

НРАР	126	UNOS			
Recovery OPO	GLDP	Allocation Via	UPENN ⊠	nPOD 🗆	
-	-				
Age (years)	50	DCD	_	10 ×	
Race	Hispanic	DBD	YES 🗵 N	10 🗆	
Sex	M □ F⊠	Admission to	68 Hours	44 Mins.	
		Cross Clamp			
ABO (Rh)	A (A1)+	Cross Clamp Time	06/15/2022		
BMI (Kg/m²)	31.01	Cold Ischemia	10 Hours	14 Mins.	
Weight (kg)	79.4	Time*			
Height (cm)	160.02				
Cause of Death	CVA/Stroke	Preservation	UW 🗵 H	нтк□	
		Solution			
Mechanism of	Intracranial	Organs Recovered	Heart 🗵	Kidney 🗵	
Injury	Hemorrhage/Stroke		Lung 🗵	Pancreas 🗵	
			Liver 🗵	Intestine $\square$	
Cardiac	Yes ⊠	Intraoperative			
Arrest/Downtime	No □	time lapse from	00 Hours	s 12 Mins.	
		liver to pancreas			
		removal from the			
		peritoneal cavity:			
CPR / Time	Yes ⊠	Organs Discarded	Heart $\square$	Kidney $\square$	
	No □		Lung $\square$	Pancreas $\square$	
	on and off 60 minutes		Liver $\square$	Intestine $\square$	
	AL A L	DI 10 "	D 11 /=		
Total Est. Downtime	Not documented	Blood Culture	Pending (24	inr result)	
Date /Time of	6/12/2022 04:13 EDT	PHS High Risk	YES 🗆 N	10 ×	
Admission	0,, -022 020 25 .				
		Acute Lung Injury	Stable chest w		
			edema and bibasilar consolidation Diffuse bilateral pulmonary opacities greatest in the lower		
			lobes.		
	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	T2DM(?	1 month	Metformin	Yes		
	prediabetic)					
History of cancer						
CAD						
Hypertension						
Hyperlipidemia						
Autoimmune disease						
Family History	CAD □	Diabetes 🗆	Auto immune disease	Others:		
Surgical History:	•		2022, Hysterectomy, Fibroid remov	, , ,		
	section 12 years ago, Appendectomy 10 years ago, wart removal from foot 1 month ago, R eye removal 50 years ago					
Comments:	Medical Hx: Right eye injury at birth with prosthesis, anxiety, HLD, IBS, paresthesia of left					
			nypothyroidism, uterine fibroid, pre-			
	metformin, GERD, carpal tunnel syndrome, cubital tunnel syndrome on the left, covid recovered fall of 2020, Pfizer covid vaccinated and boostered, rectal bleeding with internal					
	hemorrhoids, endometriosis, cystitis with hematuria, varicose veins, diagnosed with fatty					
	liver -unk who diagnosed her					
		,	, Imodium, Multivitamin,			
	Social Hx: Drank	wine 1 glass on C	hristmas since age 21.			

# **Hemodynamic Profile**

Average BP During Hospitalization (mmHg)	119/65	
Average Low BP During Hospitalization	52/38	Duration: 1 min.
Average BP in OR (mmHg)	120/70	
Average Low BP in OR (mmHg)	102/49	Duration: 3 min.
Average HR in OR (bpm)	85	
ABG-pH range	7.156 – 7.383	

#### **INTERVENTION**

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

Product	Amount (ml)	Units	Total (ml)	
Fresh Frozen Plasma				
PRBCs				
Platelets				
Norepinephrine (Levophed)		30 mcg/min started 50.03 hrs. before organ recovery.		
Vasopressin		0.04 - 1 units/min started 50.00 hrs. before organ		
		recovery		
Neo-Synephrine				
Epinephrine				
Phenylephrine		40-180 mcg/min started 59:27 hrs. before organ		
		recovery		
Dopamine				



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

Product	Amount (ml)	Units	Total (ml)
Fresh Frozen Plasma			
PRBCs			
Platelets			
Norepinephrine (Levophed)			
Vasopressin			
Neo-Synephrine (phenylephrine)		20 mcg/min	
Epinephrine			
Dopamine			
Heparin		24,000	

### 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	0.002	-0.002
<b>Cut-off values</b>	20	5	0.010	0.020

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

	C-peptide (ng/ml)	Proinsulin
Results	11.16	ND

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

### HLA (OPO)\*

Class 1	Α	01	32	Class II	DR	01	07
Class 1	В	14(65)	35	Class II	DR51	N-Negative	N-Negative
	С	04	08		DR52	N-Negative	N-Negative
	Bw4	Negative			DR53	53	N-Negative
	Bw6	Positive			DQB1	2	5
					DQA1	01	02
					DPB1	02:01	11:01
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-Quali		
EBV IgG	Positive	1	-	
EBV IgM	Negative	1	-	
CMV	Negative	<b>✓</b>	-	
HBcAb	Non-Reactive	1	-	
HBsAg	Non-Reactive	1	-	
HCV Ab	Non-Reactive	1	-	
HIV I/II	Non-Reactive	<b>✓</b>	-	
Syphilis	Non-Reactive	1	-	
Procleix Ultrio	ı	-	-	
Ultrio HBV	Non-Reactive	1	-	
Ultrio HCV	Non-Reactive	1	-	
Ultrio HIV	Non-Reactive	1	-	
Toxoplasma Ab	Negative	1	-	
SARS-CoV-2	Negative	✓	-	



### **Laboratory Panel**

	Initial	Peak	Terminal
Na (mEq/L) (135-145)	138	150	146
Creatinine (<1.5)	1.1	1.2	0.7
Glucose (mg/dL) (60-150)	268	268	213
HbA1C%	6.6		
Total bilirubin (0-1.0)	0.4	0.8	0.5
SGOT (AST) (0-40)	121	121	46
SGPT (ALT) (5-35)	125	125	23
Alkaline phosphatase (45-110)	70	70	47
Serum Amylase (23-851)	207	374	80
Serum Lipase (0-80)	15	15	5
WBC (THO/uL) (4.5-11.0)	24.2	32.4	19.3
Hgb (g/dL) (12-16)	13.1	14.2	9.3
Platelets (THO/uL) (150-350)	341	341	122
INR (<2.0)	1.1	1.2	1.1

### Urinalysis

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Glucose	250	250	100	Trace	Trace

### **Medications During Hospitalization**

Steroids**	Methylprednisolone 2gm,				
Diuretics	Furosemide 40 mcg x 2 doses, Mannitol 50 gm				
T3 Protocol					
T4 Protocol*	40 mcg/hr				
Insulin**	Insulin aspart 20 units				
Antihypertensive					
Vasodilators					
DDAVP**					
Total parenteral nutrition					
Other	Propofol 50mcg/kg, Ancef 1g, Fortaz 1g, Mg sulfate40 meq, Potassium Phosphorate, Sodium Bicarbonate, Fentanyl50mcg, Midazolam5mg, Duoneb, Pepcid 20mg, Keppra 3000mg, Cefazolin 2g, Levothyroxine 20U, Vasopressin 1 unit	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