28th asmmst 2025

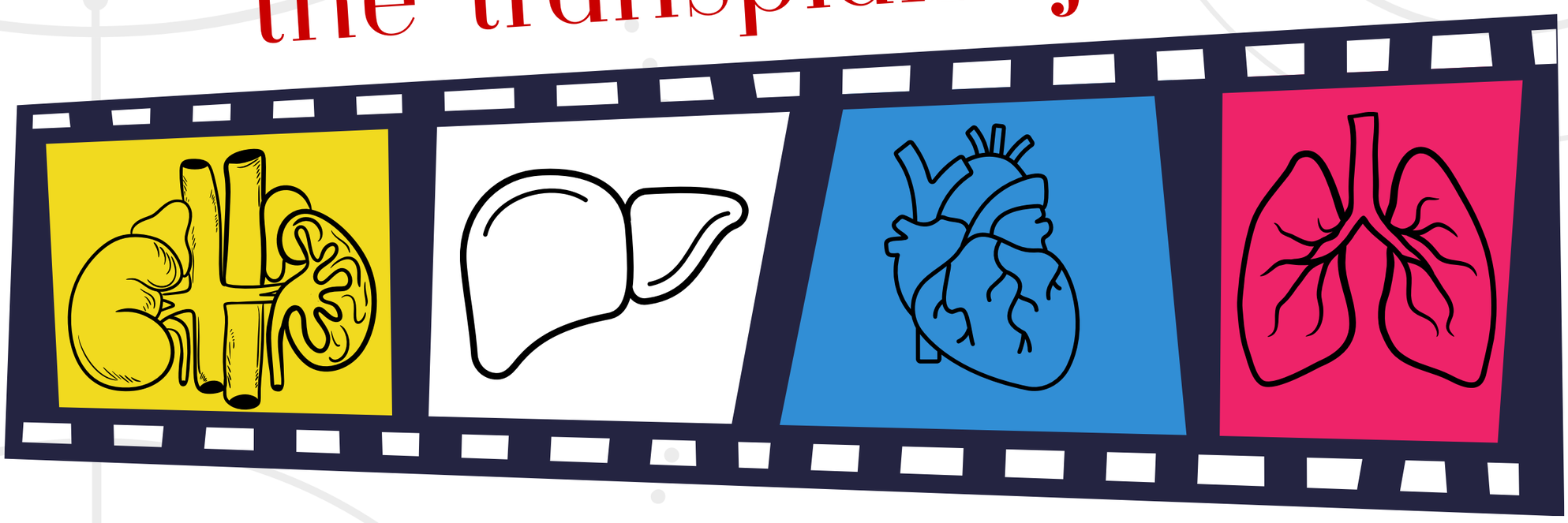
22nd-24th May
M World Hotel
Petaling Jaya

[The Annual Scientific Meeting of Malaysian Society of Transplantation]

IN CELEBRATION OF
1975 - 2025
50 years
of TRANSPLANT
IN MALAYSIA

CPD POINTS APPROVED

compassion to cure:
the transplant journey



program book

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30 YEARS OF COMMITMENT TO TRANSPLANT

Providing kidney and liver transplant patients positive outcomes with tacrolimus

With 9.05 million years of patient exposure,[1] Astellas is committed to continually generating relevant Tacrolimus data to inform clinical decision-making in transplant care

Reference: 1. Astellas Pharma. Systemic Tacrolimus periodic safety update report, 1 April 2021 - 31 Mar 2024. Data on file.

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MAT-MY-TX-2025-00034

welcome message

from the president of mst

Esteemed Delegates,

It is my great pleasure to welcome you to the 28th Annual Scientific Meeting of the Malaysian Society of Transplantation (MST). This year's meeting is especially significant as we commemorate 50 years of transplantation in Malaysia—a milestone that reflects our collective dedication, perseverance, and unwavering commitment to saving and improving lives.

The theme of this year's meeting, "Compassion to Cure: The Transplant Journey," beautifully encapsulates the essence of transplantation. Behind every procedure, every breakthrough, and every success story is a journey fueled by compassion—from the selfless act of donation to the tireless efforts of healthcare professionals and the resilience of transplant recipients.

As we gather to exchange knowledge, share experiences, and explore new frontiers in transplantation, let us also take this opportunity to honor the pioneers who laid the foundation for our progress. Their vision and dedication have paved the way for advancements in organ, tissue, and cell transplantation, shaping the landscape of transplant medicine in Malaysia today.

I extend my gratitude to our speakers, organizers, and delegates for making this event possible. May this meeting inspire new ideas and strengthen our commitment to advancing transplantation in Malaysia.

Welcome, and I wish you a productive and enriching conference!

Warm regards,

Zaimi

Dr Mohamad Zaimi bin Abdul Wahab

organizer

MALAYSIAN SOCIETY OF TRANSPLANTATION

c/o Department of Nephrology,
Institute of Urology & Nephrology,
Kuala Lumpur Hospital,
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welcome message

organizing committee

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Dr Premela Naidu

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Dr Ailin Mazuita binti Mazlan

INDUSTRY RELATION & PARTNERSHIP

Dr Mohamad Zaimi bin Abdul Wahab

Dr Haniza binti Omar

PLENARY & SCIENTIFIC SESSIONS

Dr Leong Swee Wei

Dr Hasdy bin Haron

LOGISTICS

Dr Suryasmi binti Duski

Dr Ramesh Arvind

Dr Khoo Lay See

from the organizing chairperson

Dear Delegates,

Welcome to the 28th Annual Scientific Meeting of the Malaysian Society of Transplantation (MST)! It is a pleasure to have you join us as we come together to share knowledge, exchange ideas, and celebrate our collective dedication to transplantation.

This year's theme, "*Compassion to Cure: The Transplant Journey*," reflects the heart of our work—where generosity, expertise, and resilience come together to transform lives. We also mark a significant milestone: 50 years of transplantation in Malaysia. Since the first kidney transplant in 1975, we have made remarkable strides, thanks to the dedication of healthcare professionals, the generosity of donors, and the strength of patients.

This meeting provides an essential platform for discussing the latest advancements, challenges, and innovations in transplantation. Through thought-provoking plenary sessions, interactive workshops, and multidisciplinary collaborations, we aim to drive meaningful progress in Malaysia and beyond.

A heartfelt thank you to our speakers, participants, and industry partners for your invaluable contributions. Your passion and commitment continue to push the boundaries of transplantation, ensuring that every patient's journey is guided by excellence and empathy.

I look forward to insightful discussions, meaningful connections, and a successful conference ahead. Together, let us advance transplantation with compassion and innovation.

Best wishes,

Maisarah

Associate Professor Dr Maisarah Jalalonmuhali

council members

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Dr Mohamad Zaimi bin Abdul Wahab

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CANADA

Professor Dr Peter Nickerson

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Dr Adrian Teoh Z Y
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Dr Devamalar Simatherai
Dr Durvesh Lachman Jethwani
Dr Foo Hong Zhi
YBhg Datuk Dr Ghazali Ahmad
Dr Haly Rozie Ahmad
Dr Haniza Omar
YBhg Datuk Dr Harjit Singh
Dr Hasdy Haron
Dr Hemlata Kumari Gnanansegaram
Dr Hoo Chai Zhen
Dr Johann Faisal Khan
Dr Kam Choy Chen
Professor Dr Koh Peng Soon
*P*rofessor Dr Lim Soo Kun
Ms Low Hwei Yee
Mr Manvir Victor
Dr Mohamad Zaimi Abdul Wahab
YBhg Dato' Dr Mohd Nazeri Nordin
Dr Muhammad Iqbal Abdul Hafidz
Dr Murali Sundram Mikaail Abdullah
Associate Professor Dr Ng Kok Peng
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Professor Dr Nor Fadhlina Zakaria
Associate Professor Dr Maisarah Jalalonmuhali
YBhg Dato' Dr Rohan Malek Dato Dr Johan Thambu
Dr Rosnawati Yahya
Dr Ruveena Bhavani Rajaram
Dr Salmi Mohamed Sukur
Dr Senamjit Kaur
Dr Shamala Retnasabapathy
Dr Siti Nor Roha Damanhur
Dr Siti Hawa Tahir
Dr Syuhada Dan Adnan
Dr Tan Han Loong
Dr Tan Sen Mui
Dr Tan Soek Siam
Professor Dr Teh Ying Wah
Dr Teoh Chee Kiang
Dr Toh Charng Chee
Dr Wan Mohd Rasis Wan Ahmad Kamil
Dr Wong Hing Seng
Dr Yee Seow Yeing

SINGAPORE

Professor Dr Terence Kee Yi Shern

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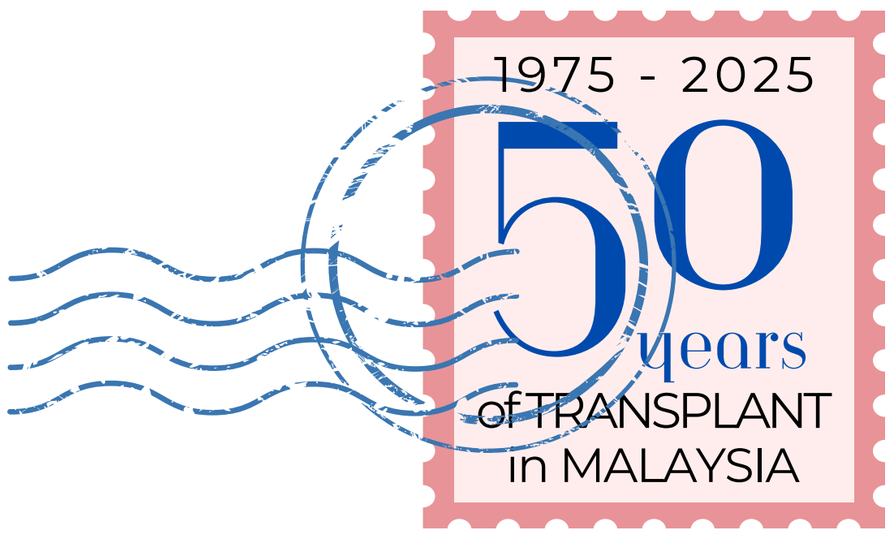

a celebration of innovation; dedication & hope

The history of transplantation in Malaysia spans five decades of remarkable progress, from the pioneering days of organ donation to the establishment of a structured national transplant program. Since the first kidney transplant in 1975, Malaysia has continued to evolve in the field of transplantation, guided by medical advancements, dedicated healthcare professionals, and the unwavering support of the public.

Over the years, transplantation in Malaysia has expanded beyond kidney transplants to include liver, heart, and lung transplants, as well as tissue and cell therapies. Milestones such as the establishment of the National Transplant Resource Centre (NTRC) and the Human Tissue Act have played a crucial role in developing ethical and sustainable transplant practices. Efforts to promote organ donation awareness have also grown, with initiatives like the Derma Organ campaign and collaborations with religious and community leaders to address misconceptions.

Malaysian Society of Transplantation (MST) has played a pivotal role in the 50-year journey of transplantation in Malaysia. Since it was established in 1994, it has been at the forefront of promoting and advancing transplantation practices in the country.

Despite challenges such as donor shortages and infrastructure limitations, Malaysia has made significant strides in transplantation medicine, with increasing expertise and technological advancements improving patient outcomes. The role of donor coordinators, transplant surgeons, and multidisciplinary teams has been instrumental in shaping the nation’s transplant landscape.

As we mark 50 years of transplantation, we reflect on our progress and reaffirm our commitment to saving lives through innovation, education, and advocacy. Moving forward, Malaysia aims to further enhance its transplant ecosystem, ensuring greater accessibility, improved organ donation rates, and better patient care for the years to come.

28th asmmst 2025

PRE-CONGRESS

22 May 2025 (Thu)
8.00 AM - 4.30 PM
M World Hotel

INFECTIOUS DISEASES IN SOLID ORGAN TRANSPLANTATION

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ASMMST Register

scientific program

PRE-CONGRESS - THURSDAY 22 MAY 2025		
	AMBER Junior Ballroom, Level G	
0800-0830	**REGISTRATION & WELCOME REFRESHMENT**	
	RENAL *Chair: Dr Siti Hafizah Mohammad Ismail*	
0830 – 0900	**Optimizing Immunosuppression To Avoid Infection and Rejection** *Prof. Dr Peter Nickerson*	
0900-0930	**CMV Prophylaxis vs Pre-Emptive in Kidney Transplant** *Dr Muhammad Iqbal Abdul Hafidz*	
0920 - 0945	**CMV Infection, How Do We Manage & Available Therapies** *Dr Mohamad Zaimi Abdul Wahab*	
0945 - 1010	**BK Virus in Kidney Transplantation: Role of Screening, Monitoring & Treatment** *Assoc. Prof. Dr Maisarah Jalalonmuhali*	
1010 - 1025	Q & A	
1025 – 1055	**COFFEE BREAK**	
1055 – 1120	**Virus Infection Post-Transplant Beyond CMV & BKV** *Dr Devamalar Simatherai*	
1120 – 1145	**Recurrent UTI Post Kidney Transplantation: Is This a Challenge?** *Dr Wan Mohd Rasis Wan Ahmad Kamil*	
1145 – 1210	**Vaccination and Prophylaxis Strategies in Transplantations: How Far Should We Aim For?** *Prof. Dr Robert Caroll*	
1210 – 1235	**New Research in Transplant Infectious Disease** *Dr Yee Seow Yeing*	
1235 - 1250	Q & A	
1250 - 1400	**LUNCH BREAK**	
	AMBER Junior Ballroom, Level G	**AGATE Function Room, Level G**
	LUNG *Chair: Dr Leong Swee Wei*	**LIVER** *Chair: Dr Koong Jun Kit*
1400 - 1425	**Prevention of Nosocomial Infection Among Transplant Recipients** *Dr Anuradha P Radhakrishnan*	**Hepatitis Screening & Treatment Pre-Transplantation** *Dr Senamjit Kaur*
1425 - 1450	**PCP Prophylaxis & Treatment in Transplantation** *Dr Anuradha P Radhakrishnan*	**Hepatitis B Recipients, How Do We Prepare Them Pre-Transplantation?** *Dr Syuhada Dan Adnan*
1450 - 1515	**TB screening & Prevention in Transplantation** *Dr Haly Rozie Ahmad*	**Hepatic C Recipient: What Is In The Guideline?** *Dr Haniza Omar*
1515 - 1530	Q & A	Q & A
	COFFEE BREAK	

