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- P1 Records broken in 2006
- P2 New staff at PNTB
New tissue sterilization process
- P3 Bridge to the Future
- P4 Oregon Donor Registry
- P5 Tissue graft recipient
- P6 Cornea collaborative

2006 a Record Year in Organ Donation, Cornea Transplant

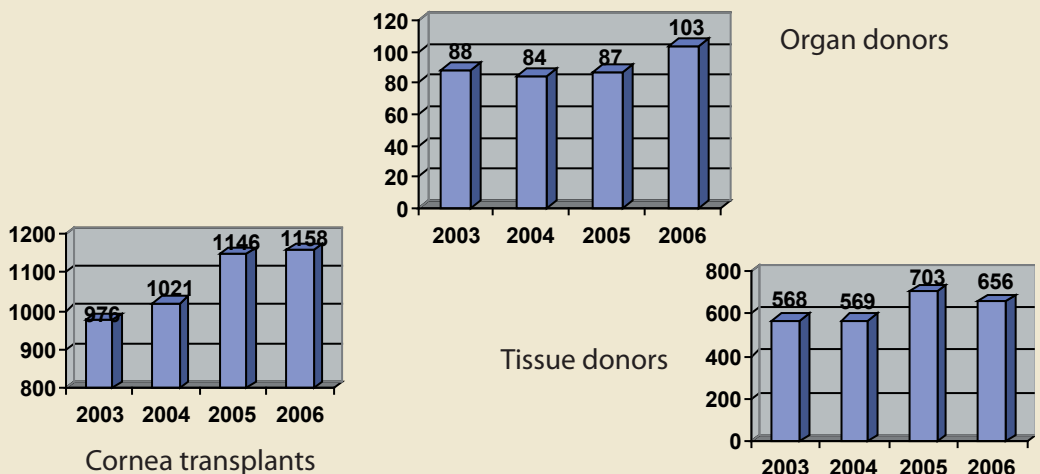
2006 saw records broken in organ and eye donation, providing the greatest number ever of transplanted organs and corneas. In Pacific Northwest Transplant Bank's (PNTB) service area, which encompasses Oregon, southwest Washington and southwest Idaho, we had a record 103 organ donors in 2006. The previous highest number of organ donors was 89. These 103 organ donors provided 347 organs for 339 recipients. Nine of these donors were donors after cardiac death, the greatest number ever in our service area.

Nationwide, the number of organ donors topped 8,000 for the first time ever, with early estimates placing the total at 8,015 donors. In 2005 there were 7,593 organ donors nationwide.

Eye donations declined slightly, from 1,149 to 1,128. However, the number of corneas transplanted increased, despite an ever-growing increase in the number of medical conditions that continue to restrict eligibility for donation.

Tissue donation saw a decrease in the number of donors in 2006; there were 656 tissue donors in 2006, down from 703 in 2005. After a huge increase in 2005, Community Tissue Services (CTS) was not surprised by a slight decline in donor numbers. The total number of donors is still significantly higher than in 2004 or 2003, and shows progress in identification and consent processes. To hear the story of a tissue recipient who was helped by donor tissue this year, turn to page 5.

Craig Van De Walker, PNTB's director of operations, attributes the increases in donation to "A combination of factors. First is a hospital services team which has greatly increased the buy-in from our donor facilities. Also contributing are the momentum created nationwide by the Organ Donation Breakthrough Collaborative, and the donation agencies' stance of making every effort to capitalize on potential donors by remembering that even when only one organ or tissue graft is procured a life is saved or made much better."



NEW STAFF, NEW ROLES AT PNTB

Barbara Thompson has been promoted to procurement manager. Barb was formerly an organ procurement coordinator for PNTB from 1995 to 2002 and again from June 2004 until this promotion. From March 2002 to June 2004, she was a research associate on a Sudden Cardiac Arrest study in the Department of Cardiology at Oregon Health & Science University. Barb has a BSN from University of Alberta in Edmonton, Canada, and also holds a law degree from the College of William & Mary in Williamsburg, Va. She is a member of the Washington and Oregon State Bars, and practiced law in Portland for ten years.

Craig Van de Walker, also an organ procurement coordinator since his hiring in 2004, is fulfilling the duties of director of operations for PNTB on an interim basis. Craig is a licensed respiratory care practitioner (LRCP) and was previously a manager of respiratory care services and neuro-diagnostics at Providence St. Vincent Medical Center. Craig is currently serving a term as the management chair of the Oregon State Society of Respiratory Care (OSRC). Craig has a bachelor of science degree in respiratory therapy from Weber State University in Ogden, Utah.



