

New SATA Leadership Announced on August 1, 2021

Tetsuro Sakai, MD, PhD, MHA is the new President. The new SATA leaderships include Gebhard Wagener, MD (President-Elect: Columbia University), Lorenzo De Marchi, MD (Secretary: Georgetown University), and Jiapeng Huang, MD, PhD (Treasurer: University of Louisville), as well as Executive Councilors Ranjit Deshpande, MD (Yale University), Adrian Hendrickse, BM, FRCA (University of Colorado), Christine Nguyen-Buckley, MD (UCLA), and Ramona Nicolau-Raducu, MD, PhD (University of Miami). Dr. M. Susan Mandell serves as the Immediate Past President. Dr. Ernest Pretto, Jr. is the Founding President.

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Tetsuro Sakai MD, PhD, MHA, FASA
SATA President

I am humbled to introduce myself to you as the new President of the Society for the Advancement of Transplant Anesthesia (SATA) for the upcoming two years starting on August 1, 2021.

SATA was brought to life in 2011 by Dr. Ernest Pretto, Jr. as an independent, clinician-based, professional association serving the needs of anesthesiologists and critical care specialists involved in the practice of transplantation medicine and surgery. Dr. Pretto keenly identified the crucial need for such a transplant anesthesiology society in North America. We could appreciate his innovative vision and forward thinking. As the founding president of SATA, Dr. Pretto established the society for us to congregate and unite. Then in 2016, Dr. M. Susan Mandell assumed the role as SATA's second president. Dr. Mandell transformed the society into the SATA we know now. With her sheer drive and passion, SATA matured into an international society. Dr. Mandell achieved so much, including establishing the SATA bylaws, re-confirming SATA's identity as a transplant anesthesiology society by selecting *Clinical Transplantation* as our new home journal, creating various committees and working groups and appointing new leaders from among SATA's members, revamping the SATA website, and establishing international collaborations with transplant anesthesia societies in South Korea, Mexico, India, and Russia. Under her strong leadership, SATA flourished, and its membership has quadrupled over the last five years.

With continuing support from these two past presidents, Dr. Pretto as the Founding President and Dr. Mandell as the Immediate Past President, I am incredibly pleased to work closely with the new SATA Council members Gebhard Wagener, MD (President-Elect: Columbia University), Lorenzo De Marchi, MD (Secretary: Georgetown University), and Jiapeng Huang, MD, PhD (Treasurer: University of Louisville), as well as Executive Councilors Ranjit Deshpande, MD (Yale University), Adrian Hendrickse, BM, FRCA (University of Colorado), Christine Nguyen-Buckley, MD (UCLA), and Ramona Nicolau-Raducu, MD, PhD (University of Miami).

SATA is an inclusive transplant anesthesiology and critical care society whose members consist of specialists from both abdominal and thoracic transplant anesthesiology and critical care physicians from both the adult and pediatric fields. This unique composition positions SATA as the unified voice of anesthesiologists and critical care physicians among multidisciplinary transplantation specialists. We will continue to provide practice guidelines, be vocal in policy statements, offer educational materials, and generate novel research findings. Thus, we will keep contributing to the transplant community for the best care of patients undergoing lifesaving transplantation procedures.

SATA should be a fiercely active society. There are so many things to be done and so many projects to be completed. My vision is for SATA to reach out to all transplant anesthesia directors and transplant anesthesiology members and get them involved; widen the network of our regional meetings to all states in the US and Canada; establish educational modules for trainees and offer TEE/POCUS training programs and certifications; strengthen our existing international relationships and extend our international outreach; offer a visiting fellowship program for national and international trainees; and become the ideal platform for multi-institutional research projects and offer a competitive research grant.

As your President, I commit to achieving these goals. To do so, I need your participation. SATA needs you to get involved in projects, join committees, and seek leadership opportunities in the society.

We will be stronger by collective force.

Sincerely,

Tetsuro Sakai, MD, PhD, MHA, FASA

SATA President

Webinar: Rise of the Machines in Solid Organ Transplantation

On August 28th, 2021 SATA hosted the “Rise of the Machines in Solid Organ Transplantation” webinar with expert discussions and engaging Q&A on technologies in abdominal and cardiothoracic transplant including liver machine perfusion, intraoperative renal replacement therapy, DCD heart transplant and ECMO in liver and lung transplant. You can view the webinar [here](#)

View the previous webinars, expert lectures and fellowship lectures here:

Webinars

February 2021: [Pro/Con Debate: Routine Anticoagulation in Liver Transplantation](#)

October 2020: [Pro/Con Debate: ECMO vs Cardiopulmonary Bypass in Lung Transplantation](#)

