



Recovery OPO       PADV - Gift of Life Donor Program       Allocation Via       UPENN ⋈ nPOD □         Age (years)       51       DCD       YES ⋈ NO ⋈         Race       Asian       DBD       YES ⋈ NO □         Sex       M ⋈ F□       Admission to Cross Clamp       96 Hours 34 Mins.         ABO (Rh)       A1 Positive       Cross Clamp Time       01/30/2025 21:13 EST         BMI (Kg/m²)       26.65       Cold Ischemia Time*       14 Hours 27 Mins.         Weight (kg)       79.5       Time*         Height (cm)       172.72       UW ⋈ HTK□         Cause of Death       CVA/Stroke       Preservation Solution       Belzer Cold Storage/Viaspan/SPS-1         Mechanism of Intracranial Hemorrhage/ Stroke       Intraoperative time lapse from liver to pancreas removal from the peritoneal cavity:       OD Hours 35 Mins.         Cardiac Arrest/Downtime       Yes □ No ⋈       Organs Discarded       Heart ⋈ Kidney □ Lung □ Pancreas □ Liver □ Intestine □         CPR / Time       Yes □ No ⋈       Pancreas □ Liver □ Intestine □       No ⋈         Total Est. Downtime       On Gulture       NA         Date / Time of Admission       Acute Lung Injury       Patchy bibasilar findings may indicate atelectasis or aspiration, with no pleural effusion or pneumothorax.	HPAP	187	UNOS			
Age (years)       51       DCD       YES □ NO □         Race       Asian       DBD       YES □ NO □         Sex       M □ F□       Admission to Cross Clamp       96 Hours □ 34 Mins.         ABO (Rh)       A1 Positive       Cross Clamp Time       01/30/2025 21:13 EST         BMI (Kg/m²)       26.65       Cold Ischemia Time*       14 Hours □ 27 Mins.         Weight (kg)       79.5       Time*       14 Hours □ 27 Mins.         Height (cm)       CVA/Stroke       Preservation Solution       UW □ HTK□       HTK□         Belzer Cold Storage/Viaspan/SPS-1       Mechanism of Intracranial Hemorrhage/ Stroke       Organs Recovered       Heart □ Kidney □ Pancreas □ Liver □ Intestine □         Cardiac Arrest/Downtime       Yes □ No ☑       Intraoperative time lapse from liver to pancreas removal from the peritoneal cavity:       O0 Hours □ 35 Mins.         CPR / Time       Yes □ No ☑       Organs Discarded       Heart □ Kidney □ Lung □ Pancreas □ Liver □ Intestine □         Total Est. Downtime       On Downtime       Blood Culture       NA         Date / Time of Admission       Acute Lung Injury       Patchy bibasilar findings may indicate at electasis or aspiration, with no pleural effusion or with no pleural effusion or or spiration, with no pleural effusion or spiration, with	Recovery OPO		Allocation Via	UPENN ⊠ nPOD □		
Sex	Age (years)	-	DCD	YES □ NO ⊠		
