

Nordic Transplant Committee

Nordic Transplant Committee / Minutes meeting No. 28 Oct 4th 2023 Copenhagen

16th Oct. 2023

Minutes of meeting

Meeting No: 28th meeting of the Nordic Transplant Committee
Time: Oct. 4th, 2023 at 13:00-15:00
Venue: The Danish Health Authority, Islands Brygge 57,
2300 Copenhagen S, Denmark

Present:

HEALTH AUTHORITIES:

Iceland:

Pórgunnur Hjaltadóttir, Directorate of Health, Iceland

Sweden:

Helena Almén, The National Board of Health and Welfare

Norway:

Tone Blørstad Norwegian, Board of Health Supervision

Ragnhild Marie Sørensen, Norwegian Directorate for Health

Denmark:

Maria Herlev Ahrenfeldt, Danish Health Authority

Kasper de Laurent Stenalt, Danish Health Authority

Matilde Bøgelund Hansen, Danish Health Authority

Camilla Krogh, Danish Health Authority

Estonia:

Siim Suutre, State Agency of Medicines Estonia

MEDICAL DIRECTOR:

Kaj Jørgensen Medical Director of Scandiatransplant

BOARD MEMBERS OF SCANDIATRANSPLANT:

Allan Rasmussen, Chairman, Denmark

Michael Perch, Denmark Board

Marko Lempinen, Finland Board

Johan Nilsson, Sweden Board

Are Martin Holm, Norway Board

Jóhann Jónsson, Iceland Board

Fru Virge Pall, Estonia Board

1. Welcome.

Maria Herlev Ahrenfeldt bid everybody welcome to the Danish Health Authority in Copenhagen. She then asked all participants to introduce themselves.

2. Election: Leader of meeting and writer of minutes.

Allan Rasmussen was elected as leader of the meeting and Kaj Anker Jørgensen as the writer of minutes. Maria Herlev Ahrenfeldt volunteered as controller of minutes before they are put on the Scandiatransplant homepage.

3. Ask for issues for any other business.

Kaj Anker Jørgensen would like to say a few words about EUROKEP.

4. Minutes of last meeting.

The minutes of the last meeting August 31st, 2022 in Reykjavik were accepted.

5. What has happened in each country: CA supplemented by Board member.

ICELAND: Thorgunnur Hjaltadottir

Last year has been good in Iceland. The new legislation has been well accepted. The organ donation has started to look at DCD together with the organ donation team from Gothenburg. The preparations are being made at the ICU departments. The documents have been translated and adapted to Icelandic conditions. The aim is that the team will come to Iceland next spring to teach. They are looking at the legislation, but it looks like they will not have to change the law. They have not started the ethical discussion and they have not started the discussion with the public, but they think it will be well accepted. It was noted that Iceland has a high donor rate.

DENMARK: Camilla Krogh

In 2022, 338 patients were transplanted with organs from both deceased and living donors in Denmark. There were 84 deceased donors. 260 patients were transplanted with organs from deceased donors and 78 from living donors. 460 patients were still on the waiting list for an organ.

We still lack organs in Denmark and we have expectations that the implementation of DCD will help increase the donor rate.

The recommendations for organ donation after circulatory death in Denmark were published in March 2023. The purpose is to ensure that there is a uniform national approach to DCD. DCD will initially be implemented at Rigshospitalet, Aalborg University Hospital, Aarhus University Hospital and Odense University Hospital. The first DCD courses are expected before the end of this year.

Part of the political agreement was that before the recommendations were implemented, a broad and citizen-oriented information effort about organ donation and DCD should be made. The Danish Health Authority has to inform the Danes about what DCD means to them and their consent to organ donation. We have among other updated our homepage, produced animated films about DCD and decision making on organ donation. We have produced voxpops, made pamphlets, written articles for medical journals and newspapers, performed attitude survey, Podcasts and digital information campaigns for our homepage and social media.

The Danish Center for Organ Donation provides information and education for hospitals' healthcare personnel.

In Denmark there has also been a focus on kidney transplantation. The difference in waiting time for a kidney transplant between Eastern and Western Denmark was investigated by the Danish Health Authority. In Denmark we have three transplantation centers that examine, transplant and follow up patients from three geographical areas. There are three separate waiting lists. Patients on Zealand are on the waiting list for a new kidney for a longer time than patients on Funen and Jutland. The Danish Health Authority investigated whether there could be organizational or calculation method differences between the regions which could explain the unequal waiting time. We looked at the donor rate and donor potential, the willingness to donate in the different regions, the rules for visitation to the waiting list, the allocation of organs and how the waiting time was calculated.

It turned out that it was not possible to find any clear reason for the difference in waiting time between parts of the country, apart from the fact that the donor rate for both deceased and living donors in Eastern Denmark is lower than in Western Denmark. The Danish Health Authority therefore assesses that a combined waiting list will not solve the underlying challenge of lack of donors. The primary focus should therefore be on increasing the number of donors throughout Denmark and implementation of DCD will in the coming years be an important element in increasing the donor rate in general. Focus should continue to be on the regions learning from each other and that the good experiences in using the donor potential are implemented nationally.

In general, there is political attention to the area of organ donation in Denmark at the moment. The focus is especially on increasing the donor potential, implementing DCD, kidney donation, forms of consent and getting more Danes to take a stand.

Allan Rasmussen asked if differences in health in the populations could explain the regional differences. This had been analyzed and was not the explanation.

