

Annual group reports for the Scandiatransplant council meeting May 2026



Content

Nordic Liver Transplantation Group (NLTG)	2
Nordic Kidney Group (NKG).....	5
Nordic Pancreas and Islet Transplant Group (NπTG)	6
Scandiatransplant Heart and Lung Group (SHLG)	7
Scandiatransplant Infectious Diseases Group (SIDG)	8
Scandiatransplant Tissue Typers Group (STTG).....	11
Nordic Transplant Coordinator Group (NTCG) – No report submitted	12

Nordic Liver Transplantation Group (NLTG)

NLTG has held two meetings since the last council meeting. The first was a two day meeting together with the Nordic Pediatric liver group (NPLTG) in Oslo on October 20-21, 2025. The second NLTG meeting was held in Gothenburg on March 24, 2026. The minutes from the NPLTG and NLTG meeting in Oslo are available at: [Minutes NLTG and NPLTG Oslo 2025.pdf](#) The minutes from the NLTG meeting in Gothenburg are available at: [2026.03.24 NLTG meeting minutes.pdf](#) The annual report for 2025 from the Nordic Liver Liver Transplant Registry (NLTR) is being prepared and will soon be published on the Scandiatransplant webpage.

I. Topics discussed at the NPLTG meeting in Oslo:

- Update from Scandiatransplant regarding policies for liver allocation and registry reporting for pediatric patients. Also, there was a discussions regarding potential change of splitting criteria as a majority of split livers are form donor “outside” the splitting criteria.
- New immunosuppressive protocol for pediatric liver transplantation in Oslo and discussions on the topic of harmonizing the immunosuppression for pediatric liver transplant recipients within the Nordic countries.
- Experience from living donor liver transplantation for children in Oslo with special attention for the needs for children <5 kg and the experience with monosegment 3 transplantation.

II. Topics discussed at the NLTG meeting in Oslo:

- Discussions on the increasing utilization of machine perfusion in the Nordic countries.
- Discussions regarding both intrahepatic cholangiocarcinoma (CCA) as well as perihilar CCA with regards to indications, outcome and studies. Oslo presented three ongoing clinical trials for CCA, the SURE-LT study and the two TESLA Studies.
- The outcome of extended right lobe liver transplantations in Nordic Countries was presented showing that there is an increased risk of complications compared to whole liver grafts, However the risk of complications is reduced when the splitting of the graft is performed in-situ compared to ex-situ.
- Oslo presented their registry for tracking anesthesiologic complications during liver transplantation and Stockholm presented their data on predictors for early extubating after liver transplantation.
- Update om payback, balance, exchange and urgent call. The most common cause of refusal on the rota-list is the lack of matching recipient or liver quality concerns. All transplant

centers have started to share radiological DICOM image files through YASWA which enables every center to review donor CT scans from the other centers which is a great quality improvement for the liver exchange program.

- There was also presentation of ongoing research such as the impact of Out-of-Hours liver transplantation on patient outcomes and health economics, the impact of donor CT scans for liver allocation, and an ongoing biomarker study on oxidized albumin as a predictor of ischemia-reperfusion injury in liver transplantation (SALT Study).

III. Topics discussed at the NLTG meeting in Gothenburg:

- For the first time, the center wise transplant activities at all the centers were presented on a common template enabling better comparisons. All centers apart from Tartu and Riga are now performing DCD-NRP liver procurements and transplantations which is also becoming an increasing proportion of the transplants in many centers. Machine perfusion is clinical practices in several centers, shaping logistics, evaluation, and organ acceptance patterns.
- Key findings from the 2025 Nordic Liver Transplant Registry (NLTR) Annual report were presented showing increased transplant activity has increased, a record number of patients listed for transplantation, decreased waiting times and a very low mortality on the waiting list. The report is soon be published on the Scandiatransplant webpage.
- There was a discussion on the payback system and a concern about how to deal with paybacks which remains unresolved for long times despite numerous offers. It was agreed that all the centers need to update acceptable blood groups for paybacks in YASWA. There were also discussions regarding a potential revision of the payback rules, and a concrete proposal will be developed, and a formal decision may be taken at upcoming meetings.
- With the increasing use of machine perfusion there is a need for a standardized definitions of cold and warm ischemia times when machine perfusion is used prior to transplantation. Therefore, Scandiatransplant will review the current registration and suggest possible changes which are then to be discussed at the next Nordic coordinator's meeting.
- A revision and clarification of the text regarding rules for pediatric liver allocation was accepted implying that splitable grafts can be used anywhere within the country before entering offering to Scandiatransplant.