June 2020: [Transplant Anesthesiology during the COVID-19 Pandemic](#)

Vanguard Expert Lecture Series

June 2021: [Evaluation for Lung Transplantation: Pulmonologist Perspective](#)

March 2021: [Living Donor Liver Transplantation: Donor Management](#)

Fellowship Lecture Series

August 2021: [Cardiovascular Assessment of Liver Transplantation Candidates](#)

June 2021: [Multivisceral Transplantation](#)

May 2021: [Acute Liver Failure](#)

In the Transplant News:

- The Organ Procurement and Transplantation Network (OPTN) approves 40 programs to do Vascularized Composite Allograft (VCA) transplants across 8 different specialties. VCAs involve complex structures that may include organs, bone, muscle, skin, nerves, blood vessels, and connective tissue. Read more [here](#).
- Liver Allocation Policy updated concerning median MELD at transplant (MMaT) for candidates with exception scores previously based on 150 nautical miles now updated to 150 nautical miles from donor hospital. Pediatric candidates will appear earlier .
- New US record set for number of deceased donor transplants in one week, May 2-8th, 303 people became deceased donors. Previous record was 284 donors in March 2021.
- U.S on pace to top 40,000 transplants in a single year. Over 21,000 organ transplants have been performed in the U.S. in the first six months of 2021. Read more [here](#).
- National liver review board guidance documents updated. Several updates have been made to the pediatric guidance for MELD or PELD exceptions and also to adult MELD exception guidance for non-HCC candidates. Read more [here](#).

In the Spotlight: University of Virginia Medical Center

UVA is a 631-bed adult and pediatric hospital nestled in beautiful Charlottesville serving a large area in Virginia and beyond.

Solid Organs Latest Year Volumes 2020: Liver-77 Adult/2 Peds, Kidney-139 Adult/9 Peds, Pancreas-4 Adult (13 KP), Heart-10 Adult/12 Peds, Lung-21 Adult

Care Model: Attending with resident, no fellows in transplant specialties. 6 Liver transplant attendings, 2 with advanced TEE certification, 1 with basic. Liver cases are 1:1 with CA2/CA3 resident with at least one-month cardiac experience, there is also a CA3 liver elective.

Dr. Katherine Forkin shared details of the abdominal program. For kidney: arterial lines without central access are routine. There are many kidney pancreas transplants as well as live donor nephrectomies using robotic assist. There is an ERAS protocol with TAP block for donor nephrectomies. On the liver transplant side, DCD grafts represent 10% of total volume. Average MELD has been increasing from 26 in 2020 to 31 thus far in 2021. PA catheters are routine, and TEE reserved for patients with known cardiac issues or rescue situations. Both piggyback and full caval exclusion are employed depending on the surgeon, without VV bypass. Cell salvage is utilized regardless of HCC status. Coagulation is assessed with ROTEM and tranexamic acid is used only for rescue in cases with clear hyperfibrinolysis. Fibrinogen concentrates are not used. Research is accelerating with a multicenter study evaluating the use of SEER sonorheometry in liver recipients and comparing the values to simultaneously collected ROTEM values. "We have a great relationship with our transplant surgeons and transplant RNs which makes it a fun environment to work in."

Dr. Karen Singh, Division head of Cardiac Anesthesia, provided insight on the CT side. The addition of two new lung transplant surgeons has helped revitalize the lung transplant program, and there is a projected increase in volume this year. To date, four patients with lung failure from COVID have received transplants. The lung practice has moved away from epidurals, with a combination of intercostal nerve blocks with liposomal bupivacaine placed by the surgeon and cryoablation. Some lungs are transplanted without cardiopulmonary bypass, however, VA ECMO is often used for additional support and has been associated with less bleeding and reduced rates of primary graft dysfunction compared to cardiopulmonary bypass (reserved for patients with very elevated PA pressures and significant right ventricular dysfunction). TEE is used for all cases. So far in 2021, UVA has preformed 16 adult heart transplants and 8 pediatric heart transplants. The recent changes in organ allocation for adult heart transplant has shifted the patient population from mainly those with stable LVADs towards more patients with IABP or non-dischargeable LVAD, or patients on ECMO. These patients often have a shorter and smoother intraoperative course without redo sternotomy and LVAD removal, with less post-cardiopulmonary bypass bleeding and vasodilation.

Many thanks to Drs. Forkin and Singh for sharing details of their program. If interested in having your program highlighted, please contact David Rosenfeld, Mayo Clinic Arizona at Rosenfeld.david@mayo.edu

Featured Publications in the Transplant Literature:

Perioperative Normal Saline Administration and Delayed Graft Function in Patients Undergoing Kidney Transplantation: A Retrospective Cohort Study ([Kolodzie et al. Anesthesiology. 2021](#))

- National Transplant Registry review of 2,515 patients who received low(<30%), intermediate(30-80%) or high(>80%) normal saline as a percent of total crystalloid volume. Found that those who received >80% normal saline had delayed graft function Odds Ratio - 1.55. This further highlights that even amongst patients with ESRD, balanced electrolyte solutions are preferable.

