International Intestinal Rehabilitation and Transplant Association
A section of the Transplantation Society

International Intestinal Transplant Registry: 2025 Update

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On Behalf of the IRTA Scientific Committee

IITR Mission

- The International Intestinal Transplant Registry (IITR) collects data on worldwide activity & results of intestinal transplantation (ITx)
- Mission: to provide data on ITx outcomes to the international community in order to help improve patient care, and optimize decision making.

IITR Database Description

- Data collection started in 1985
- Data collection & analyses are performed by Eric Pahl, with the support of the Scientific Committee of the IIRTA
- A simple core data set is collected to promote reporting
- Additional data is collected for specific projects

IITR Website

- Data is entered via RedCap
- Center data is confidential and accessible in real time
- Aggregate outcomes are reported in the overall IITR report

Intestinal Rehabilitation & Transplant ASSOCIATION

a section The Transplantation Society

Intestinal Transplant Registry "How To" Guide

1. Access the ITR Log-in page at https://intestinalregistry.org/redcap
2. Sign into the Intestinal Transplant Registry with your REDCap username and password

Intestinal Transplant Association

Definitions and Analyses

- Definitions:

Transplant Type	Intestine	Liver	Stomach
Small Bowel (SBT)	✓		
Liver/SBT	✓	✓	
Modified MVT	✓		✓
MVT	✓	✓	✓

- Pediatric cases defined as < 18 years.

2023-2025 IITR Updates

- Since last report (CIIRTA June 2023)
  - 234 new transplants added to IITR
    - Including 139 from USA OPTN/SRTR import 3/2025

- IITR data was accessed 9/12/2025 for this report

Global Intestinal Tx Experience

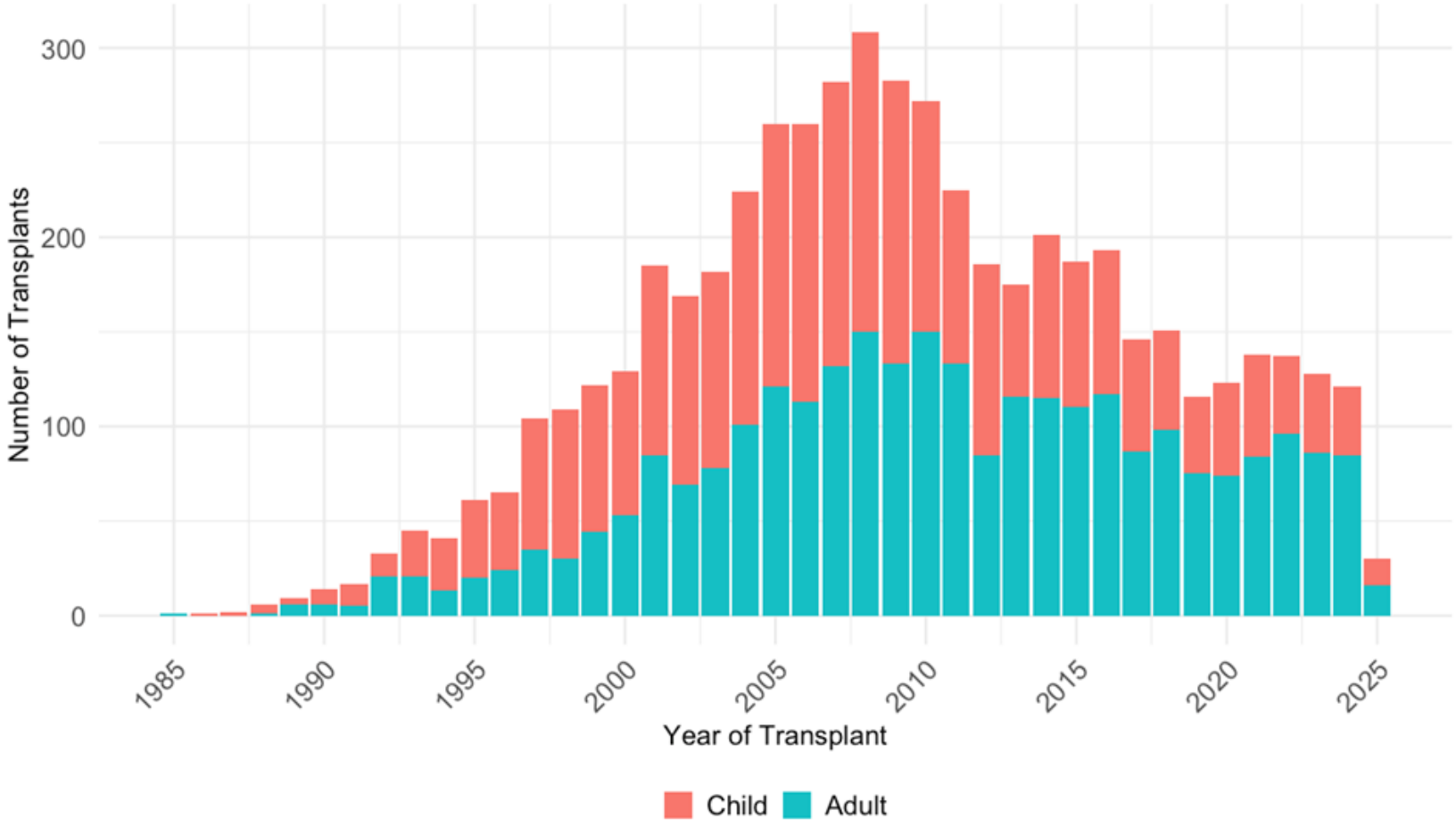
January 1985 - September 2025

	Total	Pediatric	Adult
ITx (n=)	**5,507**	**2,692**	**2,815**
Reporting Centers	**98**	**76**	**82**

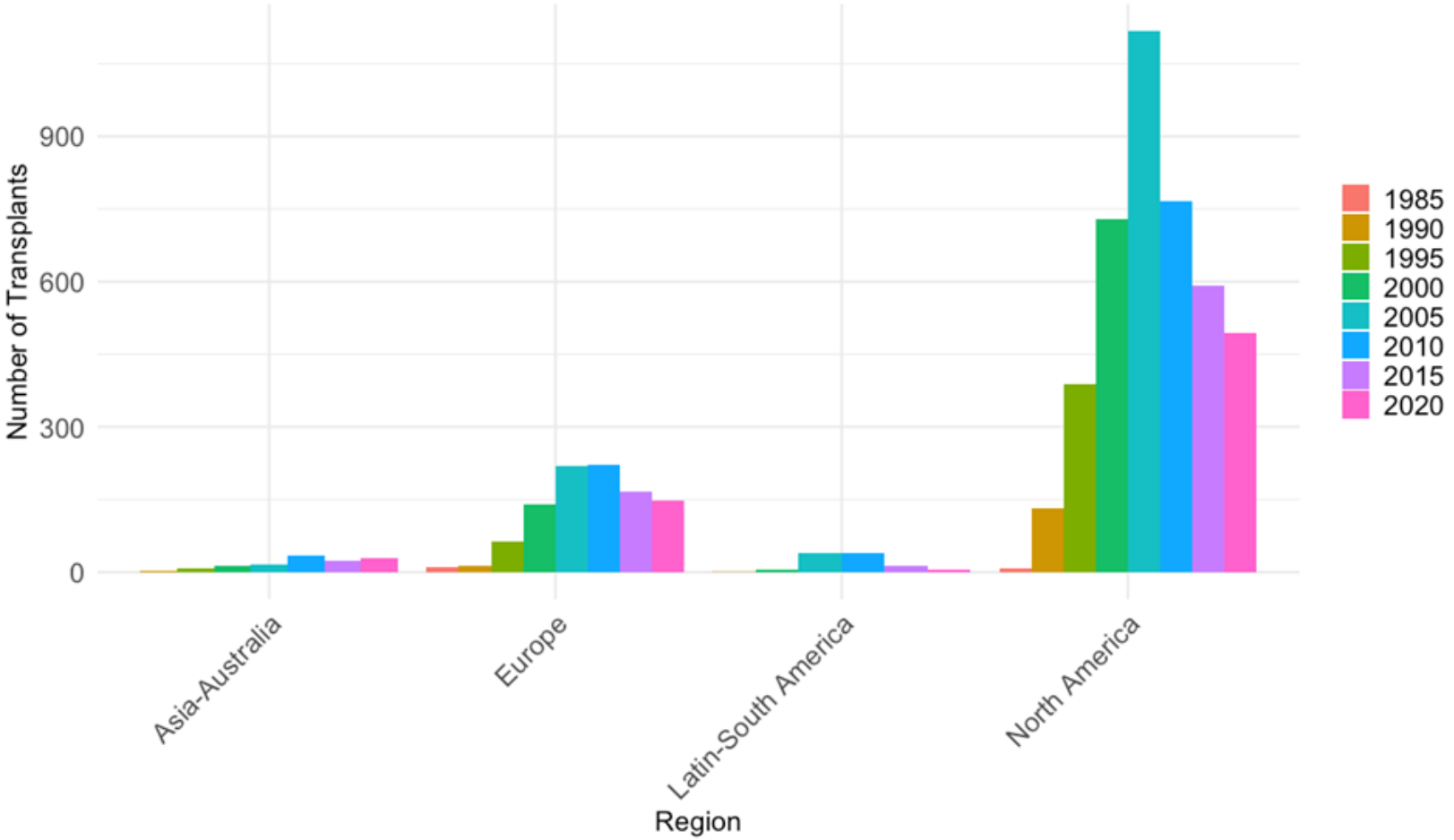
- Since last report at CIIRTA 2023:
  - 26 international centers are actively entering data, including 17 pediatric centers

