



NATCO empowers donation and 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.

1st Quarter, 2021

## IN THIS ISSUE

- **In the President's Words**
- **Nutrition Corner**
- **Thoracic Committee**
- **HRSA Workplace Partnership for Life**
- **Donate Life America**
- **Advancing Public Policy**
- **OPTN/UNOS**
- **Abstracts**
- **Welcome NATERA!**

## MEMBERSHIP

Procurement and transplant professionals, and dietitians 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

## IN THE PRESIDENT'S WORDS

Dear NATCO Members,

As we approach this spring season, we will be reminded of nature's renewal and the rebirth of all things beautiful in our surroundings and environment. While many of us are still suffering from the various ways that the COVID-19 pandemic has impacted our lives, we are starting to see signs of new life and recovery. As our communities begin to open and return to pre-2020 activities, let us remember to continue to care for each other and remain healthy and safe as we venture back into the future.



Here at NATCO, we are being mindful that there are still many restrictions in place regarding participation in live events. We understand the caution and anxiety surrounding the idea of traveling to large conferences, even participating in small workshops. Out of an abundance of caution, we will be returning one more time to a virtual platform for our 46<sup>th</sup> Annual Meeting. Once again, we will do our best to bring you the educational opportunities that you have come to expect, while paying respect to the safety and convenience of learning from home or office can provide. Please save the dates August 4<sup>th</sup> – 5<sup>th</sup> for a two-day event that will allow us to share best practices, to inspire, and to motivate you to "Believe in Yourself: Make a Difference". In the coming months we will be sharing more information about our exciting agenda!

Have you ever considered that one way you can personally make a difference is to become involved in the leadership to NATCO? Spring is also the season we reach out to our membership to give you an opportunity to give back, to take that next step in your personal career development and consider the ways you can advance our profession at a higher level. Nominations for NATCO Board positions are now open and

competencies through sharing knowledge and best practices.

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

## MEMBER BENEFITS

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

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

**PROFESSIONAL DEVELOPMENT:** opportunities to increase skills and expertise; and develop leadership within your organization and the community.

## CURRENT EDUCATION OPPORTUNITIES

Emerging Leaders Program  
[For More Information](#)

CCTC Review Courses  
VIRTUAL COURSES  
June 9-11, 2021  
[For More Information](#)

WEBINARS:  
[For More Information](#)

Online version of the  
Introductory Course for  
Transplant Professionals  
[For More Information](#)

*NATCO wishes to thank our long-time sponsor ORS for their continued support of our mission. Please visit their website for more information:*



---

## NATCO THORACIC COMMITTEE

The Board of Directors at NATCO would like to thank all of our members who have shown interest in volunteering for

applications will be accepted until April 5<sup>th</sup>. For more information please do not hesitate to reach out to myself, or Donna Dick at [donnad@natco1.org](mailto:donnad@natco1.org).

We have many ways that we are trying to stay connected with you. Be on the lookout for our weekly news briefs, every Monday afternoon. Here you will find all the news about workshops, webinars, and the latest NATCO happenings. This is our way of letting you know we are always available to you.

Sincerely,

Gail Stendahl

---

## NATCO Nutrition Corner

By: Summer Van Arsdale, RD, CSR, CCTD

The 10th Annual Transplant Nutrition Conference will be taking place virtually August 10-11, 2021. The focus of the meeting will be on clinical management, best practices and innovative research in all areas of adult transplant nutrition. As we continue with a virtual conference experience, we will include mini oral sessions. Mini oral sessions will be brief 15-minute presentations which will replace roundtables and poster sessions.

Call for proposals for the 2nd annual virtual Pediatric Transplant Nutrition Conference will be announced soon; dates TBD.

For those interested in additional networking opportunities, the Pediatric Transplant Dietitian Listserv was established early 2021. Send a request to [peditransplantnutrition@gmail.com](mailto:peditransplantnutrition@gmail.com) to join!

