

Advanced Transplant Providers e-Newsletter

The art and science of the transplantation community



ASTS Advanced Transplant Providers Committee e-Newsletter!

October 2012 Issue

Welcome to the October 2012 issue of the ATP e-Newsletter, brought to you by the ASTS Advanced Transplant Providers Committee!

Welcome to the 5th issue of the ATP e-Newsletter, brought to you by the ASTS Advanced Transplant Providers Committee!

In this issue, we feature a new case study in our education corner, as well as our current initiatives and society updates.

With the summer over, Monday night football and the presidential election, it's fall, and that means the ASTS Leadership Development program. This year, it took place September 9-12, 2012, at Northwestern University's Kellogg School of Management. For the third year in a row, this premier executive management course designed exclusively for the field of transplantation was a success! The program is designed by ASTS and the Kellogg School of Management to encourage attendance of both clinical and administrative leaders and is highly customized and interactive. The 3-day program provides education on the essential skills necessary to successfully lead transplant centers within a complex financial and regulatory environment. *Coming soon - Leadership Development Program, Part 2!*

Upcoming ASTS meetings

The 13th Annual State of the Art Winter Symposium will be January 31-February 3, 2013, in Miami! Abstract submissions have closed and the sessions are set, organized by the energetic planning committee. You can get a sneak peek by downloading the program: [2013 Winter Symposium Program](#). This year's theme is "Success at the Margins." Register before January 17, 2013, to receive discounted rates! The housing deadline is December 29, 2012--[make your reservation now](#) to ensure you get your room preferences. Rooms go fast--don't miss out!

The 2013 American Transplant Congress (ATC), abstracts are now being accepted for the 13th Joint Annual Meeting of the American Society of Transplant Surgeons and the American Society of Transplantation. ATC will be held May 18 - May 22, 2013, in Seattle, WA. Submit your cutting-edge research for consideration to be presented through symposia, concurrent workshops, or peer-reviewed oral and poster presentations, as well as small in parallel workshops designed for in-depth

exploration of both clinical and basic science topics. [Click here to learn more.](#) **Abstract Deadline: November 30, 2012.**

Ongoing initiatives

ASTS National Transplant Service Line

The ASTS National Transplant Service Line is a new initiative that provides a national service to help ATP providers increase multidisciplinary management of out-of-region transplant patients in acute care. The ATP committee is developing a database of contacts at each transplant center across the country. This directory will be composed of ATP professionals from different institutions across the United States and globally.

We need your help: Please provide us with a contact person for the various transplant departments at your center, specifying what organs that individual manages and a contact number for each. No patient information will be exchanged via this database; rather, this will serve as a resource of contacts for transplant centers across the country. Please email this information to mina.behari@asts.org.

Mentorship Program

Several members have expressed interest in the mentorship program. This new and unique mentoring program is open to clinicians entering the field of transplantation and offers the benefit of peer support from experienced providers in the field. Additionally, this program offers a formal mentoring framework in which a de novo clinician may benefit from the peer support and experience of providers throughout the country. We are asking any programs that have formal mentorship programs established to please contact us to share ideas and information. ASTS is here to assist any program by fostering education and supporting members and centers.

"Mentoring 101 - Making the Connection." This new and exciting presentation slides are work in progress and a great tool for new mentors who are interested in getting involved. Furthermore, the webinar provides important tips and expectations, and highlights professional and personal rewards of being a mentor. The program is now available on the ASTS website. Click on [ASTS ATP Mentorship Program](#).

Education Corner

Case Study

A 19 y/o Caucasian female who received a standard criteria deceased donor kidney transplant eight months ago presents to the emergency department with fever and malaise and bloody urine. She was in her usual state of health until about 2 weeks ago when she started having gross hematuria and fevers of 102.

The patient has a history of end stage renal disease from unknown etiology with no native kidney biopsy being performed. CMV of donor is negative and recipient is positive. EBV of recipient is positive. The patient was mildly sensitized at time of transplant with a low level DSA with MFI less than 1000. Induction at transplant was Rabbit Thymoglobulin and continued steroids. Patient had immediate graft function and baseline creatinine was 0.6. Immunosuppression was prograf, cellcept, and prednisone.



