# NASEM STUDY Development of protocols and SOPs for hand transplantation

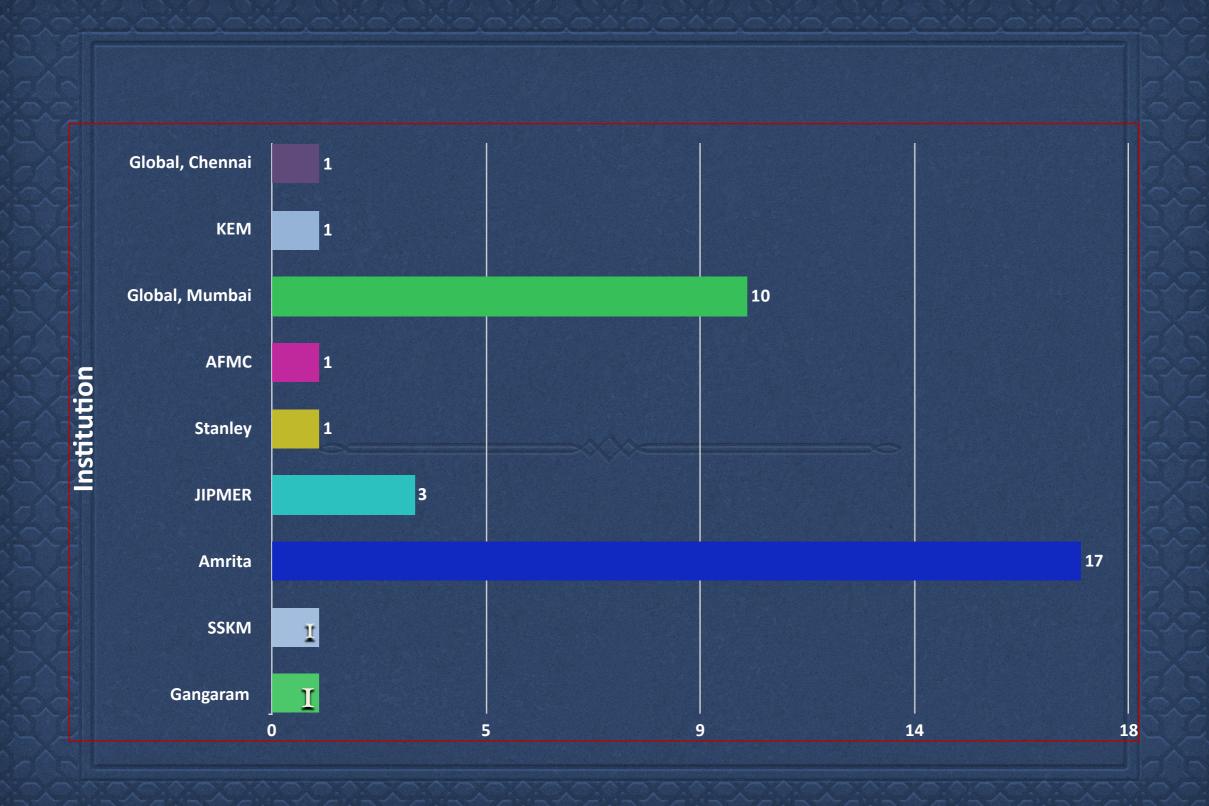
Mohit Sharma
Professor and Head
Plastic and Reconstructive Surgery
Amrita Hospital ,Faridabad, India







