

SOCIETY FOR THE ADVANCEMENT OF TRANSPLANT ANESTHESIA NEWSLETTER

Volume 1 / Issue 1

UPCOMING EVENTS:

THE SOCIETY FOR THE ADVANCEMENT OF TRANSPLANT ANESTHESIA (SATA) IS AN INDEPENDENT PROFESSIONAL ASSOCIATION OF ANESTHESIOLOGISTS COMMITTED TO SERVING THE BEST INTERESTS OF TRANSPLANT PATIENTS THROUGH KNOWLEDGE, SKILLS AND COMMITMENT

SATA COUNCIL AND COMMITTEE CHAIR MEETING AT THE ASA: Mark your calendars for a Board Meeting during the ASA in Boston on SAT October 21 @7AM-9AM at the Aloft Hotel, Smoot Conference room. All SATA members are welcome to attend and learn more about the ongoing and future goals for the society. For more information contact: Ernesto Pretto <Ernesto.Pretto@med.miami.edu>

TRISTATE LIVER ANESTHESIOLOGY MEETING (New York/New Jersey/Connecticut)

Columbia University will sponsor a regional half-day meeting of anesthesiologists and critical care providers on topics aimed at liver transplant anesthesiology/critical care providers: Topics will include; too sick to transplant, new approaches to liver transplant care and perioperative coagulation and hemodynamic monitoring.

Saturday morning January 27, 2019
Columbia University Medical Center
622 West 168th Street
For more information contact: Gebhard. Wagener
<gw72@cumc.columbia.edu>

SATA ANNUAL MEETING AT THE IARS: Please join us at the annual SATA meeting which will be held in conjunction with THE INTERNATIONAL ANESTHESIA RESEARCH SOCIETY:

SATA will hold an open half day meeting
Tuesday May 1st, 2018 afternoon
Hyatt Regency Chicago
151 East Wacker Drive
Chicago, Illinois, USA, 60601



SATA COMMITTEES:



SATA launched a number of standing committees in order to address current and future plans for the community of perioperative transplant anesthesia providers. Each committee has a mission statement that describes the general scope of interest. Please access these through the official SATA web site <http://transplantanesthesia.org/>

A snapshot highlighting some of the current committee activities are outlined. You can directly contact a committee chair by e-mail. SATA looks forward to adding new members to the standing and upcoming committees.

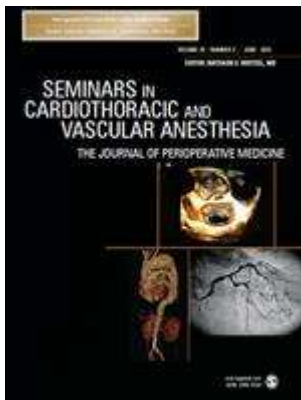
Standards and Quality: Chair Dr Cinnamon Sullivan Emory University Hospital, Atlanta, Georgia **Phone:** 404-778-3900 **Email:** clsulli@emory.edu

Current Activities: Quality Measures for Perioperative Anesthesia Care: Committee members are evaluating tools to help measure or quantify healthcare processes, outcomes, patient perceptions, and systems associated with high-**quality** perioperative transplant anesthesia health care that relate to one or more **quality** goals for health care. This new project is a continuation of SATA's previous work with the *American Society of Transplant Surgeon* to identify perioperative quality measures for the new Transplant Quality Improvement Program (TransQIP) sponsored by the American College of Surgeons. The new transplant version of the National Surgical Quality Improvement Program (NSQIP) is now being tested in a sample of transplant centers in the United States. For more information about TransQIP go to <http://onlinelibrary.wiley.com/doi/10.1111/ajt.14362/full>

Scientific Committee: Chair Dr. Sam DeMaria. Mount Sinai Medical Center, New York, New York. Phone (800) 627-800 **Email** demarisa@gmail.com

