Nordic Kidney Group 13th annual meeting November 18, 2015 at Copenhagen Airport Minutes of meeting

Present:

Nordic transplantation/nephrology departments:

Søren Schwartz Sørensen – København Lars Wennberg – Stockholm Marko Lempinen – Helsinki Lars Mjörnstedt – Göteborg Claus Bistrup – Odense Lars Bäckman – Uppsala Anna V. Reisæter – Oslo Karin Skov – Aarhus Runolfur Palsson – Reykjavik Magnus Bodvarsson - Observer

Nordic Kidney Registries:

Anders Åsberg - Norsk Nefrologiregister KG Prütz – Svenskt Njur Register

STTG Representatives:

Bjarne Møller – Aarhus (STAMP-group) Helle Brunsgaard - København

NTCG Representative:

Urs Christen - Oslo

Scandiatransplant:

Peder C. Nørgaard - Scandiatransplant Frank Pedersen – Scandiatransplant

Absent:

Kaj Anker Jørgensen – Scandiatransplant James Heaf – Dansk Uremi register Ragnar Kallen – Skåne

- Welcome by meeting chairman Lars Bäckman
- Approval of last meeting minutes

Minutes from meeting November 19, 2014

http://www.scandiatransplant.org/members/nkg/MinutesNKG2014.pdf Accepted.

- No further matters to the agenda
- <u>Election of a new chairperson</u>
 Søren Schwarts Sørensen is elected for a periode of two years
- Status from each center and registry (developments, phase-out, structural changes e.g.)
 Each center gave a short report
- Announcement of NKG national key persons 2015-2016
 - Marko Lempinen (FI)
 - Anna V. Reisæter (NO)
 - KG Prütz (SE)
 - Claus Bistrup (DK)
 - Runólfur Pálsson (IS)
 - Ilse D. Weinreich (Scandiatransplant)

Kidney exchange compliance

Presented by Frank Pedersen

In the first 10 months of 2015 a total of 411 searches for recipients in relation with a deceased donor were done in the Scandiatransplant database.

In 16% (65 of 411) of these searches exchange obligation(s) occurred between centers.

In 6% (4 of 65) the exchange rules was not followed.

Conclusion: The deviations were discussed and accepted.

Kidney payback overview

Presented by Urs Christen

At every meeting in NTCG in most cases agreement is reached, however some cases normally needs follow up. Small centers, can have difficulties to pay back the kidney in time.

• Evaluation of the exchange rules

http://www.scandiatransplant.org/organ-allocation/Kidneyexchangerep.7maj2013.pdf No request for changes.

STAMP

Presented by Bjarne Møller Suggestion from the STAMP committee

http://www.scandiatransplant.org/members/nkg/STAMPproposaltoNKG.pdf

NKG supported the suggestion, and is ready for the next level.

• Nordic Kidney Registries, status and data presentation

Presented by Søren S. Sørensen

The data presentation was based on 19179 transplantations performed in Scandiatransplant. Among others it included graft survival in relation with donor type, HLA-DR mismatches, AB0 compatibility/incompatibility and HLA immunization.

http://www.scandiatransplant.org/members/nkg/Scandia15.pdf

Additional parameters?

Presented by Søren S. Sørensen

Uniforming Primary Renal Disease cause of graft loss, Death Causes in Scandiatransplant vs. National Registries – Prerequisite: common definition / coding system.

A group of interested must form, to continue with the matter.

• <u>Access to Transplantation:</u>

Presented by Lars Mjörnstedt

Sweden has differences in donor and transplantation figures, when comparing east to west. Different suggestions has been raised to look into the problem.

Presented by Søren S. Sørensen

Sugestion for a NKG investigation investigation was suggested:

http://www.scandiatransplant.org/members/nkg/AccesstotransplantationNKG2015.pd f

Up for discussion.

Paired Kidney Donation Program - STEP:

Presented by Lars wennberg

Status: http://www.scandiatransplant.org/members/nkg/STEPNKG2015LW.pdf/view

Sweden is ready to start the program with a Grant from "Vävnadsrådet", Denmark and Norway have started to collect possible candidates. If a donation is just before, the patient will be taken temporarily off the regular waiting list. The request is to make a dedicated part in Scandiatransplant to be able to do matching on STEP candidates.

Payback for kidneys/pancreas

In case of shipment of a kidney and pancreas for transplantation, there is no mandatory payback for the pancreas (unless agreed upon) but for the kidney. This should be done as soon as possible, preferably within three months with a kidney of similar quality.

Accepted by NPTG and NKG.

HLA antibody screen test every 3 months?

The laboratories must fulfil what is written in the EFI standards paragraph G2.3: http://www.efiweb.eu/fileadmin/user_upload/pdf/2014-09-12_Standards_v6.2.pdf
The Tissue Typers Group decided "PRA should be reported every 3 months".

<u>Next meeting</u> November 16, 2016 at Hilton, Copenhagen airport

Minutes reviewed by: Lars Bäckmann

Minutes respectfully submitted by: Frank Pedersen

