

Scandiatransplant Nordic Transplantation Coordinator Group Meeting –24th of October, 2013, Copenhagen

Minutes of Meeting

Present:

Carola Schauman (CS): Helsinki
Ann-Christin Croon (ACC): Stockholm
Bente Kaxe (BK): Odense
Charlotte Lowén (CL): Göteborg
Ewa Björklund (EB): Uppsala
Ingebjörg Kvangarsnes (IK): Oslo
Ann Boklund (AB): Skåne
Dorte Matiassen (DM): Aarhus
Pernille van Houten (PH): København
Ilse Duus Weinreich (IDW): Scandiatransplant
Frank Pedersen (FP): Scandiatransplant

1. Welcome by Carola Schaumann

2. Liver balance

Agreement was found between the centers about the balance. Even though payback should have a high priority it seems as this is not always carried out in practice. It was discussed why a liver offered as payback was declined by receiving center and afterwards when it was offered as a spare organ accepted by the same center.

3. Kidney balance

A few cases needed further investigation and the centers involved will follow up on these cases. Especially organs from young donors are difficult to payback, the receiving centers might need to consider 'in the old cases' to widen their acceptance criteria concerning age.

4. Evaluation of organ offer form

All centers states that CRP values are only given in mg/L, therefor nmol/L will be removed from the organ offer form.

If you use an already registered donor, when making an organ offer, the lab. values that are used in the organ offer form is the results that you have registered as 'Last Laboratory Tests' in the donor registration. If no value exist in 'Last Laboratory Tests', the value in 'Laboratory Tests At Admission' will be used.

All 'time' registrations in the organ offer form are converted into 'Coordinated Universal Time' (UTC), this to standardize between different time zones.

It is a wish that this is changed to local time as the coordinators are use to work with different time zones and this is what they use everywhere else. Which means that the time entered is the one to be display and showed on the pdf file. This will be changed in the

database when the next version is implemented

It might be a good idea to use UTC time when sending offers to the other eoeo's.

IDW will look into this.

It is still advisable to keep the old fax solutions at each center as a backup.

5. Evaluation of security seal

The seals are still used. A new type of label, which have better glue on the backside have been tested, and they seem better. IDW will order a new shipment of labels of this new kind and ask for the possibility of having two instead of one small separate number tag.

6. Living-donors admitting to Sctp

It is still a problem, that it is not possible to get a living liver donor Scandia number before the transplantation is registered in the database, as the number is needed on the organ form.

The registration cannot be made as the transplantation has not yet been performed.

FP and IDW are aware of this problem, however the conversion to the new user interface has the highest priority.

7. Registration of organs exported out of Sctp

When shipping organs out of Scandiatransplant it is important due to traceability to register a minimum set of data about the receiver. The data that needs to be registered is receiving country, center and some kind of recipient ID. The procedure is described one page 3/3 in the following newsletter:

http://www.scandiatransplant.org/news/SCTPNewsJune2013_2.pdf

8. Common address labels

FP and IDW have been asked if the centers would be interested in premade address labels to be used when shipping organs. The coordinators are happy with how it is today, no common labels will be made.

9. New quality control: missing organ usage registration

The new quality check is meant to disclose harvested organs where usage has not been registered in the Scandiatransplant database.

A detailed description is found in the following news ticker

<http://www.scandiatransplant.org/news/news-ticker-7.pdf>.

The centers are encouraged to take a look at this QC now and then, to check up on missing registrations.

10. Organ offers from Estonia

From 1st of January 2013 to 1st of September 2013 21 organs (+2 used for research) have been imported from Estonia to Scandiatransplant.

It was discussed if it is possible to make a general rule about which center should do the initial donor registration in Scandiatransplant, when more than one center receives organs from the same donor. There is at the moment no obvious solution other than each time the centers involved needs to contact and inform each other.

As the office still experience that some users are unaware of what their username is, it is suggested to add a list with all usernames to the 'address' list ACC maintains.