Intestinal Transplants Performed

(All recipients transplanted between Jan 1985- September 2025)



Global Trends In Clinical Activity



Graft Type

Type of Transplant	Pediatric (n=2,692)	Adult (n=2,815)	Overall (n=5,507)
SBT	29%	49%	39%
Liver/SBT	38%	11%	24%
Modified MVT	2%	8%	5%
MVT	19%	21%	20%

The type of transplants have remained proportionally relatively constant over time

Graft Type

Type of Transplant	Pediatric (n=2,652)	Adult (n=2,789)	Overall (n=5,441)
SBT	29%	49%	39%
Liver/SBT	38%	11%	24%
Modified MVT	2%	8%	5%
MVT	19%	21%	20%

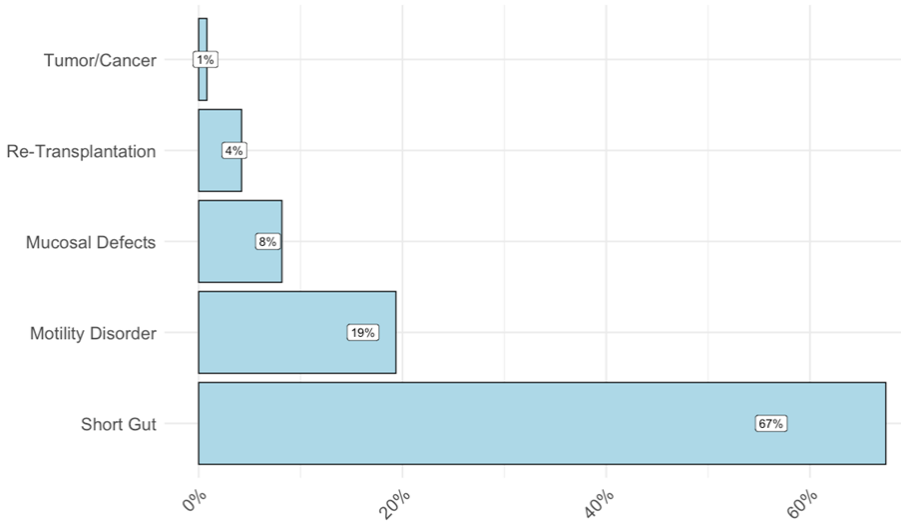
The type of transplants have remained proportionally relatively constant over time

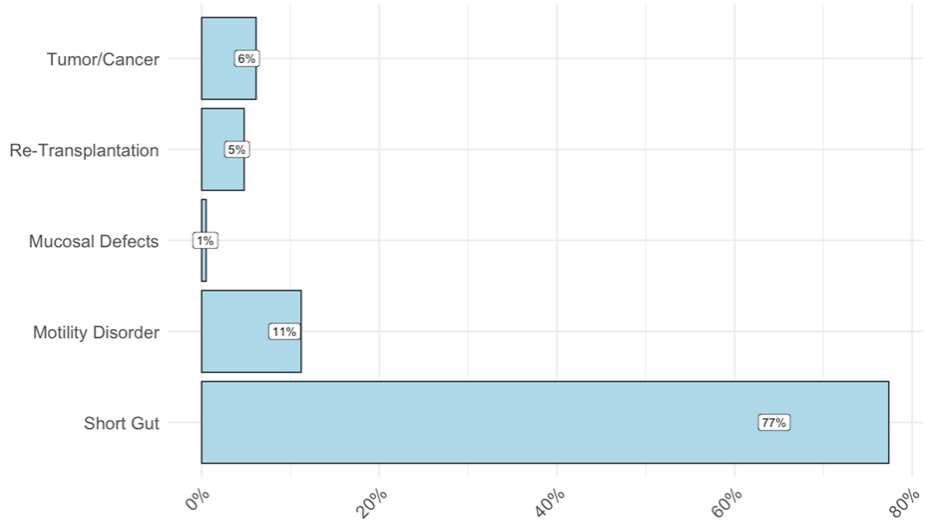
Demographics of ITx

	Pediatric	Adult
Median Age at ITx	2.8 y/o (1.1, 6.9)	41 y/o (30, 52)
Female	43%	51%

Age at Time of ITx (Peds)

