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Reply to the Letter «A challenge for medium and small pancreatic transplant groups: How can the learning curve from the retrieval team affect the pancreas graft thrombosis?»[☆]

Réplica a la Carta al Director «Un desafío para los grupos con programas pequeños o medianos de trasplante de páncreas: ¿cómo la curva de aprendizaje del equipo de extracción en el donante puede afectar la trombosis del injerto pancreático?»

We appreciate the opportunity to respond to the Letter to the Editor by Rocha-Santos et al.¹ in reference to the article on the results of kidney-pancreas transplantation at the Hospital Universitari i Politècnic La Fe (Valencia, Spain)². Likewise, we thank the authors for their comments.

In our article “Results After 13 Years of Kidney-Pancreas Transplantation in Type 1 Diabetic Patients in *Comunidad Valenciana*”, we describe the results of the 82 transplantations performed from 2002 to 2015, which is a medium-size series compared to others about pancreas transplantation.

As demonstrated in the article, the experience of the medical-surgical team is essential to achieve better results in this procedure, especially in terms of patient survival as well as pancreatic and renal graft survival. Other series, such as the American series³ (the largest sample published to date) and other international and national series⁴⁻⁷ (which are more moderate in size) have also improved their results over the years, due in part to the experience of the surgical teams.

Regarding complications, we agree with Dr. Rocha-Santos that, compared to large series, it is more difficult for medium-sized medical centers to demonstrate a benefit in the improvement of complications, such as thrombosis. In most cases, however, the experience of the team is a decisive factor, and it is essential to improve the experience of the pancreas transplant surgical team to optimize these results.

The Hospital Universitari i Politècnic La Fe is the only medical center in the *Comunidad Valenciana* where this type of procedure is performed, with a consolidated rate of some 10 procedures/year. Nationally, this type of transplantation is performed at 12 hospitals, and our group is among the first in terms of the total number of pancreas transplantations performed⁸. Even so, pancreas transplantation is not a frequently performed proce-

sure. Therefore, we believe that unifying pancreatic transplantations at a single medical center within the same *comunidad* (geographical region) would contribute towards the increased experience of the surgical team, thereby improving results and reducing complication rates.

In addition, unlike Dr. Rocha-Santos' team, our hospital does not have one surgical team specialized in retrieval and another specialized in implantation of the pancreatic graft. Instead, the two procedures are carried out by the same group of surgeons on a rotational basis, which promotes the experience of the entire team.

In short, each hospital must implement the measures necessary to augment the experience of its own surgical team and ensure a minimum number of procedures per year to guarantee the consolidation of this experience, while grouping referral centers in order to guarantee the results.

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