

Nordic Transplant Coordinator Group Meeting

TEAMS November 19th 2024

Minutes:

Participants:

Maria Winding Engmann Copenhagen (chair), Janika Kuus Tartu, Nadine Weidenberg Uppsala, Stella Johansen Odense, Rikke Christensen Aarhus, Carola Schauman and Catharina Yesil Helsinki, Pernilla Händén Gothenburg, Kickan Hansson Malmö, Kine Lindström Oslo, Öystein Jynge and Ylva Andreasson Stockholm, Ilse Duus Weinreich Scandiatransplant

Election of secretary: Nadine Weidenberg

1. Last meeting – Minutes

Still no consideration on how to handle when a center offers two free kidneys. Ulla Cph has participated the NKG-meeting and regarding this matter, we coordinators can decide.

Conclusion: The easiest way to work is to offer both kidneys to the same center but for fairness we decide to use the ROTA-list and export the kidneys to different countries. If it's a big problem with the transport and will result in long ischemia time the offering center is free to decide. Maria or Ulla inform the chair in NKG.

Several countries have HI recipients on the WL for SPK or PAK and we discussed how to increase the possibilities for them to be transplanted. Sending out blood every third month from the HI recipients to the labs in Scandia? Is virtual X-match enough for some centers?

Conclusion: The Organ-groups NKG and/or NTPG should raise the question themselves if they wish for a need of change. We, NTCCG, can only come up with suggestions for improvement measures. The next NTPG meeting will be an online-meeting the 8:th of April. Carola and Maria will participate.

To follow up: fWIT definition in YASWA: Kine will check with Stein if the calculation and definition on fWIT, WIT and agonal time should be changed according to discussion on the meeting in Århus.

2. Round the table

Odense: 6 coordinators since Martine started in September. It has been a busy year so far, both DBD and DCD donors.

Aarhus: 5 coordinators. Busy spring but a calmer autumn. DCD-processes running fine but so far only at the University hospital in Aarhus. Discussions are held to possibly include more hospitals.

Helsinki:

Abdomen - 6 coordinators now. Eero has just retired. A lot of both DBD and DCD donors. Will hopefully start with NRP in the spring 2025.

Thorax – 4 coordinators. Not so many hearts and lung transplantations this year as last year.

Gothenburg: 8 coordinators, Sofia is the last in. They have had lower amounts of donors comparing with last year.

Malmö: 5 coordinators now. Same number of donors as last year but not so many DCD-donors. Have had their first own DCD-donor with NRP. Before they have always Gothenburg helping them. Everything went fine!

Oslo: 8 coordinators at the moment but much is happening in the group, Stein retires in December, Per-Arne and Ingebjörg next year. Eva is a new coordinator since June and Mette starts in December.

Tartu: 4 coordinators. A quite calm year. Nothing new to tell about the DCD-program.

OFO Stockholm: 6 coordinators. Öystein will be more administrative in February next year and will only be on-call "if needed".

OFO Uppsala: 5 coordinators. Nadine works part time at ICU.

OFO have had less DBD-donors comparing to last year but that was also an extremely good year from a donation point of view. Number of DCD-donors as before.

Copenhagen: 5 coordinators. Mette retired in September, Lisbeth new colleague since September. A lot of work this year, both DBD and DCD. 12 DCD-processes since January, only at RH Cph. No other DCD-hospitals. Do NPR and take care och Liver, Kidneys and Lungs.

Scandiatransplant: A new secretary who works 3 days a week. If questions regarding YASWA always send an email to Ilse and/or Anne. Stable working group. Ilse goes to university twice a week this term but next term only for once a week.

3. Status on uploading DICOM files in YASWA.

The following centers can currently upload files in YASWA – Malmö, Gothenburg, Oslo, Aarhus and Helsinki. Some centers download the entire survey others download selected series. Most of the other centers is close to succeeding.

4. Translation of CT/X-rays descriptions in YASWA.

In Oslo the coordinator-group have discussed the possible need for translation of documents before downloading them into YASWA. Difficult to understand the Finnish and Estonian language. The proposal to ask the radiologist to answer the examination results in English is not seen as an alternative. It`s sometimes difficult to motivate them to answer in their own language, a lot of questions and the CT-scan often takes place during on-call hour.

ScandiTransplant have discussed if YASWA can help us with the translation but decided that they do not want to take that responsibility with the risk of errors in the translation.

Conclusion: The most important thing is that all centers get the uploading of DICOM files into YASWA working asap. Then the surgeons can look at the pictures themselves. We agree the offering center must inform about any deviations and, if possible, translate the written report in English. The receiving center can translate the text by themselves, but Google translate is not a recommended tool to be used. AI perplexity is an app that is better and can be downloaded.

5. Mandatory data in YASWA before sending out offers.

Different how much we use YASWA today. Some centers have other documentation systems too and prioritize only YASWA the most when organs are to be offered. Which parameters are important to fill in before the organ-offer is sent out? Ilse has emailed out lists to all organ groups in Scandia to let them fill in which parameters that are most important for just their organ. More information to come.

6. Is there a need to review/ instruction all functions in YASWA.

We are in a different states of knowledge regarding YASWA. How is information disseminated most effectively? During the meeting someone wonder if instruction videos can be of any use? Ilse and her colleagues have thought of this before and concluded that videos are difficult to record because many people have different knowledge gaps. Also difficult to keep the movies updated. Maybe a teaching meeting on-line for coordinators and surgeons?

Conclusion: Ilse takes the question with her to the office and feedback to us this spring 2025.

7. New deceased organ form

Ilse admits that the work with the form often has been a real challenge. Many different thoughts from the coordinator group.

Not all center using the form. **A reminder to use it as often as possible.** Next update January 2025, maybe a compress of the form down to one page can be done until then. That's a wish from many of us.

8. Notification on national priority.

SMS notifications of all organs to the coordinators inside Sweden and Denmark.

Next meeting – Maria will send out a Doodle.