Pediatric Pancreas Transplant Recipient Registration Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2023

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI® application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI® application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

Recipient Information

Name: **DOB:**

SSN: **Gender:**

HIC: **Tx Date:**

State of Permanent Residence: *

Permanent Zip: * -

Provider Information

Recipient Center:

Surgeon Name: *

NPI#: *

Donor Information

UNOS Donor ID #:

Recovering OPO:

Donor Type:

Patient Status

Primary Diagnosis: *

Specify:

Date: Last Seen, Retransplanted or Death *

Patient Status: *

- **LIVING**
- **DEAD**
- **RETRANSPLANTED**

Primary Cause of Death:

Specify:

Contributory Cause of Death:

Specify:

Contributory Cause of Death:

Specify:

Transplant Hospitalization:

Date of Admission to Tx Center: *

Date of Discharge from Tx Center:

Clinical Information : PRETRANSPLANT

Functional Status: *

Cognitive Development: *

- **Definite Cognitive delay/impairment**
- **Probable Cognitive delay/impairment**
- **Questionable Cognitive delay/impairment**
- **No Cognitive delay/impairment**
- **Not Assessed**

Motor Development: *
- Probable Motor delay/impairment
- Questionable Motor delay/impairment
- No Motor delay/impairment
- Not Assessed

Academic Progress: *
- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable, too young for school/ High School graduate or GED
- Status Unknown

Academic Activity Level: *
- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Unable to participate regularly due to dialysis
- Not Applicable, too young for school/ High School graduate or GED
- Status Unknown

Source of Payment:

Primary: *

Specify:

Date of Measurement:

Height: * ft. in. cm **ST=**

Weight: * lbs kg **ST=**

BMI: kg/m^2

Previous Transplants:

Previous Transplant Organ	Previous Transplant Date	Previous Transplant Graft Fail Date

The three most recent transplants are listed here. Please contact the UNet Help Desk to confirm more than three previous transplants by calling 800-978-4334 or by emailing unethelpdesk@unos.org.

Pretransplant Dialysis: * **YES** **NO** **UNK**

If Yes, Date of Most Recent Initiation of Chronic Maintenance Dialysis: ST=

Average Daily Insulin Units: * units/kg/day **ST=**

Serum Creatinine at Time of Tx: * mg/dl **ST=**

Viral Detection:

HIV Serostatus: *
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

CMV Status *
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HBV Surface Antibody Total *
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HBV Core Antibody: *
- Negative
- Not Done
- UNK/Cannot Disclose

HBV Surface Antigen: *
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HCV Serostatus: *
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

EBV Serostatus: *
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

NAT Results:

HIV NAT: *
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HBV NAT: *
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HCV NAT: *
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

Malignancies between listing and transplant: * YES NO UNK

This question is NOT applicable for patients receiving living donor transplants who were never on the waiting list.

If yes, specify type:
- Skin Melanoma
- Skin Non-Melanoma
- CNS Tumor
- Genitourinary
- Breast
- Thyroid
- Tongue/Throat/Larynx
- Lung
- Leukemia/Lymphoma
- Liver
- Other, specify

Specify:

Clinical Information : TRANSPLANT PROCEDURE

Multiple Organ Recipient

Were extra vessels used in the transplant procedure:

Surgical Information:

Graft Placement: *
- INTRA-PERITONEAL
- RETRO-PERITONEAL
- PARTIAL INTRA/RETRO-PERITONEAL

Operative Technique: *
- PANCREAS ALONE
- CLUSTER
- MULTI-ORGAN NON-CLUSTER
- PANCREAS AFTER KIDNEY
- PANCREAS WITH KIDNEY DIFFERENT DONOR

Duct Management: *
- ENTERIC W/ROUX-EN-Y
- ENTERIC W/O ROUX-EN-Y
- CYSTOSTOMY
- DUCT INJECTION IMMEDIATE
- DUCT INJECTION DELAYED
- OTHER SPECIFY

Specify:

Venous Vascular Management: *
- SYSTEMIC SYSTEM (ILIAC:CAVA)
- PORTAL SYSTEM (PORTAL OR TRIBUTARIES)
- NA/Multi-organ cluster

Arterial Reconstruction: *
- CELIAC WITH PANCREAS
- Y-GRAFT TO SPA & SMA
- SPA TO SMA DIRECT
- SPA TO SMA WITH INTERPOSITION
- SPA ALONE
- OTHER SPECIFY

Specify:

Venous Extension Graft: * YES NO

Preservation Information:

Total Pancreas Preservation Time (include Cold, Warm, Anastomotic time): * hrs ST=

Clinical Information : POST TRANSPLANT

Pancreas Graft Status: * Functioning Failed

If death is indicated for the recipient, report graft status up until the instance of death.

