules

2 News tickers

2.1 May 23rd, 2013: New HLA Quality control implemented

3 What are the key functions and how do you extract reports in the 'old' system?

4 Issues from NLTR meeting

4.1 Registration of auxiliary liver

4.2 HCV genotype

4.3 Cold ischemia time

4.4 New quality controls

... and in further details

1 Change in kidney exchange rules

At the Council of Representatives meeting May 7th 2013, it was proposed and accepted that exchange obligation 2 (Immunized patients who are HLA,-A,-B,-DR compatible) and exchange obligation 3 (STAMP) should shift positions with regard to priority.

The change of the kidney exchange rules is effective from 4th of June 2013.

<http://www.scandiatransplant.org/organ-allocation/Kidneyexchangerep.7maj2013.pdf>

2 News ticker - May 23rd, 2013: New HLA Quality control (QC) implemented

A new QC entry has been added to the quality control menu. It discloses if any recipients active on the waiting list, have HLA types listed as repeated mismatch that are considered as obsolete in the database.

The importance of resolving the cases listed in the QC differs between the Nordic tx. centers, depending on two things, the attitude towards transplanting against previous mismatches and how (much) the functionalities in database are used for matching.

Read more at http://www.scandiatransplant.org/news/News_ticker_6.pdf

3 What are the key functions and how do you extract reports in the 'old' system?

Now and then we get questions about how to navigate around in the old system and how the data registered can be extracted.

As a result we have placed a document on the homepage which gives an overview of key functions and describes with an example how to extract data.

