

**Founded 1969 by the Nordic Council of Ministers**

# Slideshow 2017

## Scandiatransplant activities

<b>Slide presentation of Scandiatransplant activities 2017</b>	
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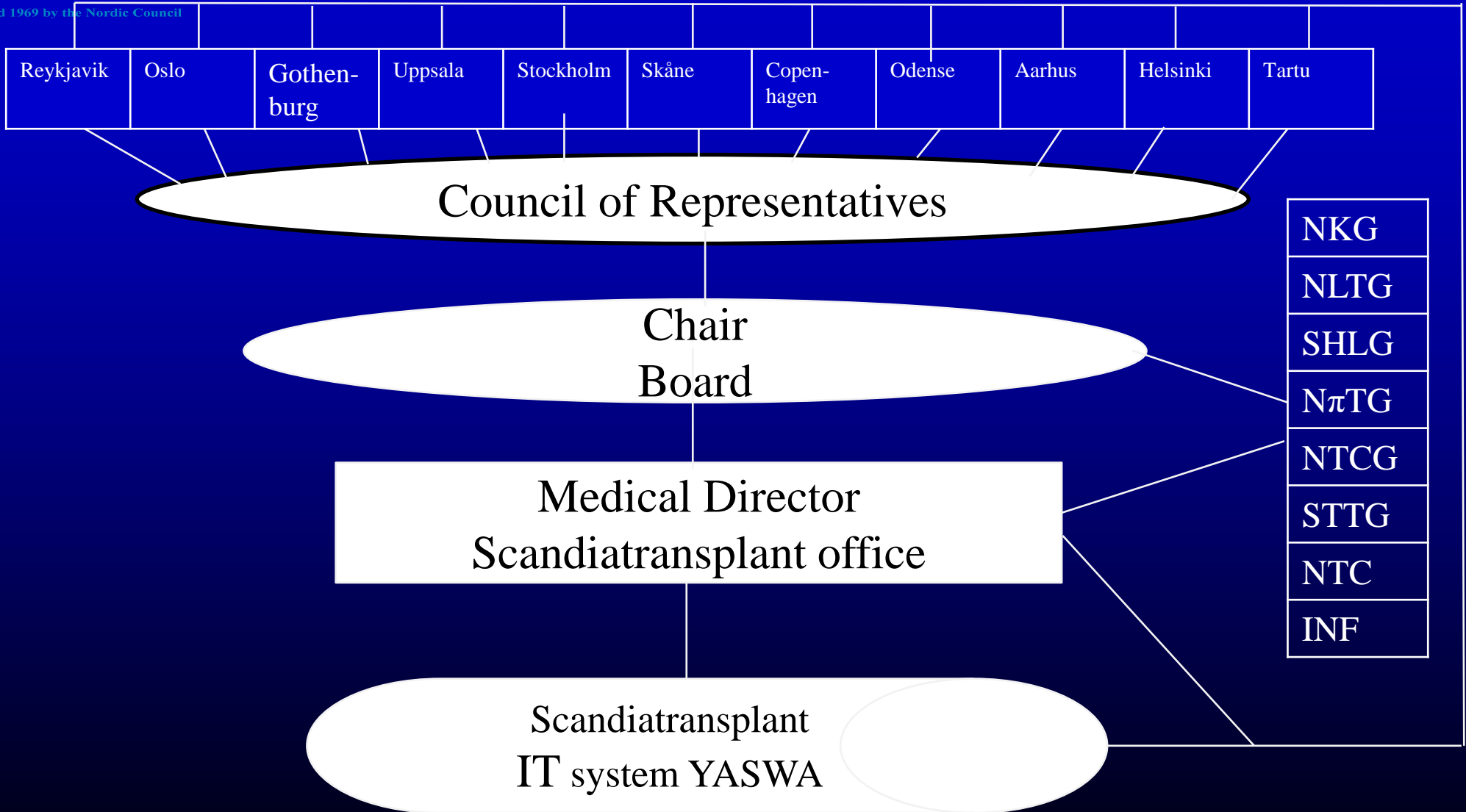


# ScandiTransplant

ScandiTransplant is the organ exchange organization for the countries Denmark, Finland, Iceland, Norway, Sweden and Estonia. It covers a population of about 28,4 million inhabitants. It is owned by the eleven hospitals performing organ transplantation in these countries. The office is located at Aarhus University Hospital, Denmark.

# Purpose of Scandiatransplant

- to serve as a common organ exchange organisation and allocation resource for its member hospitals including kidney, liver, heart, lung, pancreas, pancreatic islet, cellular, intestinal and multivisceral transplantation. This is done transparently, using ethical principles and in full compliance with the national legislation of the members' countries,
- to maintain and operate a common waiting list for transplantation,
- to ensure complete traceability from organ donors to patients,
- to maintain and operate follow-up registries of transplanted patients,
- to maintain and operate follow-up registries of living donors,
- to serve as a collaborative platform through specialized working groups and advisory groups in order to facilitate best practice recommendations and policies optimizing retrieval, allocation and transplantation of organs, and
- to form a collaborative network for the member hospitals to promote research and development related to organ donation, allocation and transplantation.



# Awarded Grants in 2017

## Research Grant

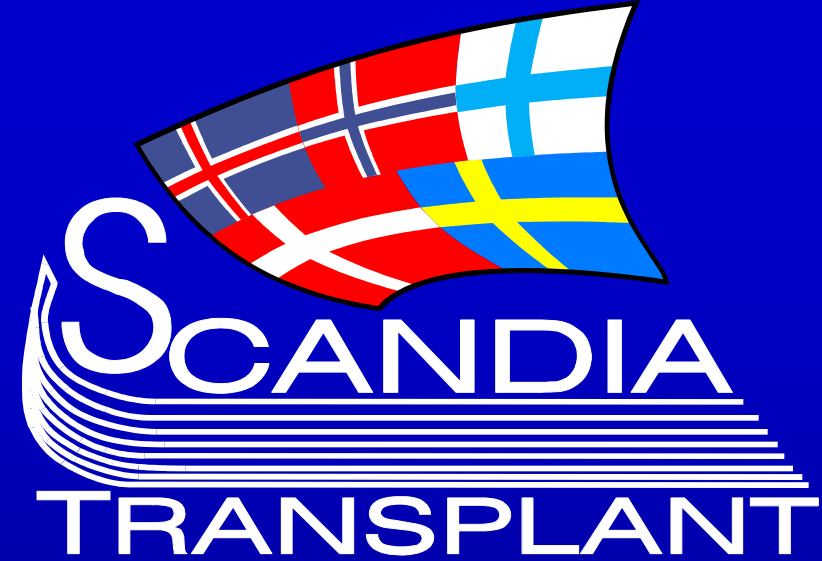
- Principal investigator: Bjarne Møller "Epitope-mapping of Anti-HLA cl.I and II Antibodies in Highly Sensitized Patients by Machine Learning". Supported with 148.686 DKK
- Principal investigator: Silvia Malenicka "Evaluation of vaccination practices in liver transplanted children in the Nordic countries". Supported with 308.743 DKK

## Travel Grant

- Stockholm: Catarina Lindqvist was granted 13030 DKK
- Reykjavik: Selma Mariusdottir was granted 15000 DKK
- Gothenburg: Fatma Bergquist was granted 7000 DKK
- Stockholm: Carl Jorns was granted 42000 DKK
- Copenhagen: Andreas Rostved was granted 50000 DKK
- Oslo: Per Arne Bakkan and Monica Storror were granted 15541 DKK

# Scandiatransplant Office Activities 2017

- Customize the IT-system to the user's wishes and optimizing security and functionality of the system. The deceased donor death causes have been revised and the system now contains a tool for reporting SAE/SAR according to the EU-directive.
- Educate users and comply with demands from users, owners, researchers and the public.
- Arrange and participate in meetings for groups, committees, board and council of representatives.
- Lead the work in achieving data processor agreements with all member hospitals
- Participate in meetings with Nordic competent authorities and EU-commission.
- Take care of finance and personnel.



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**2017**

# **Organ procurement and transplantation activities in Scandiatransplant**



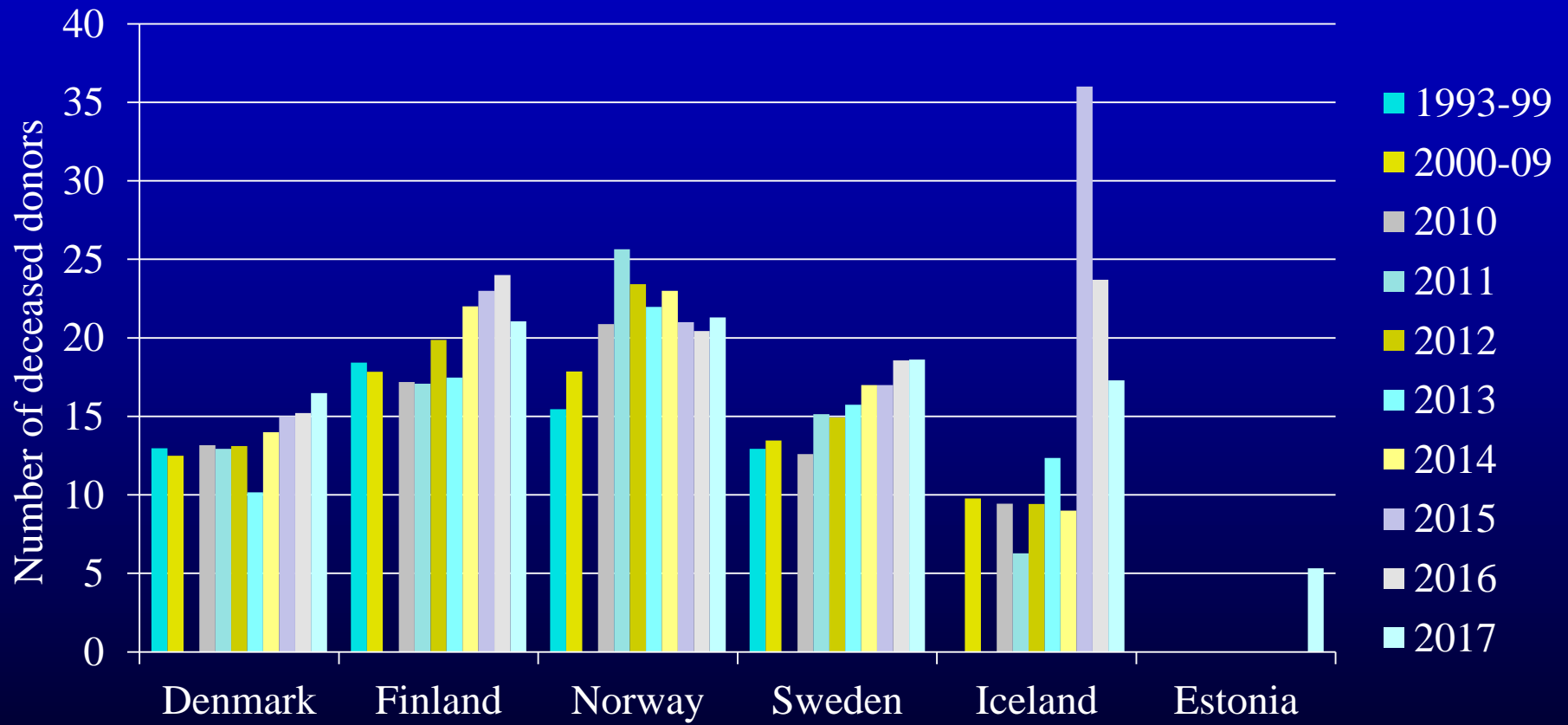
# Scandiatransplant 2017

- 526 Utilized deceased donors (18.51 PMP)
- Organ transplants performed
  - *1253 kidneys (331 were kidneys from living donors)*
  - *409 livers (3 were livers from living donors – 2 were domino)*
  - *145 hearts (0 were domino)*
  - *145 lungs including heart/lung*
  - *80 pancreas (59 as combined kidney-pancreas)*
- 2635 patients on waiting list at end 2017