Indications for ITx

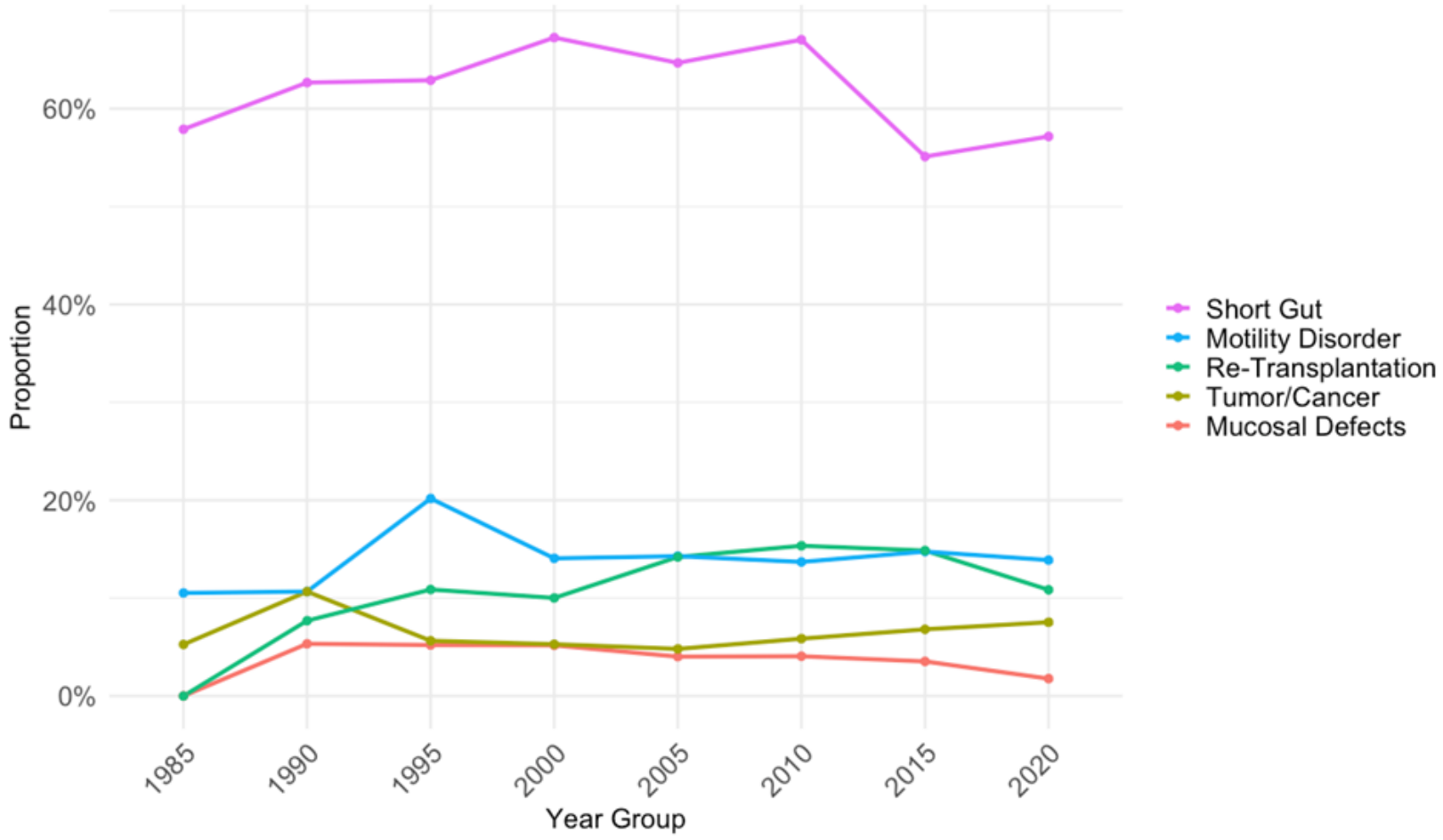




<u>Leading causes of peds SBS:</u>
Gastroschisis
Volvulus
NEC
Intestinal atresia

<u>Leading causes of adult SBS:</u>
Ischemia
Crohn's disease
Volvulus
Trauma

Indications for Transplant Over Time

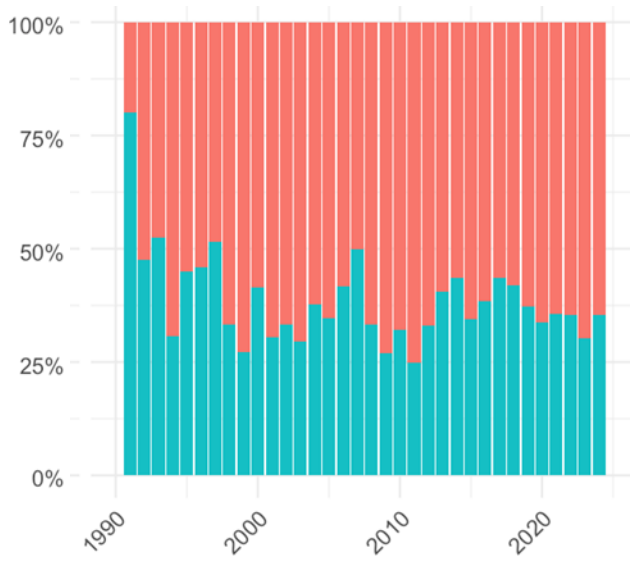


Trends In Graft Type

Transplant Type Over Time

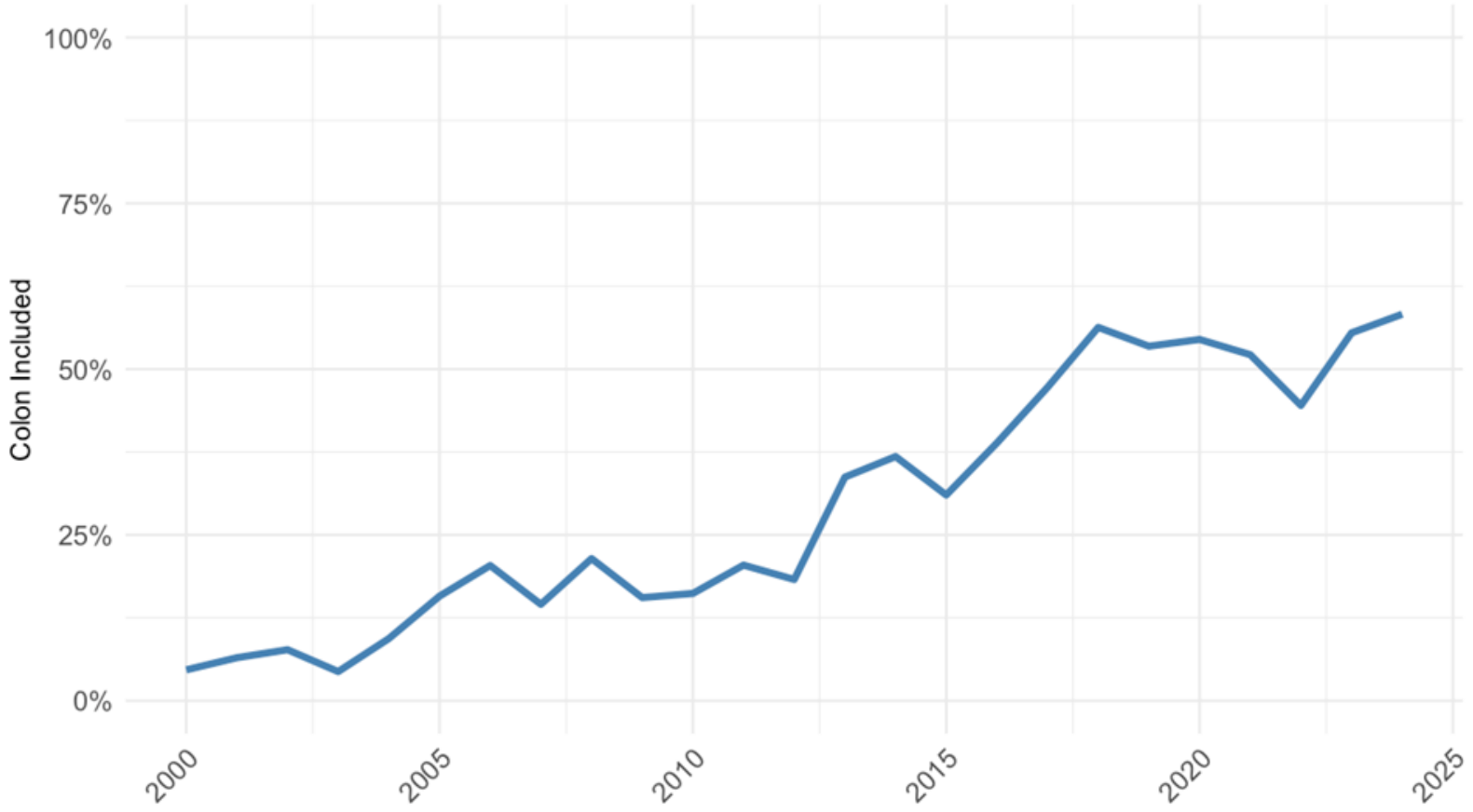
Pediatric, n=2652

Adults, n=2789

