

# Scandiatriplant



## MINUTES

Nordic Kidney Group, 16th annual meeting

November 11<sup>th</sup>, 2020, 10:00-15:00 CET

Virtual meeting – Zoom platform

### Agenda

**1. Welcome by meeting chairman – *Søren Schwartz Sørensen*:**

Søren Schwartz Sørensen bid everybody welcome to the first virtual meeting in NKG.

**2. Registration of participants and election of writer of minutes – *Søren Schwartz***

***Sørensen*:**

Name	Yes	No
Søren Schwartz Sørensen – Copenhagen	X	
Alireza Biglarnia – Malmö		X
Marko Lempinen – Helsinki	X	
Lars Wennberg – Stockholm	X	
Lars Mjörnstedt – Gothenburg	X	
Claus Bistrup – Odense	X	
Amir Sedigh – Uppsala	X	
Anna V. Reisæter – Oslo	X	
Karin Skov – Aarhus	X	
Margrét Birna Andrésdóttir – Reykjavik	X	
Jaanus Kahu – Tartu	X	

Anders Åsberg – Kidney registry, Norway	X	
Nina Ask – Kidney registry, Finland		X
Runólfur Pálsson – Kidney registry, Iceland		X
Kristine Hommel – Kidney registry, Denmark	X	
KG Prütz – Kidney registry, Sweden		X
Maria Stendahl, Swedish Renal Registry	X	
Mai Rosenberg – Estonian Kidney Registry	X	
STEP – Per Lindner	X	
NTCG		X
STTG – Kaie Lokk	X	
ENCKEP – Péter Biró	X	
Kaj Anker Jørgensen – Scandiatransplant	X	
Ilse Duus Weinreich – Scandiatransplant	X	

Kaj Anker Jørgensen was elected as writer of minutes.

**3. Approval of last meeting's minutes:**

([http://www.scandiatransplant.org/members/nkg/MINUTES\\_NKGmeeting\\_13\\_November\\_2019\\_Copenhagen.pdf](http://www.scandiatransplant.org/members/nkg/MINUTES_NKGmeeting_13_November_2019_Copenhagen.pdf)) - *Søren Schwartz Sørensen*:

These were approved with no objections.

**4. Further matters to the agenda - *Søren Schwartz Sørensen*:**

Anna Reisæter wanted an issue about resistant bacteria.

**5. Status from each center and registry (developments, phase-out, structural changes e.g.):**

1. Oslo:

Anna Reisæter told us that the Covid-19 had affected transplantation in Oslo only in selected living donor transplantations. They had an outbreak of ESPL producing bacteria otherwise things were unchanged.

2. Uppsala:

Amir Sedigh also told about the effect of Covid-19 they were now in the second wave. The DCD program would probably not start before February next year.

3. Stockholm:

Lars Wennberg: Things were OK. They were also in the second wave of Covid-19, but it was much better than in the spring. They have had many donors.

4. Gothenburg:

Lars Mjörnstedt: It was the same problems so far, no big change, he felt that there was a decline in the number of donors right now. DCD was going on.

5. Helsinki:

Marko Lempinen: They don't have so much Covid-19 problems. They experienced a small decrease in donor rate compared to last year, and their DCD protocol does not start before next year.

6. Tartu:

Jaanus Kahu said that they had stopped the living donor program shortly in spring, but they were transplanting the same as usual and there were no serious problems of patients having Covid-19.

7. Copenhagen:

Søren Schwartz Sørensen: They had some influence of Covid-19 in the spring, and they had shut down for living donor transplantation for a short while. The big problem now is lack of nurses and therefore it is difficult to schedule living donor transplantations.

## 8. Odense:

Claus Bistrup: They had also a shutdown of living donor transplantations shortly in the spring. The first Danish altruistic donor is being evaluated at the National center for altruistic kidney donation.

## 9. Aarhus:

Karin Skov: They had also shortly a shutdown of living donor transplantations in the spring. They are lacking schedule days for living donor transplantations, and this is due to the lack of nurses. The group working on the issue of DCD is not going forward very fast due to ethical considerations especially from the neurosurgeons.

## 10. Reykjavik:

Margrét Birna Andrésdóttir: They have done their first deceased donor transplantations. These are done with patients who have no antibodies and without a crossmatch pre-transplant. Their main transplant surgeon has taken a leave until May 2021, but transplantations will be performed as usual. They have had two patients affected with Covid-19 and one died. Their first transplanted patient has now just had his well-working transplanted kidney for 50 years with a creatinine around 90.