Current Activities: The Scientific Committee recently initiated a multicenter study to evaluate the effects of intraoperative fluid management and choice of hemodynamic monitoring on a risk adjusted kidney transplant population. Study variables are collected through a REDCap data manager. The project manager is Dr. Cynthia Wang at South Western University, Dallas Texas. Cynthia.Wang2@UTSouthwestern.edu

Working Groups: TEE and POCUS (Point of Care Ultrasound) in liver transplantation. The Working Group will advise SATA about the applications of these technologies and training pathways in liver transplant patients. Members of the Scientific Committee have taken steps to ensure opinions and practices from our community are the basis



Contact Us

Vist us at:

<http://journals.sagepub.com/home/scvtp://transplantanesthesia.org/mission/>

Anesthesia.

of future recommendations. Data from an on-line survey open to all transplant centers will be used by the Working Group to build future recommendations. The TEE survey should appear in publication later this year. Working Group Chair Dr. Lorenzo De Marchi at Med Star Georgetown University, Georgetown Washington DC
demarchilorenzo@yahoo.com SATA TEE survey: Dr. Jeron Zerillo, Mount Sinai Hospital New York. jeron.zerillo@mountsinai.org

Fellowship Committee: Chair Jeron Zerillo. Mount Sinai Medical Center, New York, New York. Phone (800) 627-800 **Email**
jeron.zerillo@mountsinai.org

Current Activities: Joint project with the Vanguard Committee on transplant fellowship training recommendations. Vanguard Committee Chair Dr. Ryan Chadha Mayo Jacksonville, Jacksonville Florida ryanmchadha@gmail.com The joint committee is developing recommendations for post-graduate fellowship training in transplant anesthesia. The joint committee completed a “white paper” on transplant anesthesia training. The paper presents the committee’s reasoning that underlies a need for more transplant anesthesia education and provides an outline of future educational pathways. The upcoming paper will appear in the December issue of SATA’s home journal; **Seminars in Cardiothoracic and Vascular**

Vanguard Committee: Chair Dr. Ryan Chadha Mayo Jacksonville, Jacksonville Florida. ryanmchadha@gmail.com The Committee members have an early draft of core competencies and milestones to be used in transplant anesthesia fellowship training. Currently smaller satellite groups are forming to develop core competencies and milestones for each transplant anesthesia subspecialty. These include, liver, kidney, pancreas and multivisceral transplants. Cardiothoracic transplant training recommendations will be overseen by the Cardiothoracic Committee.

Cardiothoracic Committee: Chair Dr. Kathirvel Subramaniam University of Pittsburgh Medical Center, Pittsburgh Pennsylvania subramaniamk@upmc.edu The SATA lung transplant survey is now complete and the data will be shared with the Society for Cardiovascular Anesthesia. The survey will be posted on the SATA web site.

LET IT FLOW

SEMINARS IN CARDIOTHORACIC AND VASCULAR ANESTHESIA (SCVA) EDITOR: NATHAN WEITZEL MD

Is the official home journal of the Society for the Advancement for Transplant Anesthesia. SCVA is a peer-reviewed, quarterly publication for clinicians practicing cardiac, thoracic, vascular and transplant anesthesia. SCVA is one of only two journals devoted to the anesthetic and perioperative care of patients with heart, lung, transplant-related and vascular disease. This journal is a member of the [Committee on Publication Ethics \(COPE\)](#). Average time from submission to first decision: 37 days. Papers can be submitted at: <https://us.sagepub.com/en-us/nam/journal/seminars-cardiothoracic-and-vascular-anesthesia#submission-guidelines>

The upcoming December issue of SCVA will be dedicated to transplant topics and will cover a number of problematic areas of practice.

