

Potential for Organ Transplantation Without Long-Term Immunosuppression

By Bonnie Parsons

Highly skilled surgeons transplant healthy organs into patients with debilitating diseases. For us ordinary folks, it is awe inspiring. However, following surgery, recovery depends on the body's ability to accept the new organ.

Our bodies can't do it alone. Anti-rejection drugs, or immunosuppressants, play a key role—their management is painfully delicate for the patient and crucial for recovery. A recent study shows that a better answer may be on the horizon.

Scientists at the University of Pittsburgh School of Medicine recently published: *Trial Results Indicate Potential for Organ Transplantation Without Long-Term Immunosuppression* in the journal, "Science Translational Medicine."

Senior author, Angus W. Thomson, Ph.D., D.Sc., distinguished professor of immunology and surgery at Pitt and a member of the Thomas E. Starzl Transplantation Institute, and Abhinav Humar, M.D., clinical director of the Starzl Transplantation Institute and chief of the Division of Transplantation at UPMC, led the research team.

At the Starzl Transplantation Institute, Drs. Thomson and Humar designed a clinical study to see if they could reduce the need for immunosuppressants, without rejection of the transplanted organ. Recipients were infused with immune cells from their donor a week before the transplant surgery.

Thomson and Humar's patients in the study were scheduled to receive liver transplants. As noted in their study, "Because the liver regenerates, people are able to donate a portion of their liver to someone else in need. Both the part of the liver left in the donor and the part given to the recipient regrow to full-sized livers. This is called a living donor liver transplant, or LDLT."

Fifteen patients received a donor immune cell infusion. Forty patients did not receive the infusion. All of the patients in the trial received the normal immunosuppressants. The donor

immune cell infusion consisted of a type of white blood cell called monocytes. Monocytes were then induced to make regulatory dendritic cells, a type of immune cell that helps the rest of the immune system to distinguish foreign invaders from parts of the body that should be left alone.

"...PRELIMINARY RESULTS SHOW THAT BY MODIFYING A PATIENT'S IMMUNE RESPONSE, IMMUNOSUPPRESSANTS MAY BE SAFELY REDUCED IN THE FUTURE."

After a year, a trial follow-up showed significant results. Patients who received the infusion had fewer other immune cells that would signal a negative reaction to the transplanted liver. Infused patients were also able to produce exosomes.

"We believe that these donor-derived exosomes are preemptively conditioning the prospective LDLT recipient to see donor cells as safe," said Thomson. "A year post-transplant, clinicians will then determine which patients can start tapering off immunosuppressants. Time will tell if our approach works."

These preliminary results show that by modifying a patient's immune response, immunosuppressants may be safely reduced in the future. This is significant for all types of transplant surgery.

I was thrilled to see Dr. Starzl's name in relation to this research. Let me explain.

An uncle of a friend in Montreal died at the age of 28 from kidney disease in the late 1960s. Bobby had been on dialysis for years. Finally, in 1965, his family took him from Montreal to Denver for a kidney transplant.

Bobby's surgeon, Dr. Thomas Starzl, recalled, "The organ functioned but was lost to uncontrollable rejection. At that

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AirWays is published three times per year by the Second Wind Lung Transplant Association, Inc. by and for lung transplant candidates, recipients, caregivers, and transplant professionals worldwide.

Every attempt is made to print accurate technical/medical information, but because of time and technical constraints it is not possible to check all submitted information.

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We welcome contributions; however, we reserve the right to edit submissions for length and content. Any changes made will be reviewed with the author whenever possible.

To submit an article for publication in *AirWays*, send an MS Word document as an attachment to: phenry2ndwind@gmail.com.

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time immunosuppression was limited to azathioprine and prednisone. A second transplant also failed. Now 50 years later, it still saddens me to think of the suffering endured by these early steroid-cursed recipients.”

If you are wondering how I received Dr. Starzl’s recollection, I understand. I was born and adopted in Montreal. I searched for my birth family for 35 years. The adoption agency incorrectly led me to believe my birth father was Bobby’s brother. My son Ron, coincidentally, is a transplant surgeon. One of his colleagues knew Dr. Starzl and contacted him regarding Bobby’s surgeries. Dr. Starzl still remembered Bobby and graciously replied.

Today the Starzl Transplantation Institute is a leader in scientific and clinical research to improve the lives of its patients.

