

The background is a solid orange color with a pattern of stylized, darker orange leaves scattered along the left and right edges. The leaves vary in shape, including some with multiple lobes and others that are more elongated.

# Learning Objectives PRE TEST

ASTS 8<sup>th</sup> Annual Surgical Fellows Symposium

Friday, October 17, 2014

# Learning Objectives

After completing this educational activity, fellows will be able to:

1. Demonstrate new focused knowledge in areas that have been identified as underemphasized in many clinical training programs, including pancreas and intestinal transplantation, advanced topics in donor and recipient management, and the regulatory environment of transplantation.
2. Apply new methods and techniques to improve immunosuppression and function, organ allocation, donor and recipient evaluation, the long term management of post transplant recipients to improve patient outcomes.

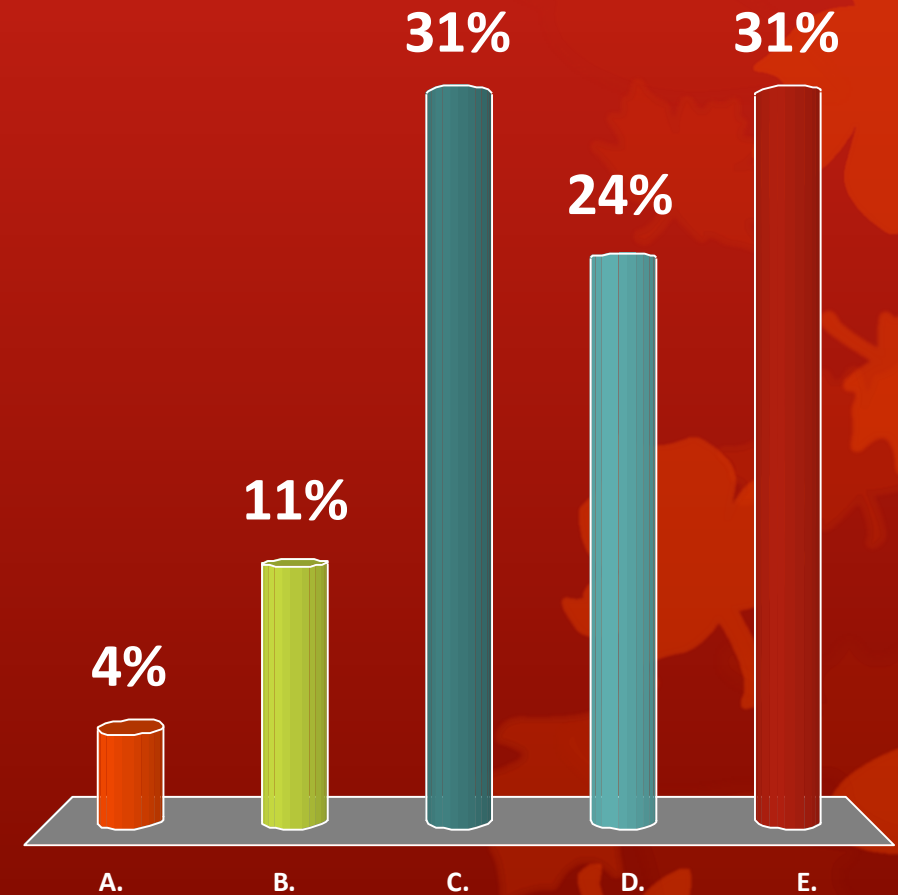
# Learning Objectives

After completing this educational activity, fellows will be able to:

3. Evaluate case studies to improve competence in organ specific donor recipient pairing and strategies to apply them in individual practices.
4. Recognize the regulatory environment in solid organ transplantation and aspects of transplant program and team management.

