

MINUTES
Scandiatransplant
Nordic Transplantation Coordinator Group Meeting
Tartu May 21 2026, 16:45-17.45

Participants:

Maria Winding Engmann, Copenhagen (Chair)
Ulla brink Plagborg, Copenhagen
Rikke Christensen, Aarhus
Stella Bramm Johansen, Odense
Gitte Chor, Odense
Pernilla Händén, Göteborg
Ylva Andreasson, Stockholm
Nadine Weidenberg, Uppsala
Leena Toivonen, Helsinki
Käthe Meyer, Oslo
Janika Kuus, Tartu
Aire Rehme, Tartu
Ilse Duus Weinreich, Scandiatransplant
Rebecca Herlöfsson, Malmö
Latvia Riga coordinator Ruta Monajenkova
Latvia Riga observer Egija Lapina

Not present: Lund

Election of secretary

Pernilla Händén
Nadine Weidenberg

Last meeting – Minutes

- At the previous meeting, a proposal was raised to regularly offer all coordinators within Scandiatransplant the opportunity to participate in digital lectures. Since the meeting time today is limited, it was decided to discuss this item further at the next NTCG meeting.
- The possibility of uploading ECHO results as DICOM files in YASWA was also discussed at the last meeting. Several participants believe they are able to upload these files, but there is some uncertainty among others. This item will also be brought forward to the next meeting.

1. Short round the table

In Oslo, several new coordinators have recently been hired, as a number of staff have retired or will retire in the near future. Eva, Kristin, Mette, and Philipp are our new colleagues. Urs will leave in July; anyone wishes to send him a message at the latest June 10. Due to a high workload, additional staff will be recruited, and by the autumn they expect to have a total of nine coordinators.

In Gothenburg, the coordinator workforce remains stable, with a total of eight staff members as before. Machine perfusion/ex vivo techniques are used routinely for thoracic organs. Regarding lungs, more marginal donors are accepted, and efforts are made to optimize them prior to transplantation. Heart machine perfusion is primarily used when transport times are long, such as for donors in northern Sweden or outside the country and complex patients.

In Copenhagen, there are still five coordinators working. They are now planning to start utilizing DCD lungs outside Rigshospitalet (RH). Their only pediatric liver surgeon has resigned, which means there is currently no clear plan for who will perform pediatric liver transplants. This has resulted in a significant workload for the surgeons as they attempt to recruit a new colleague.

In Helsinki, the team is stable, consisting of six abdominal coordinators and three thoracic coordinators. Non-Regional Perfusion (NRP) for DCD has now been established at their own hospital, and two livers have been transplanted. It is currently unclear when they will begin accepting NRP livers from the rest of ScandiTransplant. We continue to offer PB and ROTA as before.

In Malmö, four new coordinators are currently working, and due to a high workload, an additional staff member will be recruited.

In Tartu, there are four coordinators. For unclear reasons, donation rates have been very low so far this year.

In Uppsala, the group remains stable with the same five coordinators as before. This year, there have been more DCD stand-downs than previously. These cases require significant resources, particularly when both NRP and lung procurement are planned. At the same time, an increasing number of potential donors are being given the opportunity to become donors.

In Stockholm, five coordinators continue to work, along with their manager Öystein, who assists with on-call duties if needed. Ylva has 50% allocated to her PhD. This year, OFO has had more actual donors than previously, i.e. cases where surgery was initiated but not completed. Ongoing projects include ICOD, neonatal donors and uDCD, in the Stockholm area. Organ perfusion/OrganOx is frequently used for marginal livers to evaluate them prior to potential transplantation.

In Odense, six coordinators are working. Lone Busch will leave her position in November, and we are encouraged to send her a message. Stina, an operating theatre nurse, will become a new coordinator starting in August. Due to staffing constraints at the hospitals, activity in donation cases is low during weekends, but picks up again on Monday mornings.

In Aarhus, there are five coordinators. They had a record number of donors last year, largely due to DCD. Transplant coordinators are no longer allowed to participate in DCD operations, as they are considered too few and the high volume of DCD cases generates excessive overtime. Other professional groups in the operating theatre will take over the coordinator's tasks. They have no stand-downs, which surgeons interpret as ICU staff being overly cautious.

At **Scandiatransplant**, Kaj is stepping down, and since May 1, Ilse is the new Director, working full-time. Scandiatransplant currently does not have a secretary but hopes to recruit one in the near future.

2. Responsibility organ transportation – Responsibility for arranging transportation

We agree that the document looks good. At the next meeting, we will discuss reimbursement costs related to export/import, as we note that practices vary somewhat between centers. Everyone is encouraged to discuss this locally prior to the meeting.

The revised guidelines are now active and found on the homepage: [Guidelines on reimbursement and responsibility for arranging transportation of organs within the Scandiatransplant Organ Exchange Programme](#)

3. Organ offers from Riga

Riga is not yet a full member of Scandiatransplant but is, in practice, partly integrated into the collaboration. They will send organ offers like other non-Scandiatransplant members, so they do not have access to the ROTA list. We respond to them in the same way as we do to other offering centers; however, when responding to Riga, we need to specify our center's position on the ROTA list.

Latvia has one transplant center, with donation activity distributed across a limited number of regional hospitals (roughly around 15 ICU-capable hospitals, four of them are larger hospitals). The airport in Riga is located about 10 minutes from the hospital. There are 3 airports in Latvia and they can be opened by night if needed. They will use ambulance transport to and from the airport.

4. From the Liver group from NLTG

Currently, during machine perfusion procedures, data are registered under several different tabs in YASWA. A proposal from NLTG is to put these together, and machine perfusion starts and stop time. This was approved by NTCG.

5. Infection screening guidelines

Ilse emailed us some time ago; see below:

It has been decided by the Scandiatransplant Council of Representatives that the infection screening guidelines should be reviewed and updated every year by the Scandiatransplant

Infectious Disease Group (SIDG).

Before changes can become effective and placed on the ScandiTransplant homepage, **relevant groups** within ScandiTransplant should be given **3 months to comment**.

New guidelines for comments

Attached are the consolidated revisions (ScandiTransplant screening guidelines 2026_FINAL markup.pdf) with color-coding to highlight the changes.

“Major changes” that affect **practice** are marked in **yellow**, while **“minor changes”** that affect **readability** without changing practice are marked in **green**.

Very small editorial corrections are not marked, but to allow for side-by-side comparison, last year’s guidelines are also attached (ScandiTransplant screening guidelines 2025.pdf).

If you have **comments** regarding the guidelines, please send your feedback to me no later than **August 1st 2026**.

In Sweden, transplant coordinators from OFO Stockholm/Uppsala and Gothenburg, all members of NNTO, are currently conducting a detailed review of the document. Once the review is completed, the revised version will be circulated to all NTCG members for further comments. These comments will then be compiled and sent to Ilse, who will forward them to the Infection Group. The review process in Sweden is expected to be completed during week 22-23.

6. ID information when going to Estonia and Latvia

In Tallinn and Riga, new regulations have been introduced for visiting thoracic teams arriving at their airports. This means that the names of all team members must be sent to the responsible coordinator in advance. All team members must also be able to present valid identification, such as an international ID or passport. This requirement applies only to those who will leave the airport and travel to the hospital, not to the pilots. The regulations apply to teams involved in the procurement of thoracic organs.

7. Next meeting

November 11th 2026 from 10:00-13:00 (CEST) online

8. Any other business

Nadine and Pernilla should be rotated at the ROTA list. 😊