Bonnie Parsons is an adoptee and memoirist whose books Young Love: An Adoptee’s Memoir and its sequel, Send a Little Love describe her search for her biological family in Montreal, Quebec, Canada. Her books are available on [Amazon.com](https://www.amazon.com).

President’s Notes

Tom Nate, President
Second Wind Lung Transplant Association, Inc.



A Message to the Membership

It’s a new year, with new goals and objectives and, for some, new beginnings.

So, as I begin my 3rd year as President of Second Wind, I’ve been reflecting on my time as a member of this organization, and the reason

I joined and am now the leader.

Following my 1st and 2nd double lung transplants, I became committed to volunteer and give back to the lung transplant community in whatever way I could. I felt then, and still feel now that it is important to use this blessing of a longer life that I’ve been given to educate, help and support those suffering with lung disease, considering lung transplantation, or surviving post-transplant challenges.

My desire to volunteer really began during my college days at Sam Houston State University, where our school motto is “A Measure of a Life is its Service”.

While there I also joined a marketing fraternity, Pi Sigma Epsilon, where members were issued a challenge in order to maintain our membership, “What Do You Seek?”, was the question. “The Opportunity to Serve Others” was the reply.

So, it is with these slogans in mind that I am excited to announce that Second Wind is seeking volunteers from among our membership to fill vacant positions on our Board of Directors.

We are especially interested in increasing Board participation by members who have expertise in the areas of the practice of law, accounting, advertising, fund-raising, and writing/editing.

Board membership merely involves attending six meetings per year via Zoom, and volunteering in support of one or more of the services provided to the transplant community by Second Wind.

Second Wind has no employees. All duties for the organization are performed by our board members and volunteers. We have a number of areas that volunteers can help with, and while we do need to increase our Board membership, one does not necessarily need to be a board member to help in one of the following areas:

1. Help with finding relevant articles and topics for our newsletter, *AirWays*, Email Support group and Facebook page.
2. Grant Writing; if you have experience or know someone who does, we are always in need of additional funding for our *AirWays* newsletter and our Financial Assistance Program.
3. Marketing, Fundraising and increasing brand awareness of Second Wind.
4. Maintenance and enhancements to the Second Wind website.
5. Transplant center liaisons who maintain communications with transplant centers across the nation.

Whether you’re pre-transplant, considering a transplant or post-transplant, please think about volunteering your time in service to others by joining our Board, and/or volunteering for one of the duties listed above.

If you have any questions about how *you* can help Second Wind fulfill its mission, don’t hesitate to reach out to me at tnate1254@gmail.com.

Breathe Easy!
Tom Nate, *President*

Second Wind Loses Key Board Member



Just as this issue of *AirWays* went to print, we were devastated to learn of the passing of Sarah Ridder, our Board Treasurer.

Sarah has long played a critical role in the functioning of this organization and, more important, was a vibrant, energetic presence, supporting all of us to do our best to meet our mission of meeting the needs of the lung transplant community.

The true impact that Sarah's presence had on us and our members can't adequately be outlined in this short message. You will hear much more about her, and her impact on all of us, in the next issue.

In the meantime, we ask that you keep Sarah's family in your prayers, and join us in sending our deepest condolences to her husband, Kevin, and her extended family in this time of their grief.

- Board of Directors, Second Wind Lung Transplant Association.

Organ Procurement Agencies Under Investigation for Inflating Collection Figures

The U.S. government is tightening a regulation for the collection of human pancreases for research after complaints that the rule was being exploited by organ procurement agencies.

The regulation allowed nonprofit organ procurement groups to collect human pancreases for research and count those toward the standards they must meet to retain certification to operate.

Under rules that took effect in 2021, procurement groups must meet certain benchmarks for organ collection or risk losing their contracts. Pancreases used only for research count toward the total.

Some groups then began collecting large numbers of pancreases and the Centers for Medicare and Medicare Services (CMS) noted that, "...the increase in pancreata procured may not reflect a meaningful increase in pancreata being actually used for islet cell research." (Pancreases contain "islet cells" that produce insulin and are used in diabetes research.)

CMS warned the organizations that these organs can be counted against their targets only if used for islet cell research.

In March, the Senate Finance Committee, issued a warning to some of the organizations that had reported sharp increases in pancreas collection, questioning whether they were gaming the system to "falsely inflate their performance."