- It was agreed to establish a Nordic Liver Machine Perfusion Group (NLMPG) to share protocols, experiences, assist in clinical implementation, establish indications for machine perfusion, address regulatory challenges and coordinate research.
- Oslo's presented their newly developed liver complication registry based on the data platform Ledidi. It is designed to capture detailed perioperative and postoperative data, and the group recognized it as a valuable model for future NLTR enhancements.
- Presentation of ongoing center-based studies and collaborative research studies included research on the use of temporary portacaval shunt, liver transplantation for polycystic liver disease, cancer risk after transplantation (TRACE), the outcome after night- versus daytime transplantation and a 10 year evaluation of outcome of the common Nordic pediatric waiting list as a result of the implementation of the split-criteria.

There has also been a ***NLTR Workshop*** in Copenhagen on January 28, 2026 where the following action points were decided:

- The office in Aarhus may proceed with implementing the agreed changes in YASWA.
- Oslo will prepare a proposal for a revised complication list (Form B) and circulate it to the group for review.
- Oslo will circulate a proposed immunosuppression list (Forms B and C) to the other centers.
- The working group has a mandate to implement changes without NLTG approval; however, a summary of the work will be presented at the next NLTG meeting in Gothenburg

The next combined paediatric (NPLTG) and adult (NLTG) meeting will be held on the 19–20 October 2026 in Stockholm.

William Bennet and Morten Hagness

Nordic Kidney Group (NKG)

The 2025 annual meeting was held at Kastrup Airport, Copenhagen on November 19th. The minutes from the meeting are available at:

<https://www.scandiatransplant.org/members/nkg/minutes/NKG%202025%20minutes.pdf>

The annual data report (1995–2024) can be found here:

https://www.scandiatransplant.org/members/nkg/registry-survey/NKG_annual_report_1995_2024.pptx

Kidney exchange compliance and payback were discussed. The overall conclusion was that the system is functioning well across all centers. A suggestion from STTG was discussed, i.e. the time between the search for possible exchange obligations and the actual donation must not exceed 48 hours. If more than 48 hours have elapsed, a new search must be performed. It was discussed that it might be a problem to follow this in the cases where patients are already informed and maybe taken to the hospital. It was decided to establish a WG consisting of one coordinator, one member of NKG and one member of STTG to look at the recommendations from the STTG regarding doing a re-search.

It was suggested by NPRTSG and approved by NKG that priority 4 will be extended for children up to their 18th birthday (counted from date of waiting list entry). Furthermore the limitation of a max of 2 HLA-A,B mismatches were removed. SCTP will instead create a functionality in YASWA for the single centers to assign mismatches that they cannot accept.

The next NKG meeting will be held at Kastrup Airport, Copenhagen, on November 18th, 2026.
Karin Skov, chairperson of NKG

Nordic Pancreas and Islet Transplant Group (NπTG)

Stockholm 2026 04 26

Brief report from The Nordic Pancreas and Islet Transplant Group (NπTG) We've had two meetings with our group the last year. One over Zoom in October and one over Teams 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. Changes are ongoing regarding how to document why organs are not offered or used.
- Registries. There are now possibilities to enter data for pancreas as well as islet transplantation in YASWA. Autotransplantation of Islets is also possible to enter and participating centers are recommended to do this. There is room for improvement regarding number of entries, but work is ongoing to improve this. The old registry (NIR) from when Islet transplantation started in 2001 in the Nordics is to be transferred to YASWA after being closed in it's present location.
- 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. Three patients have been transplanted in Oslo in this ongoing study.

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 was transplanted late in 2024 with promising results more than one year after transplant. Three month results were published in New England Journal of Medicine. Invited talks on the subject have been given at IPIPTA (International Pancreas and Islet Tx Ass) 2025, ADA (American Diabetes Ass) 2025, WTC (World Transplant Congress) 2025.

- 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. For the time being we'll carry on with on-line meetings on Teams, but we will keep the possibility for Face to Face meetings open when we think this will be beneficial for the group.