ABO (Rh)  A1 Positive  Cross Clamp  BMI (Kg/m²) Weight (kg) Height (cm)  C2 Guse of Death  CVA/Stroke  Preservation Solution  Belzer Cold Storage/Viaspan/SPS-1  Mechanism of Intracranial Hemorrhage/ Injury  Cardiac Arrest/Downtime  CArrest/Downtime  CPR / Time  Yes □ No 図  No 図  No 図  No 図  No 図  Coross Clamp  Cross Clamp  Cold Ischemia Time*  Preservation Solution  UW 図 HTK□ Belzer Cold Storage/Viaspan/SPS-1  Heart 図 Kidney 図 Lung 図 Pancreas 図 Liver 図 Intrestine □  Organs Recovered Intraoperative time lapse from liver to pancreas removal from the peritoneal cavity:  CPR / Time  Yes □ No 図  Organs Discarded Heart □ Kidney □ Lung □ Pancreas □ Liver □ Intestine □  Total Est. Downtime  Date / Time of Admission  Acute Lung Injury  Patchy bibasilar findings may indicate atelectasis or aspiration, with no pleural effusion or	Race	Asian	DBD	YES ⊠ NO □		
BMI (Kg/m²)   26.65   79.5   Time*	Sex	M ⊠ F□		96 Hours 34 Mins.		
Weight (kg) Height (cm)       79.5 172.72       Time*	ABO (Rh)	A1 Positive	Cross Clamp Time	01/30/2025 21:13 EST		
Total Est.				14 Hours 27 Mins.		
Solution   Belzer Cold   Storage/Viaspan/SPS-1						
Injury  Stroke  Lung □ Pancreas □ Liver □ Intestine □  Cardiac  Arrest/Downtime  No □ Intraoperative time lapse from liver to pancreas removal from the peritoneal cavity:  CPR / Time  Yes □ Organs Discarded  No □ Uung □ Pancreas □ Liver □ Intestine □  Total Est. Organs Discarded  Date / Time of Admission  Acute Lung Injury  Patchy bibasilar findings may indicate at electasis or aspiration, with no pleural effusion or	Cause of Death	CVA/Stroke		Belzer Cold		
Arrest/Downtime  No □   time lapse from liver to pancreas removal from the peritoneal cavity:  CPR / Time   Yes □   Organs Discarded   Heart □   Kidney □   Lung □   Pancreas □   Liver □   Intestine □    Total Est.			Organs Recovered	Lung 🗵 Pancreas 🗵		
No ⊠  Lung □ Intestine □  Total Est. Downtime  Date /Time of Admission  Acute Lung Injury  Pancreas □ Intestine □  NA  Pancreas □ Intestine □  NA  Pancreas □ Intestine □  NA  Patchy bibasilar findings may indicate atelectasis or aspiration, with no pleural effusion or			time lapse from liver to pancreas removal from the	00 Hours 35 Mins.		
Downtime       Date /Time of Admission       01/26/2025 20:39 EST       PHS High Risk       YES □ NO ☒         Acute Lung Injury indicate at electasis or aspiration, with no pleural effusion or	CPR / Time		Organs Discarded	Lung  Pancreas		
Admission  Acute Lung Injury Patchy bibasilar findings may indicate atelectasis or aspiration, with no pleural effusion or			Blood Culture	NA		
indicate atelectasis or aspiration, with no pleural effusion or	=	01/26/2025 20:39 EST	PHS High Risk	YES □ NO ⊠		
A			Acute Lung Injury	indicate atelectasis or aspiration, with no pleural effusion or		