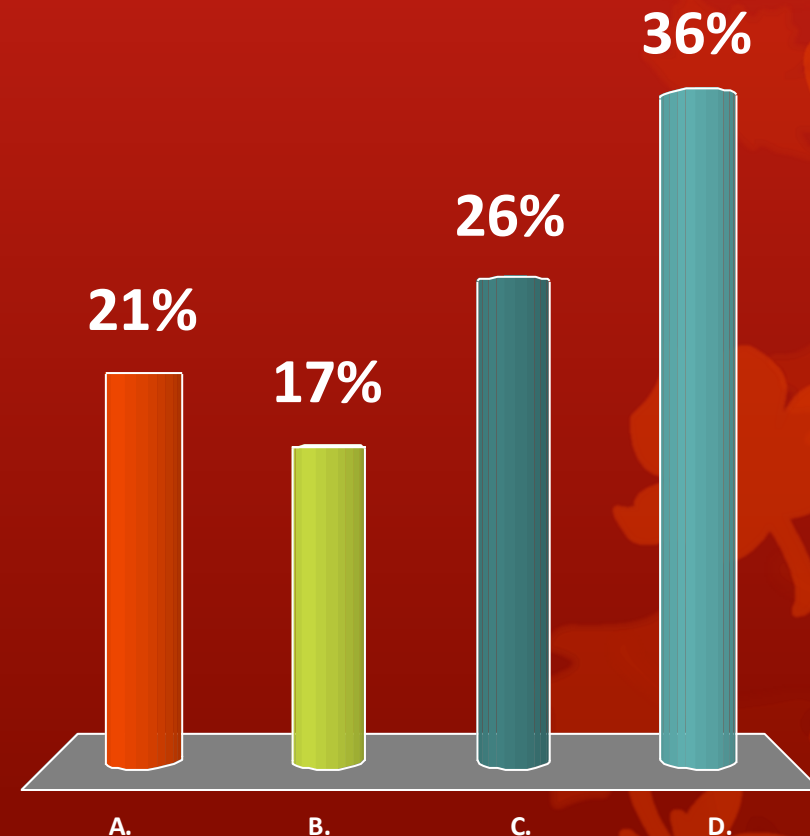
Which of the following is **not** true regarding the new kidney allocation system that has been approved?

- A. The kidney donor profile index will have a role
- B. Estimated Post-transplant survival will have a role
- C. Regional sharing will be utilized for recipients with calculated PRA >85%
- D. Listing time will be back dated to the time of the initiation of dialysis
- E. Patients can begin to accrue time on the UNOS wait list when the GFR drops below 20 cc/minute



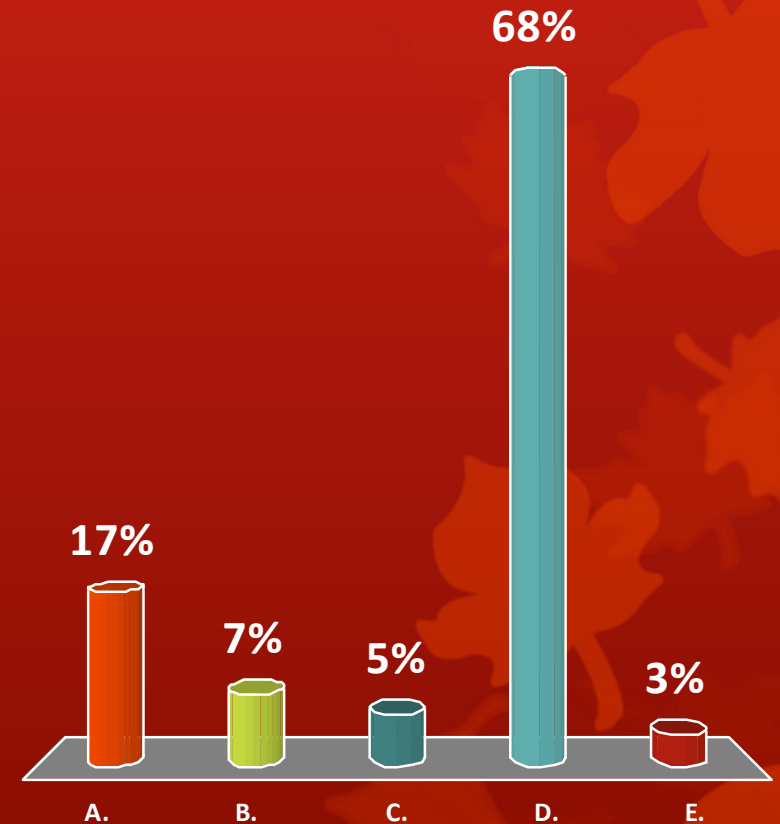
# Which of the following is true?

