Minutes Tissue Typers meeting 2025, Finland

Location: **Finnish Red Cross Blood Service**
Härkälenkki 13, 01730 Vantaa, Finland
Date: **September 26, 2025**
Time: **11 am – 4.00 pm**

1. Jouni Lauronen welcomed the participants. Jouni Lauronen was elected as chairperson and Juha Peräsaari was appointed as meeting secretary. The minutes will be read and approved by Pernille Koefoed-Nielsen and Torsten Eich.

2. Agenda was approved and one addition to agenda were suggested (previously proposed scientific project (STAMP and/or STEP issue).

3. Participants were shortly introduced.

4. Anne Hauge was appointed to report from the Tissue Typers Meeting to the Nordic Kidney Group meeting 19th November Copenhagen airport.

    a. **POST-MEETING NOTE! Anne is unable to present report to kidney group. Any voluntary person to do that may inform all with email to all recipients of these minutes! Participation vie Teams link is possible!**
    b. **Second Post-Meeting Note! Jouni Lauronen will report Tissue Typers Meeting via Teams**

5. Kaie Lokk was elected to give Tissue Typers' Meeting report to the Council of Representatives

6. News from the Scandiatransplant office were presented by Ilse D. Weinreich:

    a) Should exchange obligations 2,3 and 5 be done on split level? Currently 5% of the transplants were mismatched at split level. Mats pointed out that DR17 and DR18 serological separation may be a mistake and serologically DQ8 and DQ9 might not be that different. There might be change in serological nomenclature (publication: https://onlinelibrary.wiley.com/doi/10.1111/tan.15702) It may be good idea to add DQ typing to all patients or doing a study without patients missing DQ type. As conclusion we will follow this issue and come back next year.

    b) Days between kidney donor search and donation. Last year it was decided that search should be repeated after 24 hours if donation is prolonged. Nothing has changed. **New suggestion to Nordic kidney group that new search must be done after two days**.

    c) Another HLA antibody test provider Werfen has approached Scandiatransplant in order to make transferal of data from Match it software to YASWA possible. The lab in Aarhus have run several samples for with the kit from Werfen, an the programmers form Scandiatransplant are now working on solution.

    d) By September 2025, 500 kidney transplants have been realized through STAMP a.

    e) Medical Director Kaj A. Jørgensen will leave his position next year. Scandiatransplant board has started a process to find his replacement.

7. Elevation of TS score by accepting low MFI DSA. A proposal presented by Mats Bengtsson and Ilse D. Weinreich

   a) There is excellent transplant outcome with STAMP program. However, many patients will not benefit from STAMP (due to very low TS). This has not improved over the years.

   b) Compared to the acceptable mismatch program from Eurotransplant there are some differences in how acceptable mismatches are defined. In Scandiatransplant 11% vs 2,7 % in ETRL waiting for transplant were in AMM program. Of all grafts transplanted in the area 5.1 % are transplanted through STAMP vs 3.1 % in ETRL

   c) In 54 % of patients TS score can be elevated by adjusting acceptable mismatches (low MFI). For some patients adjusting acceptable mismatch list might be needed. However, we should keep strict rules for patients with acceptable TS score. One obstacle is that clinicians may not be willing to take risk for the patient for accepting low MFI DSA. Usually after several years in waiting list more risks will be accepted. Discussion about the matter with clinicians is very important.

8. Use of LAMP in local donor screening (Jouni Lauronen)

   a) In Finland, patients are usually registered first to LAMP then STAMP. In LAMP you may accept e.g. all C DSA or low average MFI level antibodies. This is used especially prior to Imlifidase treatment. This is done often together with Hitray. LAMP match leads thorough virtual matching and clinical decision making, but not necessarily to transplant.

   b) Some labs are using LAMP for screening local donors. Sera dilution (1/10) is used in some labs and after that, antibodies against certain MFI level (e.g. 5000) will be accepted: Dilution can be used alto to find patients eligible for Imlifidase treatment.

9. Lecture: DCD activity in Finland presented by Ilkka Helanterä. Results of Finnish DCD activity were presented. For DCD donors more careful avoidance of DSA is done. At 2024 already 1/5 donors in Scandiatransplant were DCD.

10. Results of questionnaire for Tissue typers was presented by Juha Peräsaari. We got comprehensive answers from the labs. According to the questionnaire HLA incompatible transplants were widely considered for transplant against DSA with some variation considering the MFI levels. For ABO incompatible transplants there was a lot of variation for upper IgG and IgM titers between centers for patients to enter ABOi programs. Very low level was used by one center due to the clinicians preference. Target levels after post-plasmapheresis / immunoadsorption were the same (1/8) in all centers. Software solutions for comparing structural HLA mismatches were not widely used in clinical situationsand labs are waiting for a more practical solution in the future. Cell free donor derived DNA is still not routine either. Reporting DSA during on call duty is routine in all labs, for most organs except livers. HLA DQ matching is now done already at three labs and it was suggested that we should start DQ matching at some point.

11. Rationality of Prio 2 was presented by Mats Bengtsson. Prio 2 is for highly immunized patients with ABDR match. It has been found that in this group there is worst outcome. It seems that present exchange criteria works well, and no change was proposed.

12. Laboratory issues considering Hittray and HLA antibody background. Interesting cases were skipped to next meeting due to time limitations. Hittray slides are attached. Issues may be presented in next meeting.

13. A proposal from Thermo Fisher Diagnostics. Ilse have been contacted by Thermo Fisher Diagnostics, as they are wondering if it would be possible in the future (maybe from 2026) to arrange a joint workshop as they are only allowed to support and not organize a workshop. After a discussion it was decided that **Ilse will ask from medical director Kaj Anker Jørgensen if we can accept unrestricted grant from a company.**

14. Chairperson for Tissue typers' group presented by Pernille Koefoed-Nielsen. It was proposed that we appoint a chairperson for the Tissue Typers group, ideally for a three-year term. Currently, our group is one of only two without a designated chairperson. Aligning ourselves with the structure of other groups will promote consistency and improve our standing within the organization. The Scandiatransplant office has requested a clear point of contact for each group. A chairperson would streamline communication, act as our official representative, and ensure our views are presented professionally. It was noted that Tissue typers group is also missing a written by-laws that should be drafted. **It was concluded that Pernille, Jouni and Mats will write by-laws for the group which will be presented at the next meeting. The next step is to appoint a chairperson following the by-laws.**

15. Addition to agenda concerning scientific programs was not thoroughly discussed due to lack of time. **It was decided that Ilse will email about the scientific programs that we have decided earlier. Work with those programs may be continued with all interesting persons via email.**

16. No other issues

17. Next Tissue Typers' meeting will be arranged by Lund / Malmö 25th of September 2026.