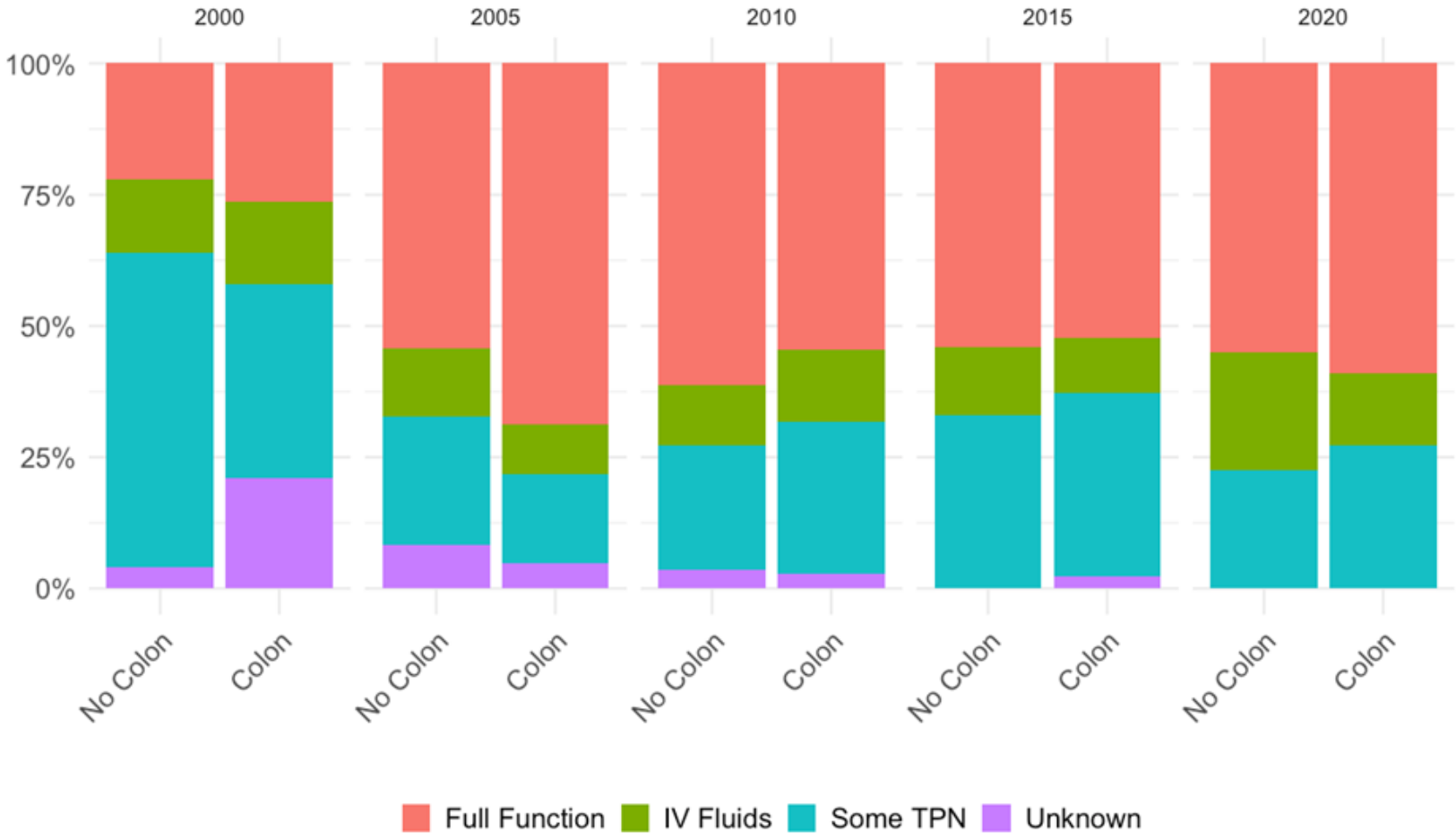


No Liver Liver Component

Colon Inclusion Over Time



Functional Status of Transplant Recipients by Era



Initial Hospitalization

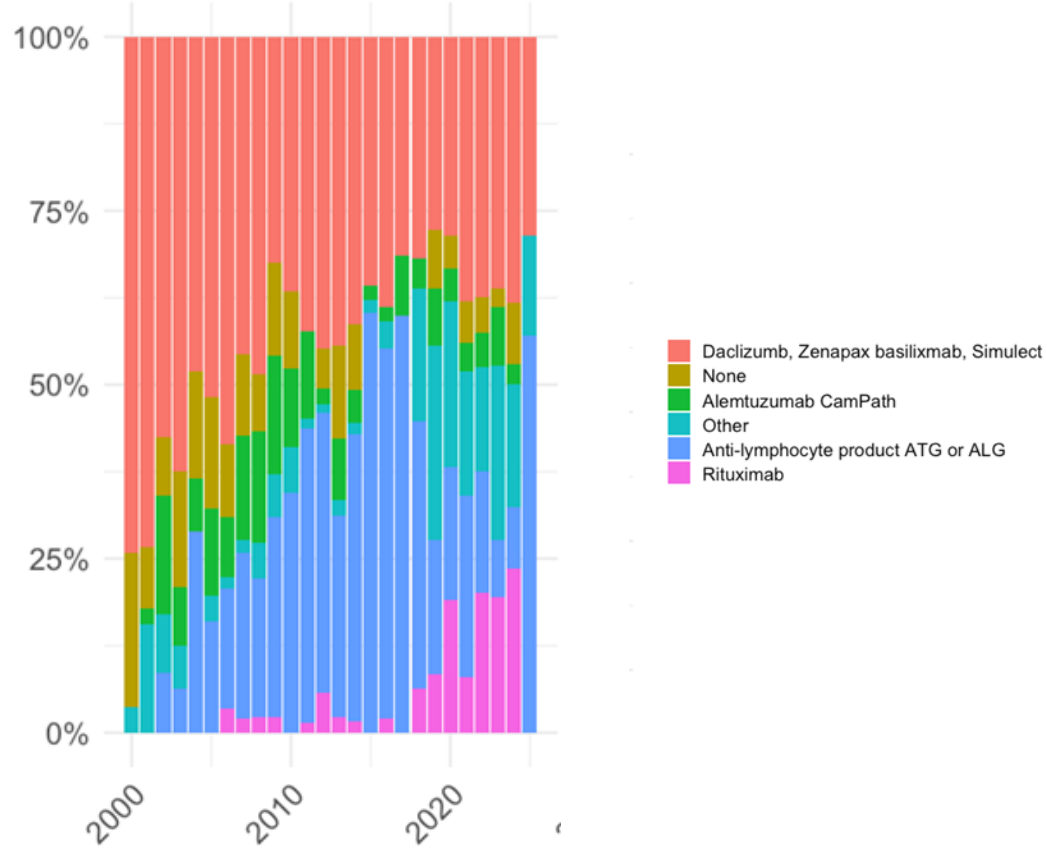
Initial Length of Stay

	Pediatric	Adult
Median Initial LOS (days)	53 (34, 90)	41 (25, 70)

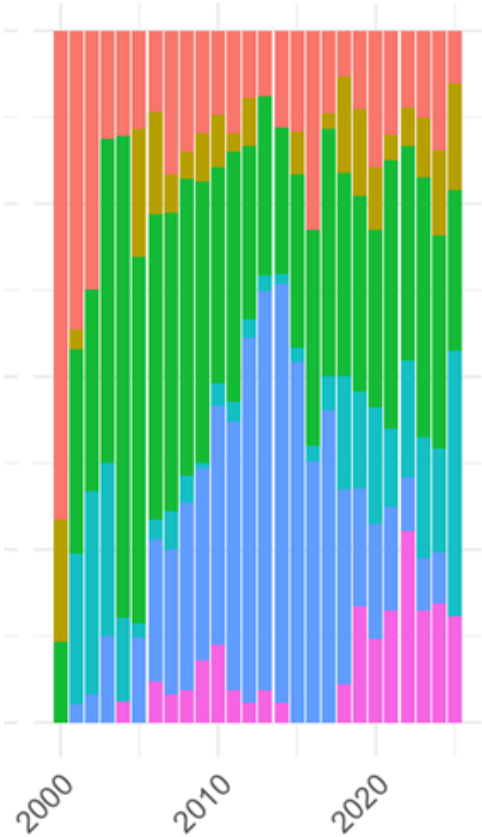
The initial length of stay has not changed significantly over time

