

NATCO 48th Annual Meeting
August 7-10, 2023

Hyatt Regency Grand Cypress
Orlando, FL

Submission Guidelines
Abstracts, Case Studies, and Posters

Author Guidelines for General Session Presentation

- General Session Presentation Format:
 - Only previously unpublished original work will be considered.
 - Abstract may not have been previously presented at a National Conference or meeting.
 - Authors must be clearly identified in the author field
 - The first author should be the person doing the presentation.
 - 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 they appear.
 - Organize the submission into four distinct sections:
 - **CONTENT SUMMARY:** State the purpose of your presentation. Describe the components you plan to discuss in your presentation.
 - **INTERESTS:** Why it is important to donation or transplant. How is it new or innovative?
 - **LEARNING OUTCOME:** Identify what the learner will know and/or be able to do by attending this presentation.
- The summary should not exceed 350 words.
- **DO NOT USE** the names of transplant centers, OPOs or service areas in the body of your summary.
- Evaluation of your submission will be based on content and compliance with the suggested format.
- See General Session Presentation Example on the following page.
- **Submissions must be received by Friday, November 19, 2022.**

Example: General Session Presentation

Content Summary: This presentation will educate the beginner and advanced transplant nurse on topics related to pediatric solid organ transplant. Solid organ transplant is the treatment of choice for a variety of end stage organ diseases. Recipient survival has improved significantly over time due to advances in immunosuppression and monitoring for infections.

Rejection and infection are a significant cause of morbidity and mortality following transplant and result in the need for life-long monitoring. An adequately suppressed immune system that prevents rejection must be balanced with one that is also able to fight infection.

Immunosuppression medications and their respective side effects will be reviewed as to how they relate to post-transplant complications. Evidence based primary care management for this population will be reviewed including but not limited to growth and development, immunizations, and quality of life. Furthermore, common illness management in the primary care and inpatient setting will be reviewed including but not limited to fever, abdominal pain, vomiting and diarrhea, and use of antibiotics.

The main teaching strategy will be a didactic session with the use of PowerPoint. The learning activities will include case studies to apply the transplant related content to patient scenarios and generate discussion regarding care of a pediatric solid organ transplant patient.

Interest: The pediatric transplant recipient has a distinct set of challenges to overcome including growth, cognitive and emotional development, and striving for social acceptance. Transplant coordinators provide education and support in helping families meet the challenges of caring for a child with a chronic illness.

Learning Outcomes: 1. Audience member will be able to list common post-transplant complications. 2. Audience member will be able to describe transplant medications and common side effects.

Author Guidelines for Abstract Submission

- Only previously unpublished original work will be considered.
- Abstract may not have been previously presented at a National Conference or meeting.
- Abstracts report the investigation and results of completed research or project.
- Abstract format:
 - Authors must be clearly identified in the author field.
 - 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 they appear.
 - Use numerals to indicate numbers except to begin a sentence.
 - 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 protection. Abstracts will not be accepted without a statement within the abstract or documentation of this.
 - METHODS: Learning Outcome
 - 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.
- See Abstract Example on the following page.
- It is highly recommended that authors chosen to present submit a full manuscript to NATCO's journal, Progress in Transplantation.
- **Abstracts must be received by Friday, November 19, 2022.**

Example: Abstract Submission

Problem/Idea stated in first sentence/ paragraph

Effects of Calcineurin Inhibitors on Influenza Vaccine Response

Kelly Radford, RN, CCTC, University of Wisconsin Hospitals & Clinics, Madison, WI

Full name, credentials listed

Purpose: Lung transplant patients are at high risk of morbidity and mortality from influenza infection because of altered lung physiology and immunosuppression. Annual influenza immunization is recommended, but the ability to mount an antibody response may be limited by calcineurin inhibitors which are key components of lung transplant immunosuppression regimens. We hypothesized that a differential effect between tacrolimus and cyclosporine on influenza vaccine response rates would exist. The study was approved by the institutional review board, and all participants gave their written informed consent.

Human subject protection documented

Methods briefly described

Lung transplant patients had blood drawn prior to receiving the influenza vaccine 4-6 weeks later over two seasons. Influenza antibody concentrations were measured by hemagglutination inhibition assay. Vaccine response rates (antibody concentration ≥ 4 hemagglutination units (HAU) and at least 4 fold increase in antibody concentration for at least one vaccine virus) were compared using chi square tests. The influence of tacrolimus and cyclosporine on vaccine response was compared. With a sample size of 65, the power to detect a 50% difference in vaccine response rate was at least 80%.