http://www.scandiarttransplant.org/data/FAQ_no3_keys_extractions.pdf

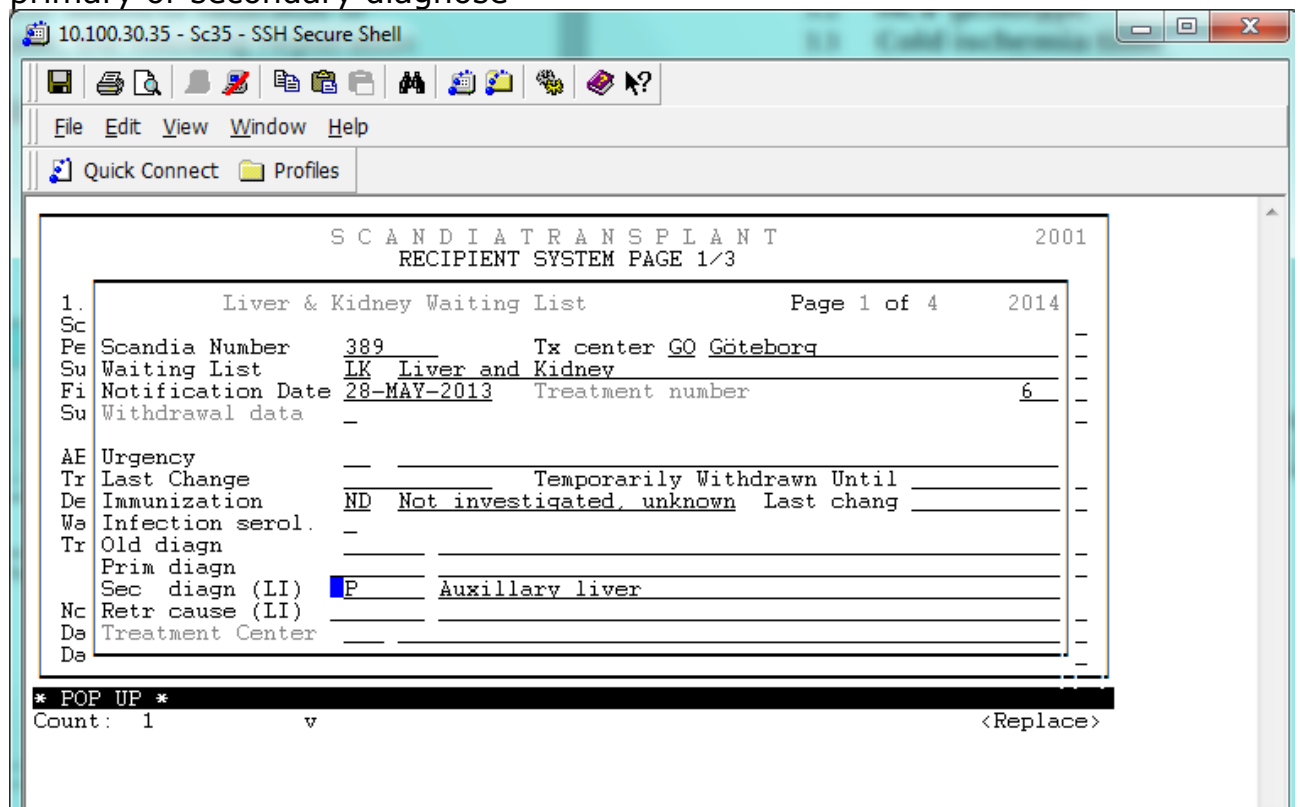
4 Issues from the NLTR meeting

4.1 Registration of partial auxiliary liver transplantations

Performing liver transplantation at the same time as kidney transplantation can protect against