News from Scandiatransplant office

March - 2012

Introduction

Maintaining and developing both the new (YASWA) and old system is an essential part of Scandiatransplant core staff employes daily work.
In this sixth newsletter we present some of the recent projects.
Please be aware that most of the described projects will be implement **March 19, 2012** where you might experience problems with connecting to the database.

All previous newsletters you'll find on the web page www.scandiatransplant.org under http://www.scandiatransplant.org/news/newsletter-2012.

Purpose
By this information letter we wish to communicate to you about the office status and progress within the system, collaboration with groups related to Scandiatransplant and ongoing working projects.
We hope that you will read it and share the information with whom it might concern.
As always don't hesitated to contact us for further information, ideas, problems and help.

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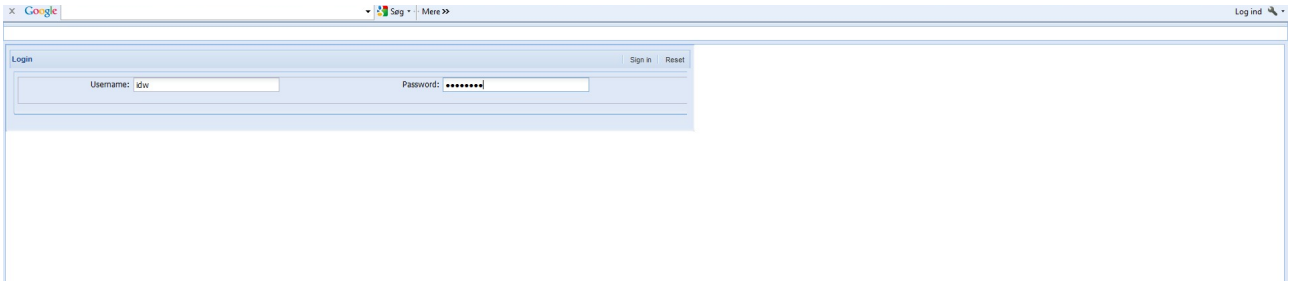
1 'Sandbox' – Web-based - Living Donor Registry (LDR)

All with Scandiatransplant login now have the possibility to access a test-point to try out the new user interface for registration of living donor transplantation and information.
To get access to the test-point use the following link
https://sc37.scandiatransplant.org/sctpTest



and to login you have to use your usual sctp-login 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 what ever you like without affecting the real database.

We especially encourage all users that register living donor transplantations and information to have a try as we (at not yet designated time) will close down the access to 'the old LDR screens' in Scandiatransplant.
We have written a short manual to get started with
http://www.scandiatransplant.org/organ-allocation/Manual_LDR_tx.reg_30nov2011.pdf/at_download/file

If you want to register **real data** through the new interface in the **real database**, you use the following link https://sc37.scandiatransplant.org

(without '/sctpTest').

In general do not hesitate to contact us with comments and questions concerning the use of the new web-interface.

