

MINUTES
Scandiatransplant
Nordic Transplantation Coordinator Group Meeting
Copenhagen May 15th 2025, 10:00-16:00

Participants:

Maria Winding Engmann, Copenhagen (Chair)
Rikke Christensen, Aarhus
Stella Bramm Johansen, Odense
Pernilla Händén, Göteborg
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

Not present: Malmö, Lund

Election of secretary

Pernilla Händén
Janika Kuus

Last meeting – Minutes

Minutes were approved

Conclusion 1: The fairest way is to offer two free kidneys using the ROTA-list and export the kidneys to different countries.

Conclusion 2: Each center who have HI recipients on the WL for SPK or PAK will decide the need to send blood to all labs in Scandia. Helsinki pointed out they don't list HI patients for pancreas usually and they're doing virtual crossmatch prior the pancreas transplantation, Tartu does the same. Virtual crossmatch should be the prior to accept before sending blood samples. Proposal to raise the issue to tissue typing group if centers want to send out blood samples. Each center sends their answers to Maria.

Conclusion 3: to fWIT definition in YASWA: all coordinators agreed and are satisfied with the definition solution in Yaswa.

Round the table

Scandiatransplant office: No changes in staff. Ilse goes to university but is working full time.

Stockholm: 6 coordinators, Ylva is back from maternity leave, Öystein is unit leader and helps others out if needed. Many DCD donors.

Göteborg: 8 coordinators, stable staff, have had many pancreas transplantations (7 pancreas tx-s) and many combi transplants/MV this year that can be a challenge for logistics.

Helsinki: Abdomen: 6 coordinators, are doing fine, DCD numbers going up. Planning to start with NRP. Thorax: 3 coordinators, Marja-Liisa has retired in November last year. They've performed more heart and lung transplantations than last year.

Uppsala: 5 coordinators, working with Stockholm, more DBD-s this year comparing to last year.

Oslo: 7 coordinators, Ingebjörg and Per-Arne will retire this year in august, 2 new coordinators will start on-calls from summer. Good donor numbers, 5 DCD-s. Oslo is preparing to start ex-vivo heart assist for DCD hearts.

Riga: 5 coordinators, 10 DBD donors this year. Transplanting kidneys, livers and hearts.

Tartu: 4 coordinators, no changes in staff. Have had quite a busy year so far comparing to last year donor numbers. Planning to do first ABO incompatible living kidney transplantation in June.

Odense: 6 coordinators. It has been a quiet year so far, 8 donors > 5 DCD-s.

Aarhus: 5 coordinators, this year have been a quiet period, a lot of potential donors, many refusals and old donors. They're planning heart DCD with ex-vivo machine. News is the coordinator is participating in DCD donor operation but not in DBD operations. 8 donors, 7 DBD-s and 1 DCD.

Copenhagen: 5 coordinators, 8 DCD-s, almost 1 DCD per week. Coordinators participate in operation in DCD. Few weeks ago they have purchased a new blood sample machine for DCD/NRP.

New boxes for kidneys, pancreas and vessels – which one to choose?

Discussion about the new boxes – Gothenburg, Uppsala, Stockholm, Helsinki and Oslo are purchasing containers from Medfor company using the kidney and pancreas container. Pancreas container is too big to fit in the old transport boxes. It's also noted that the outer container is leaking (Pancreas) temporary solution: The container has been removed and put in 2 intestinal bags or only packed in 3 intestinal bags. Stella shared information about Kebamed containers that look like the Medfor's but are cheaper. It was suggested to meet after summer in teams and see/share if anyone's found something better than what is currently in use.

Carola pointed out that their authorities asked them to use "thermometers" while sending organs. She suggested we all could also start using thermometers when sending organs. That might be a problem in Tartu as authorities there will not accept unvalidated thermometers' data. To be continued.... Maria send out doodle for planning meeting

Urine dipstix necessary when ACR is done prior to accepting a kidney

Stella brought out a question if urine dipstix necessary when ACR is done prior to accepting a kidney – everyone agreed that when ACR is done there's no need for urine dipstick.

Communication when exchanging an organ – It is important that we communicate what information we want when we import organs from other Centras. When everything is ok, SMS is ok and we confirm the SMS. When something deviates from normal for example timetable, organ function we should call to confirm.

Pictures of all coordinators in Scandiatransplant

Everybody agreed that all necessary information would be agreed upon in advance and the recipient's center coordinator will make their wishes known. Each center will specify which mobile phone numbers can be used to send SMS and then forward it with the pictures of all coordinators to Anne, she will make changes in coordinator contact list.

Follow-up on Working Group Meeting in March/ Other small reminders/comments by the SCTP office/DICOM status

Anne gave an overview of the upcoming minor changes to the donor data in Yaswa and the proposals made in the working group. There will be minor changes in tabs. Anne encouraged coordinators to use more **"Update snapshot"** tab before allocating the organs cause it provides the most up-to-date information about exchange options. All centers are good in uploading DICOM files in Yaswa, except Aarhus and Odense can do it only on workdays.

Ylva brought out a question when a center outside SCTP has accepted an organ, they prefer to be contacted by phone or SMS – all centers agreed and it was decided that the e-mail will be removed from organ offers specially offers outside of SCTP.

After a small discussion on how donor medical history, characterisation obtained in centers Ylva introduced the form they're using to obtain donors' medical history in Sweden and will send a copy to others as well. In addition Ylva put forward an idea of knowledge exchange, one hour on Teams, rotation between countries in SCTP or some other educational lecture for coordinators. It was thought that such an opportunity might arise next year, when STS will be held in Tartu.

Update coordinators phone list and send in to Anne.

Organoffers from UK - how do centers handle those?

It depends on local agreement with local doctors, most centers ignore these offers usually, except centers who have child or urgent patients on waiting lists.