MINUTES

Scandiatransplant

Nordic Transplantation Coordinator Group Meeting

Online meeting 26/11-2025

Participants:

Maria Winding Engmann, Copenhagen (Chair)

Helle Madsen (is here as Rikke's substitute), Aarhus

Stella Bramm Johansen, Odense

Ylva Andreasson, Stockholm

Nadine Weidenberg, Uppsala

Carola Schauman, Helsinki

Catharina Yesil, Helsinki (Thorax)

Kine Anita Lindstrøm, Oslo

Aleksandrs Malcevs, Riga (observer)

Janika Kuus, Tartu

Anne Ørskov Boserup, Scandiatransplant

Ilse Duus Weinreich, Scandiatransplant

Not present: Pernilla Händén, Göteborg

Writer of meeting minutes: Stella Johansen, Odense

1. **Minutes from last meeting**: Kidney boxes - For now, we are keeping our current containers for kidneys – KEBOMED – but there have been issues with them leaking, and they don't fit into the insert in the transport box. The insert has to be removed, and then "things" need to be placed around it so it doesn't tip over. If anyone tries other containers, please share it with the group.

In Stockholm and Uppsala, they have had a visit from a company called ALCIS (from France). They are going to test the product Biotainer 2,8 L. which is a complete package with a kidney container and transport bag called Vital Pack. It can be used for hearts, pancreases, and kidneys. It must be sterilized and can be used 10 times – after that, they cannot guarantee its ability to maintain

temperature, etc. There is a form in the box where you can note how many times it has been used. They are said to be very expensive to purchase and take up quite a lot of space.

Regarding transport bags, no one has any suggestions for an alternative to the existing ones. As mentioned, please inform the group if you try or come across anything that could be an alternative.

Educational lecture for the coordinators – we postpone this topic to the next meeting in Tartu.

2: **Round the table**:

Uppsala: Still five coordinators. Nadine still works in the ICU 25% of the time. One-third of the donors are DCD donors, and they have roughly the same number as last year. They receive many calls from the ICU about potential donors, and this number is increasing. The ICU shall call them to check whether a patient could be a potential donor when they can see that treatment is futile, and they have become good at that. The coordinators have many more calls and questions. They have a digital education session for nurses and doctors four times a year, and around 80 people participate each time.

Århus: Still 5 coordinators. They have been very busy over the summer. They have so far had 40 organ donors and 14 DCD donors. They hope that the introduction of DCD might increase the donation rate, but there is not so many DBD donors as before. They also cover Aalborg University Hospital, and they haven't started DCD yet, but they are ready, and it may result in more donors

Odense: Still 6 coordinators. Have had a very busy autumn and therefore a lot of kidney transplantations, which challenge the capacity in the surgery department. Have so far had 13 DCD and 29 DBD and it is the same amount as last year – but there is still a month left, so the number of donations will probably be slightly higher than last year."

Helsinki, abdomen: Still 6 coordinators. They have started NRP on own hospital and have had 4– they have not gone out yet and they have not yet taken out the liver for transplantation.

Helsinki, thorax: Still 3 coordinators. Not been that busy – 25 lungs and 17 hearts and importing exporting similar amounts. They look forward to start DCD, but do not know exactly when. They have started a new procedure regarding cooling the organs. They use the plus 10 degrees.

Tartu: Still 4 coordinators, a little increase in donors compared to last year – 24 donors this year and 18 last year. No concrete plans for DCD yet.

Stockholm: Still 5 coordinators. About the same amount as last year. 50 % are DCD donors. Working on several projects including ICOD, which stands for Intensive Care to facilitate organs. This is about detecting donors outside the ICU, that is, in the neurological ward, surgical ward, medical ward or the emergency department. Another implementing project is neonatal organ donation.

Riga: 5 coordinators. They have had a lot of refusals to donate from the relatives. They will have some education of the intensivist communication with relatives regarding donation. They have very few recipients in the AB group, so 3 kidneys were sent out of Latvia and for now they usually go to Lithuania. Latvia has had 50 pot. donors, 24 actual donors this year.

Oslo: Still 7 coordinators, but Urs is retiring. They hope to get a new coordinator in a few months. There have been more donations than last year.

Copenhagen: The same 5 coordinators who work full-time. They are busy – 53 donors, 16 of them were DCD donors. They still only have DCD at Rigshospitalet, but plan to go to Odense for lung donation. They have bought a machine to measure liver parameters during NRP. It is very easy to use, and the result is ready after 10–12 minutes. It is called SD1 and comes from the company Seamaty and costs 6,500 euros.

Ilse and Anne/Scandiatransplant: Everything is good in the office. We keep them busy. They plan to have an online meeting with Riga (probably in January) and work on the accreditation and also the sharing of organs. They are planning a new workshop in regards to the donor part – perhaps in February or March. Kaj – medical director – will stop in June next year, so the board has to find his replacement.

3: **Transport boxes for kidneys and pancreas**: We make an agreement that if anyone finds something that they think all centers maybe should consider using, they share the info with the group. See also at the top of the page under Minutes from last meeting.