Induction Immunosuppression

Pediatric induction immunosuppression changes over time



Adult induction immunosuppression changes over time



Rejection During Initial Hospitalization

	No Rejection	Mild ACR	Mod-Severe ACR
Pediatric	69%	11%	20%
Adult	79%	7%	14%

Long-Term Follow-Up

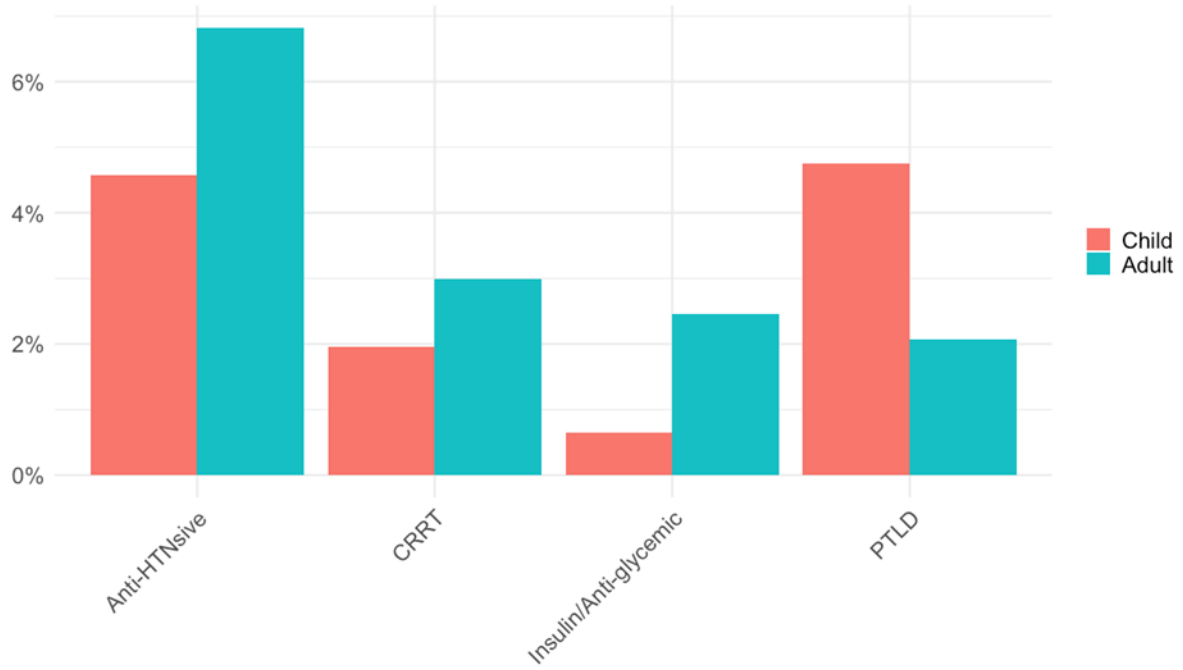
At Last Follow-Up

Immunosuppression

	Tac	CSa	MMF	Aza	Siro	Pred	Other
Ped+ Adults	77%	2%	10%	4%	13%	50%	3%

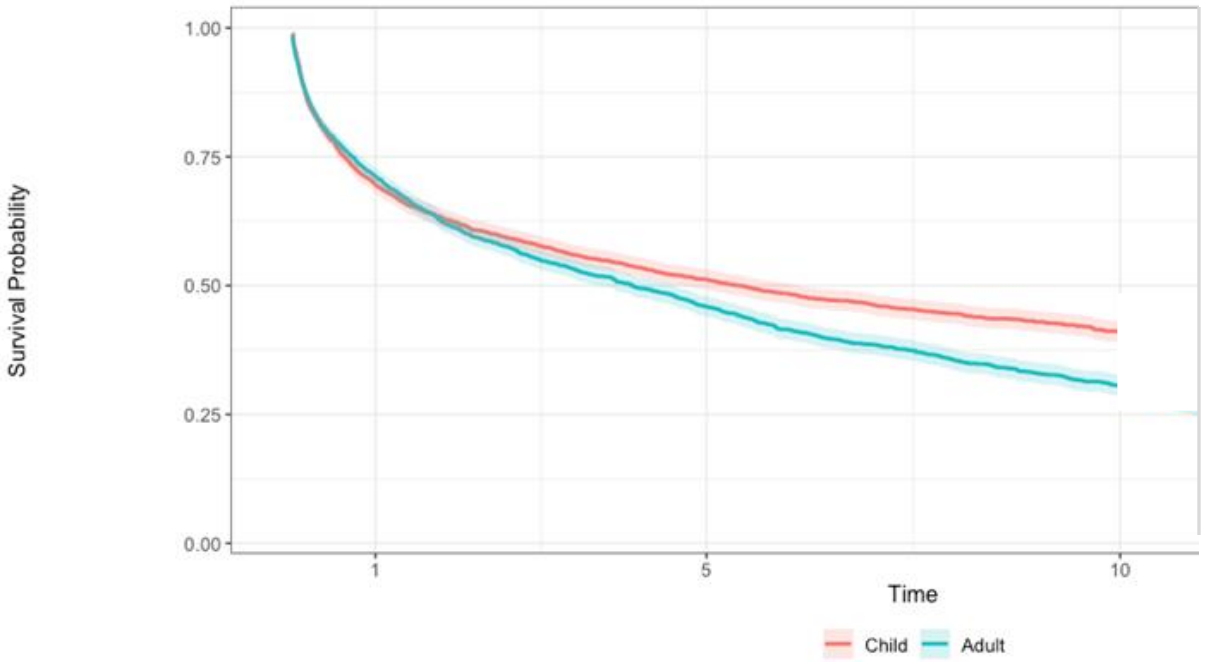
At Last Follow-Up

Complications



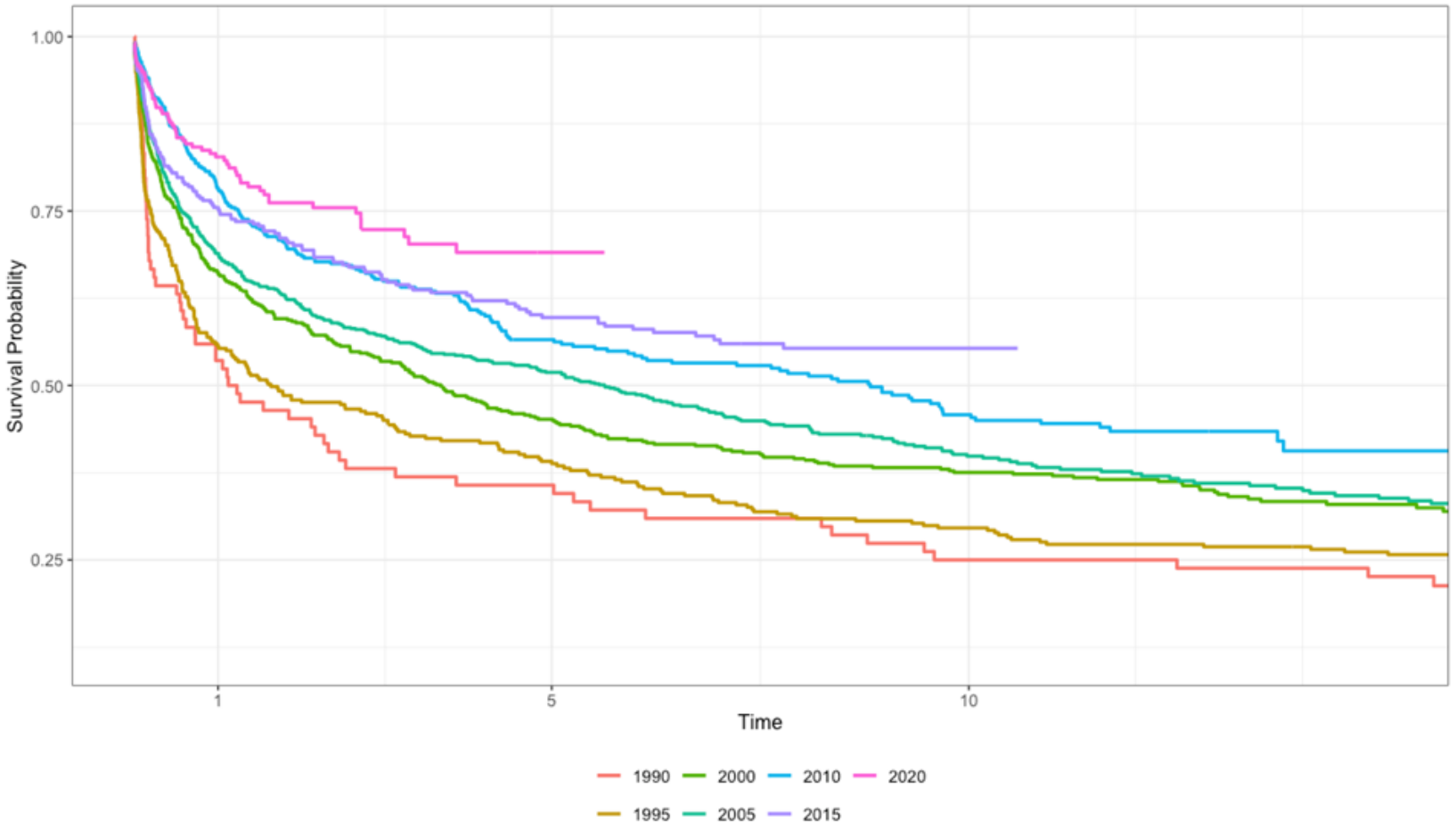
Trends in Graft & Patient Survival

Overall Graft Survival (1985-2025)

