UNOS Updates
Flora Simmons, MD

ASTS Position Statement On The Role Of COVID-19 Vaccination For Transplant Candidates And Recipients
The American Society of Transplant Surgeons continues to recommend routine vaccination for all organ recipients (along with timely boosters). It also recommends vaccines for those on the waiting list, if possible. Read more here.

Kidney Transplants Increase Across All Populations Following Policy Changes
Changes to kidney allocation were made in March of this year with the goal of improving access to organs and equality. Recent data shows that kidney transplants for all age groups, blood types, CPRA, and diagnoses have increased following the implementation of these new policies. Read more here.

Second Phase Of National DCD Procurement Collaborative Project Ready To Launch
UNOS has launched the second phase of a national collaborative improvement project to help organ procurement organizations (OPOs) identify and share effective practices related to recovery of donation after circulatory death (DCD) organs. Read more here.

Council Meeting Update
Lorenzo De Marchi, MD, Secretary, SATA

The SATA council wishes its members a happy holiday and new year. We are always looking for ways to ensure SATA meets your needs. Send us your suggestions. We are listening. Let us update you on the most recent and exciting projects in the works.

Membership renewal: We look forward to working with you in the upcoming year so don't forget to renew for 2022. There is easy access on the website New members will receive six months free SATA membership. Let your colleagues know.

The SATA-Data Collection Project: a collaborative data collection project that extends the American College of Surgeons NSQIP to anesthesia outcome measures of abdominal transplantation. Headed by Dieter Adelman an anesthesiologist from UCSF and Stuart

Greenstein, a surgeon from Montefiore. If your center wants to participate, please reach out to Dr. Dieter Adelman (dieter.adelmann@ucsf.edu) and Dr. Sher-Lu Pai (pai.sherlu@mayo.edu) for information.

New Professional Associations: SATA and the Society for Cardiovascular Anesthesia have agreed to work together on shared interests in both heart and lung transplantation. We thank SATA President Dr. Ted Sakai and SATA Treasurer Dr. Jiapeng Huang, in addition to Dr. Archer Martin from SCA for their hard work on this project.

New Committee: SATA approves new Critical Care Medicine Committee. Please contact Dr. Ranjiit Deshpande through the SATA home link to apply and find out more.

Expanding SATA research: Go to the web to apply for the Society's endorsement for your research project. Submit your application to the SATA Secretary (demarchilorenzo@yahoo.com) for Council review and feedback.

Mark the calendar and pack your flipflop and sunscreen!!

The SATA annual meeting at the IARS is in Hawaii on Monday, March 21th, 2022 as an in-person meeting. If you can't be there don't forget about upcoming SATA regional meetings with CME credits. Check on the Society's website for a complete list and dates.

In the spotlight: The Miami Transplant Institute (MTI)
David Rosenfeld, MD

An affiliation between Jackson Health System and UHealth-the University of Miami Health System.

In this month's feature we learn from Drs. Ramona Nicolau-Raducu and Yehuda Raveh some of the characteristics that are unique about MTI.

The program is housed within the massive Jackson Memorial Hospital, one of the ten largest hospitals in the world with 2000 beds. Year in and out they are amongst the busiest abdominal programs with a US leading 472 kidneys transplanted in 2020, including a paired exchange program. MTI is also a front-runner in liver for the last 50 years, with over 4500 cases performed and 131 adult and 22 pediatric in 2020. Pancreas transplant is equally robust. For more than 20 years, and greater than 500 cases, a multidisciplinary team of experts at MTI has been treating thousands of children and adults with intestinal failure via Intestinal Rehabilitation or the Intestinal/Multivisceral Transplant Program, with outcomes well above national averages. Along with deceased donor intestinal (~5 cases/year) and multivisceral transplants (~10-15 cases/year), autologous transplant procedures are offered.

MTI became in recent years a bloodless center for Jehovah Witness transplants with a meticulous selection process for Jehovah's Witness liver candidates. A bloodless protocol has

been established of using factor concentrates, hemopure (bovine hemoglobin-based oxygen carrying solution) autotransfusion and cell saver.

In February 2020 the national organ allocation system transformed from donor service area-based to an acuity circles-based model. Due to its unique geography near the tip of the Florida peninsula, the new system limits organ allocation. As a result, use of DCD and other extended criteria grafts for liver or liver-kidney have increased, currently approximately 25% of liver grafts. In addition, patients listed for multivisceral transplantation are especially impacted by this change. Due to specific quality requirements for suitable donors, which are typically younger and non-obese, the available donor pool is considerably smaller. Previously these patients were assigned amongst the highest status levels on the liver match run, but the current allocation model routinely prioritizes a suitable donor to a liver alone candidate that does not have the same size and quality limitations but has a high “competitive” MELD score.

