Guidelines for Thorax Organ Exchange in the Scandiatransplant Area
Version 2 – March 15th, 2012

1. All active heart, lung or heart-lung recipients in the Scandiatransplant countries shall be registered in the Scandiatransplant database.

2. To organise a fair exchange of organs across national borders (ie heart, lung or heart-lung,) separate “rotalists” for heart and lung transplant centres 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 centres 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 centres 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 organisations

4. When both heart and lungs are offered, the centre on top of the lung rota-list 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 organised and approached through the Scandiatransplant Computer network by the transplant co-ordinators

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 form other Scandiatransplant centres.

8. Definitions Heart Patients:
   • Priority 0: Patient on short-term assist devices (ECMO, centrifugal pump), patient on paracorporeal or implantable blood pump with device failure or uncontrollable device infection, patients below 16 years on inotropic support or more than 12 months support on implantable LVAS
   • 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 co-ordinators 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 centres 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 co-ordinator 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 replace guidelines of Nov 25, 1996.
- The new guidelines was put in practice May 1, 2009.
- The practice of these guidelines was assessed and the number of lung recipients to be put on the list from each centre was decided to 3 at the Aarhus meeting 25.03.2010.
- When both priority 0 and priority 1 lung recipient is identified out of region / out of country, priority 0 patients should be offered the organ was decided at the NTTSG meeting in Gothenburg March 15, 2012.