#### Upper extremity transplantation – Indian Institutions



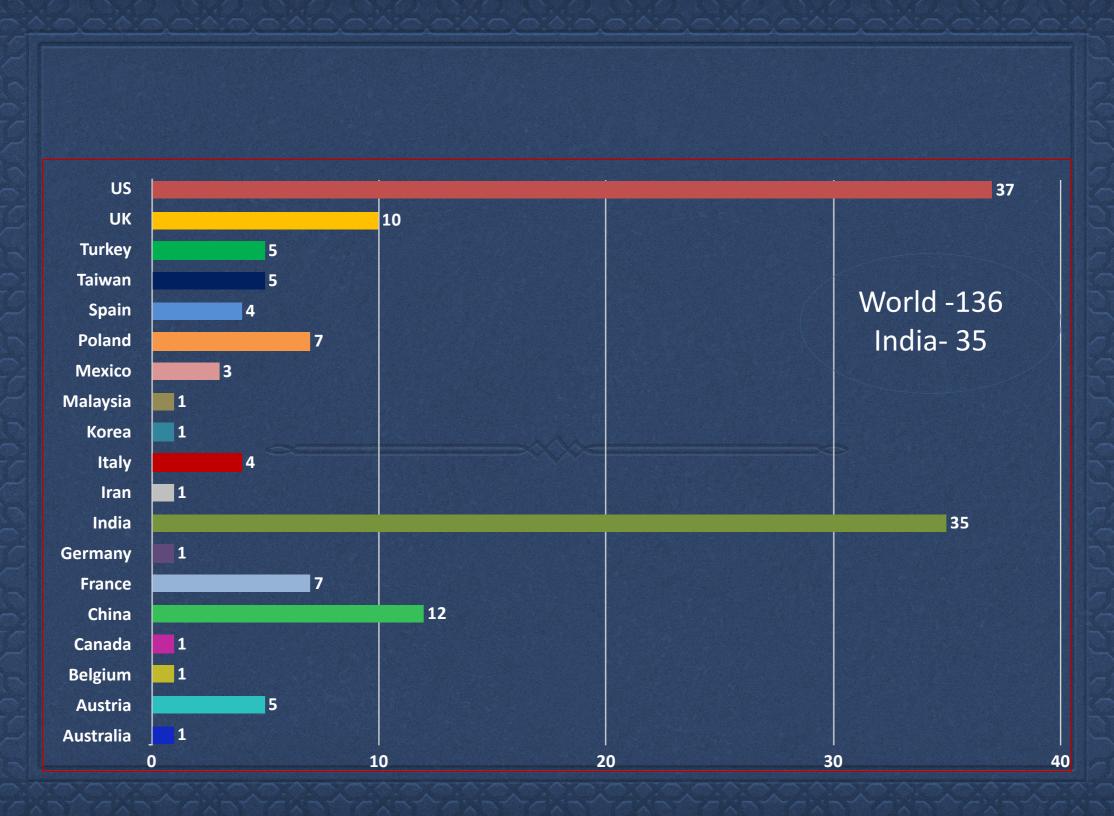
Patient	Age/ Sex	Level of transplant		Transplant
		Right	Left	
1 Manu	37/M	Distal Forearm	Distal forearm	2015
2 Abdul	37/M	Distal Forearm	Distal forearm	2015
3Jithkumar	26/M	Proximal forearm	Proximal forearm	2016
4Shreya	23 / F	Supracondylar	Supracondylar	2017
5Lingaselvi	49/F	Proximal forearm	Proximal forearm	2018
6Prasad	37/M	Proximal forearm	Upper arm	2019
7Menaga	52/ F	Mid arm	Mid arm	2020
8Eslam	25/M	Proximal forearm	Proximal forearm	2020
9Basavana	34 / F	Proximal forearm	Proximal forearm	2021
10Amaresh	24/M	Shoulder Level	Supracondylar	2022
11 Yousef	28/M	Supracondylar	Supracondylar	2022
12 Gulnera	40/F	Supracondylar	Supracondylar	2022
13Raghav prakash	38/M		Supracondylar	2023
14Shefin Francis	36/M	Distal	Proximal forearm	2023
15 Gautam Tayal	64/M		Distal forearm	2023
16 Devansh Gupta	19/M	Proximal arm	Supracondylar	2023
17Nidhi Jain	23/F	Proximal forearm	Supracondylar	2024

