

MULTI-VISCERAL AND COMPOSITE TISSUE ADVISORY GROUP

VCA transplantation NHSBT report 2018

Hand VCA reported previously n=3 two bilateral so hands=5

VCA performed since 2012 in Oxford

	Total	2016-17	2017-8
Abdominal wall (with Intestinal / MMVT)	26	4	2
Abdominal wall alone	1	1	
Radial forearm sentinel flap (with pancreas)	20	15	5
Radial forearm flap or DIEP with intestinal	5	2	2

(International reports of VCA currently number 176 excluding Oxford)

Allocation:

For AWT rate of consent is high.

But for sentinel forearm flap with pancreas the rate of donor consent remains low.

From 1st April to 10th October 2017:

Total pancreas offers accepted: 71

Total pancreas offers transplanted: 29

Total Sentinel Skin Flaps transplanted: 3

Is the low numbers of sentinel flap consent due to it not been considered ?

We are aware South Wales and East of England are not participating in seeking consent for sentinel flaps.

Number in South Wales region: origin of 4 pancreata transplanted but no sentinel flap consent sought

Number in East of England region: origin of 6 pancreata transplanted but no sentinel flap consent sought.

Results:

100% initial VCA success , one AWT loss at 1 week (2016-2017) massive internal haemorrhage, one RFF loss at one week (2015-2016) thrombosis.

Initial results regarding utility of sentinel flaps for immunological monitoring are encouraging but more patients, longer follow up, and correlation with immunological markers are needed.

AWT seems safe – no increase in DSA , no increase in GVHD, no increase in overall rejection episodes or solid organ graft loss. Survival figures at 3 and 12 moths equivalent to those pts without AWT.

Sentinel flap with intestinal or pancreas or SPK transplant seems safe – no increase in DSA, no episodes of GVHD, reduction in rejection episodes, no sentinel flap related solid organ graft loss.

Psychological assessment of the effect of visible transplant raises the possibility of greater awareness of transplant and better compliance with immunosuppression.

Issues:

More data and correlation of role of VCA in immunological monitoring.

Unsure how we can encourage consideration for and consenting for Sentinel forearm flaps

Unsure how to measure immunosuppression compliance to compare cohorts with and without visible transplant

Future:

Sentinel skin flap in 10 more pancreas pts,

Sentinel skin flap in heart and lung transplant

AWT in massive hernia pts.

Post presentation discussion:

Andrew suggested that the Utility and safety of sentinel skin flaps in immunological monitoring needs further assessment. And this would need correlated biopsies between sentinel skin and SOT to show association.

Utility of AWT in intestinal transplantation would benefit from discussion and correlation of data between Oxford and Cambridge- it was noted that the cohorts are not the same eg. Oxford has a cohort with abdominal wall loss/ involvement from tumour (desmoids/ PMP).

Henk Giele

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