CANADIAN SOCIETY OF TRANSPLANTATION

CST News

Welcome to CST News. This newsletter is sent to all CST members and is posted on the CST Website.
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PRESIDENT'S MESSAGE

Dear CST Members:

The holiday season is here already, which means that the CST Annual Scientific Meeting is just around the corner. The Program Committee, under the capable leadership of Dr. Lee Anne Tibbles, has put together a very exciting program for Banff (March 15-18), including an innovative Leadership Forum to celebrate our 25th anniversary (www.cst-transplant.ca). We'd like to solicit any old photos that you may have hanging in the hallways of your institution that we might use to mark the passing of 25 years of transplantation in Canada (please send to Hélène in the CST office). Other anniversary celebrations will be held during the meeting and gala dinner, and the quality of the abstracts has been exceedingly high, so please plan to attend this important event of our Society.

At our Board meeting in November in Toronto, there were lively discussions about the expanding needs of the Society, and ways in which our structure can change to meet these evolving needs. In the coming months you will see several new committees, for example, and requests for more intensive interactions between committees and the CST Board. We strongly encourage the active participation of all members to enhance the strength of our national mandate as 'the voice of transplantation in Canada', and we are pleased to present our new slate of nominees for the CST Board. On the education front, several new initiatives are underway through the Canadian Transplant Academy for the encouragement and support of our trainee members.

CST members were strongly represented at the World Transplant Congress in Boston last July, and our associations with other transplant professional societies continue to deepen. Not only do we now have Board representation in the American Society of Transplantation (myself), the International Society of Heart and Lung Transplantation (Dr. Keshavjee), the International Pediatric Transplant Association (Dr. Dipchand), the American Society for Histocompatibility and Immunogenetics (Dr. Nickerson), but we have active representation on many committees of these and other transplant societies. Through the efforts of Dr. Paul Keown, the 2010 scientific meetings of The Transplantation Society (TTS) will be held in Vancouver, and Dr. Ken West has spearheaded the organization of the Basic Sciences Symposium of TTS to be held in Halifax in September 2007 (www.bss2007.ca). Finally, we have confirmed the holding of a second joint meeting with AST for their winter symposium with our annual meetings in Banff in 2009.

On a sad note, it is with great regret that we note the passing of our friend and valued colleague Dr. Bob Zhong earlier this year. He was a tireless supporter of many trainees of our Society; his contributions will be marked at the Banff meetings by an award for the best basic science abstract by a trainee. He is greatly missed.

On behalf of the CST Board, I'd like to send holiday greetings to all members and warm wishes for a happy and productive new year in 2007.

CANADIAN HIGHLIGHTS FROM THE WORLD TRANSPLANT CONGRESS 2006

PANCREAS/ISLET AND LIVER
S. Paraskevas, MD, PhD

Canadian investigators contributed 20 abstracts in pancreas/islet transplantation. Campbell et al. from University of Alberta (Abstract #1), demonstrated that development of donor-specific antibodies, detectable by flow cytometry, was associated with reduced islet graft survival. The same group (Abstract #522) showed that islet recipients were at high risk of

becoming widely sensitized even while on immunosuppression. Pre-transplant islet cell preservation was also an area of great interest. Emamaullee et al. from Alberta (Abstract #276) found that pre-transplant treatment with caspase inhibitor zVAD reduces apoptosis and improves engraftment efficiency of a marginal islet mass. Aslani et al. from University of Toronto (Abstract #1389) followed-up their extensive pancreas-kidney experience and found equivalent patient/graft survival and rejection rates in portal versus systemic venous drained grafts.

There were 22 Canadian abstracts on liver transplantation, all but one being clinical studies. Horton and colleagues from McGill University (Abstract #1405) studied risk factors for hepatitis C recurrence and found cold ischemia >10 hours, CMV mismatch and steroid dose increased the risk, while use of ATG was protective. The same group examined long-term outcomes of their hepatitis B experience. Tchervenkov et al. (Abstract #1127) reported improved outcomes in those whose viral load was reduced pre-transplant with interferon-α2B compared to lamivudine. Several studies focused on hepatocellular carcinoma management. Toso et al. from Alberta (Abstract #842) found that total tumor volume assessment was a more accurate predictor of 1 and 4 year patient survival and liver explant pathology than either the Milan or UCSF criteria.

Immunosuppressive management was highlighted by Cantarovich et al. (Abstracts #1941 and 1942) from McGill, reporting that either temporary or permanent replacement of calcineurin inhibitors with anti-CD25 mAb can improve renal function in liver recipients without risk of acute rejection. Ng et al. from University of Toronto summarized the North American pediatric experience (Abstract # 796), pointing to extrahepatic co-morbidities of renal insufficiency, hyperlipidemia and diabetes as the challenges faced by children surviving >5 years post-transplant.

KIDNEY

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Canada's presence was clearly noticeable at the recently concluded WTC in Boston. Examples of major themes highlighted by Canadians included prevention of ischemia-reperfusion injury and delayed graft function, antibody-mediated rejection, and long-term renal allograft function.

Zhang et al (abstract 711) prevented renal ischemic injury in a mouse model by silencing expression of the apoptosis mediators caspases 3 and 8. Mueller et al (Abstract 402) demonstrated altered expression of coagulation and complement genes in implant biopsies from deceased donors, suggesting a revisit of strategies for their inhibition early post-transplant. Cardella et al (Abstract 7) showed that sera from highly sensitized recipients inhibiting T cell responses to alloantigens contains an HLA class II-like anti-idiotypic Ab. Sis et al (Abstract 1196) described the "ABCD" tetrad associated with late antibody-mediated rejection, associating this with most cases of transplant glomerulopathy.
Rush et al (Abstract 843) revealed no benefit to protocol biopsies at 6 months in low risk recipients given tacrolimus, MMF, and prednisone. Gill et al (Abstract 642) using USRDS data showed acceptable graft survival among recipients from live donors up to age 70. Keith et al (Abstract 478) evaluated DGF risks in 30,294 deceased donor recipients, showing that with a 6 year wait, the RR was 5.79 compared to pre-emptive transplants. Wong et al (Abstract 1209) showed that MMF use was associated with lower levels of C-reactive protein, a marker of cardiovascular risk in stable recipients. White et al (Abstract 480) made the case for cystatin C-based estimation of GFR for classifying recipients in to various CKD stages. Yilmaz et al (Abstract 1162) correlated degree of macrophage, T- and B-cell infiltration with scarring in CAN.