

First Quarter 2020

NATCO empowers transplant professionals to achieve their highest potential. NATCO leads the donation and transplant communities by uniting our members, advancing education, and promoting research and advocacy.

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**MEMBERSHIP**

Procurement and transplant professionals who are committed to the advancement of organ, eye, and tissue donation and transplantation join together to improve outcomes and share best practices.

NATCO promotes and enhances relationships between donation and transplantation. Members improve their skills and competencies through sharing knowledge and best practices.

Click [HERE](#) to join or for more information.

**MEMBER BENEFITS**

**PROFESSIONAL DEVELOPMENT:**

opportunities to increase skills and expertise; and

develop leadership within your organization and the

**IN THE PRESIDENT'S WORDS**

Dear NATCO Family,

This message comes to you at an unprecedented time in our lives, as we are responding to the COVID-19 pandemic. Please know that I am thinking of you and wishing you and your loved ones health, safety and well-being. I am grateful for your dedication and unwavering commitment to care for patients and families, especially during these times of uncertainty. Please remember that we can all be there for one another by using NATCO Connect to communicate strategies for managing patients, staffing and other COVID-19 related issues. Thank you for all that you contribute to the field of donation and transplantation.



The NATCO Annual Meeting Planning Committee has maintained their commitment to finalizing speakers and topics to complete the agenda. I hope that you have all Saved the Date for NATCO's 45th Annual Meeting scheduled to take place August 4-7th, 2020 in Kansas City. I look forward to seeing you all as we focus on 'Partners in Excellence: A World of Opportunities'. Please read more about one of our key speakers below.

When this letter arrives, we will have just finished the inaugural Emerging Leaders Program that took place the week of March 9th in Oklahoma City, at LifeShare of Oklahoma. The Emerging Leaders Program is one of the new programs we have launched this year. Twenty donation and transplant professionals had the opportunity to learn and network with one another in the first of several workshops designed to help participants master the necessary skills to be a leader. Enrollment for the 2021 program will begin this summer. Please look for more information regarding this exciting opportunity, coming soon.

You may remember completing a survey in December 2019 regarding your NATCO

community.

**EDUCATION:** geared specifically to donation and transplant professionals to provide the best patient, donor and family care.

**CERTIFICATION:** achieve and maintain current certification requirements

**RESEARCH & SCIENTIFIC INFORMATION:** through NATCO's *Progress in Transplantation* and website. Journal includes CE credit in each issue.

**ADVOCACY:** helping to advance public policy.

## EDUCATION OPPORTUNITIES

Emerging Leaders Program

[For More Information](#)

ONLINE LEARNING:

CCTC Review Courses:  
VIRTUAL COURSE  
APRIL 30/MAY 1

[For More Information](#)

WEBINARS:

[For More Information](#)

Online version of the Introductory Course for Transplant Professionals

[For More Information](#)

You may remember completing a survey in December 2019 regarding your NATCO membership. This survey was undertaken to be certain we, as an organization, are hitting the mark on what each of you want and need from your membership. One of the themes from the feedback is that we must continue to provide educational offerings and how one of the preferred formats is an online platform. Please visit the NATCO website at <http://natco1.org/Education/webinars.asp> to view our upcoming webinars. Archived webinars can be found through the NATCO portal for members only. Please stay tuned for future course offerings through the NATCO Academy.

I am so grateful for the opportunity to serve as your NATCO President. I invite you to join your NATCO peers at one of the upcoming educational events that can be found under the education tab on the NATCO website. There are so many big and small ways for you to get involved with NATCO. Please reach out to me at [slerret@chw.org](mailto:slerret@chw.org) with ideas or feedback to make NATCO the best organization it can be. Most importantly, take care of yourself and stay healthy.

Sincerely,

Stacey Lerret

## NATCO NEWS

### 44th Annual Meeting Poster Presentation Highlights

by Jennifer Reese,  
BSN, MSN, ANP-BC, APRN-CNP, CCTC

The Board of Directors at NATCO is proud to recognize the remainder of our poster presentations and presenters from the 44th Annual Meeting in Bellevue, Washington in August 2019.