**Program, topics and speakers are subject to change*

DAY 1 - FRIDAY 23 MAY 2025			
	GRAND BALLROOM, Level 1		
0730-0800	REGISTRATION		
	PLENARY 1 & 2 Chair: Dr Hirman Ismail		
0800-0830	**50 YEARS OF TRANSPLANT** YBhg. Datuk Dr Harjit Singh & YBhg. Datuk Dr Ghazali Ahmad		
0830-0900	**THE EVOLUTION OF CAR T-CELL** YBhg. Dato' Dr Chang Kian Meng		
0900-0930	**OFFICIATING CEREMONY**		
0930-1000	**MORNING COFFEE BREAK**		
	GRAND Ballroom, Level 1	**JASPER Junior Ballroom, Level G**	**AGATE Function Room, Level G**
	RENAL - IMMUNOLOGY Chair: Dr Lydia Kamaruzaman	**DONATION & PROCUREMENT** Chair: Dr Hasdy Haron	**FREE PAPER** Chair: Dr Koong Jun Kit
1000-1025	**HLA Typing and Compatibility Testing** *Ms Low Hwei Yee*	**New Consensus of Brain Death Diagnosis: The New Frontier for Brain Death Organ Donor Optimization** *Dr Ahmad Shahir Mawardi*	
1025-1050	**HLA and Non HLA-Ab - Protocol and Screening Before Transplantation** *Prof. Dr Robert Carroll*	**ICU & Organ Donation: Holisitic Approach To End of Life Care** *Dr Azmin Huda Abdul Rahim*	
1050-1115	**HLA Molecular Mismatch - A Risk Stratification To Optimise Immunosuppression** *Prof. Dr Peter Nickerson*	**Expanding Donor Selection: How to Increase Deceased Organ Donation** *Dr Foo Hong Zhi*	
1115-1140	**The Role of Donor-Specific Antibodies in ABMR: Detection and Management** *Prof Terence Kee Yi Shern*	**Quality Management In Deceased Organ Donation: A Systematic Approach** *Dr Hasdy Haron*	
1140-1155	Q&A	Q&A	Q&A
1200-1300	**LUNCH SYMPOSIUM by ASTELLAS PHARMA @ Grand Ballroom, Level 1** i. *Partnership in Advancing Organ Transplantation in Malaysia : MoU Signing Ceremony* *ii. Strategies for Optimizing Tacrolimus-based Regimens to Ensure Better Long-term Graft Survival by Prof. Dr Peter Nickerson*		
	BREAK & FRIDAY PRAYER		
	AMBER Junior Ballroom, Level G	**JASPER Junior Ballroom, Level G**	**AGATE Function Room, Level G**
	UROLOGY Chair: Dr Vijayan Manogran	**LIVER** Chair: Dr Haniza Omar	**CORNEA** Dr Chandramalar T Santhirathelagan
1430-1455	**Size Discrepancy of Donor Kidneys and Recipients: How Far Can You Go?** *Dr Durvesh Lachman Jethwani*	**Ensuring Successful and Safe Donor Hepatectomy in LDLT** *Prof. Dr Koh Peng Soon*	**Five Decades of Corneal Transplantation In Malaysia** *Dr Chandramalar T Santhirathelagan*
1455-1520	**Factors Determining Which Kidney to Take in Living Related Renal Transplant: How Does a Surgeon Decide?** *YBhg. Dato Dr. Rohan Malek*	**Optimizing and Evaluating ACLF Patients for Liver Transplant** *Dr Tan Soek Siam*	**Updates In Eye Banking** *Dr Shamala Retnasabapathy*
1520-1545	**Is Obesity an Absolute Contraindication for Transplant? How Can We Overcome This?** *Dr Toh Charng Chee*	**Immunosupression In Liver Transplant** *Dr Hoo Chai Zhen*	**CAIRS-Option for Keratoconus Treatment** *Dr Siti Nor Roha Damanhuri*
1545-1610	**Nurturing and Training a Transplant Surgeon: Where Do We Begin?** *Mr Clarence Lei Chang Moh*	**Skin Lesions Post Transplant** *YBhg. Dato Dr Noor Zalmy Azizan*	**Management of Corneal Perforation** *Dr Che Mahiran Che Daud*
1610-1625	Q&A	Q&A	Q&A
1625-1705	**AFTERNOON COFFEE BREAK**		

	JASPER Junior Ballroom @ AGATE Function Room, Level G
1715-1815	GENERAL/ COUNCIL MEETING

	GRAND BALLROOM, Level 1
1930-2130	"GLITZ & GLAM" GALA DINNER - CELEBRATING 50 YEARS OF TRANSPLANTATION IN MALAYSIA

**Program, topics and speakers are subject to change*

28th Annual Scientific Meeting
Malaysian Society of Transplantation

Lunch Symposium 1

Date
23rd May 2025 (Friday)

Time
12.00–1.00 pm

Venue
Grand Ballroom, Level 1

Join us in this lunch symposium to witness the Partnership in Advancing Organ Transplantation in Malaysia: Memorandum of Understanding (MoU) Signing Ceremony and to gain insights in optimizing tacrolimus-based regimens from Prof Dr Peter Nickerson!

Time	Agenda
12.00–12.20 pm	Partnership in Advancing Organ Transplantation in Malaysia: MOU Signing Ceremony
12.20–12.25 pm	Opening Remarks by Assoc Prof Dr Maisarah Jalalonmuhali
12.25–12.50 pm	Lecture by Prof Dr Peter Nickerson: **Strategies for optimizing Tacrolimus-based regimens to ensure better long-term graft survival**
12.50–1.00 pm	Q&A and Closing Remarks

For Healthcare Professionals Only.

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DAY 2 - SATURDAY 24 MAY 2025			
	GRAND BALLROOM, Level 1		
830-0900	REGISTRATION		
	PLENARY 3 & 4 Chair: Dr Vijayan Manogran		
0900-0930	**FROM DATA MINING TO ARTIFICIAL INTELLIGENCE - TRANSFORMING TRANSPLANTATION** *Prof. Teh Ying Wah*		
0930-1000	**DEBATE - WHO SHOULD LEAD KIDNEY TRANSPLANT?** *Dr Rosnawati Yahya vs Dr Murali Sundram Mikaail Abdullah*		
1000-1030	**MORNING COFFEE BREAK**		
	GRAND Ballroom, Level 1	**JASPER Junior Ballroom, Level G**	**AGATE Function Room, Level G**
	RENAL - REJECTION & HPE Chair: Assoc.Prof.Dr Maisarah Jalalonmuhali	**LIVER** Chair: Dr Haniza Omar	**HEART & LUNG** Chair: Dr Koh Hui Beng
1030-1055	**Histopatology of TCMR and ABMR - What The Nephrologist Should Know?** *Dr Hemlata Kumari Gnanansegaram*	**DCD in Liver Transplant** *Mr Johann Faisal Khan*	**Showcasing Success in Advanced Heart Failure** *Dr Teoh Chee Kiang*
1055-1120	**Advancement in Crossmatching and Its Implications** Dr Ailin Mazuita Mazlan	**Complications Post Liver Transplant - A Hepatologist Point of View** *Dr Ruveena Bhavani*	**Residual Risk in Left Ventricular Assist Devices. Can we Close the Gap? Insights from ARIES-HM3 Trial** *YBhg. Dato' Dr Mohd Nazeri Nordin*
1120-1145	**The Negative Impact of T-Cell Mediated Rejection In The Modern Era of Immunosuppression** *Prof. Dr Peter Nickerson*	**Liver Transplantation in PSC** *Dr Kam Choy Chen*	**The Challenges of Lung Transplantation in Malaysia** *Dr Ashari Yunus*
1145-1210	**Emerging Biomarkers in Kidney Transplantation** *Prof. Dr Robert Carroll*	**Hemostatic Management, Anticogulation and Antiplatlet Theraphy in Liver Disease** *Dr Tan Sen Mui*	**Indications and Contraindications for Lung Transplant** *Dr Tan Han Loong*
1210-1225	Q&A	Q&A	Q&A
1225-1340	**LUNCH SYMPOSIUM by NOVARTIS CORPORATION @ Grand Ballroom, Level 1** *Unlocking the Potential of mTOR Inhibitors: Transforming Kidney Transplant Outcomes Case Discussions*		
	RENAL *Emerging Therapies & Advancements in Treatment* Chair: Dr Lee Yee Wan	**ADVOCACY** *(Live Streaming)* Chair: Dr Muhammad Iqbal Abdul Hafidz	**TISSUE & BONE** *From Donor to Transplant: Journey of the Allograft* Chair: Dr Hasdy Haron
1340-1405	**Personalized Immunosuppressive Strategies In This Era** *Prof. Dr Lim Soo Kun*	**CODE Life - increasing Awareness to Living Kidney Transplant** *Prof. Dr Nor Fadhlina Zakaria*	**The Bangkok Biomedical Center - Inception to the Current Time** *Dr Rapin Phimolsarnti*
1405-1430	**Emerging Therapies In Kidney Transplantation - Prevention and Rejection Therapies** *Dr Rosnawati yahya*	**Transplant Awareness Walk by Wira Transplant - Increasing Awareness to Cadaveric Organ Transplant** *Mr Manvir Victor*	**HKL's Experience in the Application of Glycerol-preserved Skin Allograft in the Treatment of Burn Injuries** *Dr Salmi Mohamed Sukur*
1430-1455	**Highly Sensitized Transplantation and The Role of Apheresis In Kidney Transplantation** *Assoc. Prof. Dr Ng Kok Peng*	**Organ Donation in Islam** *Ustaz Abdullah Bukhari Abdul Rahim*	**Preserving the Joint : The Role of Allografts in Sports Surgery** *Dr Siti Hawa Tahir*
1455-1520	**Minimise and Withdrawal Strategies in Kidney Transplantation. Any Guidance?** *Prof. Dr Wong Hin Seng*	**Malaysian Kidney Allocation System (MyKAS): How Do I Get On the Waiting List?** *Dr Mohamad Zaimi Abdul Wahab*	**The Bigger Picture of the Clinical Impact of Cadevaric Allografts on Orthopedic Surgery** *Dr Adrian Teoh Zhen Yi*
1520-1545	**Recurrent of Primary Disease - Any Better Solutions to Prolong Allograft Function?** *Dr Bee Boon Cheak*	**A Shared Commitment - Insightful Voices in Transplantation** *Patients, Donors & Doctors*	**Panel Discussion**
1545-1600	Q&A	Q&A	Q&A
1600-1630	**AFTERNOON COFFEE BREAK**		
1630-1645	**CLOSING & AWARD PRESENTATION**		

**Program, topics and speakers are subject to change*

28th Annual Congress of Malaysian Society of Transplantation 2025

Novartis Sponsored Lunch Symposium

Unlocking the Potential of mTOR Inhibitors: Transforming Kidney Transplant Outcomes Case Discussions

24th May (Sat) I 12:25 PM - 1:35 PM
Grand Ballroom, Level 1,
M World Hotel

Moderators

Prof Robert Carroll
Royal Adelaide Hospital

Dr Rosnawati Yahya
Sunway Medical Centre

Case Presenters

Dr Devamalar Simatherai (Chairperson)
Hospital Selayang

Dr Premila Peraba
Hospital Kuala Lumpur

Dr Lee Yee Wan
Universiti Malaya Medical Centre

Agenda

Time	Topic	Presenter	Moderator
12:25-12:30 pm	Opening	Dr Devamalar Simatherai	
12:30-12:50 pm	Case 1	Dr Premila Peraba	
12:50- 1:10 pm	Case 2	Dr Lee Yee Wan	Prof Robert Carroll, Dr Rosnawati Yahya
1:10- 1:30 pm	Case 3	Dr Devamalar Simatherai	
1:30-1:35 pm	Closing	Dr Devamalar Simatherai	

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speaker abstract

speaker abstract

OPTIMIZING IMMUNOSUPPRESSION TO AVOID INFECTION AND REJECTION

Professor Dr Peter Nickerson, Vice-Provost (Health Sciences) and Dean, Distinguished Professor of Medicine and Immunology, Flynn Family Chair in Renal Transplantation
University of Manitoba

Over the last 60 years immunosuppression has evolved to the point where tacrolimus (Tac) and mycophenolic acid (MPA)-based therapy are considered the standard of care to effectively control the immune response and prevent rejection. However, while prolonging graft survival the combination of Tac/MPA can result in off-target effects [i.e., GI toxicity, renal toxicity, and infections (e.g., BK virus nephropathy)] that leads to physician-guided drug minimization and/or patient non-adherence. This in turn results in increased rates of de novo donor specific antibody and biopsy proven acute rejection. The purpose of this lecture will be to review the data the supports Tac/MPA-based immunosuppression and discuss its optimal use to navigate the requirement to provide sufficient drug therapy to control the alloimmune response while avoiding overimmunosuppression, which leads to off-target effects.

HLA MOLECULAR MISMATCH - A RISK STRATIFICATION TOOL TO OPTIMIZE IMMUNOSUPPRESSION

Professor Dr Peter Nickerson, Vice-Provost (Health Sciences) and Dean, Distinguished Professor of Medicine and Immunology, Flynn Family Chair in Renal Transplantation
University of Manitoba

Immunosuppression has escalated to the highest level tolerated to ensure minimal rates of rejection. The community then adjusts immunosuppression in a reactive manner Ã¢?? increasing therapy when there is rejection and decreasing immunosuppression when infection or drug toxicity arises. However, we know that recipients are a heterogenous population: our challenge is to administer the right therapy for the right transplant recipient i.e. personalized immunosuppression. This lecture will discuss how HLA molecular mismatch can be used as a prognostic and predictive biomarker that can be employed as a tool for precision medicine in transplantation.

THE NEGATIVE IMPACT OF TCMR IN THE MODERN ERA OF IMMUNOSUPPRESSION

Professor Dr Peter Nickerson, Vice-Provost (Health Sciences) and Dean, Distinguished Professor of Medicine and Immunology, Flynn Family Chair in Renal Transplantation
University of Manitoba

Despite improvements in immunosuppression that have resulted in low levels of clinical rejection post-transplant, there remains a relatively high prevalence of subclinical T-cell mediated rejection (TCMR) detected by surveillance biopsies (~30%). This lecture will discuss the relative impact of TCMR relative to antibody mediated rejection in terms of death censored and all cause graft loss. It will further discuss how this knowledge translates into several key unmet needs demanding novel drug development if the field is to transform current outcomes.

speaker abstract

NEW CONSENSUS OF BRAIN DEATH DIAGNOSIS: THE NEW FRONTIER FOR BRAIN DEATH ORGAN DONOR OPTIMIZATION

Dr Ahmad Shahir Mawardi, Consultant Neurologist
Hospital Kuala Lumpur

This lecture will present the latest updates on Malaysia's Brain Death Consensus, replacing the outdated 2003 guidelines. The revised consensus aligns with current international guidelines and recommendations to enhance accuracy and standardization in brain death determination. Key areas of discussion will include updates on assessor qualifications, ancillary testing, and the revised flowchart and checklist form. These advancements aim to optimize the identification and management of brain-dead organ donors, ultimately improving organ donation outcomes.

ICU AND ORGAN DONATION: HOLISTIC APPROACH AT END-OF-LIFE CARE

Dr Azmin Huda binti Abdul Rahim, Consultant Intensivist
Hospital Sultan Ismail

Organ transplantation is the best and frequently the only life-saving treatment for patients with end-stage organ failure. The major limitation to the expansion of transplant therapies is the chronic disparity between the supply and the demand of organs. Considering that decision-making at the end-of-life should be based, not exclusively on medical, but also ethical, social and spiritual issues. Hence, health care providers should proceed under a holistic approach in the interests of patients once all curative treatments have been disregarded.

FIVE DECADES OF CORNEAL TRANSPLANTATION IN MALAYSIA

Dr Chandramalar A/P T Santhirathelagan, Head of Department/Senior Consultant Ophthalmologist/Corneal Surgeon
Hospital Sungai Buloh

This presentation will trace the journey of corneal transplantation in Malaysia over a span of 5 decades to celebrate every milestone achieved in implementing the Corneal transplant service. Corneal transplantation began its illustrious history as early as 1970 as per documented records or even earlier in the colonial era. The Corneal subspeciality service which began in Hospital Kuala Lumpur eventually evolved to Hospital Sungai Buloh which was appointed as the Center of Excellence in Corneal Services. Hospital Sungai Buloh was given the privilege of starting the first National Eyebank of Malaysia which is still running till date. Despite many limitations, corneal transplantation in Malaysia has succeeded in achieving admirable results in the world of corneal transplant with implementation of the latest techniques especially with a recent increase in availability of local corneal tissue.

speaker abstract

MANAGEMENT OF CORNEAL PERFORATION

Dr Che Mahiran binti Che Daud, Consultant
Hospital Sungai Buloh

Corneal perforation is a potentially devastating complication that can result from numerous conditions that precipitate corneal melting. It is associated with significant morbidity and prompt intervention is necessary to prevent further complications. Causes include microbial keratitis, ocular surface disease, and autoimmune disorders and trauma. Various management options have been described in the literature to facilitate visual rehabilitation.

These procedures range from temporizing measures such as corneal gluing to corneal transplantation, with decision making, guided by the location, size, and underlying etiology of the perforation.

Tissue adhesives may be used to manage small corneal perforations. Currently, nonbiologic (cyanoacrylate) and biologic (fibrin glue) adhesives are available.
Large corneal perforations are not amenable to the abovementioned treatment modalities and often require a tectonic keratoplasty. Tectonic corneal transplants restore globe integrity by filling corneal stromal defects. Surgical techniques such as full-thickness keratoplasty, lamellar keratoplasty, and corneal patch grafts have been described, and are chosen depending on the size, depth, location, and cause of perforation.