2 Integration of Nordic Liver Transplantation Registry (NLTR)

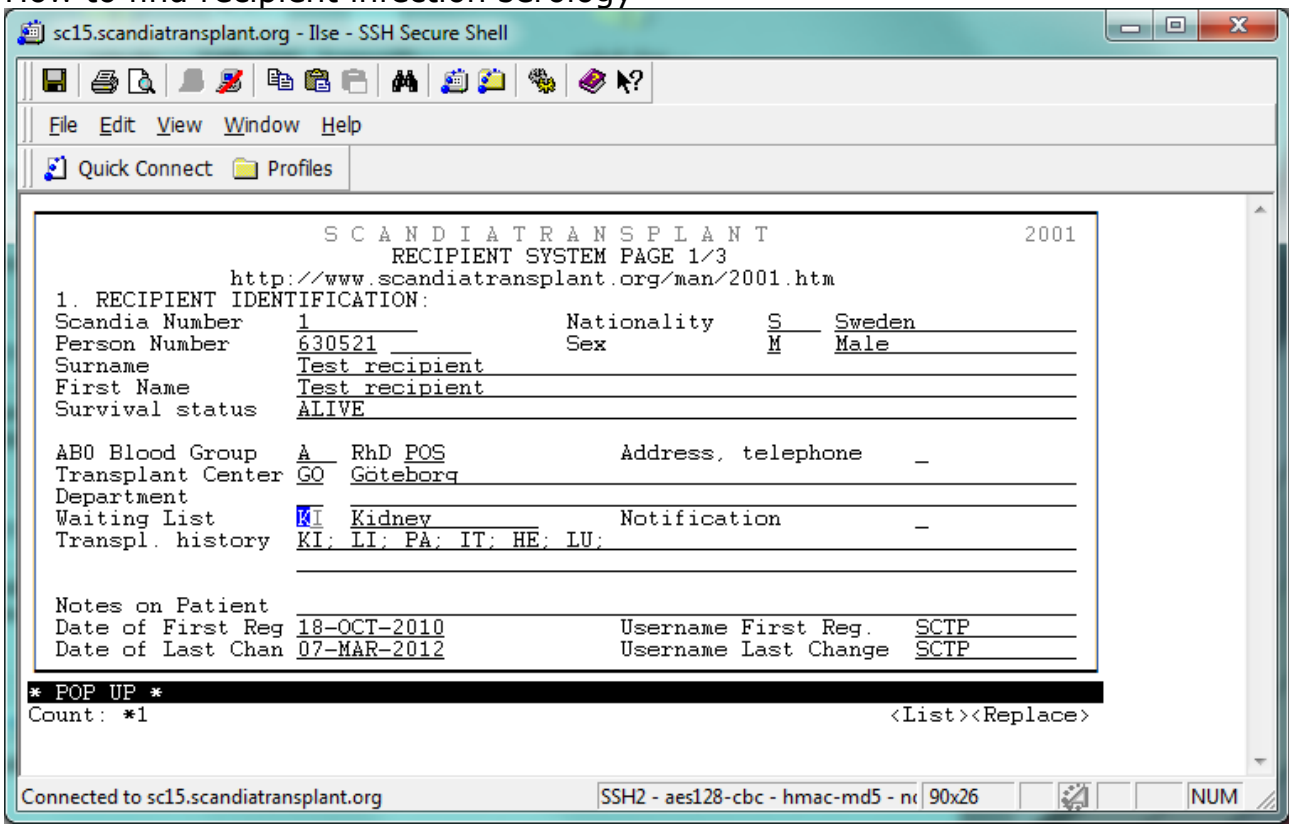
In 1996 the NLTR was made as an appendix to core Scandiatransplant and it has been a must for many years to fully integrate NLTR. In 2011 it was decided to start the work with integrating NLTR and the programming is ready to be implemented March 19, 2012. Most of the changes will influence what happens 'behind the scene' and the users will not notice the changes.

One of the changes the users will notice is the replacing of infection serology, which is described next.