1. ***Organ Procurement Organization Echocardiogram Program***

Presenters: Emily Thomas, Kelly Osborn and Darcy Fyffe

2. ***Improving Kidney Transplant Recipient and Donor Patient Documentation: a Dietetic Perspective***

Presenter: Riti Bhatnagar, MS, RDN

3. ***Improvement: Kidney Transplant Waitlist Candidate Readiness. Collaborative Innovation and Improvement Network (COIIN).***

Presenter: Lisa Magaro, RN, BSN, CPTC.

4. ***The Value of Nurse Clinicians.***

Presenter: Danielle Tomaszewski, RN, BSN.

5. ***Impact of A2/A2B program on Kidney Transplant Candidate Wait Times.***

Presenter: Tammy Cavin.

6. ***Quality Performance Review of CMV Monitoring in Heart Transplants.***

Presenter: Erica Mitchell.

**7. DATA: Donation Advocacy Team Ambassadors Identifying Unit Champions and Improving Donation Outcomes Through Focused Education.**

Presenter: Kate Beale.

**8. The use of mobile software for real-time, secure, team-based procurement and transplantation team communication to improve the deceased donor organ transplantation process.**

Presenter: Chelsey Larson.

**9. Enhanced Recovery after Surgery in Live Kidney Donation: Time to Change the Nutrition Care Practice.**

Presenter: Kristen Welch, RDN, CD, CNSC.

We look forward to seeing the new poster presentations at the 45th Annual Meeting in Kansas City on August 4-7, 2020

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## Updates in Transplant Nutrition

### Certified Clinical Transplant Dietitian

NATCO is pleased to offer the Certified Clinical Transplant Dietitian (CCTD). This certification recognizes registered dietitians practicing in transplantation who have met strict eligibility requirements encompassing registration status, experience, and professional engagement.

**The purposes of the Certified Clinical Transplant Dietitian are to:**

- Recognize individuals who have met professional standards and who possess clinical expertise based on specialized experience and professional engagement in transplantation
- Help registered dietitians distinguish themselves as advanced practitioners in the nutrition care of transplant candidates, recipients, and living donors
- Enhance professional and public recognition of transplant dietitians
- Reassure patients and their families of professional nutrition services specific to transplantation
- Increase awareness of transplant nutrition as a highly specialized , professional classification of clinical nutrition
- Provide a mechanism for the attainment of a professional distinction and expertise, and to promote professionalism within the transplant dietitian community

**For more information regarding eligibility requirements, and for links to the application, please visit: <http://natco1.org/certifications/cctd.asp>**

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**45th Annual Meeting, August 4-7, 2020**

**SAVE THE DATE**

# Partners in Excellence: A World of Opportunities



NATCO 45th Annual Meeting  
August 4-7, 2020  
Sheraton Crown Center | Kansas City, Missouri

*You don't want to miss out on the 45th NATCO Annual Meeting scheduled for August 4-7, 2020, at the Sheraton Crown Center Hotel in Kansas City, Missouri. Everyone will be focusing on how to make a world of difference through excellent partnerships using innovative practices to improve donation and transplant outcomes. Our goal for this meeting is to inspire donation and transplant teams to make a difference as we collaborate and develop improvement processes that will result in more lives saved!*

*HERE'S A SNEAK PEEK AT WHAT WE HAVE LINED UP!*

## **Highlights of a UNOS Systems Performance Improvements Initiative: What Every Coordinator Needs to Know**

*August 5<sup>th</sup> at 9:15-10:00*

### **News from the Hill: Trends in Transplant Legislation and Advocacy**

*August 5<sup>th</sup> at 11:00-11:45*

#### **Matthew Cooper, MD**

*Professor of Surgery, Georgetown University School of Medicine  
Director of Kidney and Pancreas Transplantation, Medstar  
Georgetown Transplant Institute*



#### **UNOS Vice President/President-Elect**

Upon receipt of a medical degree from the Georgetown University School of Medicine in 1994, Dr Cooper completed his general surgery training at the Medical College of Wisconsin followed by a fellowship in multi-organ abdominal transplantation in 2002 at the Johns Hopkins Hospital in Baltimore, MD. He joined the transplant faculty at Hopkins upon completion of his training and was appointed Surgical Director of Kidney Transplantation and Clinical Research in 2003. Dr. Cooper joined the University of Maryland in 2005 directing the kidney transplant and clinical research program until 2012 following which he assumed his current role in Washington, DC.

