



НРАР	115	UNOS	
Recovery OPO	TNMS - Mid-South Transplant Foundation	Allocation Via	UPENN □ nPOD ⊠
Age (years)	46	DCD	YES □ NO ⊠
Race	White	DBD	YES ⊠ NO □
Sex	$M \boxtimes F \square$	Admission to Cross Clamp	87 Hours 09 Mins.
ABO (Rh)	A1 Positive	Cross Clamp Time	01/26/2022 09:34 CST
BMI (Kg/m²)	28.721	Cold Ischemia	21 Hours 58 Mins.
Weight (kg)	91.000	Time*	
Height (cm)	178.00		
Cause of Death	HEAD TRAUMA	Preservation	UW □ HTK□
		Solution	NA
Mechanism of	GUNSHOT WOUND	Organs Recovered	Heart □ Kidney ⊠
Injury		NA	Lung □ Pancreas ⊠
			Liver   Intestine   Intertine    Intertine    Intertine   Intertine    Intertine    Intertine    Intertine    Intertine   Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine    Intertine
Cardiac	Yes 🗆	Intraoperative	
Arrest/Downtime	No ⊠	time lapse from	Hours Mins.
		liver to pancreas	
		removal from the	NA
		peritoneal cavity:	
CPR / Time	Yes □	Organs Discarded	Heart □ Kidney □
	No ⊠		Lung □ Pancreas □
			Liver □ Intestine □
Total Est. Downtime	No Downtime	Blood Culture	No Growth
Date /Time of Admission	01/22/2022 18:25 CST	PHS High Risk	YES □ NO ⊠
		Acute Lung Injury	bibasilar atelectasis with scattered consolidation

<sup>\*</sup>Cold Ischemia time is calculated from time of cross clamp to start of enzyme perfusion for islet isolation.





## Medical History:

		Duration	Medications	Compliance		
Type of Diabetes	T2D	5-6 years	oral meds, Metformin,	Yes		
			Glimepiride, Trulicity			
History of cancer						
CAD						
Hypertension						
Hyperlipidemia						
Autoimmune disease						
Family History	CAD	Diabetes	Auto immune disease □	Others:		
		$\boxtimes$				
		mom, dad				
Surgical History:	appendix	25 yrs ago, ba	ick 20 yrs ago, leg broken-put	pins in approx 40		
	yrs ago					
Comments:	Medical H	x: Multiple Scler	osis since 5 yrs ago, positive for tu	berculosis just a short		
	time, next	time was negativ	e 20 yrs ago			
	Smoking H	Hx:1 ppw cigarett	tes x30 years, quit 8 yrs ago started	d dipping tobacco		
	Alcohol Hx: beer, whiskey, wine 1 or 2 occasional x 30 years					
	Drug Hx: methamphetamines, crack, acid occasionally for 10 yrs marijuana					
	frequently for 20 yrs					
	Extra Med	lication taken a	t home: Hydrocodone, Clonopin			

## **Hemodynamic Profile**

Average BP During Hospitalization (mmHg)	135/88	
Average Low BP During Hospitalization	98/66	Duration: 1-60 Min.
Average BP in OR (mmHg)	NA	
Average Low BP in OR (mmHg)	NA	<b>Duration: NA</b>
Average HR in OR (bpm)	NA	
ABG-pH range	7.26 – 7.47	

#### **INTERVENTION**

## **Blood Products/Meds Transfused Before Organ Recovery**

Product	Amount (ml)	Units	Total (ml)	
	Amount (mi)	Onics	Total (IIII)	
Fresh Frozen Plasma				
PRBCs				
Platelets				
Norepinephrine (Levophed)		28 MCG/MIN started 77:34 hrs. before organ		
		recovery for the duration of 33:00 hrs.		
Vasopressin		ongoing 1 UNITS/H	IR started 77:04 hrs. before	
		organ recovery		
Neo-Synephrine				
Epinephrine				
Phenylephrine				
Dopamine				

# **HPAP-115 Donor Summary**



### **Blood Products/Meds Transfused Intraoperative**

Product	Amount (ml)	Units	Total (ml)
Fresh Frozen Plasma	NA	NA	NA
PRBCs	NA	NA	NA
Platelets	NA	NA	NA
Norepinephrine (Levophed)	NA	NA	NA
Vasopressin	20 unit/ml	16667	833.35
Neo-Synephrine (phenylephrine)	NA	NA	NA
Epinephrine	NA	NA	NA
Dopamine	NA	NA	NA
Heparin	NA	NA	NA