<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	DM II	diagnosed 2003	5 mg Mounjaro	yes	
		(22 Years)	past year 2024		
History of cancer					
CAD					
Hypertension	yes	unknown			
Hyperlipidemia					
Autoimmune disease					
Family History	CAD □	Diabetes 🛮	Auto immune disease	Others:	
		Maternal uncle, and two cousins			
Surgical History:	Cataract sur	gery both left and	right 8/2024, Circumcisio	n 1978	
Comments:	Medical Hx: HTN; HLD; Moyamoya, cellulitis of right upper arm, non-compliant with medications. previous CVA (11/2018), diagnosed during admission in November 2018. Allergic to penicillin, seasonal allergies  Social Hx: Smoked 1/2 ppd cigarettes and cigars on and off for years, quit in 2018. Alcohol Hx: Beer and liquo, would drink heavily for a week, then not at all. When he drank heavily, it was 1/4 of a 750ml bottle of liquor, a 6-pack of beer, or a 4-pack of IPAs. On special occasions, he'd have 4 drinks in a sitting.  Jailed overnight in 2012/2013 for a domestic dispute and gun possession in NJ.				

# Hemodynamic Profile

Average BP During Hospitalization (mmHg)	122/61	
Average Low BP During Hospitalization	76/60	Duration: 5-6 min
Average BP in OR (mmHg)	114/66	
Average Low BP in OR (mmHg)	99/54	Duration: 10 min.
Average HR in OR (bpm)	90	
ABG-pH range	7.2 – 7.47	

#### **INTERVENTION**

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

Product	Amount (ml)	Units	Total (ml)	
Fresh Frozen Plasma				
PRBCs				
Platelets				
Norepinephrine (Levophed)		20 mcg/min. started 95:51 hrs. before organ recovery		
Vasopressin		0.03 units/min. star	ted 88:57hrs. before organ	
		recovery		
Neo-Synephrine		150 mcg/kg		
Epinephrine				
Phenylephrine				
Dopamine				



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

Product	Amount (ml)	Units	Total (ml)
Fresh Frozen Plasma			
PRBCs			
Platelets			
Norepinephrine (Levophed)		8 mcg/min	
Vasopressin			
Neo-Synephrine (phenylephrine)		150 mcg/kg	
Epinephrine			
Dopamine			
Heparin		30,000	

### 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	0	0	0.007	-0.010
Cut-off values	20	5	0.01	0.02

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

	C-peptide (ng/ml)	Proinsulin
Results	0.97	ND

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

### **HLA (OPO)\***

Class 1	Α	11	11	Class II	DR	13	15
	В	13	60		DR51	N-Negative	51
	С	12	7		DR52	52	N-Negative
	Bw4	Positive			DR53	N-Negative	N-Negative
	Bw6	Positive			DQB1	7	6
					DQA1	01	05
					DPB1	02:02	13:01
					DPA1	02	04
Comment:							



## 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 Statu	
Test	Result	Qualified Non-Qual	
EBV IgG	Positive	✓	-
EBV IgM	Negative	1	-
CMV	Positive	1	-
HBcAb	Non-Reactive	1	-
HBsAg	Non-Reactive	1	-
HCV Ab	Non-Reactive	1	-
HIV I/II	Non-Reactive	1	-
Syphilis	Non-Reactive	1	-
Procleix Ultrio	NA	1	-
Ultrio HBV	Non-Reactive	1	-
Ultrio HCV	Non-Reactive	1	-
Ultrio HIV	Non-Reactive	1	-
Toxoplasma Ab	Negative	1	-
SARS-CoV-2	Negative	1	-



### **Laboratory Panel**

	Initial	Peak	Terminal
Na (mEq/L) (135-145)	136	169	160
Creatinine (<1.5)	1.83	2.61	2.61
Glucose (mg/dL) (60-150)	575	575	351
HbA1C%	9.8 (01/30/2025)		
Total bilirubin (0-1.0)	0.6	0.8	0.5
SGOT (AST) (0-40)	213	213	159
SGPT (ALT) (5-35)	100	109	37
Alkaline phosphatase (45-110)	98	98	85
Serum Amylase (23-851)	85 (01/28/2025)	109	27
Serum Lipase (0-80)	14	71	9
WBC (THO/uL) (4.5-11.0)	19.8 (01/12/2025)	24.5	21.3
Hgb (g/dL) (12-16)	12.4 (01/12/2025)	17.7	11
Platelets (THO/uL) (150-350)	85	179	62
INR (<2.0)	1.2	1.4	1.3

#### Urinalysis

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Glucose	Positive: >1000	Negative	Positive: 50	Negative

## **Medications During Hospitalization**

Steroids**	Solumedrol 1 gm		
Diuretics	Manitol (25%) 1 dose 75 gm started 87:28 before organ recovery.		
T3 Protocol			
T4 Protocol*	40 mcg/hr		
Insulin**	7.5 units/hr. started 94:53 hrs. before organ recovery for the duration		
	of 8:40 hrs. 12-20 units started 84:58 hrs before organ recovery		
Antihypertensive			
Vasodilators			
DDAVP**			
Total parenteral nutrition			
Other	Propofol, Cefepime1- 2 gm, Potassium Chloride 20 mEq, Ceftriaxone 2gm, 3% NaCl, Vancomycin 2gm	Specify	

<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