

Work- and time-schedule for STEP

General clinical considerations: (exchange = 2-way exchange, 3-way exchange or chain)

- Donors, recipients (and kidneys) are identified by SCTP-numbers
- Scandiatransplant (SCTP) office informs about dates on upcoming match runs and the dates are also found on the Scandiatransplant [homepage](#). Dates should be communicated by mail to all relevant [STEP contacts](#).
- Medical data on donors (incl. radiological exams) should be available in YASWA.

- Altruistic donors could be used to start kidney chains
- Kidney chains should preferably be performed without (or with limited) interruption and could be closed by a directed donation to the waiting list
- Kidney chains should preferably start and end in the same country
- Nested exchanges should be considered (and prepared) as possible alternatives in case of cancellations or withdrawals

- LD-pairs are managed locally and kidneys are shipped. This implies that the main focus of the participating centres should be on:
 - o The local donor – can donation be performed safely, can a good functioning kidney graft be procured and shipped?
 - o The local recipient – is the offered kidney suitable for the recipient and can transplantation be performed with a good result?
- Possible unforeseen events and complications related to kidney exchange should be discussed with the LD-pairs (including last-minute cancellations, non-transplantable recipients/kidneys and alternative allocation of donated kidneys)

- Dates for kidney exchanges should be decided in collaboration between the participating centres
- Kidney exchanges should normally be performed within 3 months after being identified in a match-run
- Exchanges should preferably be scheduled for Tuesdays, Wednesdays or Thursdays

- To reduce the risk of unforeseen events (such as late cancellations), LD-pairs should be adequately monitored up until the exchange

- When performing exchanges, donor surgery (anaesthesia, start of operation and kidney removal) should be coordinated and adjusted to the transport time schedule
- When performing exchanges, there should be a dedicated coordinator at each participating centre, handling intra-operative communication and supervising transportation
- Transportation is planned by the organ coordinators at participating centres

BEFORE the match-run:

1. Three weeks before a scheduled match-run.
 - a. SCTP will send an email reminder to the STEP SC and to local contacts on all participating centres about the upcoming match-run

2. Last week before the match-run.
 - a. **Deadline (day -5)** for data entry into YASWA on LD-pairs and non-directed donors that should take part in the upcoming match-run
 - i. Medical data, HLA-typing and incompatible antigens (Fusion raw data) must be updated/finalized in YASWA
 - ii. Recipients and non-directed donors must be tagged with the relevant match run ID in YASWA
 - b. SCTP will perform a quality-check on the data entered into YASWA and send a list with LD-pairs to be confirmed by the local contacts on each participating centre
 - c. **Deadline (day -4)** for confirming incompatible LD-pairs to SCTP

AFTER the match-run:

1. Day of the match-run (**day 0**)
 - a. SCTP will send the result of the match-run to the STEP SC and to all centres participating in STEP
 - b. Recipients in the identified exchanges are temporarily withdrawn from the kidney waiting list by SCTP

2. First week after the match-run
 - a. **Deadline (day +7)** for local immunological and medical evaluation of the identified exchanges, by the participating centres
 - i. Are the exchanges acceptable?
 - ii. Basic donor medical data and radiological exams should be available in YASWA
 - b. **Mail correspondence (day +7)** with the participating centres
 - i. Decision to proceed or not?
 - ii. Appointment of facilitating centre/facilitator for each exchange
 1. Coordinates work/activities in the exchange
 - iii. Appointment of local STEP-coordinators at each participating centre
 1. Coordinates local work/activities
 2. Communicates with the other centres participating in the exchange
 - iv. First round of cross-matches is scheduled

3. Second week after match-run
 - a. First round of cross-matches is performed
 - i. Coordinated by local STEP-coordinators
 - b. **Contact (day +14)** between the local STEP coordinators
 - i. Are cross-matches negative?
 - ii. Proceed or not?
 - iii. Possible date-s for exchanges discussed (preferably within 3 months from match-run)

4. Third week after the match-run
 - a. Local discussion with LD-pairs
 - i. Information on exchanges and consent to proceed?
 - ii. Information on suggested dates
 - b. Contact between local STEP-coordinators
 - i. Are all centres and LD-pairs willing to proceed?
 - ii. Dates for exchanges are confirmed
 - c. **Deadline (day +21)** for final decision to proceed and plan for the exchange

BEFORE the exchange:

1. Four weeks before the exchange
 - a. Second round of cross-matches are performed
 - i. Coordinated by local STEP-coordinators
 - b. Contact between local STEP-coordinators
 - i. Verification of negative cross-matches
 - c. Pre-treatment could be started (if required)

2. Two weeks before the exchange
 - a. Transportation is discussed/planned between organ coordinators at the participating centres

3. One week before the exchange
 - a. TC between participating centres (summoned by the facilitating centre)
 - i. Unresolved issues?
 - ii. Appointment of dedicated organ coordinators to be present in OR during exchange, including dedicated phone numbers
 - iii. Preservation issues
 - iv. Transportation issues (incl. backup plans), estimated times of arrival at receiving centre?

4. Day 3 or 5 before the exchange
 - a. Okay to start immunoadsorption?
 - b. Are recipients and donors okay?

5. Day before the exchange
 - a. Contact between participating centres
 - i. Are LD-pairs operable?
 - ii. If ABOi, are titres okay?

DURING the exchange:

1. Day of the exchange
 - a. Morning around 6:30-7:30 CET
 - i. Are recipients and donors okay?
 - b. Close communication between dedicated organ coordinators during exchange, including:
 - i. Anaesthesia
 - ii. Start of surgery
 - iii. Progress, problems?
 - iv. Ready to remove kidney – synchronized decision to clamp renal vessels?
 - v. Kidney removed, time of cold perfusion (hh.mm)
 - vi. Kidney on its way
 - vii. Reports during transportation

- viii. Kidney has arrived
- ix. Kidney has been transplanted, time of re-perfusion (hh.mm) etc.

AFTER the exchange:

- 1. Day after the exchange
 - a. Contact between local STEP-coordinators
 - i. Post-operative status of LD-pairs and transplanted kidneys
 - ii. Registration of cold ischemia times for transplanted kidneys in YASWA

STEP: Basic clinical information on living kidney donors required in YASWA

- 1. Basic data
 - a. Body weight (kg)
 - b. Height (cm)
- 2. Co-morbidity
 - a. If YES (description in free text)
- 3. Ongoing medication
 - a. If YES: (description in free text)
- 4. Renal
 - a. P/S-Creatinine
 - b. Clearance: adjusted (mL/min/1.73m²) and non-adjusted/absolute (mL/min)
 - c. Side selection (for donor nephrectomy) by center performing donor surgery
 - i. Right or left (R/L)
 - ii. Split-function R/L (%)
 - iii. Number of arteries (after nephrectomy) (n)
 - iv. Number of veins (after nephrectomy) (n)
 - v. Normal urinary outflow (Y/N)
 - vi. Any anomalies? (description in free text)
- 5. Radiological exams

