



Second Quarter 2018

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.

Membership runs from January 1st through December 31st of each year.

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

MEMBER BENEFITS

NETWORKING: donation and transplant professionals collaborate to enhance professional development.

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.

IN THE PRESIDENT'S WORDS

Dear NATCO Family,

It is my honor to represent all of you as your NATCO President. We are an amazing organization with members who are dedicated to ensuring that all families who wish to donate and those who wait for a life saving transplant have the opportunity, in hopes of creating a legacy, and beginning a new life.

August is right around the corner and our Annual Meeting Planning Committee has done an amazing job of organizing an exciting educational packed meeting. In other words, ladies and gentlemen, "start your engines".

Speaking of engines, I hope all of you are in the process of building your Pinewood Derby cars, this I am positive will be a fun filled event. Not to worry we will have the Hess Truck Ambulance, Fire Truck and Helicopter standing by just in case of a track incident.

I also wanted to update you on some of our learning opportunities:

Our Introductory Course will be held in Tempe, AZ November 2nd-5th. This course is designed for the new transplant and procurement professional that provides the early foundation for success in our challenging careers.

On February 15th we launched our new NATCO Academy. The responses have been terrific with 80 individuals from around the country already registered. We have high hopes that this also will provide another resource for education.

The CCTC review course continues to be in high demand. As you may be aware this is an on site review course that is staffed by your fellow NATCO members who are leaders in the transplant community. This course has proven to be highly effective with passing rates of 90% for those who have taken the CCTC exam.

In April we held our very first Advanced Donor Management Workshop in Boston, MA. We blended the course with our on-line FCCS course that NATCO partnered with SCCM. The response from the attendees was terrific. We are hoping to do this again in the near future.

In closing, I hope to see all of you at the Annual Meeting. Please seek me out, I want to re-connect with old friends whom I have known for years, but I also look forward to creating new friendships as well.

Until August, take care of yourself, your family and those whom we serve.

Your NATCO President,
Timothy J. Snyder



NATCO Webinars



**September 20, 2018
2:00pm - 3:00pm EST**

EDUCATION
OPPORTUNITIES

43rd NATCO Annual Meeting
[For More Information](#)

Introductory Course for New Transplant and Procurement Professionals
[For More Information](#)

CCTC Review Courses
[For More Information](#)

WEBINARS:

September 20, 2018 Pediatric Webinar
[For More Information](#)

ONLINE LEARNING:

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

Fundamental Critical Care Support (FCCS) Self-directed Online Course
[For More Information](#)

Clinician's Guide to Donation and Transplantation
[For More Information](#)

NATCO Pediatric Webinar

"A Webinar for big people about small people"

Avoiding Land Mines to Prevent Blowing Yourself Up

Approaching families of children for donation:
More than just talking to the parents.

Thomas Nakagawa, MD, FAAP, FCCM
Professor, Anesthesiology and Critical Care
Johns Hopkins University School of Medicine
Chief, Division of Critical Care Medicine
Director, Pediatric Intensive Care
Medical Director, Respiratory Care
Johns Hopkins All Children's Hospital
St. Petersburg, FL
Assistant Medical Director, Carolina Donor Services
Durham, NC



Timothy J. Snyder, CPTC
Gift of Life Donor Program
Advanced Practice Coordinator,
Clinical Administrator

**Objectives**

1. Review how authorization for pediatric donation is different from adult donation
2. Identify how to improve collaboration to approach families about donation
3. Discuss how to build more champions for pediatric donation

[REGISTER HERE](#)

