Lighting the Future by Creating Connections

August 10-13, 2013
San Diego, CA
Manchester Grand Hyatt
2013 Call for Abstracts, Case Studies and Research Grants

38th Annual Meeting • August 10-13, 2013 • San Diego, CA

The abstract and case study online submission form can be found at www.natco1.org.

Call for Abstracts

Author guidelines for scientific abstract submission:

• Only previously unpublished original work will be considered.
• Abstracts report the investigation and results of completed research.
• Abstract format:
  o Visit the site for electronic submission.
  o Authors must be clearly identified in the author field of the on-line form.
  o The first author should be the person presenting the paper.
  o The full first and last names of all authors and the credentials of each should be noted.
  o Use standard abbreviations. Place special or unusual abbreviations in parentheses after the full word the first time they appear.
  o Use numerals to indicate numbers except to begin a sentence.
  o Organize the body of the abstract into four distinct sections:
    ▪ PURPOSE: State the problem to be discussed. Please indicate whether this study met the criteria for your institution’s human subject’s protection. Abstracts will not be accepted without a statement within the abstract or documentation of this.
    ▪ METHODS: Briefly describe the manner in which the study or problem was investigated.
    ▪ RESULTS: Briefly describe findings.
    ▪ CONCLUSION: State conclusion or solutions to problems. Evaluate the relevance of this study to other persons involved in recovery, transplantation or hospital development.

• The abstract should not exceed 350 words.
• DO NOT USE the names of transplant centers, OPOs or service areas in the body of your abstract.
• Evaluation of your abstract will be based on content and compliance with the suggested format.
• Submit your abstract online.
• Abstracts must be received by February 28, 2013.
• See Abstract Prototype on the following page.
• It is highly recommended that authors chosen to present submit a full manuscript to NATCO’s journal, Progress in Transplantation.
DONOR-DERIVED DISEASE TRANSMISSION EVENTS IN THE UNITED STATES IN 2011: AN UPDATED REPORT FROM THE OPTN AD HOC DISEASES TRANSMISSION ADVISORY COMMITTEE (DTAC)

Shandie H. Covington BS, Patient Safety Coordinator, DTAC Liaison, United Network for Organ Sharing, Richmond, VA

Purpose: OPTN Policy 4.5 requires reporting of all unexpected potential or proven donor-derived transmissions (PDDT) of a medical condition, including infections (I) & malignancies (M), discovered after procurement of a donor organ. PDDT are increasingly recognized as a source of morbidity and mortality post transplant; and this study evaluates all PDDT reported in 2011.

Methods: During 2011, 212 PDDT were reported to the OPTN; 181 were reviewed by the DTAC (an increase from 157 reports in 2010). Cases reviewed by the full DTAC were categorized by the likelihood of being donor-derived to be either proven, probable, possible, unlikely, intervention without documented transmission, or excluded and recipient outcomes assessed. Thirty-one were not reviewed by the full DTAC after preliminary categorization by DTAC leadership due to either absent or anticipated disease transmission (Table 1).

Results: To date, 160 / 181 PDDT have been reviewed and classified by the DTAC (Tables 2 and 3). These include 24 donors (41 recipients) with proven or probable transmissions (29 I, 12 M). Nine of the 160 cases involved live donors (5 I, 4 M); 3 resulted in probable or proven transmitted I. Twenty-one cases remain under review with classification pending.

Conclusions: Increased reporting (both deceased and live donor) of PDDT occurred in 2011. The percent with proven/probable PDDT remains low, especially when compared with total number of annual transplants (more than 14,000 living and deceased donors in 2011). Enhanced donor screening and detailed, swift communication regarding donor and recipient information between OPO staff and transplant recipient care teams pre- and post-transplant may facilitate prevention or early recognition of a PDDT. Continued attention to preventive measures should be given to reduce adverse events related to PDDT. Education regarding reporting requirements is critical to improve the understanding of which cases should be reported. DTAC will continue to review common features of transmission events and provide guidance to the transplant community in the form of its e-newsletters, guidance documents and policy modifications or proposals in an effort to minimize the risk of donor-derived disease transmission. Guidance for reporting PDDT is available on the OPTN website.
Call for Case Studies

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The case study submission form can be found at www.natco1.org.

