

# Group Reports

SCANDIATRANSPLANT

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# Report from NKG

The Nordic Kidney Group (NKG) consists of representatives from all Scandiatransplant centers that perform kidney transplantation.

Nordic Pediatric Renal Transplant Study Group (NPRTSG) is an official NKG subgroup.

## **NKG**

The 2024 annual meeting was held at Kastrup Airport, Copenhagen on November 13th. The minutes from the meeting are available at:

<https://www.scandiatransplant.org/members/nkg/MinutesNKGmeeting13112024.pdf>

The annual data report (1995–2023) can be found here:

<https://www.scandiatransplant.org/members/nkg/registry-survey>

As usual, the annual meeting featured lively discussions, particularly regarding on kidney exchange compliance and payback. The overall conclusion was that the system is functioning well across all centers.

The NKG has received inquiries from the SCTP Board regarding the reporting of Serious Adverse Events (SAEs) to YASWA. We are currently in the process of evaluating our guidelines for this.

Additionally, the Board has requested a review of the list of donor variables required for optimal organ allocation. This work is ongoing.

In 2024, the NKG adopted a model for analyzing and reporting waiting times for transplantation. The first report based on this model is expected to be included in the 2025 annual report.

At the meeting, it was also decided that all centers will report on machine perfusion of deceased donor kidneys to YASWA. Furthermore, a decision was made to include a comorbidity index in the annual import of recipient data to YASWA.

Through the STEPP committee, SCTP is involved in the development of a European Kidney Exchange Program for living donor pairs, EURO-KEP. This initiative began in January 2025.

The next NKG meeting will be held at Kastrup Airport, Copenhagen, on November 19th, 2025.

## **NPRTSG**

The annual NPRTSG meeting for 2024 took place in Kastrup Airport, Copenhagen on November 19th. The minutes from the meeting are available at:

[https://www.scandiatransplant.org/members/nkg/nprtsg/NPRTSG\\_Meeting\\_minutes\\_19\\_nov\\_2024.pdf](https://www.scandiatransplant.org/members/nkg/nprtsg/NPRTSG_Meeting_minutes_19_nov_2024.pdf)

The annual data report from NPRTSG can be accessed here:

<https://www.scandiatransplant.org/members/nkg/nprtsg>

The meeting was very successful, featuring many interesting and engaging presentations.

One of the focus areas was the immunosuppressive protocols used at the different centers, as a new guideline from ERN TransplantChild is expected to be published

soon. The group also discussed reporting to the TransplantChild registry, PETER, and its relation to NPRTSG activities. The analysis of data from pediatric

The next NPRTSG meeting will be organized by the Skåne team and will take place on November 18th, 2025.

Søren Schwartz Sørensen, chairman of NKG

# Report from STTG

The annual meeting took place face to face in Stockholm on September 20th 2024.

The minutes from the meeting can be found here:

<https://www.scandiarttransplant.org/members/sttg/MinutesScandiarttransplantTissueTypesmeeting2024Stockholm.pdf>

Besides the members of the group, a representative from the lab in Riga participated as an observer. She introduced the group to their transplant activity and for the plan about obtaining EFI accreditation in 2025.

The following topics were discussed:

1. Data from a retrospective registry-based cohort comparison of 5-year allograft survival between all exchange obligations were presented.  
The patients transplanted through priority 2 had inferior 5-y GS compared to priority 1 (STAMP), but not significantly. The STAMP steering group will look further into data, with focus on the possible significance of HLA-C and -DQ matching.
2. Should exchange obligations 2, 3 and 5 be matched on HLA split level?  
All patient HLA would first have to be registered on HLA split level. Most labs register HLA split levels, the remaining labs will look into possibilities for changing the registration. Decision at the next TT meeting.
3. Since January 2022 we have had a common STAMP prioritization when there is more than one STAMP candidate. Should we have common prioritization of the other exchange obligations?  
Each centre will collect data on this matter for discussion next year.
4. Days between kidney recipient search and donation:  
- In a few centers, donations have been realized 3 - 8 days after the initial recipient search in YASWA.  
All centers agrees to perform a new recipient search for possible exchange obligations when time between the first search and the donation extends 24h.
5. Interlab exchange program for LABscreen Explex, a supplementary antibody identification. No EPT program is launched. Aarhus hosts a interlab exchange program and by now the labs in Lund/Malmö, Gothenburg and Uppsala participates.