# Patients entered on waiting list during **2017** (2016 figures)

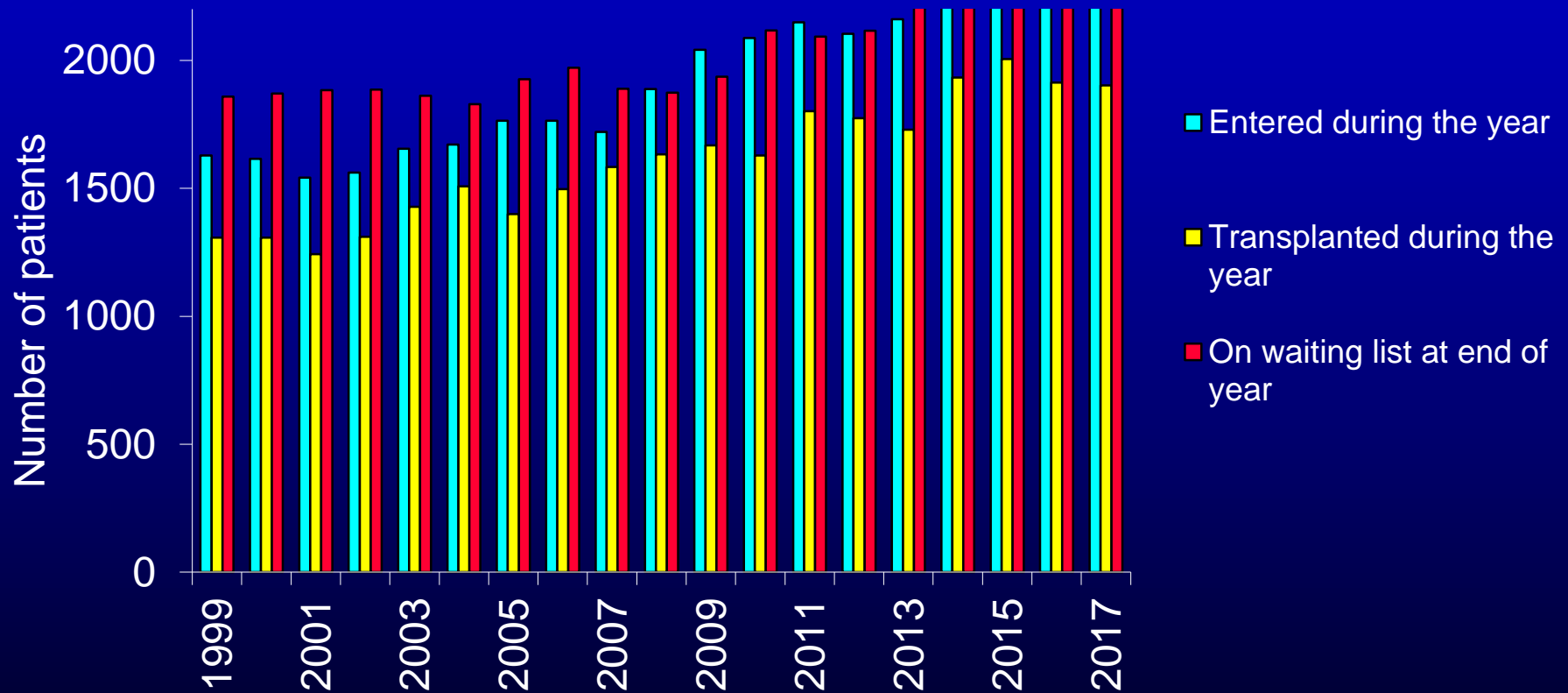
• Kidney	1487 (1312)
• Liver	431 (459)
• Heart	177 (161)
• Lung	168 (191)
• Pancreas	17 (21)
• Kidney+Pancreas	60 (51)
• Liver+kidney	12 (12)
• TOTAL	2352 (2208)