kidney graft rejection in recipients with broadly reacting human leukocyte antibodies, because the transplanted liver seems to neutralize or absorb the antibodies.

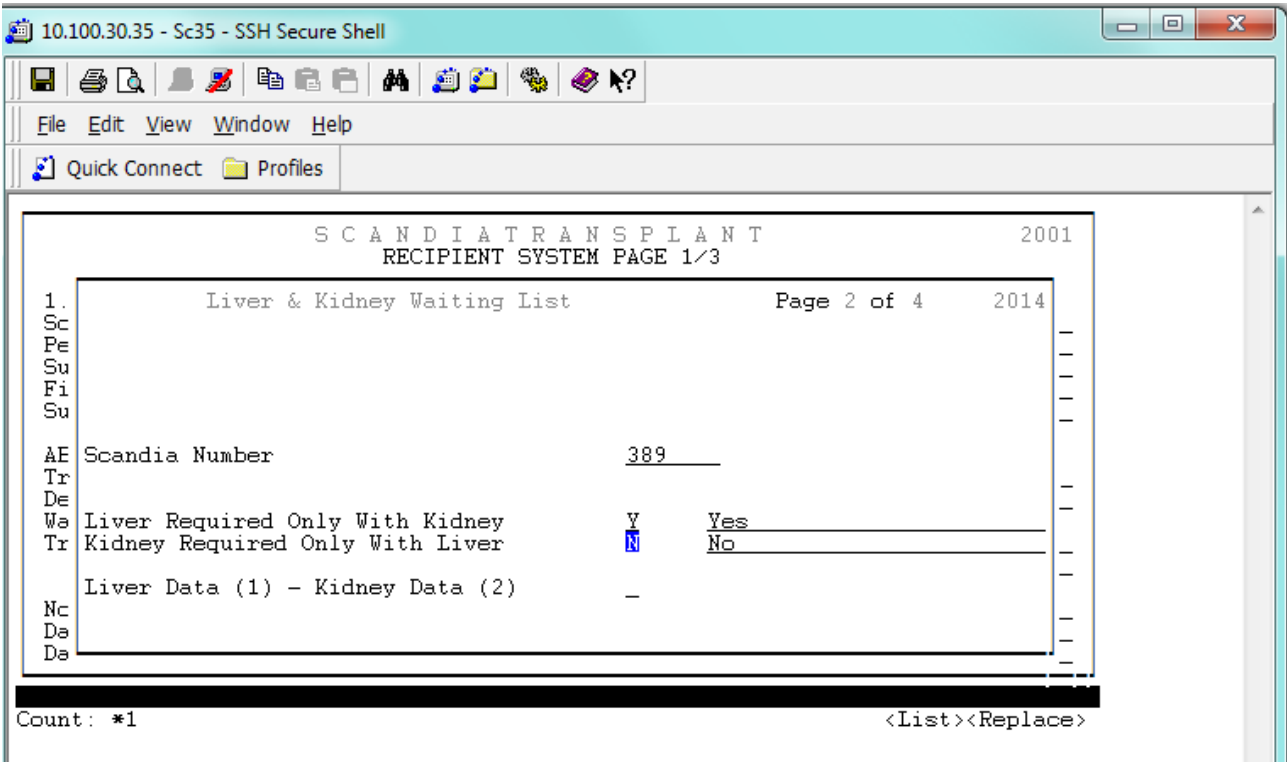
When this procedure is made, the following registration must be done in Scandiarttransplant:

