

Nordic Pancreas and Islet Transplant group

Date: March 28th 2017

Location: Clarion Hotel, Arlanda, Sweden



Participants:

Marko Lempinen (Surgeon, Helsinki), Allan Rasmusen (Surgeon, Copenhagen), Bengt Gustafsson (Surgeon, Göteborg), Paul Krohn (surgeon, Copenhagen), Christina Andréasson (Tx coordinator, Uppsala), Helena Pollard (Malmö), Trond Geir Jensen (nephrology, Oslo), Shinji Yamamoto (surgeon, Uppsala), Bo-Göran Ericzon (chairman Scandiatransplant), Torbjörn Lundgren (Surgeon, Stockholm), Amir Sedigh (surgeon, Stockholm), Bengt von Zur-Mühlen (nephrologist, Uppsala), Håkon Haugae (anesthesiology, Oslo), Einar Martin Aandahl (Surgeon, Oslo), Rune Horneland (surgeon, Oslo), Karin Fransson (research nurse, Stockholm), Karin Linderståhl (research nurse, Stockholm), Marie Felldin (nephrology, Gothenburg), Johan Nordström (surgeon, Stockholm), Anna Högvall (research nurse, Uppsala), Maria Svenaeus Lundgren (research nurse, Uppsala), Frank Pedersen (Scandiatransplant).

1. Opening of the meeting

Frank Pedersen welcomed all to Arlanda.

2. Election of chairman for the meeting

Bengt Gustafsson was elected chairman.

3. Election of secretary for the meeting

Bengt von Zur-Mühlen was elected secretary.

4. Approval of the agenda

The agenda was approved after adding discussion of the guidelines

5. Update of the e-mail list

Frank Pedersen has updated the e-mail list.

6. Minutes from last meeting 27th October 2016

All minutes are available on Scandiatransplants homepage. The guidelines with pancreas exchange recommendations, rather than rules, will be discussed at today meeting.

7. Update of activities

In total 3 islets and 22 pancreas until 28th March 2017. The activity is in general about in average but lower for islet activity. Discussion on the trend of increasingly longer cold ischemia time due to logistical problems in the operations department. The problem is not

lack of surgeons. Same complications, mainly vascular and infectious. Discussion of the elongation of the vein.

Stockholm:

- **Pancreas:** In total 3 pancreases (1 pancreas transplant alone PTA, and two simultaneous pancreas kidney SPK).
- **Islets:** No islets.

Uppsala:

- **Pancreas:** In total 2 pancreases (1 PTA, 1 SPK).
- **Islets:** No islets.

Oslo:

- **Pancreas:** In total 8 pancreases (3 PTA, 5 SPK). Two had thrombosis and successfully performed thrombectomy and stent/restent of the vein. The anticoagulation is changed and after the change has 16 pancreases but the anastomosis is still more proximal (duodenum). Rheomacrodex at the time of perfusion and day 1, ASA on day 3 and LMWH 5000 7h after surgery and then daily. One ultrasound is performed as routine 4-6 hours after surgery and a routine CT-scan first week.
- **Islets:** 3 islet transplantations (2 patients) whereof 1 islet alone (IA) and one islet after kidney (IAK).

Copenhagen:

- **Pancreas:** In total 2 pancreases (all SPK). One patient with a fungal infection.

Helsinki:

- **Pancreas:** In total 4 pancreases (all SPK). Last year intraabdominal fungal infections despite prophylaxis.

Gothenburg:

