Nordic Pancreas Group, Scandiatransplant 2nd Semi-annual meeting

Present Lars Bäckman, Uppsala Aksel Foss, Oslo, Rune Holmastrand, Oslo Ragnar Källén, Malmö Sören Schwartz Sörensen, Copenhagen Allan Rasmussen, Copenhagen Marko Lempinen, Helsinki Torbjörn Lundgren, Stockholm Johan Nordström, Stockholm Bengt Gustafsson, Göteborg

Agenda

1). Dr Bäckman opened meeting as chairman

2). Dr Nordström was elected as secretary for the meeting

3). The minutes from the previous meeting Feb 6, 2013 were approved

4). Report on pancreas transplant activities 2013

PTX: Uppsala: 9 Oslo 31 Stockholm 5 Helsinki 8 Göteborg 8 Malmö-region send their patients to Uppsala

Copenhagen plans to start soon.

5). Pancreas exchange – mandatory payback?

Agreement that all pancreases should be utilized. If sent to other center together with kidney, kidney will be pay-back as usual. No pay-back for pancreas but this may change if/when the number of shipped pancreases will increase.

6). Pediatric pancreas donors.

In Uppsala a 2 w old-donor used with good results, this is going to be published. Suggestion : Common statement from Group about acceptable pancreas donors. See pt 9.

7). Estonia. Estonia is not member of Scandiatransplant. Scandiatransplant accepts free organs from Estonia. 2 donors recently, involved Scandiatransplant-centers experienced excellent cooperation onsite in Estonia.

8). Report Oslo.

Surgical aspects: Enteroanastomosis to recipient duodenum. Handsewn. 39 procedures/1 year. SPK 19/20. Mean age 43. Reop 43.5% 17/39. 6 thrombosis 3 graftectomies 3 thrombectomies (interventional angio).

Diagnostics Ultrasonography + contrast day 1 + when clinically relevant, low threshold for repeated exam. 6 bleeding->reop. 1 lymphocele retrocolic. Midline laparotomy, retroperitoneally, caval vein anastomosis.

Transduodenal EUS- pancreasbiopsies + duodenal biopsies. Low grade correlation between pancreas and duodenum.

Rejection 5/36 Results: 35/39 90% graft survival Patient survival 38/39 (97%). Viral encephalitis DWFG.

Pancreatic fistula – treatment with duodenal stenting.

4 September 2013 Copenhagen

9). Donor age < no lower limit >60 . BMI <30

Discussion Islet: No competition. Lars Bäckman will write suggestion statement from group.

10). I/S protocol.

Overall similar. All except Uppsala using Thymoglobulin as induction. Uppsala uses Simulect. Discussion about homogenization of protocols. Discussion about cortisone dosing and tapering.

11). Discussion: Gastroparesis. Primperan. Gastro-Pacemaker?

12). DSA Disscusion: Not TX against DSA.

13). Next meeting will be 11 March 2014 In Copenhagen. On the agenda will be a common protocol for follow-up.

Written by: Johan Nordström

Checked by: Lars Bäckman