## **IN THE SPOTLIGHT**

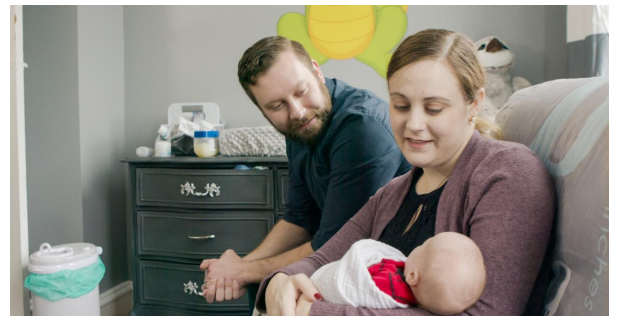
**Welcome, Baby Benjamin: Penn Medicine Birth Marks a Milestone in Uterus Transplant Clinical Trial  
Birth is Penn's First as Part of its Innovative Uterus Transplant Clinical Trial, and Second in the United States  
Following Deceased Donor Transplant**

PHILADELPHIA -The birth of Benjamin Thomas Gobrecht defied both expectation and imagination: his mother, 33-year-old Jennifer Gobrecht, was born without a uterus. Benjamin, who arrived in November 2019 at the Hospital of the University of Pennsylvania, grew inside a womb Jennifer received as part of an organ transplant research

trial over a year earlier. Benjamin is the first baby born as part of Penn Medicine's ongoing Uterus Transplantation for Uterine Factor Infertility (UNTIL) trial, which launched in 2017. He is the second baby in the nation to be born following transplantation of a uterus from a deceased donor. The UNTIL trial is currently the only U.S. uterus transplant trial that is actively enrolling patients.

Click here for full article:

<https://www.pennmedicine.org/news/news-releases/2020/january/penn-medicine-birth-marks-a-milestone-in-uterus-transplant-clinical-trial>



## DONATE LIFE AMERICA

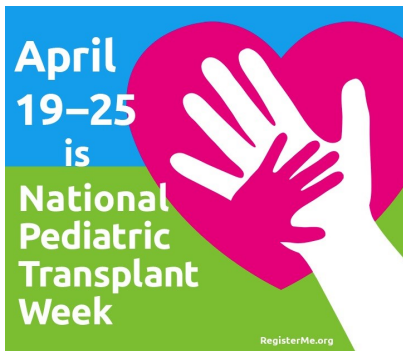
By: Lida Pieterman, Communications and Outreach Coordinator, Donate Life America



The 2020 National Donate Life Month's Donate Life Garden is an ecosystem of plants, insects, and other components working together to form an interconnected living system. We each have the potential to nurture and enrich our communities through organ, eye and tissue donation. This National Donate Life Month, we ask you to consider your role in this lifesaving and healing garden, and how you can inspire others to provide hope through donor registration and living donation. Please direct patients, families, volunteers and the public to [DonateLife.net/NDLM](https://www.DonateLife.net/NDLM) to access downloadable social media images, web banners, flyers and more. To see the wealth of garden-themed promotional items available visit [DonationMerchandise.com](https://www.DonationMerchandise.com).

April 17, 2020 is National Donate Life Blue & Green Day. In past years, we have seen some terrific blue and green office décor and lunch spreads. What can you do to take your celebration to the next level? Show your creativity in blue and green Donate Life colors - maybe even incorporate this year's spring garden theme - and then share it with us by participating in DLA's National Blue & Green Day Photo Contest. To learn more about the contest and get additional information about





National Pediatric Transplant Week takes place the last full week of National Donate Life Month in April and focuses on the powerful message of ending the pediatric transplant waiting list. Throughout the week, clinical partners share their innovative work and patient stories (candidates and recipients), donor families whose children have saved and healed lives through organ, eye, and tissue donation are honored, and recipient families share their thanks and celebrate milestones.

DLA would like to thank the American Society of Transplantation (AST), the American Society of Transplant Surgeons (ASTS) and the United Network for Organ Sharing (UNOS) for their partnership in developing and promoting National Pediatric Transplant Week.