# Utilized deceased donors PMP

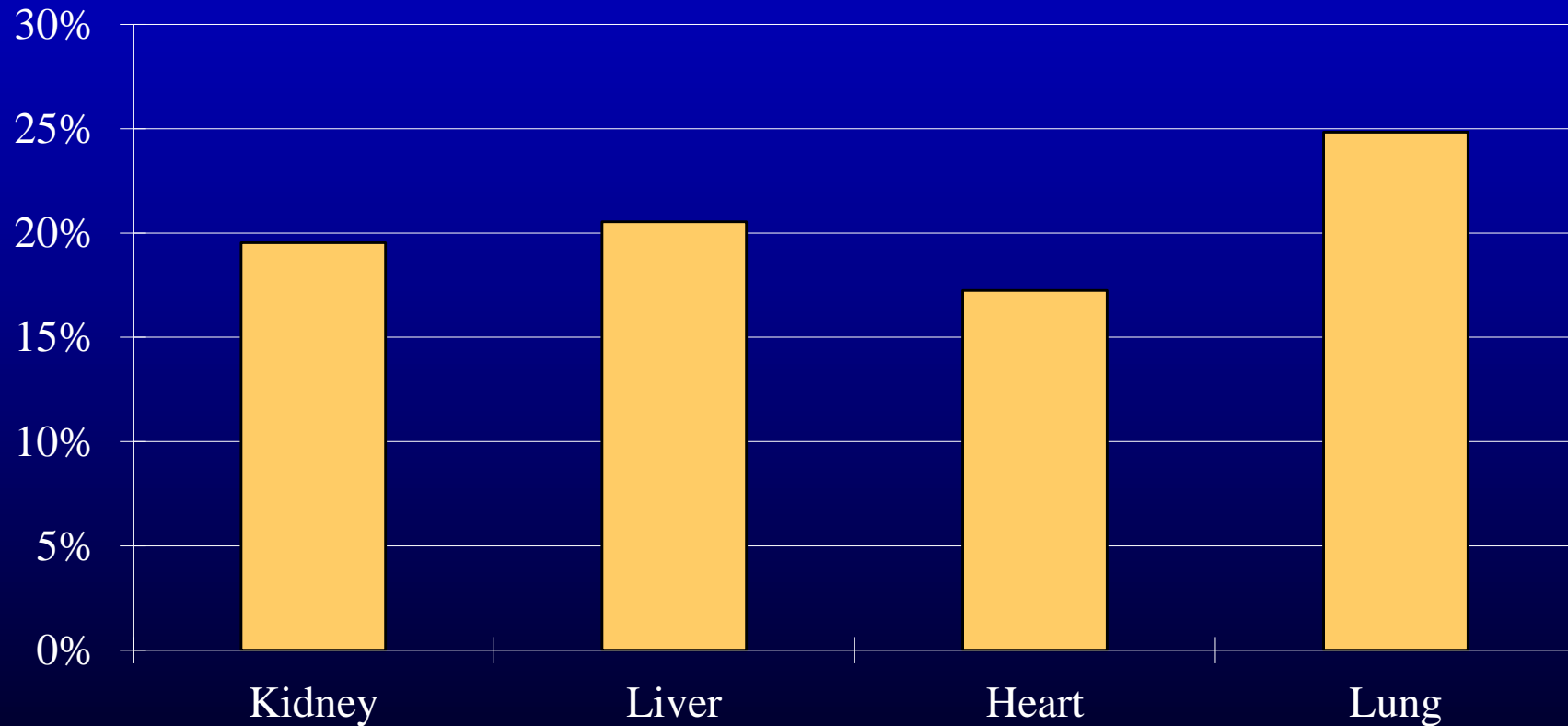


Figures included from Estonia year 2017 starts from October 1st 2017

# Yearly flow on the waiting list

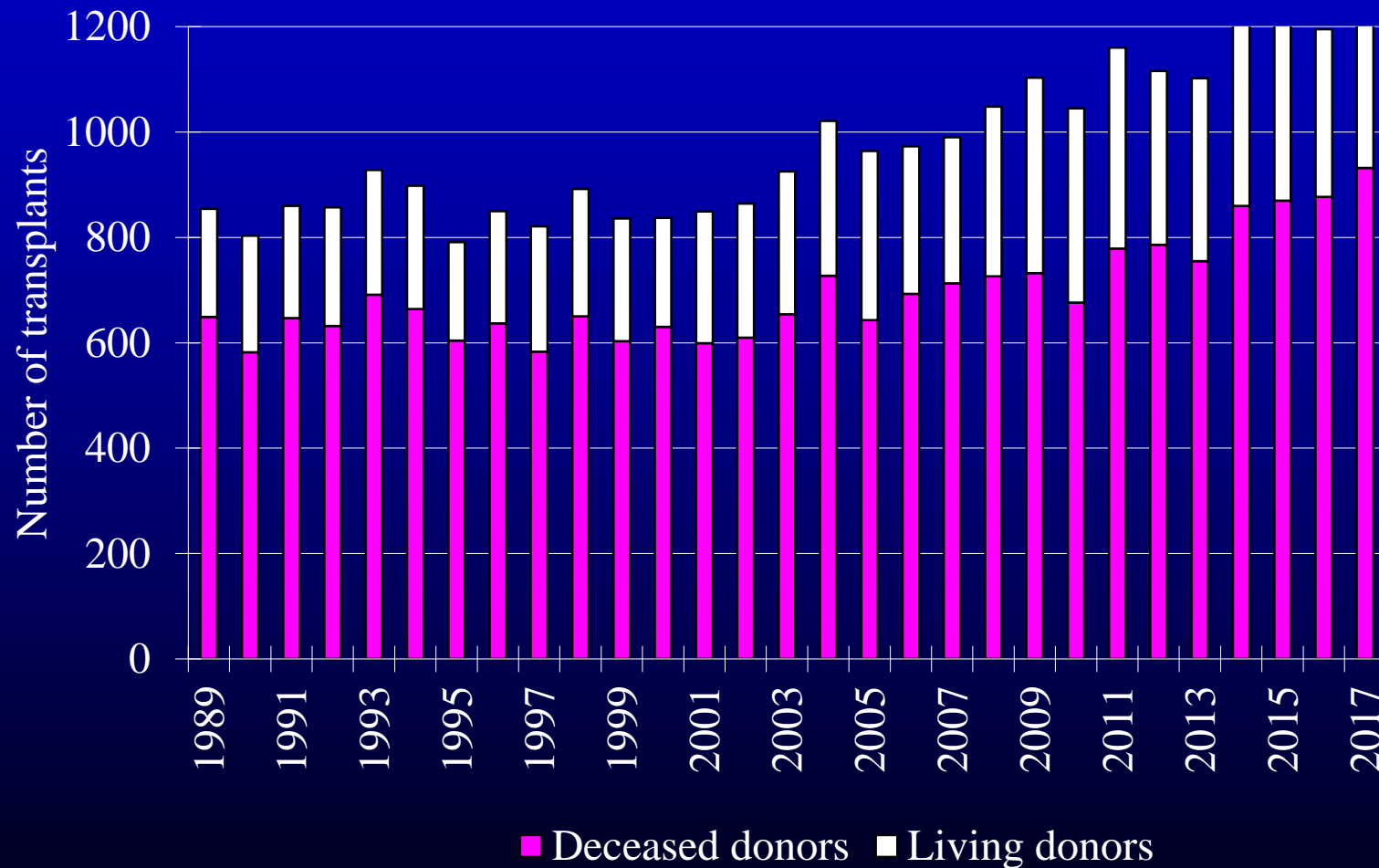


# Organ exchange between centers in 2017

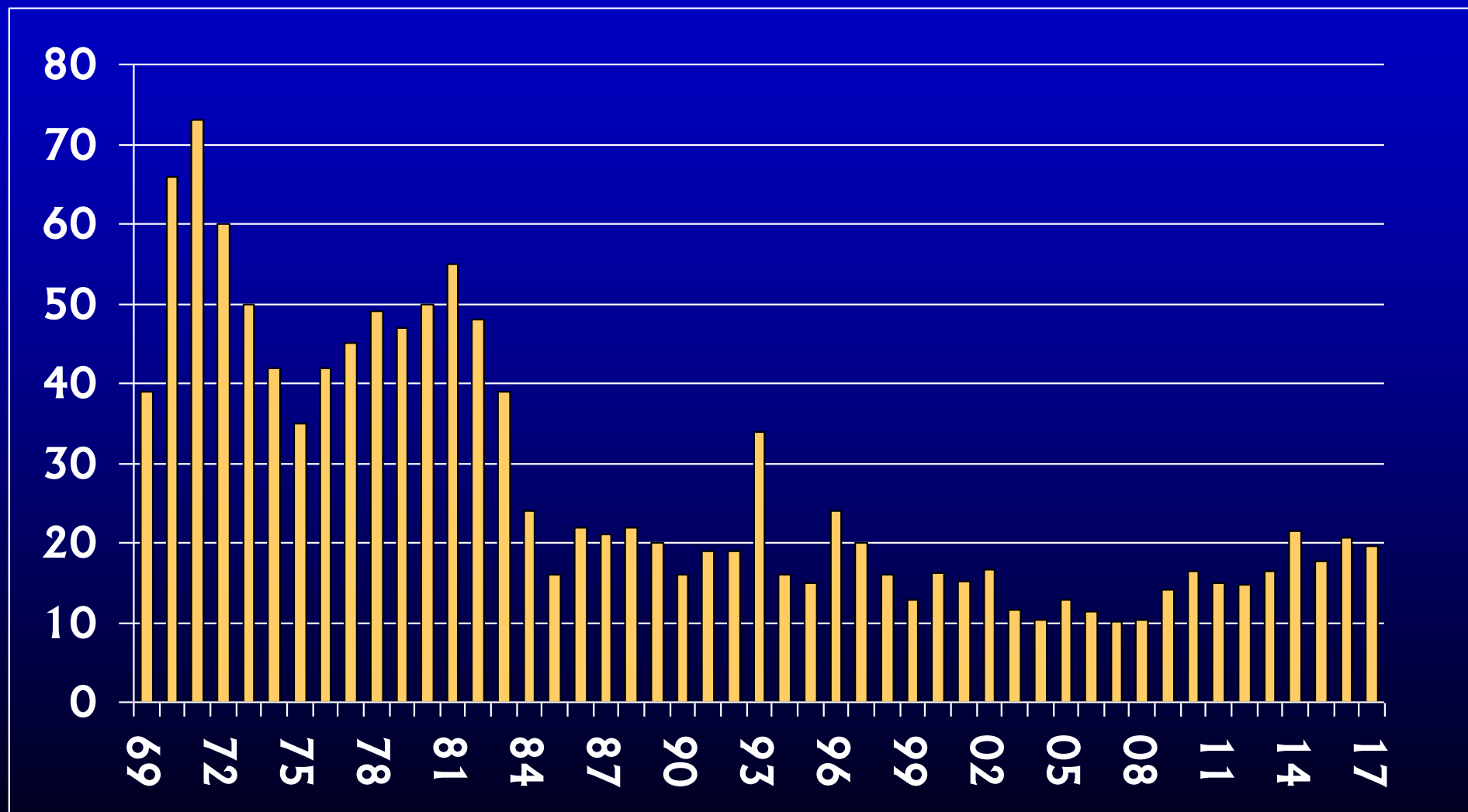


# Kidney Transplantation

# Kidney Transplantation 1989 – 2017

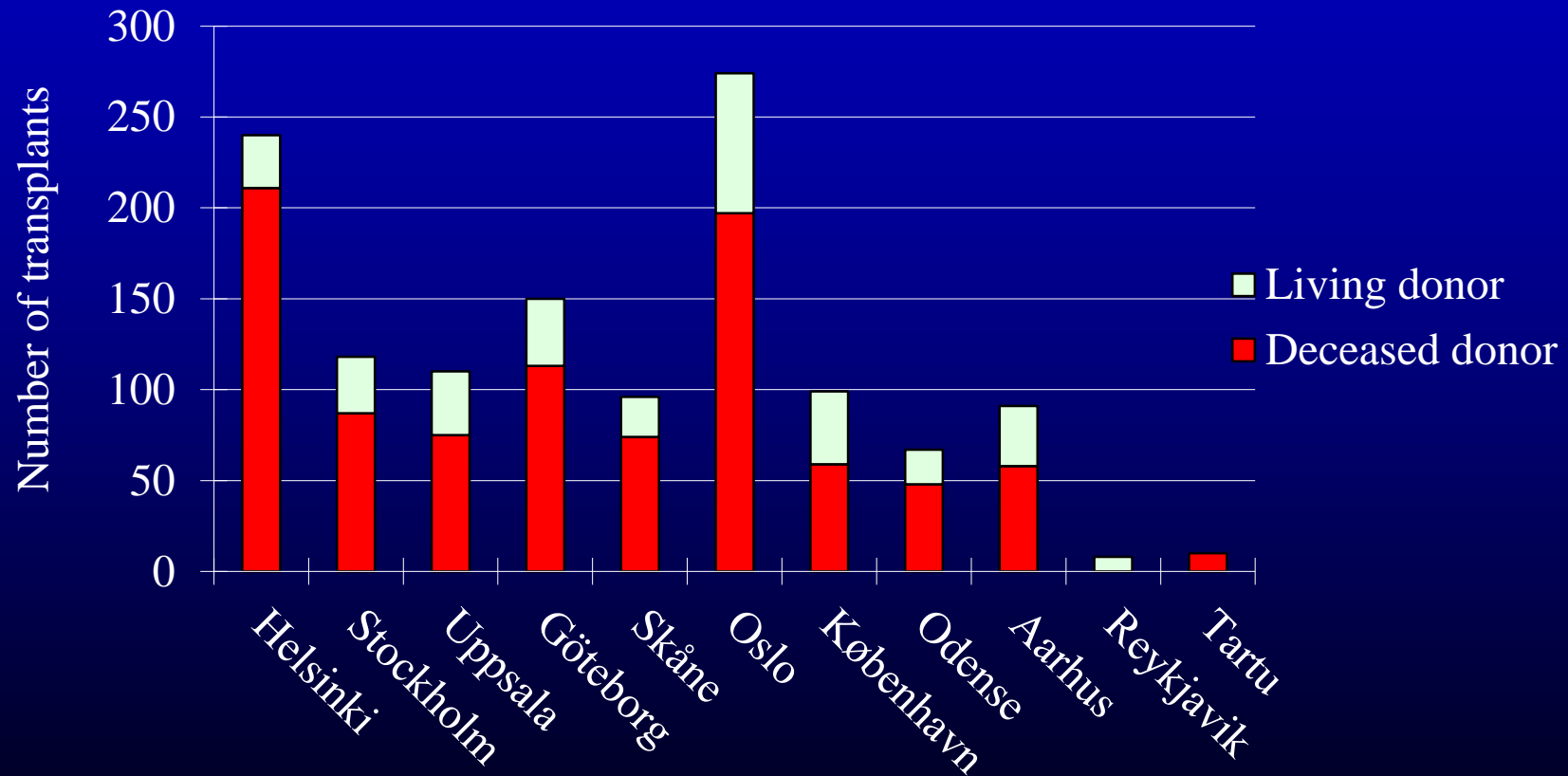


# Kidney exchange rate 1969 - 2017



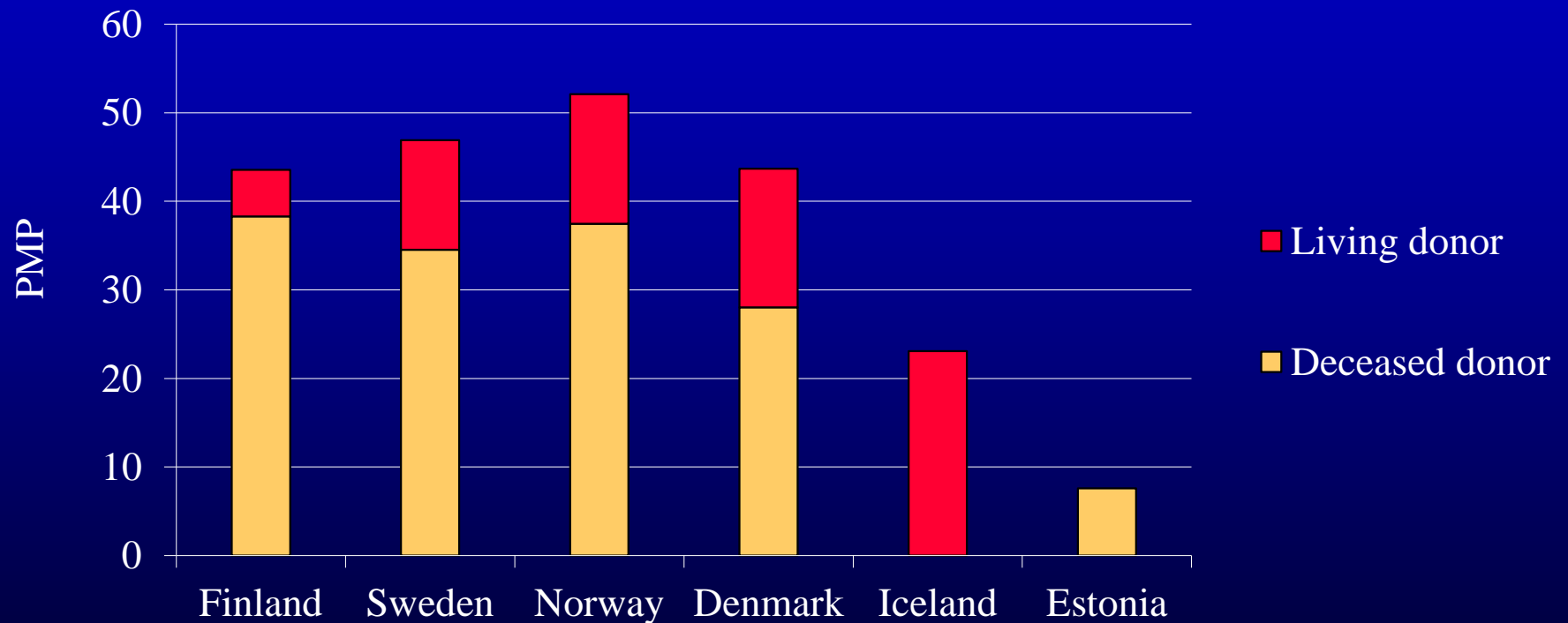


# Kidney Transplantation activity 2017 by centre



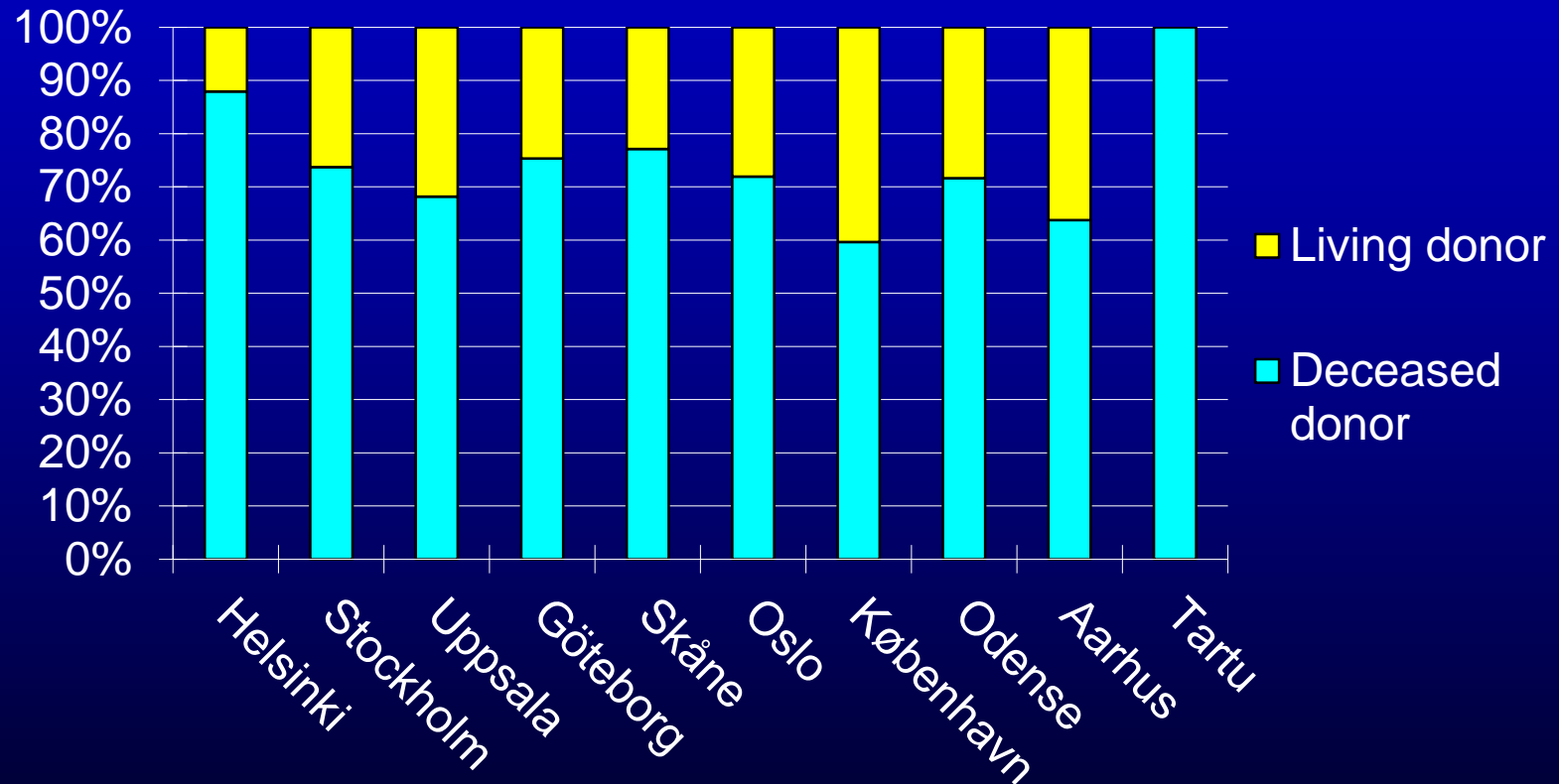
Figures included from Tartu year 2017 starts from October 1<sup>st</sup> 2017