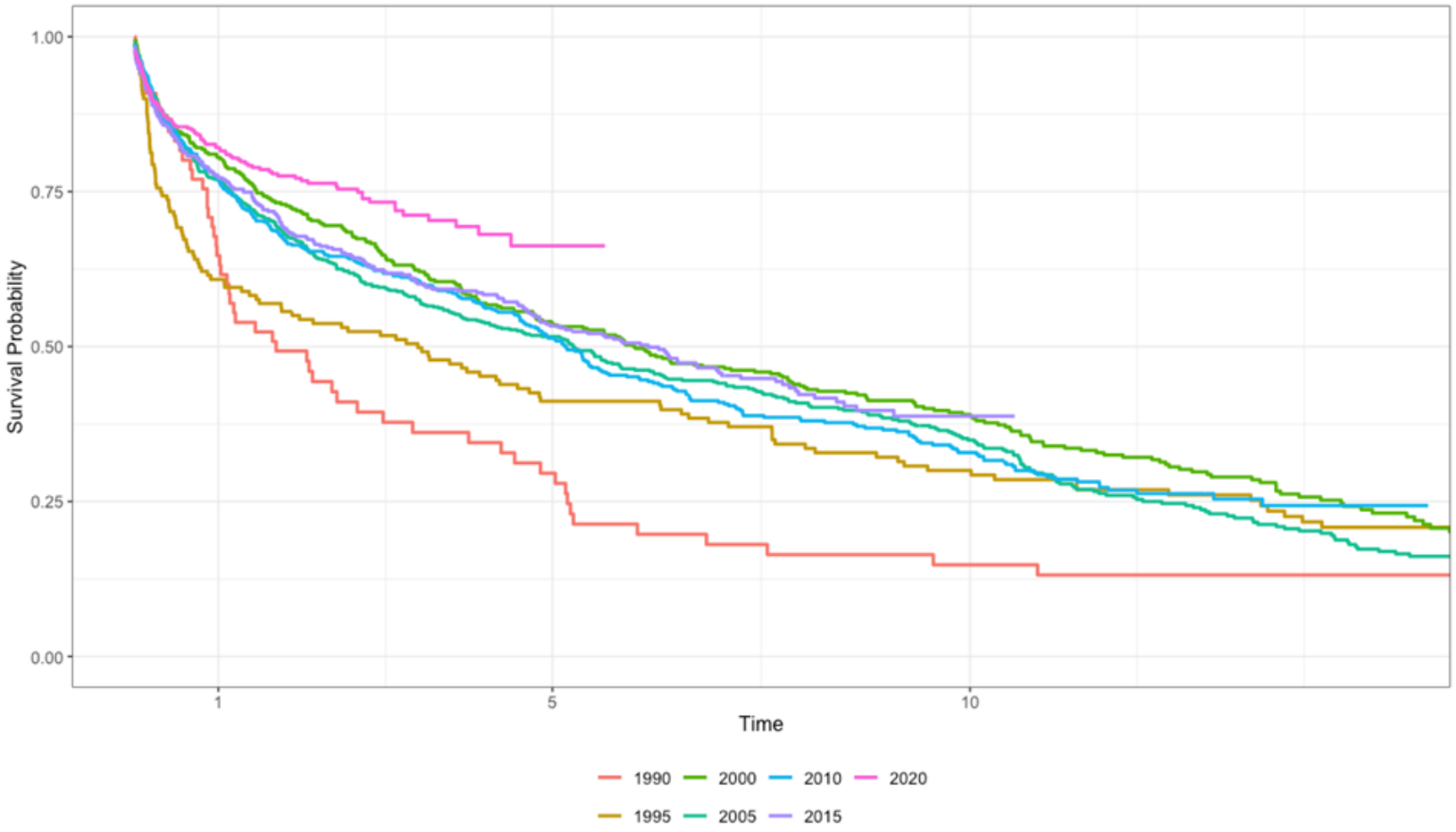


Survival	1- year	5-year
Pediatric	70%	51%
Adult	71%	46%

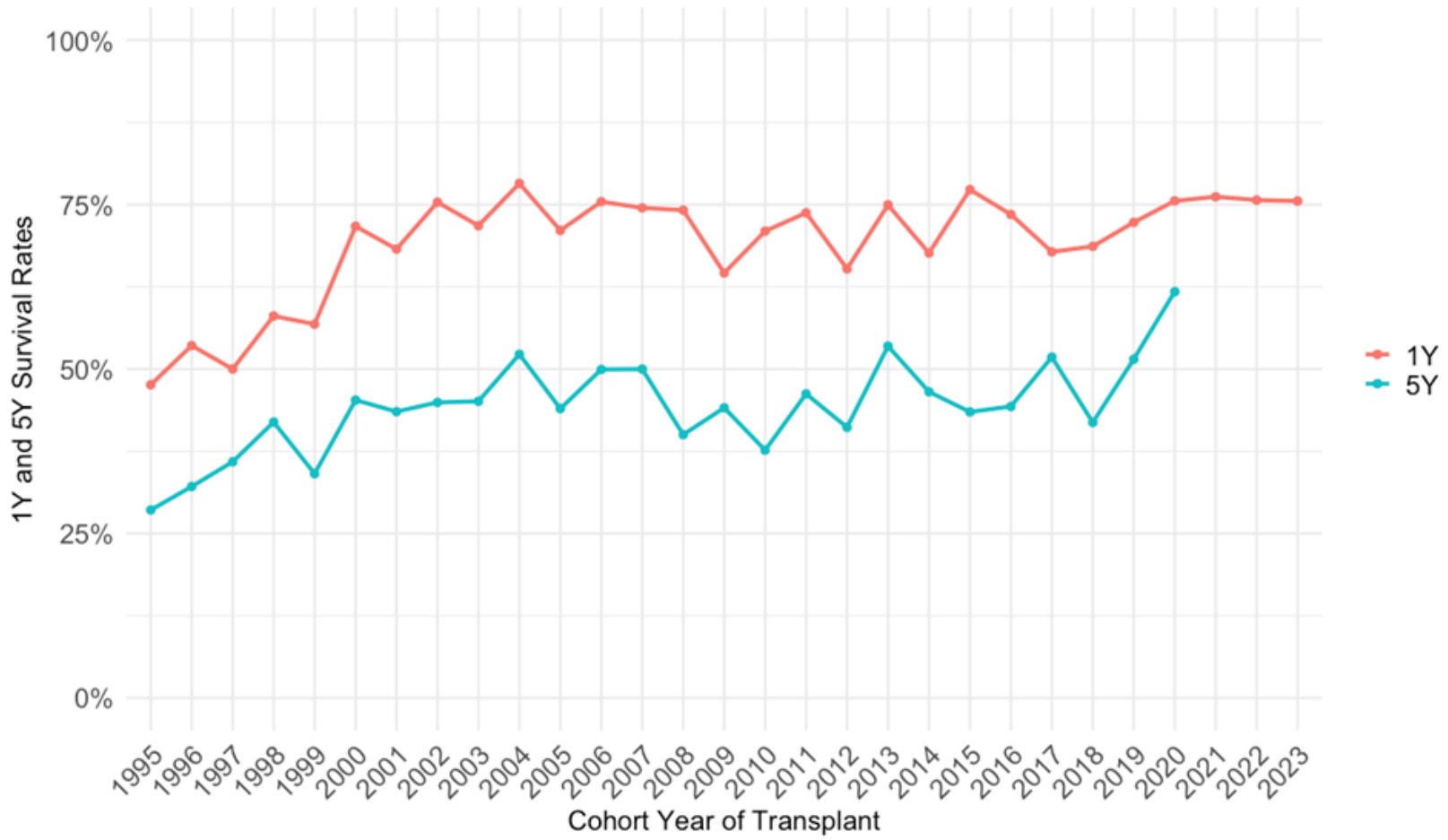
Pediatric Graft Survival by Era



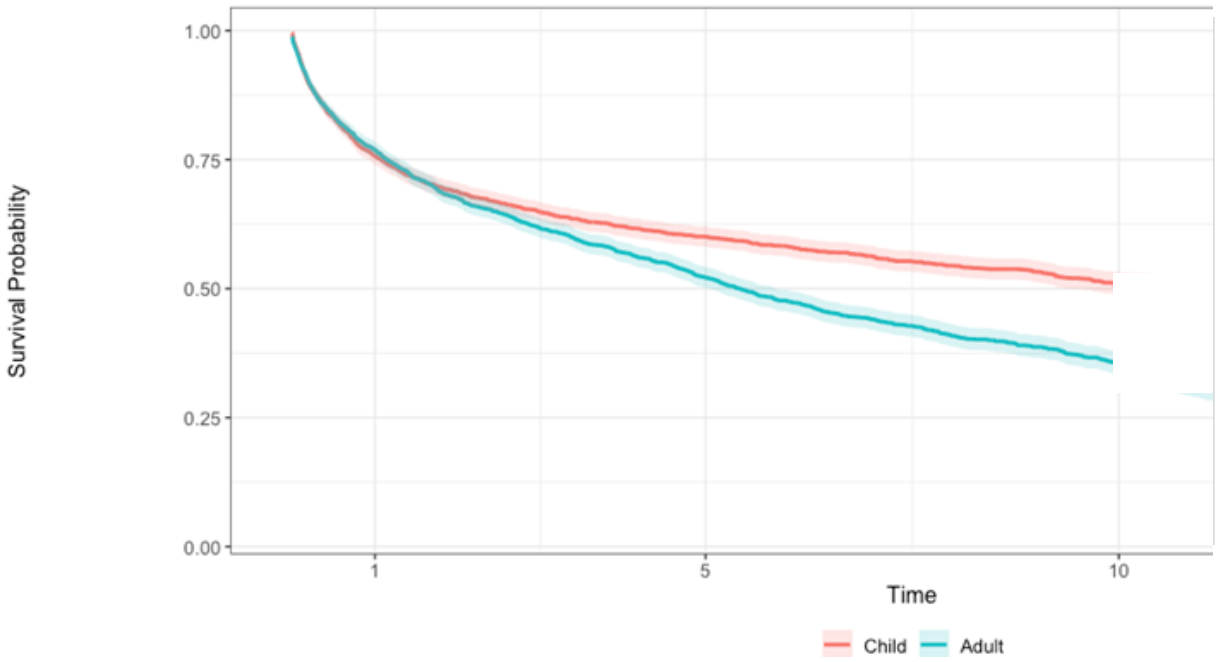
Adult Graft Survival by Era



1 & 5 Year Graft Survival Over Time

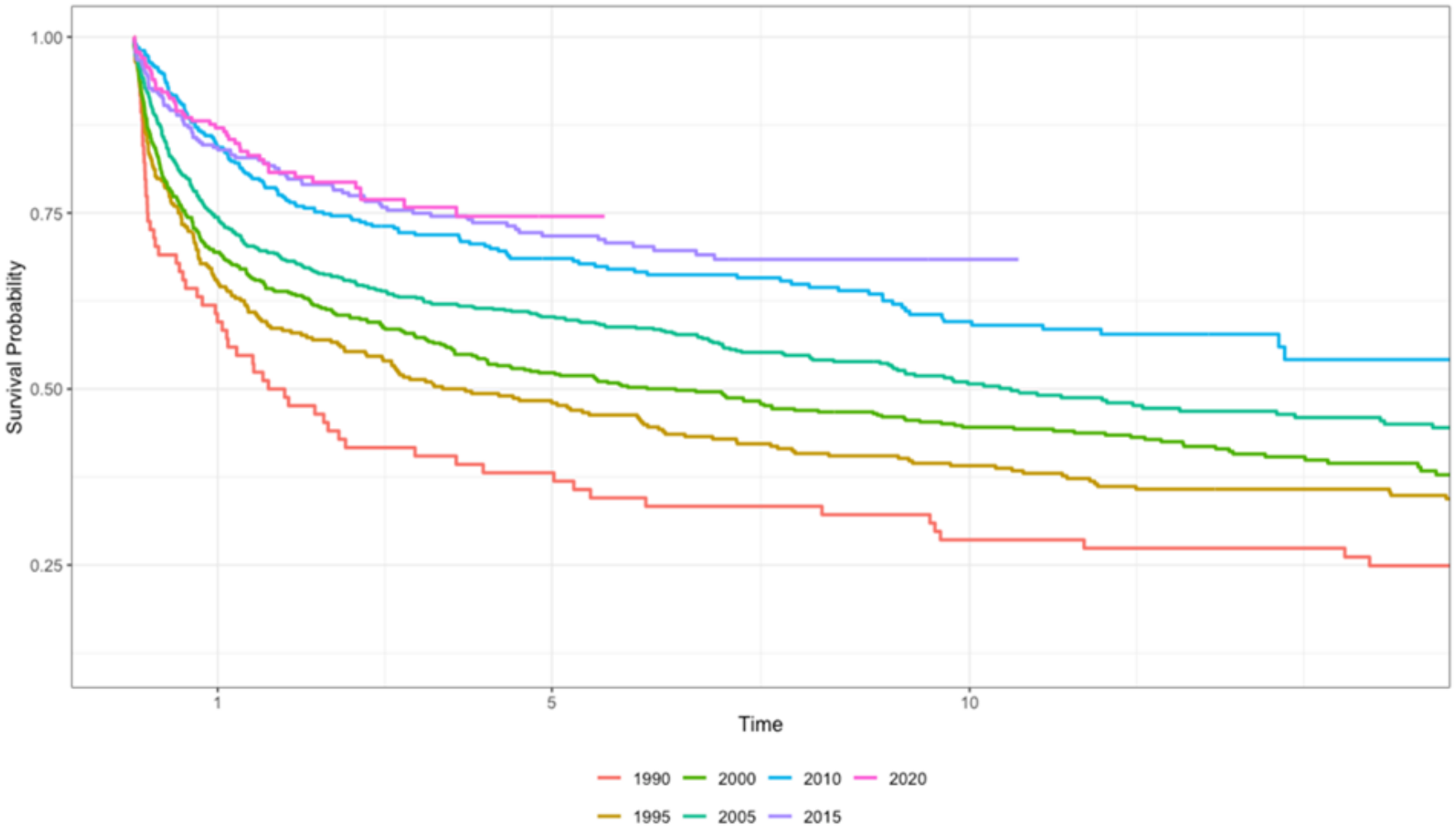


Overall Patient Survival (1985-2025)