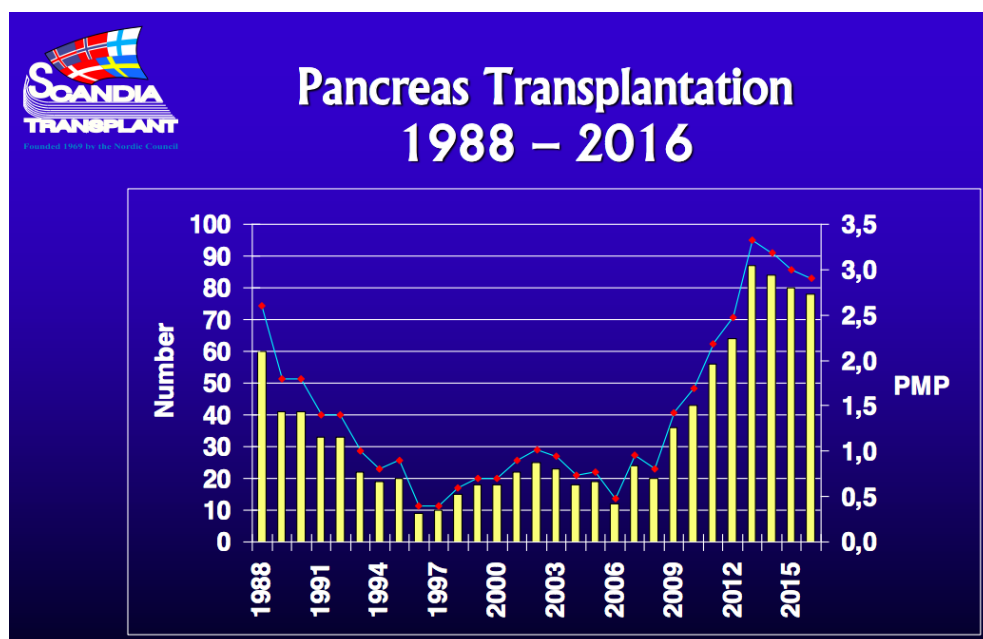
- **Pancreas:** In total 3 pancreases (all SPK) whereof one patient was reoperated due to bleeding from the tail. The patient from last year with abscess was reoperated with open drainage and she had a *bacteroides species*. A third surgeon is trained.
- **Islets:** No islets.

Malmö: No islets and no patient and still no program for pancreas.

8. Scandiatriplant

Frank Pedersen from Scandiatriplant showed figures from the database. Within Scandiatriplant it has been decided that all the organs allocated in the rota system are to be recorded in the registry how they were used. Rotation has to be done when a spare pancreas is offered and accepted of another centre. There have been many offers but few acceptances. There are differences for different organs. Requests to have similar rules for liver and pancreas.

Waiting list in total at the moment: 24 SPK, 17 PTA, 23 Islets



The bottom-line

- no pancreas shall be lost without having been offered the rota list
- aiming at not mandatory sending sera from immunized patient when put on the waiting-list and every three months to all tissue labs (Oslo, Helsinki, Copenhagen, Uppsala, Stockholm, Uppsala) to enable shorter cold ischemia time for rota organs.

9. SAL-01 study – (Skydd av Langerhans)

Torbjörn Lundgren showed the background for the SAL-study how to avoid IBMIR covering the islets with heparin. *Coreline* has escalated from a few islets to clinical sized preparations over the years. Due to GMP requirements isolation was planned in Oslo and transplantations to be performed in Uppsala or Stockholm. MPA and EC approval in 2016. Planned start Q1 2017. At NNCIT (scientific subcommittee NPITG) on Jan 11 it was decided to recommend that the trial was put on hold due to concerns about not enough data regarding safety and efficacy valid for the finished product.

- The PIs have acknowledged this and are of the opinion that it would not be fruitful to proceed without support of the NNCIT.
- A meeting has been held between *Coreline*, the PIs and representatives for NNCIT (Korsgren) and NPITG (Gustafsson) on March 23d.
- Coreline are to be recommended further studies and NNCIT will take results in consideration when they are presented.

10. Suggestion for a common Nordic immunosuppressive protocol SPK

Bengt Gustafsson will shortly send out a reminder to all members of the NPITG so that everyone at home can discuss the proposals with the aim to reach a consensus before the end of the year.

Immunosuppression			
Induction	Thymoglobuline	2.5 mg/kg i.v.	day 0 and 2
	Solu-Medrol	500 mg i.v.)	Before Thymo
Maintenance	Prednisone	30 mg b.i.d.	day 1-2
		15 mg b.i.d.	day 3-4
		10 mg b.i.d.	day 5- tapering at cessation at 3 months
	Mycophenolate mofetil	1 g b.i.d.	o- 3 M
		0.5 g b.i.d.	from 3-6 months
	Tacrolimus	8-12 ng/ml	≤ 4 weeks
		8-10	1-3 months
		5-8	> 3 months
Prophylaxis			
<i>Bacteria</i>	Piperacillin/tazobactam	4 g t.i.d. i.v.	day 0-1
	or Meropenem	500 mg t.i.d. i.v.	day 0-1
<i>Fungus</i>	Micafungin	50 mg o.d. i.v	day 0/2 – 5/7
<i>Pneumocystis</i>	Sulphametoazole-trimethoprim	1 o.d. or 3 times/week	6 months
<i>CMV</i>	Valgancyclovir		
	(+) to (-)	450 mg o.d.	6 months
	(+/-) to (+)	450 mg o.d.	3 months
<i>Thrombosis</i>	Macrodex	500 ml iv	
	LMWH	2500 IU b.i.d. or 5000 IU o.d. s.c.,	during hospitalization
	ASA	75 mg o.d.	from day 2-3

11. Format of the NPITG meeting

Suggestion to have parallel sessions part of the meeting devoted to islets and pancreas, respectively with a common start and a common sum-up.

