

News from Scandiatransplant office

April – 2013



Introduction

By this newsletter we wish to inform you about some of the newest initiatives in and around the Scandiatransplant database. Among others it sums up new facilities in the database which are regularly presented as newstickers on the frontpage of the Scandiatransplant homepage.

All previous newsletters can be found on the Scandiatransplant web page <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 hesitate to contact us for further information, ideas, problems and help.

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1 Database operating status

If problems occur with reaching the database, and we are aware of the problem, we will regularly post status updates on the frontpage of the Scandiatransplant homepage <http://www.scandiatransplant.org/>.

If you experience problems with connecting to the database we recommend that you check out the homepage to see if it is a general problem.

2 Newstickers

- 2.1 Newstickers what, when and where

Newstickers are a new initiative found on the Scandiatransplant webpage. In newstickers minor changes in the database will regularly be presented and they will be summarised in the following newsletter. When a new newsticker is posted it will in the beginning be displayed on the frontpage. All newstickers can be found at:

<http://www.scandiatransplant.org/news/newstickers-1>

2.2 April 3rd, 2013: New menu to help finding highly immunised patients that might be relevant for STAMP

A new entry to the STAMP menu have been added in the database 'HI immunized KI patients with no STAMP record'. The menu displays highly immunised patients that have been on the kidney waiting list for more than one year (except children) and do not already have a STAMP record.

The new entry gives an overview of recipients that might be relevant for STAMP, further it gives the centers the possibility to extract data from own center on these specific recipients.

Read more at http://www.scandiatransplant.org/news/News_ticker_5.pdf

2.3 January 14th, 2013: New possibility to leave feedback about the system (YASWA)

A 'Leave feedback' button has been placed in the right corner of the new user interface and can be used for any kind of comments about YASWA. This includes

- ⌚ Error reporting
- ⌚ Feature requests
- ⌚ Positive/negative comments about the current system

When the feedback has been sent, the system developer will be able to see a log with information about the use of the system. For instance if the user reports that a certain feature is not working, the system developer can look at each step in the reported log.

Read more at http://www.scandiatransplant.org/news/News_ticker_4.pdf

2.4 December 6th, 2012: New HLA Quality control implemented

December 3, 2012 a new HLA quality control was introduced. This new quality check is meant to disclose discrepancies between serological and genomic HLA types registered in the Scandiatransplant database.

The new quality control has been implemented and is accessible in two areas

- ⌚ For all kidney patients active on the waiting list
- ⌚ The STAMP quality check

Read more at http://www.scandiatransplant.org/news/News_ticker_3.pdf

2.5 September 25th, 2012: Additional deceased donor fields implemented (2 newstickers)

New flag - Donation realized: P Potential donor

When registration of a new deceased donor is made in the database, the donor record is now set with the default value 'P - Potential donor' in the field 'Donation realized'.

Includes Scandiatransplant definitions on potential, eligible, actual and utilized donors

Read more at http://www.scandiatransplant.org/news/News_ticker_1.pdf

New fields - Past/Pres Drug Abuse and Past/Pres Mal Neopl

In EU directive <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2010:207:0014:0029:EN:PDF>. Annex – Part A the minimum data set required on a deceased donor is described. In Scandiatransplant only two of these parameters were lacking:

Past or present history of IV drug abuse (Past/Pres Drug Abuse)

Past or present history of malignant neoplasia (Past/Pres Mal Neopl)

These two parameters have been added to the deceased donor screen on page 1 with list of value yes, no, NI.