### Where do we stand?

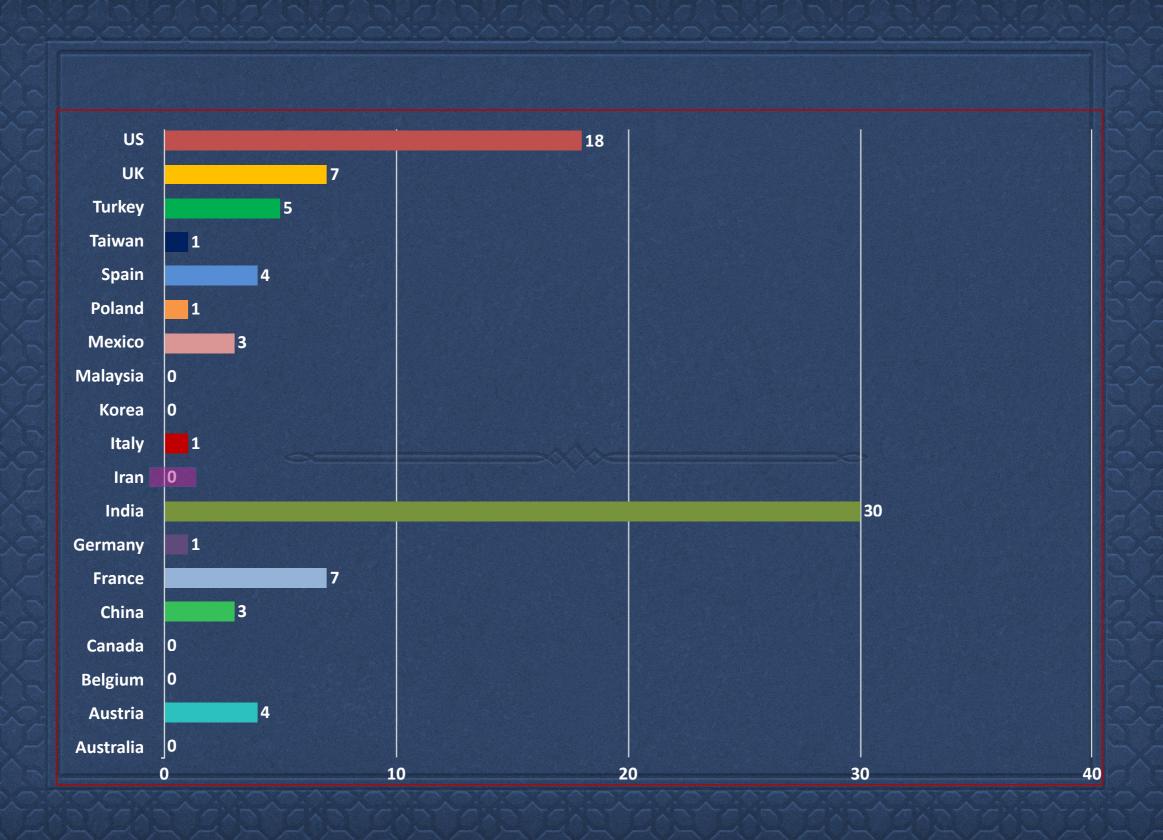
Numbers

• Cost and affordability

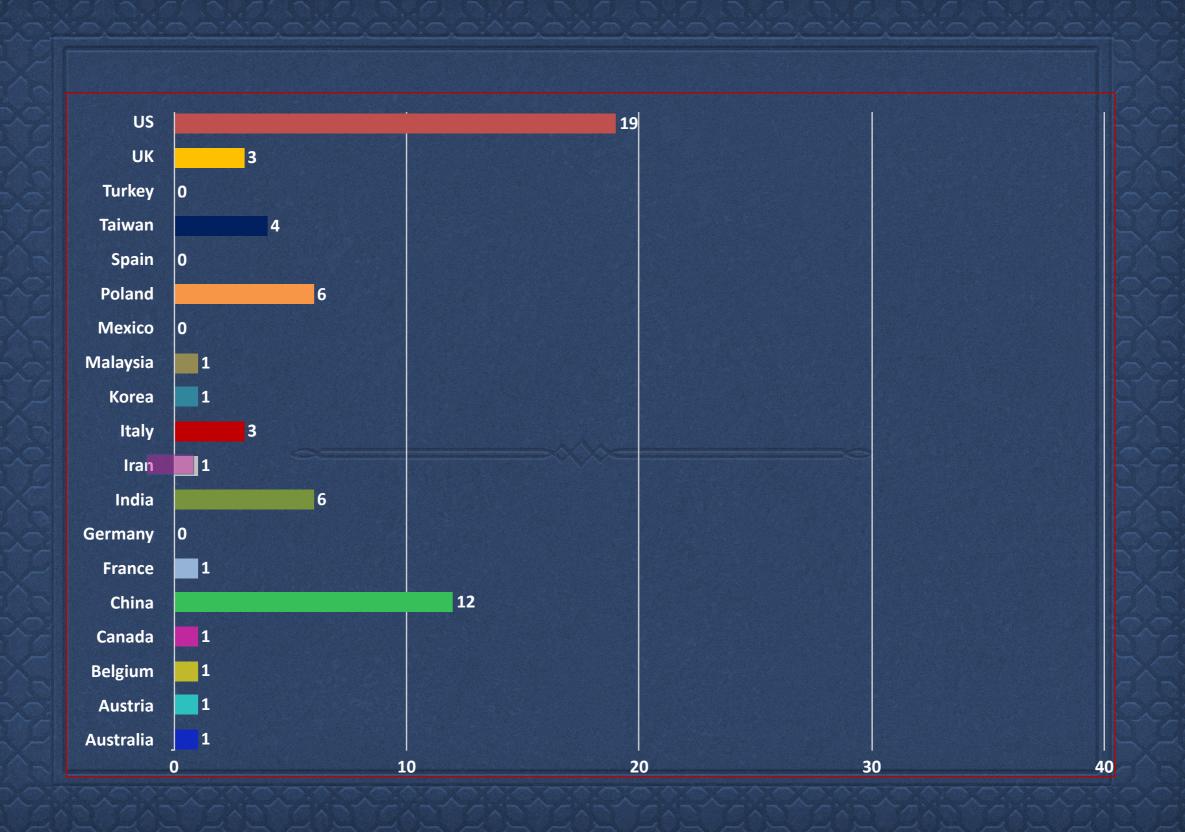