In the Spotlight**Scientific Registry for Transplant Recipients**

By: Mona Shater, MA, Marketing & Communications Manager



SCIENTIFIC
REGISTRY OF
TRANSPLANT
RECIPIENTS

The Scientific Registry of Transplant Recipients (SRTR) is data driven to improve patient outcomes. Administered by the Minneapolis Medical Research Foundation (MMRF), under contract with the federal government, SRTR supports the transplant community through the evaluation of national data collected by the Organ Procurement and Transplant Network (OPTN) on transplant programs and organ procurement organizations. The data presented by SRTR in public reports is regularly utilized by researchers, transplant quality professionals, clinicians, insurance providers, regulatory bodies, patients and the media. SRTR's analytic support also assists in government policy formulation, economic analysis, and preparation of recurring and special reports to Congress. Currently, in order to alert the public of current and upcoming SRTR projects, SRTR issues press releases & updates to transplant programs, organ procurement organizations, key contacts in the transplant community, domestic media outlets, organ transplantation journals, and senior transplant professionals. These press releases and updates are also available on SRTR's News page on their website. SRTR also publishes information and interactive content (infographics) on social media via their Twitter, LinkedIn, and YouTube pages. Additionally, SRTR distributes its newsletter, The Data Review. The purpose of this newsletter is to inform transplant community members of what SRTR has been working on, and gives subscribers an opportunity to forward and share the content with fellow transplant community members. You can sign up for the newsletter at the bottom of the SRTR website homepage. SRTR also conducts webinars for the transplant community, making the webinars available live (with audience registration) and later available for viewing on its YouTube page.

Upcoming changes that the transplant community should be aware of are the launching of the new and improved SRTR secure site (occurring after the Summer PSR/OSR release), the launching of the Living Donor Collective project, the upcoming change to the definition of pediatric patients in posttransplant outcome reporting, the future inclusion of multiorgan recipients in the risk adjustment models, and the potential discontinuation of the data review period. If you want to know more information about any of the topics above, or have any other questions, email SRTR at srtr@srtr.org.

Novel Strategies to Expand the Donor Pool for Patients Awaiting Cardiac Transplantation at Vanderbilt University Medical Center

By: Emily Sandhaus, RN, BSN, Heart Transplant Waitlist Manager at Vanderbilt



VANDERBILT
UNIVERSITY
MEDICAL
CENTER

Because the demand for organs continues to exceed the supply, transplant centers across the nation are continually brainstorming new methods to safely expand the donor pool, shorten waitlist times and decrease mortality among patients in need of life-saving transplants. To that end, the Vanderbilt University Medical Center (VUMC) heart transplant program has been exploring the use of hepatitis C (HCV)-positive donors.

Historically, organs from HCV-positive donors have been discarded given poor outcomes among patients who developed HCV after transplant and in whom HCV treatments were poorly tolerated and associated with bad outcomes.

With the advent of direct-acting antivirals (DAAs) available to cure hepatitis C, however, we as a heart transplant program have implemented the use of HCV-positive organs in hopes of expanding the donor pool for select high-risk patients at our institution.

Since the fall of 2016, our program has consented and transplanted upwards of 40 patients with hearts from donors who tested positive for HCV. Following transplant, all patients are referred to hepatology and, for patients who develop HCV infection, initiated on anti-viral therapy.

Our preliminary experience in 13 patients was published in the Journal of Heart and Lung Transplantation earlier this year. Following consent to consider an HCV-positive donor, mean waitlist time was only 11 days. Nine of thirteen patients developed HCV infection, eight of whom have completed DAA therapy and demonstrated a sustained virologic response. One patient died from pulmonary embolism while on HCV treatment. The other four patients have not developed viremia to date.

While the short term outcomes are promising, long term outcomes among patients transplanted with HCV-positive donors remain to be elucidated. Among the questions we hope to answer is do these organs result or contribute to increased risks of graft dysfunction, rejection, coronary vasculopathy and other post-transplant complications.

As we move forward, we hope to collaborate with other transplant centers to help answer these important questions.

References: Schlendorf, K, (2018). Early outcomes using hepatitis C-positive donors for cardiac transplantation in the era of effective direct-acting anti-viral therapies. Journal of Heart and Lung Transplantation, Volume 37, Issue 4, supplement, page S341. <https://doi.org/10.1016/j.healun.2018.01.873>

Advancing Public Policy

By: Wade Delk

I previously reported on one piece of legislation that was introduced in the House in May of 2017 to expand veterans' access to lifesaving transplant surgeries, but I want to keep this on your radar, so I am providing some additional details. Over the last year several pieces of legislation have been introduced to properly provide coverage to veterans for organ donation and transplantation procedures. The bills seek to ensure that veterans have choices when they find themselves in a position where a transplant is necessary, and coverage is needed.