Robin Dailey

Robin Dailey is the newest organ procurement coordinator to join the staff at PNTB. Robin was formerly an ICU float nurse at Kaiser Sunnyside in Portland, serving the PACU, ACU, ICU and ER. Prior to joining the staff at Kaiser, she completed an ICU internship at the Veterans Affairs Medical Center in Portland, and an internship at OHSU in the neonatal ICU. She worked for six years as a resource nurse at OHSU. Robin is a graduate of Linfield College School of Nursing in Portland, Ore. She is married and has two sons, ages four and eight. Robin enjoys gardening, skiing, hiking, fishing and other activities with her family.

ADVANCES IN TISSUE STERILIZATION

Community Tissue Services has acquired a new instrument, The Nova 2200, to be used for final sterilization treatment of processed tissue grafts. This process, using supercritical carbon dioxide, will allow CTS to distribute tissue grafts without the use of gamma irradiation. A Community Development Block Grant (CDBG), awarded by the City of Dayton, Ohio for economic development, funded this instrument.

The Nova 2200 is manufactured by NovaSterilis, an up-and-coming biotechnology company in Lansing, N.Y. The technology involves the use of supercritical carbon dioxide to inactivate microorganisms. A supercritical fluid is a liquid and/or gas subjected to high pressure and specific temperature until it reaches a "supercritical" state. The supercritical carbon dioxide has the density of a liquid, but the penetrating ability of a gas, allowing penetration into bones, tendons and other grafts more effectively than standard liquid processing fluids. After treatment, the carbon dioxide reverts to its normal gas form and is eliminated from tissues.

To date, studies have demonstrated excellent effectiveness in killing microorganisms. Other studies are ongoing, and CTS expects validation of the instrument and process to take six months to one year. The validation will give CTS the ability to distribute grafts with an assurance of sterility.

The supercritical carbon dioxide sterilization process has several advantages over CTS' current method of final sterilization with gamma irradiation. The Nova 2200 will allow us to do final sterilization treatment in-house, rather than having to send tissue out of our facility to commercial irradiators. In addition, irradiation causes measurable changes in tissue strength and elasticity, whereas the Nova 2200-treated tissues are as strong and as flexible as the control tissue.

CTS is the first tissue bank in the U.S. to acquire a commercial model of the Nova 2200. We are confident this process will help CTS to remain at the forefront of tissue banking in providing exceptionally safe tissue for transplantation.

"BRIDGE TO THE FUTURE" COLLABORATIVE EVENT EDUCATES, INSPIRES

PNTB hosted representatives from Oregon, southwest Washington and southwest Idaho's biggest hospitals at a day-long event designed to give hospital staff a chance to share best practices and learn from each other. Attendees, who included nurses, administrative staff, nursing management, spiritual care and physicians, enjoyed a selection of speakers from hospitals, HRSA, JCAHO and PNTB. The highlight of the day was an emotional duo of speakers: Rachel Mackey, whose son Nate was Oregon's first donation-after-cardiac-death donor, and Dr. Dean Gubler, who cared for Nate and was present in the OR at his death. Following their talks, the crowd was moved when Rachel and Dr. Gubler, who hadn't met since Nate's death, hugged and teared up.

Master of ceremonies Helen Bottenfield, consultant to HRSA, recognized PNTB and several hospitals with Medals of Honor, which are awarded to hospitals that achieved a conversion rate of greater than 75 percent. PNTB was also recognized for having more than 10 percent of its donors come from donation after cardiac death.

A testimonial to the impact of the day was a statement by Sacred Heart Medical Center ICU Manager Margie Moore-Aten, who said, "I feel like I have learned so much and been so moved ... I will leave here today as a better nurse."



An emotional reunion: donor mom Rachel Mackey and Legacy Emanuel physician Dr. Dean Gubler meet for the first time since Rachel's son's death.



Sacred Heart ICU Manager Margie Moore-Aten shares a high-five with 3-year-old Ayden, who is waiting for a kidney.



Members of the team from OHSU accept a Medal of Honor for achieving a conversion rate of at least a 75 percent.

OREGON DONOR REGISTRY

What: A donor registry is an electronic system to obtain and store affirmative wishes of Oregonians to become organ and tissue donors. The registry will serve as first-person consent, eliminating the requirement for family consent at the time of donation.