- Patients are put on the combined Liver+Kidney (LK) waiting list.
- A new diagnosis P=Auxiliary liver is added and can be selected as primary or secondary diagnose

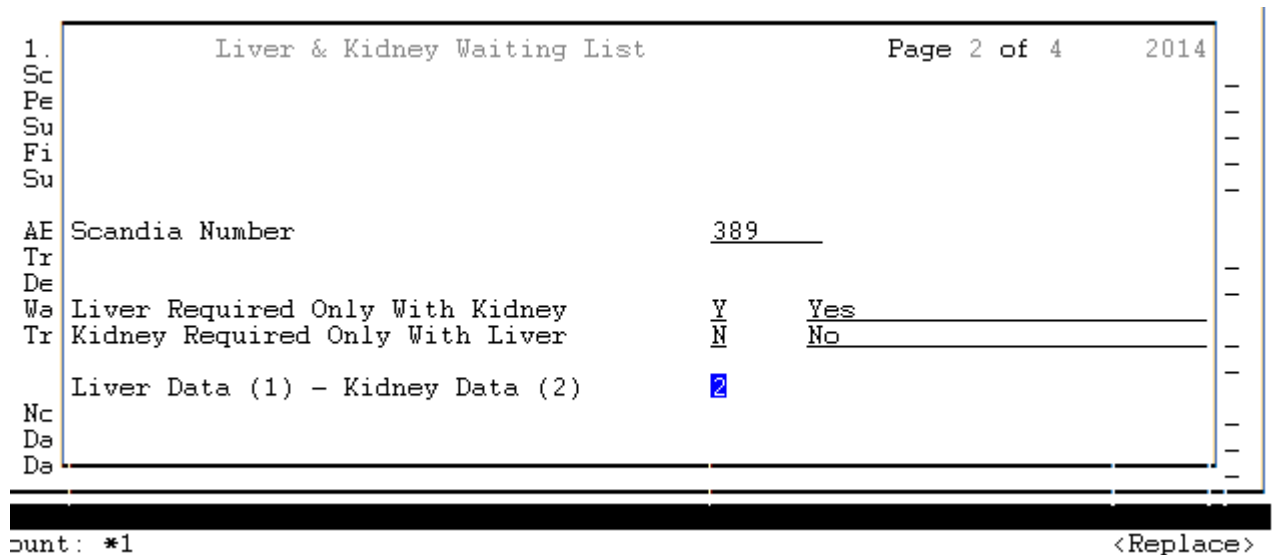


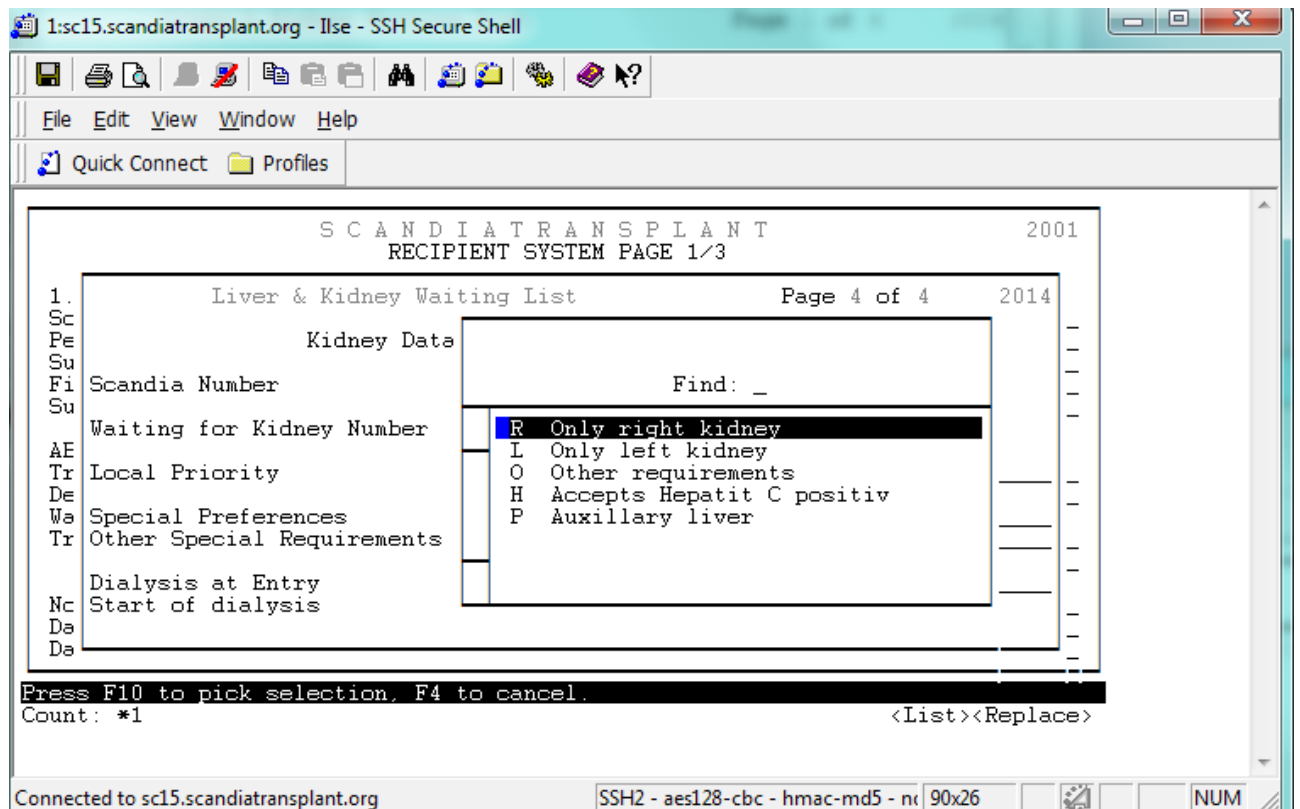
- On page 2 of 4 on the waiting list record the user must state
Liver Required Only With Kidney = Yes
Kidney Required Only With Liver = No

