NHS BLOOD AND TRANSPLANT

MULTI-VISCERAL AND COMPOSITE TISSUE ADVISORY GROUP

PATIENT SURVIVAL AFTER INTESTINAL TRANSPLANT

INTRODUCTION

 This regular paper reports on patient survival following deceased donor intestinal transplantation for transplants performed nationally. The period analysed was 1 January 2007 to 31 December 2022, in which 273 elective intestinal transplants were carried out in first time recipients. Follow-up data were available on the UK Transplant Registry (UKTR) as at 13 March 2023 for 269 (99%) patients. Note that this report excludes one living donor transplant performed at King's College in 2017.

DATA ANALYSIS

- 2. Kaplan-Meier survival curves were produced separately for paediatric and adult patients and within these cohorts, by transplant type and era. Short/medium-term survival rates are displayed within the plots. The results are based on small numbers and are not risk-adjusted so for these reasons should be treated as guidance only. Ten-year survival rates are presented. Graft status is reported for patients, where available, with a failed graft is defined as bowel reported to have failed on follow-up form or patient received a bowel re-transplant.
- 3. The key messages are:
 - Ten year survival rate estimates for paediatric and adult elective intestinal transplant recipients are 56.7% and 31.3%, respectively (**Figure 1**). **Table 1** shows the 90 day,1 year, 5 year, and 10 year survival rate estimates. At each time point survival was not significantly different between adult and paediatric recipients.
 - Bowel only (BO) transplants appear to have superior outcomes compared with multivisceral (MV) or liver, bowel and pancreas (LBP) transplants in the paediatric analysis, especially when analysed out to five years post-transplant (Table 2). In the adult analysis, there were no significant differences in outcome at 90 days and 1 year between the transplant types (Table 3). When analysed out to five years post-transplant, modified multivisceral (MMV) or bowel and pancreas (BP) transplants appeared to have superior outcomes. Please note that there were too few paediatric BP or MMV transplants to be included in Table 2 and Figure 2.
 - Survival estimates by era have been removed as comparisons are not significant.
 - One-year conditional patient survival estimates are shown in Tables 5-7. For these analyses, only patients who were known to have survived to one-year post-transplant are included. At each time point survival was not significantly different between adult and paediatric recipients (Table 5). For paediatrics, bowel only (BO) transplants appear to have superior outcomes compared with multivisceral (MV) or liver, bowel and pancreas (LBP) transplants, when analysed out to five years post-transplant (Table 6). For adults, modified multivisceral (MMV) or bowel and pancreas (BP) transplants appear to have superior five-year outcomes compared with bowel only (BO), multivisceral (MV) or liver, bowel and pancreas (LBP) transplants (Table 7).
 - Presenting patient survival rates by transplant indication (malignancy v non-malignancy) has not been possible due to the categories currently captured on the recipient registration and transplant record forms.
- 4. Additional information:
 - There have been eight super-urgent intestinal transplants performed in the UK to date in seven different patients, with the last occurring in November 2022. No further deaths for these patients have been recorded since last report, details can be found in **Table 8 (removed as patient identifiable)**.

- There have been 29 transplants including abdominal wall in the time period into 28 different adult patients: 17 bowel only and 12 MMV¹. Oxford performed 28 (97%) of these transplants with the remaining one at Cambridge. Table 9 (removed as patient identifiable) presents the causes of death of the abdominal wall recipients who died, since 1 January 2021. Figure 4 and Table 4 shows the Kaplan-Meier estimates for abdominal wall recipients where survival data are available (N=28), which is similar to the 5 year rate for all adult patients (Table 1).
- A variety of causes of death have been reported to the UKTR for the 107 patients who are deceased within 10 years following intestinal transplantation (**Table 10** and **Table 11, both removed as patient identifiable**).
- Of the 269 transplants considered, intestinal graft function status is available for 250 (93%). Of these, 39 (16%) have graft failure reported, with 16 alive at last report (12 without re-transplant). **Table 12 (removed as patient identifiable)** shows the reasons reported for graft failure for the 39 cases.

ACTION

- 5. Members are asked to note the contents of this paper. Timely provision of three-month and annual follow-up data to NHSBT will aid more accurate estimation of outcomes following intestinal transplantation.
- 6. Members are asked to consider the definition of graft failure which can be consistently applied. An agreed definition is required before graft survival rates can be considered in future reporting.

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¹ In addition, we are aware of at least two cases of abdominal wall only registrations in the time period. Transplant and outcome data are not available for this type of transplants in the UKTR.