Read more at http://www.scandiatransplant.org/news/News_ticker_2.pdf

3 Additional HLA information added in patient report (ctrl-p report)

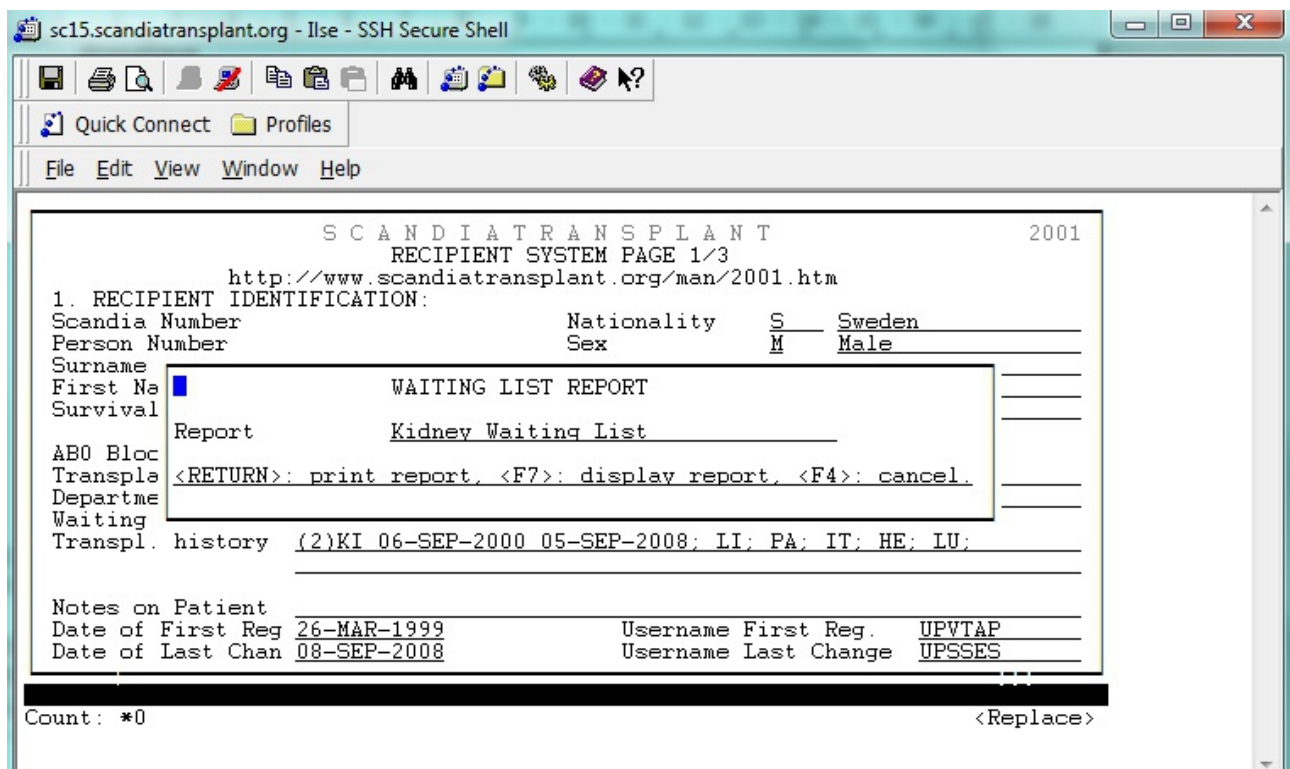
Display of HLA history on all previous transplanted organs has been added to the recipient ctrl-P data extraction report.

Where to find the extraction report:

