



Minutes 43.st SHLG meeting

Virtual meeting (zoom), April 15. 2021 16:00-17:30

1. Formalities and governance

1.1. Attendance: the following were present by videolink:

Michael Perch (Copenhagen)	Sandra Lindstedt Ingemansson (Lund)
Karl Lemström (Helsinki)	Johan Nilsson (Lund)
Maija Halme (Helsinki)	Öystein Jynge (Tx-coordinator group)
Ilse Duus Weinreich (Scandiatx adm.)	Oscar Braun (Lund)
Arnt Fiane (Oslo)	Grunde Gjesdal (Lund)
Inga Leuckfeld (Oslo)	Hans Eiskjær (Aarhus)
Tanel Laisaar (Tartu)	Taisto Sarkola (SPedHLG)
Hillevi Larsson (Lund)	Are Holm (Chair)

(no representative from Gothenburg was present)

1.2. Minutes from the 42. SHLG meeting, and the summons and agenda for this meeting were approved

1.3. List of Board members and associates was updated (see attachment 1). Additional updates of Board members or associates should please be notified to the chair.

1.4. The final bylaws of the SPedHLG were shown as approved earlier this year.

1.5. In October 2021 Are Holm will have chaired the SHLG for six years, which is the maximum term according to the articles. A call for candidacy for the position was announced. Nominations should be forwarded to Are and will be put to vote at the next meeting this fall.

1.6. The current discussion in the Scandiatransplant Board regarding the potential future membership of Latvia and Lithuania was presented by Johan Nilsson. Preliminary thoughts from members of the SHLG were discussed.

2. Organ exchange and registry

2.1. The organ exchange in 2020 was presented by Ilse Duus Weinreich at the recent COVID-webinar and no further data was presented at this board meeting.

2.2. Ilse addressed the current status of the data sharing agreement between Scandiatransplant and the ISHLT. Approvals from the centers are still pending. Once they are given, Ilse will need help from clinicians to format the data for delivery, and Michael Perch, Sandra L. Ingemansson and Are Holm volunteered to assist.

2.3. Ilse reported about the updates in the registry which enable access to current thoracic organ wait lists on smart phones. Feed-back regarding the functionality of this system is desired and should be emailed to Ilse.

2.4. Are asked attendees from each center how "patient death" is entered into the registry. It turns out that each center has a different system for this, none automated. This is a vulnerability and it greatly affects the usefulness of our registry. Each center should initialize work to improve the report of deceased thoracic organ recipients.

3. Research and clinical activity

3.1. ScanCLAD: the study leaders did not attend, but the study is running as scheduled.



- 3.2. EPOS: Michael Perch gave a brief report. The study is not yet finally concluded.
 - 3.3. Pulmonary Hypertension study: No attendees could provide information about this initiative.
 - 3.4. "Inflammatory Heart": No attendees could provide information about this initiative.
 - 3.5. ECP (photopheresis) study: Michael Perch had invited other centers to initiate a study on the efficacy of Extra-corporeal photopheresis as treatment for CLAD after lung transplant, but there was poor response to his emails. Sandra Lindstedt Ingemansson and Michael Perch were encouraged to repeat their request, and the study is still regarded as important for our group.
 - 3.6. EVOLVED study: No detailed discussion was conducted.
 - 3.7. Suggestion for study: Sandra Lindstedt Ingemansson proposed a study on thoracic transplant recipients in Scandiatransplant: "Occurrence and outcome of COVID-19 infection in thoracic transplant recipients in the Scandiatransplant region". All attendees supported this study, and it was decided that it should include both heart and lung recipients. Sandra will contact each center to form a working group.
 - 3.8. The work to align clinical protocols has paused, but it was confirmed that the ScandCLAD group should continue to be responsible for protocols regarding lung transplantation, and the EVOLVED group for heart transplantation.
- 4. Miscellaneous:**
- 4.1. A brief update from the ISHLT and announcement of Nordic contributions to the imminent virtual annual meeting was given.
 - 4.2. The issue of performing lung transplantation for ARDS after COVID was discussed. Currently, only three such cases have been performed in the Scandiatransplant area, all in Sweden. All three were thoroughly presented and discussed at our COVID-webinar in February. There was a general agreement that we should remain conservative and that the ISHLT recommendations as provided by the ISHLT COVID task force were relevant in our countries.
 - 4.3. Johan addressed the relevance of our guidelines for prio 1 in lung transplantation in the current COVID pandemic, and also specifically regarding the small quota granted to Estonia (one pr. calendar year). It was agreed that Are should summon the Allocation subgroup of the SHLG to a zoom meeting in May this year. The date should be set using a Doodle-poll.
5. Next SHLG Board meeting: It was agreed that we should plan for a meeting with in-person attendance and that it would be preferable if we could have in-person meetings in the fall and virtual meetings in the spring. Are will plan an in-person meeting with an overnight stay and will communicate with the Board members and the Scandiatransplant administration about time and location so that details may be circulated before the summer (i.e. before 1. July). The meeting would most likely take place in October or November.