Minutes NPiTG – Nordic Pancreas and Islet Transplant Group

Date: 13th of October 2026

Location: Digital meeting on Teams

Participants: Torbjörn Lundgren (surgeon, Stockholm), Antonio Romano (surgeon Stockholm), Ilse Duus Weinreich (Scandiatransplant, Aarhus), Christina Andreasson (transplant coordinator, Uppsala), Olle Korsgren (islet lab, Uppsala), Anna Högvall (research nurse, Uppsala), Amanda Skoogh (research nurse, Uppsala), Lydia Junebjörk (research nurse, Uppsala), Amir Sedigh (surgeon, Uppsala), Hanne Scholz (islet lab, Oslo), Monika Storrø (coordinator, Oslo), Carola Schauman (transplant coordinator, Helsinki), Marko Murruste (surgeon, Tartu), Oleg Slivca (surgeon, Malmö), Johan Nordström (surgeon, Stockholm), Rune Horneland (surgeon Gothenburg), Marie Felldin (nephrologist, Gothenburg)

1. **Welcome, decision on chairperson and secretary for the meeting**
   Torbjörn Lundgren welcomed participants and was elected chairman.
   Anna Högvall was elected secretary.

2. **Introduction of participants** (Above)

3. **Possible additions and approval of the agenda**
   The agenda was approved without additions.

4. **Previous protocol**
   Nothing to add or amend

5. **Short report from centers on advances and problems since the last meeting**
   Oslo: 5 SPK, no islets. Good results, 1 reoperation due to bleeding on postop day 1.

   Malmö: 1 SPK, no islets. 2 on waitlist for pancreas. Not a lot of referrals.

   Helsinki: 17 SPK, 2 PTA. No major problems. Comment from Carola that the islet lab in Uppsala cannot receive pancreases for isolations on weekends which is a problem.

   Gothenburg: 24 pancreases (PAK, SPKs), 5 were multivisceral. One lost due to severe bleeding immediately after surgery.
   Contacted all renal referral hospitals to encourage transplantation. Offered help with work-up before transplant to speed up this process.

Stockholm: 3 SPK, one reoperation due to bleeding. 1 on waitlist for PAK. No islets.

Uppsala: 2 SPK, 2 islets (IA, SIK), no complications. One islet tx was planned as SPK but due to problems during organ procurement, the pancreas was sent to islets lab for isolation. Patient was transplanted with kidney and then islets a few days later.
2 on waitlist for pancreas, 7 on waitlist for islets. Noticeable drop in referrals.

Copenhagen: No representative present. Ilse reports 1 pancreas

Tartu: None, but some on waitlist.

6. Info

Follow up: Entering Norwegian autotransplantation data (TPIAT) into YASWA
All transplants entered now, but no follow-up due to patients being followed up by endocrinologists. May be possible to get 1-year data.
Olle was to contact auto transplant centers in Sweden to encourage entry. Ongoing work and should be completed by the end of this year.

Follow up: New transport boxes for pancreas in Norway
A first meeting has occurred, new meeting in November. Pancreas transportation packaging presentation by Monika. Surgeons Oslo agreed that the bag was best for whole pancreas. Gothenburg has changed to intestinal bags for whole pancreas.

Centre	Pancreas for tx	Panceras for islet
Oslo	Sterile intestinal bags – transport on crushed ice	Medfor tissue storage box: 1250ml – in styrofoam transport box with cooling elements
Copenhagen	Medfor box 1250ml on crushed ice or cooling elements	
Uppsala / Stockholm	Medfor box 1250ml – upright on crushed ice or styrofoam with cooling elements	Medfor box 1250ml – upright on crushed ice or styrofoam with cooling elements
Tartu	Medfor on crushed ice	
Helsinki	Sterile intestinal bags (3pc) on crushed ice	
Gothenburg		

Hanne and Olle both prefer boxes for pancreas for islet isolation. Preferably the box used for kidneys (smaller).

