Call for Posters
12th Annual Living Donation Conference

Living Donation Case Study Poster Presentations

The faculty of the 12th Annual Living Donation Conference is requesting case study submissions for consideration for poster presentation at the Essential Donor Team Concepts conference this May. The conference will be held at the Wyndham Grand Clearwater Beach, Florida, May 13-15, 2020.

We encourage all to take this opportunity to share with transplant colleagues your center’s journey down the path to gaining more knowledge of the essential aspects of clinical, psychosocial, advocacy, administrative, financial, quality and regulatory issues related to living donation. The Essential Donor Team Concepts programming offers a foundational track for individuals with less than 2 years of experience in the care of the living donor, advanced and liver tracks for the experienced practitioners as well as continued education/plenary sessions for all attendees. The content is designed to allow all participants to have time to network and discuss timely topics in this ever-evolving field of transplantation.

Case studies must be submitted in the proper format and by the deadline, which are provided below. Author(s) for case studies that are selected for poster presentation will be asked to attend the conference and provide a poster measuring 4’ wide by 3’ high. Please note, travel and conference fees will be the responsibility of the speaker/author.

Poster Topics:
- Care of the International Donor: Challenges and Successes
- Strategies to Increase Kidney Paired Donation
- The Delicate Balance Between Ethics and Medicine
- Facilitating Transplant in Vulnerable Populations
- Psychosocial Outcomes of Liver Donors
- Challenging Living Liver Donor Decisions
- Non-directed Liver Donation
12th Annual Living Donation Conference: Essential Donor Team Concepts

Call for Posters

Instructions for submitting case study abstracts:
- Typed in size 12 font
- No more than 2 pages in length (tables and graphs included)
- Word format (no pdf submissions)
- Less than or equal to 500 words (graphs and tables excluded)
- Prototype attached—Title, Authors, Introduction, Case Profile, Summary and Discussion

Content Area: Select the content area that best matches your case study:
- [ ] International Donor
- [ ] KPD
- [ ] Ethics and Medicine
- [ ] Vulnerable Populations
- [ ] Psychosocial outcomes of liver donors
- [ ] Challenges in living liver donation
- [ ] Non directed liver donation

Blind: Two copies of the abstracts are to be submitted, one as written and one blinded with all potential identifiers removed (ie., facility name, author name, geographic location).

Send: Case studies to Kara Mountain at mountain@afdt.org. Questions: via email or 804-323-9890.

Deadlines:
- March 1, 2020 at 12 midnight PST - must be submitted.
- March 16, 2020—primary author will be notified via email.
- April 1, 2020—presenter deadline to accept or decline the invitation.

All case studies must be submitted March 1 at 12 midnight PST. We look forward to having you join us in Clearwater!
CASE STUDY PROTOTYPE

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

COMPATIBLE PARS INCREASE OPPORTUNITIES FOR TRANSPLANTATION IN KIDNEY PAIRED DONATION

Maria Margiocih, RN, APNC, CNN, CCTC, Eithal Bata, RN, BSN; Donna Walton, RN; Shambhuti Malhotra MD, FASN; Debbie Morgan, LCSW; Andrea Tzegen, MBA, Saint Barnabas Medical Center, Livingston, NJ

Introduction and brief definition

Concise explanation of situation

Detailed explanation of flow of events

Three distinct sections

Full name, credentials listed

No confidential information disclosed

Appropriate use of numbers

Transplant center, OPO and service area are NOT identified

Alternative programs in living kidney donation have emerged as essential to the growth of transplantation. Because candidates for outdated available organs our LD program has embraced innovative programs such as altruistic donation, incompatible transplantation, and kidney paired donation (KPD) but the need to increase opportunities for LD transplantation still exists.

Case Profile: A compatible recipient/donor pair present for evaluation. The 55y.o. recipient and 52y.o. wife are ABO compatible, donor O, recipient A, compatible, 1/6 HLA match. During initial evaluation the concept of compatible exchange was introduced. They were offered participation in KPD with opportunity for recipient to receive a younger kidney, Improved HLA match, and/or ability to help one/more incompatible pairs achieve transplantation. The pair agreed to participate with the primary goal of receiving a younger kidney. Additional benefit of improved HLA match and ability to help others would be meaningful to them. They were only willing to participate in match within center as they were not willing to receive a shipped kidney/incur CIT from participating in a registry match that involved shipped kidneys.

Summary: Our center database of incompatible pairs waiting matching is typically 50 pairs. While we enter all pairs into exchange registry databases, wait times even at the most active registry is typically 7 months or longer. Sensitized recipients can wait much longer. We identified 2 incompatible pairs to form a 3 pair match. The compatible recipient was able to receive a 13 year younger kidney but not an improved HLA match. The compatible pair did finding significant meaning in helping 2 incompatible pairs achieve transplantation. The 3 pair combination was as follows:

All pairs underwent KPD education/consenting. The transplants were scheduled at convenience of compatible pair and all surgeries occurred on the same day. All recipients had immediate graft function with one year 

Discussion: ‘Compatible Share’ has increased our ability to offer compatible LD transplantation to more incompatible pairs. This program also offers benefits to the compatible pair. Widespread adaptation of this program has the ability to significantly increase LD transplantation.