Minutes from the meetings are published on Scandiatransplant web page

Next meeting is planned for Oct 13 on Teams

On behalf of NπTG

Torbjörn Lundgren

Co Chairman (together w Hanne Scholtz, Oslo)

Karolinska Stockholm

Scandiatransplant Heart and Lung Group (SHLG)

Over the past year, SHLG has continued active collaboration across the Nordic transplant centres.

Governance has been strengthened with re-election of the Chair and renewal of the Executive Board.

Registry activities have remained a central focus. Data completeness has improved; however, challenges remain particularly regarding survival data and causes of death. A dedicated manuscript group has been established to support future scientific publication of registry data.

Clinical discussions have focused on organ utilization, allocation practices, and transplant activity trends, including declining heart transplant notifications and the persistently low number of heart–lung transplant procedures. Efforts to improve documentation of declined donor organs and optimize allocation timelines are ongoing.

Development of donation after circulatory death (DCD) heart transplantation is progressing across centres, alongside continued activity in DCD lung transplantation.

Scientific progress has included ongoing multicentre studies, particularly in donor-derived cell-free DNA and liquid biopsy approaches.

New therapeutic and logistical strategies, including donor management centralization and organ preservation methods, have been actively discussed and implemented.

The group has also reviewed and discussed proposals related to allocation rules, emphasizing the need for clear and clinically justified criteria.

With kind regards,

Karl Lemström
Chair, Scandiatransplant Heart and Lung Group (SHLG)

Scandiatransplant Infectious Diseases Group (SIDG)

Copenhagen, 22 April 2026



Dear Members of the Scandiatransplant Council

The Scandiatransplant Infectious Diseases Group (SIDG) is a scientific advisory group within Scandiatransplant, and according to the Articles of Association, the main duty of the group is to ensure updated guidelines regarding transmission of infectious disease in organ transplantation. The group should also function as a network for consultation and research collaborations concerning infectious diseases in organ donation and transplantation.

Group composition

According to the Articles of Association, SIDG 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 current composition fulfills these requirements, and each member country is represented by at least one member. The group affiliates an observer from Latvia, and the preparation of meeting material and guideline drafting is also supported by a secretary appointed by the chairman.

List of SIDG members 2024-2025:

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

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

Bryndís Sigurðardóttir*, Landspítali – The National University Hospital of Iceland, Reykjavik, Iceland;

Claus Moser†, Copenhagen University Hospital - Rigshospitalet, Denmark

Helena Hammarström*†, Sahlgrenska University Hospital, Gothenburg, Sweden;

Ilkka Helanterä¶, Helsinki University Hospital, Finland;

Ilse Duus Weinreich, Scandiatransplant;

Ingvild Nordøy*†, Oslo University Hospital, Rikshospitalet, Norway;

Magnus Lindh*†, Sahlgrenska University Hospital, Gothenburg, Sweden;

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

Morten Hagness†§, Oslo University Hospital, Rikshospitalet, Norway

Ola Blennow*, Karolinska University Hospital, Stockholm, Sweden;

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

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

One vacant position

*Infectious diseases specialist. †Clinical microbiologist. ‡Transplant physician. §Board representative. ¶Nephrologist.

SIDG is actively seeking to fill the vacant membership from a transplant centre not currently represented, i.e., Skåne, Uppsala or Odense, and encourages proposals from the Council.

Changes in group composition

Effective from April 2026, Prof. Claus Moser (Copenhagen) stepped down from his SIDG membership, and clinical microbiologist Kristian Schønning (Copenhagen) was welcomed to SIDG as a new member. Also, effective from the Autumn SIDG meeting, Moises Alberto Suarez Zdunek (Copenhagen) steps down as SIDG secretary, with research fellow and medical doctor Thomas Helbo (Copenhagen) assuming the position. SIDG sincerely thanks Claus Moser and Moises Alberto Suarez Zdunek for their time and effort in SIDG.

Meeting and guideline activities

In the 2025-2026 report period, SIDG has met twice. The minutes from the meetings are attached for the Council's reference and are summarised below:

Online meeting, 21 October 2026

The main topic was to discuss the comments to the proposed changes to SIDG guidelines that had been circulated among the organ groups and the transplant coordinators across ScandiTransplant centres. The main discussions regarded proposed changes to hepatitis B and D testing, and the group agreed that further work was necessary prior to implementing the changes, which were postponed to the next revision. The remaining changes were approved and included:

- New section on viral respiratory tract infections other than SARS-CoV-2.
- New section on Mpox
- Updated section on tuberculosis removing recommendation to perform IGRA on donors with a history of alcoholism, age over 70, and previous treatment for tuberculosis, updating the list of countries with high TB incidence.
- Link to updated outbreak information for Ebola.
- Updating lists of countries affected by certain geographically restricted infections

For the scientific discussions, SIDG discussed results from a survey on vaccination strategies across ScandiTransplant centres, which identified heterogeneity in pre-transplant vaccination strategies across member centres. Progress on planned research collaborations on CMV monitoring strategies and post-pancreas transplant antifungal prophylaxis was also assessed.