Transplant center, OPO and service area are NOT named in the body of abstract to assure objectivity during review process

Results briefly described

Results: A total of 64 lung transplant patients participated. Forty-one patients taking tacrolimus were followed for median of 37 months and 23 patients taking cyclosporine were followed for median 51 months ($p > 0.6$; Mann-Whitney U). Among the lung transplant patients, no difference in influenza vaccine response rates in patients taking tacrolimus or cyclosporine could be found.

Response Rates:

Drug	2004-5	p value	2005-6	p value"
Tacrolimus	28/44	0.20	15/36	0.80
Cyclosporine	14/27		10/22	

Appropriate use of numerals for numbers in the text to condense volume

Conclusions stated are directly relevant to procurement, transplantation or hospital development field

Since calcineurin trough concentrations are determined by protocol, time since transplant serves as a stable correlate of trough concentrations. No correlation between time since transplant and influenza vaccine antibody response rate was detected.

Word Count: 350 or fewer

Conclusion: No large differential effect of calcineurin inhibitor on influenza vaccine antibody response exists. The choice of calcineurin inhibitor may not influence protection conferred by influenza immunization.

Four distinct section: easily reviewed

Author Guidelines for Case Study Submission

- Only previously unpublished original work will be considered.
- Case Study may not have been previously presented at a National Conference or meeting.
- Case studies describe a particular problem or case and your strategies to overcome the problem.
- Case Study Format:
 - 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.
- See the Case Study Example 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 studies must be submitted by Friday, November 19, 2022**

Example: Case Study Submission

Full name,
credentials listed

Cancer + TB + Cyanide = 4 Saved Lives

Denise Tripp Martin, RN; Julia Landon, RN, CPTC, Carolina Donor Services, Durham, NC

Introduction
and brief
definition

Patient Profile: This 27yo male was admitted to ED for suicide ideations stemming from a history of depression. While in the ED, the patient had a syncopal episode leaving the restroom and soon was found to be pulseless and cyanotic. CPR, intubation and ACLS drugs were administered.

No confidential
information
disclosed

Concise
explanation
of situation

Discussion: Patient was noted to be in severe lactic acidosis, pH <6.8, lactate 12.1. In addition, a white substance was found on the patient, who worked as a chemist. Therefore, the hospital suspected cyanide poisoning. Patient received sodium thiosulfate, a cyanide antidote. This significantly improved the lactic acidosis, thereby supporting cyanide toxicity later confirmed by toxicology. The patient was declared brain dead and was evaluated as a potential organ donor due to family interest. The Poison Control Center was immediately contacted. They reported that organs had previously been transplanted following cyanide poisonings. Past medical history included a diagnosis at age 18 of Stage IV testicular cancer with metastasis to the abdominal lymph nodes and right lung. He received chemotherapy, radiation, a left orchiectomy, and right lobectomy. Following two years of treatment he had been in remission for 7 years. At age 16, the patient underwent treatment for one year for a positive TB test. Written consent was obtained, and evaluation of organ function ensued. Initial creatinine and liver function tests were elevated but trending down. Troponin and coags remained within normal limits. An echocardiogram revealed a structurally normal heart with an EF of 60-65%. CXR was clear. Bronchoscopy revealed no purulent secretions, normal anatomy except absence of the right lower lobe. PaO₂ was >520 on 100% FIO₂. Urinary output averaged 3cc/kg/hr. The heart, liver, and kidneys were successfully transplanted.

Appropriate use of
numbers

Transplant center,
OPO and service
area are NOT
identified

Detailed
explanation
of flow of
events

Summary: OPOs and hospitals should not assume that patients are unsuitable donors when the patient presents with a significant past medical history or a death from a toxic substance. This case is a clear example of why we should attempt to place organs even when suitability is questionable. Because of the OPO's commitment to pursue every donor, every organ, every time, four people received life-saving transplants.

Three
distinct
sections

(No confidential information has been disclosed in this case study. The OPO's confidentiality guidelines have been met and permission to publish has been granted.)

Permission to
publish

Author Guidelines for Poster Submission

- Follow either the 'Abstract' or 'Case Study' guidelines to submit your work as a poster