Each procurement organization holds a government-guaranteed monopoly over the territory where it collects organs, mainly kidneys, from deceased donors. Although some groups have performed poorly in collecting organs, CMS has never revoked any organ procurement group's right to operate.

This may well change in 2026 when CMS conducts its first review of these groups' performance under the 2021 rule.

Sen. Ron Wyden (D-Ore.), chairman of the Senate Finance Committee, said that, "I've been investigating this issue with my colleagues and have seen the evidence of inflated metrics firsthand. I applaud CMS for taking this step to begin closing the pancreata loophole, and look forward to understanding the details in their planned upcoming rulemaking."

In addition, it was just revealed that Federal authorities have launched a wide-ranging investigation of these organ procurement agencies (OPOs), seeking to determine whether OPOs in at least five states have been overbilling the government for their costs, among other concerns. U.S. attorneys and investigators from the Department of Health and Human Services, alongside the Inspector General's office of the Department of Veterans Affairs, are spearheading the effort.



Can Donor Lungs be Delivered by Drones?

Imagine—you're sitting in traffic in densely populated downtown Toronto. Your mission is to deliver a human lung across town to another hospital before it deteriorates. Soon it will no longer be healthy enough for transplantation. Time is critical. A gentleman is dying of lung disease and his life depends on receiving the lung you are transporting. Your ambulance sirens are blaring.

Scientists around the world face this dire situation regularly and seek alternatives to improve the delivery methods of donor organs. Recently, results from a world-first trial were published: The Toronto Lung Transplant Program along with the biotechnology aviation company Unither, and with support from Trillium Gift of Life Network (TGLN)—the organization in charge of organ and tissue donation in Ontario—successfully launched an unmanned aerial drone carrying a human lung. It flew less than a mile and a half over densely populated downtown Toronto from the University Hospital Network's (UHN) Toronto Western Hospital to Toronto General Hospital.

Imagine—only five minutes and no traffic!

Transplantation scientists and medical doctors focus on the safe and timely retrieval of donated organs, and getting those organs into their patients. Every step in the process takes training and skill, coordination and cooperation. Transportation issues are vitally significant.

Dr. Shaf Keshavjee, Director of the Toronto Lung Transplant Program at UHN's Ajmera Transplant Centre said, "If we want to save more lives, part of the solution is to create new, more efficient ways to get lungs and other organs to patients who need them the most."

Further, Dr. Atul Humar, Ajmera Transplant Centre's Medical Director, explained, "Many times, we lose a life-saving organ because we can't get to it in time, or we can't get it back before the organ is no longer suitable for transplant."

The Ajmera Transplant Centre also strives to improve the quality of organs while increasing their number. It leads the way in *Ex Vivo* technology in which a donated lung is placed in an oxygenated chamber and nutrition is provided. This enables the transplant team to assess the lung and treat it with medication or sophisticated therapies if necessary, increasing the availability of donor lungs.

"...PART OF THE SOLUTION IS TO CREATE NEW, MORE EFFICIENT WAYS TO GET LUNGS AND OTHER ORGANS TO PATIENTS WHO NEED THEM THE MOST."

The drone technology test achieved proof of concept—showing that the design is safe and feasible. As part of the test, Unither and UHN crafted a specialized cooler for the donor lung to ensure it is protected from vibration, temperature, pressure, or other environmental conditions.

Landing pads were installed on the rooftops of Toronto Western Hospital and Toronto General Hospital. UHN Security and Facilities worked to improve routes and building access points. Finally, they needed to secure safe paths to and from the operating rooms in each hospital. Hundreds of practice flights took place prior to the main event.

The trial flight was a huge success. Patient Alain Hodak received the first lungs ever transported by an unmanned aerial drone. He was recovering well and proud to play a role in the world-first project. Alain and his family also expressed their gratitude to the organ donor and family.

In general, the availability of organs for transplantation is a chronic problem. One of the major challenges is transportation. Dr. Atul Humar states, "Having drones to transport lungs and other organs across the continent would help move them faster and more efficiently."

For further information, search "Scientific American" for the article entitled: *What the First Lung Delivered by Drone Means for Transplant Science*.

“Transplanted” Means...?

By: Nayano Taylor-Neumann



I “transplanted” from Australia in 2013 to Cumberland, Maryland. Then, after IPF had devastated my lungs, I was literally transplanted with a beautiful new lung in September 2021. The first twelve months post-transplant felt pretty easy to me, even though I was hospitalized with

Organising Pneumonia, and a few months later with a stomach operation.