#### Upper extremity transplantation – India vs World- Total Patients



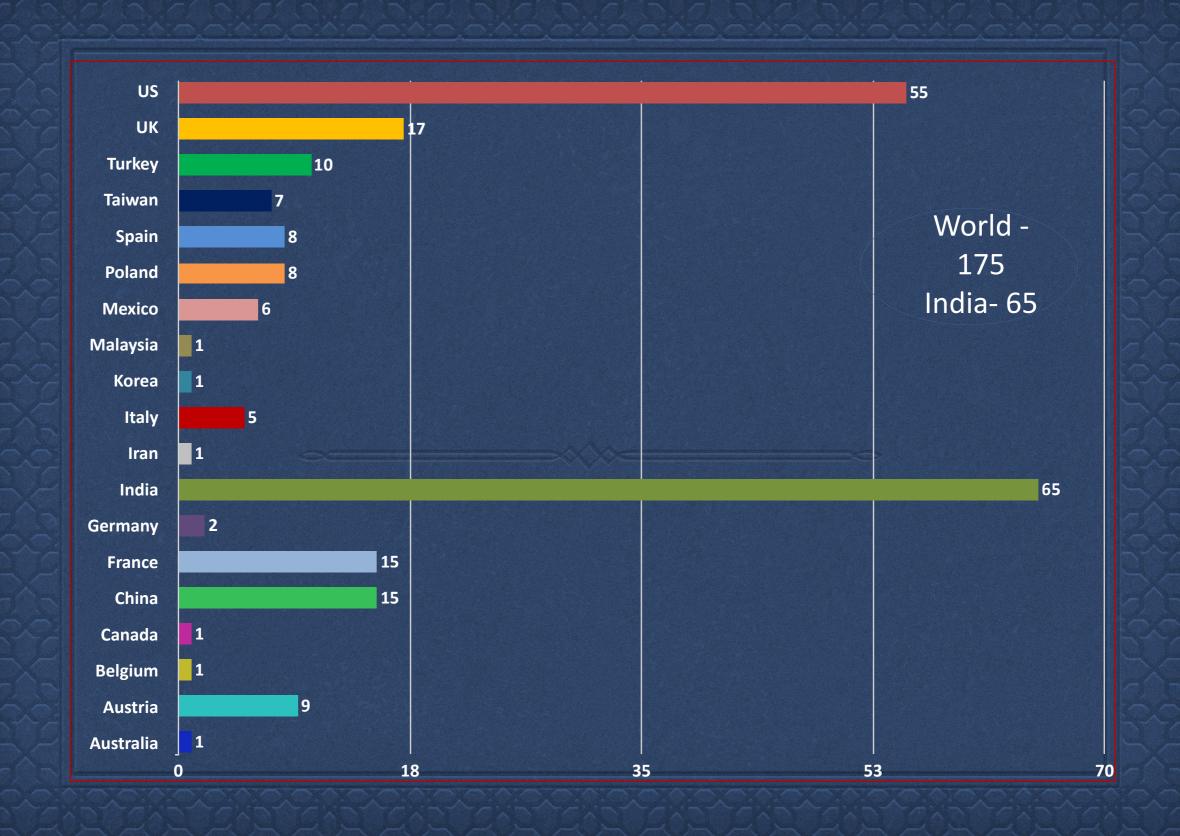
#### Upper extremity transplantation – India vs World- Bilateral