# Report from NITG

Brief report from The Nordic Pancreas and Islet Transplant Group (NITG) We've had two meetings with our group the last year. One face to face at Arlanda Airport in Stockholm in October and one over Zoom in April

## Main subjects discussed

- There is still a problem with fewer pancreas offers to the islet labs. Surprisingly many pancreases are left in the donor and reasons given in reports in Yaswa are difficult to interpret. Plans are to prospectively look at this to see if and why pancreases for whole organ transplantation or islet isolation for some specific reasons are missed? Could routines be improved?
- Registries. There are now possibilities to enter data for pancreas as well as islet transplantation in YASWA. There are variations between centers regarding how diligent reporting is. The common waiting list for islet transplantation has been moved to YASWA from an external provider.
- Two clinical trials have been in focus. First, Oslo is taking active part and representing the PI group in the VX-880 study. This is an investigational allogenic stem cell-derived, fully differentiated, insulin producing islet cell therapy. Two patients have been transplanted in Oslo. Secondly a "First-in-human Safety Study of Hypoimmune Pancreatic Islet Transplantation in Adult Subjects With Type 1 Diabetes" is being performed in Uppsala with islets isolated being engineered in Oslo. One patient has been transplanted late in 2024 with promising one month results.
- Problems with travel and hybrid meetings have raised the question of only online meetings. This saves time/money and makes it easier for people to attend. We'll keep the question open, but the meeting this fall will be on ZOOM.

Minutes from the meetings are published on Scandiatransplant web page

Next meeting is planned for Oct 14 on ZOOM

On behalf of NITG

Torbjörn Lundgren

Co Chairman (together w Hanne Scholtz, Oslo)

Karolinska Stockholm

# Report from SIDG

The Scandiatransplant Infectious Diseases Group (SIDG) is a scientific advisory group and should consist of specialists in infectious diseases and/or clinical microbiology with special interest in organ transplantation, clinical active transplant clinicians, at least one active transplant surgeon and member of the Scandiatransplant Board. The composition of expertise in the group should cover all main fields within infectious diseases.

There is at least one member from each country. Furthermore, there is an observer from Latvia.

List of SIDG member 2024-2025:

**Susanne Dam Poulsen (SDP)**, Copenhagen University Hospital - Rigshospitalet, Denmark (Chair);

**Anne Kallaste**, Tartu University Hospital, Tartu, Estonia

**Anne Ø. Boserup (AØB)**, Scandiatransplant;

**Bryndís Sigurðardóttir (BS)**, Landspítali University Hospital, Reykjavík, Iceland;

**Claus Ernst Moser (CM)**, Copenhagen University Hospital - Rigshospitalet, Denmark;

**Gisela Otto (GO)**, Skåne University Hospital, Sweden;

**Helena Hammarström (HH)**, Sahlgrenska University Hospital, Gothenburg, Sweden;

**Ilkka Helanterä (IH)**, Helsinki University Hospital, Finland;

**Ilse Duus Weinreich (IDW)**, Scandiatransplant;

**Ingvild Nordøy (IN)**, Oslo University Hospital, Rikshospitalet, Norway;

**Magnus Lindh (ML)**, Sahlgrenska University Hospital, Gothenburg, Sweden;

**Moises Alberto Suarez Zdunek (MASZ)**, Copenhagen University Hospital - Rigshospitalet, Denmark (secretary);

**Morten Hagness (MH)**, Oslo University Hospital, Rikshospitalet, Norway;

**Ola Blennow (OB)**, Karolinska University Hospital, Stockholm, Sweden;

**Søren Jensen-Fangel**, Aarhus University Hospital, Aarhus, Denmark;

**Viesturs Zvirbulis (VZ)**, Pauls Stradiņš Clinical University Hospital, Riga, Latvia (observer).

The main duty of the group is to ensure updated guidelines regarding transmission of infectious disease in organ transplantation. These guidelines should be reviewed and updated every year.