The various legislative language from these bills includes authorization to allow the Veterans' Administration (VA) to provide for the operation on a live donor to carry out the procedure for a veteran, even if the live donor is not eligible for health care from the VA. The language also allows that those live donor transplant operations can be performed outside of a VA facility. This means that veterans can seek care at a facility close to where they live. As of this writing there are only thirteen VA Transplant Centers. If a veteran lives near one, it would seem to be less of a burden for them, but there is still a concern. Not all VA Transplant Centers provide the full spectrum of transplant services, so even if one is next door, that does not mean a transplant will be possible or available.

The House Veterans Affairs Committee continues to review and discuss various provisions in introduced legislation. We are pleased to see that some beneficial elements of them are being included into H.R. 2601, The Veterans Access, Choice, and Accountability Act of 2017. There is still work to do including defining what the criteria will be to make the determination to allow for care outside of the VA, but progress is being made.

We have supported this and other bills similar to it. We will keep you apprised as this moves forward, but are encouraged it is getting attention.

-Wade

OPTN/UNOS



By: Angel Carol, MSW
Liaison, OPTN/UNOS Transplant Administrators/Transplant Coordinators Committees

By: Anne Paschke, UNOS

The TCC Learning Series is a series of educational offerings that share lessons learned, improve professional practices

Have you ever used UNet and thought "If only I could _____ in UNet, then my job would be so much easier"?

and ultimately increase the number of transplants. The series is aimed at both OPO and transplant centers and allows transplant professionals to learn strategies that are being utilized in the community to address common issues and barriers to transplant. Information on the 2018 offerings is below:

Title: Leveraging UNetSM Reports: Transplant Coordinators Committee Learning Series

Released: January 2018

Summary: This offering highlights reports available in UNetSM, how to cross reference them, how to use them to address common challenges and ultimately make data-driven decisions to optimize patient care and improve waiting list management.

Recording: A new instructional offering is available in UNOS Connect. Locate "Leveraging UNet Reports" in the UNOS Connect course catalog System category. This offering can also be found on the Transplant Coordinators Committee Learning Series page in UNOS Connect. Click the Learning Series library on the left, then select the Transplant Coordinators Committee icon. Register for the offering and click Entrance Survey to begin. This offering is approximately 20 minutes in length.

Continuing Education Information: As a designated Approved Provider by ABTC, UNOS will grant 0.5 Category 1 Continuing Education Points for Transplant Certification (CEPTC).

Once you pass the assessment and complete the exit survey, your certificate will be available on your transcript. You must pass the assessment in order to receive a certificate. You must receive a passing score of 80% to receive a "pass" status on UNOS Connect. After three completion attempts, you will be required to re-register for the entire course. Don't forget to complete the exit survey in UNOS Connect. In order to view your certificate in your transcript, you must complete the survey.

Coming Soon!

Donor Management - Impact of donor management on transplant - Release July

Explaining the Waitlist - Helping coordinators educate patients on the process of organ allocation - Release October

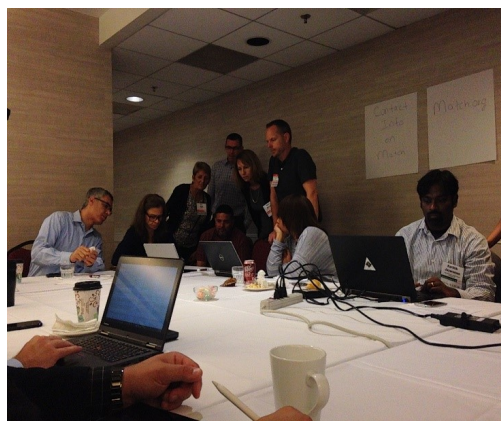
Questions or Additional Information

- Contact your regional administrator for questions about policy requirements
- Email: unethelpdesk@unos.org or call (800) 978-4334 for UNet questions
- Access online help documentation for specific information on UNet applications
- Visit UNOS Connect to find webinars, e-learning modules, videos, and other online training resources
- Email education@unos.org for questions about educational or training events
- Go to the Organ Procurement and Transplantation Network (OPTN) and Transplant Pro websites for additional resources