To learn how you, your patients and their families can participate, please visit <https://www.donatelife.net/pediatric-transplant-week/>

### Exciting News for Multicultural Outreach - August Is National Minority Donor Awareness Month

The National (Organ, Eye and Tissue Donation) Multicultural Action Group (NMAG) is a new collaborative effort of AMAT, AOPO, DLA, HRSA, MOTTEP and NKF to save and improve the quality of lives in diverse multicultural communities by creating a positive culture of donation. Believing that their collective efforts can make the greatest impact, NMAG members have come together to develop messaging and materials to support their first initiative, **National Minority Donor Awareness Month**. For DLA, this new observance, to be held **August 1-31**, will replace Echo Donate Life and builds on the success of National Minority Donor Awareness Week, first developed by Dr. Clive Calendar in the early '90s.

More information about National Minority Donor Awareness Month and available resources will be shared during a free webinar on **Wednesday, May 13, 2020 at 2:00pm ET**. Registration will be available on [DLACommunity.net](https://www.donatelife.net/dlacommunity) in April. Please mark your calendars now and plan to register and join us!



## ADVANCING PUBLIC POLICY

By: Wade Delk





There is much going on in everyone's lives now on a scale few, if any of us, could have imagined just a short time ago, so I am purposefully going to keep this article short and to the point. Not because this issue is not important, but because it really is, and there is an easy way for you to make a great impact.

In the last edition of In-Touch, I wrote how we were anxiously waiting for the introduction of Immunosuppressive Drug Coverage legislation in the House and Senate. Well that has happened. The House introduced H.R.5534 - Comprehensive Immunosuppressive Drug Coverage Act for Kidney Transplant Patients Act of 2019, on December 23, 2019, and the Senate introduced S.3353 - Comprehensive Immunosuppressive Drug Coverage Act for Kidney Transplant Patients Act of 2020, on February 27, 2020. As of this writing there were 55 House co-sponsor and 7 Senate Co-sponsors.

The bills, WHEN passed by Congress and signed by the President, will extend coverage from the current three-year limit for immunosuppressive medications to lifetime coverage of the transplanted kidney.

NATCO is part of a coalition called *Honor the Gift*, which is made up of kidney and transplant organizations. They have made available to coalition members a digital advocacy tool which auto populates a sample letter to your two Senators and Congressman. It is quick and easy.

Please go to <https://honorthe Gift.org/act/> and send your letters NOW! Let's make lifetime immunosuppressive drug coverage for kidney patients finally happen!

If you have any questions, please contact me at [wadebdelk@gmail.com](mailto:wadebdelk@gmail.com) or call 202-253-7862.

-Wade

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## OPTN/UNOS



**Stay Informed. Make Your Voice Heard. *You are the OPTN.***

**By: Anne Paschke**

UNOS has plans and contingencies in place to ensure the uninterrupted operation of the UNet system and the Organ Center and to support the donation and transplant community as you meet the challenges of the coronavirus outbreak. Please check our [COVID-19 page](#) regularly for updates.

As of March 19:

- [CMS issued recommendations for surgeries and procedures](#) during the COVID 19 crisis that places transplant in the highest priority category.
- The OPTN is collecting information about challenges and issues created by the outbreak in order to evaluate

- The OPTN is collecting information about challenges and issues created by the outbreak in order to evaluate further improvements and assistance that Health and Human Services, the OPTN and UNOS can provide. Please use this [survey tool](#) to report interruptions or issues. Please note that the link works in the Google Chrome browser, but it does not work in Internet Explorer.

### For transplant centers

There is a new "COVID-19 precaution" inactivation code.

- OPTN emergency policy regarding maintaining data to support a transplant candidate's listing status or waiting time allows you to use the most updated clinical data you have available if you are unable to collect data due to issues related to COVID-19. [See instructions.](#)
- Consider alternate organ retrieval options such as local procurement, particularly as access to donor hospitals or transportation affects logistics.
- Work closely with OPOs regarding expediting ORs.

### For OPOs

- To the extent practical, continue to follow the match run.
- If transportation systems become disrupted and an organ cannot be transported to a hospital on the match run, use the 861 bypass code and proceed to allocate as high on the match run as logistics allows. These decisions would be based on the availability of transportation options, not on DSA or regional boundaries.