Kaj Anker Jørgensen pointed out that in Denmark donation and transplantation rates rose significantly during the Covid pandemic and decreased again when things got back to normal. It has been speculated that the reason could be that many doctors and nurses were allocated to ICU

to treat Covid patients that did not come. He suggested that number of and pressure on ICU beds may also be an explanation worth looking at.

ESTONIA: Siim Suutre

- -State Agency of Medicines inspection on organ procurement and handling to Tartu University Hospital in October 2022. Tartu University Hospital is Estonia's only transplantation center and they have procurement and handling license for organs. No major non-compliances.
- - Quality alert for some batches of Belzer UW® Cold Storage Solution which we got in the end of 2022. The quality defect was visibly evident, and the affected batches were discarded and not used in donors. No field safety notice was out through the medical device network at the time we learned about it, but it was issued soon after that and the investigation was concluded by medical devices competent authority.
- - 16 and 17 May Informal meeting of the EU Competent Authorities on Organ Donation and Transplantation in Stockholm.
- - 26th of May European Commission sent EU-wide EU Survey questionnaire about the state of Organs SAE/SAR reporting in your Member State. That was completed by Tartu University Hospital.
- - New ECDC COVID-19 guidelines in August 2023. (Coronavirus disease 2019 (COVID-19) and supply of substances of human origin in the EU/EEA - Third update). A key point of the risk analysis was that with the exception of cases following lung transplantation, no transmission of COVID19 via SoHO and plasma-derived medicinal products has been reported worldwide. Information has been distributed to the handlers.

SWEDEN: Helena Almén

After the new legislation the treatment of donor can continue after diagnosis of death. DCD has been a success in Sweden regarding donor numbers. A quarter of the donations are now DCD donors. DCD has been implemented in 61% of the ICUs, 80% at university hospitals and around 40% of small hospitals. But success does not transform into organs of all types. They now have a record number of kidneys but until now no increase in other organs. Plans are needed to increase the number of liver and hearts. There have been some practical challenges especially at smaller hospitals.

They are looking into blood directives given to them from government due to the coming membership of NATO.

They are in the very early phases of developing a new action plan for organ donation and transplantation.

Kaj Anker Jørgensen asked if you could see if possible DBD donors had been converted to DCD donors. The numbers are still small so this cannot be answered with certainty, but Allan Rasmussen meant that the numbers clearly showed, that there were more kidneys at some expense of hearts and livers and asked if this had been explained before engaging with DCD. This risk assessment had

not been done before starting DCD, but they have now written a report on the matter. The hope is that machine perfusion will eliminate this problem.

NORWAY: Ragnhild Marie Sørensen

Donation rates in 2022

- Realized donations by the method DBD (Donation after Brain Death) was 103¹.
- Realized donations by cDCD (Controlled Donation after Circulatory Death) was six.
- 418 organs were transplanted to 382 patients.
- In recent years, the donation rate has been stable in Norway. The number of people on waiting list for organs has increased, especially for kidney transplantation.²

cDCD - Controlled Donation after Circulatory Death

- All of the 28 donor hospitals in Norway have approved the new method cDCD.
- "The National Treatment Service for Organ Transplantation" at Oslo University Hospital, is responsible for coordinating with all the donor hospitals to ensure equal understanding of the procedure.
- The Norwegian Directorate of Health revised the circular "Donation of organs, cells and tissues from a dead donor" in 2022, to incorporate the new method.

Local/regional differences in donation rates

- According to the Transplantation Act, the regional health authorities shall ensure that all potential donors can be considered and made available for donation within the health region.
- In Norway, probably for various reasons, there are some regional/local differences in donation rates.

Consent from next of kin

- Consent from next of kin to donate organs is regulated by the Transplantation Act.
- It has been mentioned as a problem by clinicians that they have to use several consent forms for transplantation. One for the usual organs, one for cornea transplantation and one for tendon/ligament transplantation.
- The Norwegian Directorate of Health has clarified that one next of kind consent for transplantation is sufficient, as long as the content of the consent is covering all relevant donations.

The Committee of the Parties (CoP) to the Convention against Trafficking in Human Organs (THO)

- Norway participates in the meeting of the Council of Europe on organ trafficking (twice a year). As far as we know, Norway is the only Nordic country present.

¹ The Oslo University hospital (2022), Division of Surgery and Transplantation, Section for Transplant Surgery, Activity figures 1th of January – 31th of December 2022

² [Lengre ventelister for organtransplantasjon | Tidsskrift for Den norske legeforening \(tidsskriftet.no\)](https://tidsskriftet.no).

FINLAND: Marko Lempinen (No CA present)

Since the beginning of this year DCD has been a normal procedure in Finland. It is now implemented in 3 university hospitals. The try and get into first bigger hospitals and then later smaller hospitals. The number of donors has increased very significantly this year. He only thinks one or two DCD donors could have been suitable as heart donors, maybe a little more as liver donors. Most DCD donors have been in the ICU for a long time, and he thinks they would have lost as donors if they did not have DCD. DCD donors use a lot of resources. He thinks they may start NRP for retrieval of abdominal organs by the end of 2024.

There are different forms of NRP in Scandinavia.

Allan Rasmussen promised to ask how Holland does heart retrieval from DCD donors not using NRP.

6.

Kaj Anker Jørgensen told that ONT lead application for the EU4Health call on European Paired Kidney Exchange program (EURO-KEP). Per Lindner from Gothenburg, who has been the leader of the STEP in Scandiatransplant, has accepted to lead the WP3 of this application.

7. Next meeting

The next meeting will be in Tallinn September 26th, 2024.