But in 2023 I woke up to how hard the transplantation journey can be. I was hospitalized for six months, including 49 days in ICU, and two weeks on life support, because my lungs seemed to have given up. I am now home again and after a lot of physical therapy, I am feeling great. I feel as if I have experienced another transplantation—this time of my soul!

“IF THE FEELING TOWARD YOUR TRANSPLANT WAS...”

Following is an exercise I found helpful in sorting out my feelings during those hard times. It was on a website that I have unfortunately forgotten. I thought you might like to try it.

Here are some of the prompts with my responses:

If the feeling towards your transplant was a color...

At first, the feeling was a glowing, soft pink, then a rainbow, but after a year the rainbow colors became muddied into a yucky brown mess. Now sometimes a pure color re-emerges, and sometimes even a glimpse of that rainbow.

If the feeling towards your transplant was an animal...

At first, it was a purring, soft kitten, but then the kitten became a temperamental cat, sometimes biting, scratching, and attacking me!

If the feeling towards your transplant was a building...

It would have been a magic tree in which fantasy beings lived who welcomed and transported me to magic lands. Then, it became a huge concrete building built in Stalinist style housing an endless maze.

If the feeling towards your transplant was a sound...

If the feeling towards your transplant was a song...

If the feeling towards your transplant was a flavor...

This exercise helped me to understand the many different feelings I experienced throughout my transplant journey. I hope it helps you as much as it did me.

Nayano Taylor-Neumann is a Doctor of Economic History who, in her retirement, has become a freelance writer. She received a single lung transplant from Johns Hopkins in 2021

Editor’s Notes

- In this issue you’ll find two articles that outline critical contributions to the development of safe organ transplants made by Dr. Thomas Starzl and the late Dr. Roy Calne. These are pioneers to whom many of us owe a debt for the gifts of life that we enjoy today.
- I’m pleased to introduce to you Bonnie Parsons, an author and friend whose contributions to this issue include both writing and editing articles. We hope to see more from Bonnie in future issues of *AirWays*.
- Be sure and check out the TransplantNATION magazine ad on the back cover. You’ll find a special discount subscription offer exclusively for *AirWays* readers.
- Finally, as always, we encourage you to share your personal stories. They assist our readers in understanding how to face and overcome the many obstacles involved in organ transplantation.

- Patrick Henry, Editor
(Phenry2ndwind@gmail.com)

BEFORE AND *After*

Sometimes it's hard to put into words exactly how it feels to receive an organ transplant, something that changes your life. A few Second Wind board members shared these images to show how sometimes, but not always, a picture can convey just how big a change that can be.



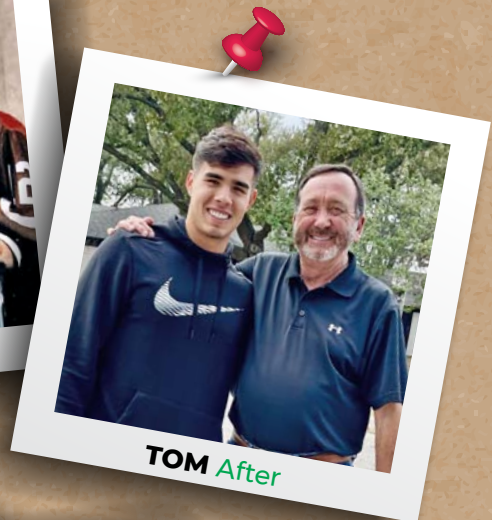
RUTH Before



RUTH After



TOM Before



TOM After



PAT Before



PAT After



ERIC Before



ERIC After

Sir Roy Calne, Pioneer of Organ Transplant Surgery

Dr. Roy Calne, a British surgeon who helped to revolutionize organ transplant surgery, offering hope to patients for whom organ failure had been a death sentence, passed away on January 6th at the age of 93.

As a young medical student, he was presented with a young man dying from kidney failure. All we can do is to make him comfortable, Dr. Calne was told, because the patient would be dead within two weeks. Wasn't it possible, he asked, to remove the failing kidney and swap in a working one, like replacing a spark plug or grafting a rose? Impossible, he was told.

“Well, I've always tended to dislike being told that something can't be done,” Dr. Calne said in an interview years later. Along with another visionary surgeon, Thomas E. Starzl of the United States, he helped turn a risky experimental procedure into a widely accepted treatment, performing some of the first liver transplants and multi-organ transplantations.