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## ABSTRACTS

By: Linda Ohler, MSN, RN, CCTC, FAAN

### [Machine perfusion in abdominal organ transplantation: Current use in the Netherlands.](#)

Scarcity of donor organs and the increment in patients awaiting a transplant increased the use of organs from expanded criteria donors or donation after circulatory death. Due to the suboptimal outcomes of these donor organs, there is an increased interest in better preservation methods, such as ex vivo machine perfusion or abdominal regional perfusion to improve outcomes. This state-of-the-art review aims to discuss the available types of perfusion techniques, its potential benefits and the available evidence in kidney, liver and pancreas transplantation. Additionally, translational steps from animal models towards clinical studies will be described, as well as its application to clinical practice, with the focus on the Netherlands. Despite the lack of evidence from randomized controlled trials, currently available data suggest especially beneficial effects of normothermic regional perfusion on biliary complications and ischemic cholangiopathy after liver transplantation. For ex vivo machine perfusion in kidney transplantation, hypothermic machine perfusion has proven to be beneficial over static cold storage in a randomized controlled trial, while normothermic machine perfusion is currently under investigation. For ex vivo machine perfusion in liver transplantation, normothermic machine perfusion has proven to reduce discard rates and early allograft dysfunction. In response to clinical studies, hypothermic machine perfusion for deceased donor kidneys has already been implemented as standard of care in the Netherlands.



### [Therapeutics administered during ex vivo liver machine perfusion: An overview .](#)

Although the use of extended criteria donors has increased the pool of available livers for transplant, it has also introduced the need to develop improved methods of protection against ischemia-reperfusion injury (IRI), as these "marginal" organs are particularly vulnerable to IRI during the process of procurement, preservation, surgery, and post-transplantation. In this review, we explore the current basic science research investigating therapeutics administered during ex vivo liver machine perfusion aimed at mitigating the effects of IRI in the liver transplantation process. These various categories of therapeutics are utilized during the perfusion process and include invoking the RNA interference pathway, utilizing defatting cocktails, and administering classes of agents



such as vasodilators, anti-inflammatory drugs, human liver stem cell-derived extracellular vesicles, and  $\delta$ -opioid agonists in order to reduce the damage of IRI. Ex vivo machine perfusion is an attractive alternative to static cold storage due to its ability to continuously perfuse the organ, effectively deliver substrates and oxygen required for cellular metabolism, therapeutically administer pharmacological or cytoprotective agents, and continuously monitor organ viability during perfusion. The use of administered therapeutics during machine liver perfusion has demonstrated promising results in basic science studies.

### [Paediatric donation after circulatory determined death heart transplantation using donor normothermic regional perfusion and ex situ heart perfusion: A case report.](#)

Infections remain a risk to the recipients of solid organ transplantation, long after the initial posttransplant period. Factors that affect risk include the recipient's net state of immunosuppression, epidemiologic exposures and the consequences of the invasive procedures to which the recipient has been subjected (1-4). Infections can be due to endogenous organisms that reactivate during periods of excess immunosuppression, donor-acquired organisms that are discussed in Section 3 of these Guidelines, or from the environment, whether it be in the hospital setting or the community after discharge. They may also develop opportunistic infections with exogenously acquired organisms if exposed to a high inoculum or particularly virulent microbes, even during periods of minimal or maintenance immunosuppression. A major goal of transplantation is to be able to lead as healthy and normal a life as possible; accordingly the risk of exposure to infectious agents will always be present. However, various measures can be taken to reduce high-risk epidemiologic exposures in the hospital and in the community, and transplant recipients should be counseled in ways to minimize the risk of infection. Furthermore, strategies for safe living must be carefully woven with the transplant recipient's attempts to regain normal function and return to an active and productive life.

### [Nasal colonization with \*Staphylococcus aureus\* is a risk factor for ventricular assist device infection in the first year after implantation: a prospective, single-centre, cohort study.](#)

**OBJECTIVES:** To assess, whether *S. aureus* nasal colonization is a risk factor for infections in patients with durable ventricular assist device (VAD).

**METHODS:** Prospective, single-centre, cohort study (i) ascertaining *S. aureus* nasal colonization status of patients admitted for VAD-implantation and detecting time to first episode of VAD-specific or -related infection according to International Society for Heart and Lung Transplantation criteria during follow-up and (ii) comparing whole genomes of *S. aureus* from baseline colonization and later infection.