Physical exam revealed:

- Vital Signs: weight 97 kg; temperature 37.0; blood pressure 120/70; pulse 72; respirations 18.
- General: well-developed, well-nourished, obese female who appears to be in no acute distress.
- Psychiatric: awake, alert, oriented times three. Mood and affect appropriate for interview and situation.
- HEENT: head normocephalic, atraumatic, pupils PERLA, sclerae are anicteric. Oral mucosa moist, dentation good, no thrush or exudate.
- Neck: supple, no cervical adenopathy.
- Cardiovascular: regular rate and rhythm, S1, S2.
- Lungs: bilaterally clear to auscultation.
- Abdomen: soft, obese, non distended, non tender. Right lower quadrant transplant incision well healed. No masses appreciated.
- Extremities: mild trace lower extremity edema. Left upper extremity fistula without a thrill.
- Skin: no jaundice appreciated.

Radiological evaluation noted a kidney doppler evaluation that demonstrated the main renal artery and vein to be patent. Mildly elevated velocity at the renal artery anastomosis and waveforms are normal. Normal arterial upstroke. Resistive indices in the normal range ranging from 0.67-0.75. CXR unremarkable and CT imaging of the abd/pelvis that demonstrates atrophy of native kidneys and right renal transplant but otherwise unremarkable.

Laboratory evaluation noted a hemoglobin of 10.9, hematocrit of 33.3, white blood cell count of 8.1, platelet count of 320, sodium of 138, potassium of 4.8, chloride of 111, bicarb of 18, BUN of 38, creatinine of 5.2, glucose of 96, calcium of 10.1 phosphorus of 4.0, magnesium of 1.4, total protein 8, albumin 3.8, total bilirubin 0.4, AST 16, ALT 15, alkaline phosphatase 111. Urinalysis shows leukocyte esterase, grade 3 proteinuria, 10 to 20 white blood cells, 10 to 20 red blood cells, many squamous epithelium. All blood and urine cultures were negative including BK and CMV serologies. Prograf levels ranging 8-10 level.

On admission a renal transplant biopsy demonstrated severe necrotizing and granulomatous tubulointerstitial nephritis with marked associated lymphoplasmacytic inflammation. Immunofluorescence did not reveal evidence of rejection. Immunos tains were done and they were negative for CMV and herpes viruses. Patient had a cystoscopy

for gross hematuria with edematous and hemorrhagic transplant ureteral orifice.

Case Study Questions:

- 1. What is your differential diagnosis?**
- 2. What would be some other diagnostic work up that might be performed?**
- 3. What are some treatment options for this patient?**



The answer to this case study will be in the next ASTS ATP e-Newsletter, or you may email one of the committee members for the answer and give your thoughts and opinions. If you would like to submit a case to be featured in this newsletter, please send it to mina.behari@asts.org.

Featured Case Submitted by:
Mark W. Burns, DNP, FNP, ACNP, RNFA, E-TNS
Nurse Practitioner
Mayo Clinic Transplant Center
Instructor of Medicine

In closing, as ASTS is a rapidly growing and expanding society, it is a core value of this committee is to listen and provide resources to the membership. As a committee, we are very open and responsive to all member suggestions and recommendations. I encourage you to get involved with us by either suggesting new initiatives, submitting transplantation-related initiatives or projects or if there are new informational resources that you would like to share. As always, your contributions and feedback are welcome!

Please feel free to contact any committee member with comments, concerns, and suggestions.

I hope everyone had a great summer and is looking forward to an exciting fall!

Sincerely,

A handwritten signature in black ink, appearing to be 'Mark W. Burns', written in a cursive style. The signature is positioned below the word 'Sincerely,'.

Mark W. Burns, DNP, FNP, ACNP, RNFA, E-TNS
Chair, ASTS Advanced Transplant Provider Committee

Meet your 2012-2013 ATP Committee! [Click here to view committee bios.](#)

Chair - Mark W. Burns, DNP, FNP, ACNP, RNFA, E-TNS

Co-Chair - Amanda G. Dean, NP, RNFA

Rebecca Duke, NP

Tracy Evans-Walker, RN, MSN, CNP, CCTC

Gwen McNatt, FNP

Deonna Moore, MSN, ACNP-BC

Georgeine Smith MS, MHS, PA-C

Save
The
Date!

**ASTS 13th Annual State of the Art Winter Symposium, January 31-
February 3, 2013, Miami, FL**

American Transplant Congress, May 18-22, 2013, Seattle, WA

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