



Nordic Pancreas and Islet Transplant group



Date: October 8th 2018
Location: Clarion Hotel, Copenhagen, Denmark

Participants:

See below – participants



1. Opening of the meeting

Frank Pedersen welcomed all to Copenhagen and informed about the upcoming celebration of Scandiatransplant's 50th anniversary.

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.

5. Update of the e-mail list

Frank Pedersen updated the e-mail list. Helena Pollard (Malmö) and Aksel Foss (Uppsala) were removed from the list. Any further additions can be e-mailed to Frank Pedersen.

6. Minutes from last meeting 10th April 2018

All minutes are available on Scandiatransplant's homepage.

<http://www.scandiatransplant.org/members/nordic-pancreas-group/minutes>

7. Update of activities

In general, short waiting lists and higher activity in Oslo and Helsinki. New insulin pumps and even hybrid systems can affect referrals for PTA in the near future. Still differences in antithrombotic treatment.

Center	Pancreas	Islets
Stockholm	5 SPK, no lost graft, 1 reoperation	2 islets
Uppsala	2 pancreas (1 SPK, 1 PTA)	9 islets in 9 patients whereof 2 1 st transplants. Discussion of a possible future combined lung- islet tx
Oslo	12 6 SPK, 3 PAK, 3 PTA (no retransplant), 2 relaparotomy due to bleeding and less venous extensions. Mean CIT 8h. In average hospitalized 20 days. No graft loss since 2016 due to anything.	13 pancreases for isolation, 6 for clinical transplantation. in Oslo 5 islets.
Copenhagen	Total 3: 2 SPK and first PAK. Heparin infusion and aspirin from day 1. No thrombotic event in any patient.	No islets
Helsinki	19 pancreases	1 islets
Gothenburg	Late fistula reported last meeting, still not operated and insulin free with secretion from a still present fistula. 2 1 SPK, 1 PTA without major complications and perfect function. Short waiting list. Y-graft increase instead of aortic patch.	No islets.
Tartu	1 SPK, mild pancreatitis, no need of drainage	No islets
Malmö	2018 first case of the pancreas program, peritonitis, explanted POD 10	No islets

8. Pancreas donor potential – data of *No usage*

All centers must state in the data system if organs are harvested and if not used, why. Scandiarttransplant follow up reports and data are improving in general.

Discussion regarding exchange rules. Helsinki has declined to participate in any system including mandatory offers of surplus pancreases with or without kidney.

Allan Rasmusen and Bengt Gustafsson will come back with a new proposal for rules

Waiting list and allocation/exchange 2018

2 out of 46 pancreases were exchanged. Finland and Norway have sent one pancreas for islets, respectively, to Sweden.

For the moment actual waiting for SPK 32, and for PAK/PTA 15.

There was agreement to first offer the combination of pancreas and kidney, and then pancreas alone.

9. Reporting of Serious Adverse event or Serious adverse reaction

All EU member states are obliged to fulfil the requirements of Directive 2012/25/EU on reporting and handling of Serious Adverse Events (SAE) and Serious Adverse Reactions (SAR) in the field of organ donation and transplantation. Events could be malignancies, virus, changes in HLA or blood group. Scandiatransplant has organized a system where reports can be sent to local authorities and to the EU.

10. Pre-presentation of the new pancreas follow-up registry.

The registry will hopefully be ready in December 2018. Some variables will be automatically transferred from other registries and others must be entered such as bleeding, functional warm ischemia time, venous vascular management, infections, laboratory tests. Discussion of *Clavien score* (I and II can be omitted). Every event should be able to grade such as in the liver registry. Leukopenia should be added. *CIT* and *warm ischemia time* is interesting, but *duration of surgery* is not. The number of variables must be balanced against the ability to report.

- **Grade I** Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic, and radiological interventions.
- **Grade II** Requiring pharmacological treatment with drug other than such allowed for Grade I complications.
- **Grade III** Requiring surgical, endoscopic or radiological intervention.
 - Grade IIIa** Intervention not under general anaesthesia.
 - Grade IIIb** Intervention under general anaesthesia.
- **Grade IV** Life-threatening complication.
 - Grade IVa** Single organ dysfunction
 - Grade IVb** Multiorgan dysfunction.
- **Grade V** Death of a patient.

11. Present and future studies

- **Retrospective study:** When follow up data has been entered with the aim to present data/abstract at ESOT September 2019.
- **Grafalon (ATG):** Torbjörn Lundgren will meet the company next week. Repopulation of T-cells after depletion.
- **Islet isolation:** Hanne Scholz reported from a meeting in Milano where the 12 Islet isolation labs will try to harmonize the logistics and publish the summary/survey. The islet count should be standardized.
- **Autologue T-reg in islets:** Recruitment in Stockholm, Uppsala and Gothenburg.
- **LMWDS Islets:** CIT-01 (safety dose finding) is now published in Transplantation and the next efficacy study. All centers can join. Papers recently sent to the authorities.
- **PET Islets:** A new tracer (GLP-1 analogue) in collaboration with the Netherlands. No patients so far.
- **Microdialysis Pancreas Oslo:** Inhomogeneous data – still not published and unspecific in relation to different complications

12. Pay back registry

Scandiatransplant offers computerized pay back registration

13. Reminder of the Scandiatransplant grants

Research grant 2018:

- Principal investigator: Göran Dellgren "Sub-study on donor specific antibodies in the ScanCLAD study". Supported with 370.000 DKK

Travel grants 2018:

- From Helsinki: Sini Puputti was granted 12500 DKK
- From Oslo: Ingebjørg Kvangarsnes was granted 19500 DKK
- From Copenhagen: Carina Lund Sørensen was granted 36000 DKK

14. Highly immunized pancreas and very early technical graft failure on the waiting list

One option would be to have a mutual waiting list such as the paediatric liver list, relied on virtual X-matches like the STAMP evaluation and a payback system.

One patient group is early graft failure with explanted pancreas after technical problems. This group should be retransplanted as fast as possible <2 weeks, compare urgent call.

Allan Rasmusen and Bengt Gustafsson will come up with a suggestion in the rota list working group (exchange rules) with priorities for these groups.

15. Next meeting

Monday 8th April 2019, Arlanda

16. The meeting ended



Copenhagen October 8th, 2018

Bengt von Zur-Mühlen
Secretary

Bengt Gustafsson
chairman

Participants:

Bengt von Zur-Mühlen, Uppsala	Ehab Rafael, Malmö
Bengt Gustafsson, Gothenburg	Paul Krohn, Copenhagen
Frank Pedersen, Scandiatransplant	Allan Rasmussen, Copenhagen
Hanne B. Scholz, Oslo	Maria Engmann, Copenhagen
Trond Geir Jensen, Oslo	Carina Lund Sørensen, Copenhagen
Monika Olofsson Storrö, Oslo	Marko Murruste, Tartu
Christina Andréasson, Uppsala	Johan Nordström, Stockholm
Rune Horneland, Oslo	
Kristine L fasting, Oslo	Olle Korsgren (on Skype), Uppsala
Anders Knutsson, Malmö	Torbjörn Lundgren (on Skype), Stockholm