#### Upper extremity transplantation – India vs World- Unilateral



#### Upper extremity transplantation – India vs World-Total Limbs



#### Cost analysis- Hand transplants in India

• Private institutions-

30000 -35000\$

Government institutions- Free of cost to the patient

Annual Cost of immunosuppressants and investigations
2500-3000\$

Annual cost of physiotherapy and occupational therapy

3500 -4000\$









## Meeting agenda

- Patient inclusion/exclusion criteria,
- Patient education,
- Surgical procedures,
- Rehabilitation,
- Immunosuppression and/or immunoregulation,
- Outcome metrics,
- Quality of life measures, and
- Patient reporting (e.g., registry).

## Issue with VCA-Uniqueness

- Different levels
- Different rates of functional recovery
- Different timings of

TAC levels, Protocol biopsies

- Immunosuppression
- Rehabilitation
- Documenting and monitoring complications
- Secondary procedures

## VCA

- Standards are required
- Extremely challenging to formulate
- Create a process -where transplants can be done in needy
- Making it affordable
- Create a generalisable value for standards development

## Consort grant

- Supporting only 12 transplants in 6 years with
- **\$300000/patient**

## Why numbers matter

- Higher numbers in India and in other centres around the world
- Implementation of standards to get generalised data

#### Standards

- Development
- Implementation
- Generalizable data
- How the standards are working? Success and Failure?
- Huge need for more numbers to be able to standardise

## Reconstructive transplant research program clinical network

- We are here to help you develop the standards
- Implementing the standards
- Reporting the data
- Database available to programs around the world
- Funding of the programs that are helping in implementing the standards

#### Conclusion

- We need to be engaged from the beginning
- Want to be contributing to the standards as they are developed-to create maximum impact
- ▶ International groups are going to outnumber USA in all VCAs because of lower cost and higher demand
- Lack of reimbursement and high cost is the limitation

#### Conclusion

Standardize-

For reimbursement to be a reality in USA

For us its important to check our

outcomes



Mohit Sharma



S Iyer



P Kishore Srilekha Reddy









Jimmy MatheShikha Guptasundhra Jaimnarthanan R



Mohit Sharma



Anil Murarka



Shikha Gupta









Devajyoti Guin Srilekha Reddy Vasundhra Jain Arun Sharma





































Dr Ankita Harijee

Dr Srilekha Reddy G

Dr Shravan Rai

Dr Shruti Kongara

Dr B Abhinandan

Dr Vasundhra Jain