

Guidelines for Organ Exchange in the Scandiatransplant Area

1. All active heart, lung or heart-lung recipients in the Scandiatransplant countries shall be registered in the Scandiatransplant database.
2. To organize a fair exchange of organs across national borders (i.e. heart, lung or heart-lung,) separate “rotalists” for heart and lung transplant centers are created.
3. Donor organs should first be used to local priority 0/1 patients.
 - Thereafter priority 0/1 recipients in the country should be offered the organ
 - When no national priority patient exists, the offer should be given to the other Scandiatransplant centers with priority 0/1 patients according to the “rotalists”. Priority 0 patients should be sought first.
 - When no priority patient exists in the Scandiatransplant area, the donor centre can use the organs to priority 2 patients locally or nationally.
 - Thereafter organs are offered transplant centers in the Scandiatransplant area according to the “rotalists”
 - When no suitable recipient is found in the Scandiatransplant area, organs should be offered to other European organ exchange organizations
4. When both heart and lungs are offered, the centre on top of the lung “rotalist” has the right to accept both organs for either a heart-lung recipient or a lung recipient
5. Blood group compatibility only is required for organ exchange. Donor – recipient match is the responsibility of the transplanting centre
6. The “rotalists” are organized and approached through the Scandiatransplant Computer network by the transplant coordinators
7. The Scandiatransplant area is divided in five regions – Copenhagen/Aarhus, Gothenburg, Helsinki, Lund/Stockholm and Oslo. Each region has a rank on each “rotalist” in decreasing order according to previous acceptance of surplus organs from other Scandiatransplant centers.
8. **Definitions Heart Patients:**
 - Priority 0:
 - Patient on short-term assist devices (ECMO, centrifugal pump) with all other options exhausted.
 - Patient on Para corporeal or implantable blood pump with device failure or uncontrollable device infection where all other options are exhausted.
 - Patients below 16 years on inotropic support (continuous or intermittent also including home treatment) or more than 12 months support on implantable long-term VAD (in-hospital or at home).
 - Priority 1: (not used for hearts).
 - Priority 2: Transplantable patient.
 - Priority 3: Currently not transplantable.

9. Definitions Lung Patients:

- Priority 0: Patient on extra-corporeal circulatory support (ECMO, Novalung or other device) or ventilatory support*.
- Priority 1: Patient with a rapid progression of organ failure with poor prognosis in a short time defined by the responsible centre*.
- Priority 2: Transplantable patient.
- Priority 3: Currently not transplantable.

Remark:

Each centre has the right to claim Priority 0 and 1 for total of three patients each year, until otherwise decided.

10. High urgent Call (Priority 0) shall be renewed weekly as long as the patient is considered transplantable by daily assessment in the responsible centre. Call should be closed immediately when patient status is changed
11. Urgent Call (Priority 0/1) shall be registered in the Scandiatransplant database and actively sought for by the transplant coordinators when a compatible organ is available.
12. A centre responsible for a patient with Priority 0, 1 or 2 should accept the organ within half an hour. The centre has the right to decline the offer, then centers with patients of the same priority ranked by the "rotalist", should be notified.
13. When an offer for an organ is accepted, the accepting centre will be placed on the bottom of the "rotalist". The transplant coordinator on the offering centre, is responsible for immediate update of the "rotalist".

Notes:

- These guidelines were agreed on March 18, 2009 on the NTTSG meeting in Gothenburg, and replaced guidelines of Nov 25, 1996
- The new guidelines should be followed after May 1, 2009
- The practice of these guidelines should be assessed by the NTTSG meeting in the spring 2010
- The number of lung recipients to be put on the list (as priority 0 or 1) from each center was decided to be 3, at the Aarhus meeting in 25.03.2010
- The practice of giving priority 0 for out of region / out of country was strengthened in the NTTSG meeting in Gothenburg March 2012.
- Priority 0 heart recipients were somewhat restricted and now been agreed upon that all other options should be ruled out prior to priority 0 listing, in the meeting in Copenhagen in Nov 2012. The intention with the change of definition was that more patients whenever possible should receive bridge-to-long-term VAD solutions instead of direct heart transplantation.
- The practice of accepting patients <16 years of age with inotropic support or long-term VAD as urgent call (when heart transplantation is needed) was widened to include also patients receiving this treatment at home, in the NTTSG meeting in Oslo April 2013.
- The practice of surplus thoracic organs accepted from Estonia should be offered according to the regular "Rotalist" of Scandiatransplant, was decided at the NTTSG meeting in Arhus as of April 2014.