# Kidney Transplantation PMP 2017



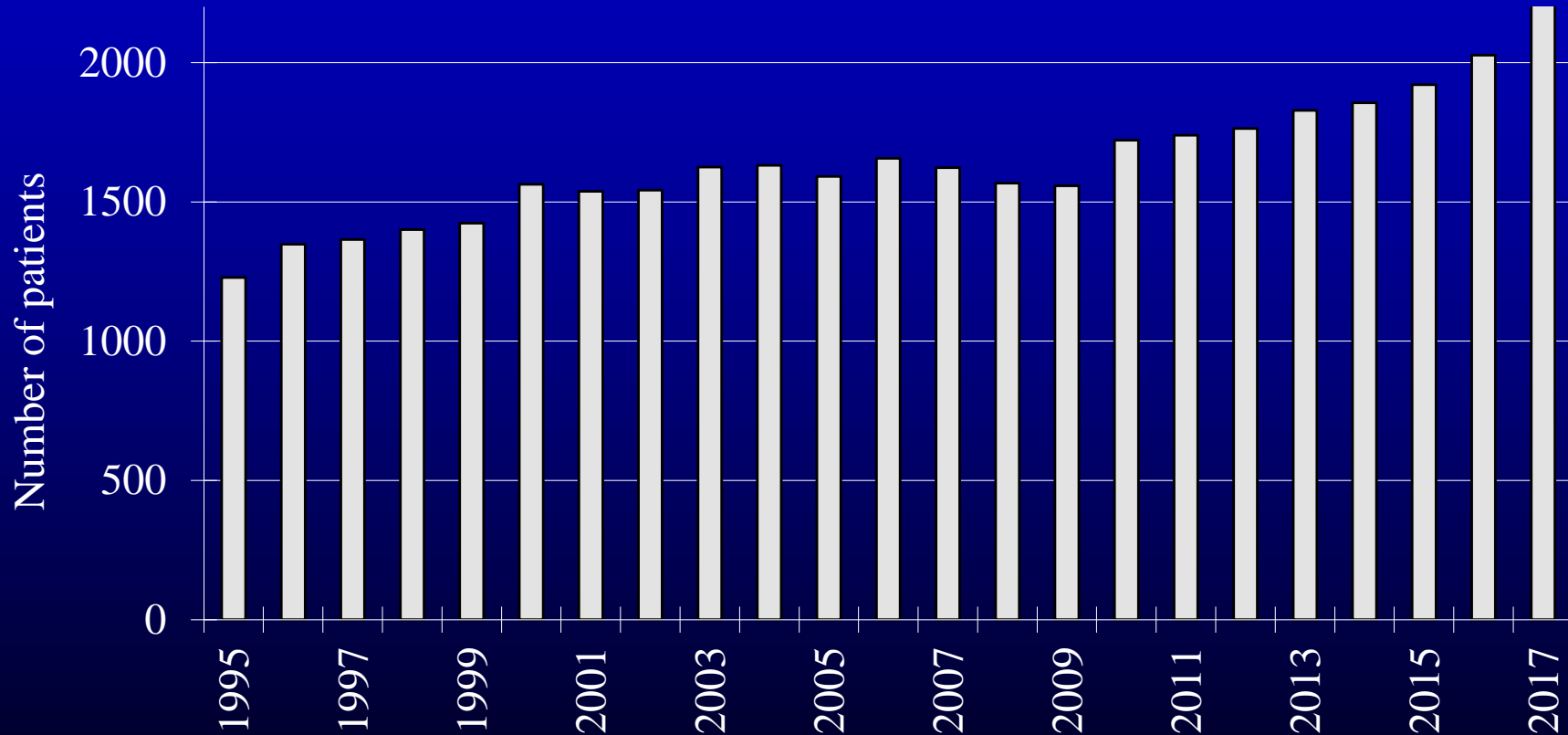
Figures included from Estonia year 2017 starts from October 1st 2017

# Kidney Transplantation 2017



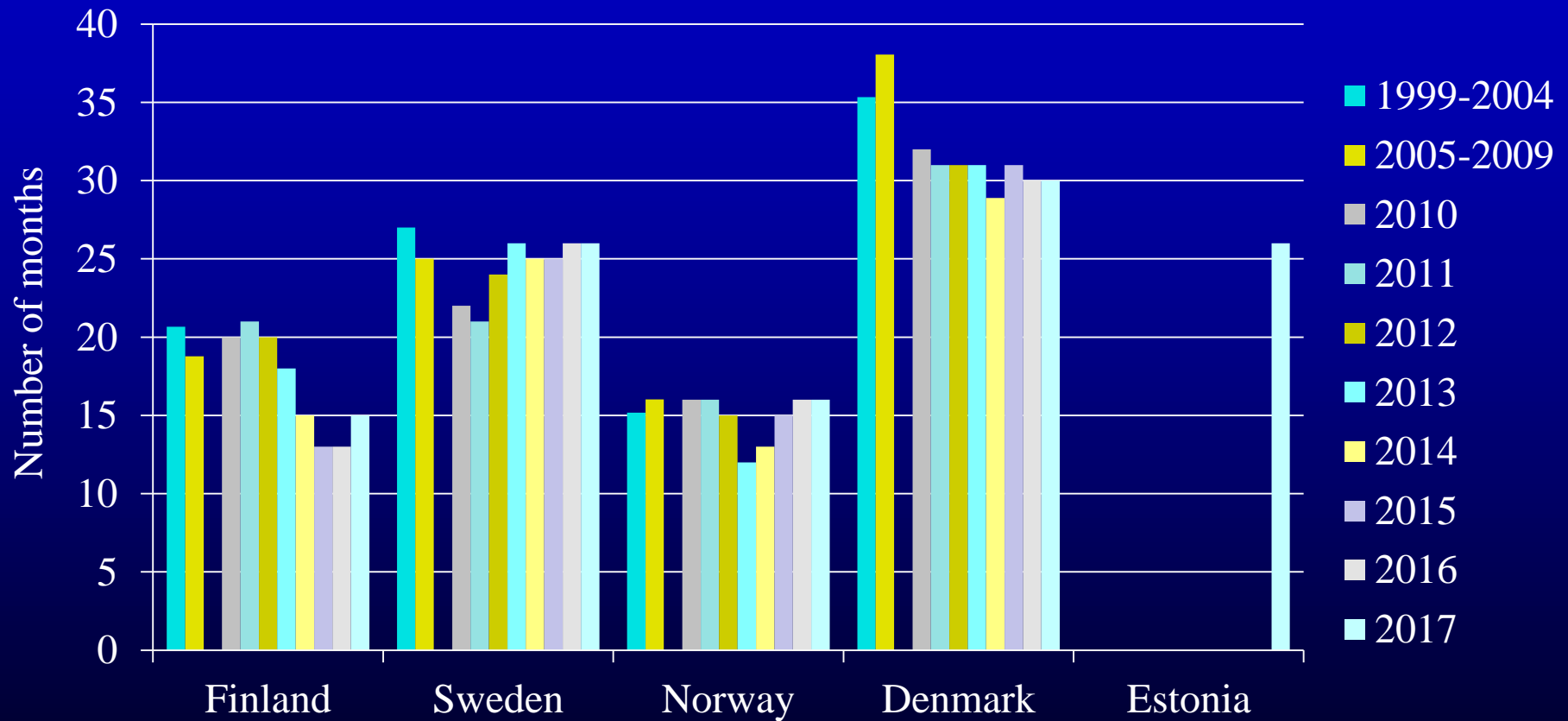
Figures included from Tartu year 2017 starts from October 1st 2017

# Number of patients on the kidney waiting list at the end of the year 1995 - 2017

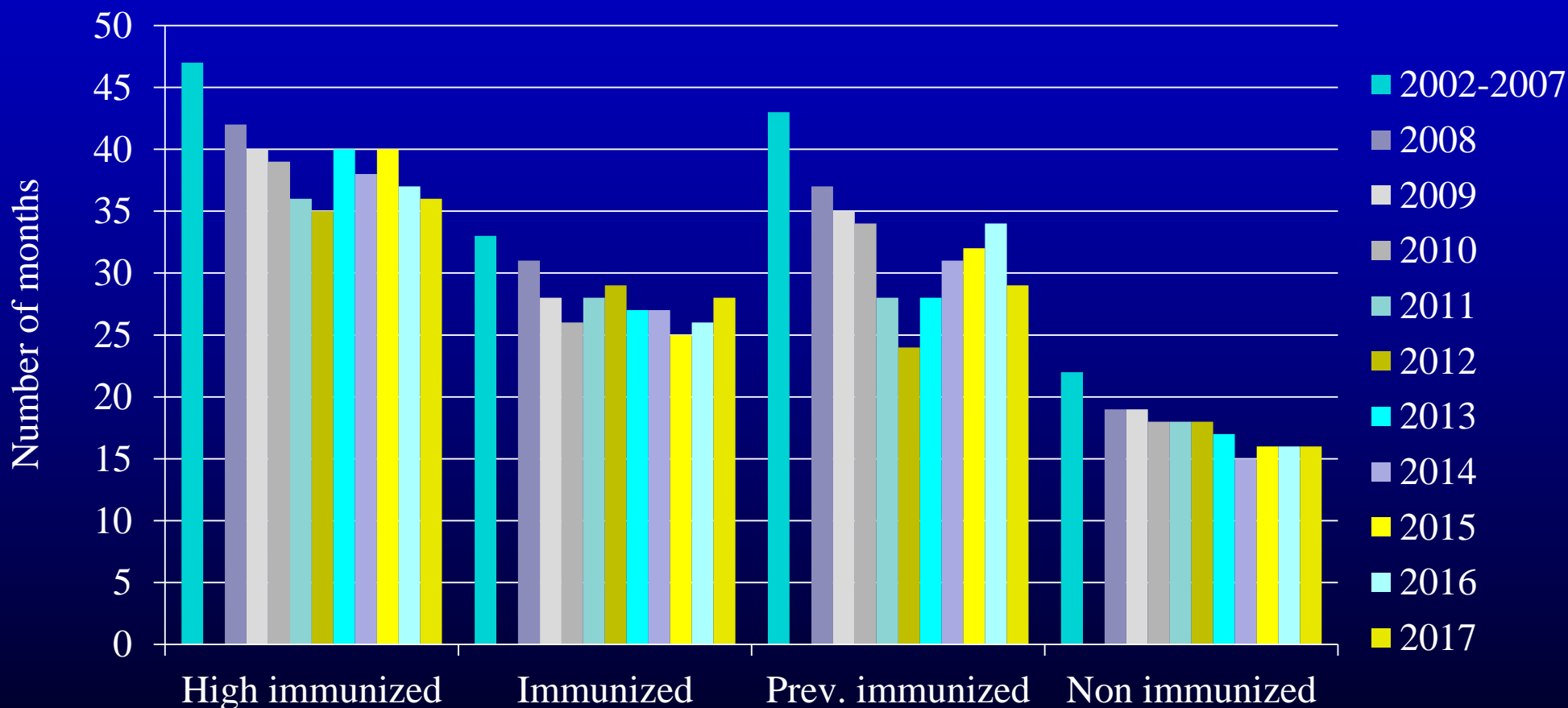


# Average months on kidney waiting list at end of year

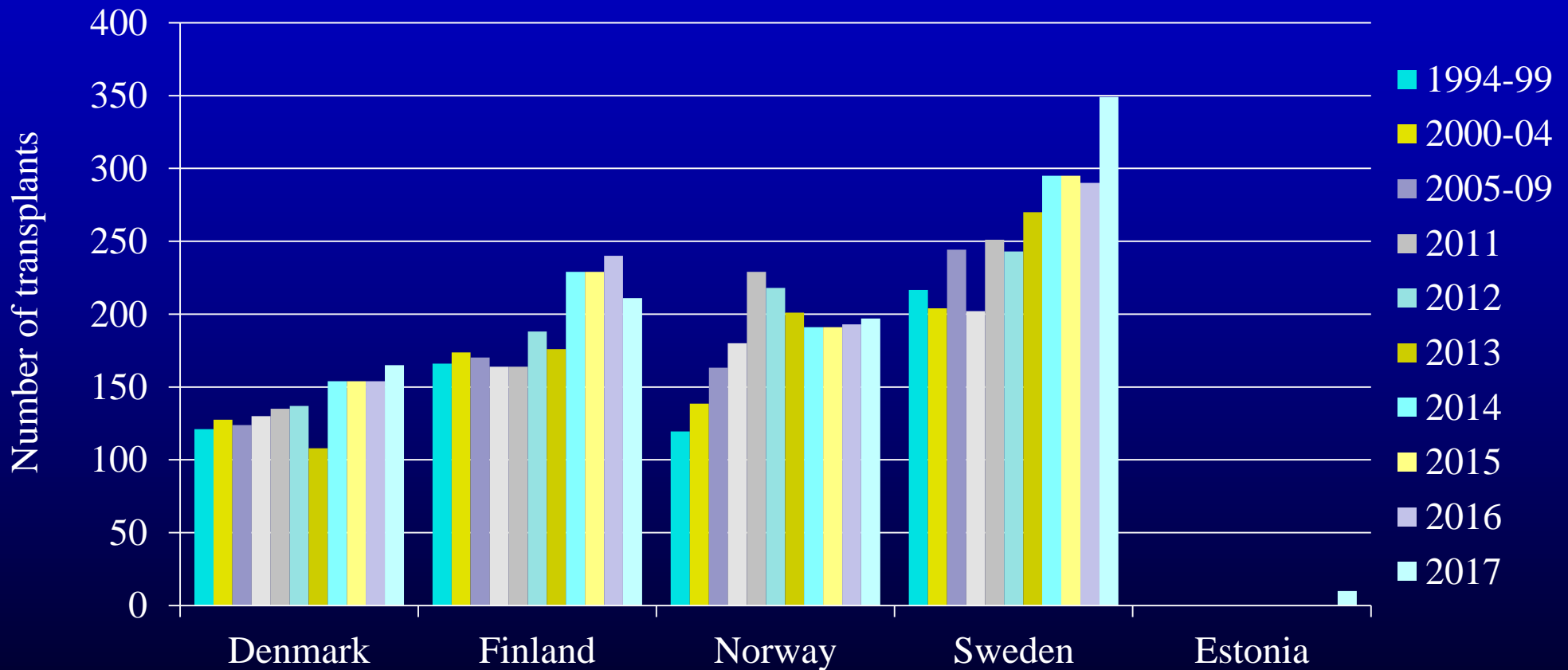
(including patients active and on hold)



