



Minutes of Nordic liver Transplant Group Meeting Copenhagen October 21, 2015

Venue:

Hotel Hilton

Copenhagen Airport

+45 32 501 501

1. *Welcome (Allan Rasmussen):*

The meeting was opened.

2. *Minutes from NLTG meeting in Helsinki March 2015:*

Minutes from the meeting in Helsinki March 25th were discussed. After an unimportant revision, the minutes were approved

3. *Center wise update reports:*

- Copenhagen: Better activity. More donors than any other year. Expected number in 2015 app 60. This would be the best number ever in Copenhagen, but still unsatisfactory compared to the other Scandinavian centers.
- Helsinki. Very high number of donors in first part of the year. Expected number in 2015 70.
- Gothenburg. Good activity. Expected number in 2015 app 90. Problems with coordinators are solved.
- Stockholm. No major changes regarding activity or staff.
- Oslo: Activity slightly less than previous yers. Some changes in staff is undergoing.
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4. *Automated NLTR->ELTR transfer - status and remaining challenges (Espen Melum):*

Espen Melum gave an update regarding plans for automatic transfer of data from NLTR to ELTR. There are still some major challenges, but progress.

5. *Common Nordic waitinglist for pediatric segm 2+3 – current status & how to improve (W Bennet)*

A very productive process was started by an update of the current situation regarding exchange of segments from “splittable livers. It was agreed that it should be possible to improve the use of liver segments to children. Generally, there are more “splittable” livers than children going on the waiting list each year. This discussion continued during 6) and 11) on the agenda.

6. *The “pay back” system. Does it work as intended? (Allan Rasmussen)*

Some examples were given, demonstrating, that the “pay back system” does not work as intended.

All agree on the intensification of the system. To secure that livers are paid back as intended; it was proposed that the first liver of same blood group and quality in the center receiving a liver from urgent call should be used for pay back.

7. *LUNCH*

8. *) News from ScandiTransplant (Kaj Anker Jørgensen)*

A general update about the current situation in ScandiTransplant was given.

9. *Export of liver data from ScandiTransplant (Helena Isoniemi/Kaj Anker Jørgensen)*

This discussion was mainly covered in previous discussions.

10. *Status of our common pediatric waiting list and how "successful" or "unsuccessful" we have been complying with split criteria ? (William Bennet)*

Was discussed under 11.

11. *"Pediatric whole livers for pediatric recipients" (William Bennet)*

The very productive discussion started previously in the morning was continued.

A small working group made suggestions for obligatory rules for the use of Pediatric livers and "splittable" livers in ScandiTransplant. These rules were generally accepted. And have been finalized. Final form is attached:

12. *Update on present studies*

- Liver transplantation and cancer- Nordic Multicenter Study (Arno Nordin)
- Pediatric Liver transplantation (Silvia Manicka/Björn Fishler/Anthal Nemeth)
- Alcohol Study on Liver Transplant Patients (Knut Stokkeland)
- DSA study (Andreas Rostved)
- Optimization of anti-CD25 induction therapy in relation to Liver Transplantation (Christian Ross)
- ABO incompatible liver transplantation (William Bennet)

13. *New study proposals.*

- o NAFLD/NASH as an indication for liver transplantation (*Hannes Hagström*)
- o Factors affecting long-term survival in patients transplanted due to alcoholic cirrhosis in the Nordic countries (*Espen Melum*)

14. *Next meeting:*

The next meeting was decided to be in Gothenburg on April 11th 2016.

Liver exchange and pay back rules - revised December 2, 2015

High urgent call (HU)

- An acute liver failure patient who is at a risk to die within few days (no prior liver disease)
- Need for re-transplantation within 2 weeks after transplantation (includes primary non-functioning graft)
- if several HU call exist at the same time, the first one has priority over a later HU call. This is also true if the second center has a local donor.
- Within 72 hours after the HU call, every center has an obligation to offer available livers for the recipient center
- The first available donor liver with compatible ABO blood group must be offered to recipients on HU call.

Paediatric recipients (<18 years at entry on liver waiting list):

- A paediatric donor liver (<18y.o) should be used for ABO compatible paediatric recipients
- A paediatric donor liver, a splitable liver or a segment can be used without any limitation for a paediatric recipient in own center.
- If there is no paediatric recipient in own center, the pediatric or splitable liver has to be offered to a paediatric recipient in another center as a whole liver or as a split part if this is sufficient for the recipient as follows;
 1. Paediatric recipient with Hepatoblastoma, Hepatocellular Carcinoma (Liver cancer diagnosis must be defined in the database) or a pediatric kind request recipient.
 2. The paediatric recipient with the longest waiting time on the waiting list

Kind request

- Should be used only for very selected cases
- HU call 72 hour limit has exceeded without transplantation and the patient is still transplantable
- Rapidly deteriorating acute-on-chronic patient according to consideration of the center
- There is no obligation to send a liver from other centers, this is voluntary

Pay back after urgent calls (HU) / Kind requests:

The receiving center has to do the "pay-back" with the first available ABO identical liver of the same quality group as the liver received. The recipient center can voluntary to do the pay-back with a liver from a better quality group.

Quality groups

- Pediatric liver.
- Splitable liver. Criteria is defined by the NLTG group
- Normal liver. Any other liver up to 65 years as defined by the responsible surgeon on call
- Donor age > 65 years

Pay back after segment or whole "splitable liver" for paediatric transplantation (<18 years):

- The pay back of a paediatric donor liver for a paediatric recipient shall be done with the first available splitable liver.
- Pay back after segment: with a normal whole liver within 6 month.
- Pay back after whole splitable liver. The receiving center has to do the pay back with the first available splitable liver.
- Pay back must be with identical ABO blood type

Under certain occasions the pay back can be postponed after mutual agreement between the responsible surgeons in the 2 centers.

All donors fulfilling the split criteria shall be recorded

If a splitable liver is not used for a paediatric recipient, the reason for not splitting the liver shall be recorded. According to 4 categories.

- Logistics
- No paediatric recipient on the waiting list
- Medical
- Other. Specify:

Criteria's for splitable donor liver:

- < 51 years
- BMI < 26
- < 4 days in ICU
- ALT / AST < 3 x normal

Liver rotation rules (surplus livers):

- When a surplus liver is available other centers will be contacted
- All centers must respond positive/negative to the offer within 30 minutes,
- The center at the highest position on the rota list accepting the surplus liver will receive it
- Only the accepting center is rotated and in practice the donor center is responsible for the rotation a.s.a.p.
- Whether a surplus liver is offered as a whole or a split liver the accepting center must be rotated
- Pay back livers are not causing any changes in rota list

Rotation has to be done when a surplus liver is offered and accepted of another country

Accepted October 21st 2015 and effective from December 7th 2015
On behalf of Scandiatransplant liver centers and NLTG

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| Copenhagen | Allan Rasmussen |
| Gothenburg | William Bennet |
| Helsinki | Helena Isoniemi |
| Oslo | Pål Dag Line |
| Stockholm | Bo-Göran Ericzon |