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At the Congress

Joint Plenary Presents Best of the Best

From successful *in vivo* differentiation of embryonic stem cells into insulin-producing cells in the pancreas to studies that could improve organ allocation, today's Joint Plenary session offers American Transplant Congress attendees a look at five "best of the best" abstracts submitted to ATC 2009. The Joint Plenary will be from 8:30 – 10:00 am in the Auditorium of the Hynes Convention Center.

In what Sudhanshu P. Raikwar, DVM, PhD, calls the first *in vivo* study of its kind, the University of Iowa researcher will address "*In Vivo* Differentiation of Pdx1+CXCR4+ Definitive Endodermal Cells into Insulin Producing Cells Efficiently Correct Hyperglycemia in Diabetic Mice" during his 8:30 am presentation. He will describe his team's use of pancreatic transcription factor, Pdx1, to modify embryonic stem cells into CXCR4+ cells injected into a mouse model. The goal is a promising novel treatment for type I diabetes.

"We show for the first time that CXCR4+ cells show preferential migration to the pancreas and specifically into the damaged islets where they spontaneously start differentiating into insulin producing cells," said Dr. Raikwar, Assistant Research Professor in the research group of Nicholas Zavazava, MD, PhD, at the University of Iowa and VA Medical Center, Iowa City.

Initial results from an NIH-funded clinical trial on noninvasive blood and urine monitoring of the risk of renal allograft injury will be presented by Donald E. Hricik, MD, Chief of the Division of Transplantation Services at Case Western Reserve University School of Medicine, Cleveland, Ohio. The abstract, "Early Results from the Clinical Trials in Organ Transplantation (CTOT-01) Trial Identifying Noninvasive Markers as Correlates of 6-Month Renal Allograft Pathology," will be presented at 8:45 am.

Transplant surgeon and researcher W. Kenneth Washburn, MD, will address "Are HCC Candidates Advantaged in the Liver Allocation System?" at 9:00 am. Dr. Washburn, Transplant Center Surgical Director at the University of Texas Health Science Center, San Antonio, has examined liver transplant waiting list dropout rates to assess equal access to organs by both HCC and non-HCC candidates. Liver cancer patients are given an artificially high MELD (model for end-stage liver disease) score because waiting list criteria scores HCC patients low.

"Study data suggests HCC patients do have a distinct advantage over non-cancer patients in access to available organs, which is a situation that may need to be addressed by the UNOS," he said.

The results of a randomized trial comparing two immunosuppressant drugs will be presented at 9:30 am by Flavio Vincenti, MD, Professor of Nephrology at the University of California, San Francisco, in the abstract, "Primary Outcomes from a Randomized, Phase III Study of Belatacept vs Cyclosporine in Kidney Transplant Recipients (BENEFIT Study)."

"The study showed that the endpoints of patient survival and graft survival were similar with a higher numerical rejection rate for belatacept-treated patients early in the post-transplant period," Dr. Vincenti said. "However, the important endpoint was that the glomerular filtration rate (GFR), an indicator of renal function, was significantly better in patients treated with belatacept than those patients treated with cyclosporine."

The abstract, "Impact of Regional and Center Volume Variation in Pancreatic Allograft Utilization as Assessed by the Pancreas Risk Index," to be presented at 9:45 am, shows significant variation in the use of pancreas grafts nationwide. Some regions appear significantly more aggressive in their use of higher risk organs, said David Axelrod, MD, MBA, Section Chief of Solid Organ Transplant Surgery with Dartmouth-Hitchcock Medical Center in Lebanon, N.H.

"We also found that when used in average risk patients, higher risk organs have better results if you use them with a kidney in a combination transplant," Dr. Axelrod said.

The study also shows that the more pancreas transplants a center performs, the more likely the center is to successfully use higher risk organs, he said.

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