The Abdominal Transplant Anesthesia Fellowship at Jackson Memorial Hospital was created in 2006 by Dr. Ernesto Pretto, Chief, Division of Transplant Anesthesia and is one of the largest in the nation with 4 fellows/year. Transplant anesthesiology fellowships are non-ACGME accredited and are generally less popular for board eligible/certified US anesthesiology graduates, however this program has thrived through selecting highly qualified foreign graduates to consistently fill its positions. They have graduated a remarkable 50 transplant fellows in the last 15 years (10% US graduates and 90% International).

Many thanks to Drs. Nicolau-Raducu and Yahuda 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

Research Updates
Michael Trostler, MD

Milan Criteria for Hepatocellular Carcinoma has been in use since 1996, to guide liver transplantation to those who would most benefit, and restrict deceased donor organs to those with the highest likelihood of survival, but living donor transplants which tend to be directed to individuals do not need to meet this criteria if the donor and recipient understand the potential increased risk. Liang et al. out of Taiwan found with 155 patients, 78 of which were beyond the Milan criteria in tumor size or number found similar outcomes and recurrence rates. They propose a new criteria: Maximum tumor size <6cm and total tumor size <10cm. Liang et al. Living donor liver transplantation for hepatocellular carcinoma beyond the Milan criteria: outcome of expanded criteria in tumor size. BMC Surg 2021 Nov 19;21(1):401. PMID: 34798847

Commentary: There is a potential for expansion of transplant criteria in the field of living donor liver transplantation with directed donors having less stringent criteria. In addition to the potential for an expanded hepatocellular carcinoma guideline, cholangiocarcinoma is another

disease process with historically poor outcomes which may be treated by transplantation with strict selection criteria, operative staging and neoadjuvant therapy. For more information about cholangiocarcinoma see: Serifis et al. Challenges and Opportunities for Treating Intrahepatic Cholangiocarcinoma. Hepat Med. 2021 Nov 2; 13:93-104. PMID 34754247

Ex Vivo Machine Perfusion- Meta-analysis includes 34 articles with odds ratios favoring hypothermic machine perfusion over static cold storage. Findings include: decreased early graft dysfunction, ischaemic cholangiopathy, non-anastomotic strictures and graft loss. Machine perfusion associated with shorter length of stay. Normothermic perfusion reduces graft injury. Liew et al. "Liver transplant outcomes after ex vivo machine perfusion: a metanalysis." Br J Surg. 2021 Nov 17. At the American Transplant Congress (June 4-9 2021: 33 abstracts on machine perfusion were presented including (heart, lung, liver and kidney). Machine perfusion may become gold standard in the future as innovation and advancement bring down the costs and improve the outcomes. Pavan-Guimares et al. "Machine perfusion organ preservation: Highlights from the American Transplant Congress 2021." Artif Organs. 2021 Nov. Online.

Committee update
Yong G Peng, MD, PhD.

In order to update SATA's different committee's activities, we recently contacted the Quality and Standards Committee Chair, Dr. Adrian Hendrickse, who is an associate professor at the University of Colorado. He stated that their committee members have been working hard to perform a couple of surveys. The first survey led by Dr. Cara Crouch, who is an assistant professor at the University of Colorado, looked at Adult Liver Transplant Anesthesiology Practice patterns across the US. The committee research effort has resulted in successful publication of their study in the journal of Clinical Transplantation.

Adult liver transplant anesthesiology practice patterns and resource utilization in the United States: Survey results from the society for the advancement of transplant anesthesia.
Crouch C, et al. Clin Transplant. 2021. PMID: 34637561

In addition, a smaller sub-committee of members are interested in living donor liver transplantation (LDLT) status. The study group headed by Dr. Tetsuro Sakai, who is currently SATA president, has investigated LDLT programs across the US. They have drafted their findings in an abstract, which is being submitted to the 2022 IARS/AUA and ILTS meetings. They also plan to write up their study results as a manuscript for publication. The committee members also worked closely with the Korean Society of Anesthesiologists, in an effort to write a collaborative review article of LDLT practice, which is planned to be submitted to Clinical Transplantation for publication. The Q&S committee members have worked on several other research projects, including using similar survey-based methods, investigating different organ transplantation services, and pursuing the development of SATA endorsed guidelines for our subspecialty in general.

Upcoming Meetings:
SATA West Coast Liver Transplant Anesthesia Meeting
December 11, 2021 9am - 12:30pm PST
Register for the Virtual Meeting

SATA Midwest Meeting
January 22nd, 2022; 8:55 am - 12:30 PM CST
Register for the Virtual Meeting

SATA National Meeting at IARS
March 21, 2022, Honolulu, HI

SATA Tristate Meeting
April 9th, 2022

ILTS Virtual Consensus Conference
January 28-29, 2022

IARS Annual Meeting
March 18 - 21, 2022, Honolulu, HI

ILTS Annual Meeting
May 4 - 7, 2022, Istanbul, Turkey