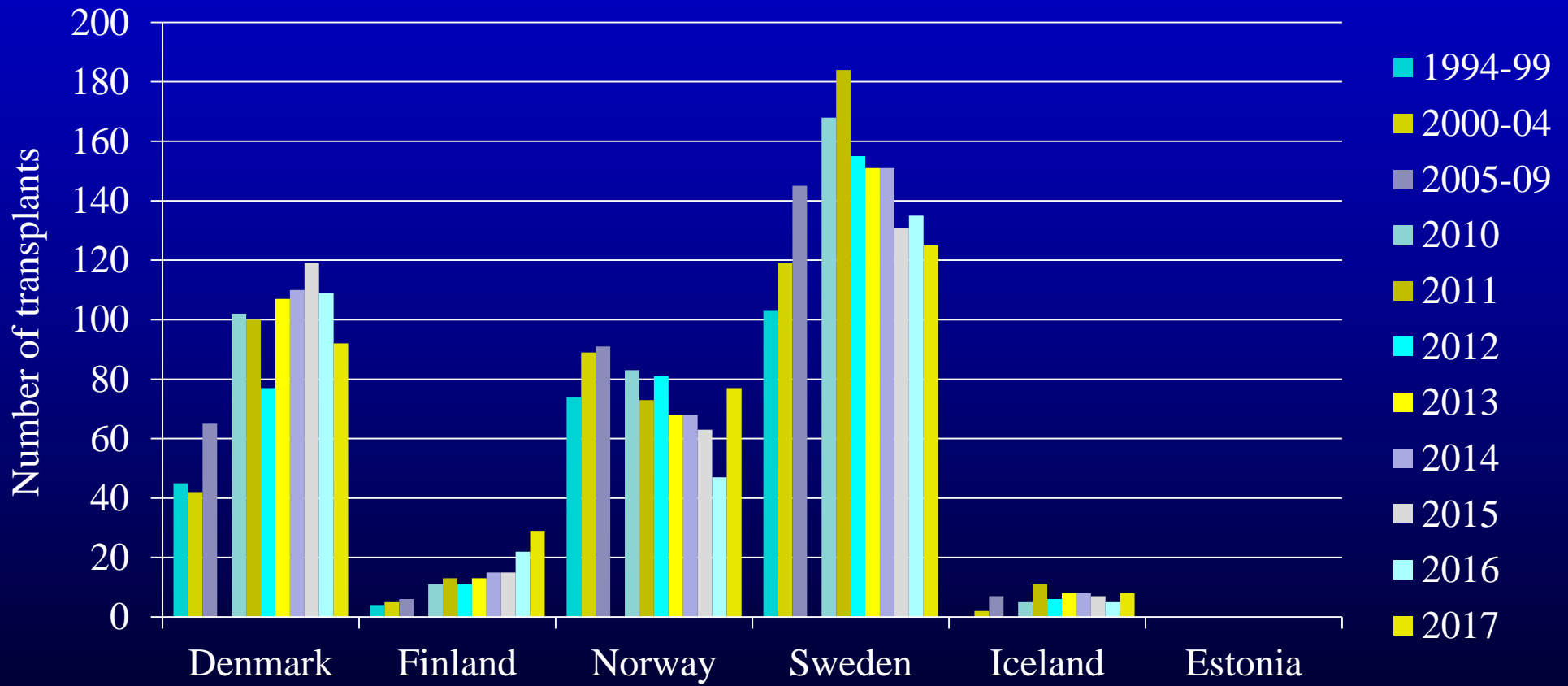
# Average months on kidney waiting list by immunisation status at end year



# Deceased donor kidney transplants 1994 - 2017



Figures included from Estonia year 2017 starts from October 1st 2017



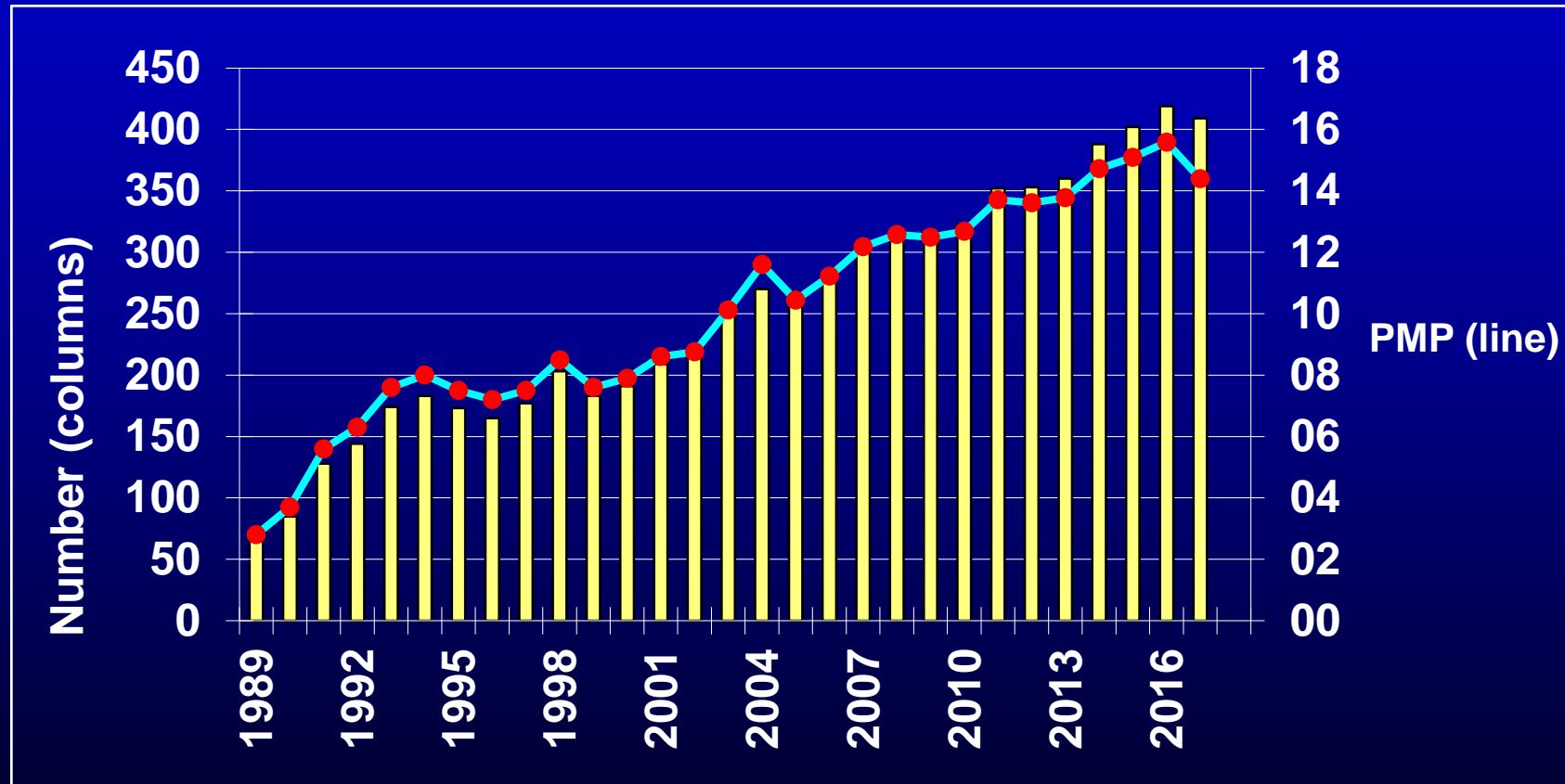


# Kidney exchange obligations

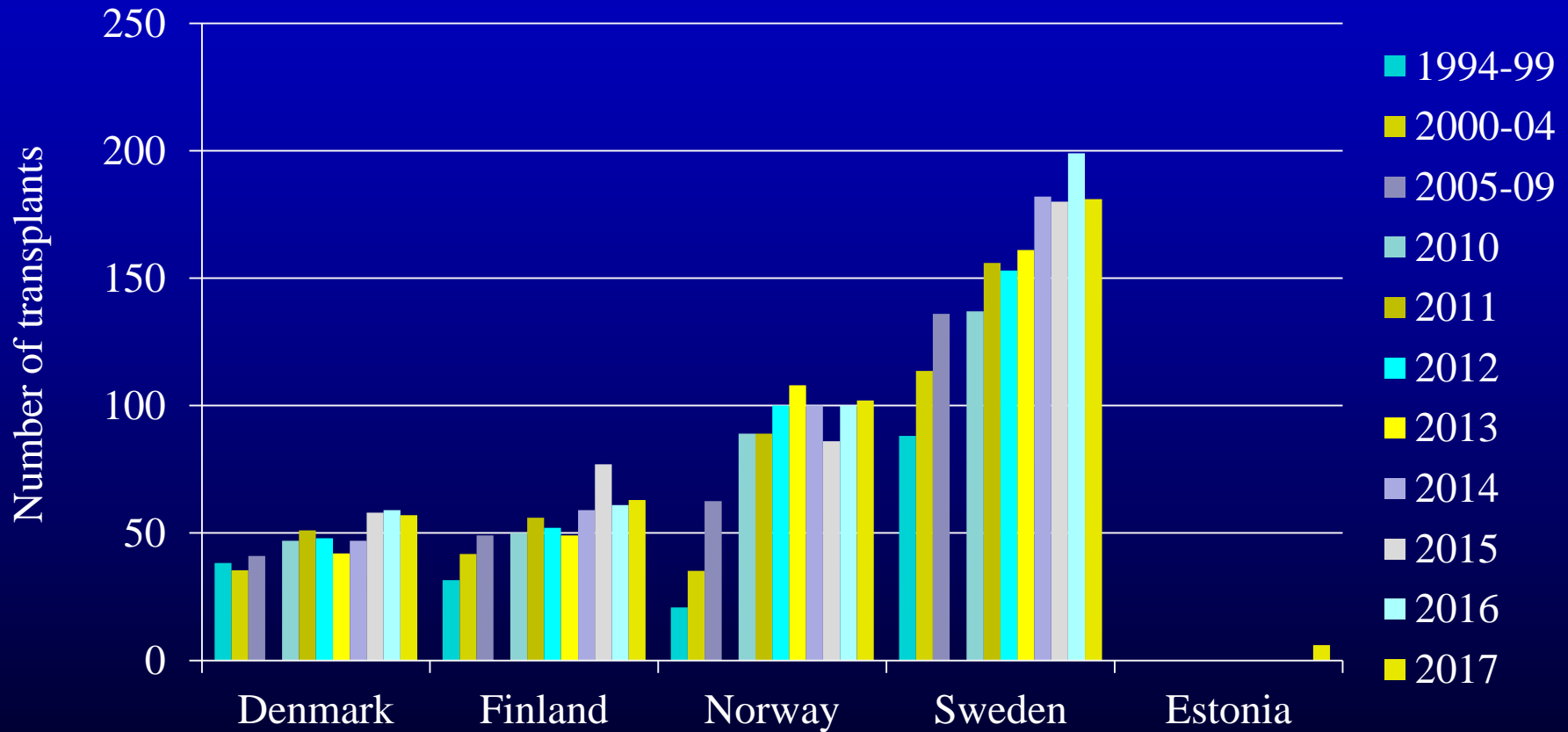
1. Highly immunized ( $\text{PRA} \geq 80\%$ ) patients who are HLA-A, -B, -DR compatible with donor.
2. Patient with STAMP-status when all donor HLA-A, -B, -C -DR, -DQ antigens are either shared with the recipient or are among those defined as acceptable.
3. Immunized patients ( $\text{PRA} \geq 10\%$  but below 80%) who are HLA-A, -B, -DR compatible with donor.
4. If organ donor is <50 years of age, at least one kidney is offered to recipient <16 years of age (counted from time of registration), if there is HLA-DR compatibility and in addition not more than 2 HLA-A,B mismatches.
5. Patients who are HLA-A,-B,-DR compatible with donor unless the proposed recipient is >30 years older than the donor.
  - blood group 0 kidneys to blood group 0 recipients.
  - blood group B kidneys to blood group B recipients.
  - return obligation of a kidney within 6 months.