REDUCING RESIDUAL RISK IN LVAD: LESSONS FROM ARIES-HM 3 TRIAL

Dato Dr Mohd Nazeri Bin Nordin, Head of Department - Department of Cardiothoracic and Vascular Surgery, Clinical Director of Heart and Lung Transplantation & Mechanical Heart Programme
National Heart Institute

Despite significant advancements in left ventricular assist device (LVAD) technology, residual risks such as thromboembolic events, bleeding, and pump thrombosis continue to pose challenges to long-term outcomes. The ARIES-HM3 trial provides critical insights into optimizing antithrombotic management in patients with the HeartMate 3 LVAD. The key findings from the ARIES-HM3 trial and discusses their implications for clinical practice in reducing residual risk. Integrating lessons from ARIES-HM3 into routine care can potentially enhance the safety and quality of life for LVAD recipients.

speaker abstract

ENSURING SUCCESSFUL DONOR HEPATECTOMY IN LDLT

Associate Professor Koh Peng Soon, Associate Professor
Universiti Malaya

Liver transplantation is gaining in numbers in Malaysia although the numbers remained low in comparison to many regions around us. In Malaysia, there exists both DDLT and LDLT programs. The first liver transplantation surgery ever performed in Malaysia was in fact a living related donor liver transplantation in a private institution concerning a child with biliary atresia in 1994. This was followed by another successful LDLT in a Hospital Selayang, a public hospital, in 2002. Since then, liver transplantation has grown towards both LDLT and DDLT program in the public institution. In 2017, Universiti Malaya Medical Centre, UMMC, embarked on the LDLT program and successfully performed the first adult right liver lobe donation. The success of the program in this 2 centres would also lead to the opening of Hospital Tunku Azizah later, which offers both paediatric DDLT and LDLT later on. Malaysia have now 3 centres offering the public the service of a liver transplantation for those in with end stage liver disease.

Here, in UMMC, we would like to share our experience as a centre that runs mainly the LDLT program since 2017. We would like to share our donor outcomes as well as strategies undertaken by the team in ensuring donor safety and success in ensuring good outcomes in our LDLT program. Since 2017, we have performed up to 29 donor surgeries in taking various grafts from the right lobe, left lobe and left lateral of live donors. During this period, we have encountered 0% mortality during this period and morbidities encountered were superficial skin infection (n=13.45%), lung atelectasis (n=2, 6.9%), anaesthetic related issues (n=2, 6.9%), bile leak (n=1, 3.45%) and GI bleeding (n=1, 3.45%). Donor blood loss was a median of 500ml (IQR 400-800) and majority of patient stayed less than 14 days in hospital. Our results were comparable to most major centres in the early experience with regards to donor mortality and morbidity.

IMMUNOSUPPRESSION IN LIVER TRANSPLANT

Dr Hoo Chai Zhen, Consultant Hepatology and Gastroenterology
Hospital Selayang

Liver transplant has become a life-saving procedure for patients with decompensated liver cirrhosis and selected cases of hepatocellular carcinoma and liver failure. Immunosuppressants play a pivotal role in preventing graft rejection. Along with the improvement in operative and perioperative techniques, this art of immunosuppression has contributed to the recent progress made in the outcomes of liver transplants. Combination of multiple agents with different mechanisms of action is used to reduce the dose and minimize the side effect. By understanding the intricate balance of immunosuppressive therapy, healthcare professionals can optimize outcomes in liver transplant recipients, promoting long-term graft survival and decreasing risk of infections, malignancies, and drug toxicity.

speaker abstract

CAIRS -OPTION FOR KERATOCONUS TREATMENT

Dr Siti Nor Roha binti Daman Huri, Consultant Ophthalmologist and Cornea Specialist Hospital Sungai Buloh

Keratoconus is a disease characterized by progressive thinning, bulging and distortion of cornea. Advanced disease cases usually present with loss of vision and a majority of these cases require surgical intervention.

The main goal of treatment for keratoconus has changed over the last few years from that aiming to improve visual acuity with keratoplasty to a number of relatively new procedures focused on the prevention of disease progression (CXL) or to restore/support contact lens tolerance. Recent advancements have introduced corneal allogenic intrastromal ring segment (CAIRS) surgery as a promising solution. The details of the surgery will be discussed here.

HLA TYPING AND COMPATIBILITY TESTING

Ms Low Hwei Yee, Scientific Officer
Pusat Darah Negara

The highly polymorphic Human Leukocyte Antigens (HLA) are fundamental in the field of immunology particularly in transplantation. HLA molecules are responsible in regulating the immune responses and play an important role in the acceptance or rejection of transplanted tissues and organs. HLA typing identifies specific HLA alleles present at various loci of the HLA gene, enabling assessment of immune compatibility between the donors and recipients in transplantation. This process minimizes the risk of graft rejection and graft versus host disease. Additionally, HLA typing is also used in understanding susceptibility or resistance to various autoimmune diseases, infections, certain cancers and drugs. Compatibility testing including HLA antibody testing and crossmatching predicts potential immune responses from pre-existing antibodies in a recipient that could react against the donors' cells, thus preventing acute rejection episodes especially in solid organ transplantation. The detection of such antibodies is crucial for transplant success and may influence the donor selection and the need for pre-transplant desensitization to avoid antibody-mediated rejection. Together, HLA typing, HLA antibody testing and crossmatching are essential for determining immunological compatibility between a donor and a recipient, minimizing transplant rejection and improving patient outcomes. With the evolution and advancement of the technologies, the accuracy, efficiency, and resolution of these tests are enhanced and the safety of transplantation will be further improved.

speaker abstract

HEPATITIS SCREENING AND TREATMENT PRE-TRANSPLANTATION

Dr Senamjit Kaur, Consultant Gastrohepatologist
Hospital Queen Elizabeth 1

Hepatitis screening and treatment prior to transplantation are critical components in the management of patients with liver disease, aiming to optimize transplant outcomes and reduce post-operative complications. The process involves comprehensive screening for hepatitis B virus (HBV), hepatitis C virus (HCV), and other hepatitis pathogens to identify active infections and assess disease severity. Advances in antiviral therapies, including direct-acting antivirals (DAAs) for HCV and nucleos(t)ide analogs for HBV, have significantly improved the ability to control viral replication before transplantation. Achieving viral suppression or clearance is associated with decreased risk of reinfection and improved graft survival. Moreover, pre-transplant hepatitis management requires careful consideration of timing, potential drug interactions, and the patient's overall health status. Integration of hepatitis screening and treatment protocols into the transplant evaluation process enhances patient outcomes by reducing infectious risks, delaying disease progression, and increasing the likelihood of successful transplantation. Continued research and development of novel antiviral agents and strategies are essential to further improve pre-transplant hepatitis management and ultimately, long-term transplant success.

THE ROLE OF ANTIBODIES IN ANTIBODY MEDIATED REJECTION

Prof Terence Kee Yi Shern, Senior Consultant Renal Physician, Clinical Professor
Duke-NUS Medical School
Singapore General Hospital

Antibody mediated rejection is an important cause of graft loss but effective treatments to improve graft prognosis remain lacking. However, recent years have seen the emergence of gene transcript analysis, cell free DNA and specific therapeutics for plasma cells and NK cells to improve the diagnosis and treatment of antibody mediated rejection. The future for antibody mediated rejection management is exciting as we approach the condition with multimodal diagnostics and therapeutics. Challenges remain due to their high costs and the need to sustain such treatments over a long period of time to prevent rebound rejection.

SKIN LESIONS POST TRANSPLANT

Dato' Dr Noor Zalmy Azizan Mohd Ali Azizan, Dermatologist
Central Dermatology Specialist Clinic & Thomson Hospital Kota Damansara

Patients who had organ transplant are normally on numerous immunosuppressive treatments to prevent rejection of the transplanted organs. Therefore, skin lesions after a transplant are common. These immunosuppressive treatments reduce the ability to fight infections and may cause DNA mutation of the skin. The dermatological problem in the patients ranges from skin infections to benign growths and some may even progress to skin cancers.

speaker abstract

PERSONALISED IMMUNOSUPPRESSIVE STRATEGIES IN THIS ERA

Prof Lim Soo Kun, Senior Consultant Nephrologist
University Malaya Medical Centre

Long-term graft survival is still below ideal despite major advancements in kidney transplantation, and immunosuppression-related problems like infections, cancers, and chronic allograft injury continue to be a problem. Despite being successful in lowering acute rejection, current immunosuppressive regimens frequently take a "one-size-fits-all" approach, ignoring individual differences in immunological risk, pharmacokinetics, and adverse effect profiles.

Key gaps in current practice are highlighted by emerging evidence, such as the underutilisation of biomarkers, the inconsistent integration of pharmacogenomics, and the lack of tools for dynamic immune risk stratification.The field is changing as a result of recent and continuing research into new drugs like costimulation blockers, customised dosage based on donor-derived cell-free DNA or TTV viral load, and machine learning models to forecast drug toxicity and rejection risk.

By adjusting treatment to the patient's changing immunological profile, personalised immunosuppressive strategies seek to achieve the ideal balance between under- and over-immunosuppression. Clinical risk scoring, non-invasive biomarkers, pharmacogenomic testing, and routine immune monitoring are all components of a multifaceted implementation strategy. By incorporating these tools into standard clinical processes and using digital platforms and decision-support algorithms, treatment decisions can be improved and long-term results can be enhanced.

The practical application of personalised immunosuppression in clinical practice will be discussed in this talk, along with patient stratification, treatment algorithms, and current research that could soon influence standard care. In the end, the move to precision transplant medicine has potential for enhancing patient safety and quality of life in addition to graft longevity.

COMPLICATIONS POST LIVER TRANSPLANT - A HEPATOLOGIST POINT OF VIEW

Dr Ruveena Bhavani Rajaram, Consultant Gastroenterologist and Hepatologist & Internal Physician
Thomson Hospital Kota Damansara

Occurrence of one or more complications following a successful liver transplantation are not uncommon. These can vary from benign issues to life-threatening conditions. Onset of these events in relation to the LT as well as pattern of liver injury are very important clues to determine the most possible causes of post LT complication. From a physician’s perspective, non-technical issues such graft rejection and infection will be discussed in detail.

speaker abstract

HEPATITIS B RECIPIENTS, HOW DO WE PREPARE THEM PRE-TRANSPLANTATION?

Dr Syuhada Dan binti Adnan, Consultant Hepatologist
Hospital Sultanah Nur Zahirah

Liver transplantation remains a crucial treatment modality for patients with end-stage liver disease due to chronic hepatitis B virus (HBV) infection. However, optimal pre-transplant preparation is essential to improve post-transplant outcomes and minimize HBV recurrence.

This talk will explore the hepatologist's approach in preparing HBV-infected recipients for transplantation, covering key aspects such as disease assessment, antiviral therapy, risk stratification, and strategies to prevent HBV reactivation. The role of nucleos(t)ide analogs, hepatitis B immunoglobulin (HBIG), and emerging antiviral strategies will be discussed in the context of current international guidelines, including those from AASLD, EASL, and APASL. Additionally, special considerations in patients with hepatocellular carcinoma (HCC) and those with co-infections will be highlighted.

By addressing these critical elements, this session aims to provide a structured approach to optimize patient selection, improve transplant success, and enhance long-term graft survival in HBV recipients.

CODE LIFE: A STEP TOWARDS SAVING LIVES THROUGH LIVING KIDNEY DONATION

Prof Madya Dr Nor Fadhlina Zakaria, Associate Professor at the Faculty of Medicine and Health Sciences, Universiti Putra Malaysia (UPM), Chief Operating Officer (COO) at Hospital Sultan Abdul Aziz Shah (HSAAS)
Universiti Putra Malaysia

Chronic kidney disease is a mounting public health challenge, with thousands awaiting life-saving transplants. Malaysia's CODE Life Programme (Community Organ Donation Drive for Life) addresses this urgent need through targeted awareness, education, and empowerment initiatives. By promoting living kidney donation, the programme aims to improve patient outcomes and normalise organ donation conversations. This presentation highlights CODE Life's strategies, impact, and future directions, emphasising that awareness is the first step toward action, because one conversation can save a life.

speaker abstract

NUTURING & SUSTAINING A TRANSPLANT SURGEON

Dr Clarence Lei Chang Moh, Urologist
Normah Medical Specialist Centre, Kuching

Although the first kidney transplant was performed in Malaysia in 1975, the rates of kidney transplantation in Malaysia is one of the lowest, at 2-5 pmp (per million population) for the last 10 years. However, the incidence of end stage kidney failure is now amongst the highest, at 1584 pmp. Small group focused interviews were conducted amongst the surgeons involved to gather data. Relevant publications and a chatGPT deep research were reviewed. In the Ministry of Health Malaysia, kidney transplants were performed by most urologists working in Hospital KL and Hospital Selayang, as part of usual work. This practice is poorly sustained as most urologists leave for private practice; kidney transplantation surgery is not lucrative. In August 2023, the head of urology service arranged for all urologists in the MOH to carry out any procurement in their area. The Ministry of Health delegated the co-ordination of training of urologists to the Board of Urology. With the recent surge in renal transplantation, the Board of Urology initiated new moves to nurture and sustain transplant surgeons. AVF arteriovenous fistula, procurement and assistance in recipient kidney transplants are made core procedure for trainees. New trainees sign a pledge to work 5 years in government departments after passing exit exams. This pledge is repeated as an "oath" in final year. However, surgery is only one important part of kidney transplantation. Other resources that are needed includes nephrologists, para medical team, laboratory, nursing, coordinators, posts, courses and scholarships. Such resources need a lot more priority by managers and politicians.

CMV INFECTION, HOW DO WE MANAGE AND THE AVAILABLE THERAPIES

Dr Mohamad Zaimi Abdul Wahab, Nephrologist
HKL

Managing Cytomegalovirus (CMV) infection in solid organ transplant recipients involves assessing patient risk based on serology status, transplant organ type, and immunosuppression levels. Treatment initiation thresholds vary depending on these individualized factors. Current strategies for refractory and resistant CMV infections include the use of Maribavir, supported by findings from the SOLSTICE trial demonstrating its efficacy and safety. Clinical management approaches discussed involve optimization of immunosuppression, genotypic testing for antiviral resistance, and treatment strategies for resistant CMV cases. Emerging developments such as new antiviral drugs, standardized resistance testing methods, and advanced immune monitoring techniques are identified as key areas for future improvement.

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CORRELATION BETWEEN URINE AND SERUM BK VIRUS LEVELS IN KIDNEY TRANSPLANT RECIPIENTS AND OUTCOMES OF BK VIREMIA IN HOSPITAL SELAYANG

Dr Alwin Tong Yu Hoong, Dr Devamalar A/P Simatherai
Nephrology Department, Hospital Selayang

Introduction

BK virus (BKV) infection is a significant cause of graft dysfunction in kidney transplant recipients. BK viruria generally precedes BK viremia. Early detection of viruria can allow for timely intervention, which may help prevent or delay the development of BKVAN. However, little is known about the diagnostic value of the urine level of BK virus for nephropathy or the relationship between the serum and urine viral load.

Methods

This retrospective study analyzed 69 kidney transplant recipients at Hospital Selayang in 2024. Simultaneous urine and serum BKV PCR testing was performed from June 2024 till March 2025, with 19 patients exhibiting BK viruria. Statistical analyses included Spearman's correlation, positive predictive value (PPV) calculation, and outcome assessment based on management strategies (immunosuppression reduction, mTOR inhibitor switch, IVIG).

Results

A strong positive correlation was found between urine and serum BKV levels (Spearman's rho = 0.72, p< 0.01). The PPV of BK viruria for viremia was 47.4% (9/19). Among viremic patients (n = 9), IVIG and mTOR inhibitor switches were the most common interventions (77.8% and 66.7%, respectively). Treatment combinations included: concurrent mTOR inhibitor switch with IVIG (n=6), MMF reduction with IVIG (n=2), and triple therapy with CNI reduction, mTOR inhibitor switch and IVIG (n=1). Outcomes included resolution (44.4%), reducing trend (33.3%), and persistent viremia (22.2%). Allograft dysfunction occurred in 44.4% (4/9) of viremic patients, all of whom had urine BKV > log 7.0 and serum BKV > log 3.0. Resolution of allograft dysfunction was shown in all patients.