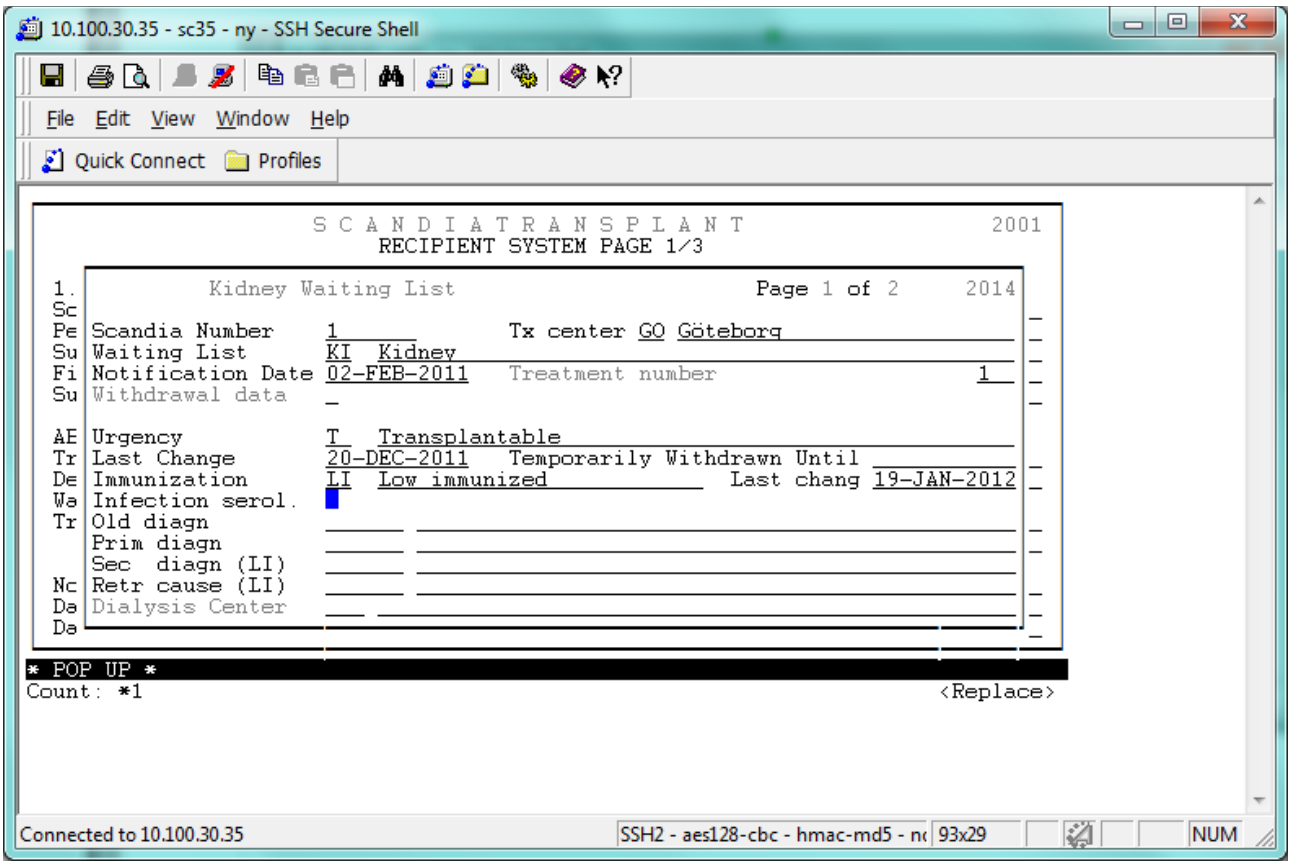
3 Recipient Infection serology is replaced

As a consequence of the ongoing revision of NLTR recipient infection serology is moving from the patient record to the treatment record. This makes the infection serology historically and as such it has to be registered at each waiting list registration (every time a recipient makes a new entry to a waiting list).
The infection serology is replaced and made historically from March 19, 2012