SATA section editors for SCVA:

Dr. Sakai, Tetsuro University of Pittsburgh Medical Center sakait@upmc.edu

Dr. Jeron Zerillo jeron.zerillo@mountsinai.org

IN THE TRANSPLANT NEWS:

HOPE ACT: The **HIV Organ Policy Equity Act** (the **HOPE Act**) is a law that modifies rules regarding organ donation from HIV-positive individuals. The law authorizes clinical research and the revision of rules about organ donation and transportation. Organs from HIV donors can only be transplanted into individuals who are already HIV positive. It is estimated that this could lead to 600 additional organ transplants a year. The use of HIV-positive organs was previously a federal crime. This bill was passed by the **United States Senate** during the **113th United States Congress**. It then passed the **United States House of Representatives**. It was signed into law as PL 113-51 by President **Barack Obama** on November 21, 2013. On November 19 and 21, 2015, the OPTN made policy and system changes to implement the HIV Organ Policy Equity (HOPE) Act, which will allow for research into transplanting organs from HIV-positive donors into HIV-positive recipients. Twenty transplant centers are now transplanting HIV+ organs using research protocols that comply with the HOPE ACT.

Participating Centers:

- New York Presbyterian Hospital/Weill Cornell Medical Center; New York, NY
Kidney (deceased donor) program
- University of Colorado Hospital/Health Science Center; Aurora, CO
Kidney (deceased and living donor) programs
- Duke University Hospital; Durham, NC
Liver (deceased and living donor) and kidney (deceased and living donor) programs
- Montefiore Medical Center; Bronx, NY
Kidney (deceased) program
- VCU Medical Center; Richmond, VA
Kidney (deceased) program
- University of Minnesota; Minneapolis, MN
Liver (deceased and living) programs and Kidney (deceased)
- NY Presbyterian Hospital/Columbia University Medical Center; New York, NY
Liver (deceased donor) and kidney (deceased donor) programs
- Johns Hopkins Hospital; Baltimore, MD
Liver and kidney programs
- Hahnemann University Hospital; Philadelphia, PA
Liver and kidney programs
- Mount Sinai Medical Center liver and kidney programs; New York, NY
Liver and kidney programs
- University of California San Francisco Medical Center; San Francisco, CA
Liver (deceased and living donor) and kidney (deceased donor) programs

- University of Alabama Hospital; Birmingham, AL
Kidney (deceased donor) program
- Yale New Haven Hospital; New Haven, CT
Kidney (deceased donor) program
- Emory University Hospital; Atlanta, GA
Kidney (deceased donor) program
- Indiana University Health; Indianapolis, IN
Kidney (deceased donor) program
- Georgetown University Medical Center; Washington DC
Kidney (deceased donor) program
- Rush University Medical Center; Chicago, IL
Kidney (deceased donor) program
- Massachusetts General Hospital; Boston, MA
Liver and Kidney (deceased donor) program
- Methodist Dallas Medical Center; Dallas, TX
Liver and Kidney (deceased donor) program
- University of Maryland Medical System; Baltimore, MD
Liver and Kidney (deceased donor) program

For more information go to: <https://optn.transplant.hrsa.gov/learn/professional-education/hope-act/>

LIVING DONATION FROM INDIVIDUALS WITH FATAL ILLNESS: The Ethics Committee of UNOS presented a white paper supporting living donation from individuals with noncommunicable fatal disease. The proposal is open to public comment until October 2 on the OPTN/UNOS web site at <https://optn.transplant.hrsa.gov/governance/public-comment/>

BID FOR REVISION OF HEART ALLOCATION POLICIES: A perspective article published in the June 2017 issue of *The Journal of Heart and Lung Transplantation* describes the collaborative efforts that led to the development of major updates to adult heart allocation policy.

The authors, on behalf of the OPTN/UNOS Thoracic Organ Transplantation Committee, review the components of the revised policy and the process used to develop and refine the proposal as ultimately approved by the OPTN/UNOS Board of Directors. While the updated policy involved a great deal of effort from members of the Thoracic Committee and the Scientific Registry of Transplant Recipients, the authors note, “...it is the result of a concerted effort to engage with the wider heart transplant community.”

