



НРАР	111	UNOS		
Recovery OPO	Gift of Life Donor Program	Allocation Via	UPENN 🗵	nPOD 🗆
Age (years)	63	DCD	YES 🗆 N	10 ×
Race	Caucasian	DBD	YES 🗵 N	10 🗆
Sex	M⊠ F□	Admission to Cross Clamp	200 Hours	14 Mins.
ABO (Rh)	O Positive	Cross Clamp Time	01/06/202	2 08:14 EST
BMI (Kg/m²)	24.25	Cold Ischemia	7 Hours	42 Mins.
Weight (kg)	74.5	Time*		
Height (cm)	175.26			
Cause of Death	CVA/Stroke	Preservation Solution	UW ⊠ HTK□ UW Belzer Cold Storage/Viaspan/SPS-1	
Mechanism of	Intracranial	Organs Recovered	Heart $\square$	Kidney 🗵
Injury	Hemorrhage/Stroke		Lung 🗵	Pancreas 🗵
			Liver 🗵	Intestine 🗵
Cardiac	Yes ⊠	Intraoperative		
Arrest/Downtime	No □	time lapse from	00 Hours	s 15 Mins.
		liver to pancreas		
		removal from the		
CDD / T'		peritoneal cavity:		
CPR / Time	Yes ⊠	Organs Discarded	Heart $\square$	Kidney 🗵
	No 🗆		Lung	Pancreas
	unit- Coded x1, CPR with 1 round epi		Liver $\square$	Intestine 🗵
Total Est.	< 5 minutes	Blood Culture	NA	
Downtime	10/00/0000 00 00 507	Dugue La Di L		5
Date /Time of	12/29/2022 00:00 EST	PHS High Risk	YES 🗆 N	10 ⊠
Admission		A	No The live	o ara alas :
		Acute Lung Injury	No, The lung	s are clear trate, effusion
			or pneumoth	-
	1	l	1 1	

<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	NA	NA	NA
History of cancer				
CAD	yes	NA	NA	NA
Hypertension	yes	NA	NA	NA
Hyperlipidemia	yes	NA	NA	NA
Autoimmune disease				
Family History	CAD □	Diabetes 🗆	Auto immune disease	Others:
Surgical History:	cardiac ste	ent\peripheral s	tents, tibia\fibula repair, femur	repair
Comments:	Medical Hx: Congestive Heart Failure, Peripheral artery Disease, Chronic Renal Failure, seizures Social Hx: Smoking cigarettes 1 ppd\40 years (quit 2017), current cigar smoker 2 cigars per week, drank beer socially 2-3 beers on special occasions, quit 10 years ago			

### **Hemodynamic Profile**

Average BP During Hospitalization (mmHg)	120/57	
Average Low BP During Hospitalization	88/50	Duration: 30-60 min
Average BP in OR (mmHg)	115/64	
Average Low BP in OR (mmHg)	90/45	Duration: 3 min
Average HR in OR (bpm)	68	
ABG-pH range	7.14 – 7.36	

#### **INTERVENTION**

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

Product	Amount (ml)	Units	Total (ml)	
Fresh Frozen Plasma				
PRBCs				
Platelets	250	250 ml given 41:20 hrs. before organ		
		recovery		
Norepinephrine (Levophed)				
Vasopressin				
Neo-Synephrine				
Epinephrine				
Phenylephrine		5 mcg/kg/min started 2 days before organ		
		recovery for the duration of 2:04 hrs.		
Dopamine				



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

Product	Amount (ml)	Units	Total (ml)
Fresh Frozen Plasma			
PRBCs			
Platelets			
Norepinephrine (Levophed)		5 mcg/min	
Vasopressin			
Neo-Synephrine (phenylephrine)		4 mcg/min	
Epinephrine			
Dopamine			
Heparin		30,000	

### Initial Autoantibody Screening (nPOD): ELISA

GAD-65	IA-2
Negative	Negative

### Confirmatory results: Radioimmuno Assay (RIA)

	GAD-65 (unit/ml)	IA-2 (unit/ml)	Insulin AAB (unit/ml)	ZnT8 (unit/ml)
Results	0	0	-0.002	-0.001
<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	5.02	NA

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

#### HLA (OPO)\*

Class 1	Α	03	03	Class II	DR	04	04
	В	07	44		DR51	N-Negative	N-Negative
	С	05	07		DR52	N-Negative	N-Negative
	Bw4	Positive			DR53	53	53
	Bw6	Positive			DQB1	03(7)	03(7)
					DQA1	03	03
					DPB1	04:01	04:01
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 Status
Test	Result	Qualified	Non-Qualified
EBV IgG	Positive	1	-
EBV IgM	Negative	1	-
CMV	Negative	1	-
HBcAb	Non - Reactive	/	-
HBsAg	Non - Reactive	/	-
HCV Ab	Non - Reactive	/	-
HIV I/II	Non - Reactive	/	-
Syphilis	Non - Reactive	/	-
Procleix Ultrio	ND	-	-
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)	133	150	150
Creatinine (<1.5)	1.3	1.3	1.11
Glucose (mg/dL) (60-150)	184	236	155
HbA1C%	6.8		
Total bilirubin (0-1.0)	0.5	0.5	0.2
SGOT (AST) (0-40)	54	116	53
SGPT (ALT) (5-35)	45	89	36
Alkaline phosphatase (45-110)	86	101	62
Serum Amylase (23-851)	43	74	74
Serum Lipase (0-80)	38	59	59
WBC (THO/uL) (4.5-11.0)	7.7	19.9	17.1
Hgb (g/dL) (12-16)	14.2	14.7	8.4
Platelets (THO/uL) (150-350)	249	399	344
INR (<2.0)	1.05	1.4	1.4

#### Urinalysis

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Glucose	Positive +3	Positive +1	NA	NA

### **Medications During Hospitalization**

Steroids**				
Diuretics	Mannitol 25%(50 ml) given 40:58 hrs before organ recovery			
T3 Protocol				
T4 Protocol*	40 mcg/hr			
Insulin**	1-5 units subcutaneous, Q6H SCH, Insulin regular10 units IV once			
Antihypertensive	Metoprolol 5mg, given 29:16 hrs before organ recovery, Nicardipine			
Vasodilators	Hydralazine 10 mg, given 98:19 hrs before organ recovery			
DDAVP**				
Total parenteral nutrition				
Other	Nicardipine 2.5-15 ng/hr, Phenylpherin0.1- 9 mcg/kg/min, AcetominophenQ6H PRN, Chlorohexidine 7.5 mg, Pantoprazole 40 mg, dextrose, Glucagon, Magnesium sulfate, Cefazolin, Versed 2mg,	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