Any new other info
Hanne shares a case where pancreas from Umeå (auto) was sent to Oslo during the wintertime using Jetpak and the pancreas was completely frozen upon arrival. Hanne

asks if using the coordinator service is standard procedure when sending pancreas. In this case it was not handled in cooperation with the coordinators, but it should always be to avoid things like this. Christina mentions Umeå always uses Jetpak when sending domestically but normally another courier is used when transporting organs across borders. Labs recommend contact coordinators when a autoisolation is planned

7. **External news/proposals**

   Invitation from EPITR – Who has joined/who is planning – status (Torbjörn)

   EPITA's registry. Torbjörn is on the board of EPITR. Invitations have been sent out to all centers. Helsinki and Gothenburg have answered and are positive. Very detailed registry which may require a lot of work both with legalities and entering data. Malmö, Uppsala and Tartu report not to have received the invitation.
   Legally, a shared data processing agreement is needed, which every center needs to sign. It would be preferable if Scandiatransplant members could enter data into YASWA and data was exported in bulk to EPITR.
   Ilse will contact responsible people at ESOT to see if similar procedures as with liver transplantation can be used. Could our present registry be expanded to include mandatory data in EPITR? No decision regarding participation was made during the meeting. Torbjörn will see to it that new invitations are sent to Malmö/Tartu and Uppsala and attach a presentation to the minutes.

8. **NIR OMDA ->YASWA. Our local registries**

   Torbjörn has exported the data from NIR and sent to Ilse. Data from transplantations needs to be entered manually, and then the data from NIR can be imported.

9. **News from the islet labs. COBE replacement etc (Hanne/Olle)**

   Both labs are currently working to replace the COBE (no longer manufactured) with a cell-saver system. It is working well and very pure islet fractions are obtained. Routines to isolate islets from a whole pancreas are right now being evaluated since the new method has resulted in fewer IEQ so far. Hopefully solved within 1-2 months. The remaining COBE kits tend to malfunction during isolation.
   Submission to regulatory authorities for permission to use new method have been submitted and approval is expected within a few weeks. Enzymes used for digestion seem to work very well.
   This is not a unique problem, the COBE has been used in labs all over the world. Different labs have chosen different solutions, but the Nordic labs are leading the development of this cell-saver approach.

   Opening hours of the lab

   Olle: heavily affected by the pandemic with reduced pancreases coming in and relative contraindication to transplant islets during this time. It was questioned why there were so many staff with such limited activities. Due to this, staff is now heavily reduced, which means there is no possibility for an on-call system anymore. This affects the ability to receive pancreases and increases CIT. Discussions are being held with the hospital to reinstate an on-call system and increase resources, but no changes have been made yet.
   Hanne: same situation in Oslo. A limited number of people know how to isolate islets and difficulty to introduce new personnel as volumes are low. No on-call system.

Waitlist numbers and transplant numbers need to go up for any change to occur, which is difficult with restricted opening hours in the lab.

10. Studies - ongoing, planned, closed.

Hypoimmunized beta cells and stem cell projects. Status (Hanne/Olle)
Vertex trial: 3 patients in Norway. Stem cell derived islets function in the patients.
Hypoimmunized islets: 1 patient transplanted intramuscularly. The islets we know have survived more than 14 months.
Combination of the two in a clinical trial is planned, academic, dose escalation study. Time-line is starting in 2 years. Gene-edit stem cells and then immunomodification.

Clinical results pancreas- progress?
Ongoing project.

Fungal prophylaxis – Progress?
Infectious disease group of Scandiatransplant. Ethical approval in place in Sweden.

Islet donors 60-65-70 years of age. Progress?
Olle and Torbjörn have had discussions. Ongoing work.

Other clinical projects
Tacrolimus is toxic for the islets. A CNI-free immunosuppressive protocol for islets could be added to our presently recommended protocol. Can also be used in studies.

- Using a belatacept/everolimus protocol for islets can be one solution (see the attached publication from the Australia team).
- Tegoprubart (anti-CD40L monoclonal antibody) has shown promising results in islet transplantation for T1D, with early findings presented at IPITA 2025, ATTD 2026, and ADA 2026 demonstrating sustained graft function, insulin independence, and no reported graft rejection. The study is performed by the University of Chicago Medicine, in collaboration with Eledon Pharmaceuticals, which develops tegoprubart.

11. Next meeting

Via Teams on 20th of April at 13.00. Next fall the chairmanship and co-chairmanships expire and it would be preferable to have that meeting in person.

12. Any other business

Denmark is in process of transferring all their patients waiting for a pancreas transplant to Oslo's waiting list due lack of capacity.

Chairman for the meeting	**Secretary for the meeting**
Torbjörn Lundgren	Anna Högvall