

## Preface

The recent success of pancreatic grafting in combination with a kidney is very much comparable to that of other organ transplantations such as kidney, heart and liver. Although pancreas transplantation is the only means of providing long-term control of glucose metabolism in diabetic patients, justification for surgery remains a matter of debate especially among diabetologists, since single pancreatic grafting performed at an early stage of diabetes (e.g. incipient nephropathy) has poor results and the fate of pre-existing diabetic complications after transplantation is even less clear.

During the past three years many publications have appeared dealing with almost all aspects of pancreatic grafting. Is there a need for, or even an interest in, another set of papers?

The aim of the 3rd Spitzingsee Meeting held in Kühtai, Austria from 6 to 9 January 1991 was to bring together the leading groups in the field of pancreas transplantation and focus exclusively on the follow-up of metabolic and hormonal control, the fate of diabetic complications, and quality of life after successful pancreatic grafting. By inviting the specialists from each centre who are involved in the long-term follow-up of pancreas recipients (i.e. diabetologist, nephrologist, neurologist, ophthalmologist and transplant surgeon), we intended to exchange problems, ideas and results in an open, multidisciplinary atmosphere. Twelve of the 14 centres invited were able to participate.

This supplement to *Diabetologia* - the result of our workshop - is the most extensive and recent compilation of original research efforts in the field of pancreatic grafting dealing with metabolic and hormonal control, the course of diabetic complications and quality of life. However, since less than ten percent of all recipients with a functioning pancreas have been studied adequately post-transplant, necessary and valuable information concerning metabolic control, the course of secondary diabetic lesions and quality of life are lost for the remaining majority of successfully transplanted patients. But even if the number of thoroughly investigated pancreas recipients is considerably increased we are still faced with the problem that many data from the different centres are difficult to compare due to the

lack of a generally accepted study protocol. During the workshop this problem was discussed in detail and it was agreed that a database was necessary to characterize neuropathy, retinopathy, quality of life and glucose regulation. Although there are still many important questions we hope that this supplement will be a major contribution in clarifying the benefits, risks and limitations of pancreatic grafting.

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