

NLTG/NPLTG report

Scandiatransplant Council meeting May 29th
2024

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Transplant activities – all centers

- **Scandia annual report – 2023, a record year**
 - Total utilized deceased donors: 678 – 22,96/pmp
 - DBD 569; DCD 109 (16%)
 - Deceased donor liver: 448 – 15,17/pmp (66% of donors)
 - DBD 409; DCD 38
 - Living donor liver: 1
 - Intestine: 3
- **1st Q 2024**
 - Total utilized deceased donors: 136
 - Deceased donor liver: 84 – 2,84/pmp
 - DBD 76; DCD 8
 - Living donor liver: 1

Centerwise reports – some points

- **Copenhagen:**
 - 63 livers 2023, DCD NRP started in livers; 6 pediatrics
- **Gothenburg**
 - 99 livers 2023, 13 DCD's; 8 pediatrics
 - Waiting list only O and A, starting ABOi in elective tx's
- **Tartto**
 - 17 liver tx, 30 donors; 2 surgeons, waiting 7 pts
- **Helsinki**
 - 78 livers 2023; 5 pediatric, DCD starts prob end -24 or 25
- **Stockholm**
 - 97 livers 2023, 18 DCD's, i.e. 45% of DCD, 9 pediatric
- **Oslo**
 - 92 livers 2023, ≈10% DCD, 6 pediatrics
 - Suboptimal split grafts for children, so starting living donor LTx's for very small children
- **Riga**
 - 26 donors, 2 livers done, cooperation with Stockholm

Payback status and balance

- In autumn 16 and in spring 10 livers not being paid, with average waiting time of 410 days
- Always few pts waiting for more than 6 months or even 1 year
 - Discussion, no decisions
- Rules are followed by all centers

Liver exchange and urgent call

- 31 urgent calls, 22 transplanted, 2 died, 7 changed priority

Pediatric waiting list

- In 2022, 5.4% of all donors met the criteria for split liver
- Only 7/30 were used
 - Most commonly medical reason
 - Not suitable recipient
- 50% of donors used for pediatric split are imported from another country
- At the same time: 18 adult donors (outside split criteria) were used to pediatric Ltx
- Anyway the shared pediatric list is functioning well, low waiting list mortality

Classification of permanent withdrawals from waiting list

Termination cause	Withdrawal Cause	Subcategory
1. DEA: Death		
2. DT: Transplantation deceased donor		
3. LDT: Transplantation Living donor		
4. PW: Permanently withdrawn	1. Tx outside Scandiatransplant	
4. PW: Permanently withdrawn	2. Improved condition	
4. PW: Permanently withdrawn	3. Not Transplantable	1. Progress medical condition
4. PW: Permanently withdrawn	3. Not Transplantable	2. Psychosocial/Addiction
4. PW: Permanently withdrawn	3. Not Transplantable	3. Patient choice
4. PW: Permanently withdrawn	3. Not Transplantable	4. Progress malignancy (indication)
4. PW: Permanently withdrawn	3. Not Transplantable	5. Other

And subcategories

Subcategory	Definition
1. Progress medical condition	Deterioration of the patient's liver disease (not malignancy being indication for liver transplantation), general condition or co-morbidity (including extrahepatic malignancy) precluding liver transplantation.
2. Progress malignancy (indication)	Progress of the patient's malignancy being indication for liver transplantation precluding liver transplantation (e.g., HCC progress beyond transplant criteria).
3. Psychosocial/Addiction	Psychosocial or addiction problems precluding liver transplantation (e.g., relapse in alcohol or drug use, severe psychiatric co-morbidity, etc).
4. Patient choice	The patient is expressing an own will not being transplanted.
5. Other	Other reasons not listed before leading to permanent withdrawal from the waiting list.

other changes at the office

- Revision of NLTR forms, in line w ELTR
- Decision of donor variables = formal definition of variables that are put into Yaswa

Other issues

- Fontan associated liver disease

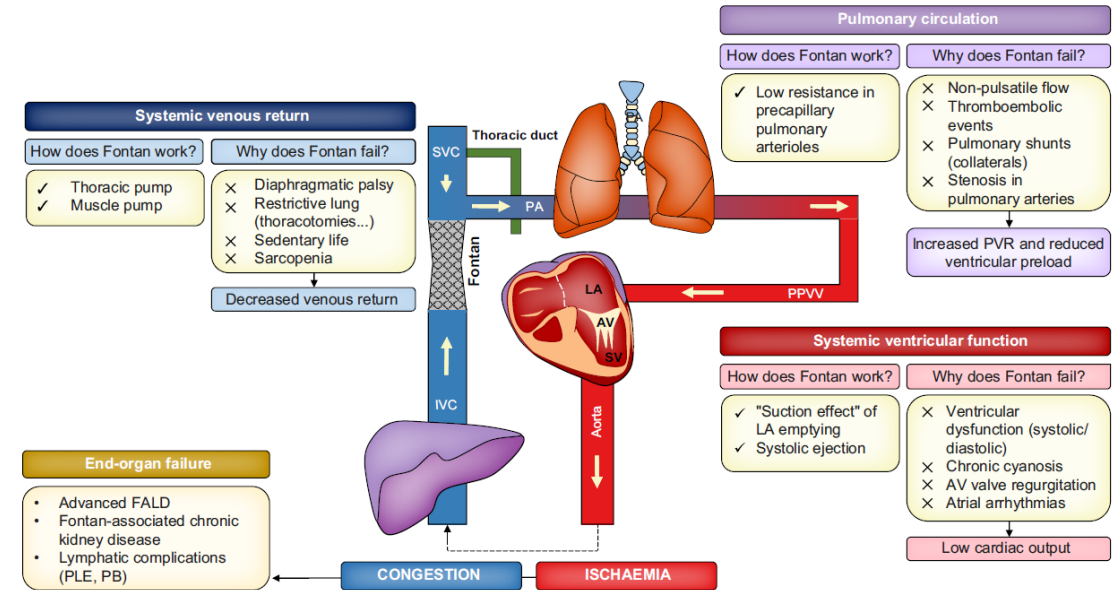
HCC or severe liver dysfunction

→ combined heart-liver Tx

No HCC and no severe liver dysfunction

→ isolated heart Tx and prepare for rapid LTx in case of post-operative liver failure ?

- Best use of a limited liver graft pool?
- Need to secure timely availability of a liver graft



Ongoing studies

- DSA study almost in final/CPH
- Tesla 1 and 2 – cholangiocancer and LTx/Oslo
- Long term outcomes in LTx pts especially HCC/DETECT-study/CPh
- Outcome of extended right lobe liver transplantations in the Nordic countries/Stockholm
- Outcome of liver re-tx in PSC pts, final data presented
- Impact of out of hours LTx on patient outcomes & health economics
- Use of donor CT exam for allocation of liver grafts - manuscript/Got
- Study of albumin oxidation status during liver tx/Oslo
- Pediatric: vaccination bef and aft LTx