On-site meeting, 12 March 2026, Clarion Hotel Copenhagen

The meeting focused on the 2026 major guideline revision. Discussions on the postponed changes on hepatitis B and D testing led to a new clarified proposal, and SIDG revised new literature on respiratory viral infections. It was discussed to what degree the guideline should reflect the uncertainty that emanates from limited evidence, but SIDG reaffirmed that the main aim of the SIDG guidelines is to provide clear guidelines that can be operational in an emergency setting, as the evidence grading is currently provided by the EDQM *Guide to the quality and safety of organs*

for transplantation. Consequently, the SIDG guideline was revised focusing on clarity and user friendliness. Suggested changes included:

- The responsibility of retrieving the donor history to be specified as the responsibility of the transplant coordinator.
- New hepatitis B/D section with updated indications for HBV NAT, anti-HDV and HDV NAT tests, with the interpretation provided in a new flow chart.
- Lung transplantation from Covid-19 positive donors to be allowed if the risk is assumed to be low
- New malaria test methods added as acceptable test methods.
- HIV antibody/antigen to replace anti-HIV as recommended HIV test (already the practice at all centres)
- Updates on prevalence of geographically restricted infections.

The proposed changes were forwarded to the organ groups and transplant coordinators at the Scandi transplant centres for comments.

For the scientific discussions, SIDG discussed a clinical case of post-transplant bartonellosis in Latvia as well as the progress on research collaborations on CMV monitoring strategies and post-pancreas transplant antifungal prophylaxis. Outcomes following transplantation in people with HIV was identified as a possible new research area.

Upcoming activities

The SIDG will discuss incoming comments on proposed 2026 guideline revision by email, and depending on the extent of the required revisions, the revision may be approved either by email or at the next SIDG meeting.

The next SIDG will take place online on 1 October 2026 and will include a discussion of HIV/HBV/HCV risk factors based on clinical history, any new influenza/COVID guideline updates, CMV & pancreas study updates, possible case presentations and brainstorming of new group research ideas

Yours faithfully

Susanne Dam Poulsen
Professor, senior consultant
Chairman, Scandi transplant Infectious Diseases Group

Scandiatransplant Tissue Typers Group (STTG)

The annual meeting took place face to face in Helsinki, September 26, 2025.

The minutes from the meeting can be found here:

<https://www.scandiatransplant.org/members/sttg/minutes/Minutes%20Tissuetypers%202025.pdf>

The following topics were discussed:

1. It was discussed whether exchange obligations 2, 3, and 5 should be performed at a split level, and whether DQ matching should also be included. Currently, some patients are still missing DQ data. A decision will be made once more data on DQ becomes available, and the topic will be revisited at next year's meeting.
2. It was noted that last year it was decided that the search for a suitable kidney recipient and the donation process should not exceed 24 hours. However, there were still 16 cases where the time between search and donation exceeded 48 hours. It was agreed to propose to the Nordic Kidney Group that the search must be repeated if 48 hours have passed.
3. A proposal was presented by Mats Bengtsson and Ilse D. Weinreich to increase the TS score by accepting low MFI DSA. Currently, some patients are not receiving transplants, even through STAMP, due to very low TS scores. For certain patients, accepting low MFI antibodies might be beneficial; however, strict criteria should be established. This topic will be discussed further at future meetings.
4. It was discussed that some laboratories are using LAMP for local donor screening. This approach may be particularly useful prior to Imlifidase treatment, where a certain level of antibodies can be accepted.
5. It was discussed that a chairperson should be appointed for the Tissue Typers Group. It was concluded that by-laws will first be drafted and presented at the next meeting, after which a chairperson will be appointed.

Elected to represent the Scandiatransplant Tissue Typers Group at the Council meeting 2026

Kaie Lökk

Senior laboratory specialist

Nordic Transplant Coordinator Group (NTCG) – No report submitted