Livers from Estonia

NLTG wishes that the Scandiatransplant liver rotalist is used when a liver is offered from Estonia, this to give all centers a chance to evaluate the offer properly and to have a fair distribution between the centers in Scandiatransplant. NLTG has given NTCG full mandate to find a proper way of dealing with the rotalist in these circumstances.

NTCG suggests the following solution:

A phone chain between the Scandiatransplant liver transplantation centers forms the basis of this solution, where the order of the centers in the phone chain is defined by the current liver rotation list.

When a liver is offer from Estonia the center with the highest position on the Scandiatransplant liver rotation list evaluates if they can use the liver for one of their recipients

- *If the center accepts the liver, they must inform all other centers in Scandiatransplant that they have accepted the offer, furthermore only the accepting center will phone the Estonia coordinator.*
The accepting center must be rotated and the accepting center itself is responsible for the rotation a.s.a.p. Cause of rotation is 'OE: Organ accepted from Estonia'.

- *If the center does not accept the liver, they must inform the next center on the rotation list. Then this center will have to decide if the can use the liver. This procedure continues until a center accepts or all centers have declined the offer.*

The above described solution will become effective from December 1st, 2013. At the next NTCG meeting (March 27th, 2014) the outcome will be evaluated.

CS and IDW will write letters to the Estonian team and NLTG and inform them about this decision.

11. Rota-list conversion to YASWA

The conversions of all the rotalists are very soon ready to be tested by the users. All coordinators will, when it is ready, receive an email with a test link and a user manual from the office.

12. STS 2014.DK/ coordinator sessions

Quite a lot have shown interest in this parallel session at the STS meeting next year and the time schedule is almost fully booked.

13. Organ offers, marginal organs

It was discussed if organs that you will not use for your own recipients should be offered. Offering of extreme marginal organs are especially a problem concerning the thoracic organs. Some coordinators are ordered to offer the organ no matter what.

It was suggested to find some concrete examples of thoracic organs that have been offered, which illustrates the problem. These should be brought forward to NTTSG with an explanation of the effect of offering such extreme marginal organs.

14. Kidney Payback

Some centers send out offers on kidney payback before the tissue typing result is ready. A lot of centers need the tissue type to conclude if they have any relevant recipients, therefore the offering center are asked not to contact the receiving center before the tissue type is ready.

15. Other matters

NKG participant

PH will represent NTCG at the upcoming NKG meeting. Please inform her about your overall balance and if you think there is any problem she needs to bring forward at the meeting.

Segment 2+3 for pediatric recipients

The project with a common liver waiting list for segment 2+3 for pediatric recipients is still ongoing. The list still only serves as a reserve. When there are changes to the existing list a new listed is faxed out, the fax will only be sent out in daytime.

The coordinators are encouraged by NLTG to help point out in a donor situation if the donor fulfills the following splitting criteria

Pre-organ retrieving parameters:

- Age \leq 50 years
- BMI \leq 25
- ICU \leq 3 days
- ALAT \leq 3 x normal

CL will add these splitting criteria to the shared segment 2+3 waiting list.

New Perfusion fluid

Göteborg has started using a new perfusion fluid called IGL-1. The fluid does not need to be washed out and all other perfusion fluids can be mixed with it. It is uncertain for how long they will use this new fluid.

Donor organ form revised

ACC has revised the donor organ form, it will be send out on email to all and placed on the Scandiatransplant homepage. <http://www.scandiatransplant.org/organ-allocation/forms>

Syphilis test

København will also start making the test for syphilis and the result will be ready the day after donation.

Contribution to NTCG meetinsg from sctp

Each meeting are supported with 15000,- dkk plus travel expenses for one coordinator from each country. Sctp supports two annual NTCG meetings.

16. Next meeting

March 27th, 2014 in Stockholm

Writer of minutes: Ilse D. Weinreich