Pediatric Programme

1. Long-Term Outcomes of Pediatric Liver Transplantation (PLTx)

Presentation by VBC Copenhagen:

- Historically, Biliary Atresia (BA) patients had the poorest outcomes, but currently, patients with Inborn Errors of Metabolism (IEM) present more challenges.
- Quality of Life (QoL) improves significantly for IEM patients post-transplant.
- Proposal to hold quarterly meetings with Scandiatransplant colleagues to discuss outcomes and protocols.
- Suggestion to implement QoL measurements and integrate them into the YASWA system.

Discussion:

- No current QoL measurements in Scandiatransplant centers (Helsinki not present to comment).
- Debated the use of specific questionnaires (e.g., SickKids) vs. generic ones (e.g., PedsQL) for internal and external comparisons.
- Consensus on the importance of starting QoL measurements.
- Carl: The PETER registry may have translated QoL questionnaires available.
- Pål Dag (Oslo): Emphasized the need for planned procedures and the use of living donors; mortality risk for segments S2-3 donation is comparable to kidney donors.
- Nicolai (Copenhagen): Suggested exploring S3 living donation.
- Proposal to start using Mid-Upper Arm Circumference (MUAC) as a growth measurement in YASWA.
- Interest in comparing PLTx protocols across Scandiatransplant centers.

Action Items:

- Carl will send the Swedish national protocol.
- Oslo to share specific follow-up programs for IEM transplants.

1. Databases and Regulation

- o **Ilse** previously addressed this topic.
- Agreement to report to the European Reference Networks (ERN) through YASWA.

2. Vaccination Programs

 Presentation by CW on vaccination responses in liver, kidney, and heart-transplanted children from Copenhagen.

o Discussion:

Gothenburg:

- Administers Varicella-Zoster Virus (VZV) vaccine post-transplant with criteria slightly stricter than the Suresh paper.
- Plans to start measles vaccination soon.
- Monitors vaccination antibodies annually.

Stockholm:

- Does not use live attenuated vaccines post-transplant.
- Administers inactivated vaccines after one year.
- Concerned about vaccinating children on high immunosuppression.
- **Gothenburg:** Gives live vaccines from **six months** post-transplant.
- Copenhagen: Plans to follow the Suresh guidelines for live vaccines.
- Carl (Stockholm): Inquired about the Number Needed to Treat (NNT) to prevent infection through vaccination.
- **Pål Dag (Oslo):** Supports vaccination; rejection issues are minimal. Mentioned a recombinant varicella vaccine per adult nephrologists.

Silvia (Stockholm):

- Highlighted that while varicella is treatable, measles is not, making safety data on MMR vaccines crucial.
- Noted measles are still uncommon in the Scandiatransplant area.
- **Sweden:** All children receive the **rotavirus vaccine** at six weeks of age.
- Denmark: Hepatitis A and B vaccinations are not standard.

COVID-19 and Influenza Vaccinations:

- Sweden does not administer COVID-19 vaccines to transplanted children.
- Influenza vaccines are given to families 6 months to one year posttransplant if the season aligns.

3. Metabolic Diseases and Liver Transplantation

o **Covered** during the long-term outcomes presentation.

General Discussion:

- Progress on pediatric follow-up data in YASWA.
- **Ilse** to contact **William** to obtain list of suggested additional pediatricians variables in NLTR to be shared with NPLTG.
- Policies on patients returning to institutional care vary from 6 months to 1 year, trending towards less restrictive practices.
- Carl: Shared a new Swedish national guideline on "levnadsråd" (lifestyle advice).
- **Sweden:** Has provided **IVIG** to patients traveling to areas like the Middle East who may not have been vaccinated.
- Discussed potential interactions between cranberries and tacrolimus.
- Travel Recommendations Post-Transplant:
 - Norway advises no travel in the first year.
 - Travel to Europe and the U.S. is considered acceptable.

Any Other Business (AOB)

- Pediatric Research:
 - o **VBC** to provide updates on research initiatives.

Action Points Summary:

- Carl to send the Swedish national PLTx protocol.
- William for status on additional pediatric parameters in NLTR.
- Centers to consider implementing QoL measurements and MUAC in YASWA.
- Further discussion on standardizing vaccination protocols across centers.

List of participants

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Christina Winther, Copenhagen

Ulla Henriksen, Copenhagen

Jesper Kjærgaard, Copenhagen (writer of minutes)

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