### Initial Autoantibody Screening (nPOD): ELISA

Not performed for HPAP-T2D program

GAD-65	IA-2
ND	ND

### **Confirmatory results: Radioimmuno Assay (RIA)**

	GAD-65 (unit/ml)	IA-2 (unit/ml)	Insulin AAB (unit/ml)	ZnT8 (unit/ml)
Results	79	0	0.000	-0.002
<b>Cut-off values</b>	20	5	0.01	0.02

<sup>\*</sup>Sample obtained at time of organ recovery.

	C-peptide (ng/ml)	Proinsulin
Results	0.79	NA

<sup>\*</sup>Sample obtained at time of organ recovery.

### HLA (OPO)\*

Class 1	Α	3	24	Class II	DR	4	7
	В	62	35	]	DR51	N-Negative	N-Negative
	С	09	04		DR52	N-Negative	N-Negative
	Bw4	Negative			DR53	53	53
	Bw6	Positive			DQB1	2	8
					DQA1	02	03
					DPB1	02:01	06:01
Comment:							



# **HPAP-115 Donor Summary**

## Confirmatory HLA (UPENN)\*

Not performed for HPAP-T2D program

Class 1	Α		Class II	DRB1	
	В			DRB3	
	С			DRB4	
				DRB5	
				DQB1	
				DQA1	
				DPB1	
				DPA1	

<sup>\*</sup>HLA typing performed using NGS

# **Infectious Disease Serology**

		Hemo/Plasma	Dilution Status
Test	Result	Qualified	Non-Qualified
EBV IgG	Positive	✓	-
EBV IgM	Negative	1	-
EBNA IgG	Positive	✓	-
CMV	Positive	✓	-
HBcAb	Negative	1	-
HBsAg	Negative	✓	-
HCV Ab	Negative	1	-
HIV I/II	Negative	✓	-
Syphilis	Negative	✓	-
Procleix Ultrio	ND	-	-
Ultrio HBV (HBV NAT)	Negative	✓	-
Ultrio HCV (HCV NAT)	Negative	✓	-
Ultrio HIV (HIV NAT)	Negative	1	-
Toxoplasma Ab	Negative	1	-
SARS-CoV-2	Negative	1	-

## **HPAP-115 Donor Summary**



#### **Laboratory Panel**

	Initial	Peak	Terminal
Na (mEq/L) (135-145)	138	156	138
Creatinine (<1.5)	1	1.3	0.7
Glucose (mg/dL) (60-150)	238	459	137
HbA1C%	7.6		
Total bilirubin (0-1.0)	0.8	1.1	0.8
SGOT (AST) (0-40)	13	16	12
SGPT (ALT) (5-35)	13	13	8
Alkaline phosphatase (45-110)	41	44	38
Serum Amylase (23-851)	407	ND	ND
Serum Lipase (0-80)	ND	ND	ND
WBC (THO/uL) (4.5-11.0)	18.9	23.5	8.6
Hgb (g/dL) (12-16)	12.8	16.7	8.3
Platelets (THO/uL) (150-350)	273	330	104
INR (<2.0)	1.1	1.36	0.98

#### **Urinalysis**

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5th	6th	7th
Glucose	positive	positive:+1	positive	positive	positive:+500	positive	positive

## **Medications During Hospitalization**

Steroids**	SoluCortef				
Diuretics	Bumex				
T3 Protocol					
T4 Protocol*	Yes				
Insulin**	Yes started 74:04 hrs. before organ recovery				
Antihypertensive					
Vasodilators					
DDAVP**					
Total parenteral nutrition					
Other	Arginine vasopressin, Hetastarch,	Specify			
	Duoneb, Zosyn, Mag. Sulfate, K+				
	Chloride, K Phos, Propofol,				
	Rocuronium				

<sup>\*</sup>T4 protocol: Levothyroxine, (20 mcgs), Solumedrol (2 gms,) Dextrose 50%, (1 amp), Regular Insulin (20u), Vasopressin (1 unit)

Mi Z, Novitzky D, Collins JF, Cooper D KC. The optimal hormonal replacement modality selection for multiple organ procurement from brain-dead organ donors. Clinical Epidemiology 2015:7 17-27.

<sup>\*\*</sup> Excluding T4 Protocol