Registries:

Iceland: They have had some structural problems with the registry and are working on reorganising it.

Norway: No big changes. They are sending centralised Covid-19 data to Europe.

Sweden: Maria Stendahl has replaced K.G. Prütz as chairman of the Swedish Renal Registry. Beside this, no big changes. They are also sending Covid-19 data to Europe. They have had deaths with Covid-19.

Finland: They are working on getting their registry to work electronically.

Estonia: It works.

Denmark: No big changes. Kristine Hommel, nephrologist from Holbæk has been appointed new secretary for the registry after James Heaf. They also send centralised Covid-19 data to Europe.

**6. New chairman for NKG – National Key persons:**

According to the by-laws of NKG, Søren Schwartz Sørensen has exceeded his term. He has therefore asked the national key persons to come with a new suggestion, but the

only suggestion was that he should continue. Søren Schwartz Sørensen agreed to continue for one year so it can be discussed until the meeting next year.

**7. Announcement of NKG national key persons 2020-2021:**

(National Key persons 2018-2019: Marko Lempinen (FI), Anna V. Reisæter (NO), KG Prütz (SE), Claus Bistrup (DK), Margrét Birna Andrésdóttir (IS), Jaanus Karhu (ES) Ilse Weinreich (Scandiatransplant))

In Sweden, KG Prütz has stopped as key person and the suggestion was that it was to be Lars Wennberg.

The key persons are therefore:

Finland:	Marko Lempinen
Norway:	Anna V. Reisæter
Sweden:	Lars Wennberg
Denmark:	Claus Bistrup
Iceland:	Margrét Birna Andrésdóttir
Estonia:	Jaanus Kahu
Scandia-transplant:	Ilse Weinreich

**8. Kidney exchange compliance (will be circulated before the meeting) – *Ilse Weinreich*:**

Ilse Weinreich had sent a document on this beforehand, she showed it, made comments on it, and there was some discussions if combined transplantations go before the exchange rules in Scandiatransplant. The conclusion was that the exchange rules in Scandiatransplant go before combined transplantation, but the donor and potential recipient center can discuss this and agree on not following the exchange rules.

**9. Kidney payback overview – *Ilse Weinreich and Coordinator*:**

Ilse Weinreich showed a PowerPoint presentation on this. Last year there was 66 open cases waiting for payback, this year the number has decreased to 34. It seems as if the new payback rules have had a positive effect. There was a discussion on local agreements and Scandiatransplant exchange rules. Sweden wants Ilse just to show the Scandiatransplant and not the local exchanges at the NKG meeting while Denmark still wants to see all the exchanges.

## 10. Nordic Kidney Registries, Annual data report – *Anders Åsberg, Søren Schwartz*

### *Sørensen*

Søren Schwartz Sørensen told us there were problems with the statistics that they haven't solved yet. He then showed the PowerPoint of the registry data.

[http://www.scandiatransplant.org/members/nkg/annual\\_report\\_1995\\_2019.pptx](http://www.scandiatransplant.org/members/nkg/annual_report_1995_2019.pptx)

- Suggestions for further analysis of NKG registry data – *all*:  
No suggestions.
- Report from the WG on comorbidity index – *Margret Andresdottir*:  
Margret Andresdottir gave an overview of comorbidity indices which maybe could be used on transplant recipients. Anders Åsberg commented that the problem was how difficult it is to get these data for retrospective studies. The data are important for cox-regression analysis. The working group will contact all centers and ask if they have the data and how easy they are to get.

## 11. Suggestions and recommendations from the tissue typers group – *Kaie Lokk*:

Kaie Lokk showed a PowerPoint presentation on the suggestion by the tissue typers group to write publications as follow-up on earlier publications on the STAMP program. The suggestion was unanimously approved. There are many items to include, therefore it has been decided to separate the work into several publications. The first initiative will mainly focus on matching on all alleles and the transplantability score. The work shall be a joint venture with relevant clinicians at the different centres. As soon as possible contacts should be made to the clinicians at the different transplant centers to get them involved in the work.

## 12. News from the Coordinator group – *TBD*:

There was nobody from the coordinator group who felt that they could find time to participate in the NKG-meeting.

## 13. Paired Kidney Donation Program (STEP):

- Status - *Per Lindnér, Ilse Weinreich*  
Ilse Weinreich and Per Lindnér showed a presentation of the outcome of the two match runs done since last year and when the next one was planned, so far 18 patients have been transplanted.