Then the patient will be searchable in a Kidney search but NOT in a Liver search.



- On page 4 of 4 on the waiting list record under 'Special Preferences' P=Auxiliary liver can be selected.



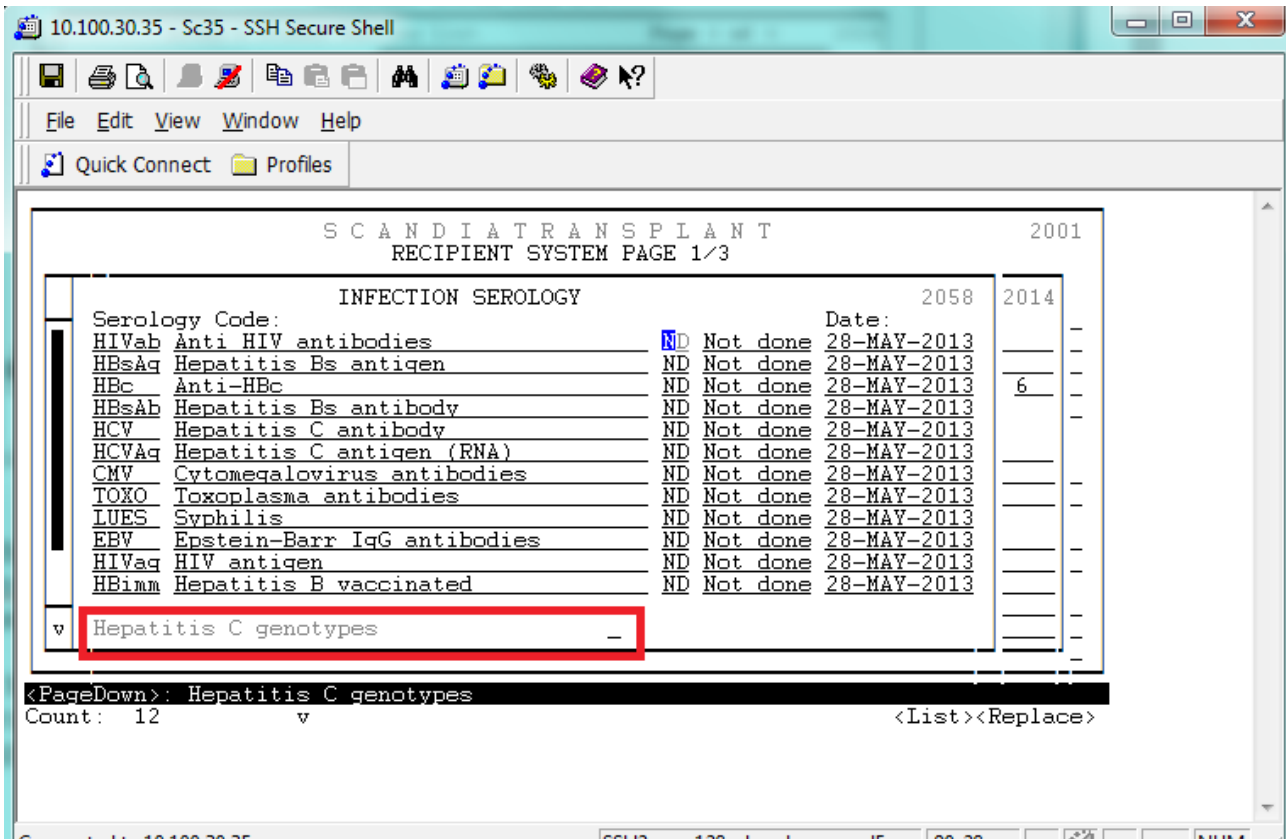


By doing the registration this way, it is possible to distinguish these transplantations from 'normal' combined kidney-liver transplantations and it is possible to do individually follow-up on the kidney and the liver transplantation.

4.2 HCV genotype

Registration of the HCV genotype is now also available from the infection serology on the recipients' waiting list record, before it was only accessible from in the A form.

To register the HCV genotype you must press <page down> followed by <F7>. Further it is now possible to register more than one HCV genotype.



4.3 Cold ischemia time

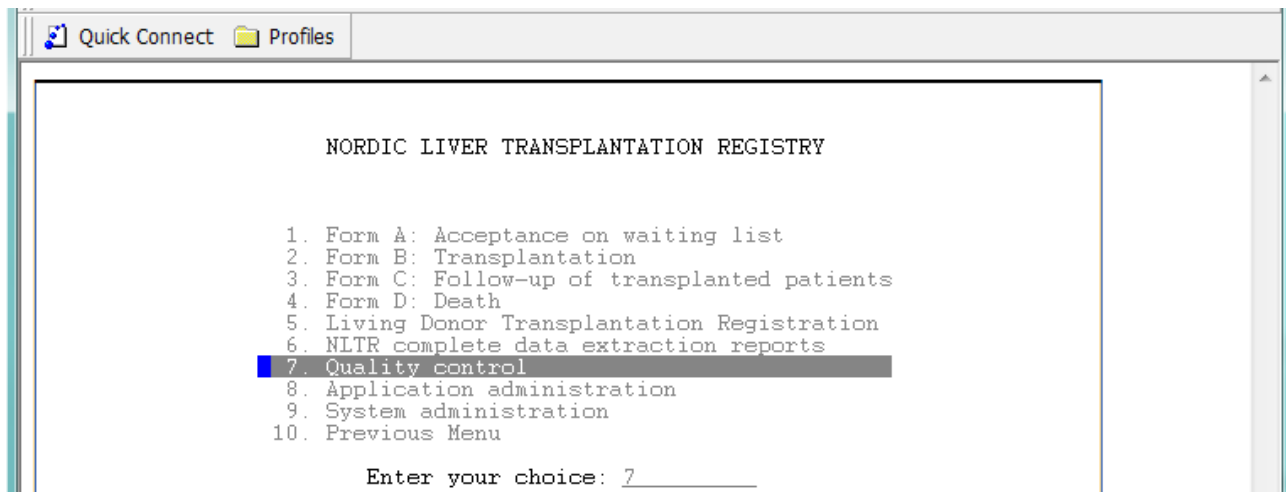
In form B on page 3 of 3 in NLTR it is possible to enter the cold ischemia time in hours.

The cold ischemia time is most often given in hours and minutes, why a conversion by the users from minutes to hours is needed when entering data. This conversion is considered as a source of error as some might register 30 minutes as 0.3 hours and others as 0.5 hours.

Therefore it is now possible to register the cold ischemia time as 'Cold ischemia time: _____ hours _____ minutes'

4.4 New quality controls in NLTR

In the quality control menu two new quality controls have been added. The quality controls are accessible to all users of NLTR with the possibility to view own center data.



The two new quality controls are:
Missing Creatinine [Scheme A]
Missing Death Cause [Scheme D]