4: **DCD registration in Yaswa – def. of fDWIT and correct registration**: Functional warm ischeamia time/fDWIT– starts when systolic BP is below 50 for 2 minutes, so it doesn't fluctuate up and down and until perfusion is started. Agonal time is from extubation until circulation stops. Agree on removing WIT=time from extubation to perfusion start - from the registration, because apparently, no one uses it.

5: **ECCO description and uploads in Yaswa**: In Oslo, they can now, in addition to the Echo description, also upload the Echo pictures, and they do it in the same way as with CT pictures — using DICOM files. Everyone agrees that it is a good idea to have Echo pictures in Yaswa and we should, in each center, examine the possibility of this and follow up on it at the next meeting.

6: **Status in Malmö**: In 2023 all coordinators in Malmö quit due to collaboration problems with the management. New coordinators were hired, and the same thing happened — they resigned after roughly 1½ years. A transplant surgeon — Clara — handled coordination over the summer. Now there are 2 or 3 surgeons who take care of the coordinator work today, and assistant nurses have been hired — the number is uncertain, perhaps two. They sit together with the surgeons, but how they will work in the future is unclear.

Ilse is in contact with Malmö — mostly with Clara, about once a week. Ilse has not experienced any problems regarding whether the rules concerning organ exchange are being followed. The contact person in Malmö is currently Clara and should be invited to the next meeting. Maria will send her an invitation to our next meeting in Tartu.

7: **Call for nomination for the election EC-BTS member (Executive Committee-Board of transplant coordination in Europe), see attachment**: Käthe Meyer has formerly been representative for the board of transplant coordination in the European section of surgery. Kine will write to Käthe regarding a description of the work a representative is responsible for. All coordinators who might be interested can apply, but the application deadline is already December 15, and then there will probably be an election next year. The term length is uncertain—possibly 4 years.

8: **Feedback on consent part in Yaswa – does it work**: Everyone thinks it works fine. Ilse mentions that when they extract some data, it can be a bit difficult to get them out in the correct way.

9: **Reminder to fill data in Yaswa – allocation table**: Ilse reminds us to use the allocation tab because it gives them good information of why organs are rejected and so on. And remember, when you send an organ offer, note whether the center accepts or declines and the reason for this. Also, the organ offer must be sent in English.

10: **Donor infection guidelines – travelling history**: Ilse says that a new version of GUIDELINES FOR PREVENTION OF TRANSMISSION OF INFECTIOUS DISEASES FROM ORGAN DONORS TO RECIPIENTS has been sent out, but there are still things that can be improved. On page 2 it states that the surgeon in charge of grafting is responsible for acquiring the donor's travel history, but this does not seem to be the case, and therefore the guidelines should be adjusted so they reflect actual practice.

In Sweden, they have created a document for collecting information about the donor, which the intensive care physician uses in conversations with the relatives. After the new Guidelines, they have revised the document including adding information about where the patient was born, lived abroad, lived or been born in a risk area for tuberculosis, among other things (see attached form).

llse believes it could be relevant and in line with the guidelines to add some additional fields in Yaswa regarding the donor's origin (country of origin) and recent travel history – a topic for the workshop. Ethnicity is mentioned, but it is very sensitive information to collect and is a "really sensitive topic," and it does not provide any information relevant to infection risk and is not related to travel history. Where one is born is more relevant than ethnicity.

11: **Main points from NKG meeting**: A change to the kidney exchange program rules is being considered regarding the time between a donor search and the actual donation. Some centers currently experience intervals of up to 5–8 days. This can be problematic because highly immunized patients may be added to the waiting list during that period without being captured in the donor search. It is therefore suggested that no more than 48 hours may pass between the search and the donation.
The Nordic Kidney Group has decided to establish a working group to examine this suggestion in more details, and coordinator Ulla from Copenhagen is part of this group.

It has been decided in the Nordic Kidney Group (NKG) to change the age limit from 16 to 18 years regarding the Kidney Exchange Obligation, which currently reads as follows:

“4. If the organ donor is <50 years of age, at least one kidney is offered to a recipient <16 years of age (counted from the time of registration) ……

However, this change is not from now **-** it will take place sometime in the new year and will be announced in the newsletter.

Regarding payback, it does not seem that many are waiting for a long time, and it appears to be functioning well.

12: **STS Congress in Tartu 20-22 May 2026**: NTCG meeting is planned to be held as a pre-congress meeting on May 20. One topic that could be presented at the meeting is the process surrounding DCD. Maria has volunteered to talk about the coordinator-work and experiences in the DCD. If possible, she would like to have an experienced colleague to join her to share insights.

Tartu has not yet started DCD and is interested in learning about DCD in general – for example the start process, training, and implementation. Therefore, it might be helpful if some participants with experience in DCD could present on this topic.

Getting to Tartu: The easiest way is to fly to Tallinn and then take a bus or train to Tartu – this takes approximately 2 hours.