How to find recipient infection serology



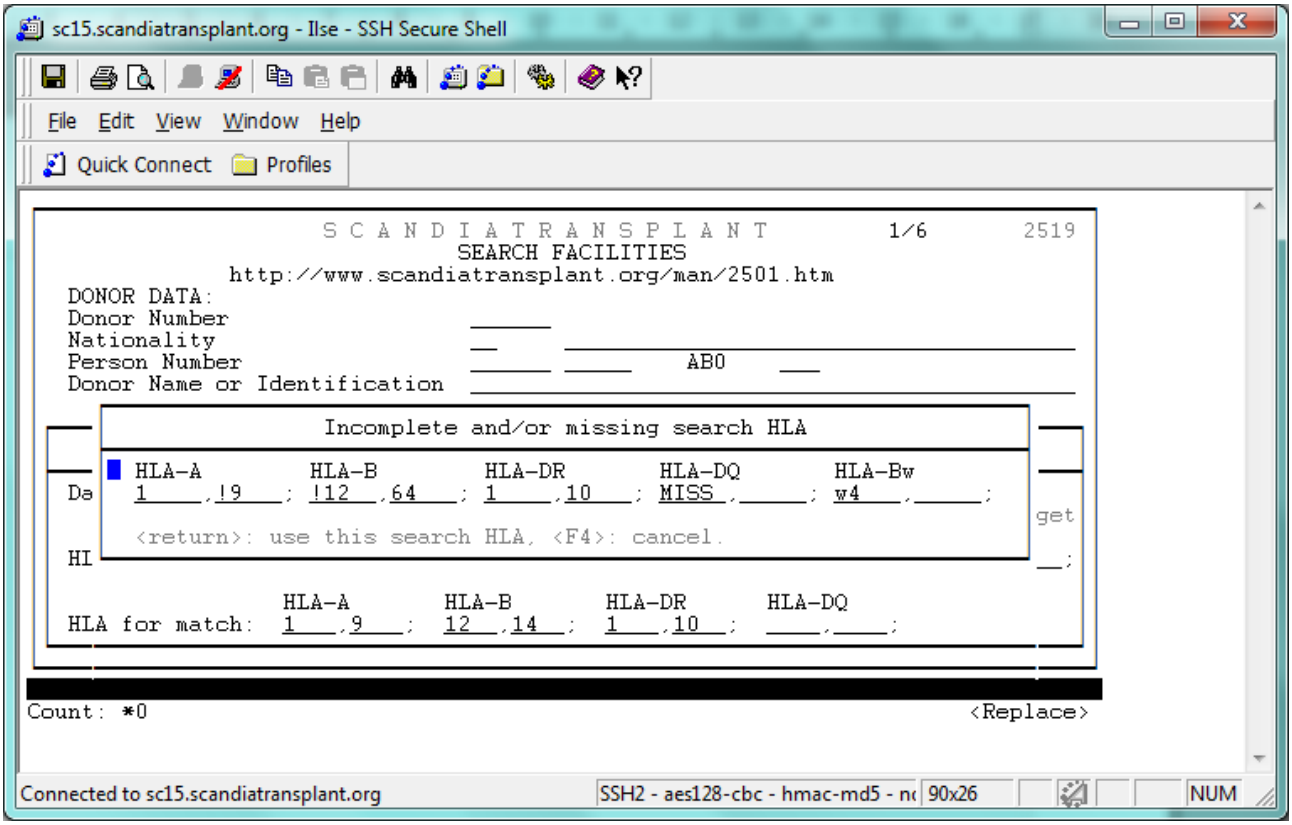
Enter down to 'waiting list' → press F7



Enter down to Infection serol. → press F7 → do the registrations → save by pressing F10