This is the start of the second year of NATCO's Certified Clinical Transplant Dietitian (CCTD) certification. The CCTD is an experienced based certification recognizing registered dietitians practicing in transplantation who have met strict eligibility requirements encompassing registration status, experience, and professional engagement. Applications for CCTD certification are accepted all year round, with review dates biannually on April 1st and October 1st. For eligibility requirements and additional application information please visit <https://www.natco1.org/certifications/cctd/>.

our various work groups within the NATCO organization. During this issue we would like to take the time to introduce you to our new volunteers for the **Thoracic Committee**:

**Chair:**

1. **Danielle Dehn, BSN, RN, CCTC**-- Clinic Supervisor - Lead Liver Transplant Coordinator at Medical City Heart Hospital in Dallas, Texas

**Committee Members:**

1. **Brigette Marciniak-Bednar, RN, BSN, CCTC**—Transplant Education Specialist at Miami Transplant Institute / Jackson Memorial Hospital
2. **Monica Horn, RN, CCRN-K, CCTC**-- Heart Transplant/VAD Coordinator II, Lead at Children's Hospital Los Angeles
3. **Kristen Dwyer, BSN, RN, CCTC**--Thoracic Transplant and MCSO Coordinator at St. Luke's Medical Center in Milwaukee, WI
4. **Pamela D. Fields, MSN, AGACNP-BC, CCTC**—Heart Transplant Coordinator at Mayo Clinic in Jacksonville, FL.
5. **Masina Scavuzzo RN, BSN, CCTC**--Lung Transplant Coordinator at Barnes-Jewish Hospital in St. Louis, MO
6. **Jamie Bucio, CPTC, EMT-P**--Lead Organ Procurement Coordinator at UChicago Medicine
7. **Caitlin Hoefler, RN, CCTC**--Heart Transplant Waitlist Coordinator at Ascension St. Vincent in Indianapolis
8. **Renee Bennett, RN, BSN, MSN**--Senior Director of Enterprise Transplantation at Cleveland Clinic
9. **Megan Lang, RN, BSN, CPTC**—Clinical Training Coordinator at Iowa Donor Network.
10. **Shawn Floyd DNP, RN, ACNP-BC, CCRN CCTC**--Nurse Practitioner at UVA Health-Transplant Services

*Thank you for all you do!*

---

## HRSA Workplace Partnership for Life



### **2021 Hospital Campaign Offers Easy-to-Use Digital Tools and High Recognition for Hospitals**

*Hospitals continue to promote organ donation despite challenges.*

The health care community has faced a year of unprecedented challenges caused by the global COVID-19 pandemic. Despite this, many hospitals continue to promote organ donation through the Health Resources and Services Administration's (HRSA) 2021 Hospital Campaign, which runs through April 30. Prior to 2020, hospitals participating in the campaign each year conducted a mix of in-person and digital outreach to educate staff, volunteers, and community members and encourage them to register as organ donors. This year's restrictions on in-person events force hospitals to engage audiences virtually and the influx of patients reduces the time hospital staff can dedicate to the campaign.

Recognizing this, HRSA has provided additional graphics and customizable messages hospitals can use on their websites, social media channels, and in e-newsletters. Hospitals can download digital tools from the [Hospital Campaign toolkit](#) and share them from the [Hospital Campaign Facebook Group](#). [Give 5 Save Lives](#), a toolkit to encourage employees to take five minutes to register as organ donors, recently got a facelift and now includes social media graphics and messages so outreach can be done virtually. These turnkey digital tools make it easier for hospitals to participate.

HRSA recently said that it will recognize all hospitals that participate in the 2021 Hospital Campaign at the platinum level. Prior to the pandemic, hospitals received bronze, silver, gold, or platinum recognition based on the number of organ donation outreach activities they conducted and the number of organ donor registrations they recorded. This year, all hospitals will be recognized at the same level to acknowledge their contributions,

even during a trying time, to the mission of saving and improving lives by increasing organ, eye, and tissue donor registrations.

There is still time to join the 2021 Hospital Campaign. [Learn more](#) about the 2021 Hospital Campaign and start participating now.

---

## DONATE LIFE AMERICA

By: Lida Pieterman, Senior Writer and Editor, Donate Life America



### April Is National Donate Life Month

Given its popularity and the public outreach changes necessitated by COVID-19 in 2020, the “Garden of Life” theme will continue in 2021. The artwork showcases the Donate Life logo surrounded by a lush garden and the insects within it, serving as symbols of hope, courage and transformed life. 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.donatelife.net/DonationMerchandise.com) and [DonationPromotions.com](https://www.donatelife.net/DonationPromotions.com).



