

The Scandinavian Tissue Typers Meeting 2015
Reykjavik, Friday, Jan. 30th, 9.00-16:00
Minutes

1. Welcome and presentation of participants

Sveinn Guðmundsson welcomed all participants to the meeting. This year 24 representatives from all centers attended the meeting. List of attendees is attached to these minutes.

2. Election of meeting chairman and secretary

Sveinn Guðmundsson was elected as chairman of the meeting and Kristjana Bjarnadóttir was elected as a secretary. Christian Naper and Bjarne Möller were elected to adjust the minutes.

3. Confirmation of the agenda

The agenda was accepted without alterations.

4. Election of the person that will give a report at the meeting of the council of representatives

Dan Hauzenberger was elected.

5. Sveinn Guðmundsson: HLA Nordic FORUM

Introduction of new ideas about exchange of ideas within the group of Nordic Tissue Typers within Scandiatransplant. Can we create a forum for exchange of ideas? A portal at Scandiatransplant? List of contacts at all centers being kept at Scandiatransplant office? Valid list of participants at our scheduled meetings? Central gathering of interesting topics for our meetings? Exchange of data / presentations? Status of social media for assisting in this issue?

This was briefly discussed but no decision was made.

- The possibility of using the Scandiatransplant web side for this purpose was discussed.
- EFI is working on a new webpage, there could be a forum for the whole Europe
- LinkedIn and Facebook could be used
- Necessary that someone would be in charge for this. The Scandiatransplant office doesn't have resources for that.

6. Sveinn Guðmundsson: EXCEL chart presented at the meeting

Methodologies used in individual centers. Gathering of data. Updating. Distribution.

Participants were asked to fill in an excel sheet sent along with the agenda and send to krissa@landspitali.is. The file will be distributed together with minutes of the meeting.

7. The Scandiatransplant Office: Ilse Duus Weinreich.

a. Kidney exchange compliance

Compliance to Scandiatransplant kidney exchange rules based on all donor searches performed – Ilse reviewed exchange obligations, her ppt-presentation is sent along with the minutes. Main conclusion from the presentation:

2014

- Total 473 searches
- 93 exchange obligations (between centers)

- Exchange obligation 20% of all searches
- In 4,3 % of cases exchange rules were not followed (4 out of 93)

Importance of doing the search on correct donor age was addressed.

Also see: <http://www.scandiatransplant.org/organ-allocation/guidelines>

b. STAMP status

Ilse reviewed the status of the STAMP program, her presentation is sent along with the minutes. Main conclusion from the presentation:

- The program started in 2009
- Currently 87 STAMP patients are on the waiting list
- One patient has been on the list since 2009
- 96 STAMP transplantations have been performed
- 30 LAMP transplantations have been performed
- Positive cross matches: 14
- Min waiting time: 6 days – Stockholm
- Max waiting time: 2154 days -Oslo

Great variance in proportion of highly immunized (HI) patients put on the STAMP list or not.

In Oslo 3% of patients waiting for kidney transplantation are on the STAMP list.

In Stockholm 29% of patients are on the STAMP list.

Discussions on choice of methodology for PRA reporting:

The method used for antibody screening (e.g. CDC vs. Luminex) influences the degree of antibody status. The centers don't use the same method for reporting antibody status. This needs to be discussed further in future meetings.

Since one of the important purposes is to estimate the probability of a negative cross match (XM), the method for PRA determination should be comparable to the method used for cross matching.

The importance of uniform rules for reporting antibodies was stressed.

The present criteria for placing a patient on STAMP is a PRA >80%.

There were discussions on reporting antibody specificities, and not PRA%, but rather let the Scandiatransplant calculate the PRA% on the basis of antibody specificities.

There were lively discussions on the cut-off for antibodies detected by Luminex single antigen tests .

PRA should be reported every 3 months.

Choice of samples for antibody determination:

A survey was made amongst participating centers regarding of choice of patient samples for antibody determination and cross matching. The alternatives of neat serum, heat-treated serum, EDTA treated serum, plasma and diluted serum were all discussed. A comparison with European practice was brought up.

The centers will include a summary of their practices regarding choice of patient sample in the new Excel sheet questionnaire. There were discussions on choosing a few cases in each center and exchange with different techniques, preferably between centers. It would be ideal if we could all use the same standard/method for reporting of PRA's.

Conclusion: The labs should be more active in exchanging information regarding how to handle and pre-treat samples. Working group should be created to formalize this. Mats Bengtson will contact Eurotransplant and UK Transplant and get information about what standards they use.

c. Search HLA types - narrow/broad and Bw4, Bw6

Consistently every year fewer searches are done on broad antigens.

In 37 of 472 searches Bw4 and Bw6 was lacking

In 5 of 472 searches Bw4 and Bw6 deviate from calculated association

Conclusion / Reminder: Important that users register Bw4 and Bw6, where this is an important field and a part to find a patient for a donor.

d. New user interface (YASWA) - 'Search for suitable kidney recipients' and 'All recipients'

Ilse reviewed how registration in the new system is performed and placed emphasis on the importance of registration of split antigens for B15 and B40 serologically. In those cases it is necessary to delete the genomic typing where the genomic typing overrules the serological typing. This has to be done for both alleles.

The recipient part is ready for testing, email will be sent to users when other parts are ready for testing.

All with Scandiatransplant login now have the possibility to access a test-point to try out the new user interface (YASWA).