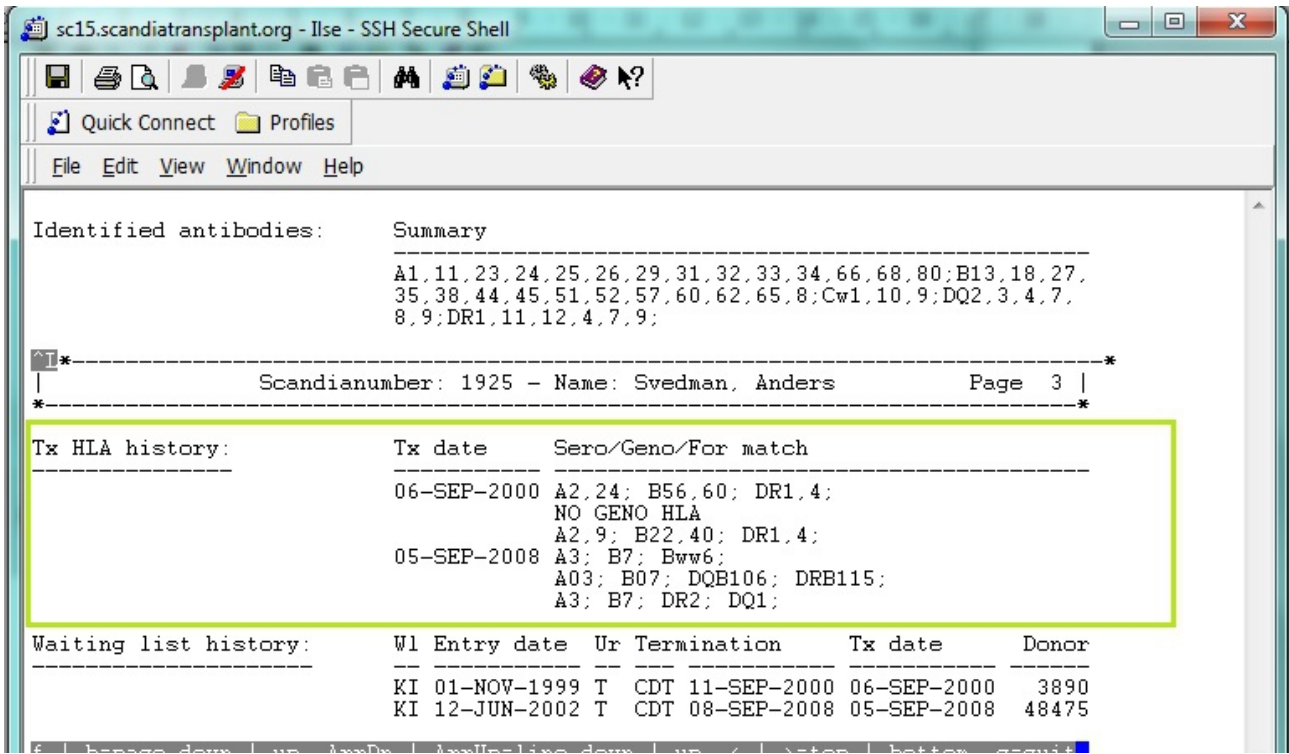
Main menu → Organ Transplantation → Recipient And Waiting List System →

Updating Of Waiting List Data → Enter a specific scandia number and press F12

→ Press ctrl-P



Press enter to get a printout or F7 to get the report displayed on the screen.

