

Date: Monday, September 23 2019 01:18 PM
Subject: DTAC Adjudication/Discussion today for the FLUF case
From: [REDACTED]
To: [REDACTED]

DTAC comments regarding delay of knowledge of autopsy findings –

“still would have likely needed chemo”

“severity of tumor would have been better” as it was very large in size when found (assumably because imaging would have been performed earlier.

So, “surgery would have been less complicated”.

From: [REDACTED]@unos.org>
Sent: Tuesday, September 17, 2019 9:12 AM
To: [REDACTED]@unos.org> [REDACTED]@unos.org>
Subject: RE: FLUF/Liver recipient update [REDACTED]

Thanks [REDACTED] This sounds bad.

From: [REDACTED]@unos.org>
Sent: Monday, September 16, 2019 5:24 PM
To: [REDACTED]@unos.org>; [REDACTED]@unos.org>
Subject: RE: FLUF/Liver recipient update [REDACTED]

Hi [REDACTED] –

Below is the follow up summary for the liver recipient associated with this case. Let me know if you need any additional information from me, I have completed the case on my end and sent it for DTAC adjudication.

Thanks,

[REDACTED]

Liver

Testing

Biopsy proven cancer.

Treatment

Chemotherapy

Recipient Age/Gender: [REDACTED] Male

Recipient Region: 3

Follow Up Status

Recipient is at home, doing well and is going to start chemo soon. Strict follow up with oncology is planned as patient is starting chemotherapy. Vessels discarded on 3/3/2018 due to expiring.

45 Day Follow-up Status

5/3/19 - Recipient is doing well, on chemotherapy, second cycle of four total. General health is okay, besides fatigue and nausea with chemo. No new mass, only the one that was initially reported. Graft is functioning well at this time.

8/14/2019 - He is doing pretty well. Completed his 4th round of Chemotherapy on 05/31/2019. On 07/10/19, he underwent a Right Portal Vein embolization for hypertrophy of Left lobe future liver remnant. On 08/08/2019 he underwent a right lobe hepatectomy. He was discharged home on 08/12/2019. Oncology is following tumor makers every 2 weeks and will discuss plans if needed.

From: [REDACTED]@unos.org >
Sent: Monday, May 6, 2019 12:25 PM
To: [REDACTED]@unos.org >; [REDACTED]@unos.org >
Subject: RE: FLUF/Liver recipient update [REDACTED]

Thanks, [REDACTED]. Does not sound like a great outcome.

From: [REDACTED]@unos.org >
Sent: Monday, May 6, 2019 11:37 AM
To: [REDACTED]@unos.org >; [REDACTED]@unos.org >
Subject: FW: FLUF/Liver recipient update [REDACTED]

Good morning, [REDACTED].

Please see the responses below from [REDACTED] at FLSL regarding their liver recipient. Let me know if you need anything else from me.

[REDACTED]

This email is regarding follow up on a potential disease transmission of a Germ Cell Tumor that was reported to UNOS. I would like to get an update on the status of the Liver recipient [REDACTED] and ask that you promptly provide the following information. If any of the questions are not applicable, please indicate NA in response. I look forward to hearing from you by 4/17/2019.

- What is the current clinical status of the recipient in question?--Doing well, on chemotherapy 2nd cycle
 - Ø Hospitalized or discharged to home? home
 - Ø General health? ok, besides fatigue and nausea with chemo
 - Ø Any sign/symptoms of the reported condition? no new mass besides one initially reported
 - Ø Current graft function? graft functioning well as of now.
- Has any additional testing, to include molecular, been performed since our previous correspondence? no
- Is there any change or update regarding the plan for treatment, short and/or long term surveillance related to the reported event? no just 4 rounds of chemotherapy. patient is on round 2

From: [REDACTED]@unos.org >
Sent: Friday, March 15, 2019 11:14
To: [REDACTED]@unos.org >
Cc: [REDACTED]@unos.org >
Subject: RE: FLUF/Liver recipient update

Thank you both!

From: [REDACTED]@unos.org >
Sent: Thursday, March 14, 2019 4:34 PM
To: [REDACTED]@unos.org >
Cc: [REDACTED]@unos.org >; [REDACTED]@unos.org >

Subject: FLUF/Liver recipient update

Here are some phrases from the DTAC update on the liver recipient in that FLUF case:

“this is an atypical case and likely a cancer derived from the donor.”

“Biopsy pathology consistent with a non seminomatous germ cell tumor.”

“No evidence of a primary, and no evidence of disease elsewhere.”

“arrange for him to start on bleomycin, etoposide and cisplatin chemotherapy”

2/8/19: “The mass again involves all right hepatic lobe segments and extends into segment IV. Associated mass effect on the middle and right hepatic veins without evidence of venous vascular invasion.”

2/8/19: “Unchanged large right hepatic lobe mass. This most likely reflects a primary hepatic malignancy (biopsy results are pending).”

At this point DTAC does not have a general assessment (i.e., a prognosis), but [REDACTED] will check back with FLSL in April.

I checked, and the recipient has not been waitlisted again.
Hope this helps.