- A. CMS directs OPTN policies
- B. CMS is the contractor for the OPTN network
- C. OPTN policies are governed by the Final Rule
- D. OPTN is responsible for all auditing of transplant centers



Testing for anti-HLA antibodies (alloantibodies) using commercially available and approved solid phase or flow cytometry based single antigen testing is characterized by which of the following:

- A. It is more specific and accurate than complement dependent cytotoxicity (CDC) testing.
- B. Is it able to detect all possible antibodies causing acute antibody mediated rejection (AMR).
- C. A negative result guarantees successful compatibility between donor and recipient.
- D. It is a very sensitive test that detects most important alloantibodies.
- E. It distinguishes the function of various alloantibodies.

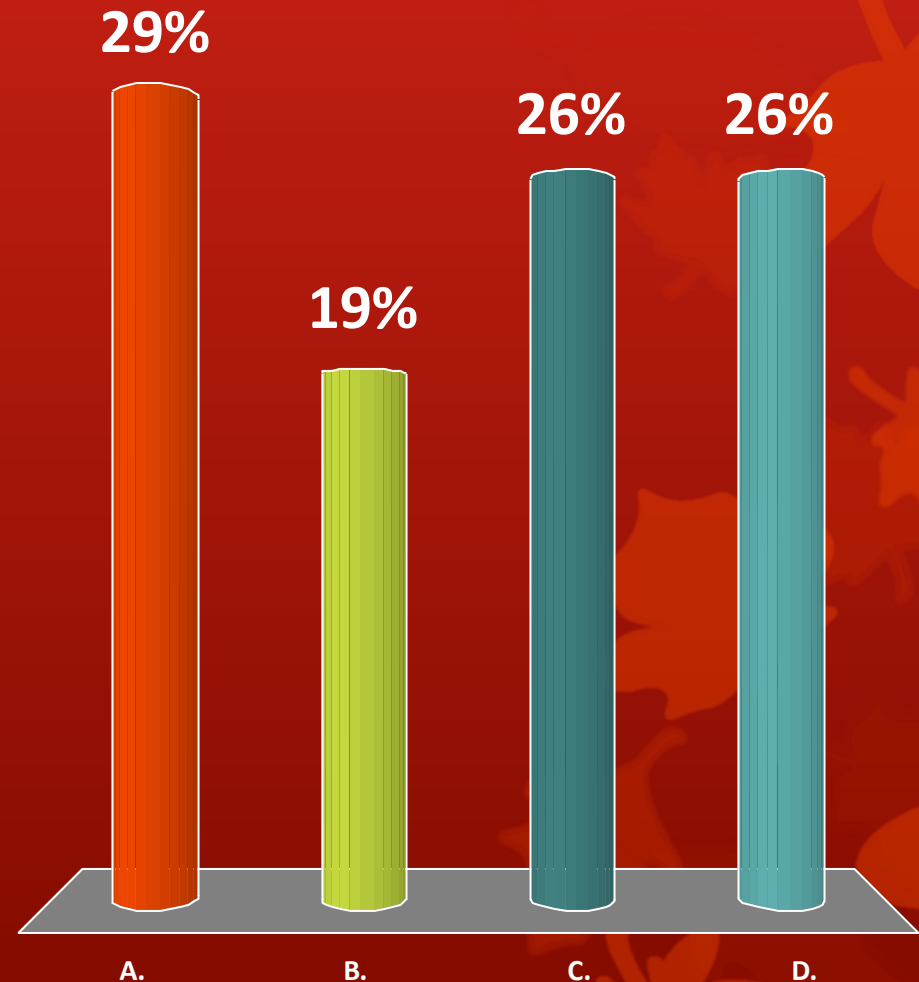


You, the transplant surgeon, are asked to consult on the following patient:

- 32 yo previously healthy male who is left with 50 cm of non-dilated jejunum anastomosed to transverse colon after a midgut volvulus 2 years ago. He is on TPN 6 days per week and IV hydration 1 day per week with a baseline stable weight. He has had 2 hickman catheters and 1 catheter related infection. His liver function is clinically normal. Your recommendation is:

Your recommendation is:

