

President's Notes: My Last Edition

Jane M. Kurz, President – Second Wind Lung Transplant Association, Inc.



Happy fall to all!

I bet you have noticed the cooler temperatures, the early start of dusk (or late start of dawn), and the leaves changing color. Some of these are more obvious depending upon your location. What is common to all is the cycle of these life changes. We might not like them, but they will happen.

That brings me to share that this is my last column as your president. My term ends on

December 31 and I will not seek to be re-elected. I enjoyed my two years in this position, but it is time for a change. Although I will remain on the board, I need to devote more of my volunteer efforts to the Delaware Medical Reserve, which will be administering vaccines in my local area. It is also my belief that a person should remain in this office for a defined period leading and improving the organization. Then, it becomes important that another person with different ideas has the opportunity to nurture this group.

When I joined Second Wind (SW) in 1997 it was relatively new. I worked with the original board members to start my research studies focusing on families involved in lung transplantation. Few had examined the psychosocial aspects of this journey at that time. I knew from my work as a critical care nurse that those patients with lung disease survived to transplant if they had a supportive family at their side.

Other researchers examined what was happening at the cell level, but I wanted to explore what was happening at the bedside. My first two studies involved interviews with well spouses pre-transplant versus post-transplant and I found there were big differences in the stress and coping strategies in the two groups. I published a theory about the stages that spouses go through during the first five years after transplant. I followed that with a survey study that included couples (patient & caregiver) and another study where I interviewed adolescent children in lung transplant families.

All this was to bring attention to the needs of the lung transplant families. My most recent study looked at female transplant recipients who became pregnant post-transplant.

Second Wind was wonderful about allowing me to alert members that I was conducting the studies. After each study was completed, a summary of the results appeared in an issue of *AirWays* so members could use the results in their lives. My studies are published in journals, but I am happy to send a copy to anyone who asks.

Although my involvement with lung transplantation was as a nurse, being part of the Second Wind Listserv (now called the "Email Support Group") provided insights that I would never have received from anyone in my professional circle. I remember a spouse asking why the nurses wait until two days before discharge to start teaching about all the medications while the transplant recipient is distracted with high doses of steroids and other new drugs. That comment led me to share that concern at professional meetings, and as a result more nurses started to talk about medications earlier in the hospitalization. The impact of your thoughts is more extensive than you might imagine!

In 2007 I was invited to become a member of the board. Second Wind had been so supportive of my research efforts that I was thrilled to have a way to pay them back. At the first few meetings I listened trying to find my role. Sharing my thoughts and the occasional *AirWays* article was how this started. However, the list of "jobs" was large, and I found one that was a good fit for me. I became the SW secretary in 2008 and have been sending the membership renewal notices since then. As with any board, other tasks develop, and directors assume them as needed. For example, surveying transplant centers to gain accurate information was a challenging task that I will not forget, and this needs to be repeated next year.

It was a privilege to work with so many wonderful directors who shared the SW vision. They brought their wisdom, experiences, energies, and passion. We all are especially indebted to Tom Archer and Cheryl Keeler who together led this group as presidents for almost two decades. It is always a sad event when

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AirWays

SERVICE THROUGH EDUCATION AND SUPPORT

AirWays is published four 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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General Information

Membership in Second Wind includes a subscription to *AirWays*. To join or change your address please contact Second Wind via email to phenry2ndwind@gmail.com or by phone, toll free at 1-888-855-9463.

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directors leave but interests, life demands, and health status change for all eventually. Now, it is time for a new president and a few new board members.

In the last two years we have continued the mission and improved some initiatives. We have a formal strategic plan, a robust Financial Assistance Program, a quarterly informative newsletter, a lively email support group, an active HelpLine, a new Facebook page, and an updated membership brochure. There has been an increase in updates on the web page. And note that we are still seeking contributions for the SW Poetry Book that is in development.

There is still more that you and we can do!

We have a Liaison Program where one person at a single transplant center took charge of contacting the new transplant recipients to offer SW resources, but it needs to be revived and expanded. We have a membership committee and a fundraising committee, but they need members to join as helpers. Our directors cannot do all the work. We need new board members to join and share your energy and wisdom.

I have watched many friends and SW members die secondary to their lung disease. Why are we here today and they are not? We need to ask ourselves, "What is that reason for life?" If you have a limited amount of time on earth, maximize what you are doing. Second Wind is like any relationship. It needs to be nurtured or it dies. When you were courting your significant other or your business client, you brought gifts, sent cards, called on occasion, and offered your help with anything. At that time, you did not want to lose that person from your life. You need to do the same with Second Wind. Volunteer for a committee, a task, or a board position. Although SW needs your donations to support our work, we want your energy and wisdom just as much.

