Scandiatransplant Nordic Transplantation Coordinator Group Meeting minutes – May 11, 2016 Stockholm



Participants:

Transplant Coordinators

Ingebjörg Kvangersnes, Oslo
Pia Lauenborg, Aarhus
Mette Gotlieb, Copenhagen
Bente Kaxe, Odense
Carola Schauman, Helsinki – NTCG chair
David den Hartog, Gothenburg
Ann-Christin Croon, Stockholm
Marie Omnell-Persson, Skåne
Nadine Weidenberg, Uppsala

Scandiatransplant

Peder Chr. Nørgaard Torben Hilligsø Ilse Duus Weinreich – Writer of minutes

1. Kidney and liver balance

In most cases agreement on balance was reached, only a few cases needed follow up.

2. Vessel grafts documents

Copy of original infection results are needed when shipping vessel grafts to Stockholm. In Oslo, Aarhus and Odense the answer from Scandiatransplant is valid as it entered by the labs performing the tests.

3. Organ Form - On ice? + Permission for research

Is the 'On ice' information relevant, does it need to be filled in? Yes, the information is still used by some of the centres.

Ann-Christin will add 'Permission for research' on the organ form.

http://www.scandiatransplant.org/organ-allocation/forms

4. YASWA-potential donors

Access to view potential donors from other countries has been restricted, thus you are now only able to look up potential donors from your own country. Unless an organ offer has been sent out, then all countries can see the information on the specific potential donor.

If you do not offer through the organ offer form in YASWA for instance payback offers, kidney exchange obligations etc. you must change 'Donation Realized' to yes, to make the donor information in Scandiatransplant accessible. You always have the possibility to change donor status back to potential/no.

5. Deceased Donor definitions

A new field has been added in the database, where you can tick off if an operative incision was made with the intent of organ procurement for the purpose of transplantation, however no organs were procured.

This means that from January 1st, 2016 Scandiatransplant has the exact same definitions as described in WHO's 'Critical pathway of deceased donation'

Donor definitions -> Database registration

Potential donor -> Donation realized: Potential

Eligible donor -> Donation realized: No

Actual donor -> Donation realized: Yes + (incision or organs procured but not transplanted)

Utilized donor -> Donation realized: Yes + (organs procured + transplanted)

New definitions:

http://www.scandiatransplant.org/data/Deceaseddonordefv 3.pdf

6. Serum for cross match on every imm.lab - pancreas

Still no guidelines for pancreas exchange/payback.

If crossmatch is needed before transplantation serum must probably be shipped to all tissue typing labs. Like for the thoracic organs. This open issue will be brought forward to the pancreas and tissue typers group.

Please remind everybody that samples must be clearly marked with recipient Scandia number.

7. Tissue and blood samples for research

New law in Norway from January 1, 2016 which states that there must be consent before using tissue and blood for teaching and research purposes.

8. Organ offers - timetable

This topic has been discussed in the thoracic group, as change in timetable often happens in relation with thoracic organs. The conclusion from the thoracic group was that the donor center must be the master, which means that the donor center sets the timeframe. However, one must also consider using as many of the organs as possible. It was argued that the problem seems mostly related to one center

9. Evaluation of the new liver exchange and payback-system

Discussion on if the liver payback works as intended and described in the guidelines. Split liver exchange to paediatric patients has higher priority than payback (verified by Allan Rasmussen)

10. Feedback after organ exchange

Please send reminder on follow up/status after organ exchange to the common coordinator mail addresses at the specific centre. As a rule, you can only expect to get feedback one time, you can always ask for follow up later on by the receiving centre is not obligated to respond.

11. Perfusion solutions

The perfusion solutions have changed since a list was made in 2014. Ilse will send out a list for each centre to update.

12. Reimbursement for transportation

The Scandiatransplant board has discussed the matter of reimbursement at the last board meeting in February/March and Lars Wennberg was assigned to look into the matter. (point 3.c.ii - http://www.scandiatransplant.org/about-scandiatransplant/scandiatransplant-board/MinutesBoardNo74Copenhagen29.Feb.1.Mar.2016.pdf)

Different opinions on the matter was discussed.

13. Shared waiting list

Gothenburg will stop updating the list and everyone should instead use the list provided in Scandiatransplant. Recipient -> Paediatric Liver waiting list.

Adult multivisceral patients are not yet included on the list, the office is working on a solution. Until it is solved Gothenburg will send out a reminder with information on these patients.

The list in YASWA will change name from Paediatric Liver waiting list to Shared Liver waiting list.

14. Urgent waiting list - SMS and mail

The office has started working on a solution for sending out information on heart, lung and liver by mail and SMS on urgent patient instead of fax that is currently used. A paper with description of the intended solution was distributed, please mail any suggestion and comments you might have to lise.

15. Additional donor variables from organ offer form

Some of the current variables in organ offer form will become available in 'Deceased Donor' registration. The variables are MAP, Hypertension (yes/no/NA), Diabetes I / II (yes/no/NA), Cardiac arrest (yes/no/NA), Smoker (yes/no/NA), Past/present alcohol abuse (yes/no/NA), ECG (yes/no/NA), ECHO (yes/no/NA) and chest x-ray (yes/no/NA)

16. Other matters

Reimbursement of travel expenses

The proposal to get travel expenses covered for one coordinator from each transplant centre was rejected by the Scandiatransplant board

Flights to and from Aarhus

Aarhus is working on an agreement with Billund Airport for organ transportation, they currently use Aarhus Airport with very limited opening hours.

Infection serology layout

The office will look at the layout in infection serology and try and make it easier to distinguish between the different lines.

Sharing pictures between centres

Odense and Gothenburg will not be able to share x-ray pictures of lungs

17. New chair

At Scandiatransplant council of representatives' meeting Bo-Göran Ericzon was elected as new Scandiatransplant chairman for the next 3 years, which means that Ann-Christin Croon will be new chair of NTCG. Many thanks to Carola for doing a great job as chair of NTCG the last 6 years.

18. Next meeting

Ann-Christin will get back with a suggestion for next meeting date -> October 6, 2016 at Hilton in Copenhagen Airport