Conclusion

Urine BKV quantification strongly correlates with serum viremia and may identify high-risk patients. Nearly half of viruric patients developed viremia, warranting early intervention. These findings support urine BKV as a cost-effective screening tool, though confirmatory serum testing remains critical for clinical decision-making. However, larger studies are required to further confirm the validity of the study.

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TRANSPLANT TREPIDATIONS: A SINGLE-CENTER STUDY OF BACTERIAL INFECTION DYNAMICS

Gan. WL , Sukesh. H, Mohammad Ismail. SH, Somateria. D, Goh. CY, Bee. BC

Department of Nephrology Hospital Selayang

Introduction

Cytomegalovirus (CMV) viraemia is a serious complication following kidney transplantation leading to allograft loss and mortality. We hypothesized that a low absolute lymphocytes count (ALC) correlates with higher risk of reccurent CMV viraemia in kidney transplant recipients.

Objective

To explore the value of ALC as predictors for recurrent CMV viraemia in a retrospective cohort of kidney transplant recipients who completed treatment for CMV infection.

Methods

Retrospective cross sectional study among kidney transplant recipients at Hospital Selayang from January 2023 until January 2025 who developed CMV viraemia 3 months after transplant. Exclusion criteria include poor compliance , concomitant BK viraemia and Parvo virus viraemia, graft failure or interruption during treatment and incomplete clinical information.

Results

Sixteen (57%) out of 28 kidney transplant recipients with mean age of 40.5 + 6.9 years old had recurrent CMV viraemia . Ten subjects were excluded. Sixty-eight percent were deceased kidney transplant recipients and 56% subjects were females. The cold ischemic time was 6.5 + 3.2 hours and 68.8% of subjects received thymoglobumin as induction agent. All subjects had moderate risk for CMV infection. CMV prophylaxis was adopted in 61% of subjects. Treatment for the first episode of CMV infection was 44 + 14 days and CMV viraemia recurred 31 + 3 days after treatment completion. The mean CMV viral load was 36534.7 + 30322.1 copies. The mean ALC in CMV recurrent free subjects was 1.25 + 0.08 × 103 cells/μL and 0.60 + 0.20 × 103 cells/μL in those who had recurrent CMV viraemia. This corresponding to hazard ratio of 0.023 (95% confidence interval, 0.001– 0.983; P =0 .049).

Conclusion

A lower ALC following CMV infection treatment is a strong predictor for recurrent CMV viraemia among kidney transplant recipients. ALC could be used to guide decision for augmented CMV surveillance following completion of treatment.

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ABSOLUTE LYMPHOCYTE COUNT: A PREDICTOR OF RECURRENT CYTOMEGALOVIRUS VIRAEMIA IN KIDNEY TRANSPLANT RECIPIENTS

Ee SQ, Devamalar A/P Simatherai

Hospital Selayang

Introduction

Kidney transplant recipients are highly susceptible to bacterial infections, which represent a major threat to graft function.

Objective

This study aimed to investigate the incidence of bacterial infections and their associations with risk factors in kidney transplant recipients.

Methods

This was a retrospective observational study that included 80 patients who underwent kidney transplantation at Hospital Selayang between January 2024 and March 2025. Clinical and demographic data were collected, including donor type(cadaveric vs. living), type of induction agents(thymoglobulin vs. basiliximab), duration of cold ischemia time(CIT) (longer or shorter than 12 hours), and duration of urinary stent(before or after 30 days). Descriptive statistics summarized patient characteristics, while the chi-square test assessed associations between categorical variables. A p-value of <0.05 was considered statistically significant.

Results

The majority of the study population were male(61.3%) with a mean age of 36.9 years. Forty-eight patients(60%) had at least one episode of bacterial infection after transplantation, with urinary tract infection(UTI) being the most common(62.5%). Patients who received thymoglobulin as the induction agent were significantly more likely to develop bacterial infections(p=0.048), as were those who received kidney grafts from deceased donors(p<0.001). Patients with urinary stents left in for longer than 30 days were also significantly associated with a higher risk of bacterial infections(p=0.042). However, the duration of CIT(longer or shorter than 12 hours) was not associated with bacterial infections(p=0.163). Patients who received deceased kidney grafts were significantly more likely to develop UTIs(p=0.007), but no significant association was found between the occurrence of UTIs and induction agents(p=0.157) or the duration of urinary stent(p=0.704).

Conclusion

The study found a statistically significant association between the development of bacterial infections and the use of thymoglobulin as the induction agent, receipt of deceased kidney grafts, and longer urinary stent duration in kidney transplant recipients.

free paper

FROM SPANISH VR TO MALAYSIAN MOBILE: A TELEGRAM-BASED FAMILY-APPROACH CHATBOT FOR ORGAN DONATION SIMULATION TRAINING

Dr. Fatin Rabi'ah Binti Othman, Pn. Suriana Binti Mat Razali, Dr. Muhammad Hanif Bin Ibrahim, Dr. Siti Nursyafiqah Binti Abdullah
Hospital Melaka

Objective

Despite MyGRODA workshops forming the backbone of family-approach training in Malaysia, clinicians have few opportunities for real-life, self-directed practice—contributing to persistently low deceased-donor consent rates. While high-end solutions such as Spanish Donation & Transplantation Institute (DTI)'s Virtual Reality (VR) delivers immersive scenarios, it is inaccessible to most clinicians for its specialized hardware and limited funding. There is a critical need for scalable, practical, and low-barrier tools, such as the simulation chatbot to fill up the gap for training beyond workshops. We therefore developed a Malay-language Telegram chatbot simulating the five-stages family approach (opening, breaking bad news, brain-death explanation, donation request, discussion & persuasion, and closure), providing an accessible, on-demand platform for healthcare professionals to rehearse these sensitive conversations—anywhere, anytime.

Methods

We built a proof-of-concept agent using Google Dialogflow ES, mapping multiple specific intents to each conversation stage. Over 30 response variants (emotional, factual, religious, hesitant) were scripted in Malay to reflect realistic family reactions and conversational branching. The chatbot was deployed to run on Telegram. Internal flow tests were conducted to verify trigger accuracy and dialogue coherence.

Results

Internal testing confirmed reliable navigation through all stages, realistic responses, and minimal onboarding. Key distinctions versus DTI VR include:

Aspect	**DTI VR**	**Telegram Chatbot**
Technology	VR headset & branching video	Text-based on Telegram
Interactivity	Pre-recorded actor scenarios	Real-time typed/voice responses
Accessibility & Usability	Institution-level hardware	Any device with Telegram
Cost	High production, licensing	Free platform
Customization	Limited without new funding	Easily adapted to language/ culture
Scalability	Complex localization	Simple duplication and translation

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FROM SPANISH VR TO MALAYSIAN MOBILE: A TELEGRAM-BASED FAMILY-APPROACH CHATBOT FOR ORGAN DONATION SIMULATION TRAINING

Dr. Fatin Rabi'ah Binti Othman, Pn. Suriana Binti Mat Razali, Dr. Muhammad Hanif Bin Ibrahim,
Dr. Siti Nursyafiqah Binti Abdullah
Hospital Melaka

Conclusion

While DTI's Family Approach VR offers high-immersion institutional training, our Telegram chatbot delivers a low-cost, easily accessible rehearsal platform—ideal for Malaysia's resource-constrained settings and culturally sensitive practice. We plan for multilingual expansion and formal user evaluation to measure its impact on clinician's communication competence and consent rates.

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A RETROSPECTIVE ANALYSIS OF AGE AND GENDER DISTRIBUTION WITH SURVIVAL RATES IN HEART TRANSPLANT PATIENTS - 20 YEARS' EXPERIENCE AT THE NATIONAL HEART INSTITUTE (IJN)

Raja K, Shanmugam S, Koh HB, Teoh CK, Ghazi A

Cardiology Department, Advanced Heart Failure and Heart Transplant Care, National Heart Institute (IJN)

Introduction

Heart transplantation remains the definitive gold standard surgical approach in the treatment of refractory heart failure, offering significant benefits such as improved survival rates, enhanced functional capacity, and better quality of life. Despite being the gold standard for end stage heart failure, transplantation is limited by the ongoing scarcity of suitable donors, emphasizing the need for strategies to improve donor identification and utilization. Heart transplantation provides significant benefits for patients with end stage heart failure, including improved long-term survival, enhanced functional capacity and better quality of life. It remains the most effective treatment for patients who are refractory to medical and device-based therapies, with current data showing 1-year survival rates exceeding 85% and median survival approaching 12-15 years in selected populations. Additionally, advances in immunosuppressive therapy and post-operative care have led to a notable reduction in rejection and infection related complications, further improving patient outcomes. Despite the persistent challenges, including donor scarcity and the complexities of long-term management in transplant patients, our center has successful transplant cases over the past 2 decades.

Objective

We conducted this study to assess post-transplant outcomes and analyze survival rates based on heart transplant done over the 2 decades in IJN . A total of 41 transplants were performed: 28 heart transplants ,1 redo heart transplant, 6 heart- lung transplants, and 6 lung transplants. The study also aimed to evaluate how heart transplantation improved patient survival and quality of life in individuals with end stage heart failure.

Methods

This was a retrospective, single-center study conducted at the National Heart Institute (IJN) in Malaysia. The study spanned from 1997 to 2024 and included 40 patients who underwent heart transplantation or related procedures. Patients included in the study were those with end-stage heart failure who met the criteria for heart transplantation. Inclusion criteria consisted of patients aged 18–60 years with severe, symptomatic heart failure despite optimal medical therapy. Exclusion criteria included patients with active infections, malignancies, or contraindications for heart transplantation. All procedures were performed following established protocols for organ retrieval, transplantation, and post-operative care. Immunosuppression was managed according to institutional guidelines.

Data Collection

Patient data were extracted from the electronic health records at IJN, which included baseline demographics, clinical features, procedural details, and follow-up information. The study collected data on transplant type (e.g., heart transplant, LVAD bridge to transplant) and patient outcomes, including survival rates, complications, and quality of life.

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A RETROSPECTIVE ANALYSIS OF AGE AND GENDER DISTRIBUTION WITH SURVIVAL RATES IN HEART TRANSPLANT PATIENTS - 20 YEARS' EXPERIENCE AT THE NATIONAL HEART INSTITUTE (IJN)

Raja K, Shanmugam S, Koh HB, Teoh CK, Ghazi A

Cardiology Department, Advanced Heart Failure and Heart Transplant Care, National Heart Institute (IJN)

Types of Transplant

i. ***Orthotopic Heart Transplantation:*** *The standard heart transplant, where the diseased heart is replaced with a donor heart in the same location, typically for end-stage heart failure.*

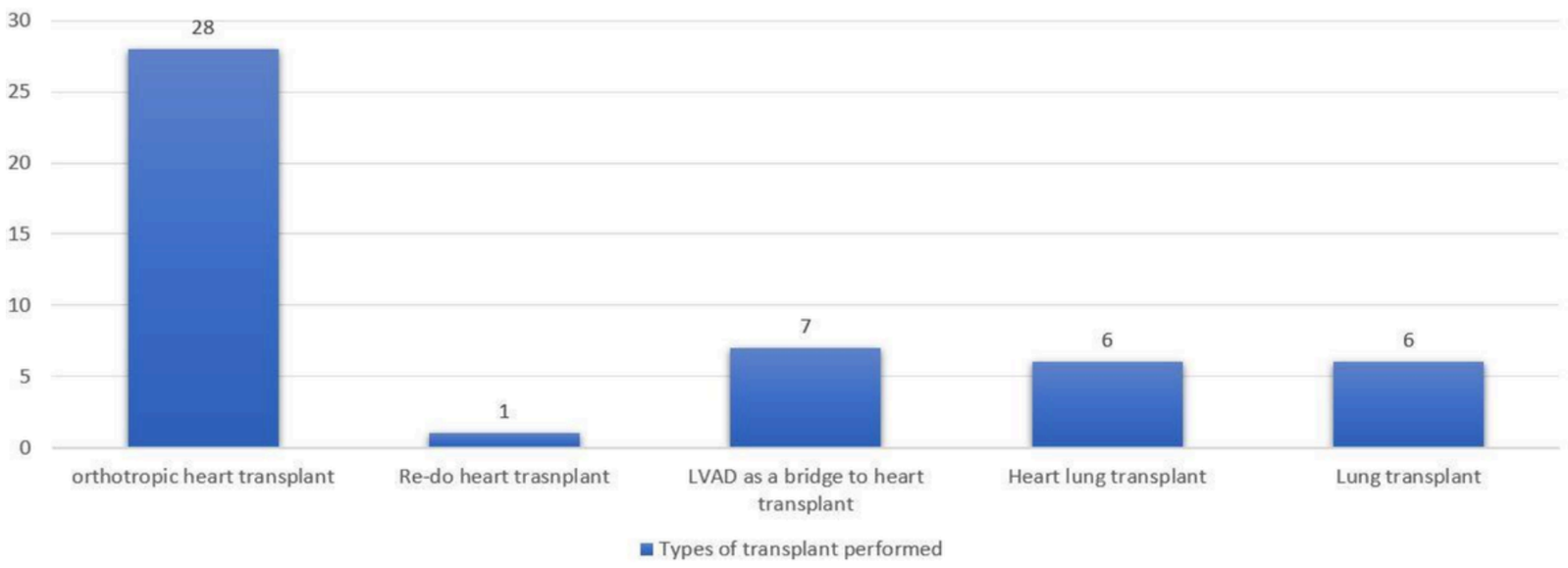
ii. ***Redo Heart Transplant:*** *A second heart transplant performed when the first transplant fails due to complications like rejection or graft failure.*

iii. ***LVAD as a Bridge to Transplant:*** *A mechanical device used to assist the heart in pumping blood while patients await a donor heart, providing temporary circulatory support.*

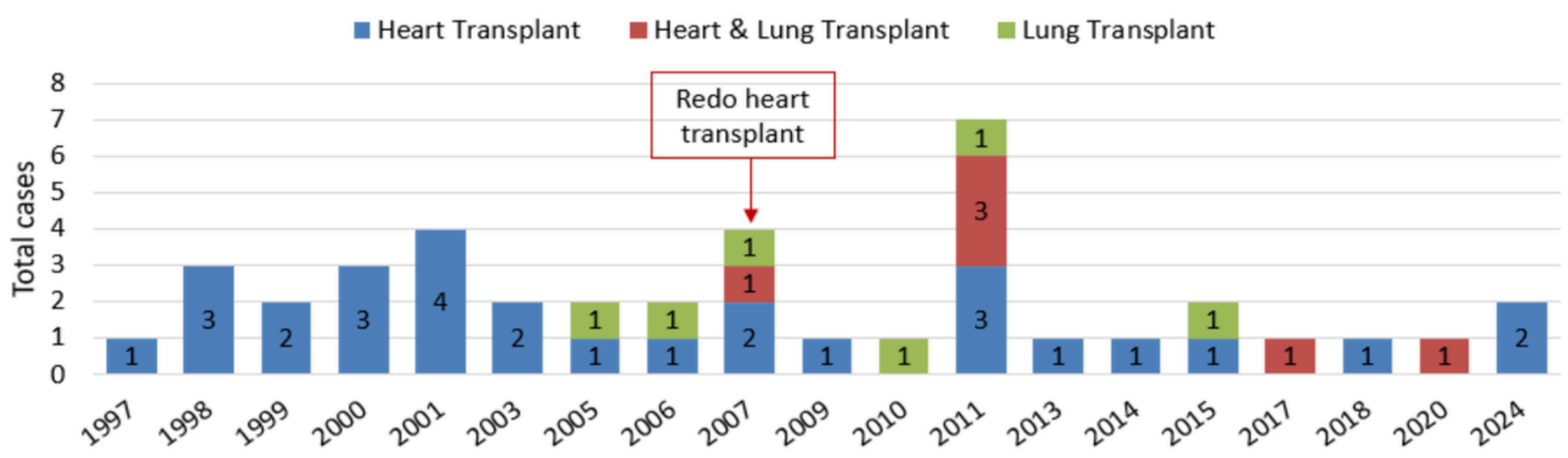
iv. ***Heart-Lung Transplantation:*** *A combined transplant of both the heart and lungs, usually for patients with severe diseases affecting both organs.*

v. ***Lung Transplantation (Without Heart):*** *Transplant of only the lungs, typically for patients with severe lung disease who do not require a heart transplant.*

