

HPAP	HPAP-134	UNOS		
Recovery OPO	DCTC- Washington Reg Transplant Community	Allocation Via	UPENN □ nPOD ⊠	
Age (years)	58	DCD	YES □ NO ⊠	
Race	Black or African American	DBD	YES ⊠ NO □	
Sex	M□ F⊠	Admission to Cross Clamp	145 Hours 17 Mins.	
ABO (Rh)	B Positive(+)	Cross Clamp Time	11/03/2022 01:17 EST	
BMI (Kg/m²) Weight (kg) Height (cm)	32.070 82.1000 160.00	Cold Ischemia Time*	10 Hours 11 Mins.	
Cause of Death	ANOXIA	Preservation Solution	UW □ HTK□ NA	
Mechanism of Injury	DEATH FROM NATURAL CAUSES	Organs Recovered	Heart □ Kidney ⊠ Lung □ Pancreas ⊠ Liver ⊠ Intestine □	
Cardiac Arrest/Downtime	Yes □ No ⊠	Intraoperative time lapse from liver to pancreas removal from the peritoneal cavity:	Hours Mins.	
CPR / Time	Yes □ No ⊠	Organs Discarded	Heart ☐ Kidney ☐ Lung ☐ Pancreas ☐ Intestine ☐	
Total Est. Downtime	Not reported	Blood Culture	Positive Streptococcus gallolyticus ssp pasteurianus Staphylococcus coagulase negative Aerococcus viridians	
Date /Time of Admission	10/28/2022 00:00 EST	PHS High Risk	YES ⊠ NO □	
		Acute Lung Injury	Compressive atelectasis (small bilateral pleural effusions, lower lobe consolidations). Bilateral Patchy airspace disease & ground glass opacities. Bronchial wall thickening, secondary to pulmonary edema or infectious/inflammatory bronchitis.	

^{*}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	3 years	Unknown	Unknown		
History of cancer						
CAD						
Hypertension	Yes	Unknown	Unknown	Unknown		
Hyperlipidemia	yes	Unknown	Unknown	Unknown		
Autoimmune disease						
Family History	CAD □	Diabetes 🛛	Auto immune disease	Others:		
		mother and				
		sister				
Surgical History:	a) Gall Bladder removed 10 years ago					
	(b) Tumor on lower back 4 years ago					
Comments:	Medical Hx: pt. had one eye that did not fall out but "popped out" the problem was					
	resolved.					
	Social Hx: smoked only 3 cigarettes a day for >35 years					
	Assessment	: Septic shock on-T	raumatic Rhabdomyolysis, Polycyther	mia, Encephalopathy,		
	Cocaine abu	ise (CMS/HCC), hy	pokalemia, Community acquired pneu	ımonia, Collapse of		
	lungs. Acute	respiratory failure	e, elevated troponin level not due to N	MI.		

Hemodynamic Profile

Average BP During Hospitalization (mmHg)	129/57	
Average Low BP During Hospitalization	86/46	Duration: 60 min.
Average BP in OR (mmHg)	NA	
Average Low BP in OR (mmHg)	NA	Duration: NA
Average HR in OR (bpm)	NA	
ABG-pH range	7.26 – 7.54	

INTERVENTION

Blood Products/Meds Transfused Before Organ Recovery

Product	Amount (ml)	Units	Total (ml)	
Fresh Frozen Plasma				
PRBCs				
Platelets				
Norepinephrine (Levophed)		25 MCG/MIN Started 132:31 hrs. before		
		organ recovery for the duration of 34:14 hrs.		
Vasopressin		Ongoing 2.4 UNIT	TS/HR started 93:18 hrs.	
		before Forgan red	covery.	
Neo-Synephrine				
Epinephrine				
Phenylephrine				
Dopamine				



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	NA	NA	NA
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
Antibody Screen: NEG	NA

Confirmatory results: Radioimmuno Assay (RIA)

	GAD-65 (unit/ml)	IA-2 (unit/ml)	Insulin AAB (unit/ml)	ZnT8 (unit/ml)
Results	0	0	-0.001	0.002
Cut-off values	20	5	0.010	0.020

^{*}Sample obtained at time of organ recovery.

	C-peptide (ng/ml)	Proinsulin
Results	1.21	ND

^{*}Sample obtained at time of organ recovery.

HLA (OPO)*

Class 1	Α	33	68	Class II	DR	11	15
	В	58	72		DR51	5*01	
	С	02	06		DR52	3*02	
	Bw4	Positive			DR53	N-Negative	
	Bw6	Positive			DQB1	6	6
					DQA1	01	01
					DPB1	01:01	30:01
					DPA1	02	02
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	

^{*}HLA typing performed using NGS

Infectious Disease Serology

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

Laboratory Panel

	Initial	Peak	Terminal
Na (mEq/L) (135-145)	143	155	142
Creatinine (<1.5)	2.11	2.11	1.07
Glucose (mg/dL) (60-150)	620	620	197
HbA1C%	12		
Total bilirubin (0-1.0)	1.3	1.3	0.6
SGOT (AST) (0-40)	21	50	50



CORT (ALT) (E.25)	20	4.4	45
SGPT (ALT) (5-35)	38	41	15
Alkaline phosphatase (45-110)	112	112	100
Serum Amylase (23-851)	42	NA	NA
Serum Lipase (0-80)	84	NA	NA
WBC (THO/uL) (4.5-11.0)	4.5	28.8	20.4
Hgb (g/dL) (12-16)	2.2 (possible mistake)	15.6	6.3
Platelets (THO/uL) (150-350)	49	363	218
INR (<2.0)	4.93	4.93	1.11

Urinalysis

	1 st	2 nd	3 rd & 4 th	5 th	6 th &7 th	8,9,10 th
Glucose	Positive:	Positive: 500	Positive:	Positive: 500	Positive:	Negative
	>1000		>=1000 (x2)		1000 (x2)	(x3)

Medications During Hospitalization

Steroids**	Solumedrol				
Diuretics					
T3 Protocol					
T4 Protocol*	Yes				
Insulin**	Humulin R, NovolinR 100 units, started 122:13 hrs. before Forgan				
	recovery				
Antihypertensive					
Vasodilators					
DDAVP**					
Total parenteral nutrition					
Other	Arginine vasopressin, Zosyn 4.5 gm q6hr, Linazolid 600 mg q12hr, Albuterol 2.5 mg q4hr, Vancomycin, dextrose 50%, Chlohexidine0.12%, NaCL 9%, KCl 10MEq, Nicardipine 40mg, Pantoprazol 40mg, Propafol	Specify			

^{*}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.

^{**} Excluding T4 Protocol