# Liver Transplantation

# Liver Transplantation 1989 - 2017



# Liver Transplantation 1994-2017



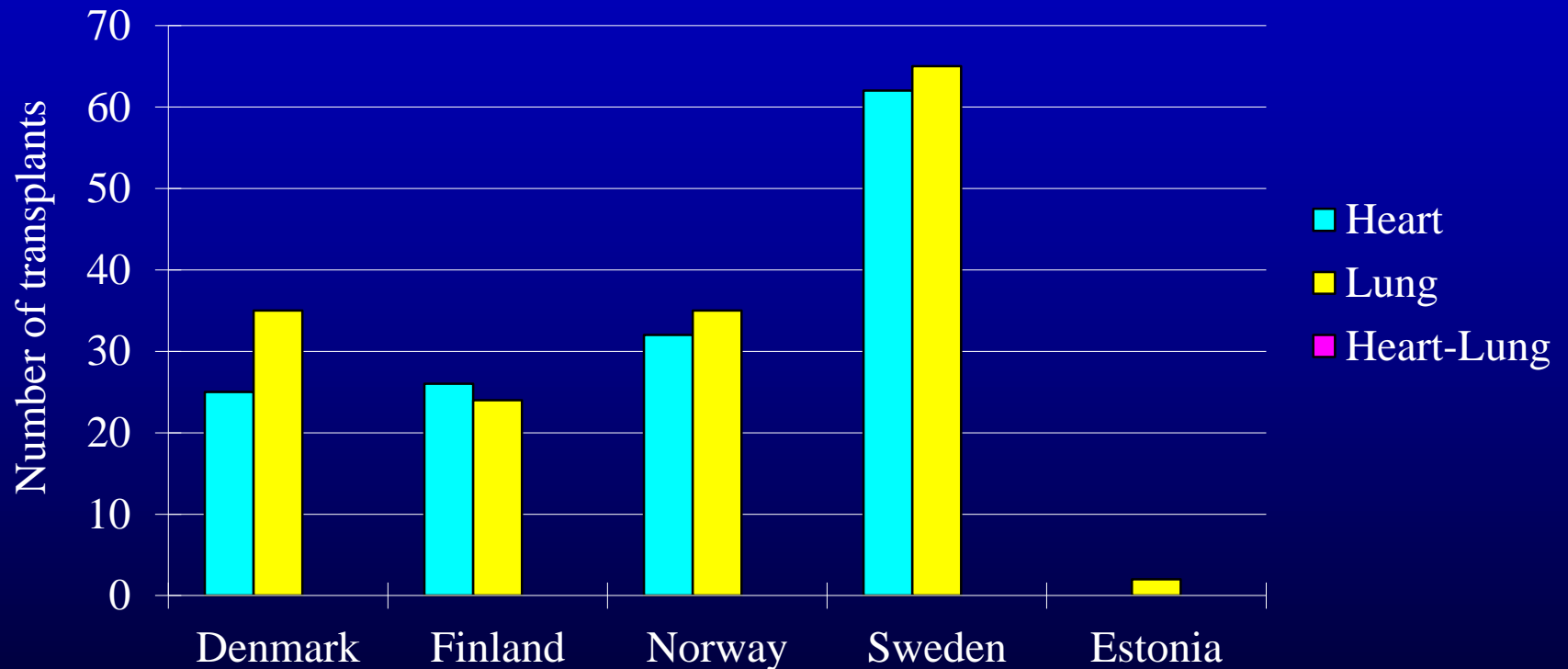
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# Exchange criteria Liver

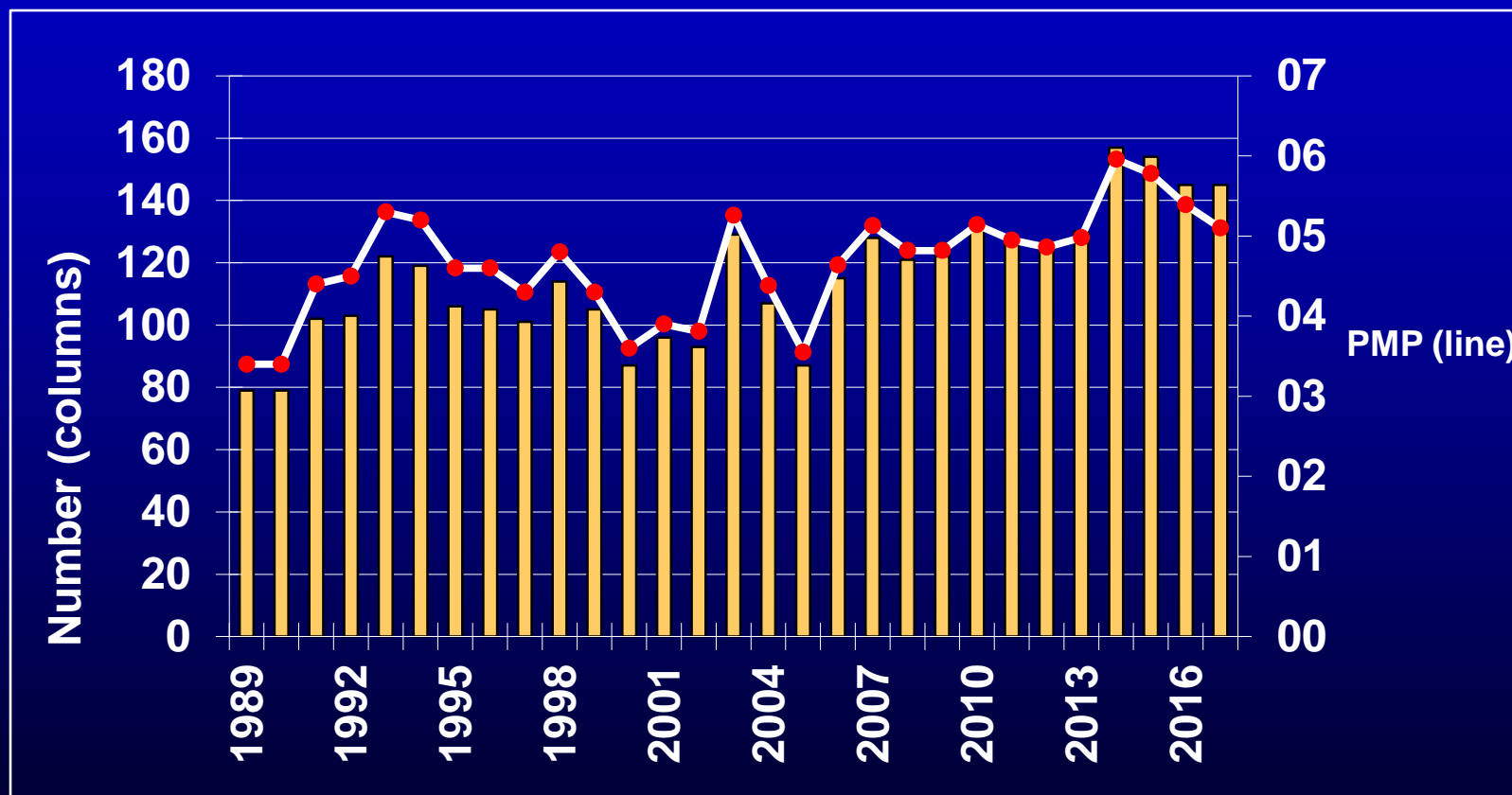
- Exchange obligation to highly urgent patients:
  - acute liver failure
  - acute liver re-transplantation
  - highly urgent patients needs to be transplanted within 72 hours
- Exchange obligation to pediatric (<18 years at entry on liver waiting list) and multivisceral recipients if donor liver fulfils split criteria
  - Return (pay back) liver to donor centre
- Rota system for spare livers