Author guidelines for case study submission:

- Only previously unpublished original work will be considered.
- Case studies describe a particular problem or case and your strategies to overcome the problem.
- Case Study Format:
  - Visit the site for electronic submission.
  - Authors must be clearly identified.
  - The first author should be the person presenting the paper.
  - The full first and last names of all authors and the credentials of each should be noted.
  - Use standard abbreviations. Place special or unusual abbreviations in parentheses after the full word the first time it appears.
  - Use numerals to indicate numbers except to begin a sentence.
  - Organize the body of the case study into three distinct sections:
    - PATIENT/CASE PROFILE: Pertinent demographics; a brief history of the current transplant, organ/tissue recovery or hospital development situation or problem. Describe the case for clarity. DO NOT disclose confidential information, unless permission has been given to do so. Please indicate whether permission to publish has been obtained.
      - Case studies will not be accepted without permission to publish documentation.
    - DISCUSSION: A concise description of how the situation or problem was addressed; a concise presentation of transplant, donor or strategic management of the case that describes the flow of events.
    - SUMMARY: Outcome of the situation (positive and negative); application of knowledge gained from the problem or situation.

- The Case Study should not exceed 350 words.
- DO NOT USE the names of transplant centers, OPOs or service areas in the body of your case study.
- Evaluation of your case study will be based on content and compliance with the suggested format.
- Submit your case study online.
- Case studies must be submitted by February 28, 2013.
- See the Case Study Prototype on the following page.
- It is highly recommended that authors chosen to present submit a case study manuscript to NATCO’s journal, Progress in Transplantation.
CASE STUDY PROTOTYPE

Please note: No edits have been made to this document (spelling/grammar)

A CASE STUDY: INTESTINAL RE-TRANSPLANT FOLLOWING FUNGAL SEPSIS
Marcia Castillo RN, BSN, CCTC, Packard Children’s Hospital at Stanford, Palo Alto, CA

Improved Quality of Life is an emerging indication for Intestinal Transplantation. However, guidelines for this indication are complex and evolving. We describe a high risk patient requesting re-transplantation for quality of life reasons.

PATIENT/CASE PROFILE: A 20 year old developmentally delayed female received an isolated Intestinal Transplant in 9/2005. She developed severe exfoliative rejection which did not respond to therapy, and required complete enterectomy in 9/2006. The patient was discharged on TPN, then developed a septic hip and lung lesions with biopsy proven Aspergillus nidulans. She was treated with Caspofungin, Ambisome, and Voriconazole. She completed a year of antifungal treatment and extensive physical therapy. In 8/2008, the patient requested re-transplantation. The Selection Committee had serious concerns regarding her capacity for informed consent. Capacity to provide informed consent was determined to be adequate after evaluation by Child Psychology. The case was presented to our Ethics Committee. It was determined that the patient demonstrated understanding of the risks and benefits.

SUMMARY: Our current SRTR data for one year survival is 100%, but there is little data available for re-transplantation. It is widely accepted that outcomes for re-transplantation are worse compared with initial transplants. ID consultants presented data showing stem cell recipients with previous aspergillus infection had a 50% re-infection rate once immunosuppressed predicting our patient would have a comparable risk. All patients who recurred succumbed. Our Team felt compelled to inform our patient and her family of these findings. After several meetings the patient still requested re-transplantation. Quality of life as observed by our transplant team seemed good, with few line infections, no immunosuppression, no TPN cholestasis, and re-transplantation appeared elective. However, our Ethics Committee advocated for the patient stating “quality of life is based on the patient’s experience, not the Team’s.”

DISCUSSION: Re-transplantation is associated with higher risk than first transplants. This patient has a high risk for recurrence of fungal infection. Does the transplant center have the right to deny transplant if the competent patient requests transplant in spite of such high risk? Is Quality of life an appropriate reason to move forward with this case?
Call for Grants
38th Annual Meeting • August 10-13, 2013 • San Diego, CA

- **Scope:** Grant initiatives to fund research by transplant professionals to increase access to organ transplantation, to improve services in the recovery setting or to improve care for transplant recipients.

- **Eligibility:**
  - The principal investigator is not required to be a NATCO member. However, at least one co-investigator must be a NATCO member in good standing for one year prior to grant submission. A support letter is needed from that NATCO member.
  - Clear evidence of ability of the primary investigator to complete this project must be provided in the form of a CV and support letter(s).

- **Deadline:** The submission deadline for grant applications is **February 28, 2013**.

- **Priorities:** Reviewers of grant applications will give priority to projects that focus on:
  - Collaboration between OPOs, between an OPO and a donor or transplant hospital, or between an OPO and the public sector;
  - Improving donor evaluation or management techniques providing more organs;
  - Developing an impetus for health care professionals to increase organ donation;
  - Improving long-term graft and patient survival;
  - Improving care of the transplant patient, either pre- or post-transplantation;
  - Improving patient teaching techniques;
  - Improving data collection and validity in transplantation.