Types of Transplant Performed



Types of Transplant Performed Over the Past 28 Years



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A RETROSPECTIVE ANALYSIS OF AGE AND GENDER DISTRIBUTION WITH SURVIVAL RATES IN HEART TRANSPLANT PATIENTS - 20 YEARS' EXPERIENCE AT THE NATIONAL HEART INSTITUTE (IJN)

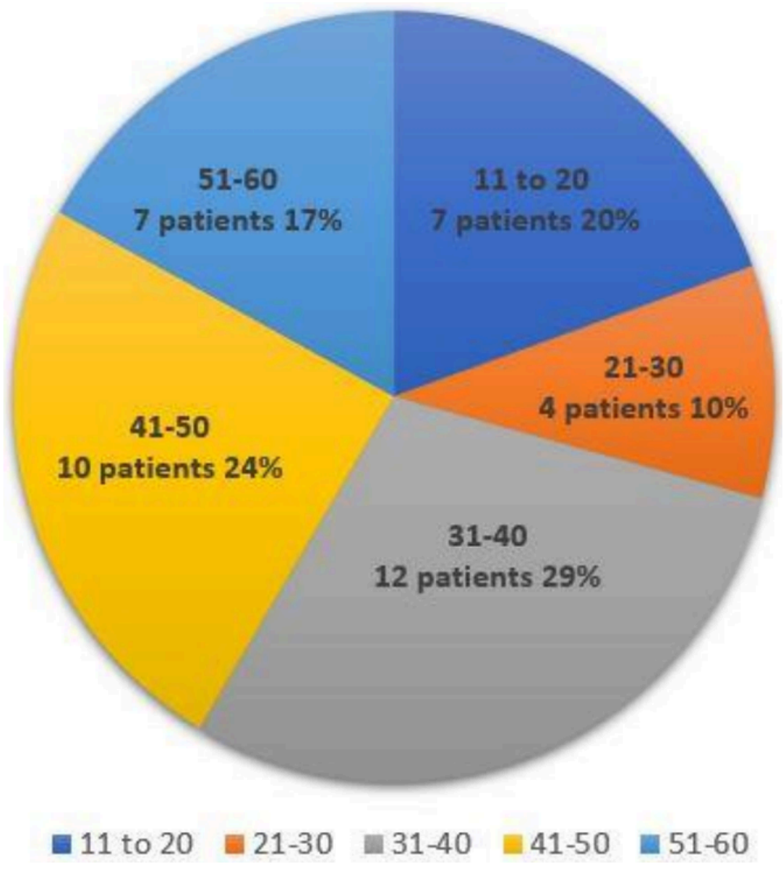
Raja K, Shanmugam S, Koh HB, Teoh CK, Ghazi A

Cardiology Department, Advanced Heart Failure and Heart Transplant Care, National Heart Institute (IJN)

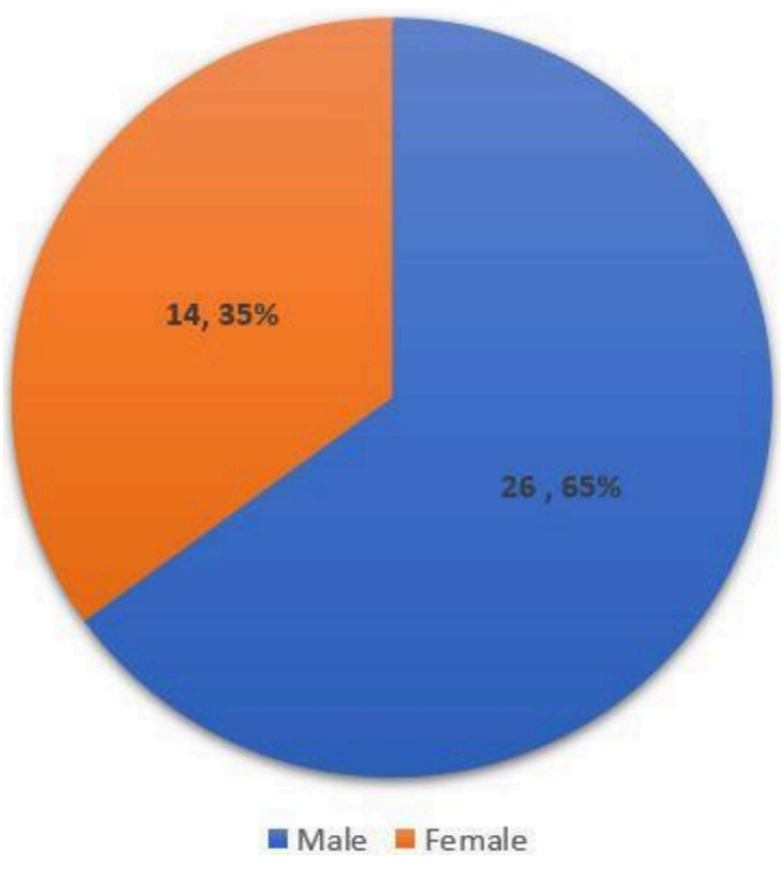
Result

The results from the study on heart transplantation at IJN (1997-2024) include the following insights : age distribution, gender distribution and survival outcome.

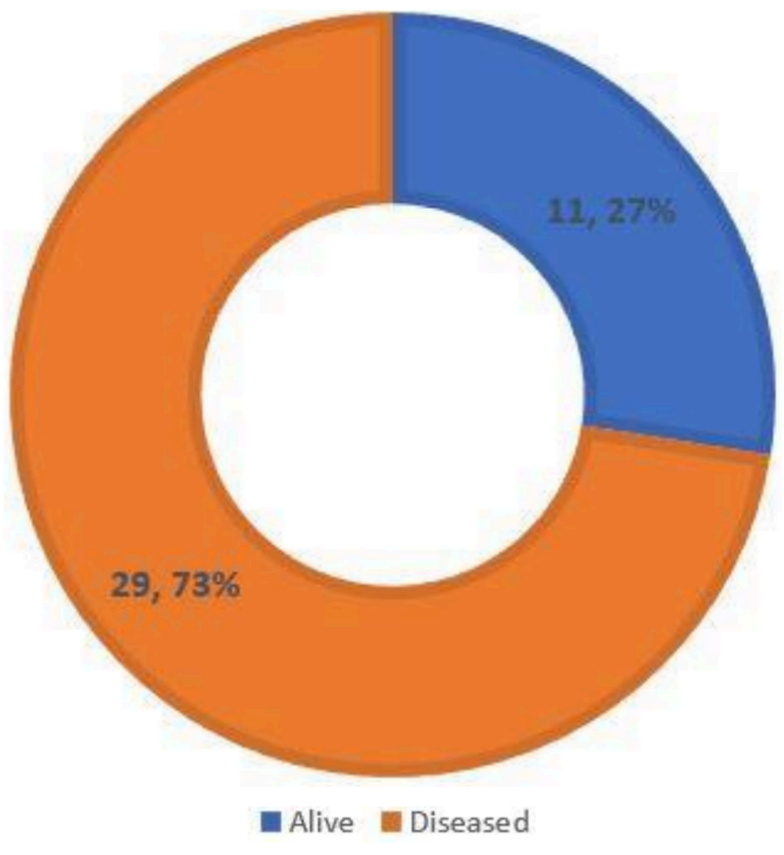
Age Distribution



Gender Distribution



Survival Rates



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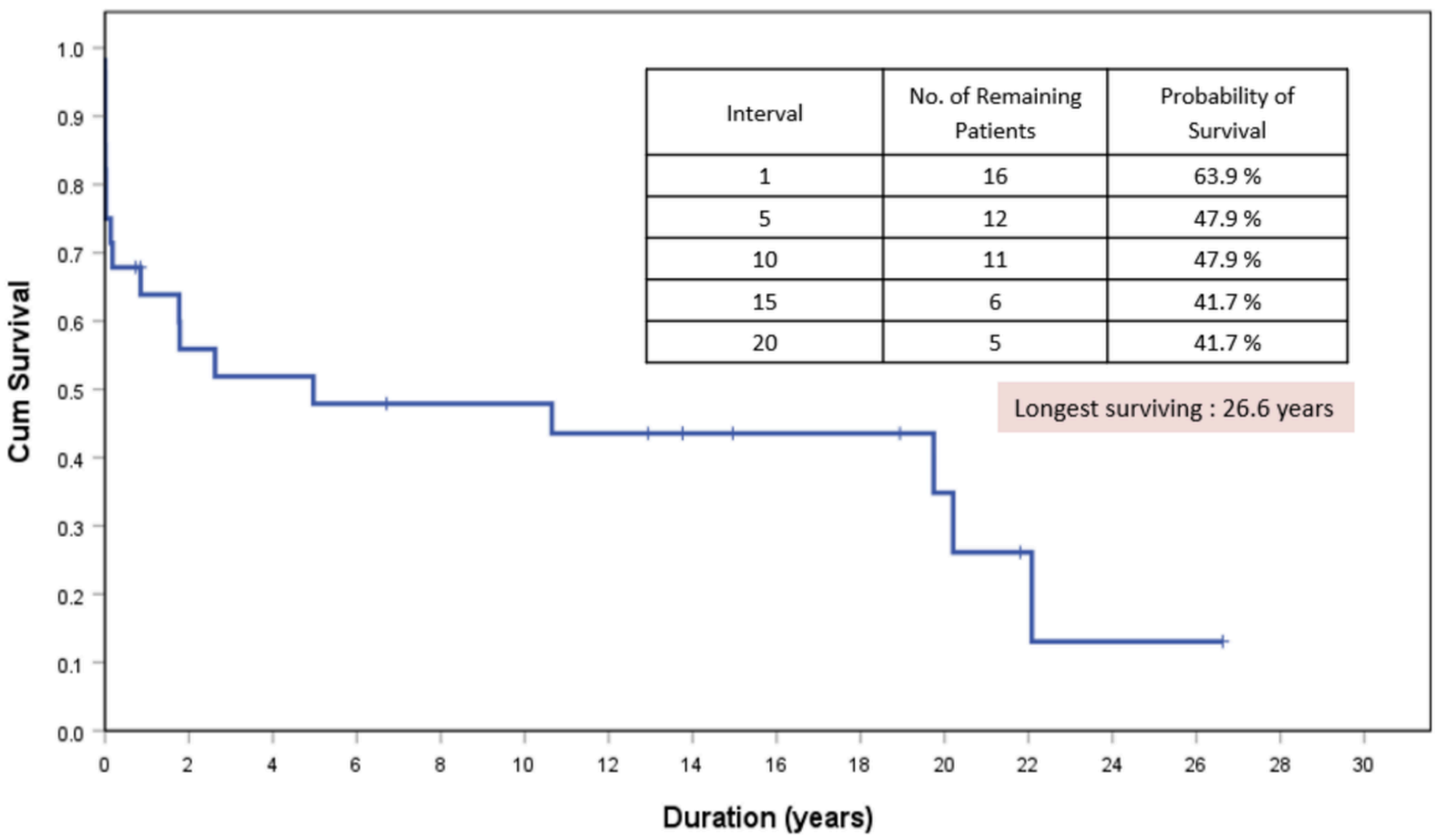
A RETROSPECTIVE ANALYSIS OF AGE AND GENDER DISTRIBUTION WITH SURVIVAL RATES IN HEART TRANSPLANT PATIENTS - 20 YEARS' EXPERIENCE AT THE NATIONAL HEART INSTITUTE (IJN)

Raja K, Shanmugam S, Koh HB, Teoh CK, Ghazi A

Cardiology Department, Advanced Heart Failure and Heart Transplant Care, National Heart Institute (IJN)

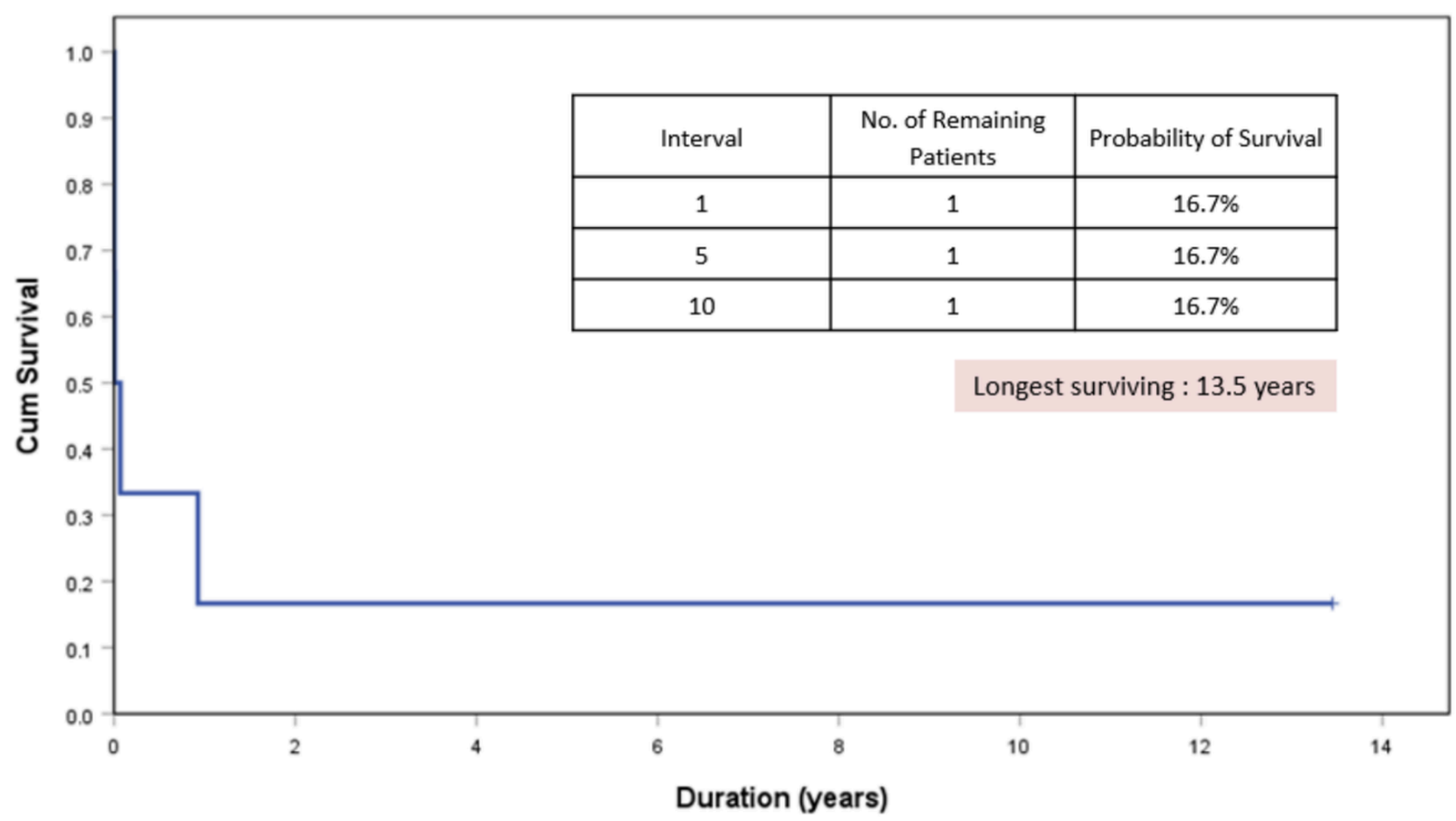
Heart Transplant Survival Rate



Interval	No. of Remaining Patients	Probability of Survival
1	16	63.9 %
5	12	47.9 %
10	11	47.9 %
15	6	41.7 %
20	5	41.7 %