When Dr. Calne began his transplant research in the 1950s, he faced two major problems. One was a matter of technique: How do you remove a faulty organ and replace it with one that worked? The second was biological: How do you circumvent the body's immune system, which treats the new organ like an enemy invader?

Attending a lecture by biologist Peter Medawar, a future Nobel laureate, he heard of a successful skin graft between mice. The experiment suggested that the immune system could be manipulated, although Medawar insisted that there was “no clinical application whatsoever.”

Dr. Calne thought otherwise, asking himself, “Why couldn't we do something like that with kidneys?”

While Starzl developed surgical techniques in Colorado and then in Pittsburgh, Dr. Calne followed suit a continent away. In 1968, the year after Starzl performed the world's first successful liver transplant, Dr. Calne performed Europe's first successful liver transplant.

By the mid-1970s, Dr. Calne was testing a new immunosuppressive drug, cyclosporine, from the Swiss pharmaceutical company Sandoz. Dr. Calne led the first major study on its clinical uses, discovering that the drug increased the one-year survival rate for kidney transplant patients from 50 percent to 80 percent.

“IN 1968...DR. CALNE PERFORMED EUROPE'S FIRST SUCCESSFUL LIVER TRANSPLANT.”

“The discovery and use of cyclosporin made transplantation possible as a treatment to more and more people,” John Wallwork, a fellow transplant surgeon, said. “Nearly 50 years on, it is still what is used with many of today's transplant patients.”

In 1965, Dr. Calne joined the University of Cambridge, where he was a professor of surgery until retiring in 1998. He continued to perform kidney transplants into his 70s and conducted medical research into his 80s, including on the use of gene therapy to treat diabetes.

As a result of the pioneering work of Drs. Calne and Starzl, the medical miracle that is an organ transplant has become almost routine. Still, much remains to be done in terms of a paucity of donated organs, and the challenge of dealing with chronic rejection.

A version of this obituary appeared in the January 16, 2024 edition of the Washington Post



Palliative Care vs. Hospice for Lung Transplant Families

By Jane Kurz, Ph.D., RN

Lung transplant candidates, recipients and their caregivers face many challenges as they address serious illness and a changing quality of life. Although healthcare teams dedicate their interventions towards preparing the person & caregiver for transplant and, later, recovery, often more is needed. Most transplant centers rarely consider palliative care. Many often confuse this with hospice care, and do not know the difference between the two.

Palliative care (PC) is based on individual needs and has no time limits. It was recognized as separate from hospice in 1974. The focus is on pain, symptoms, stress related to the illness, and treatments. It adds an extra layer of family support during the transplant journey. A referral to PC provides a team of people to focus on your needs, but it does not replace your primary care provider or transplant team. It can include art & music therapists, psychologists, home health aides, nutritionists, pharmacists, chaplains, respite providers and others. Every team varies depending on the hospital or agency used.

Most insurance companies cover PC, but some copays or coinsurance deductibles might apply. This type of care can be provided in any setting: hospital, home, or rehabilitation center. It can include face-to-face, telephonic, or Zoom visits. Patients leave PC care when they improve and no longer need those services, or when they progress to hospice care.

Hospice, which is more familiar to most people, was started in 1967 in the UK and came to the US in 1975. It is care provided by an interdisciplinary team for those who have been identified as having a terminal illness expected to last six months or less. The focus in hospice is on quality of life and comfort through pain and symptoms management with psychosocial and spiritual support. With hospice there is usually 24-hour on-call service with in-person visits, medical equipment, and continuous care in the home. There is spiritual care, bereavement care, and counseling services. The key here is holistic care for the entire family. This also is usually covered by insurance, but it does vary by plan.

Now, you might be wondering why you have never heard about PC. Various research studies showed that PC referrals varied from as low as 6.4% to as high as 43% of patients at different facilities. Studies reported that the greatest identified patient needs were difficulty being physically active, physical symptoms, missing work due to the illness, and concerns about end-of-life issues. Delays in referrals were often found

to be related to patients' fear of talking about the future, uncertainty with their prognosis, and confusion about the role of PC services.