12. Descriptive study of pancreas transplantation

The meeting discussed the aim of writing a common descriptive article about pancreas transplantation in the Nordic countries.

13. Follow up registry

Oslo and Gothenburg have local data bases and in Sweden there has been discussions to include pancreas in the national kidney data base (SNR) or within Scandiatransplant. We will need an agreement on what variables and when. All centers will keep their local data bases and the aim is to establish a Nordic registry with a sample of variables on annual basis within the Scandiatransplant. Each centre is responsible for reporting the variables.

Frank Pedersen showed samples of other existing registries in Scandiatransplant.

Bengt Gustafsson, Bengt von Zur-Mühlen, Maria Svenaeus-Lundgren and Rune Horneland will try to establish a registry within Scandiatransplant with Nordic common pancreas-Tx annual follow-up with 20 rather than 70 variables. The group will hand over a wish list to Scandiatransplant.

14. Guidelines of the Nordic Pancreas Transplant group in Scandiatransplant.

Bengt Gustafsson will send out a revised version of the Guidelines. Below the existing guidelines.

Guidelines of the Nordic Pancreas and Islet Transplant Group (NπTG) in Scandiatransplant (These Guidelines were approved at the Nordic Pancreas and Islet Transplant Group Meeting October 27, 2016)

ARTICLE I – Name and main objectives

Section 1: The name of the organization is the Nordic Pancreas Transplant Group (NπTG), founded in 2013.

Section 2: The main objectives for NPTG are to:

- *Create a forum for discussion on questions relevant to cooperation and exchange of information between the Nordic transplant centers and the Scandiatransplant organization.*
- *To support and increase the pancreas and islet transplant activity within Scandiatransplant*
- *Prepare issues and matters relevant to pancreas and islet transplantation coming up for discussion and decision at the Scandiatransplant Representatives' meeting.*
- *Plan and agree on studies using the Scandiatransplant transplant database.*
- *Agree on data to be presented in the annual report at the Scandiatransplant Representatives' meeting.*
- *Yearly evaluation of the exchange of pancreases and Islet for transplantation.*

ARTICLE II – Organization

Section 1: At least one member shall be appointed to the Group from each hospital involved in pancreas and/or transplantation.

In addition one member of the Scandiatransplant staff and one transplant coordinator are appointed to be part of the group.

One person is appointed as chairman. A new chairman should be appointed every 3d year, however it's allowed to be re-elected one time (total 2 x 3 years). Chairman candidates should be announced to all present NπTG members at least one week before the annual meeting.

ARTICLE III – Tasks and responsibility

Section 1: NπTG defines at the annual meeting each year what tasks should be looked into the next year.

Members make use of electronic devices such as phone/fax/mail for taking decisions between the "face to face" meetings.

ARTICLE IV – Meetings

Section 1: The date, time and place of the bi annual meeting shall be set by the NπTG at the present meeting.

Section 2: Extra meetings may be called by the members of the group.

Section 3: Notice of each meeting shall be given to each member, by e-mail, not less than one month before the meeting.

Section 4: The agenda for the meeting should be sent out by e-mail at least two weeks ahead of the meeting.

ARTICLE V - Committees

Section 1: When needed the group may form ad hoc working groups with a specific interest or task. The NπTG appoints and agrees upon the members of the ad hoc group and decides on overall policy and principles governing the activities.

ARTICLE VI – Publications and Scandiatransplant database

Section 1: Any member of the NπTG can make a suggestion on a topic for an article using data from the common database.

Section 2: The group must be consulted and give its acceptance on the relevance of each publication.

Section 3: Authors shall be those who significantly contribute to produce the publication.

Section 4: All publications and reports using other country or Centre data must be presented to and accepted by all involved centers.

15. Next meeting

The **NπTG** has decided having meetings twice yearly. The next meeting is on Tuesday 10th October 2017. Estonia will be invited.

16. The meeting ended

Bengt Gustafsson closed the meeting.

Stockholm Arlanda
March 28th 2017

Bengt von Zur-Mühlen
Secretary

Bengt Gustafsson
chairman