Longest surviving : 26.6 years

Heart Lung Transplant Survival Rate



Interval	No. of Remaining Patients	Probability of Survival
1	1	16.7%
5	1	16.7%
10	1	16.7%

Longest surviving : 13.5 years

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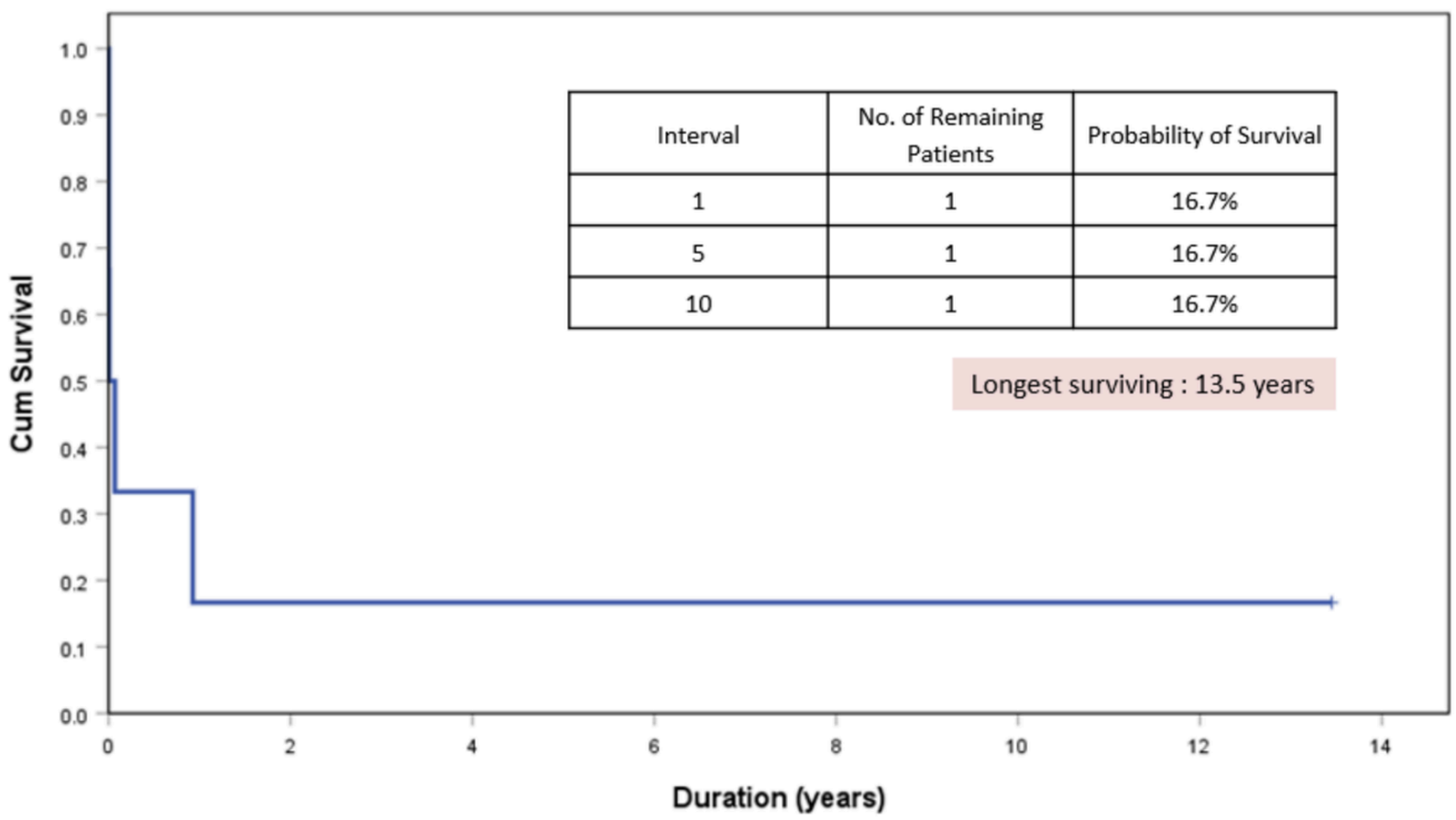
A RETROSPECTIVE ANALYSIS OF AGE AND GENDER DISTRIBUTION WITH SURVIVAL RATES IN HEART TRANSPLANT PATIENTS - 20 YEARS' EXPERIENCE AT THE NATIONAL HEART INSTITUTE (IJN)

Raja K, Shanmugam S, Koh HB, Teoh CK, Ghazi A

Cardiology Department, Advanced Heart Failure and Heart Transplant Care, National Heart Institute (IJN)

Lung Transplant Survival Rate



The study includes 40 transplant patients, with a predominance of male patients (65%). The mean age of patients was 36.1 years (±13.2), with the majority (29%) falling within the 31-40 years age group. The youngest patient was 13 years old, and the oldest was 58 years old. Survival rates varied by transplant type, with the longest survival for heart transplants recorded at 26.6 years, 13.5 years for heart-lung transplants, and 14.6 years for lung transplants.

Summary

Heart transplantation is continuing to evolve with exciting new advancements in the preoperative, perioperative, and postoperative management of heart transplantation patients. Improvements in immunology and organ preservation are likely to further improve care. For carefully selected patients, heart transplantation offers markedly improved survival and quality of life. The higher prevalence of male patients in heart transplant populations is likely due to a combination of biological, behavioral, and societal factors. Men typically develop heart disease earlier, have more severe cardiovascular conditions, and face more risk factors for heart failure like smoking, hypertension and high cholesterol, leading to a greater need for heart transplants. The fact that the youngest patient was a 13-year-old suggests the potential for pediatric heart failure, which may be related to genetic factors, congenital heart disease, or viral infections. Pediatric heart transplant outcomes are often more variable, with children facing challenges related to graft rejection, infection, and organ growth. The relatively short survival time of 2 years is consistent with the challenging nature of pediatric transplants, where survival rates tend to be lower compared to adult patients. The case of the oldest patient in our study, who underwent a heart transplant at the age of 58 years old in 2024 for ischemic dilated cardiomyopathy (IDCM) is currently doing well.

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A RETROSPECTIVE ANALYSIS OF AGE AND GENDER DISTRIBUTION WITH SURVIVAL RATES IN HEART TRANSPLANT PATIENTS - 20 YEARS' EXPERIENCE AT THE NATIONAL HEART INSTITUTE (IJN)

Raja K, Shanmugam S, Koh HB, Teoh CK, Ghazi A

Cardiology Department, Advanced Heart Failure and Heart Transplant Care, National Heart Institute (IJN)

This suggests that older patients can also benefit from heart transplants with appropriate care. An exceptional case involves a patient who underwent a heart transplant at 50 years old, survived for 26.6 years, and passed away at 76 years old in January 2025 due to sepsis. This long-term survival reflects the advancements in heart transplantation medicine and post-operative management reflects with proper care, patients can live many years post-transplant.

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THE BURDEN OF BK VIRUS IN KIDNEY TRANSPLANTATION: A 10-YEAR RETROSPECTIVE COHORT STUDY AT HOSPITAL KUALA LUMPUR

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Nephrology Department, Hospital Kuala Lumpur

Introduction

BK virus (BKV) infection is a significant complication in kidney transplant recipients, with the potential to cause graft dysfunction or loss, especially when associated with nephropathy.

Objective

To determine the incidence, clinical characteristics, and outcomes of BKV infection among kidney transplant recipients at Hospital Kuala Lumpur.

Methods

A retrospective cohort study was conducted on kidney transplant recipients diagnosed with BKV viremia from 2015 to 2024. Diagnosis was based on real-time polymerase chain reaction (PCR). Clinical, demographic, and immunosuppression data were extracted from medical records. Presumptive BKV nephropathy (BKVN) was defined as plasma BKV DNA levels >10,000 copies/mL without biopsy confirmation.

Results

Among 420 kidney transplant recipients, 45 (10.7%) developed BKV viremia at a median of 16.9 weeks post-transplant. The mean age was 40.6 ± 12.3 years, and 68.9% were male. Most received kidneys from living donors (75.6%) and were ABO-compatible (77.8%). Thirteen patients (28.9%) had biopsy-proven BKVN, while 10 (22.2%) met criteria for presumptive BKVN. Cytomegalovirus co-infection was found in 42.2%, and 22.2% had experienced rejection within six months prior. At diagnosis, 84.4% were on triple immunosuppression (tacrolimus, mycophenolic acid, prednisolone). Management included mycophenolic acid reduction (100%), calcineurin inhibitor minimization (86.7%), conversion to everolimus (78.9%), calcineurin inhibitor withdrawal (31.1%), and intravenous immunoglobulin in selected cases (35.6%). Baseline estimated glomerular filtration rate (eGFR) was 62.6 mL/min/1.73 m^2, with a significant annual decline of 3.7 mL/min/1.73 m^2 ($p < 0.001$). Graft loss occurred in 6.7%, with one COVID-19-related death.

Conclusion

BK virus infection occurred in 10.7% of recipients, predominantly within six months post-transplant, and contributed to progressive graft function decline. Our findings highlight the importance of regular BKV screening and prompt immunosuppression adjustments to preserve long-term allograft outcomes.

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A CASE REPORT EMPHASIZING THOROUGH EVALUATION FOR EXPANDING THE DONOR POOL: SUCCESSFUL MULTIORGAN AND TISSUE DONATION FROM A CERVICAL CANCER SURVIVOR

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Unit Perolehan Organ Hospital, HRPB Ipoh

Introduction
Case Report.

Objective
Organ and tissue donation from cancer survivors is an intricate and evolving field in transplantation medicine. The increasing survival rates of cancer patients and the persistent shortage of available organs have prompted the consideration of using organs from donors with a history of cancer, including cervical cancer. However, the decision to accept such organs must be made cautiously, taking into account the type and stage of cancer, as well as the potential risks to the recipient.

Methods
This report details the successful multiorgan and tissue donation from a 49-year-old cervical cancer survivor, more than five years post-treatment, with no evidence of disease recurrence. The patient, who had spontaneous intracranial bleeding secondary to hypertensive emergency, which occurred due to unrelated to the cancer. Following rigorous evaluation, laboratory test and imaging process, the liver, kidneys and bilateral corneas were considered suitable for donation and transplantation.

Results
This case demonstrates the thorough risk assessment. It emphasizes the importance of individualized evaluation, considering factors such as cancer type, treatment history, disease-free interval, and donor-recipient risk balance. The successful outcomes in this case add to the growing evidence supporting the expansion of donor criteria, potentially increasing the availability of life-saving organs and tissues.

Conclusion
However, further follow up on the recipients and research of standardized guidelines are needed to optimize donor selection and minimize risks in such complex scenarios. The donor's legacy lives on through the lives she touched, serving as a beacon of hope and a reminder of the enduring power of human compassion

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PILL BURDEN AND COST EFFECTIVENESS OF SWITCHING FROM IMMEDIATE-RELEASE TO PROLONGED-RELEASE TACROLIMUS FORMULATION AMONGST MALAYSIAN KIDNEY TRANSPLANT RECIPIENTS

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Hospital Kuala Lumpur

Introduction

Once-daily prolonged-release (PR) tacrolimus formulation has been proven to be non-inferior to a twice-daily immediate-release (IR) tacrolimus formulation in terms of biopsy-proven rejection, graft failure and mortality among kidney transplant recipients (KTR). However, there is paucity of local data comparing pill burden and cost effectiveness of conversion from IR to PR tacrolimus formulation.

Objective

This study aims to evaluate the difference in pill burden and cost when switching from IR to PR tacrolimus formulation amongst stable KTR.

Methods

This retrospective analysis was performed on all KTR in our centre who were converted from IR tacrolimus to PR tacrolimus between January 2016 and September 2024. Eligible subjects were identified from the hospital kidney transplant database, and clinical and laboratory data were extracted from their electronic medical records. An excel calculator was used to derive cost analysis and coefficient of variation.

Results

A total of 107 patients were included in the study with mean age of 43.16 ± 12.27 (range 16 to 71) years. Sixty patients (56.0%) were male and majority of patients, 58 (54.2%) were of Malay ethnicity. Mean serum creatinine at time of conversion was 144.2 ± 65.4 umol/L. Kidney transplant recipients had a significantly higher pill burden with IR tacrolimus, mean value 3.96 ± 2.06, compared to 2.82 ± 1.26 following conversion to PR tacrolimus, p <0.001.
Mean daily cost of IR tacrolimus was higher at RM29.23 ± 21.91 vs RM28.63 ± 19.19 for PR tacrolimus, however this difference did not reach statistical significance, p=0.566.

Conclusion

Although patients had significantly lower pill burden after conversion from IR to PR tacrolimus, this did not translate to a lower mean daily cost of treatment.

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CONVERSION FROM PROGRAF® TO ADVAGRAF® IN STABLE KIDNEY TRANSPLANT RECIPIENTS: IS THERE A DIFFERENCE IN DOSE AND COEFFICIENT OF VARIATION?

Amanullah MA, Alias KN, AW KL, Yee SY, Azahar NH

Hospital Kuala Lumpur

Introduction

Once-daily tacrolimus (Advagraf®) has been proven to result in better coefficient of variation (CV) and treatment adherence in kidney transplant recipients (KTR) compared to twice-daily tacrolimus (Prograf®). Conversion dose ratio is 1:1 ,but some studies suggest that Asian patients may require higher doses.

Objective

To determine the daily dose and CV when switching stable KTR from Prograf® to Advagraf®.

Methods

This retrospective analysis was performed on all KTR in our centre who were converted from Prograf® to Advagraf® between January 2016 and September 2024. Eligible subjects were identified from the hospital kidney transplant database, and clinical and laboratory data were extracted from their electronic medical records. An Excel calculator was used to derive the coefficient of variation.

Results

A total of 107 patients who had undergone conversion from Prograf® to Advagraf® on a 1mg: 1mg basis were included in this study, mean age 43.16 ±12.27 (range 16 to 71) years. Sixty patients (56.0%) were male and 58 (54.2%) were of Malay ethnicity. Mean serum creatinine at time of conversion was 144.2 ± 65.4 umol/L. The mean tacrolimus daily dose was 3.827±3.05 mg and increased significantly to 4.215 ±3.14 mg at 6 months of conversion (p=0.004). There was no difference in CV levels pre-conversion, where CV was measured to be 23.67 ± 14.45 with Prograf® vs 24.03 ±11.06 with Advagraf®, p=0.823. Mean trough therapeutic drug monitoring level was significantly higher pre-conversion at 6.71 ±2.03 ng/ml vs 5.77 ±1.70 ng/ml post-conversion, p<0.001.

Conclusion

Switching from twice-daily tacrolimus to once-daily formulation in our patients required a significant 10.1% increase in dose, which supports the theory that Asian patients need higher doses of Advagraf®.

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ASSESSMENT ON LOSS OF POTENTIAL ORGAN DONOR IN BRAIN-INJURED PATIENT AND IDENTIFYING THE STRATEGIES TO REDUCE THE LOSSES

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[1] *Hospital Organ Procurement Unit, Hospital Sultan Idris Shah*

[2] *Tissue and Organ Procurement Unit, Hospital Ampang*

Introduction

Organ transplantation has become the best and the only lifesaving treatment for patients suffering from irreversible organ failure. Missed donation opportunities have contributed to inequities of access to transplantation. These losses were often overlooked yet still possessed a significant concern thus it should be assessed to give an overview on the magnitude of the problem.

Objective

This study aims to evaluate the prevalence of loss of potential organ donors among braininjured patients and identify the strategies to reduce the losses.

Methods

A retrospective observational study was done using the data collection of all patients who have died in Hospital Sultan Idris Shah (HSIS), Selangor, Malaysia with a cause of death consistent of any brain injuries from January 2021 until December 2023. The patients were then further classified if they were eligible for donation based on the presence of any medical contraindications to donation and status of mechanical ventilation. The eligible patients who were not being identified were considered potential organ donor loss.

