

Scandiatriplant



Nordic Kidney Group, 22nd annual meeting, November 19th, 2025, Copenhagen, Denmark Minutes

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

Søren Schwartz Sørensen bid everybody welcome.

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

Karin Skov was elected as writer of minutes

Søren Schwartz Sørensen – Copenhagen
Alireza Biglarnia – Malmö
Lars Wennberg – Stockholm – participation online
Åsa Norén – Gothenburg
Claus Bistrup – Odense
Amir Sedigh – Uppsala
Kristian Heldal – Oslo
Anders Åsberg – Kidney registry, Norway
Kristine Hommel – Kidney registry, Denmark
Maria Stendahl - Swedish Renal Registry, Sweden
Karin Skov - Aarhus
Margrét Birna Andrésdóttir - Reykjavik
Jānis Jušinskis Observer from Riga
Ieva Ziedina – Observer from Riga
Jaanus Kahu – Tartu
Ulla Plagborg - NTCG
Jouni Lauronen – STTG – participation online

Ilse Duus Weinreich – Scandiatransplant
Kaj Anker Jørgensen - Scandiatransplant

3. Approval of last meetings minutes

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

- *Søren Schwartz Sørensen*

Minutes were approved

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

Suggestion from the Nordic Paediatric Renal Transplantation Study Group (NPRTSG) to alter the exchange obligation 4. See point 17.

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

Reykjavik: Margrét Birna Andrésdóttir has retired. Her replacement will be Sunna Snædal . Decreasing numbers of LD.

Oslo: Trond Jensen has retired. Kristian Heldal has replaced his position. High research activity.

Stockholm: Numbers of DD transplantations remained unchanged.

Uppsala: So far good year for DD. DCD staff capacity problems.

Gothenburg: Good number of DD transplants, LD reducing, DCD staff capacity problems

Malmö: Increasing numbers of DCD. Moved to a new hospital.

Tartu: Have had the first ABOi LD TX. Allowed to use Imlifidase to one patient. There have been som waitlist and registry changes.

Copenhagen: So far good year for DD. RCT of robotic kidney Tx will be published in 2026.

Odense: Staff capacity problems. Unchanged activity.

Aarhus: Good year for DD so far. Increasing numbers of DCD.

SE registry: New national registry spring 2026

DK Registry: No changes from last year.

It was agreed that next year each center and registry should send a small report in advance of the meeting to the chairperson.

6. Announcement of NKG national key persons 2025-2026:

(National Key persons 2025-2026: Marko Lempinen (FI), Kristian Haldal (NO), Åsa Norén (SE), Claus Bistrup (DK), Sunna Snædal (IS) Jaanus Karhu (ES), Ilse Weinreich (Scandiatransplant)).

7. Election of new chairperson for NKG

Karin Skov (AR) was elected as the new chairperson.

8. Kidney exchange compliance (see attachment) – *Ilse Weinreich*

Ilse went through the presentation that had been sent out beforehand. The situation has been unchanged the last 5 years. No systematic signs of any center avoiding sharing organs.

At the last two tissue typers meetings time between search for kidney exchange obligations and the actual donation has been discussed.

The following was suggested by STTG to be added to the exchange rules:

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 brought to the hospital. It is decided to establish a WG consisting of one coordinator, one member of NKG and one member of STTG. Alireza Biglarnia (NKG), Ulla Plagborg (Coordinator) and Jouni Lauronen (STTG) volunteered to look at the recommendations from the STTG regarding doing a re-search.

9. Kidney payback overview – *Ilse Weinreich + Ulla Plagborg*

Payback data presented by Ilse. Nothing that indicates that the payback system does not work. Payback obligations are closely followed by the Scandiatransplant office, and all centers obey the rules.

10. SAE/SAR registration/definition, report from the WG – *Marko Lempinen*

No discussion, due to cancellation from Marko Lempinen. The WG continues the work.

11. Suggestions and recommendations from the tissue typers group – *Jouni Lauronen*

The STTG yearly meeting was held in September in Finland. The minutes are at the Scandiatransplant home page:

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

Also see point 8.