The group should also function as a network for consultation concerning infectious diseases in organ donation and transplantation within the Scandiatriplant area. The group may also be used to discuss and guide prevention and treatment of infectious diseases in transplant candidates and recipients in the Scandiatriplant area and for research purposes.

In the 2024-2025 the group has met twice:

**September 24<sup>th</sup>, 2024. Online meeting:**

Main topic was to identify areas for improvement of the Scandiatriplant ID guideline and for further discussion at the onsite meeting. Hepatitis B and Mpox (due to the recent outbreak) were selected. Also, respiratory viral diseases other than COVID-19 was selected for further discussion. Each of these diseases were assigned to a member of the group for presentation at the onsite meeting.

As a second topic, research collaborations based of the SIDG platform was discussed, and it was decided to apply for funding for a research project related to CMV.

Minutes from the meeting has been sent to the Scandiatriplant office.

**April 8<sup>th</sup>, 2025. Onsite meeting, Hotel Clarion, Copenhagen Airport:**

The guideline was revised, focusing on the selected areas for improvement as well as alignment of the guideline with EDQM. The EDQM is currently undergoing revision, and there are no changes in EDQM since last year. Thus, the required revisions were mainly for clarity and user friendliness.

Changes include:

- A new section on hepatitis B virus infection to clarify interpretation of donor test results and their consequences for the recipient.

- A new section on viral respiratory tract infections other than SARS-CoV-2. This is an addition. RSV is not yet in EDQM, but due to the high incidence in Scandiatransplant countries, we added this section for clarity and support. The section will be aligned with EDQM when the new EDQM guideline is published.
- Updated section on tuberculosis removing recommendation to perform IGRA on donors with a history of alcoholism, age over 70, and previous treatment for tuberculosis, as well as rearrangements of subheadings for user friendliness. This was requested by transplant coordinators.
- Link to updated outbreak information for Ebola.
- Specifying countries with high prevalence of HTLV-I/II according to *Geographical distribution of areas with a high prevalence of HTLV-1 infection* (ECDC, 2015).
- New section on Mpox. This is not yet in EDQM, it was added due to recent outbreaks.

Finally, research collaborations were discussed:

The CMV project did not obtain funding. The study lead (OB) will consider if it is possible to proceed without funding.

IN presented a new proposal regarding fungal infection in pancreas recipients. IN will circulate a proposal.

Vaccination of transplant candidates was discussed with presentations by SDP, OB, IH, and IN. The SIDG find this field to be of particular importance, and we will dedicate resources to conduct a survey of current practice in the different Scandiatransplant centers. SDP will contact the Scandiatransplant office and request assistance.

Next meeting (online) will be October 25<sup>th</sup>, 2025.

Minutes from the meeting has been sent to the Scandiatransplant office.

Susanne Dam Poulsen, chairman of SIDG

# Report from SHLG

During 2024, the Scandiatransplant Heart and Lung Group focused on strengthening clinical practices, improving data quality, and advancing research in heart and lung transplantation across the region.

Significant attention was given to improving the completeness and accuracy of entries in the Thoracic Registry. Centers received feedback to support internal review and ensure reliable data reporting moving forward.

Clinical activities included ongoing development of donation after circulatory death (DCD) protocols, particularly in lung transplantation, and further use of ex vivo lung perfusion (ELVP) techniques. A new system for sharing donor imaging entered its initial phase of clinical use, marking a step forward in digital integration.

In the field of research, several studies were initiated or continued, focusing on immunosuppressive therapies, transplant outcomes, and the optimization of donor organ use. Data access for specific projects was approved by the group, and technical planning for future substudies was carried out.

Professor Karl Lemström continued as chairperson for the group through Autumn 2025.