If so, we would love to hear about it. Let us know what we can do to make your job better. The ideas that we receive could potentially be used during one of our upcoming Innovation Events. These events pair UNOS employees with end users to come up with solutions to problems that you all have experienced. We find out about these problems from all of you, so please keep us informed.

If you have a suggestion or if you will be attending the NATCO 43rd Annual Meeting and would like to get more information about participating in a group, please email Tara Taylor at tara.taylor@unos.org.

Often, if not always, in life and work, the best question to ask is "what is possible?" Imagine if you had the rare gift of time and resources to solve the inefficiencies within the field of transplantation or within your own organization.



We will be offering you an opportunity to do just that! NATCO in collaboration with UNOS will be bringing an Innovation Event to the NATCO Annual meeting in August 2018. This is a wonderful opportunity to partner with UNOS staff to solve those data and educational gaps that weigh down your transplant hospital or OPO on a daily basis.

Sign up when you register:

Wednesday, August 8, 2018

9:00am - 12:00pm

Members will meet with development teams to come to a common understanding on the requirements and layout for the projects.

Thursday/Friday, August 9-10, 2018

During breaks/lunch

Developers continue to work on the projects. We ask that members stop by during breaks/lunch to see progress and answer any questions that the developers may have.

Saturday, August 11, 2018

Plenary Session

Voting for People's Choice and award presentation.

DONATE LIFE AMERICA

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

Survey Results - Donate Life Lapel Pins

Thank you for participating in the recent Donate Life lapel pins survey. DLA is excited to announce the addition of five new clinical partner pins to our lapel pin offerings: Donate Life Coordinator, Donate Life Nurse, Donate Life Physician, Donate Life Social Worker and Donate Life Surgeon.

Please be sure to stop by DLA's exhibit at the NATCO conference in August to pick up your complimentary Donate Life lapel pins!

Donate Life Flag Survey

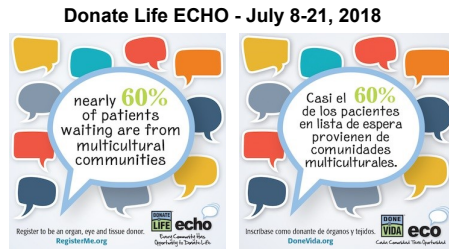
Does your organization fly the Donate Life flag? DLA is always looking for great stories and replicable examples of ways the Donate Life flag is used that can be shared with others in the Donate Life Community.

Please take a moment to complete this brief Donate Life flag survey. If you have flag-raising and/or flag implementation photos, we would love to see them! Pictures can be sent to Lida Pieterman (lpeterman@DonateLife.net). We will share the



survey results in the September edition of In Touch. The deadline to provide feedback is Monday, July 9. Thank you for your help!

Survey Here: <https://www.surveymonkey.com/r/KJPXKCZ>



Donate Life ECHO is a national outreach campaign, held each year during the second and third full weeks in July, focusing on the importance of donation and transplantation in multicultural communities. ECHO stands for Every Community Has Opportunity - the opportunity to save and heal lives.

ECHO resources and implementation ideas, created jointly by the Association for Multicultural Affairs in Transplantation (AMAT) and DLA, offer lots of fun and easy things to do in your organization with staff, patients and volunteers. Everything can be found on Donatelife.net/ECHO.

ABSTRACTS

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

[Causes, Preventability, and Cost of Unplanned Rehospitalizations Within 30 Days of Discharge After Lung Transplantation](#)

Unplanned rehospitalizations (UR) within 30 days of discharge are common after lung transplantation. It is unknown whether UR represents preventable gaps in care or necessary interventions for complex patients. The objective of this study was to assess the incidence, causes, risk factors, and preventability of UR after initial discharge after lung transplantation.