### National Donate Life Blue & Green Day 2021

Friday, April 16 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 hosted on DLA’s Facebook page, [facebook.com/DonateLife/](https://www.facebook.com/DonateLife/), starting **April 16**. To learn more about the contest and get additional information about National Donate Life Blue & Green Day

2021, go to [DonateLife.net/blue-green-day/](https://www.donatelife.net/blue-green-day/).

### National Pediatric Transplant Week: April 18-24, 2021

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 *our partners in National Pediatric Transplant Week* The United Network for Organ

Sharing (UNOS), the American Society of Transplantation (AST), the American Society of Transplant Surgeons (ASTS), Transplant Families, and new partner, International Transplant Nurses Society (ITNS).

To learn how you, your patients and their families can participate, please visit [DonateLife.net/pediatric-transplant-week/](https://www.donatelife.net/pediatric-transplant-week/).

### Two New Pilot Tests This April – Living Donation Wednesdays and Donate Life Living Donor Day

DLA will be focusing on Living Donation education and story sharing each Wednesday during April this year. The first **Wednesday, April 7**, is being pilot tested as Donate Life Living Donor Day. We have created special graphics to help you promote living donation and recognize living donors.

To access these graphics, please visit [DonateLife.net/celebrations/](https://www.donatelife.net/celebrations/). For information about customizable Donate Life Living Donor Day graphics, please visit [DLACommunity.net](https://www.donatelife.net/community/).



### Webinar Recap: National Donate Life Living Donor Registry & Other Living Donation Promotion Strategies

We hope you were able to watch the December NATCO webinar where DLA President & CEO, David Fleming, and DLA Board Chair, Jennifer Milton, presented on the new National Donate Life Living Donor Registry that will be launching this year. You can view a recording of the December webinar by logging into your NATCO member account at <https://www.natco1.org/members/login/>. Once you are logged in the webinar can be found under Member Resources/2020 Webinars. Thank you to NATCO for the opportunity to present on this exciting initiative.

Upcoming opportunities to learn more about this registry:

- **March 10:** Join DLA for an in-depth look at the new National Donate Life Living Donor Registry. Register for this webinar at [DLACommunity.net](https://www.donatelife.net/community/).
- Coming Soon: Details about a webinar tutorial for transplant hospital living donor staff.
- Coming Soon: National Donate Life Living Donor Registry Talking Points, FAQs, messaging, etc.

We look forward to working with you and your living donation program staff to save more lives.

---

## ADVANCING PUBLIC POLICY



By: Wade Delk

After all these years, and all our collective efforts, it finally happened. The Comprehensive Drug Coverage for Kidney Transplant Patients Act has become law. When the 116<sup>th</sup> Congress convened, all indications were that

the time was never better to get this across the finish line. Even with the challenges of 2020, we continued to believe it was still possible. With just days left before that Congress adjourned, it passed, and shortly thereafter was signed into law. We could not be happier. The determination of NATCO's members, and all the other organization and people involved in this effort over the many years were rewarded. We so graciously thank the 135 Representatives and the 25 Senators who co-sponsored the legislation. It will take effect in 2023.

For over a decade, I have been asking you to contact your Representative and Senators to ask their support for legislation that would allow kidney transplant recipients to maintain Medicare Part B coverage for immunosuppressive medications beyond the current 3-years, and instead provide coverage for the lifetime of the transplanted kidney. Now that it has finally become a reality, I have one more ask and that is, if your Representative and/or Senator(s) sponsored the legislation, **please thank them**. You can find who the co-sponsors were here:

Representatives

[H.R.5534 - 116th Congress \(2019-2020\): Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2020 | Congress.gov | Library of Congress](#)

Senators

[Cosponsors - S.3353 - 116th Congress \(2019-2020\): Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2020 | Congress.gov | Library of Congress](#)

Often, Members of Congress do not get thanked for the good things they do, and this is a very good thing they did. Beyond it being a nice gesture, it will also be beneficial in helping strengthen NATCO's legislative efforts when we go to them in the future asking for their support.

One of the major players in this effort and I have joked that we hoped a form of this legislation would pass before our children graduated from college. Well, they did graduate this past spring, but I say, close enough!