To get an access to the test-point please use the following link:

<https://sc37.scandiatransplant.org/sctpTest> and use your usual username and password.

NB. If you are using the web version for the first time, you will after trying to log in, receive an email with a link that you will have to click on. This happens every time you try to get access to the system from an unknown IP address.

This test version is a 'sandbox' and you can look around and register whatever you like without affecting the real database.

Please take a look at the following manual, which describes how to use the new search module:

http://www.scandiatransplant.org/organ-allocation/Manual_Kidney_search_22dec2014.pdf

8. The Scandiatransplant Office: Ilse Duus Weinreich.

Brings forward for discussion on behalf of the Nordic Kidney Group (NKG):

- Exchange obligation

(i) (Highly immunized + HLA-A,-B,-DR compatible) and

(ii) (STAMP) shift place.

<http://www.scandiatransplant.org/organ-allocation/Kidneyexchangerep.7maj2013.pdf>

Conclusion: no change in the exchange obligations was recommended.

9. Status and experiences with STAMP: information from STAMP representatives

Bjarne Möller, Mats Bengtsson, Scandiatransplant office and participants

"The STAMP working group are considering an enhancement of the "transplantability calculation" for STAMP patients to include AB0, since a blood group B patient with 50% PRA are as (un)likely to receive a donation as a blood group A patient with 85% PRA"

Mats reviewed the status of the STAMP program, his presentation will be sent along with the minutes. Main topics from the presentation:

- The STAMP program started in April 2009 and more than 100 highly immunized patients have since then been successfully transplanted. One year graft survival is more than 90%. Today 87 patients are listed on STAMP.

- Only 23 patients (26%) have an increased frequency of donors with STAMP compared to without STAMP, so not all patients can be helped by STAMP
- The frequency calculator is available at Scandiatransplant web.
- More donors are needed to increase offers to STAMP patients. Project of a Europe-wide acceptable mismatch program would increase the number of possible donors.

EUROSTAM - A Europe-wide Strategy to enhance Transplantation of highly sensitized patients on the basis of Acceptable HLA Mismatches. Includes Eurotransplant, UK-Transplant, Spain, Greece, Czech Republic, Switzerland

- Another way is to increase the threshold for antibodies reported. Are patients listed on the bases of Luminex data only, without CDC?
- Centers should review their patients on STAMP.
- Discussion on new approaches for the highly immunized patients is needed.

Conclusion: Mats suggests that Scandiatransplant will work further on the EUROSTAM project. Further work on the frequency calculator has to be performed. This issue is assigned to the STAMP committee.

The need for typing donors on HLA-DQA and HLA-DP was discussed. Patients with antibodies against DQA and DP are on the waiting list and to be able to find a kidney for these patients it would be helpful to type donors for these antigens.

It is important to have the possibility to register results from these typings into the Scandiatransplant database. This possibility is not present in the first version of the new database that will be released soon.

UK-Neqas offers external proficiency testing, ETRL does not provide that.

Conclusion: Scandiatransplant office will work on the registration issue. Laboratories are encouraged to work on installation of methods to be ready to do the typings in near future.

A question regarding platform for DP and DQA typing will be added to the excel questionnaire forwarded to each center.

10. Living donor transplants in Iceland; Runólfur Pálsson, MD, director of nephrology, Landspítali, Iceland

Solid organ transplantation history in Iceland was reviewed. See attached ppt-presentation.

11. New methodologies for HLA typing; feedback from participants

Copenhagen: The laboratory has finished validation TaqMan-SSP-based HLA typing. This will be presented in an abstract at the EFI meeting in Geneva. The laboratory is pleased with the results, the whole process takes about 2.5 hours including DNA isolation. The kit is more expensive than SSP but if lab time is counted in it might turn out to be cheaper.

Stockholm: The laboratory is validating a flow cytometry-based CDC-cross match. In this assay CDC and flow cytometry cross match is combined in one assay. Use of this assay is scheduled for living donor in February this year and for deceased in June. When this method has been implemented, older cross match method will be discontinued. The cost is similar to the flowcytometry cross match alone. At the tissue typers meeting in Stockholm next year it is possible to have a presentation about this.

12. Previous proposal from Uppsala on DQA-typing of deceased donors. Status and feasibility ?

Discussions; no exact discussions made.

13. Bjarne Möller: ScTx Paired Kidney Exchange Program.

Legal and financial issues regarding the program were reviewed. Recipients would be HLA typed (A, B, C, DRB1 and DQB1) and antibody tested by Luminex. Donor typing would be more extended. The donor and the recipient would be registered into the database and a search performed for a fitting pair. This would be for pair, rather than for a longer chain. Not necessary that both transplantations will be performed at the same center. There are still many unclarified issues and it is uncertain when this can be implemented.

14. Various new techniques in the laboratories- feedback from participants

see 12

15. Additional issues, comments and discussions

The dataset used for frequency calculations at Scandiatransplant is based on 1.000 typed patients. During discussions there were suggestions that individual centers should contact their national stem cell registries for access to A, B, C, DRB1, DQB1, DPB1 typed donors to create a more complete dataset of individuals typed in all loci and introduce that to the Scandiatransplant database.

16. Next meeting

It was decided that the next meeting will be held in Stockholm Friday the 29th Jan 2016.

Mats Bengtson suggested that Frans Claas or someone from the Eurotransplant should be invited to present the acceptable mismatch program or some issues regarding how to treat highly immunized patients.