Results

Out of 223 patients, only 23 patients were detected by or referred to the in-house donor coordinator (DC) thus leaving another 200 patients left undetected. Among medically eligible and ventilated patients, about 61 patients (47.3%) were not detected by and not referred to the DC, thus resulting in loss of potential donors among brain-injured patients. 51 patients were treated conservatively without considering organ donation during the end-of-life care.

Conclusion

Among the good strategies to reduce the number of potential organ donor loss are empowerment of the in-house donor coordinator, more lenient donor selection criteria, introducing the Spanish recommendation on intensive care to facilitate organ donation and implementing donation after circulatory death. More patients will have the opportunities to donate organs upon death and indirectly will increase the availability of organs for transplantation.

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PAST HEPATITIS C INFECTION IN KIDNEY TRANSPLANT: SHOULD WE WORRY?

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Nephrology Unit, Department Of Internal Medicine, Hospital Sultanah Bahiyah

Introduction

Hepatitis C virus (HCV) infection is linked to poorer graft survival and higher morbidity and mortality in kidney transplant recipients. However, it's unclear whether patients who have resolved HCV infection either spontaneously or through treatment experience similar outcomes.

Objective

This study aims to evaluate the long-term outcomes of kidney transplant recipients with history of HCV infection who have cleared the virus.

Methods

We conducted case series study at our center, examining kidney transplant patients with history of HCV infection who were actively followed up in transplant clinic. We assessed their liver and kidney function and monitored for any new complications after transplantation till 1st March 2025.

Results

Three patients were identified:

Case 1: *44-year-old male with end-stage kidney disease (ESKD) from obstructive nephropathy, on hemodialysis since 2002, who underwent living-related kidney transplant in 2003. He developed HCV infection post-transplant on 2004, which cleared spontaneously by 2007. He later developed new-onset diabetes (NODAT), requiring insulin therapy.*

Case 2: *62-year-old male with unknown cause of ESKD, on hemodialysis since 2004, who received cadaveric kidney transplant in 2015. He was diagnosed HCV infection before transplant in 2004 and cleared it by 2009 without treatment.*

Case 3: *47-year-old female with unknown cause of ESKD, on hemodialysis since 2002, who underwent cadaveric kidney transplant in 2007. She was treated with interferon in 2005 and achieved sustained virological response (SVR).*

All patients were treated with standard immunosuppressive regimen, including low-dose prednisolone, mycophenolate mofetil, and calcineurin inhibitors. None experienced HCV recurrence, and liver function remained normal. Kidney function was stable, with creatinine levels within 15% of their post-transplant baseline.

Conclusion

Our study shows that kidney transplant recipients with history of HCV infection who cleared the virus have favorable outcomes. However, there may be an increased risk of NODAT, which requires monitoring. Further research is needed to optimize care for these patients.

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EVALUATING THE EFFECTS OF SGLT2 INHIBITORS AND GLP-1 RECEPTOR AGONISTS ON GLYCEMIC CONTROL AND IN POST-RENAL TRANSPLANT PATIENTS AT UNIVERSITY MALAYA MEDICAL CENTRE

Jalalonmuhali M, Azraq AS
University of Malaya

Introduction

Kidney transplant recipients are susceptible to metabolic, renal and cardiovascular complications due to immunosuppressive therapies, contributing to vascular complications and graft loss. Sodium-glucose cotransporter-2 inhibitors (SGLT-2Is) and glucagon-like peptide-1 receptor agonists (GLP-1 RAs) aid in glycemic and weight management and offer cardioprotective and renoprotective benefits.

Objective

This study evaluates changes in HbA1c, fasting blood glucose (FBG), urine protein-to-creatinine ratio (UPCR), serum creatinine, and body weight among kidney transplant recipients at the University of Malaya Medical Centre from 2015 to 2024 on SGLT-2Is and/or GLP-1 RAs.

Methods

A retrospective analysis of 232 kidney transplant recipients identified 23 patients who received SGLT-2Is and/or GLP-1 RAs. Patient demographics, comorbidities, and changes in FBG, HbA1c, UPCR, serum creatinine, and body weight at baseline, 6 months, and 12 months post-treatment were assessed.

Results

Among the 23 patients, 18 received SGLT-2Is alone, while five received combination therapy. In the SGLT-2I group, median HbA1c decreased from 7.95% (IQR: 6.80–8.63) to 7.40% (IQR: 6.70–8.25, UPCR from 105.0 mg/mmol (IQR: 27.95–207.50) to 74.3 mg/mmol (IQR: 31.95–160.95), and weight from 82.5 kg (IQR: 68.5–91.25) to 80.0 kg (IQR: 67.5–91.5) at 12 months. In the combination group, FBG decreased from 8.9 mmol/L (IQR: 7.20–9.55) to 8.0 mmol/L (IQR: 5.35–9.35), HbA1c from 8.3% to 8.2%, serum creatinine from 130 µmol/L (IQR: 73.5–559.5) to 84 µmol/L (IQR: 68.5–214.0), and weight from 85.5 kg (IQR: 83.4-94.5) to 81.9 (IQR: 78.45-93) kg at 12 months. One patient developed a urinary tract infection. Otherwise, no other adverse events, such as urosepsis or diabetic ketoacidosis, were observed.

Conclusion

SGLT-2Is and GLP-1 RAs appear safe and beneficial in post-transplant metabolic management. Improvements in glycemic control, proteinuria, renal function, and weight were observed. However, a longer-term follow-up is needed to attain better outcomes.

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FAMILY EXPERIENCE OF ORGAN DONATION

Khoo AMY [1], Elias AF [1], Atan R [1], Haron H [2]

[1] University Malaya

[2] National Transplant Research Center

Introduction

Malaysia's deceased organ donation rate remains one of the lowest globally despite efforts to promote organ donation. Understanding donor families' perspectives is crucial for improving donation rates.

Objective

To describe the experiences and perspectives of families who have agreed for organ donation to study factors leading to this decision.

Methods

Semi-structured interviews were conducted with 12 family members of organ donors using an interview guide. Transcripts were analysed using inductive thematic analysis.

Results

Prior knowledge of the donor's wishes significantly influenced the family's decision to donate. Consenting family members generally held positive views on organ donation. Motivations for donation included helping others, altruism, easing grief, and allowing the donor to "live on." The connection between healthcare staff and donor families was crucial throughout the process. Families appreciated clear communication, positive attitudes, adequate private time, and thorough information about the donation process. However, some wished for more flexible ICU visitation policies. Religious leaders were identified as potential facilitators in the donation process. Families valued post-donation acknowledgment, but follow-up services were inconsistent.

Conclusion

Multiple strategies are needed to enhance donor families' experiences with the organ donation process in Malaysia. Addressing concerns and improving support systems may positively influence donation rates. Future research should include perspectives of families who declined donation to provide a more comprehensive understanding of the decision-making process.

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DECEASED ORGAN DONATION ACTIVITY PERFORMANCES IN 16 FOCUS HOSPITALS IN MALAYSIA: A RETROSPECTIVE DATA ANALYSIS IN 2024

Hasdy bin Haron, Engku Emila binti Engku Awang
NTRC

Introduction

Malaysia's deceased organ donation program was initiated in 1997 with the establishment of the National Transplant Resource Centre. Over the past 28 years, organ procurement unit program has expanded to include 16 focus hospitals, primarily under the Ministry of Health. Significant directives were issued in 1999, reinforced in 2008, and further enhanced in 2019, empowering these Units to increase the number of organ donors. The 16 hospitals are as follows:

1. *Hospital Kuala Lumpur*
2. *Hospital Sungai Buloh*
3. *Hospital Serdang*
4. *Hospital Tengku Ampuan Rahimah Klang*
5. *Hospital Pulau Pinang*
6. *Hospital Raja Permaisuri Bainun Ipoh*
7. *Hospital Sultanah Aminah JB*
8. *Hospital Kuala Terengganu*
9. *Hospital Tengku Ampuan Afzan Kuantan*
10. *Hospital Umum Sarawak*
11. *Hospital Raja Perempuan Zainab II*
12. *Hospital Melaka*
13. *Hospital Selayang*
14. *Hospital Sultanah Bahiyah Alor Setar*
15. *Hospital Tuanku Jaafar Seremban*
16. *Hospital Queen Elizabeth Kota Kinabalu*

Objective

This study examines Malaysia's deceased organ donation activities in 2024, focusing on outcomes based on key performance indicators aligned with international quality standards for deceased organ donation.

Methods

The monthly reports on deceased donation activities were reviewed from January to December 2024 across all 16 focus hospitals. This data was submitted to and maintained by the Organ Procurement Management Unit at the National Transplant Resource Centre. The monthly reports were thoroughly reviewed and analyzed, with data from the reports tabulated according to the study requirements.

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DECEASED ORGAN DONATION ACTIVITY PERFORMANCES IN 16 FOCUS HOSPITALS IN MALAYSIA: A RETROSPECTIVE DATA ANALYSIS IN 2024

Hasdy bin Haron, Engku Emila binti Engku Awang
NTRC

Results

The 2024 organ donation data from Malaysian hospitals provides valuable insights into the challenges and opportunities within the donation process. The overall success rate of converting potential donor referrals into actual donors stands at a modest 5.7%, with Hospital Melaka leading at 19.2% and several hospitals, including Hospital Tengku Ampuan Rahimah Klang, reporting no donations. A striking finding is the low brain death certification rate of 27.3% (155 out of 568 suspected cases), reflecting potential gaps in diagnostic consistency, expertise, or resources, as evidenced by the wide range from 9.4% in Hospital Kuala Lumpur to 70% in Hospital Melaka. Family engagement is another critical factor, with 749 approaches made but an alarming 89.5% refusal rate (670 refusals), suggesting significant cultural or informational barriers. The consent rate, derived as the proportion of successful donations from family approaches (79 consents out of 749, or 10.5%), further underscores the difficulty in securing approval. Among donors, only 56.9% contributed organs, with Hospital Tuanku Jaafar Seremban achieving a high 91.7% organ donation rate. These results point to the need for enhanced training in brain death certification, improved family education, and tailored strategies to boost consent and organ utilization.

Comparisons

1. ***Brain Death Test Rate (Certified Brain Death / Suspected Brain Death):***
    - *Overall: 27.3% (155 / 568)*
    - *Hospital Melaka: 70% (35 / 50) – the highest, indicating strong diagnostic capability.*
    - *Hospital Kuala Lumpur: 9.4% (3 / 32) – the lowest, suggesting possible resource or expertise limitations.*
    - *Hospital Sungai Buloh: 53.6% (15 / 28) – notably high, reflecting efficient testing.*
    - *This comparison highlights a significant disparity, with Melaka and Sungai Buloh outperforming others, while Kuala Lumpur lags behind.*
2. ***Family Approach Rate (Family Approaches / Potential Donor Referrals):***
    - *Overall: 59.2% (749 / 1,266)*
    - *Hospital Queen Elizabeth Kota Kinabalu: 100% (125 / 125) – all referrals led to family discussions.*
    - *Hospital Serdang: 27.5% (14 / 51) – the lowest, indicating fewer outreach efforts.*
    - *Hospital Sungai Buloh: 72.8% (75 / 103) – a strong engagement rate.*
    - *Kota Kinabalu's perfect approach rate contrasts with Serdang's low effort, showing varied hospital strategies.*
3. ***Family Refusal Rate (Family Refusals / Family Approaches):***
    - *Overall: 89.5% (670 / 749)*
    - *Hospital Queen Elizabeth Kota Kinabalu: 94.4% (118 / 125) – the highest refusal proportion.*
    - *Hospital Raja Permaisuri Bainun Ipoh: 76.9% (20 / 26) – the lowest, suggesting better acceptance.*
    - *Hospital Melaka: 74.4% (64 / 86) – also relatively low compared to the average.*
    - *This indicates a widespread consent challenge, with Ipoh and Melaka showing more success in reducing refusals.*

DECEASED ORGAN DONATION ACTIVITY PERFORMANCES IN 16 FOCUS HOSPITALS IN MALAYSIA: A RETROSPECTIVE DATA ANALYSIS IN 2024

Hasdy bin Haron, Engku Emila binti Engku Awang
NTRC

4. ***Consent Rate (Actual Donors / Family Approaches):***
    - *Overall: 10.5% (79 / 749, where 79 = 749 - 670).*
    - *Hospital Tuanku Jaafar Seremban: 19.4% (12 / 62) – the highest, reflecting effective persuasion.*
    - *Hospital Tengku Ampuan Rahimah Klang: 0% (0 / 35) – no consents despite approaches.*
    - *Hospital Melaka: 22.1% (19 / 86) – the strongest performer, aligning with its high donor rate.*
    - *Seremban and Melaka lead in converting approaches to consents, while Klang's zero rate signals a critical barrier.*

These comparisons reveal that while some hospitals excel in brain death certification (Melaka) and consent rates (Melaka, Seremban), others struggle with low testing rates (Kuala Lumpur) or high refusals (Kota Kinabalu), pointing to the need for tailored interventions across the donation pipeline.

Conclusion

The analysis of the 2024 organ donation data from Malaysian hospitals underscores both the potential and the persistent challenges within the donation ecosystem. The overall success rate of 5.7% in converting potential donor referrals into actual donors highlights a system with room for growth, with standout performances from Hospital Melaka (19.2%) and Hospital Tuanku Jaafar Seremban (19.4% consent rate) demonstrating that higher yields are achievable through effective processes. However, the low brain death certification rate of 27.3%, with significant variation from 9.4% in Hospital Kuala Lumpur to 70% in Hospital Melaka, suggests uneven diagnostic capabilities or resource availability that require urgent attention. The alarming family refusal rate of 89.5%, peaking at 94.4% in Hospital Queen Elizabeth Kota Kinabalu, coupled with a consent rate of only 10.5%, points to a critical need for enhanced family education and cultural sensitivity in consent processes. Additionally, the modest 56.9% organ donation rate among donors, despite strong performances from Seremban (91.7%) and Melaka (52.6%), indicates opportunities to maximize organ utilization. Collectively, these findings advocate for targeted interventions, including standardized training for brain death certification, improved family engagement strategies, and hospital-specific initiatives to boost consent and donation outcomes, paving the way for a more effective organ donation framework in Malaysia.

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THE ROLE AND IMPACT OF TRANSPLANT COORDINATORS AND ORGAN PROCUREMENT UNIT ON DECEASED ORGAN DONATION - A SINGLE CENTRE STUDY IN MALAYSIA

Fatin Rabi'ah Binti Othman
Organ Procurement Unit, Malacca General Hospital

Introduction

Organ Procurement Units (OPU) equipped with in-house transplant coordinators (TCs) were recently established in 16 focus tertiary hospitals as an effort to improve deceased organ donation (DOD) programs in Malaysia. Prior to OPU, no dedicated personnel was responsible for overseeing donation potential and actively approaching for donations. However, this strategy which derived from the 'Spanish model' has yet to be proven effective in Malaysia.

Objective

We aimed to evaluate the role and impact of OPU in Hospital Melaka. It sought to justify the need for credentialing the TCs, thus indirectly influencing reinforcement of OPU in other hospitals.

Methods

Prevalence of potential brain dead donors (DBD) from the adult Critical Care Units (CCUs) spanning 4 years (2018-2021) was assessed retrospectively, and the differences of DOD were examined up to 2 years before and after OPU setup in January 2020. Three TCs were interviewed on their professional role and background.

Results

Prevalence of potential DBD in the CCUs were similarly distributed throughout 2018-2021, averaging 4.2% per year. There are increments of donor detection mean rate by 129%, family approach mean rate by 125%, numbers of actual donors +333%, 2.2-folds increase in numbers of organs and tissues procured and conversion rate surged from average of 5% to 18%. The agreed roles of TC are active donor detection, donor maintenance and family approach. All TCs had at least 3 formal trainings and they believe that certifications are needed to gain trust in facilitating transplant coordination.

Conclusion

Introducing OPU has shown positive outcomes in all areas of the DOD program. TC is the key person in converting potential to actual donors and their professionalization is necessary for continuous improvement in DOD achievements.