In 2021, we will work to seek passage of the Living Donor Protection Act that has just been re-introduced in this Congress (it is identical to the legislation introduced in the 116<sup>th</sup> Congress). It will prohibit discrimination in the issuance, price, or benefit levels for life, disability, and long-term care insurance due solely to the individual's status as a living donor. It also clarifies that living donation qualifies as a serious medical condition under the Family and Medical Leave Act. In the last Congress 26 Senators and 100 Representatives co-sponsored it. We hope that we gain support from even more this time and to make it law.

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

-Wade

---

## UNOS/OPTN



By: Erin Parkhurst, UNOS

### **2020 sets an all-time high for most lives saved by deceased organ donors**

Despite the ongoing challenges of the pandemic, the strength of our community and the national organ donation and transplant system has shone through as we continue to come together to find new ways to continue our lifesaving work. For the tenth year in a row, organ donation from deceased donors in the United States set an all-time record. A total of 12,587 people provided one or more organs to save and enhance the lives of others, representing an increase of six percent over 2019. [Read more](#) about the community's success during this unprecedented time.

### **New requirements for COVID-19 testing data collection in DonorNet<sup>®</sup>**

Beginning Jan. 27, DonorNet now requires users to report if COVID-19 testing was performed on the donor prior to

sending electronic organ offers. The question was added to the donor record in April 2020 and appears under the “Infectious Diseases” tab. [Read more about this change.](#)

### **COVID-19 diagnosis codes for heart and lung**

There are now [COVID diagnosis organ failure codes](#) in the transplant candidate and transplant recipient registration forms - two new codes for lung and two new codes for heart. In addition, a heart code has been modified to note that diagnosis is not due to COVID-19. Using these will make it possible to measure the impact of the pandemic.

### **Updated U.S. Public Health Service Guideline**

Beginning March 1, OPTN policy will align with the updated U.S. Public Health Service Guideline regarding donor screening for blood borne disease transmission. In accordance with the new guideline, OPTN internal labels for extra vessels, TransNet<sup>SM</sup> extra vessels labels and the DonorNet Mobile application will no longer use the “PHS Increased Risk” identification. **The labels** will still display the donors’ risk for HIV, hepatitis B, and hepatitis C transmission.

### **In case you missed it on Unos.org:**

[Improvements to DonorNet Mobile coming soon](#)

[New standards ensure pediatric candidates receive the best care possible](#)

[The road to racial equity in kidney transplantation](#)

---

## **ABSTRACTS**



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

### **Antithymocyte induction dosing and incidence of opportunistic viral infections using steroid-free maintenance immunosuppression**

**Lauren Von Stein Abbie D. Leino Todd Pesavento Amer Rajab Holli Winters**

Currently, there is limited literature evaluating rATG induction dosing and incidence of opportunistic viral infections when using steroid-free maintenance immunosuppression. This single-center, retrospective, study compared high rATG (>4.5 mg/kg) versus low (<4.5 mg/kg) induction dosing and the overall incidence of early opportunistic viral infection at 180 days in the setting of maintenance immunosuppression consisting of tacrolimus, mycophenolate, rapid steroid withdrawal, and a tiered antiviral prevention strategy based on donor-recipient Cytomegalovirus (CMV) serostatus.

### **Avoiding surveillance biopsy: Use of a noninvasive biomarker assay in a real-life scenario**

**Audrey Ang Courtney Schieve Stanley Rose Clifton Kew M. Roy First Roslyn B. Mannon**

TruGraf™ blood test measures a specific gene expression signature in peripheral blood mononuclear cells for noninvasive assessment of kidney transplant recipients (KTRs) with stable renal function, excluding subclinical acute rejection (subAR) with high degree of confidence. Study objective was to correlate TruGraf™ test with 6-month surveillance biopsy (SBx).

#### **Methods**

Prospective, single-center study of 116 consecutive KTRs with SBx performed at 6 months post-transplant..TruGraf™ done at time of SBx; results compared with histology (Banff 2017) for concordance.