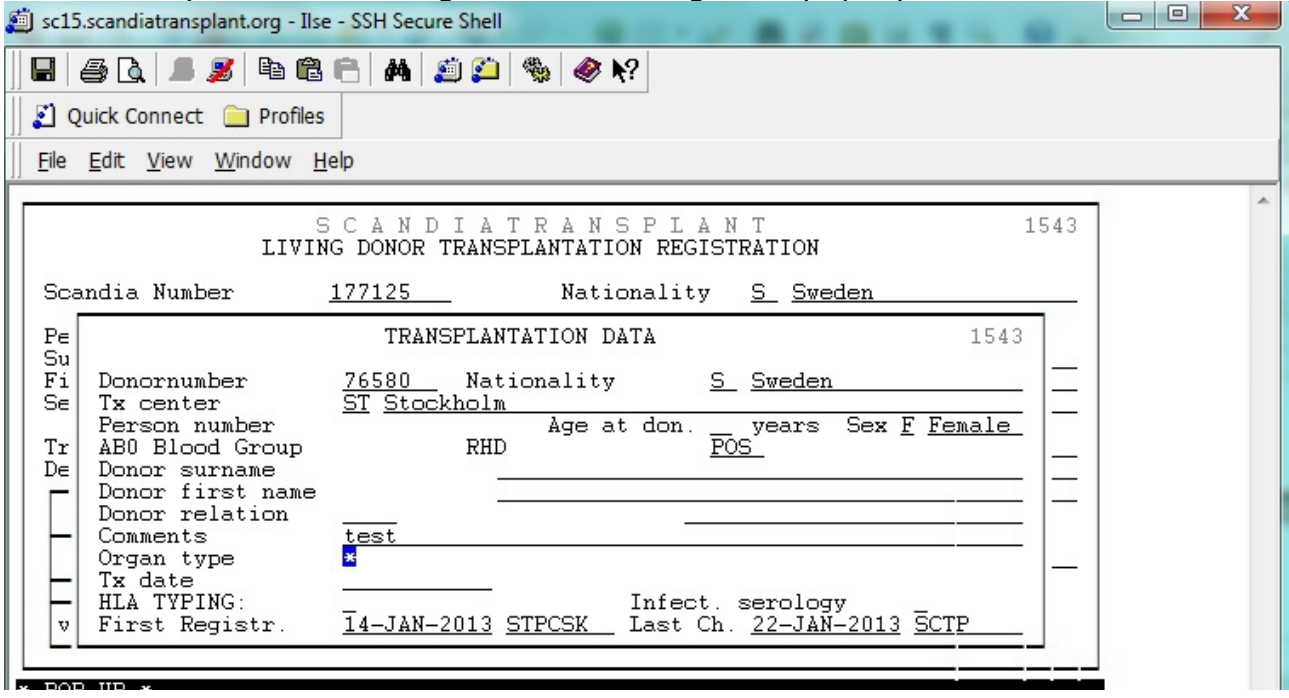


Above picture illustrates in the green frame an example of the additional HLA information included in the report.

4 Registration of used liver segments in relation with living donation

When registration of a living liver donation is done in the database the access to register which liver segments have been used is now easier accessible.

When the the users enters F7 in the donor field 'Donor organs' they will immediatly enter the living donor liver segment pop-up.



SCANDIATRANSPLANT		LIVING DONOR TRANSPLANTATION REGISTRATION		1543
Scandia Number	<u>177125</u>	Nationality	<u>S</u> Sweden	
Pe	TRANSPLANTATION DATA			1543
Su				
Fi	Donornumber	<u>76580</u>	Nationality	
Se	Tx center	<u>ST Stockholm</u>		
Tr	Person number		Age at don	
De	ABO Blood Group		RHD	
	Donor surname			
	Donor organs			
	Organ type	<u>LI</u> Liver		
v				

Liver segments	
Segments	
<input checked="" type="checkbox"/> I	
- II	
- III	
- IV	
- V	
- VI	
- VII	
- VIII	

If no information has been entered in the field 'Donor organs' and other donor information are committed with F10 the user ends up in the living donor liver segment pop-up ready for entering liver segment information.

If the whole liver has been used, as is the fact in domino transplantations, it is possible to exit without entering used segments with F4.

Display in the liver register scheme B and related reports have been update to included the used segments.

5 Agreement between Scandiatriansplant and Estonia

Background for the agreement:

In 2011 the Tartu University Hospital declared that it represents Estonia in organ donation and in 2012 this statement was confirmed by the Estonian Ministry of Social Affairs.

Further all accreditations have now been performed by official European organisations and the Tartu University Hospital live up to the specified quality standards.

Tartu, Estonia is now an official organ exchange organisation.

At the Scandiatriansplant Representative meeting 2012 it was decided to recognise Estonia as an official exchange organisation in line with the other organ exchange organisations in Europe.

An agreement between Estonia-Tartu and Scandiatriansplant has now been signed.

http://www.scandiatriansplant.org/organ_allocation/agreements/organexchangeEstonia.pdf

In practice the agreement were set in action Monday 7th of January 2013, which means that from that date the coordinators in Scandiatransplant will receive offers on spare organs from Estonia on email with an sms notification.

The first offer on heart, lungs and liver from Estonia came the 20th of January 2013. However due to some technical problems with the mail server, that Estonia used, the offer was delayed one hour and non of the organs were shipped to Scandiatransplant. The problem is now tested and solved.

The second offer on heart and lungs came 22nd of Feburary, it was accepted and retrived by Gothenborg.

The third offer was a heart which was accepted and retrived by Helsinki.

So fare all cooperation with the Estonia team has been positive and the coordination has run smothly.

6 Revised Guidelines for Prevention of Transmission of Infectious Diseases from Organ Donors to Recipient

The revision concerns the design in terms of Hepatitis section so that "Commnet" is consistent with "Interpretation of positive reaction" It was a bit unclear earlier. These recommendations were proposed by the Scandiatransplant working group on April 2013 and is a revision of previous recommendations from 2011.

<http://www.scandiatransplant.org/organ-allocation/3April2013Scandtx.pdf>

