Minutes from NLTR Workshop Copenhagen 28.01.2026

List of meeting participants :

Scandiatransplant, Aarhus

Ilse Duus Weinreich, Anne Boserup

Oslo

Katrine Engesæter (writer of minutes), Morten Hagness, Bastian Løe Pedersen

Tartu

Maris Niibek, Aire Rehme

Gothenburg

Andreas Schult, Ulrika Samuelsson

Copenhagen

Ulla Plagborg

Stockholm

Carl Jorns

Helsinki

Leena Toivonen, Essi Malmi

1. Katrine welcomed the participants and provided an introductory overview, including a brief summary of the work conducted by the working group to date. She revisited the action points identified after the 2023 workshop and reviewed the agenda and objectives for the current meeting. It was clarified that the working group has the mandate to implement changes to the NLTR without prior approval from the NLTG. Consequently, the office in Aarhus can proceed immediately with implementing the agreed changes in YASWA. The new ELTR variables have not yet been finalized, and the group agreed that our variables need to be defined partly independently of the planned ELTR revisions.

2. Anne presented a review of data completeness across the different variables. Overall, completeness was high for most registry variables. Helsinki does not

complete Forms A and B, as they maintain a separate national registry, and are currently collaborating with a vendor to enable data transfer from their local registry to the NLTR. Oslo is working on a similar solution for the variables included in Form B. It was noted that such solutions entail additional workload for the Scandiatransplant office.

3. A review of Forms A–D was conducted, building on discussions from previous meetings and the ELTR document proposing new variables for the European registry.

A summary (without details) of the topics addressed within the individual forms:

Form A

Add the diagnoses already proposed by ELTR, including ACLF and acute alcoholic hepatitis.

Add *Medical care status* as proposed by ELTR and remove the existing *In-hospital events* category.

Add "treated hypertension" under *Basics*.

Form B

Post-transplant pathology will be moved to Form C and used exclusively at the first post-transplant follow-up.

The group reviewed the NPLTG requests for variables and implemented those deemed appropriate.

The item concerning arterial reconstruction was proposed for revision, and an alternative formulation was drafted.

The MEAF score was discussed as a descriptor of early complications. It was noted that the variable should be modified to facilitate use in quality improvement initiatives. ELTR may revise the time frame to 7 days (rather than the current 15 days). The appropriate time point for defining EAD (3 vs. 7 days) was discussed.
It was decided to use the Olthoff criteria for early allograft dysfunction. This would require to cover peak AST/ALT during day 0-7, Bilirubin day 7 and PK-INT day 7.

The current complication list was considered extensive and difficult to interpret. Bastian presented the complications included in Oslo's new complication registry. Morten and Bastian will prepare a proposal for a revised complication list, which will be circulated to the group for review. It was suggested that the dropdown list of possible treatments

for complications should also include “none” as an option. Helsinki presented their approach to complication registration, which differs somewhat from YASWA.

Form C

Dialysis will be removed from *Laboratory tests*, this topic is addressed under *Events*.

PEth, cholesterol levels, and HbA1c will be added. It was noted that PEth is not measured routinely at all centers and that results may become available later than most other laboratory tests, potentially leading to missing data. Nevertheless, PEth will be included due to its clinical relevance, not limited to patients transplanted for ALD.

Diabetes will be relocated, and treated hypertension will be added under *Basics*.

Recurrent disease was discussed with regard to whether recurrence should be specified by disease type, given that some patients may have had multiple transplant indications (e.g. PSC/AIH).

For portal vein and arterial complications, the ELTR proposals will be adopted.

Biliary strictures should be categorized into anastomotic and non-anastomotic strictures.

Corresponding ELTR the following variable will be added to capture malignancy:

- Recurrence of tumor (indication for LT)
- De novo malignancy
- PTLD
- Donor derived

The current immunosuppression list was considered outdated, with several no longer relevant. Oslo (Katrine) will circulate a proposed immunosuppression list to the other centers. A short list plus an “other” option was preferred, and full alignment with ELTR was not considered necessary.

The variable *Change in immunosuppression* will be removed.

Form D

The form was considered concise and did not require major changes. The need for enabling direct transfer of data on death and cause of death from the individual countries to Scandiatransplant was discussed.

The O-diagnoses appeared arbitrary and were not aligned with ELTR. At present, it is unclear who originally requested these NLTR-specific diagnoses. They have primarily been used by Oslo and Gothenburg. Ilse will circulate a list identifying the affected patients, and unless feedback indicating otherwise is received, these diagnoses will be removed from the ReTX/death list.

4. Agreed action points:

- The office in Aarhus may proceed with implementing the agreed changes in YASWA.
- Oslo (Morten and Bastian) will prepare a proposal for a revised complication list (Form B) and circulate it to the group for review.
- Oslo (Katrine) will circulate a proposed immunosuppression list (Forms B and C) to the other centers.
- The working group has the mandate to implement changes without NLTG approval; however, a summary of the work will be presented at the next NLTG meeting in Gothenburg.