# Thoracic Transplantation

# Thoracic transplantation 2017

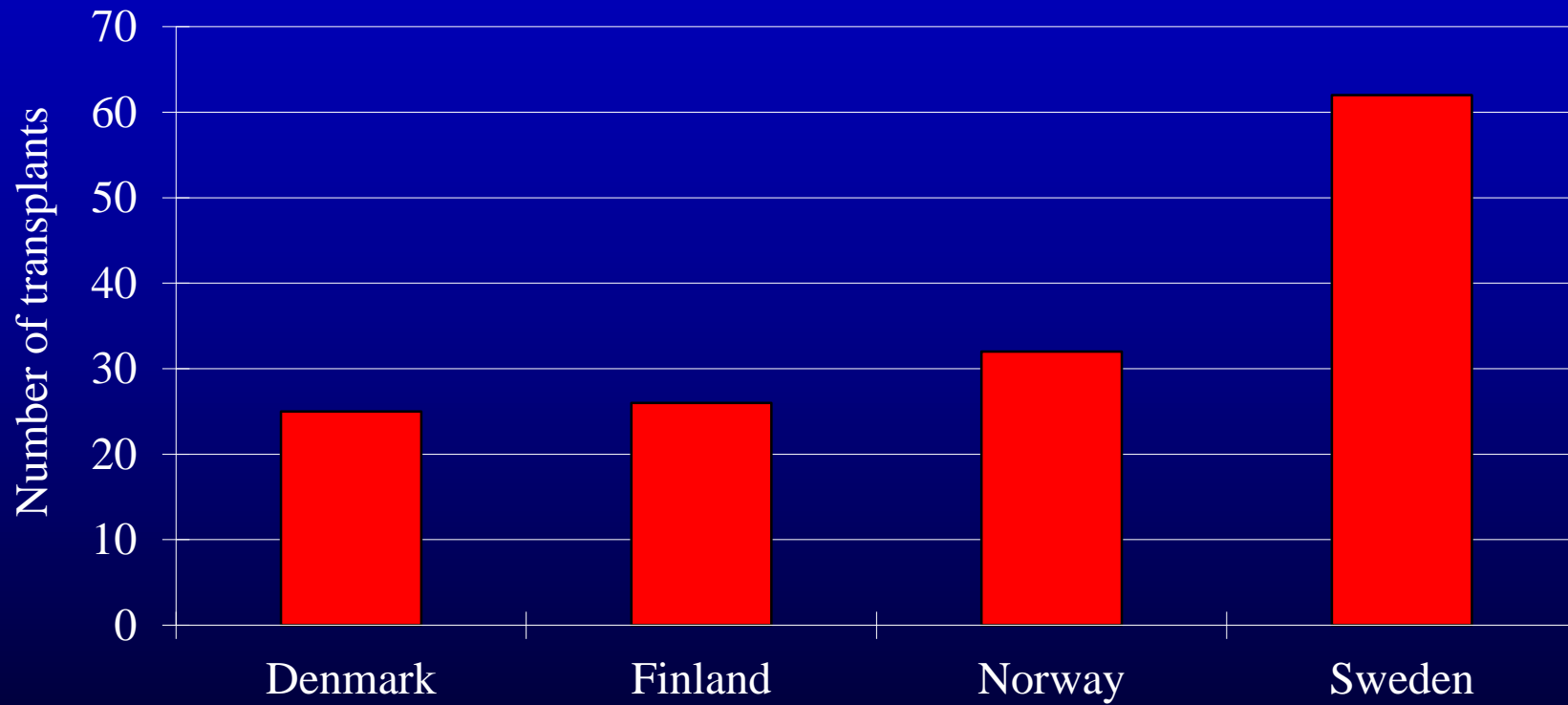


# Heart Transplantation 1989 - 2017

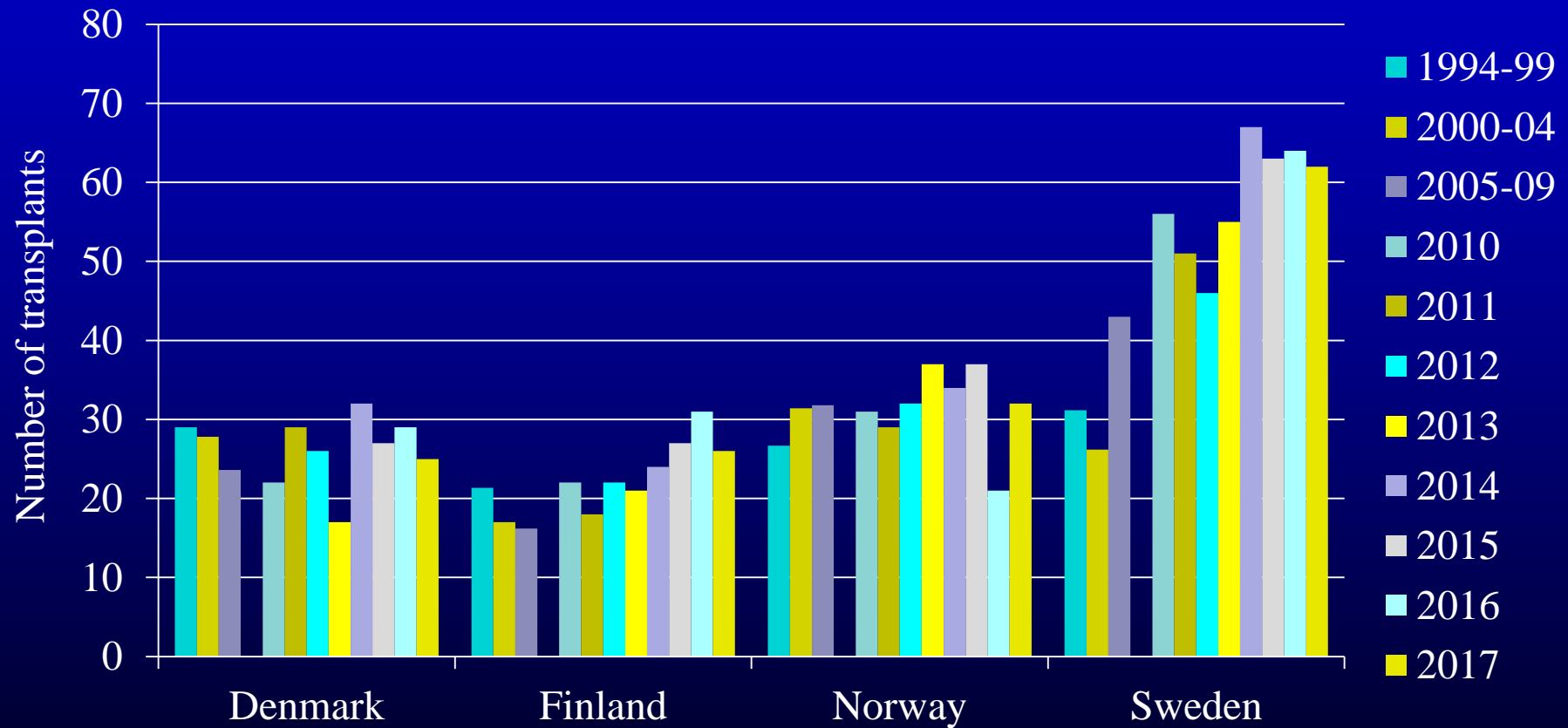




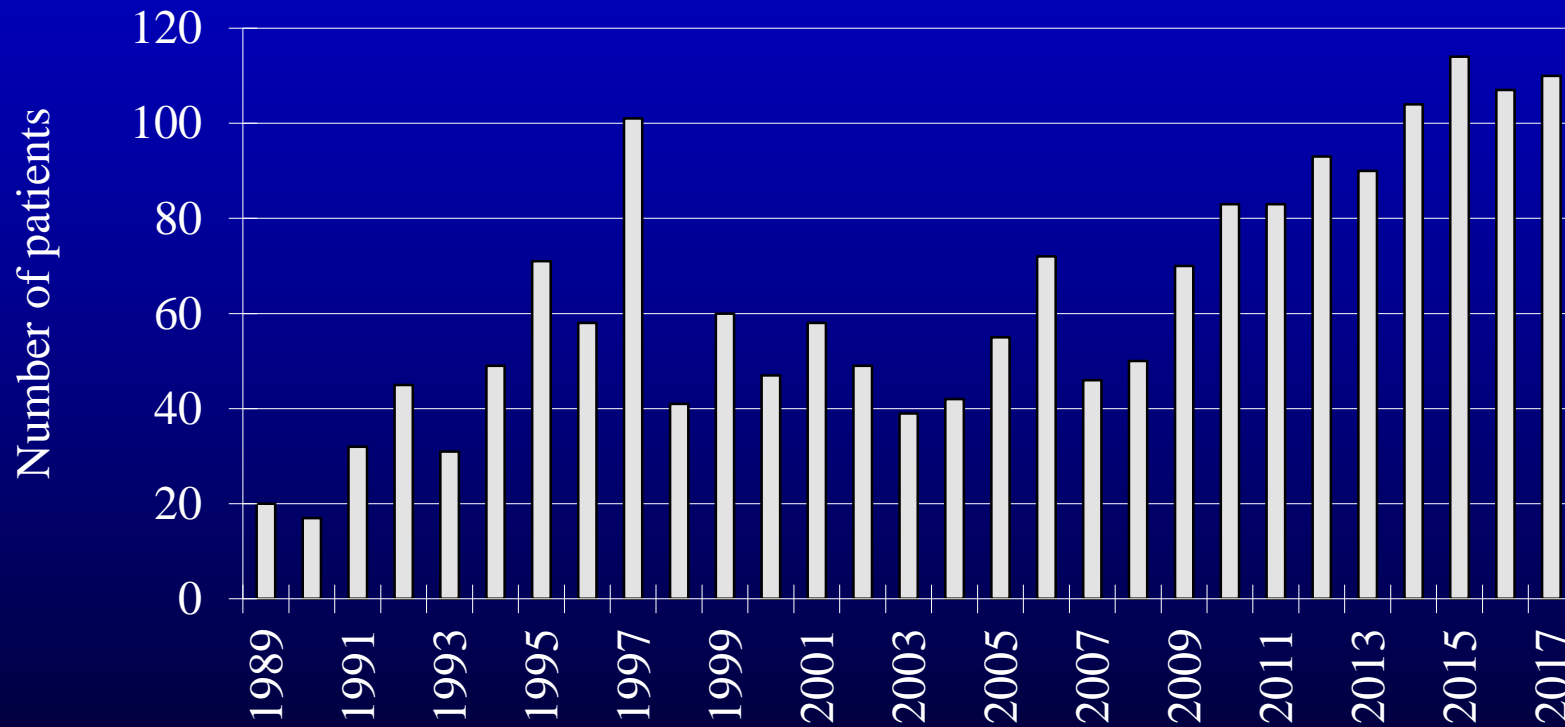
# Heart transplantation 2017



# Heart Transplantation 1994 - 2017



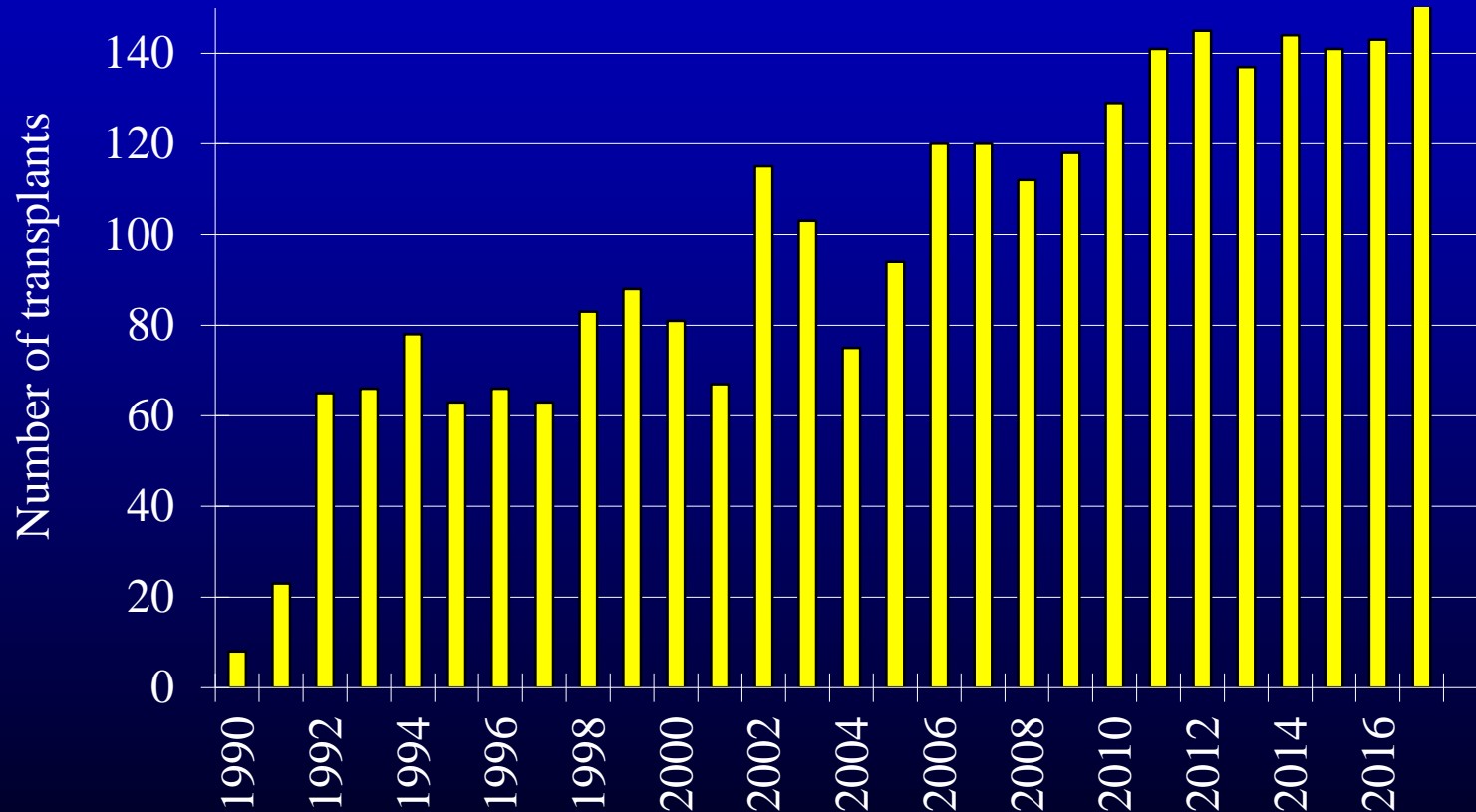
# Number of patients on the heart waiting list at the end of the year 1989 - 2017



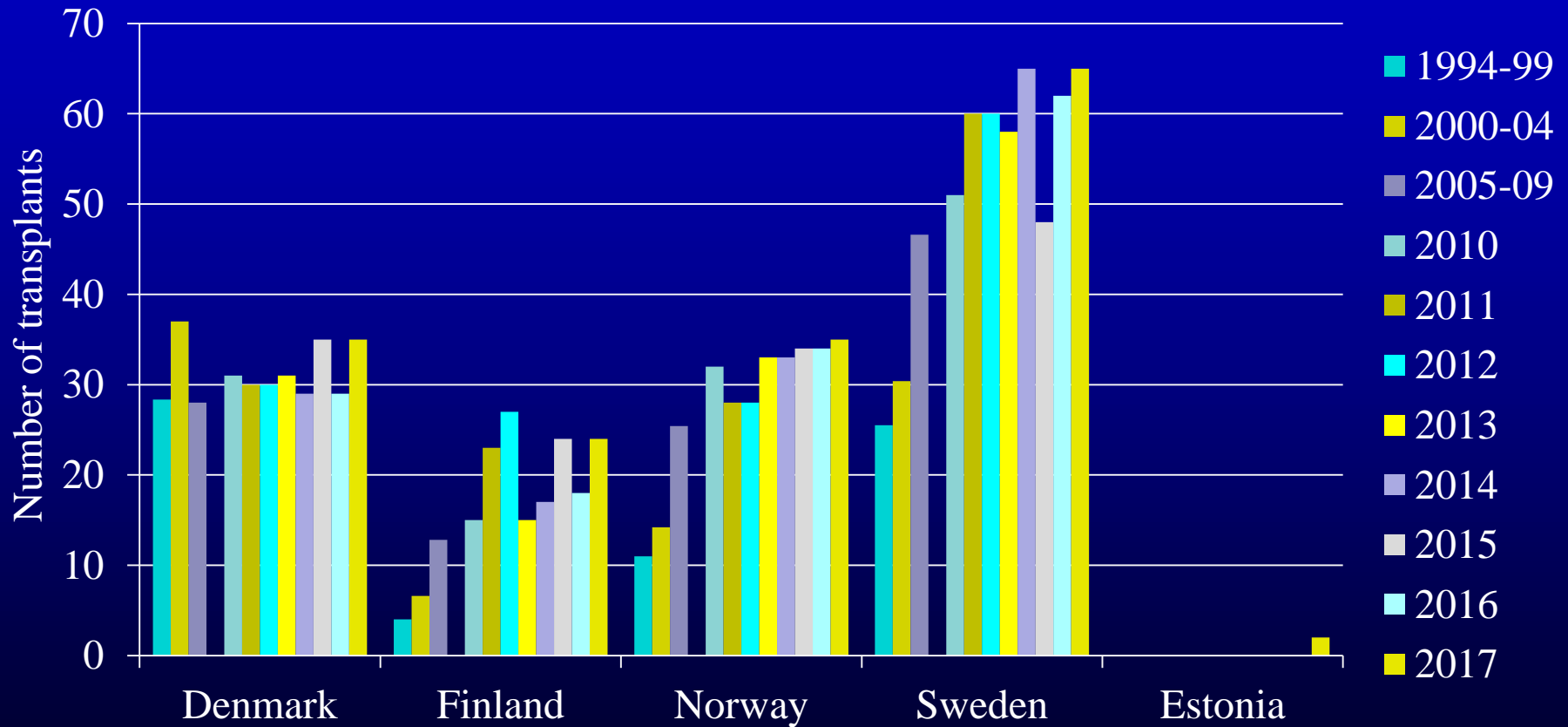
# Exchange criteria Heart

- Exchange obligation to highly urgent patients on waiting list:
  - Patient on short-term assist devices (ECMO, centrifugal pump).
  - Patient on para corporeal or implantable blood pump with device failure or uncontrollable device infection.
  - Patients below 16 years on inotropic support for more than 12 months support on implantable LVAS.
- Rota system for exchange of hearts between countries.