[Reproductive health in women following abdominal organ transplant](#)

Fertility is commonly impaired in women with end-stage kidney and liver disease, although most women will have restoration of fertility within 1 year of transplant. Family planning is therefore critical to discuss with reproductive-aged transplant recipients in the early posttransplant period, in order to ensure timely initiation of contraception, and optimal timing for conception. For women seeking pregnancy, the risks to the mother, graft, and baby should be discussed, including evaluation of immunosuppression safety and potential for adjusting medications prior to conception. With an increasing number of transplant patients now breastfeeding, immunosuppression safety in lactation continues to carry great importance.

[An economic assessment of contemporary kidney transplant practice](#)

Kidney transplantation is the optimal therapy for end-stage renal disease, prolonging survival and reducing spending. Prior economic analyses of kidney transplantation, using Markov models, have generally assumed compatible, low-risk donors. The economic implications of transplantation with high Kidney Donor Profile Index (KDPI) deceased donors, ABO incompatible living donors, and HLA incompatible living donors have not been assessed. The costs of transplantation and dialysis were compared with the use of discrete event simulation over a 10-year period, with data from the United States Renal Data System, University HealthSystem Consortium, and literature review. Graft failure rates and expenditures were adjusted for donor characteristics. All transplantation options were associated with improved survival compared with dialysis (transplantation: 5.20-6.34 quality-adjusted life-years [QALYs] vs dialysis: 4.03 QALYs). Living donor and low-KDPI deceased donor transplantations were cost-saving compared with dialysis, while transplantations using high-KDPI deceased donor, ABO-incompatible or HLA-incompatible living donors were cost-effective (<\$100 000 per QALY). Predicted costs per QALY range from \$39 939 for HLA-compatible living donor transplantation to \$80 486 for HLA-incompatible donors compared with \$72 476 for dialysis. In conclusion, kidney transplantation is cost-effective across all donor types despite higher costs for marginal organs and innovative living donor practices.

[Comparison of basiliximab vs antithymocyte globulin for induction in pediatric heart transplant recipients: An analysis of the International Society for Heart and Lung Transplantation database](#)

This study aims to compare 2 common induction strategies, basiliximab and ATG. Analysis of the ISHLT transplant registry was performed. The database was queried for pediatric heart transplants from January 1, 2000, to June 30, 2015, who had received induction with basiliximab or ATG. Primary end-point was graft survival. Secondary end-points included 1-year survival and 1-year conditional survival. There were 3158 heart transplants who received induction with basiliximab or ATG. The ATG cohort was younger, more likely to have congenital heart disease or be a retransplant, have a higher PRA, longer ischemic time, and been transplanted earlier in the study period (all $P < .01$). There was no difference in graft loss in the basiliximab cohort compared to the ATG cohort (HR 1.18 $P = .06$). On conditional 1-year survival analysis, basiliximab induction was associated with graft loss (HR=1.35 95% CI 1.1-1.7, $P < .01$), and in the propensity-matched cohort, the basiliximab cohort was more likely to experience rejection prior to discharge ($P = .04$). Infection prior to discharge was more common in the antithymocyte cohort. Induction with ATG is associated with improved late graft survival compared to basiliximab.

ABOUT OUR SPONSOR

Organ Recovery Systems, is the global market-leading provider of organ preservation products. We are committed to advancing organ preservation by developing innovative medical technologies to preserve organs. Based in Chicago, with regional offices in Brussels and São Paulo, we currently support over 225 transplant programs in 34 countries with our proprietary LifePort® Kidney Transporter and organ preservation solutions.



LifePort Liver Transporter is in process of regulatory reviews. 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. Patient enrollment is scheduled to begin during the second half of 2017. We are dedicated to furthering the field of transplantation through pre-clinical and clinical research

www.organ-recovery.com

Stay Connected



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