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EFFECT OF IMPLEMENTING ACTIVE ORGAN AND TISSUE DONOR DETECTION IN INTENSIVE CARE AREA OF HOSPITAL MELAKA: A 2 YEAR RETROSPECTIVE STUDY

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[1] Organ Procurement Unit, Hospital Melaka, Malaysia

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Introduction

Donor detection is an essential skill must be mastered by all healthcare profession especially transplant/donor coordinator. Donor detection is a shared task between the healthcare professionals in charge and the transplant/donor coordinator as a role model and provide guidance which required a well-established cooperation between them. This is to ensure all potential donor is referred and is aware by the transplant/donor coordinator and possibility of organ and/or tissue donation is considered once death occurs. An effective active donor detection method with audited standard operating procedures (SOPs) should be implemented in every hospital OPU. This initiative able to reduce loss of potential donor and at the same time the wish of deceased to donate organ and tissue can be well respected and fulfilled. Thus, the number of deceased organ and tissue donation will in rise.

Objective

Intensive care unit (ICU) is a specialized area provides critical care and life support for acutely ill and injured patients. It also plays a crucial role in end-of-life care of patients with terminal illness or devastating injury where recovery seem to be impossible. The study took place at ICU Hospital Melaka with the main objective to compare between passive donor detection practiced in year 2019 and active donor detection in year 2022 after establishment of organ procurement unit (OPU).

Methods

This is a 2-year retrospective study involving all deceased in ICU comparing January to December 2019 and January to December 2022. All eligible donors or deceased which were fulfilled the 3 medically suitable criteria i) Absent of high-risk behaviour and infective disease, ii) Absent of overwhelming sepsis, and iii) Absent of malignancy involving head and neck or haematological malignancy, were recorded. Data was further analysed into different types of death among the eligible donors, total number of family approach done for organ and tissue donation and how many had become actual donors.

Results

Percentage of eligible donor in year 2019 and 2022 were almost similar, which were 19.7% (57 deceased out of 298) and 16.4% (79 deceased out of 483) respectively. Causes of death of eligible donors in 2019 and 2022 were similar too, which consisted of trauma (47.4% and 40.5%), cerebrovascular accident (7% and 22.8%), and cardiovascular events (33.3% and 22.8%). Total of family approach done among eligible donors in 2022 for organ and tissue donation is higher, 51 out of 79 (64.6%); compared to 2019, 18 out of 57 (31.6%). 11 out of 79 (13.9%) of the eligible donors becoming actual donors in 2022 while only 1 out of 57 (1.8%) of the eligible donors becoming actual donors in 2019.

Conclusion

The active donor detection in ICU practiced in 2022 was more effective than passive donor detection in 2019. It facilitated more detection of eligible donors and promote more family approach. Thus, number of actual donors were increased.

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POST TRANSPLANT ANAEMIA: IS EARLY ALLOGRAFT DYSFUNCTION A RISK?

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Hospital Selayang

Introduction

Post-transplant anaemia is a frequent complication in kidney transplant recipients that is often not given sufficient attention. Various studies have indicated a correlation between anaemia and graft loss.

Objective

This study aims to investigate the association of early post-transplant anaemia with patients experiencing acute graft dysfunction.

Methods

A descriptive observational study was conducted on patients who underwent living related and non-related kidney transplants at Hospital Selayang between 2023 and 2024. The primary goal was to compare haemoglobin levels three months post-transplant between patients with and without acute graft dysfunction. Data analysis used SPSS version 29, with independent T-tests to assess differences in haemoglobin levels.

Results

The cohort included 63 kidney transplant patients, with 13 (20.63%) experiencing acute allograft dysfunction within three months, the most common causes being acute tubular necrosis (30.76%) and acute rejection (20.07%). Pre-transplant haemoglobin levels averaged 10.9 g/dl, increasing to 12.03 g/dl post-transplant. Notably, 85.7% of patients were not using erythropoietin-stimulating agents (ESA) three months post-transplant. Independent T-test results showed no significant difference in mean haemoglobin levels between patients with acute allograft dysfunction (11.79 g/dl) and those without (12.03 g/dl) (p=0.67). These findings suggest that early post-transplant anaemia is not significantly associated with acute allograft dysfunction within the three-month period.

Conclusion

The study concluded that early post-transplant anaemia does not appear to have a significant association with acute allograft dysfunction within the 3-month post-transplant period. Despite the presence of acute allograft dysfunction in 20.63% of the cohort, the mean haemoglobin levels between patients with and without acute allograft dysfunction showed no statistically significant difference. This finding suggests that factors other than acute allograft dysfunction may play a more critical role post-transplant anaemia. Further research is warranted to explore these contributing factors and to guide clinical interventions.

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KNOWLEDGE, ATTITUDE AND WILLINGNESS TOWARDS ORGAN DONATION AMONG CRITICAL CARE NURSES AT PUBLIC HOSPITALS IN SABAH

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Introduction

Primary reason for low organ donation rates is the healthcare personnel's failure to effectively identify, encourage, obtain consent for, and procure organs. Critical care nurses expected to have sufficient knowledge and exhibit appropriate behaviour to recognize and identify potential brain-dead individuals who could serve as organ donors.

Objective

This study aims to determine the level of knowledge, attitude and willingness of critical care nurses towards organ donation at public hospitals.

Methods

This is a quantitative and cross-sectional study conducted among nurses working in the ICUs of public hospitals in Sabah. Convenience sampling was employed to collect data from 341 respondents from July to August 2023. Self-administered questionnaires were used, consisted of 4 sections; sociodemographic, knowledge, attitude and willingness towards organ donation.

Results

Study found that critical care nurses have good knowledge 77.68 (SD=10.72), neutral attitude 77.68 (SD=10.72) and moderate willingness 66.28 (SD=22.40). Factors such as education, qualification training, clinical experience, and exposure to the working nature significantly influenced their knowledge, attitude, and willingness. Furthermore, nurses' knowledge and attitude were found to be significant predictors of their willingness to participate in organ donation.

Conclusion

The results indicate that the knowledge and attitudes of critical care nurses play a significant role in determining their willingness to participate in organ donation. As such, it is recommended that nursing leaders and educators should implement targeted educational efforts to strengthen awareness and engagement in organ donation programmes. Furthermore, future research should be expanded to include various nursing specialties, as potential brain death cases may occur in a wide range of clinical settings due to the increasing complexity of patient conditions and the wider distribution of acute care services.

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EARLY PREDICTORS OF CMV INFECTION FOLLOWING MATCHED RELATED DONOR HSCT IN A MAJOR HSCT CENTRE IN MALAYSIA

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Introduction

Cytomegalovirus infection (CMV-I) is a common and serious complication following allogeneic hematopoietic stem cell transplantation (HSCT), particularly in CMV-seropositive recipients — the majority in Malaysia. Despite this high-risk population, local data remain limited.

Objective

To evaluate the incidence and risk factors for clinically significant cytomegalovirus infection (CS-CMV) following matched related donor hematopoietic stem cell transplantation (HSCT), with a focus on cell-mediated immunity measured by QuantiFERON-CMV (QF-CMV).

Methods

This prospective cohort study included patients aged 14–61 years who underwent matched related donor HSCT between August 2022 and January 2024 in Ampang Hospital for haematological malignancies and aplastic anaemia. Peripheral blood was collected at days +15, +30, +60, +90, and +180 post-HSCT for QF-CMV and CMV DNA. CS-CMV defined as infectious episode that requires treatment with anti-viral therapy with detectable CMV DNA within the linear range of detection. Patients were grouped based on occurrence of CS-CMV. QF-CMV responses were analyzed using generalized estimating equations (GEE), while binary logistic regression identified predictors of CS-CMV. Chi-square tests were used to compare QF-CMV responses and other categorical data between groups.

Results

Among 72 patients, 47 (65.3%) developed CS-CMV. Median time to CMV DNA detection was 29 days, with peak viremia at day 41 (median: 2196 IU/mL; 8.3% had ≥3000 IU/mL). Time from low-level viremia (<170 IU/mL) to detectable infection was short (median: 3 days). Acute GVHD (66%) and steroid use >1 mg/kg/day (77.4%) were more frequent in CS-CMV cases. Non-reactive or indeterminate QF-CMV results were more common in CS-CMV patients at days +30, +60, and +90. In a multivariable logistic regression model, absence of QF-CMV response at day +30 (p = 0.003) and presence of gastrointestinal GVHD (p = 0.031) were independent predictors of CS-CMV.

Conclusion

Absence of early QF-CMV response and gastrointestinal GVHD are independent predictors of CMV infection after HSCT. These findings support immune-guided post-transplant risk stratification for Malaysian transplant centers.

free paper

COMPARISON OF REDUCED DOSE VERSUS STANDARD DOSE RABBIT ANTITHYMOCYTE GLOBULIN INDUCTION STRATEGY IN KIDNEY TRANSPLANT RECIPIENTS: SINGLE-CENTER RETROSPECTIVE ANALYSIS IN HOSPITAL KUALA LUMPUR

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Introduction

Rabbit antithymocyte globulin (rATG) is one of the agents utilized for induction therapy in kidney transplant recipients (KTRs) in Malaysia. Dosage of rATG varies according protocol and patient selection, being standard dose (>3mg/kg cumulative) and reduced dose (<3mg/kg cumulative). However, definitive data on the appropriate thymoglobulin dosage remains scarce.

Objective

In this study, we evaluated the efficacy and outcomes of varying thymoglobulin doses in KTRs.

Methods

A single-center, retrospective, observational study was conducted between 2015 and 2023 in a cohort of 71 KTRs who received rATG induction therapy. Patients included in the study had received rATG as part of their planned induction protocol as per local guidelines. Participants were categorized into the following two groups based on the cumulative dosage of Thymoglobulin received during induction therapy: group A received >3mg/kg, while group B received <3mg /kg. The one-year follow-up data were analyzed.

Results

rATG standard and reduced dose was given to 47 and 24 patients, respectively. The most used dosage was 3mg/kg and the average dose was 4.3mg/kg. The incidence of delayed graft function (DGF) was 23.4% vs 12.5%. Acute rejection (BPAR) incidence were similar at 22% vs 20%. There was no significant difference between the groups regarding DGF and acute rejection episodes (p>0.05). There were no incidence of graft loss at 1 year. There were 2 death at 1 year follow up due to infection, 1 from each group. Deceased donor kidney transplantation was associated with higher BPAR compared to living donor kidney transplantation(36% vs 13%, p = 0.024). Twenty seven urinary tract infections (UTIs) were reported. Viral infections including CMV and BKV were significantly higher in the reduced dose group (p=0.023).

Conclusion

The dosage for rATG induction therapy for KTRs can be safely personalised based on immunological versus infection risk. A reduced dose can be an effective alternative induction therapy

free paper

THE USEFULNESS OF LIVING KIDNEY DONOR PROFILE INDEX IN PREDICTING GRAFT SURVIVAL AND FUNCTION AMONG KIDNEY TRANSPLANT RECIPIENTS IN MALAYSIA

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Introduction

Living donor kidney transplant (LDKT) is presumed to have superior graft survival compared to deceased donor kidney transplant (DDKT). However, there is lack of prediction tool to determine the quality of living donor kidneys.

Objective

To evaluate the predictive value of Living Kidney Donor Profile Index (LKDPI) for graft survival and the eGFR slope in LDKT.

Methods

This is a retrospective analysis of all kidney transplantations done in Ministry of Health Hospitals between year 2015 to 2023. Patients of age of 18 years and above at time of transplant were included (n=601), comprising of 329 LDKT and 272 DDKT. Their transplant outcomes were followed up till 31 December 2024.

Results

The LDKT recipients were significantly younger, heavier and had shorter dialysis vintage, compared to DDKT. The deceased kidney donors were younger, and had higher donation serum creatinine and higher proportions with hypertension or diabetes mellitus. Seven deaths and thirteen death-censored graft loss (DCGL) were recorded in the LDKT group. The association between LKDPI with DCGL was significant in the multivariate analysis (HR, 1.038; 95% CI, 1.011-1.066; p=0.006), after being adjusted to recipient's age, weight, gender, dialysis duration prior to transplant and cold ischemia time. Area under the curve (AUC) in time-to-event receiver operating characteristics (ROC) analysis of LKDPI score for DCGL was 0.583, with the best cutoff of LKDPI 29.0. DCGL was significantly more in high LKDPI group (>29.0) in the multivariate analysis (HR, 6.237; 95% CI, 1.558-24.975; p=0.011). Kaplan-Meier curves showed significantly higher 5-year DCGL probability in the high LKDPI group (log rank p=0.029). LDKT had significantly higher initial estimated glomerular filtration rate (eGFR) post-transplant than DDKT but there was no difference in eGFR decline rate. High LKDPI had significantly higher initial eGFR but similar eGFR decline rate as low LKDPI group.

Conclusion

LKDPI is an independent predictor of graft survival in LDKT, but it does not predict the eGFR trajectory. Though applicable in our local population, clinicians need to be judicious in using LKDPI in decision making.

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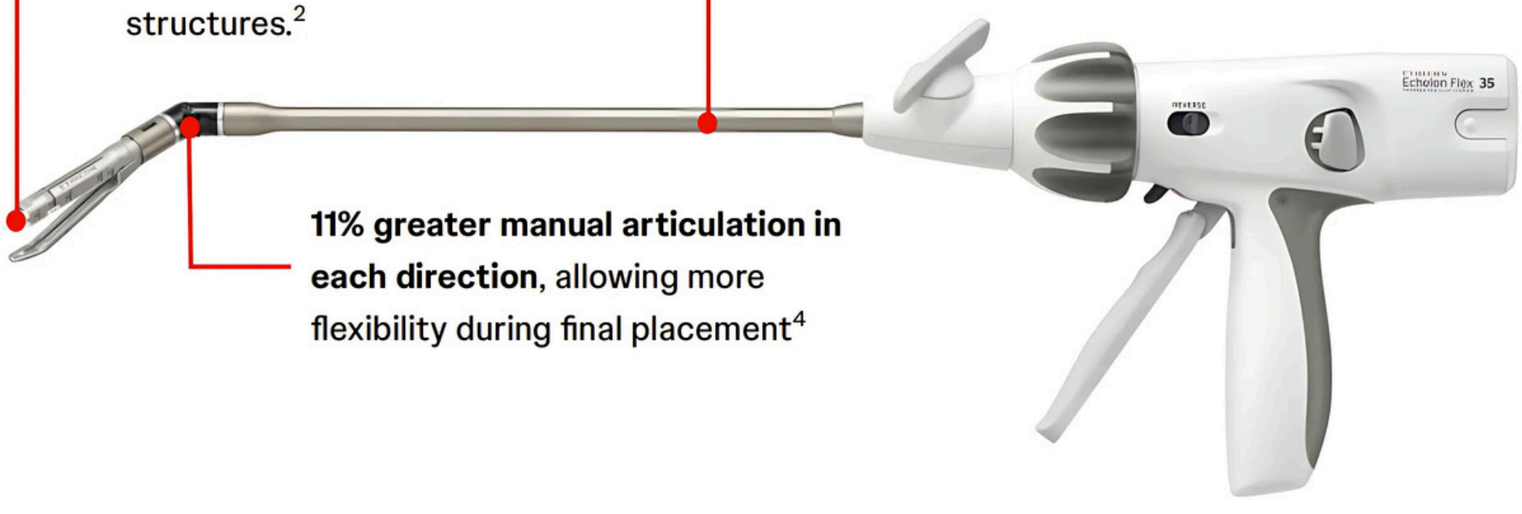

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1. Data on File (087033-230118) Compared to the Competitor X E
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2. Data on File (022305-230111) Comparison of anvil widths for ECHELON FLEX™ Powered Vascular Stapler (PVE35A) vs. Competitor X Technology. Measurement results: 7.0mm vs. 9.5mm respectively.
3. Data on File (022307-220721) Approach angles assessed in a virtual CAD environment in the 5th intercostal space.
4. Data on File (066276-211027) Based on articulation data from IFUs of each device.

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