# Lung transplantation including heart-lung

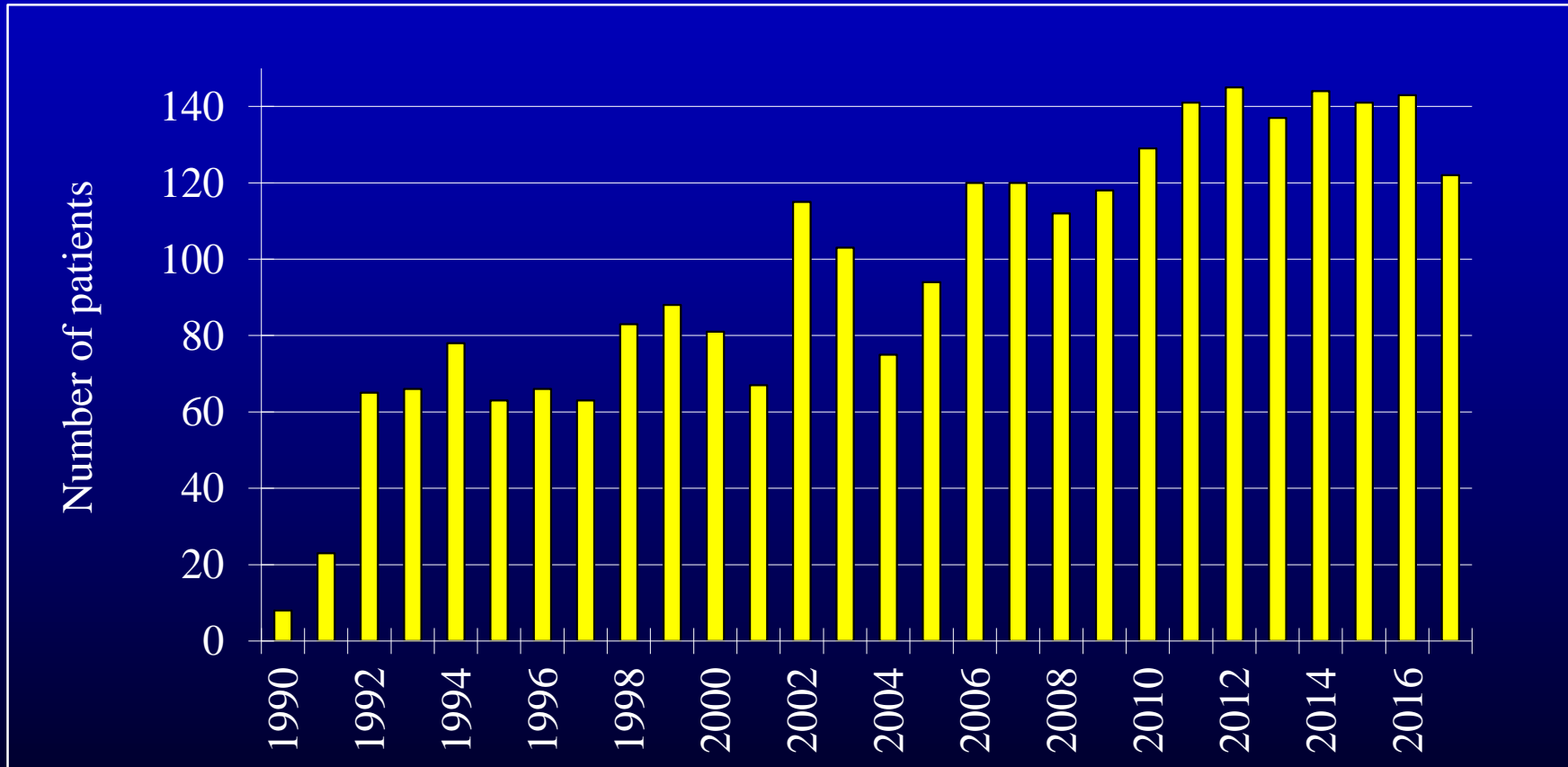


# Lung Transplantation 1994 - 2017



Figures included from Estonia year 2017 starts from October 1st 2017

# Number of patients on the Lung waiting list at the end of the year 1991 – 2017



# Exchange criteria Lung

- Exchange obligation to highly urgent patients on waiting list
  - Priority 0: Patient on extra-corporeal circulatory support (ECMO, Novalung or other device) or ventilatory support\*.
  - Priority 1: Patient with a rapid progression of organ failure with poor prognosis in a short time defined by the responsible centre\*.
- \*max. three patients per centre per year (Tartu one per year).
- Rota system for exchange of lungs between countries.



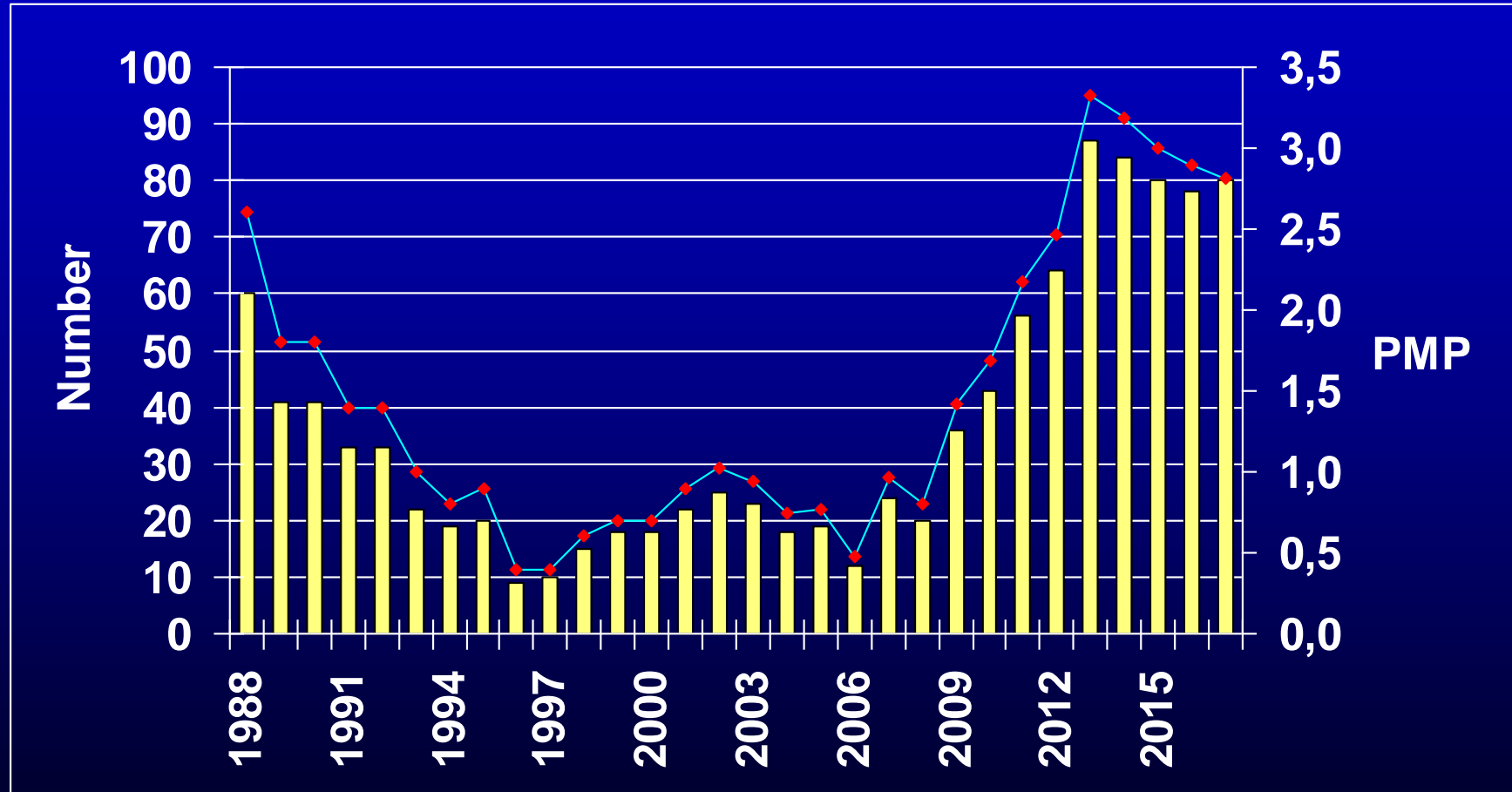
# Pancreas and Islet Transplantation

# Exchange recommendations

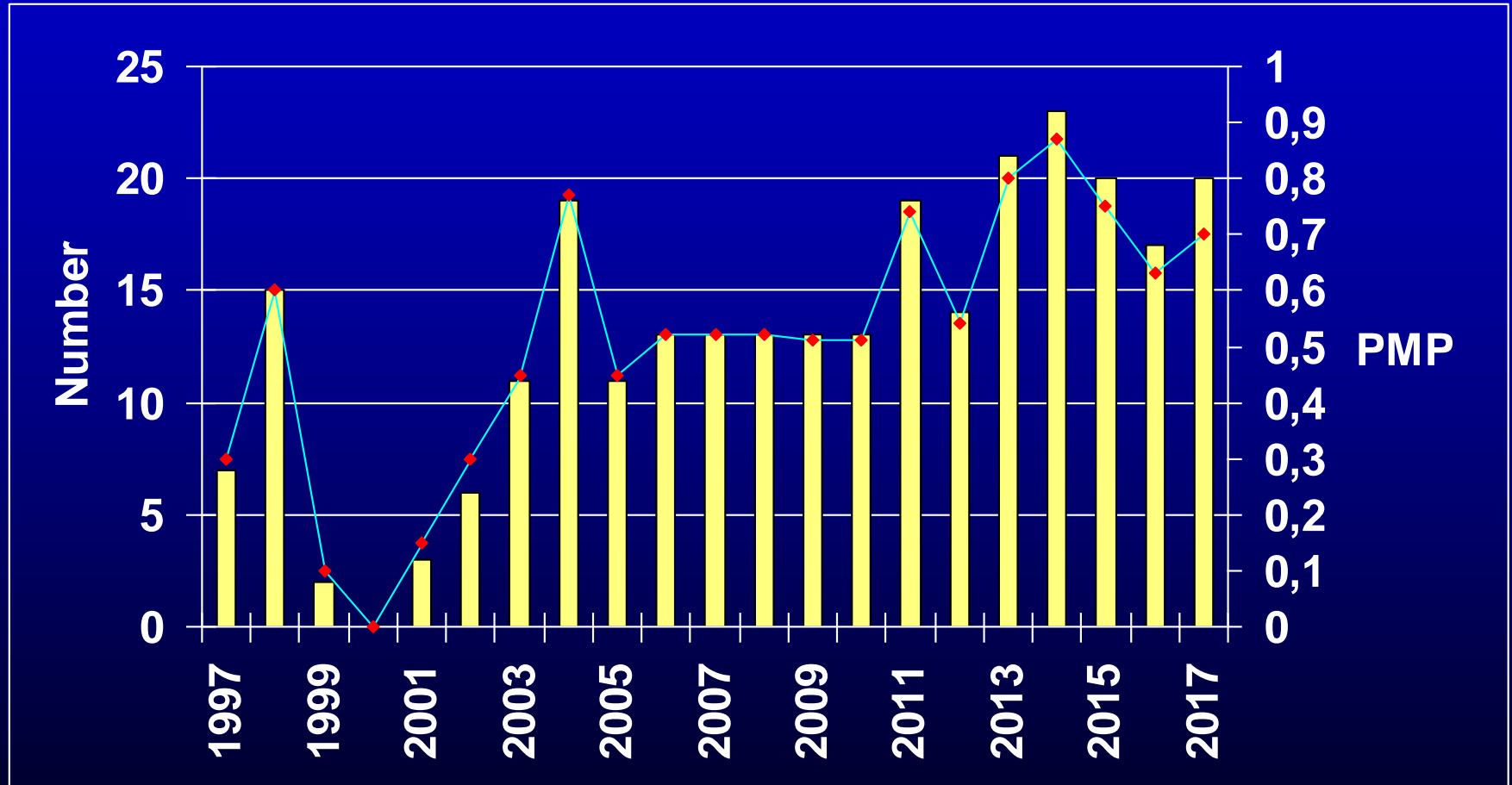
## Pancreas

If there is no suitable recipient in own centre, the pancreas (and kidney if SPK) is recommended to be offered to AB0 compatible recipients in other centres. The centre at the highest position on the rota list accepting the pancreas will receive it and be put last. Shipment of a kidney is only performed if no other kidney exchange obligation with higher priority (as defined by Scandiatriansplant) exists. The receiving centre has the responsibility for the pancreas procurement. The receiving centre has to pay back, as soon as possible, with an AB0 identical kidney of a quality acceptable to the recipient centre. There is no mandatory payback for the pancreas.

# Pancreas Transplantation 1988 – 2017



# Islet Transplantation 1997-2017





**Thank you**