4 Quality control of donor search profile

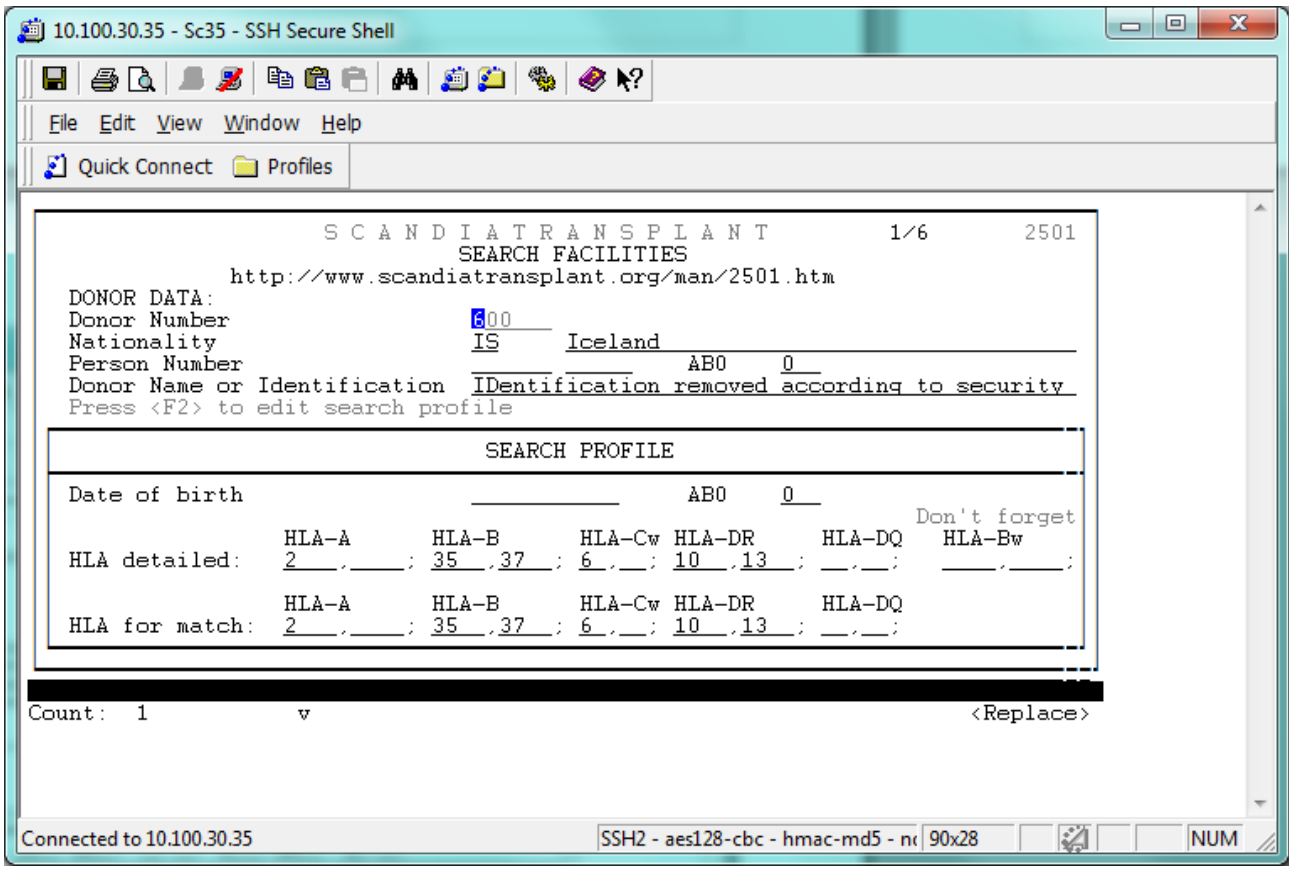
A new routine checking a donor search profile for missing and insufficient HLA is to be implemented March 19, 2012.
When a user makes a search with a donor profile containing birthday, ABO and HLA type, the search profile is scanned. If alleles are not designated or insufficient HLA is encountered a message box will be displayed.
The *quality control does not block the search*, it merely indicates where improvement must be considered.



Explanation:
MISS: Allele has not be designated
!: Broad insufficient HLA has been entered

If you wish to alter the HLA profile press F4 and make the changes and do the search again (page down).
If you have entered the best possible HLA, press enter to continue.

If you register the donor (and HLA) before searching and search by using the donor number (real search), remember that genomic overrules serological HLA. If you wish to alter the search profile press F2 and you have the opportunity to alter the search to the best possible combining genomic and serology HLA.



5 STAMP/LAMP guidelines revised

After tissue typers meeting 2012 the following paragraphs have been added:

Re-evaluation by the steering committee

- A STAMP patient not transplanted with a shipped kidney because of a positive cross-match should be temporarily withdrawn from STAMP, re-evaluated and eventually re-admitted.
- When removing defined antibodies and adding them as acceptable mismatches the patient must be re-evaluated by the committee. The responsible laboratory is obliged to inform the committee in such cases. Re-evaluation is not needed when adding new antibodies and removing them as acceptable mismatches.

6 LAMP in search result list

Today if a match is found for a LAMP patient it will appear on the search result list (marked with an L to the far left) depending on search selections.

As an example if you select 'DR mismatch <= 1' a LAMP patient will not necessarily appear on search result list, even though all donor antigens are either shared with the recipient or among acc. mismatches. The reason for the recipient not appearing is when making the 'DR mismatch

<= 1' selection the system only looks at the recipient HLA and if two DR mismatches are found it will not appear. (Other search selection that could have out ruled the LAMP patient from the result list: waiting time, age, number of tx. ect.)

It has been suggested that LAMP patients should appear on the search result list no matter selection criteria if donor antigens are are either shared with the recipient or among acc. mismatches.

This adjustment was approved at tissue meeting 2012 and it is ready to be implemented March 19, 2012.