

Protocol for the  
Nordic Pancreas and Islet Transplant Group (NπTG) meeting at  
Clarion Hotel, Arlanda  
October 10th 2017

1. Bengt Gustafsson opened the meeting
2. The agenda was presented and approved.
3. Bengt Gustafsson was elected chairman and Niclas Kvarnström secretary for the meeting.
4. The list of e-mail addresses of the participants was updated.
5. Minutes from the last meeting (March 28, 2017) was presented.
6. Updates of activities (available on the website of Scandia Transplant)

Oslo reports their experience with biopsy from transplanted pancreata, where they only found 30% concordance with the histology from the adjacent duodenum.

Stockholm reported a rare complication on a recipient who developed spinal infarction.

Tartu has started their program with the help from the teams from Oslo and Helsinki and have performed their first cases.

Malmö performed an autotransplantation on islets derived from a pancreas which was removed due to trauma. The islets were deposited into the muscle of an arm.

7. The current waiting list was presented. Overall the situation is about the same as last year with the exception of Oslo (no waiting list).
8. The allocation and exchange during 2017 was presented; 49/127 of the potential pancreata suitable for transplantation were not used with a cause (1<sup>st</sup> rule). 108 multi organ donors were above 65 years (3<sup>rd</sup> rule) but the pancreata may have been suitable for islets. It is advised to call the Rudbeck laboratory in these cases.

Furthermore, it is recommended to offer a kidney with a pancreas to other centers. The kidney should then be paid back as soon as possible.

9. There were 11 cases of exchange of pancreata between the centres but the rotation system has not worked as anticipated. There is a general agreement on rotation of whole organ pancreas (see previous protocols). There are currently no general rule on the rotation of pancreas for islets. This has to be further discussed.
10. It was agreed upon a common Nordic immunosuppressive protocol, in short:

Level of Tac 2 weeks -> 3 months	6-12
Induction with methylprednisolone	250-750 mg
Prednisolon daily doses during the first week	20-200 mg
Antibiotics prophylaxis (pip-taz or eq.)	0-4 days
Antifungal prophylaxis	0-7 days
CMV prophylaxis	3-6 months
Anticoagulation	LMWH/heparin during first hospital stay

11. Report from the Nordic Islet Registry (NIR). A total of 356 islet transplantations on 143 recipients is in the registry. There are missing data from all centres. An update is encouraged .

12. Torbjörn Lundgren and Olle Korsgren presented approved (future) studies:

Study on auto Tregs with islets.

Visualisation study on GIP.

Adding Ca<sup>2+</sup> in the process of refinement of islets (enzyme facilitation)

Attaching elastin to islet surface in order to prevent antigen detection of the transplanted islets –a clinical study expected in two years.

Other future study perspectives: Simultaneous islet and kidney in patients outside SPK criteria's. Auto tx of islets on pancreas cancer patients.

13. The forming of a 'stem cell group' within the field of pancreas transplantation and diabetes led by Torbjörn Lundgren and Trond Jenssen was approved.

14. The pancreas registry was discussed. Bengt Gustafsson will present a new (short?) list of parameters to the members of NπTG for approval and a final list of will be presented at the next meeting.

15. Other topics: It is recommended to measure HbA1c on all potential pancreas donors. Cut-off level 6,5.

16. Next meeting: 10<sup>th</sup> of april 2018 at Clarion Arlanda.

Niclas Kvarnström

Secretary

Bengt Gustafsson

Chairman