

Letter to the Editor

Reply to Comment on the Article “OPTN/SRTR 2015 Annual Data Report: Pancreas”

To the Editor:

We appreciate the detailed reading of OPTN/SRTR 2015 Annual Data Report: Pancreas by Dr. Gruessner (1). She makes several points that we would like to address.

The Organ Procurement and Transplantation Network/Scientific Registry of Transplant Recipients (OPTN/SRTR) Annual Data Report surveys all solid-organ transplants, and deceased donor recovery and transplant economics, and attempts to maintain methodological consistency across chapters. We include multivisceral transplants in each organ-specific chapter, unless otherwise noted in a figure caption, as the most practical approach for including all transplants in the survey. The number of multivisceral combinations is large enough to make reporting each separately unwieldy, and not reporting them is inconsistent with the goal of providing a broad overview of solid organ transplantation in the United States. Multivisceral transplants are included in the waitlist counts, transplant counts, and outcomes for simultaneous pancreas–kidney (SPK), pancreas after kidney (PAK), and pancreas transplant alone (PTA). Multivisceral transplants make up a relatively small percentage of total transplants of each organ type per year. In 2015, 8.3% of kidney (including SPK), 10.4% of liver, 7.6% of heart, and 1.2% of adult lung transplants were multivisceral; 0.3% of SPK (excluding kidney) and 0% of PAK were multivisceral, compared with 36% of PTA. Our method minimally affects most counts and survival estimates, but is misleading for PTA. A further complication is the label “PTA,” a historical term meant to distinguish between pancreas transplants with and without an accompanying or preceding kidney graft. Readers might reasonably assume that PTA recipients receive only a pancreas graft, which, because of our methodology and the label’s origin, is not the case.

Dr. Gruessner correctly points out that posttransplant mortality is generally higher for multivisceral recipients, which is particularly apparent for PTA because of the relatively high incidence of multiviscerals. We acknowledge the concern raised in this regard, and future reports will estimate PTA outcomes without multivisceral transplants. However, we will continue to include PTAs with multiviscerals in some of our descriptive figures, as we do for other organs. Of note, the cohort of multivisceral

PTAs excludes those in which the pancreas was transplanted for technical reasons only. We recreated Figures PA 61–63 in the pancreas chapter with multivisceral transplants removed, and with all PTAs (with and without multivisceral) included for reference. Our estimates for 1-year patient mortality agree closely with Dr. Gruessner’s (Figure 1A). Figures 1B and C show 5- and 10-year mortality curves.

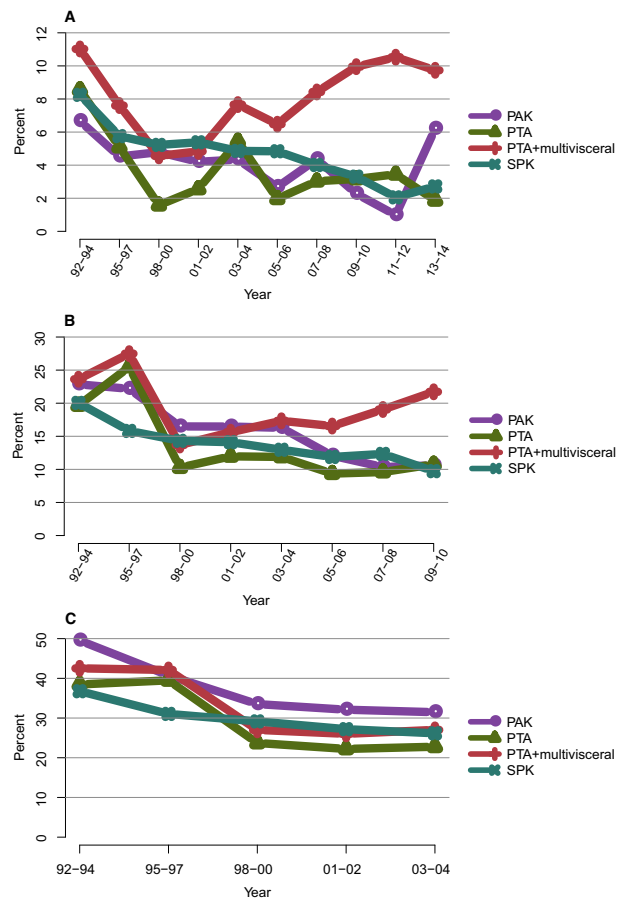


Figure 1: Patient death at (A) 1 year, (B) 5 years, and (C) 10 years posttransplant among adult pancreas transplant recipients. PAK, pancreas after kidney; PTA, pancreas transplant alone; SPK, simultaneous pancreas–kidney.

In response to Dr. Gruessner's final point, most pancreas data are limited to adult candidates and transplants, as noted in the figure titles, except Figures PA 34–39, which show overall counts of transplants by demographic groupings. The pediatric transplants in Figure PA 35 were all multivisceral. These figures show numbers of pancreas transplants performed per year in total, like comparable figures in all organ-specific chapters.

The 2015 report, like recent previous Annual Data Reports, describes patient survival but not graft survival, due to lack of a consistent national definition of graft failure for the pancreas allograft, and hence concern for accuracy and consistency in the way graft success is reported. Because the OPTN Pancreas Committee recently agreed on a consistent definition of graft failure, future reports will include pancreas allograft survival once data are available, further increasing the importance of correctly identifying PTA in nonuremic recipients separate from multivisceral transplants. International Pancreas Transplant Registry reports by Gruessner et al, widely used by the pancreas community, will also benefit from a consistent definition of pancreas graft failure.

We thank the editors for the opportunity to respond.

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Disclosure

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Reference

1. Gruessner A. Comment on the article OPTN/SRTR 2015 Annual Data Report: Pancreas. *Am J Transplant* 2017. DOI:10.1111/ajt.14274