12. Nordic Kidney Registries, Annual data report

(https://www.scandiatransplant.org/members/nkg/registry-survey/NKG_annual_report_1995_2024.pptx) – Anders Åsberg, Søren Schwartz Sørensen

a. Country comparison of waiting time to transplantation – Anders Åsberg + Søren)

Søren Schwartz Sørensen presented the data that is already available online. Regarding analysis of waiting time, it was decided to perform the analyses on 5 year cohorts by cumulative incidence function with death as a competing risk and censor for permanent with drawl. Furthermore, the time variable should be active time on the waiting list

b. Common definition for start of graft function - Åsa Noren

It was decided to define delayed graft function as the need for dialysis within the first week after transplantation, excluding the first 24 hours. Day of onset was defined as the day after the last dialysis meaning that no dialysis is needed the start of graft function will be the day of transplantation.

c. Common definition on HLAi – Søren Schwartz

It was decided to define a kidney transplantation as HLAi if donor-specific antibodies is present with a MFI >1000 against any of the following HLA antigens: A, B, C, DR, DQ or DP. Ilse Weinreich informed that hopefully, in the near future it will be possible to extract data from YASWA when centers export MFI data on all patients directly to YASWA

d. Suggestions for further analysis of NKG registry data – all

It was suggested that the following analyses should be added to next years annual report:

Analyses for death censored graft survival.

Graft survival adjusted for recipient, donor age and if possible also KDRI.

Compare graft survival between NO+DK and SE, as SE has discontinued matching on HLA types for at least 10 years

e. Update from the WG on comorbidity index – Anders Åsberg + Ilse Weinreich

At the meeting last year it was concluded that all centers could provide data for the comorbidity index and that data should be share with Ilse to be import into YASWA. Data has been delivered by Oslo, Tartu, Aarhus, Odense and Copenhagen, but NOT for all the other centers. In reality I doesn't seem like that all centers will be able to provide the data.

'Cardiovascular disease' will be rename 'History of angina' and will cover Coronary disease and Acute myocardial infarction. Old data will be deleted.

f. Update on the ABOi project – *Anders Åsberg*

Last year Anders Åsberg informed NKG that Anna Varberg Reisæter has retired and a new leader of this project is needed. Lars Wennberg was to ask Helena Genberg if she wants to lead the project as she has done something similar for the NPRTSG. No update on this.

13. News from the Coordinator group – *Ulla Plagborg*

The rotation rules (surplus kidneys) is o.k. A national DK rotation has been established in DK.

14. Paired Kidney Donation Program (STEP) + EURO-KEP – *Ilse Weinreich, Karin Skov*

Ilse presented an overview of the program. Since the beginning 23 match runs have been performed, including 243 pairs and 12 non-directed donors, which have led to 100 patients through the program.

At the STEP steering committee meeting in the spring it was decided that matches found in the primary run has precedence and that there is no limit for chains.

Scandiatriplant (Per Lindner og Ilse) is represented in a WG as part of the EU project; EURO-KEP. The goal of the project is to support countries that do not already have a program and support existing programs. In this project Scandiatriplant is leading the work around making common guidelines.

15. Donor variables necessary for optimum organ allocation – *Claus Bistrup*

The came from the SCTP board and was send to all SCTP specialists groups. So far only the Liver group has replied. At the 2024 NKG meeting Claus Bistrup was appointed lead for a WG that should provide the SCTP board with the NKG stand point. Claus have circulated a questionnaire among the NKG key persons and based on the answers he will make a summary to present to the key persons before sending the answer to the SCTP.

16. News from the SCTP board – *Kaj Anker Jørgensen*

Medical Director Kaj A. Jørgensen will leave his position next year. The SCTP board has started a process to find his replacement.

The 32nd Congress of the Scandinavian Transplantation will be held in Tartu May 20-22 2026. In future, SCTP will be responsible for the congress, and it will be held after application to SCTP and not by turn.

17. Any other business

Exchange obligation 4. 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).

A suggestion to remove the limitation of a max of 2 HLA-A,B mismatches will be made. The idea is that SCTP will create a functionality in YASWA for the single centers to assign mismatches that they cannot accept. The general idea is that it is up to the single

recipient center to decide/say no. The suggestion will be finalized and circulated to the different NKG key persons before final approval. This hearing process will also include the local pediatricians as well as the local Tissue Typers. Søren Schwartz Sørensen will be the project lead.

18. Next meeting

November 18, 2026 in Kastrup Airport Copenhagen