**RESULTS:** Among 49 patients (17 colonized, 32 non-colonized), *S. aureus* VAD-infections occurred with long latency after implantation (inter quartile range 76-217 days), but occurred earlier (log-rank test  $P=0.006$ ) and were more common (9/17, 52.9% vs. 4/32, 12.5%,  $P=0.005$ ; incidence rates 2.81 vs. 0.61/1000 patient days; incidence rate ratio 4.65, 95% confidence interval 1.30-20.65,  $P=0.009$ ) and among those nasally colonized with *S. aureus* before implantation. We found a similar but less pronounced effect of colonization status when analysing its effect on all types of VAD-infections (10/17, 58.8% vs. 7/32, 21.9%,  $P=0.01$ ). These findings remained robust when adjusting for potential confounders and restricting the analysis to 'proven infections'. 75% (6/8) of paired *S. aureus* samples from colonization and VAD-infection showed concordant whole genomes.

**CONCLUSIONS:** In patients with durable VAD, *S. aureus* nasal colonization is a source of endogenous infection, often occurring months after device-implantation and affecting mostly the driveline. Hygiene measures interrupting the endogenous route of transmission in VAD-patients colonized with *S. aureus* long-term may about half the burden of infections and require clinical scrutiny.

### [Differences in clinical characteristics and outcomes between men and women with idiopathic pulmonary fibrosis: a multicenter retrospective cohort study.](#)

**BACKGROUND:** Idiopathic pulmonary fibrosis (IPF) is a disease with a male predominance. Prior data suggest that male sex is associated with disease progression and survival. The basis for this sex difference is unknown.

**RESEARCH QUESTION:** Are there differences in clinical disease characteristics and outcomes between men and women with idiopathic pulmonary fibrosis?

women with idiopathic pulmonary fibrosis?

**STUDY DESIGN and Methods:** Two tertiary care center IPF cohorts were pooled to analyze sex differences in outcomes of time to lung transplantation or death. Predictors of outcome that were analyzed included age, forced vital capacity percent predicted (FVC%), diffusion capacity for carbon monoxide percent predicted (DLCO%), body mass index, smoking history, and respiratory variables of cough, phlegm, and need for supplemental oxygen. These associations of these factors with mortality were estimated by sex, then compared using tests for interaction.

**RESULTS:** There were a total of 1,263 patients in the pooled cohort with follow-up data, approximately 71% of whom were men. Male sex was independently associated with higher risk for death or lung transplantation after adjusting for age, FVC%, and DLCO% (HR for men 1.4, 95% CI [1.2, 1.7],  $p < 0.001$ ). Older age, lower DLCO%, and presence of cough or phlegm were negatively associated with transplant-free survival in men but not in women, but only the association for cough differed statistically by sex (interaction  $p = 0.007$ ).

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## ABOUT OUR SPONSOR

Organ Recovery Systems is committed to delivering exceptional clinical tools and services to preserve and protect donor organs. We support 289 transplant programs in 39 countries with the LifePort® Kidney Transporter and the gold-standard in preservation solutions, UW solution (SPS-1®) and UW machine perfusion solution (KPS-1®). From the start, Organ Recovery Systems' mission has been to support transplant professionals in their service to improve outcomes for their patients. Now over 20 years later, with over 100,000 kidneys preserved in the LifePort Kidney Transporter, we are honored that the organ donation and transplant community continues to give us the opportunity to help save and improve lives.



The LifePort Liver Transporter clinical trial is underway! PILOT™ (Preservation to Improve Liver Outcomes in Transplantation) is a prospective randomized multi-center trial comparing LifePort Liver Transporter system with Vasosol® to static cold storage. This trial is registered with [clinicaltrials.gov](http://clinicaltrials.gov) and has been approved by US Food and Drug Administration (Investigational Device Exemption) and the Center for Medicare and Medicaid Services (CMS). The FDA has approved 8 transplant center study sites and 140 subjects to participate in the trial; 70 patients will be in the study arm and 70 in the control cohort. Patients will be tracked for a year post transplant to accommodate all the outcomes to be measured.

[www.organ-recovery.com](http://www.organ-recovery.com)

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### Stay Connected



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