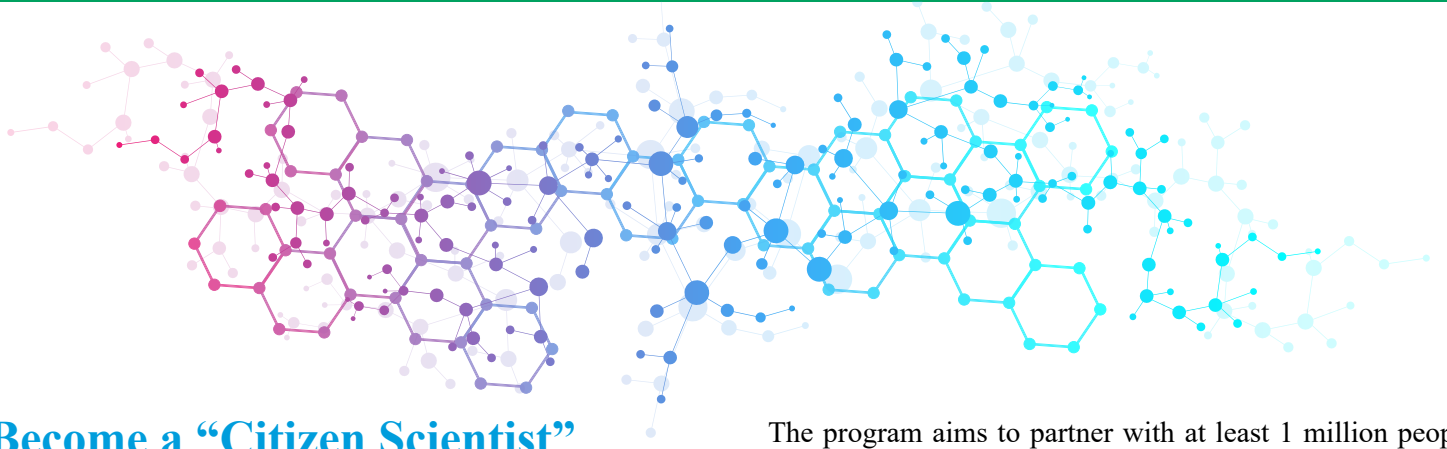
You might ask: should I ask my health care team for a PC referral? There are few studies that examined outcomes of PC care and lung transplant patients. However, there are many studies looking at PC care and many other physical diseases and dementia. Every study showed improved patient symptoms, mood, quality of life, pain reduction, reduced hospital admissions and family satisfaction with caregiving. Considering the many positive results with non-transplant patients, patients and caregivers involved in the transplant journey should discuss PC care with their transplant team.

Let me share the journey of one of our former Second Wind board members: Karen Couture. Some will recognize her as the author of the book, [The Lung Transplantation Handbook](#).

Karen had a bilateral lung transplant in 1996 and was an accomplished public speaker and author. She wrote about her frequent rejection episodes, and experiences with high doses of prednisone. Despite these battles, she worked part-time and returned to school to become a massage therapist.

In 2015 Karen developed non-Hodgkin's lymphoma and completed several rounds of chemotherapy. By 2019 her lung function was deteriorating and her immunosuppressants were increased. Then, in July 2019 she accepted PC services with the hope that she would stabilize. However, Karen continued to deteriorate, and in early May 2021 she moved into Hospice care at home, surrounded by her spouse, mother, sister, and friends. Karen died on May 25th, 2021.

For more information, go to the websites of the following organizations and search for "palliative care": American Cancer Society, Hospice Foundation of America, National Cancer Institute, or The National Institute of Aging.



Become a “Citizen Scientist”

Did you know that you can team up with scientists to help medical research?

The National Institutes of Health (NIH) has announced a program entitled *All of Us* which allows you to become a “citizen scientist” by devoting some of your free time to ongoing research projects. Your efforts can help to increase medical knowledge and might lead to new treatments.

Your role could be as simple as playing an online game or sharing a blood sample. Or you could help collect data in your community. You might even help guide the types of questions researchers are investigating by sharing your ideas or concerns.

“People are creative and innovative. They have all sorts of skills and contextual knowledge,” says Dr. Jennifer Couch, who heads NIH’s citizen science working group. “Citizen science in its broadest sense draws on the insights and talents individuals have to offer.”

The program aims to partner with at least 1 million people nationwide to build one of the most diverse health databases in history. So far, about 500,000 people have fully enrolled

Some projects are limited to specific types of volunteers. You might need to be of a certain age or live in a specific region. Some projects are designed for people who have certain health conditions. But others are open to everyone.