### **The effect of antiplatelet therapy on survival and cardiac allograft vasculopathy following heart transplantation: A systematic review and meta-**

## analysis

**Natasha Aleksova Darshan H. Brahmhatt Omid Kiamanesh Jo-Anne Petropoulos Yaping Chang Gordon Guyatt Sharon Chih Heather J. Ross**

Cardiac allograft vasculopathy (CAV) is mediated by endothelial inflammation, platelet activation and thrombosis. Antiplatelet therapy may prevent the development of CAV. This systematic review and meta-analysis summarizes and appraises the evidence on the effect of antiplatelet therapy after heart transplantation (HT). CENTRAL(Ovid), MEDLINE(Ovid), Embase(Ovid) were searched from inception until April 30, 2020. Outcomes included CAV, all-cause mortality, and CAV-related mortality. Data were pooled using random-effects models. Seven observational studies including 2023 patients, mean age 52 years, 22% female, 47% with ischemic cardiomyopathy followed over a mean 7.1 years proved eligible. All studies compared acetylsalicylic acid (ASA) to no treatment and were at serious risk of bias. Data from 1911 patients in 6 studies were pooled in the meta-analyses. The evidence is very uncertain about the effect of ASA on all-cause or CAV-related mortality. ASA may reduce the development of CAV (RR 0.75, 95% CI: 0.44–1.29) based on very low certainty evidence. Two studies that conducted propensity-weighted analyses showed further reduction in CAV with ASA (HR 0.31, 95% CI: 0.13–0.74). In conclusion, there is limited evidence that ASA may reduce the development of CAV. Definitive resolution of the impact of antiplatelet therapy on CAV and mortality will require randomized clinical trials.

## Important considerations for drugs, nutritional, and herbal supplements in pediatric solid organ transplant recipients

**Nicole A. Pilch Megan L. Sell William McGhee Raman Venkataramanan**

Pediatric transplant recipients are on multiple prescription and non-prescription drugs. Many patients also use dietary, nutritional, and herbal supplements. This manuscript researched formulations of immunosuppressive drugs currently available and presents information on generic immunosuppressive drugs, commonly used non-prescription medications, dietary supplements, and herbal supplements. Immunosuppressive drugs are available in various formulations. Not all formulations are interchangeable. A number of FDA-approved generic formulations are available commercially in the United States. Generally generic formulations produce similar blood concentration vs time profiles compared to brand name products in adults and are considered to be bioequivalent. NSAID should be avoided in transplant patients due to potential drug interactions and increased risk associated with NSAID use; and appropriate doses of acetaminophen should be used for treatment of pain. Over-the-counter medications, such as guaifenesin and dextromethorphan, antihistamine medications, including diphenhydramine, loratadine, cetirizine, and fexofenadine, can be safely used in pediatric solid organ transplant population. Many safe and effective over-the-counter options exist for stool softening and as laxative. Diarrhea can lead to an increase in calcineurin inhibitor levels. Food can alter the absorption of immunosuppressive drugs. Several herbal products can alter immune status of the patients or alter the blood concentration of immunosuppressive drugs or may produce renal or hepatic toxicities and should be avoided in pediatric transplant recipients. It is important to educate pediatric transplant recipients and their families about not only immunosuppressive drug therapy but also about non-prescription drugs, dietary, and herbal supplement use.

## Regenerative medicine, organ bioengineering and transplantation

**L Edgar, T Pu, B Porter, J M Aziz, C La Pointe, A Asthana, G Orlando**

Organ transplantation is predicted to increase as life expectancy and the incidence of chronic diseases rises. Regenerative medicine-inspired technologies challenge the efficacy of the current allograft transplantation model. A literature review was conducted using the PubMed interface of MEDLINE from the National Library of Medicine. Results were examined for relevance to innovations of organ bioengineering to inform analysis of advances in regenerative medicine affecting organ transplantation. Data reports from the Scientific Registry of Transplant Recipient and Organ Procurement Transplantation Network from 2008 to 2019 of kidney, pancreas, liver, heart, lung and intestine transplants performed, and patients currently on waiting lists for respective organs, were reviewed to demonstrate the shortage and need for transplantable organs.

---

**WELCOME NEW CORPORATE SPONSOR!**





NATERA is a global leader in cell-free DNA testing. The mission of the company is to change the management of disease worldwide with a focus on women's health, oncology and organ health. The company offers proprietary testing services for physicians, researchers and clinicians in cancer, including biopharmaceutical companies, and genetic laboratories through its cloud-based software platform. Developed by our trusted legacy in cfDNA, the Prospera™ transplant assessment test is optimized to be a precise and reliable tool for early, clinically meaningful rejection assessment. Renasight™, a renal genetics panel, is a comprehensive, accessible genetic test for patients with chronic kidney disease.

Visit our  
website

NATCO | 703-483-9820 | [www.natco1.org](http://www.natco1.org)