Currently the STEP committee and the Scandiatransplant office is working on evaluation the current matching algorithm.

- Modelling and optimization in European Living Donor Exchange Program - *Péter Biró*

Péter Biró from Hungary gave a quite detailed review of these exchange programs in Europe. The interest from Scandiatransplant is to see if we can use their simulation software to simulate how different priorities and different weighting of factors would influence the outcome of the match runs. There is a contact between the Scandiatransplant office and this group on this.

#### **14. NKG living donor registry:**

- Data completeness – *Ilse Weinreich*

Ilse Weinreich showed a document of a survey she had done on this. Since 2015 more and more centers are entering the basic data and it is also getting better with at least the one year follow up.

- Suggestions for analysis on data from LD registry – *All*

It was too early to decide on this. Søren Schwartz Sørensen suggested analysing the data for comorbidity on the living donors to see if there was a trend. And it was also suggested to see if there was difference between centers or countries.

A group consisting of Claus Bistrup, Søren Schwartz Sørensen, Anna Reisæter, Anders Åsberg together with and Geir Mjøen from Oslo should look at this. Anna Reisæter will contact Geir Mjøen and start the proces

- Invitation for collaboration with the Swiss LD registry – *Søren Schwartz Sørensen*

It was decided to wait until at least next year and that it would be better to send a representative from Scandiatransplant to Switzerland than the Swiss people coming to visit the Scandinavian countries.

#### **15. Other matters on donors:**

- Altruistic living donors in Scandiatransplant in relation to STEP and STAMP and exchange obligations – *Claus Bistrup and Søren Schwartz Sørensen*

This issue was discussed and it seems like the first proposal for non-directed donors should be STEP before local urgency, but there was no conclusion. Claus

Bistrup, Søren Schwartz Sørensen and Lars Wennberg were asked to come with a proposal for a common protocol next year.

- Can we accept living or deceased potential donors with multiple sclerosis? –

Søren Schwartz Sørensen:

This question was asked but nobody knew the answer.

#### **16. Suggestions for a study on ABOi kidney transplantations in the Nordic countries –**

##### ***Anna Reisæter:***

Anna Reisæter had sent out a document on this before the meeting and gave a PowerPoint presentation of her suggestion. There was unanimous support to the suggestion and Anna Reisæter should contact all the centers to form a group to make a protocol.

#### **17. Report on development in the LIREM EU project – Søren Schwartz Sørensen:**

Still waiting for the EU.

#### **18. Clarification in the rules for exchange of kidneys regarding ABO identity and compatibility – Lars Mjörnstedt:**

Lars Mjörnstedt had a suggestion for changing the wording in the exchange rules about the ABO matching in relation to exchange priorities 2-5. This was accepted, he will send it to Ilse Weinreich and it will be corrected. There was a discussion on why group AB recipients could get kidneys from group A donors. Nobody knew the reason but it was decided not to change this this time, but maybe discuss it until next year.

[http://www.scandiatransplant.org/organ-allocation/Kidney\\_exchange\\_11\\_november\\_2020.pdf](http://www.scandiatransplant.org/organ-allocation/Kidney_exchange_11_november_2020.pdf)

#### **19. Possibilities with Ideferix in renal transplantation in SCTP – Lars Wennberg:**

Lars Wennberg brought this issue up since the cost for the drug and the associated treatments for such transplantations will be high. This could in practice make such transplantations unavailable for patients in our countries. He asked if some joined action from Scandiatransplant might help in this situation. Uppsala and Stockholm will try and make a protocol for the use of this and will circulate it.

#### **20. News from SCTP board – Kaj Anker Jørgensen:**

Kaj Anker Jørgensen gave a very short overview of the meetings that had been held in the board. He told what had been done to register and follow the epidemic in



Scandiatransplant and tried to give an overview of the impact of the Covid-19 for transplantation and donation in Scandiatransplant. Until now, the impact seems small. Ilse Weinreich will contact Kristine Hommel about sharing of Covid-19 data on Danish hospitalized kidney transplanted patients.

**21. Any other business:**

Anna Reisæter asked if anybody had big problems with ESPL producing bacteria. Most centers had had the problems from time to time, but they seemed to vanish. When you have the infections it is a big problem that very many patients are isolated.

**22. Next meeting:**

It was decided to have the next meeting on the 10<sup>th</sup> of November 2021. Hopefully a face-to-face meeting at Kastrup in Copenhagen.

Kaj Jørgensen