ALL PATIENTS

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Table 1	Patient survival for first intestinal transplants between 1 January 2007 and 31 December 2022, by age group								
Age group	No. of patients	% 90 (day survival 95% CI)	%1y (vear survival 95% CI)	% 5 y (vear survival 95% CI)	ر 10 % ۲)	γear survival 95% CI)
Paediatric Adult	87 182	95.4 92.3	88.2 – 98.2 87.4 – 95.4	86.0 82.2	76.6 – 91.8 75.6 – 87.1	63.8 61.6	51.8 – 73.5 52.9 – 69.3	56.7 31.3	43.5 – 68.0 20.2 – 43.0
Log-rank p-v	alue	0.34		0.40		0.73		0.06	

Figure 1 10 year patient survival following intestinal transplantation, by age group



PAEDIATRIC PATIENTS

Table 2	Paediatric patient survival for first intestinal transplants between 1 January 2007 and 31 December 2022, by transplant type								
Transplant	No. of patients	% 90 %	day survival	% 1 y	ear survival	% 5 yo	ear survival	% 10 y	ear survival
type		(§	∂5% Cl)	(!	95% CI)	(9	95% Cl)	(9	95% Cl)
BO	34	100	-	91.2	75.1 – 97.1	80.2	60.8 – 90.7	69.7	47.0 – 84.1
LBP, MV	46	91.3	78.5 – 96.6	80.1	65.2 – 89.1	49.4	33.2 – 63.7	49.4	33.2 – 63.7
Log-rank p-va	alue	0.08		0.16		0.006		0.02	

Survival rates at 10 years should be interpreted with caution due to the low number of patients entering the interval alive, which may produce unstable estimates.





ADULT PATIENTS

Table 3	Adult patient survival for first intestinal transplants between 1 January 2007 and 31 December 2022, by transplant type									
Transplant	No. of patients	% 90	day survival	% 1 y	ear survival	% 5 y	vear survival	ر 10 %	year survival	
type		(95% CI)	(95% CI)	(95% CI)	!)	95% CI)	
BO	58	94.8	84.8 – 98.3	89.4	77.8 – 95.1	66.1	50.2 – 78.1	42.4	23.8 – 59.8	
LBP, MV	65	87.7	76.9 – 93.6	77.6	65.1 – 86.1	45.7	30.9 – 59.4	20.0	6.4 – 39.0	
BP, MMV	59	94.9	85.1 – 98.3	80.1	66.8 – 88.4	74.5	59.7 – 84.6	19.8	1.7 – 52.2	
Log-rank p-va	alue	0.20		0.20		0.02		0.04		

Survival rates at 10 years should be interpreted with caution due to the low number of patients entering the interval alive, which may produce unstable estimates.



Figure 3 10 year adult patient survival following intestinal transplantation, by transplant type

			Years post-transplant	
во	58	46	22	
LBP, M∨	65	38	13	
BP, MMV	59	41	19	

ABDOMINAL WALL PATIENTS

Table 4	Patient survival for first intestinal transplants containing abdominal wall, between 1 January 2007 and 31 December 2022							
No. of patients	% 90 day survival (95% Cl)		% 1 y (ear survival 95% Cl)	% 5 year survival (95% Cl)			
28	82.1	62.3 – 92.1	70.9	50.2 - 84.3	54.4	33.5 – 71.2		
The survival rate at 5 years should be interpreted with caution due to the low number of patients entering the interval alive, which may produce unstable estimates.								





CONDITIONAL SURVIVAL POST ONE YEAR TRANSPLANT

ALL PATIENTS

Table 5	Patient survival for post-transplant. Tra group	ing to one year ber 2022, by age			
Age group	No. of patients	% 5 year survival (95% Cl)		% 10 year survival (95% Cl)	
Paediatric Adult	68 125	74.2 75.0	61.3 – 83.4 65.2 – 82.4	66.0 38.1	51.0 – 77.3 24.4 – 51.6
Log-rank p-value)	0.73		0.08	





PAEDIATRIC PATIENTS

Table 6 Paediatric patient survival for first intestinal transplants, conditional on surviving to one year post-transplant. Transplants between 1 January 2007 and 31 December 2022, by transplant type Transplant % 5 year survival % 10 year survival No. of patients (95% CI) (95% CI) type 76.4 BO 28 88.0 67.1 – 96.0 51.3 - 89.7 35 LBP, MV 61.7 42.3 - 76.3 61.7 42.3 - 76.3 Log-rank p-value 0.02 0.06

Survival rates at 10 years should be interpreted with caution due to the low number of patients entering the interval alive, which may produce unstable estimates.



Figure 6 10 year paediatric patient survival following intestinal transplantation, by transplant type

ADULT PATIENTS

Table 7	Adult patient survival for first intestinal transplants, conditional on surviving to one year post-transplant. Transplants between 1 January 2007 and 31 December 2022, by transplant type									
Transplant type	No. of patients	% 5 ye (9	ar survival 5% Cl)	% 10 year survival (95% Cl)						
BO	46	74.0	56.7 - 85.3	47.4	26.4 - 65.8					
BP, MMV	38 41	93.1	40.1 – 73.6 75.1 – 98.2	24.7	1.8 - 61.5					
Log-rank p-value		0.005		0.09						
Survival rates at 1	O voore chould be int	orprotod with o	oution due to the low n	umbor of potion	to optoring the					

Survival rates at 10 years should be interpreted with caution due to the low number of patients entering the interval alive, which may produce unstable estimates.



Figure 7 10 year adult patient survival following intestinal transplantation, by transplant type