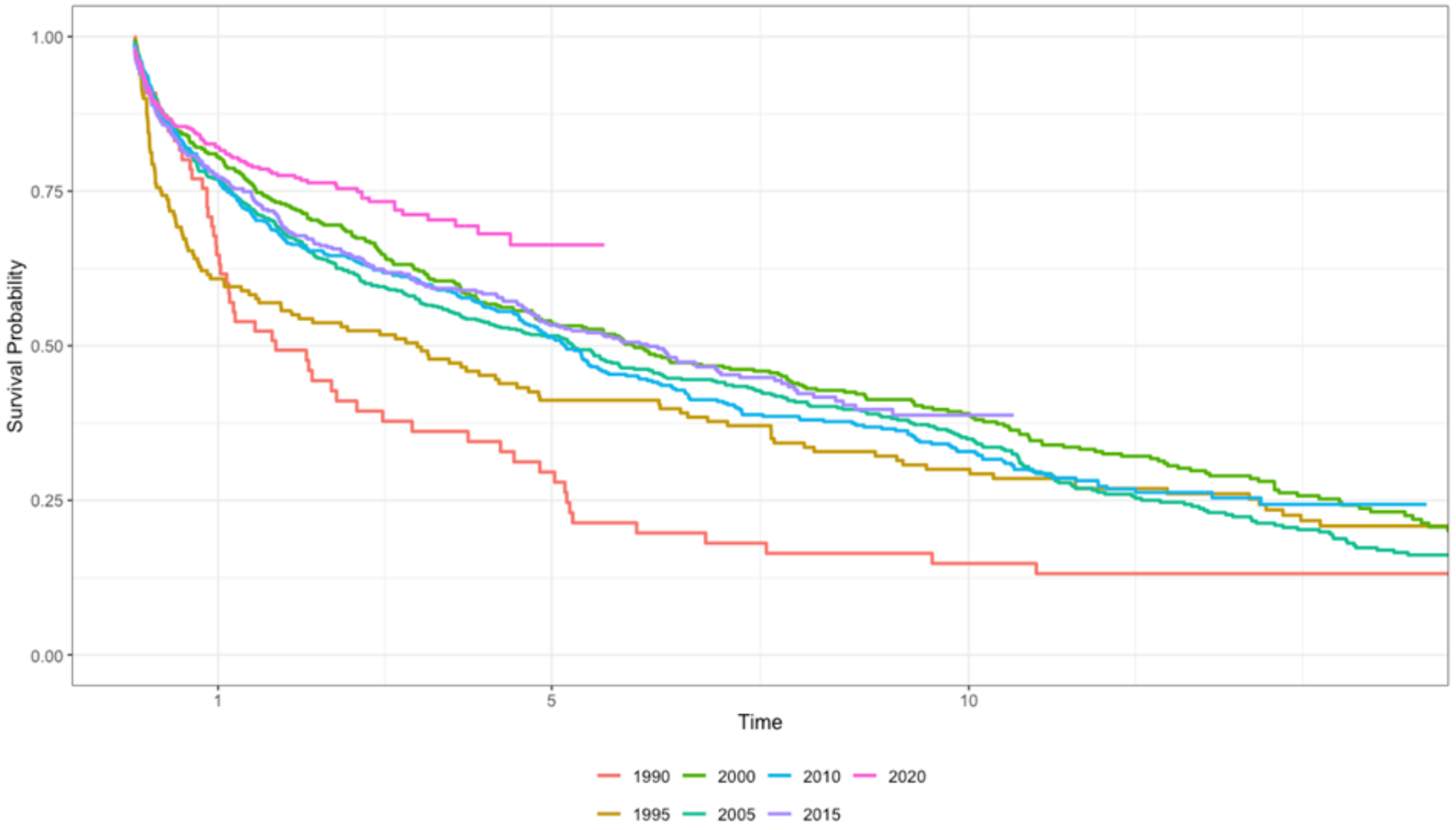


Survival	1- year	5-year
Pediatric	76%	60%
Adult	77%	52%

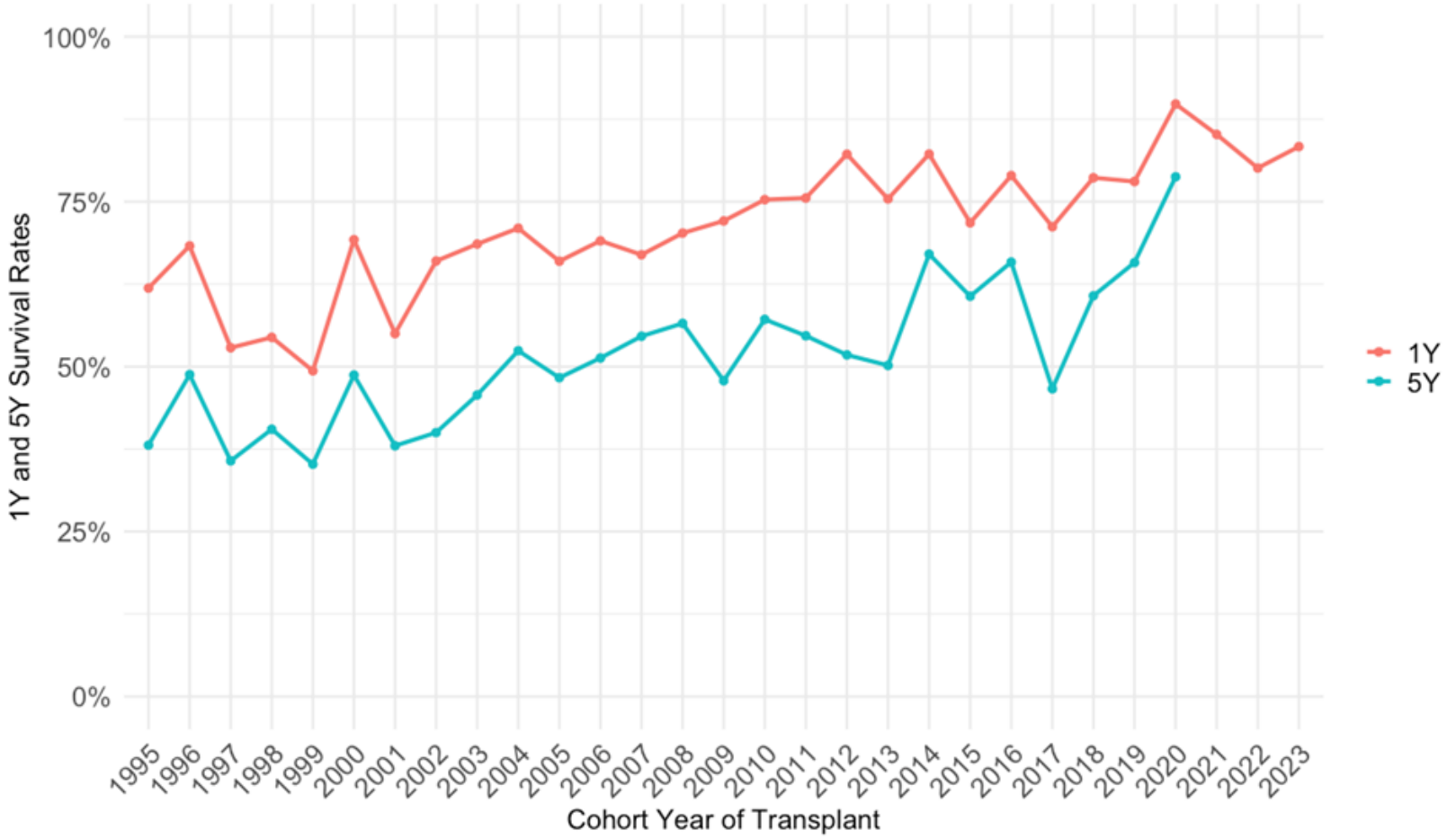
Pediatric Patient Survival by Era



Adult Patient Survival by Era

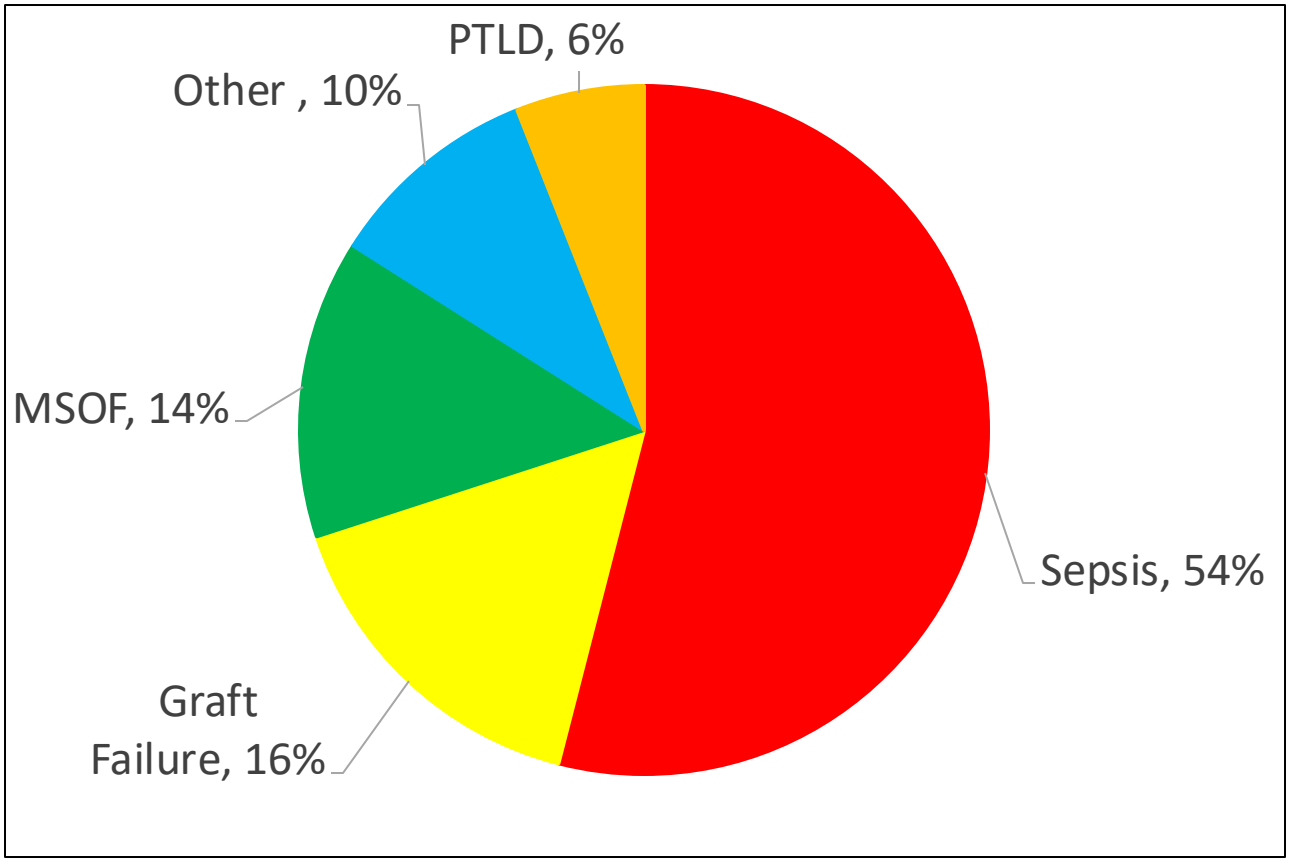


1 & 5 Year Patient Survival Over Time



Causes of Death

(1985-2025)



Challenges, Benefits & The Future of IITR

IITR Challenges

- Barriers to Data Entry:
  - IRB & DUA Challenges
  - Limited resources (unfunded registry)

Recent IITR Publications

- Raghu V et al. Analysis of the intestinal transplant registry *Pediatric Transplantation* 2019

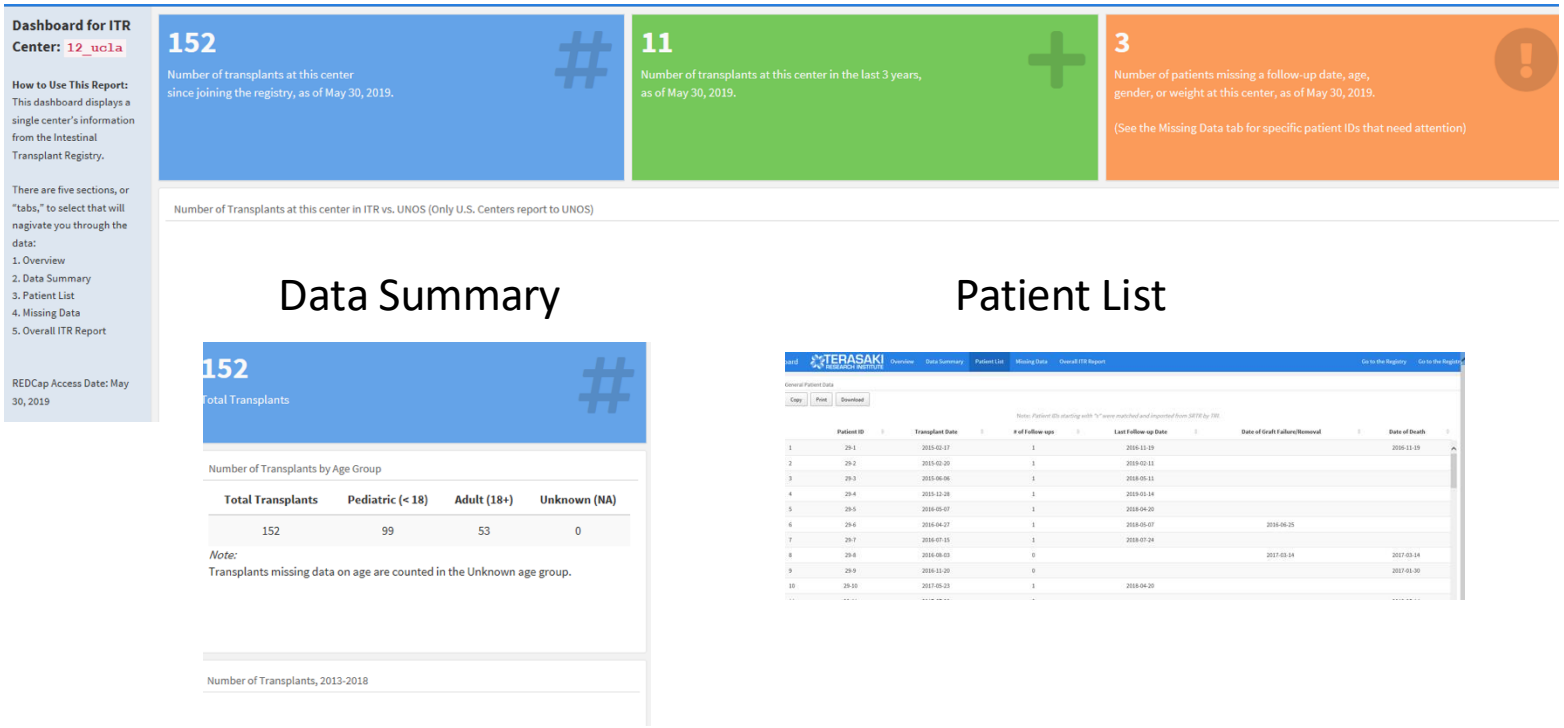
- Ceulemans L et al. Outcome after intestinal transplantation from living versus deceased donors: a propensity-matched cohort analysis of the IITR. *Annals of Surgery* 2023

- Pahl E et al. Toward and Ideal Outcome after Intestine Transplantation. Manuscript in preparation 2025

- Gondolesi G et al. IITR Analysis of Re-Transplant Patients. Data Analysis in progress 2025

- Oltean M et al. Analysis of Donor Variables and Intestinal Transplant Outcomes 2025

Individual Center Reports for IIRTA Members



Value for benchmarking and QI

Intestinal Transplant Association

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Future IITR Opportunities

- Promote the use of center dashboards (QI)
- Streamline IRB & DUA process
- Explore linkage between existing registries & the IITR through IIRTA Chapters
- Encourage continuous data entry

Future of the IITR

- Utilize the IITR to address specific, targeted, contemporary knowledge deficits
- IITR: Detailed, longitudinal, long-term outcomes and challenges

Acknowledgements

- IIRTA Council

- IIRTA Scientific Committee

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