Patient using either oral medication or diet for blood sugar control: * YES NO UNK

Patient on oral medication to control blood sugar:* YES NO UNK

Date of medications resumed:* ST=

Patient using diet to control blood sugar:* YES NO UNK

Patient on insulin?* YES NO UNK

Date insulin resumed:* ST=

Average total insulin dosage per day:* units/kg/day ST=

Insulin duration of use:* days ST=

C-peptide value: ng/mL **ST=**

HbA1c: % **ST=**

Date of Graft Failure:

Pancreas Primary Cause of Graft Failure:

Specify:

Contributory causes of graft failure:

Pancreas Graft/Vascular Thrombosis: YES NO UNK

Pancreas Infection: YES NO UNK

Bleeding: YES NO UNK

Anastomotic Leak: YES NO UNK

Hyperacute Rejection: YES NO UNK

Pancreas Acute Rejection: YES NO UNK

Biopsy Proven Isletitis: YES NO UNK

Pancreatitis: YES NO UNK

Other, Specify:

Pancreas Transplant Complications:

(Not leading to graft failure.)

Pancreatitis:* YES NO UNK

Anastomotic Leak:* YES NO UNK

Abscess or Local Infection:* YES NO UNK

Pancreas Transplant Complications: Other

Did patient have any acute rejection episodes between transplant and discharge:*

- **Yes, at least one episode treated with anti-rejection agent**
- **Yes, none treated with additional anti-rejection agent**
- **No**

Immunosuppressive Information

Are any medications given currently for maintenance or anti-rejection:* YES NO

Immunosuppressive Medications

View Immunosuppressive Medications

Definitions Of Immunosuppressive Medications

For each of the immunosuppressive medications listed, select **Ind** (Induction), **Maint** (Maintenance) or **AR** (Anti-rejection) to indicate all medications that were prescribed for the recipient during the initial transplant hospitalization period, and for what reason. If a medication was not given, leave the associated box(es) blank.

Induction (Ind) immunosuppression includes all medications given for a short finite period in the perioperative period for the purpose of preventing acute rejection. Though the drugs may be continued after discharge for the first 30 days after transplant, it will not be used long-term for immunosuppressive maintenance. Induction agents are usually polyclonal, monoclonal, or IL-2 receptor antibodies (example: methylprednisolone, Campath, Thymoglobulin, or Simulect). Some of these drugs might be used for another finite period for rejection therapy and would be recorded as anti-rejection therapy if used for this reason. For each induction medication indicated, write the total number of days the drug was actually administered in the space provided. For example, if Simulect was given in 2 doses a week apart then the total number of days would be 2, even if the second dose was given after the patient was discharged.

Maintenance (Maint) includes all immunosuppressive medications given before, during or after transplant with the intention to maintain them long-term (example: prednisone, cyclosporine, tacrolimus, mycophenolate mofetil, azathioprine, or Rapamune). This does not include any immunosuppressive medications given to treat rejection episodes, or for induction.

post-transplant period or during a specific follow-up period, usually up to 30 days after the diagnosis of acute rejection (example: methylprednisolone, or Thymoglobulin). When switching maintenance drugs (example: from tacrolimus to cyclosporine; or from mycophenolate mofetil to azathioprine) because of rejection, the drugs should not be listed under AR immunosuppression, but should be listed under maintenance immunosuppression.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Ind, Maint, or AR next to Other Immunosuppressive Medication field, and enter the full name of the medication in the space provided. **Do not list non-immunosuppressive medications.**

Drug used for induction, acute rejection, or maintenance

	Ind.	Days	ST	Maint	AR
Steroids (prednisone, methylprednisolone, Solumedrol, Medrol)	☐		☐	☐	☐

Drugs used for induction or acute rejection

	Ind.	Days	ST	Maint	AR
Atgam	☐		☐		☐
Campath (alemtuzumab)	☐		☐		☐
Cytoxan (cyclophosphamide)			☐		☐
Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex)			☐		☐
Rituxan (rituximab)	☐		☐		☐
Simulect (basiliximab)	☐		☐		☐
Thymoglobulin	☐		☐		☐

Drugs primarily used for maintenance

	Ind.	Days	ST	Maint	AR
Cyclosporine, select from the following:					
- Gengraf			☐	☐	
- Neoral			☐	☐	
- Sandimmune			☐	☐	
- Generic cyclosporine			☐	☐	
Imuran (azathioprine, AZA)			☐	☐	
Leflunomide (LFL)			☐	☐	
Mycophenolic acid, select from the following:					
- CellCept (MMF)			☐	☐	
- Generic MMF (generic CellCept)			☐	☐	
- Myfortic (mycophenolic acid)			☐	☐	
- Generic Myfortic (generic mycophenolic acid)			☐	☐	
mTOR inhibitors, select from the following:					
- Rapamune (sirolimus)	☐		☐	☐	
- Generic sirolimus	☐		☐	☐	
- Zortress (everolimus)	☐		☐	☐	
Nulojix (belatacept)			☐	☐	
Tacrolimus, select from the following:					
- Astagraf XL (extended release tacrolimus)			☐	☐	
- Envarsus XR (tacrolimus XR)			☐	☐	
- Prograf (tacrolimus)			☐	☐	
- Generic tacrolimus (generic Prograf)			☐	☐	

Other drugs

	Ind.	Days	ST	Maint	AR

Other immunosuppressive medication, specify:		☐			☐	☐	