Founded 1969 by the Nordic Council of Ministers
## Slide presentation of Scandiatransplant activities 2018

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Scandiatransplant is the organ exchange organization for the countries Denmark, Finland, Iceland, Norway, Sweden and Estonia. It covers a population of about 28.6 million inhabitants. It is owned by the eleven 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, liver cells, composite graft, 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 2018

Reseach Grant

- Principal investigator: Göran Dellgren "Sub-study on donor specific antibodies in the ScanCLAD study". Supported with 370,000 DKK

Travel Grant

- Helsinki: Sini Puputti was granted 12500 DKK
- Oslo: Ingebjørg Kvangarsnes was granted 19500 DKK
- Copenhagen: Carina Lund Sørensen was granted 36000 DKK
Scandiatransplant Office
Activities 2018

- Customize the IT-system to the user’s wishes and optimizing security and functionality of the system. The system now contains a tool for reporting SAE/SAR according to the EU-directive.
- 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.
2018

Organ procurement and transplantation activities in Scandiatransplant

Founded 1969 by the Nordic Council of Ministers
• 518 Utilized deceased donors (18.08 PMP)
• Organ transplants performed
  • 1229 kidneys (338 were kidneys from living donors)
  • 377 livers (2 were livers from living donors – none were domino)
  • 168 hearts (none were domino)
  • 151 lungs
  • 63 pancreas (48 as combined kidney-pancreas)
• 2660 patients on waiting list at end 2018
Patients entered on waiting list during 2018 (2017 figures)

<table>
<thead>
<tr>
<th>Organ Type</th>
<th>2018 Count</th>
<th>2017 Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney</td>
<td>1398</td>
<td>1487</td>
</tr>
<tr>
<td>Liver</td>
<td>418</td>
<td>459</td>
</tr>
<tr>
<td>Heart</td>
<td>188</td>
<td>177</td>
</tr>
<tr>
<td>Lung</td>
<td>170</td>
<td>168</td>
</tr>
<tr>
<td>Pancreas</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>Kidney + Pancreas</td>
<td>62</td>
<td>60</td>
</tr>
<tr>
<td>Liver + Kidney</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2265</strong></td>
<td><strong>2380</strong></td>
</tr>
</tbody>
</table>
Utilized deceased donors

PMP

Figures included from Estonia year 2017 starts from October 1st 2017
Yearly flow on the waiting list

- Entered during the year
- Transplanted during the year
- On waiting list at end of year
Organ exchange between centers in 2018

- Kidney: 20%
- Liver: 25%
- Heart: 20%
- Lung: 25%
Kidney Transplantation
Kidney Transplantation
1989 – 2018

Number of transplants

-100 0 100 200 300 400 500 600 700 800 900 1000 1100 1200 1300

1989 1991 1993 1995 1997 1999 2001 2003 2005 2007 2009 2011 2013 2015 2017

Deceased donors
Living donors
Kidney exchange rate
1969 - 2018
Kidney Transplantation activity 2018 by centre

- Number of transplants

In the bar chart, the x-axis represents different centres: Helsinki, Stockholm, Uppsala, Göteborg, Skåne, Oslo, København, Odense, Aarhus, Reykjavik, and Tarru. The y-axis represents the number of transplants, ranging from 0 to 300.

The chart is divided into two categories: Living donor and Deceased donor. Each bar is split accordingly, with the darker portion representing Living donor and the lighter portion representing Deceased donor.

For example, Helsinki shows a significant number of transplants, with a majority being from Deceased donors.
Kidney Transplantation PMP
2018

Finland  Sweden  Norway  Denmark  Iceland  Estonia

Living donor
Deceased donor
Kidney Transplantation 2018

Living donor
Deceased donor
Number of patients on the kidney waiting list at the end of the year 1995 - 2018
Average months on kidney waiting list at end of year
(including patients active and on hold)

![Graph showing average months on kidney waiting list at end of year for different countries and years. The graph compares Finland, Sweden, Norway, Denmark, and Estonia, with data from 1999-2004 to 2018.](image-url)
Average months on kidney waiting list by immunisation status at end year

Number of months

2002-2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018

High immunized
Immunized
Prev. immunized
Non immunized
Deceased donor kidney transplants
1994 - 2018

Figures included from Estonia year 2017 starts from October 1st 2017
Living donor kidney transplants
1994 - 2018

Number of transplants

Denmark  Finland  Norway  Sweden  Iceland  Estonia

Kidney exchange obligations

1. Patient with STAMP-status that are ABO compatible with donor and where all donor HLA-A, -B, -C -DRB1, -DQB1, -DPB1 antigens are either shared with the recipient or are among those defined as acceptable.

2. Highly immunized (PRA ≥ 80%) patients who are HLA-A, -B, -DRB1 compatible with donor.

3. Immunized patients (PRA ≥ 10% but below 80%) who are HLA-A, -B, -DRB1 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-DRB1 compatibility and in addition not more than 2 HLA-A, B mismatches.

5. Patients who are HLA-A, -B, -DRB1 compatible with donor unless the proposed recipient is > 30 years older than the donor.

- blood group 0 kidneys to blood group 0 recipients for obligation 2-5.
- blood group B kidneys to blood group B recipients for obligation 2-5.
- return obligation of a kidney within 6 months.
Liver Transplantation
Liver Transplantation
1989 - 2018
Liver Transplantation
1994-2018

Figures included from Estonia year 2017 starts from October 1st 2017
Exchange criteria
Liver

- 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 (<18 years at entry on liver waiting list) and multivisceral recipients if donor liver fulfils split criteria
- Return (pay back) liver to donor centre
- Rota system for spare livers
Thoracic transplantation 2018

Number of transplants

- Denmark: Heart, Lung
- Finland: Heart, Lung
- Norway: Heart, Lung
- Sweden: Heart, Lung
- Estonia: Heart-Lung
Heart Transplantation
1989 - 2018

Number (columns)

PMP (line)
Number of patients on the heart waiting list at the end of the year 1989 - 2018
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 transplants

Lung Transplantation
1994 - 2018

Figures included from Estonia year 2017 starts from October 1st 2017
Number of patients on the Lung waiting list at the end of the year 1991 – 2018
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 (Tartu one per year).

- Rota system for exchange of lungs between countries.
Pancreas and Islet 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.
Thank you