Founded 1969 by the Nordic Council of Ministers
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Scandiatransplant is the organ exchange organization for the Nordic countries Denmark, Finland, Iceland, Norway and Sweden. It covers a population of about 26,9 million inhabitants. It is owned by the ten hospitals performing organ transplantation in these countries. The office is located at Aarhus University Hospital, Denmark.
Purpose of Scandiatransplant

- to serve as a common organ exchange organisation and allocation resource for its member hospitals including kidney, liver, heart, lung, pancreas, pancreatic islet, cellular, intestinal and multivisceral transplantation. This is done transparently, using ethical principles and in full compliance with the national legislation of the members’ countries,
- to maintain and operate a common waiting list for transplantation,
- to ensure complete traceability from organ donors to patients,
- to maintain and operate follow-up registries of transplanted patients,
- to maintain and operate follow-up registries of living donors,
- to serve as a collaborative platform through specialized working groups and advisory groups in order to facilitate best practice recommendations and policies optimizing retrieval, allocation and transplantation of organs, and
- to form a collaborative network for the member hospitals to promote research and development related to organ donation, allocation and transplantation.
Awarded Grants in 2016

Reseach Grant

- "Donor Specific HLA alloantibodies in Liver Transplantation: a prospective blinded multicenter prognostic study” Principal investigator: Allan Rasmussen. 220,000 DKK
- Platelets, coagulation and cardiac allograft vasculopathy after heart transplantation. Principal investigator: Hans Eiskjær. 150,000 DKK

Travel Grant

- Hans Henrik L. Schultz was granted 12500 DKK.
- Carina Lund Sørensen was granted 24000 DKK.
- Hege Vibstad and Anna Maria Riddervold Nordin were granted 29000 NOK.
- Timo Saarinen and Anne Polvi were granted 13000 DKK.
- Petra Vestlund was granted 9600 SEK.
Scandiatransplant Office
Activities 2016

- Customize the IT-system to the user’s wishes and optimizing security and functionality of the system.
- Educate users and comply with demands from users, owners, researchers and the public.
- Arrange and participate in meetings for groups, committees, board and council of representatives.
- Lead the work in achieving data processor agreements with all member hospitals.
- Participate in meetings with Nordic competent authorities and EU-commission.
- Take care of finance and personnel.
2016
Organ procurement and transplantation activities in Scandiatransplant
Scandiatransplant 2016

- 521 Utilized deceased donors (19.37 PMP)
- Organ transplants performed
  - 1195 kidneys (318 were kidneys from living donors)
  - 419 livers (2 were livers from living donors – 0 were domino)
  - 145 hearts (0 were domino)
  - 143 lungs including heart/lung
  - 78 pancreas (65 as combined kidney-pancreas)
- 2487 patients on waiting list at end 2016
Patients entered on waiting list during 2016 (2015 figures)

- Kidney: 1312 (1384)
- Liver: 459 (425)
- Heart: 161 (190)
- Lung: 191 (193)
- Pancreas: 22 (25)
- Kidney+Pancreas: 51 (75)
- Liver+kidney: 12 (2)
- TOTAL: 2208 (2294)
Organ exchange between centers in 2016

- Kidney: 21%
- Liver: 24%
- Heart: 23%
- Lung: 24%
Kidney Transplantation

Number of transplants

- Deceased donors
- Living donors
Kidney exchange rate
1969 - 2016
Kidney Transplantation activity 2016 by centre

- Number of transplants
- Living donor
- Deceased donor

Centres: Helsinki, Stockholm, Uppsala, Göteborg, Skåne, Oslo, København, Odense, Aarhus, Reykjavik.
Kidney Transplantation 2016

Living donor

Deceased donor

Helsinki
Stockholm
Uppsala
Göteborg
Skåne
Oslo
København
Odense
Aarhus
Number of patients on the kidney waiting list at the end of the year 1995 - 2016
Average months on kidney waiting list at end of year
(including patients active and on hold)

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Average months on kidney waiting list by immunisation status at end year

- High immunized
- Immunized
- Prev. immunized
- Non immunized

Number of months

- 2002-2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
Deceased donor kidney transplants
1994 - 2016

Number of transplants

- Denmark
- Finland
- Norway
- Sweden

1994-99
2000-04
2005-09
2010
2011
2012
2013
2014
2015
2016
Kidney exchange obligations

1. Highly immunized (PRA ≥ 80%) patients who are HLA-A, -B, -DR compatible with donor.

2. Patient with STAMP-status when all donor HLA-A, -B, -C -DR, -DQ antigens are either shared with the recipient or are among those defined as acceptable.

3. Immunized patients (PRA ≥ 10% but below 80%) who are HLA-A, -B, -DR compatible with donor.

4. If organ donor is <50 years of age, at least one kidney is offered to recipient <16 years of age (counted from time of registration), if there is HLA-DR compatibility and in addition not more than 2 HLA-A,B mismatches.

5. Patients who are HLA-A,-B,-DR compatible with donor unless the proposed recipient is >30 years older than the donor.

- blood group 0 kidneys to blood group 0 recipients.
- blood group B kidneys to blood group B recipients.
- return obligation of a kidney within 6 months.
Liver Transplantation
Liver Transplantation
1989 - 2016

Number


PMP

0,0 2,0 4,0 6,0 8,0 10,0 12,0 14,0 16,0 18,0
Liver Transplantation 1994-2016
• Exchange obligation to highly urgent patients:
  • acute liver failure
  • acute liver re-transplantation
  • highly urgent patients needs to be transplanted within 72 hours
• Exchange obligation to Pediatric recipients (<18 years at entry on liver waiting list) if donor liver fulfils split criteria
• Return (pay back) liver to Donor centre
• Rota system for spare livers
Thoracic Transplantation
Thoracic transplantation 2016

- Heart
- Lung
- Heart-Lung

Number of transplants

- Denmark
- Finland
- Norway
- Sweden
Heart Transplantation
1989 - 2016
Heart transplantation 2016

Number of transplants

- Denmark
- Finland
- Norway
- Sweden
Number of patients on the heart waiting list at the end of the year 1989 - 2016
Exchange criteria
Heart

- Exchange obligation to highly urgent patients on waiting list:
  - Patient on short-term assist devices (ECMO, centrifugal pump).
  - Patient on para corporeal or implantable blood pump with device failure or uncontrollable device infection.
  - Patients below 16 years on inotropic support for more than 12 months support on implantable LVAS.
  - Rota system for exchange of hearts between countries.
Lung transplantation including heart-lung
Number of patients on the Lung waiting list at the end of the year 1991 – 2016
Exchange criteria
Lung

- Exchange obligation to highly urgent patients on waiting list
  - 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*.

  *max. three patients per centre per year.
- Rota system for exchange of hearts between countries.
Pancreas Transplantation
Exchange recommendations

Pancreas

If there is no suitable recipient in own centre, the pancreas (and kidney if SPK) is recommended to be offered to AB0 compatible recipients in other centres. The centre at the highest position on the rota list accepting the pancreas will receive it and be put last. Shipment of a kidney is only performed if no other kidney exchange obligation with higher priority (as defined by Scandiatransplant) exists. The receiving centre has the responsibility for the pancreas procurement. The receiving centre has to pay back, as soon as possible, with an AB0 identical kidney of a quality acceptable to the recipient centre. There is no mandatory payback for the pancreas.
Pancreas Transplantation
1988 – 2016