- A. Stay on TPN and continue current management
- B. Stop his TPN and follow his weight
- C. Perform a STEP
- D. Perform an isolated intestinal transplant

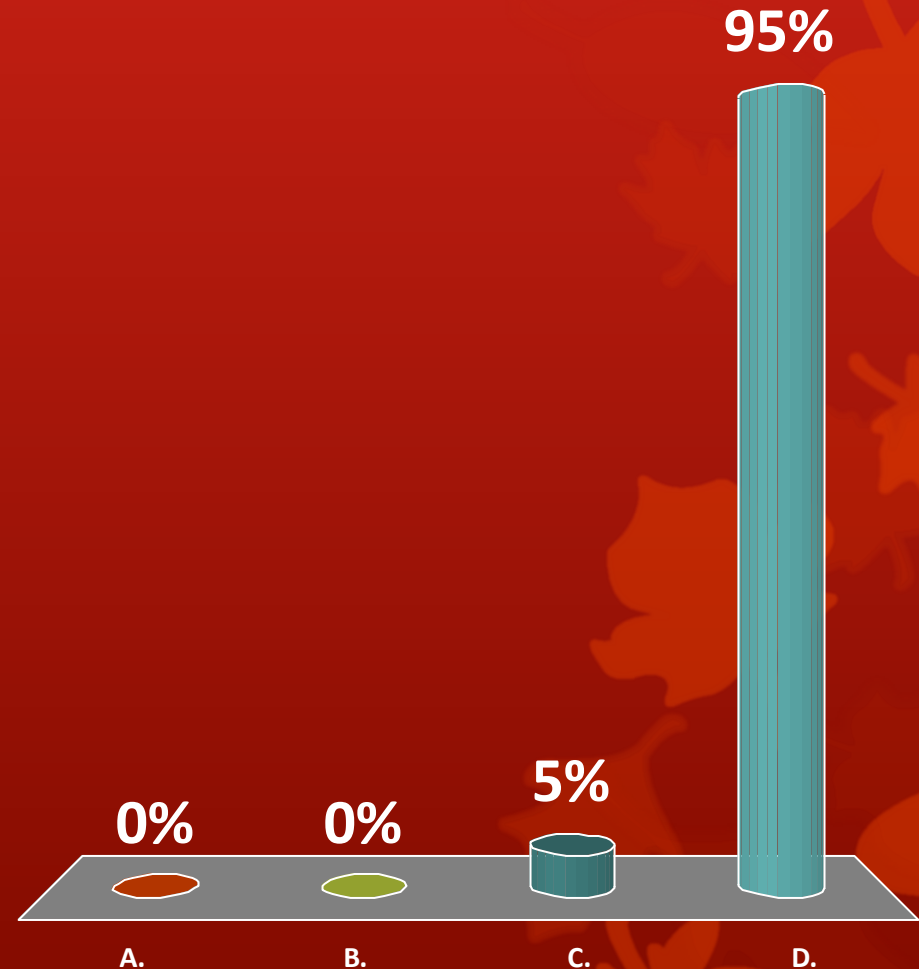




54 YO male 4 months post liver transplantation for hepatitis C and hepatocellular carcinoma. His last liver function, three weeks ago, was normal. Now he has presented with abnormal LFTs, AST 232, ALT 310, Alk Phos 433, and bilirubin of 2.7. There is normal WBC and platelet counts with INR of 1.4. He has been on maintenance immunosuppression with tacrolimus (trough levels 5-8) and mycophenolate mofetil . His ultrasound shows patency of all the vessels with normal direction of flow.

# What would be your management plan?

- A. Start the patient on antivirals for hepatitis C recurrence with concerns for the possibility of evolving fibrosing cholestatic hepatitis C based on this rapid increase in LFTs
- B. Increase tacrolimus dose and repeat blood work in a week.
- C. This looks like a bad rejection and the patient needs steroid blast ASAP followed by a biopsy
- D. Arrange for a liver biopsy, check for HCV viral load, and discuss the case with pathologist



Mandatory management for optimal outcomes in pancreas transplant include:

- A. Enteric drainage
- B. Bladder drainage
- C. Operative technique
- D. Routine postoperative insulin drip
- E. Postoperative heparin therapy