- **Contact:** NATCO Executive Office, P.O. Box 15384, Lenexa, KS 66285-5384, (913) 895-4612, natco-info@goAMP.com.
Grant Proposal Guidelines

- **General Information:** The proposal is limited to five double-spaced, typewritten pages. The grant application form, abstract, reference pages, budget and appendices are **NOT** included in the five-page limit. Please include a CV or biographical sketch of each investigator.

- **Title:** Name of grant proposal.

- **Abstract:** Concisely summarize the main points of the grant proposal (limit to approximately 150 words).

- The following must be included in the grant submission.
  - **Specific Aims:** Clearly state the objectives of the proposed investigation, rationale for your approach to the problem, hypothesis the research is designed to test and/or research questions it is designed to answer.
  - **Significance:** Briefly describe the background of the proposal, including a critical evaluation of the existing body of knowledge about the problem.
  - **Methodology and Timetable:** Describe the design of the study, the sample to be used and variables, protocol and instruments to be used (including validity and reliability, where appropriate), proposed timetable and plan for data analysis.
  - **Budget:** Specify direct and indirect costs, including supplies, equipment, computer costs, consultative fees and other expenses. Include a one-page budget justification (see sample).
  - **Appendices:** May include copies of instruments.

- **Application Order:** The order of contents should be:
  - Completed application form
  - CV or biographical sketch of the primary investigator followed by CVs or biographical sketches for co-investigators
  - Support letter(s)
  - Research plan
  - Reference pages
  - Budget and budget justification
  - Appendices

- Send the grant application and all required documentation to NATCO at natco-info@goAMP.com no later than **February 28, 2013**.

- **Requirements:** Authors receiving one-year grants in August 2013 must agree to present one-year results at the 2014 Annual Meeting and to submit the manuscript for publication in *Progress in Transplantation*. Authors receiving two-year grants must agree to present findings at the 2015 Annual Meeting, followed by a manuscript to *Progress in Transplantation*.
  - All authors are required to submit a “progress report” to the Research Committee each quarter throughout the research project process.

  **Submission Deadline for Grant Submission is February 28, 2013.**
**Call for Research Grant Proposals**

**APPLICATION FORM**

Postmark Deadline: February 28, 2013

<table>
<thead>
<tr>
<th>Title:</th>
<th>Grant Period (begin and end date):</th>
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<tr>
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<td>[ ] 1 Year  [ ] 2 Years</td>
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<tr>
<th>Principal Investigator (P.I.) (Name, Address, Phone, Fax, Email):</th>
<th>Name of Institution/Firm or Applicant Organization:</th>
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NATCO Member [ ] Yes  [ ] No

Co-investigators (please indicate NATCO membership with asterisk)

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<tr>
<th>P.I.’s Institution/Firm (Name, Address, Phone, Email):</th>
<th>Official Representative (this person will be contacted to present at the Annual meeting if this grant is chosen):</th>
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<tr>
<th>Performance Site (Name, Address, Phone, Email):</th>
<th>If selected for grant funding, check should be made payable to (provide complete address):</th>
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<td>FEIN or SSN:</td>
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**Principal Investigator:**

I agree to accept responsibility for the conduct of this project and will present data generated from this project at a mutually agreed-upon NATCO Annual Meeting. I agree to acknowledge the support of NATCO or other grant sponsor in any public access to this work. I agree to submit the manuscript for publication in *Progress in Transplantation*.

Signed ____________________________  Date ____________________________

NATCO Representative Signed  Date ____________________________

**Certification and Acceptance (CEO):**

I certify that the statements herein are true, agreed to, and complete to the best of my knowledge.

Signed ____________________________  Date ____________________________

NATCO Representative Signed  Date ____________________________

Application must be submitted by February 28, 2013.
## NATCO GRANT REQUEST BUDGET TEMPLATE

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Itemized Costs</th>
<th>Year of Support</th>
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<tbody>
<tr>
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<td>Year 1</td>
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<tr>
<td><strong>Personnel</strong> – List of individuals (no more than 5% of your budget can be allotted to personnel)</td>
<td>Percent of salary or fee</td>
<td>Total requested for each year of study</td>
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<tr>
<td>Statistician</td>
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<td><strong>Consultants</strong></td>
<td>Fee</td>
<td>Total requested for each year of study</td>
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<tr>
<td><strong>Supplies</strong> – itemize supplies</td>
<td>Cost based on per-subject</td>
<td>Total the itemized list</td>
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<tr>
<td><strong>Equipment</strong> – itemize equipment</td>
<td>Costs</td>
<td>Total the itemized list</td>
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<td><strong>Analysis</strong></td>
<td>Fee</td>
<td>Total costs for each year of the study</td>
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**Note:** This is a template of an acceptable budget for NATCO grant applications. You may include additional line items as necessary. Please note that funds up to $10,000 are available, and most funded grants equal approximately $5,000.