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:
  - The local donor – can donation be performed safely, can a good functioning kidney graft be procured and shipped?
  - 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

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**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