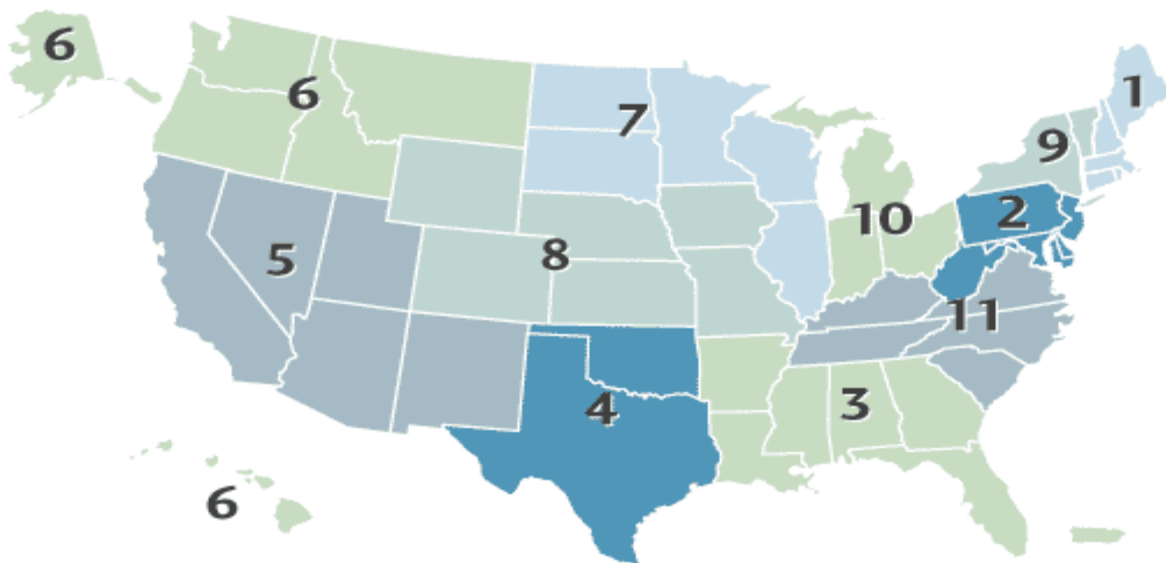
To view the article, consult the following citation:

R. Davies, M. Farr, S. Silvestry, L. Callahan, L. Edwards, D. Meyer, K. Uccellini, K. Chan, and J. Rogers. The new United States heart allocation policy: Progress through collaborative revision. [*The Journal of Heart and Lung Transplantation*](#), Volume 36, Issue 6, June 2017, pp. 595-596.

Informational Update on National Organization of Transplant Centers:

The United States is divided into 11 geographic regions for transplantation and organ allocation. Elected councillors and associate councillor, from each region work together with a UNOS staff administrator to coordinate regional activities such as regional meetings and regional education events for transplant professionals. Each region is represented by their elected regional councillor on the Board of Directors and each region appoints a representative on each of the standing UNOS committees. The regional system aims to:

- Provides an effective mechanism for communication among OPTN staff, the UNOS Board of Directors and the transplant community.
- Facilitate the identification of geographically diverse transplant professionals to populate both the Board of Directors and committees.
- Provides a forum for consensus building and transparency of work throughout the OPTN policy development process through regional meetings that are held twice a year during the public comment periods. To learn more go to <https://optn.transplant.hrsa.gov/members/regions/>



What does this mean for Transplant Anesthesiologists?

To date only a few anesthesiologists have been appointed to UNOS Committees. SATA has targeted this recurring deficiency in transplant anesthesiologist representation as an important item that requires change. The SATA Council suggests that the experiences and views of anesthesiologists will enrich transplantation organizations by an exchange of ideas that derive from a unique source of care providers. Please feel free to contact us with your thoughts and suggestions. <http://transplantanesthesia.org/>