Why: The registry is a crucial component in solving the growing donor crisis. It protects a person's decision to be a donor, provides the donation agencies with a formalized consent process and serves as a central location for donation information.

Who:

- Oregon Donor Program will take the lead in promoting public education and awareness to enlist Oregonians to join the registry.
- DMV, a community partner of Oregon Donor Program, will continue to promote participation through drivers licenses and identification cards.
- Oregon's procurement agencies, Community Tissue Services, Lions Eye Bank of Oregon and Pacific Northwest Transplant Bank, will have 24/7 access to the registry; procurement agencies may obtain information from other states' registries.
- Oregonians, whether or not they have a "D" on their license, may sign up on the registry. People living in other states may also sign up.

When: The Oregon donor registry will be launched in April 2007.

How: Oregonians will sign up on the registry via Internet; mobile laptops in places such as DMV offices, health fairs and community events; paper-and-pencil forms; or telephone.

How to get involved:

- Make a financial contribution.
- Join Oregon Donor Program's volunteer force to enlist Oregonians to sign up on the registry.
- Promote the registry at your workplace.

Contact:

Oregon Donor Program

503.494.7888

800.452.1369

www.ordonorprogram.org



Over 94,000 Americans are waiting for lifesaving organ transplants, and hundreds of thousands are in need of tissue. In the Pacific Northwest, nearly 2,500 people await organ transplantation and thousands more need tissue.

DONOR TISSUE HELPS FORMER COLLEGE ATHLETE REGAIN HEALTH, CONFIDENCE

Brandon Clay was injured in March playing intramural soccer with some friends. It struck him as ironic that he was injured playing an intramural sport, but was never hurt during four years of playing Division I football for the University of Pennsylvania. However, after jumping up in the air for the soccer ball, he landed awkwardly and in an unbalanced position. The result was he tore his anterior cruciate ligament completely and also damaged cartilage and the meniscus in his left knee. As a marketing and customer service representative for Community Tissue Services, Texas, Brandon was a bit more knowledgeable than the average surgery patient. He was confident that receiving his tissue graft from a deceased donor would lead to a faster and less painful recovery than would using his own tissue.



Brandon Clay, after ACL repair with donor tissue

In fact, Brandon indicates his transplant experience was, despite surgery, quite painless. He missed just two weeks of work and when able to return to work, was only on crutches for about a week and a half. Soon after surgery, he started physical therapy and had full range of motion in about a month. His doctor and physical therapist were quite impressed with his recovery, which Brandon attributes to the use of a donated graft instead of his own tissue and to the skill of his surgeon.

As a former college athlete, Brandon has always played a number of sports for fun and recreation as well as fitness and he is happy to be pretty much back to his normal athletic and active routine. He says, "I play flag football and basketball on the weekends, and I jog and work out with minimal pain and the use of a light weight brace. While I am more selective about the physical activities I participate in, I am fully confident

in my knee and the graft which gave my mobility back to me."

Brandon continues, "I fully believe in tissue donation and the mission of Community Tissue Services. While my surgery was not lifesaving, it gave me back a very important part of my life. The confidence and ability to do as I please physically plays a huge role in my overall confidence and health. The fact that tissue donation can save someone's life, as in skin donation, or greatly improve the lives of those struck by cancer or horrible accidents gives me a great sense of pride in my work. I am grateful for my donated graft and for the decision of the family to donate their loved one's tissue. Their decision made a positive difference in my life and in the lives of others. The gift of donation has helped many, many people."

CORNEA COLLABORATIVE

Lions Eye Bank of Oregon's communications director, Corrina Patzer, and director of operations, Chris Stoeger, recently joined representatives from 55 eye banks across the United States in Tampa, Fla. to help launch the Eye Bank Association of America's new cornea collaborative. The goal of the collaborative is easily summed up in the official acronym IQ2CAT (Increasing Quality and Quantity of Corneas Available for Transplant). The weekend in Tampa was spent learning best practices for improving the eye donation process from peers.

The collaborative is modeled after the 2003 organ donation collaborative that was launched to increase conversion rates for organ donors. In the three years since launching the collaborative, monthly donation and transplant records have consistently been set.

Lions Eye Bank of Oregon will be working on establishing a team of partners to coordinate the cornea collaborative. Over the next several weeks they will be putting together a list of goals and a plan of attack. They are all looking forward to using the collaborative model for cornea donation and hope to see the same success others have had.



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