

Posters: Transplant Surgery

0068: DEMOGRAPHIC FEATURES AND OUTCOME MEASURES FOR UNDERWEIGHT RENAL TRANSPLANT RECIPIENTS: A SINGLE CENTRE TEN-YEAR EXPERIENCE

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Aim: Obesity is increasing in the renal transplant population provoking significant clinical interest. However, outcomes for underweight (BMI \leq 18.5 kg/m²) patients have been poorly defined. We present our ten-year experience of underweight transplant recipients including functional outcomes.

Methods: Consecutive adult patients undergoing renal transplantation (January 2004–January 2014) at the Queen Elizabeth Hospital, Birmingham were included and divided into two groups (BMI \leq 18.5 and BMI $>$ 18.5). Demographic features and graft outcomes were obtained from a contemporaneously maintained database.

Results: 33 of 1095 patients (3.01%) were underweight. These tended to be female (60.6% vs 40.2% $p < 0.001$) and young (mean age 27.0 vs 46.7 $p < 0.001$). 1-year graft and patient survival values were similar for underweight and non-underweight groups (90.9% vs 90.5% ($p = 0.005$) and 97.0% vs 98.6% ($p = 0.460$) respectively). Median creatinine at 12 months was lower for the underweight group (107 μ mol/L (88–135) vs 129 μ mol/L (105–162) $p < 0.001$).

Conclusion: Underweight renal transplant recipients are not representative of the overall transplant population and are more likely to be young females. However such patients have excellent outcomes with comparable graft and patient survival to non-underweight counterparts. Whilst absolute creatinine values are lower in underweight patients, this may reflect lower muscle mass and necessitates further study.

0088: NEW ONSET DIABETES AFTER TRANSPLANTATION: IS IT A BIG DEAL? RISK FACTORS AND IMPACT AFTER KIDNEY TRANSPLANTATION. A SINGLE CENTRE EXPERIENCE

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Aim: New Onset Diabetes after Transplantation (NODAT) can affect graft and patient survival following renal transplantation. But there's a lack of evidence in its effect on ethnic minority; in particular transplant patients from Indian Sub-continent (ISC). We have reviewed our experience to address this issue.

Methods: The data was collected from a prospectively collated database from a single centre between 2007–2013. The data collected included donor and recipient variables- age, sex, type of donor, ethnicity, BMI, comorbidities, cold ischemia time, graft and patient survival. A univariate and multivariate analysis were performed using SPSS.

Results: A total of 639 patients were included in this population, 294 (46.1%) Caucasians and 345 (53.9%) non-Caucasians with a mean age at transplant of 45.6 ± 12.3 . During a mean follow-up of 4.55 years, 62 (9.7%) of the patients had NODAT, 16 (25.8%) were Caucasian and 43 (69.4%) were non-Caucasian. The significant risk factors are recipient age, from Indian sub-continent, deceased donors and recipient body mass index and no significant difference was found in Co-variables.

Conclusion: Increased incidence of NODAT was found in the renal transplant patients from ISC and despite published evidences; there is no significant effect on the graft and patient survival following transplantation.

0118: KNOWLEDGE AND OPINIONS HELD BY BRITISH AND CANADIAN SIKHS REGARDING SOLID ORGAN AND STEM CELL TRANSPLANTATION

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Aim: British and Canadian Sikh membership to the stem cell and organ donation registers are low. Previously, Sikhs were studied collectively with

the other heterogeneous South Asian communities, creating unfocused results. Recent British stem cell campaigns have spurred a 1,200% increase of South Asians on the register possibly due to targeted campaigns.

Methods: Our online questionnaire assessed stem cell and organ donation knowledge and belief among Sikhs.

Results: Organ donation registry is similar for British (35.5%, $n = 43$) and Canadian Sikhs (36.0%, $n = 40$). However, British Sikhs are more likely to be stem cell donor registrants (28.1%, $n = 34$) compared to Canadians (13.5%, $n = 15$). The main reason British Sikhs joined the stem cell register was due to a targeted campaign (45%, $n = 54$). Knowledge on stem cell donation is poor compared to organ donation ($p < 0.01$). The main reason for lack of registration to either the stem cell or organ donation register is having 'never considered' joining, at 69% ($n = 161$) and 52% ($n = 121$) respectively.

Conclusion: There are increased numbers of British Sikhs on the stem cell register but they appear to know less. Targeted campaigns could increase membership, but this needs to be balanced with a good knowledge base for registry.

0172: PATTERNS OF CMV INFECTION POST RENAL TRANSPLANT

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Aim: CMV infection post renal transplant is most common in seronegative recipients of seropositive donors (Donor+/Recipient-) leading to widespread use of antiviral prophylaxis. Non-prophylaxed, combinations manifest a lower incidence. We evaluate incidence and timing of CMV viraemia and disease in all donor/recipient serological combinations.

Methods: This study included consecutive renal transplant patients 1/7/10–30/6/13 with a minimum of 1 year follow-up. Demographic data, donor/recipient pre-transplant CMV status, and post-transplant CMV PCR were extracted from a prospectively compiled, electronic patient record. Time to CMV DNA PCR positivity was calculated in all groups.

Results: Pre-transplant CMV status was established for 294/335(87.7%) transplantations. 23.5%(69/294) were in the prophylaxis group (D+/R-). 43.5%(30/69) of the prophylaxis group encountered CMV viraemia post-transplant [27.5%(19/69)symptomatic] versus 8.9%(20/225) in the non-prophylaxis group [1.8% (4/225)symptomatic]. Peak incidence of CMV viraemia was at 90-days in the non-prophylaxis group compared to 270 days post-transplant in the prophylaxis group.

Conclusion: CMV viraemia occurs in the high risk group despite prophylaxis but mostly later than 6 months post transplant. Clinicians should maintain a high level of clinical suspicion for CMV infection in non-prophylaxed patients early post-transplant. In prophylaxed patients, infection is more likely 6–18 months post-transplant.

0390: DEALING WITH THE DEFICIT: SEROPOSITIVE-TO-SEROPOSITIVE ORGAN TRANSPLANTATION IN PATIENTS WITH HIV

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Aim: In the HAART-age, survival has improved amongst patients with HIV. A new ageing population has emerged with chronic conditions, necessitating the need for organ transplantation. Organ transplantation in seropositive recipients has shown comparable patient and graft survival compared to seronegative recipients. But the donor pool is limited.

Methods: Multiple databases were systematically searched (inception to October 2014) using keywords: HIV-positive, Recipient, Donor, Transplantation, Kidney, Pancreas.

Results: Limited data exists evaluating the viability and prospect of seropositive-seropositive organ transplantation. To date 14 seropositive-seropositive renal transplants, using anti-thymocyte globulin induction therapy have been reported with good graft function and dialysis-free at 12 months. Over 60% of seropositive individuals are agreeable to organ donation, with 55% open to receiving seropositive organs. Concerns of infection, quality of organ and confidentiality were barriers to seropositive-seropositive organ transplantation. Uncertainty and stigma still exists around performing transplants in seropositive recipients among transplant practitioners.