To join *All of Us*, you complete an online consent form and surveys. You can get more involved by agreeing to share data from your electronic health records. You may be invited to a free appointment to give samples like blood or saliva. You can decide how much information you’re willing to share.

One benefit of joining is you can choose to get information about your own health. You might learn more about your genes or disease risk. You’ll also be contributing to scientific knowledge. This could improve medical care for yourself and future generations.

Go to NIH’s website: joinallofus.org to enroll or learn more about it.

NEW MEMBERS

The following individuals became members of Second Wind during the period November 2023 – February 2024.

We welcome and thank you for your support of our mission.

Steve Amella	Penny Gallison	Donna Spencer
Chris Stocks	Ashley Sieradski	Sandra Hatchett
Gale Bataille	Luz Osguera	Juliane Casterline
Patrice Minghelli	Ken Morris	Dave Allen
Kimberly Simpson	Kelly Gorman	Cheryl Mehrkar
Christine Ostrowski	Tamika Hemphill	Robert Hughes
Halle Moody	Pasquale Consolo	Stacy Riezebos
Rita Larkin	Theresa Kelly	Artem Kolpakov

In Memoriam

Second Wind wishes to recognize the recent loss of the following members:

Etta Milton

Transplanted 2017

Jacob Tyler Jergensen

In Evaluation Process

Roy Calne

Transplant Pioneer



Transplant Anniversaries

Some call it their “lungaversary”, some call it their “rebirthday” or simply their transplant anniversary. On that day we stop to say a silent prayer of thanks to the courageous and unselfish donor family that made this gift of life a possibility.

Special congratulations to those listed below in **bold type**, who have now reached or exceeded their 10th year anniversary.

NOVEMBER 2023

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Carolyn Blaylock	11/5/2003	20
Tim Collins	11/6/2020	3
Laura Garcia Aguinaga	11/6/2020	3
Loren Gerhard	11/9/2004	19
Beth Hunley	11/25/2019	4
Patty Kelly	11/13/2016	7
Jerome Lippert	11/29/2020	3
Karen Murphy	11/5/2022	1
Buddy Norris	11/25/2014	9
Fran Peach	11/23/2018	5
James Quain	11/23/2020	3
Chuck Schuele	11/20/2008	15
Carol Schutt	11/5/2019	4
Susan Sweeney	11/2/2014	9
Nicolas Torres	11/28/2014	9

DECEMBER 2023

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
James Austin	12/18/2019	4
Gale Bataille	12/1/2017	6
Robert Bochniak	12/17/2017	6
Gregory Carneal	12/11/2020	3
Betsy Cichon	12/16/2004	19
Doug Crawford	12/21/2019	4
Mark Falk	12/3/2020	3
Gage Georgeff	12/14/2009	14
Michael Harmon	12/13/2019	4
Eric Harned	12/22/2014	9
James Helms	12/15/2019	4
Karen Joy	12/18/2017	6
Joanne Justice	12/6/2007	16
Janice Laidlaw	12/19/2017	6
Leland Larson	12/14/2021	2
Gail Lewis	12/17/2021	2
Ray Maloy	12/21/2022	1
Etta Milton	12/1/2017	6
C. Lorenzo Pope	12/4/2017	6

DECEMBER 2023 *continued*

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Janice Sutton	12/14/2012	11
Dorothy Virgil	12/25/2019	4
Fred Walker	12/15/2006	17

JANUARY 2024

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Leslie Casey	1/24/2016	7
Dan Griggs	1/11/2016	7
Holly Hahn-Baker	1/3/1998	25
Michael Haney	1/10/2020	3
Kelly Harden	1/24/2019	4
Blaine Lesnik	1/8/2015	8
Brian Puhalsky	1/30/2017	6
Joanel Read	1/19/2019	4
Jeanne Roberts	1/1/2017	6
Laura Roix	1/7/2017	6
Sheila Tate	1/27/2020	3

FEBRUARY 2024

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Paul Albert	2/10/1993	30
John Daffron	2/24/2021	2
Karen Ettinger	2/1/2012	11
Virgena Henry	2/9/2022	1
Cheryl Keeler	2/3/2005	18
Peg Matthews	2/16/2010	13
Jim McClure	2/24/2018	5
Lorraine Merva	2/23/2021	2
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