Single-stage Long-segment Tracheal Transplant ([Genden et al. Am J Transplant. 2021](#))

- Performed at Icahn School of Medicine at Mount Sinai, NY, the first single stage long segment (8cm) tracheal transplant for severe cricotracheal stenosis after prolonged intubation and tracheostomy. Consider reading the article if you are interested in criteria for a donor, immunosuppressive regimen, and technique.

Machine Perfusion in Liver Transplantation

Can machine perfusion improve liver graft viability? Hypothermic Oxygenated Machine Perfusion (HOPE) and Normothermic Machine Perfusion may allow donor organs, especially in extended criteria donors (ECDs) to improve outcomes and allow for longer time to implantation. The large reduction of the “Cold Ischemia Time” secondary to the machine perfusion has the potential to decrease cholangiopathy, ischemia-reperfusion injury and improve questionable or suboptimal organs allowing for increased numbers of transplantations.

Recent articles of interest:

- How Machine Perfusion Ameliorates Hepatic Ischaemia Reperfusion Injury. ([Clarke et al. Int J Mol Sci. 2021](#))
- Static Cold Storage compared with normothermia machine perfusion of the liver and effect on ischaemic-type biliary lesions after transplantation: a propensity score-match study. ([Fodor et al. Br J Surg. 2021](#))
- Hypothermic Oxygenated Machine Perfusion (HOPE) Reduces Early Allograft Injury and Improves Post-Transplant Outcomes in Extended Criteria Donation (ECD) Liver Transplantation from Donation After Brain Death (DBD): Result from a Multicenter Randomized Control Trial (HOPE ECD-DBD). ([Czigany et al. Ann Surg. 2021](#))

SATA Committee's Update

Yong G Peng, MD, PhD, FASE, FASA

SATA is currently composed of 13 subcommittees. In the upcoming issue of the SATA newsletter, we will selectively publish updates from individual committees and highlight the workflow and progress of certain committees. Recently the newsletter team held a Zoom meeting. The committee members were acknowledged for their efforts and accomplishments in the last year. The committee recommended disseminating the newsletter not only to all SATA members, but also to the sister transplantation societies in other countries. Our newsletter should also link with other anesthesiology societies' newsletters to expand awareness of the SATA nationally. In future newsletters, we will make a slight change in the content structure of sections, including the following information:

- 1) SATA executive council summary
- 2) SATA subcommittee reports
- 3) Transplantation center of excellence section
- 4) Transplantation research and clinical updates
- 5) Transplantation resources
- 6) SATA meeting planning and webinar updates

During the meeting, committee members also discussed committee infrastructure and mechanisms to advance members to leadership positions, as well as to recruit new members. We will consider electing a new editor-in-chief every 2 to 3 years to lead the committee. Committee members should self-nominate or recommend other members as deputy associate editor or associate editors. This process will allow for the continuation of committee workflow and a smooth transition to the new leadership. The committee encourages newsletter committee members and SATA members to engage and contribute to specific areas of interest.

Council Meeting Update

Susan Mandell

This month we were pleased to hear that SATA membership continues to grow. Read about how the Council continues to engage and serve our community to create a stronger network. The Council recently added the Directors' clubs for both CT and Abdominal transplant.

We are listening to you. By popular demand, SATA is pursuing new and exciting working relationships with the Society of Pediatric Anesthesia, Society of Cardiovascular Anesthesia and now the Society of Critical Care Anesthesiologists to open more service opportunities for our members.

Spread the word, the SATA Council will now offer a six month free trial for all healthcare providers so visitors can see all the benefits of the informational and educational website.

The SATA annual meeting at the IARS is in Hawaii this year. Stay tuned as the Council works on a hybrid meeting so as many can attend as possible. We also welcome two new regional meetings. The Midwestern meeting and the Texas-Florida meeting will join the host of regional meeting taking place this fall. Sign up, interact with your colleagues while you earn CME credits in the field of transplantation. Read more on the upcoming SATA Council link.

Transplant Anesthesia Upcoming Meetings

- [SATA Midstate Meeting](#), September 25 - Virtual
- [ILTS Perioperative Care in Liver Transplantation](#), Digital Meeting, October 8-9
- [Anesthesiology Annual Meeting](#), October 8 - 12, San Diego, CA
- [ILTS Virtual Consensus Conference](#), January 28-29, 2022

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