

CPAG Summary Report

The Benefits of the Proposition			
No	Metric	Grade of evidence (where evidence review completed)	Summary of benefit (where applicable)
1.	Survival	Not measured Evidence from NHSBT data, routinely collected from transplant units	1-year patient survival outcomes of 81% (adult) and 86% (paediatric) have been achieved in the UK national service. 5-year patient survival outcomes of 57% (adult) and 59% (paediatric) have been achieved in the UK national service
2.	Progression free survival	Not measured	Recurrence of disease is an uncommon event in intestinal transplantation, although graft failure leading to the need for recommencement of long-term parenteral nutrition is a recognised complication
3.	Mobility	Not measured	Rehabilitation rates after intestinal transplantation are good, with improvement of nutritional status and return to normal activities.
4.	Self-care	Not measured	The majority of adult patients return to self-caring status, and children to educational activities.
5.	Usual activities	Not measured	The majority of patients return to normal activities, whilst requiring regular medical follow-up.
6.	Pain	Not measured	Pain management is a key issue in many adult patients with intestinal failure, and progressive reduction of pain medication is a postoperative challenge, often requiring careful management over many months (or even years).
7.	Anxiety / Depression	Not measured	There are no formal studies of anxiety/depression scores after intestinal transplantation
8.	Replacement of more toxic treatment	Not measured	The replacement of long-term parenteral nutrition with intestinal transplantation is associated with improvement in quality of life and a

			reduction in the complications associated with parenteral nutrition, including recurrent IV line sepsis, thrombosis of major veins and cholestatic liver disease.
9.	Dependency on care giver / supporting independence	Not measured	Most intestinal transplant recipients recover independence after intestinal transplantation, with reduced need for third-party support
10.	Safety	Not measured	There is little published evidence regarding the relative safety of intestinal transplantation compared to parenteral nutrition, except for the study of Pironi et al (2004), which showed comparable short-term survival between transplantation and continued parenteral nutrition in patients who fulfil the criteria for transplantation.
11.	Delivery of intervention	Not measured	The intervention is delivered in one of the four designated specialist centres for intestinal transplantation in the UK. Services are subject to continuous CUSUM monitoring.