"IT WAS A PRIVILEGE TO WORK WITH SO MANY WONDERFUL DIRECTORS WHO SHARED THE SW VISION."

SW has been in existence for 25 years and I expect it to be here for at least another 25 years. There were 2714 lung transplants in 2019, an increase of 7.3% from the previous year, and that trend will continue. UNOS is working diligently to shorten wait times, foster better outcomes, and increase the number of people receiving transplants. Second Wind is a recognized leader within the transplant community and is often consulted by companies and hospitals for our opinions and suggestions. Your directors respond on your behalf. We monitor and report back to you about emerging controversies and changes. Some of these include Lung Allocation Scores use, new immunosuppression medications, infection prevention, treatments for organ rejection, the importance of physical and psychological rehabilitation, and creating new organs in the lab. These are exciting times full of hope.

We are pleased you are part of this SW family. However, we need you to spread the news about this organization to attract more members, and to volunteer to keep it going! With your help, Second Wind will continue to expand our membership, offer more services and resources, and improve the quality of life for families involved in lung transplantation.

Keep well and be safe,

Jane



Editor's Notes

- As Jane Kurz noted in her final column for *AirWays*, Second Wind values the help we receive from our members, even (or especially) those who don't serve on the Board. An example of this type of contribution came from someone I know very well. This past summer as we were searching for a database manager to maintain our computer records, Mark Henry, my son, stepped forward and took on this task. Mark works in IT for a local health insurance company, and his familiarity with our Access database software made him a perfect fit. By all accounts he's doing a terrific job, filling a critical role for Second Wind, and making me one proud Poppa.
- Speaking of Jane, she's put together a comprehensive overview of the immune system that you'll find on page 6. It's a topic that everyone in the transplant community should have at least a basic understanding of, and Jane's piece will give that to you.
- Tim Adams provides more practical advice on how to deal with the challenges of living with a lung transplant in part three of his series, "Stayin' Alive". You'll find that on page 8.
- Finally, don't miss Second Wind member Matt Pasick's remarkable story (page 5) of how he, his family and his medical team at the Mayo Clinic joined together to overcome Alpha-1 Antitrypsin Deficiency.

SECOND WIND NEEDS YOUR HELP!

As announced in the last issue of *AirWays*, in response to the economic effects of the ongoing pandemic, the Board of Directors voted to waive all membership dues for the period ending July 31, 2021.

While we know this was the right thing to do, the loss of revenue is significant. For that reason you will find something in this issue that you've never seen before—a Donation Envelope.

Soliciting direct contributions from our readers isn't a step we take lightly, but current conditions leave us no choice.

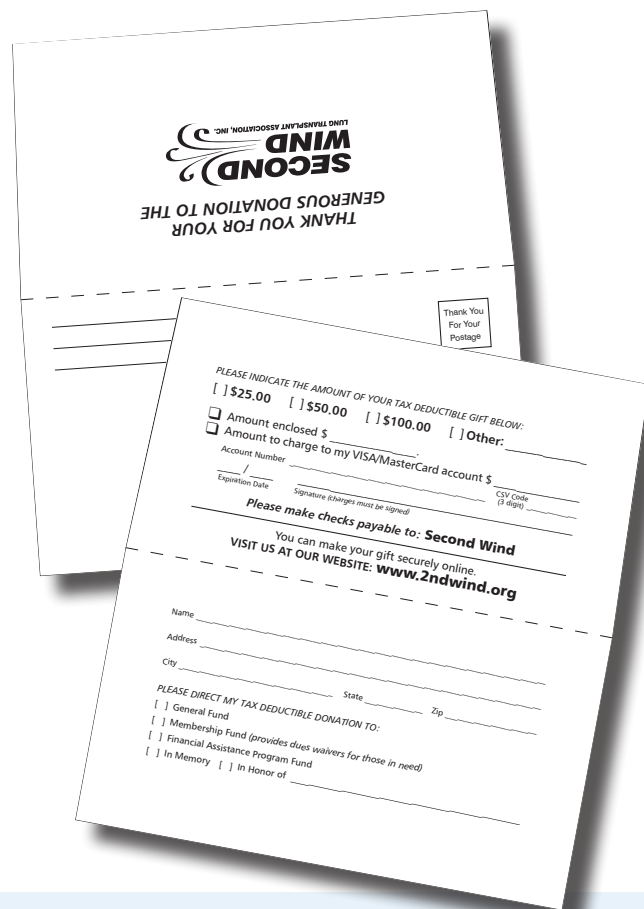
Second Wind receives no governmental or foundation funding, and if it were not for annual dues payments and donations, this newsletter, the Financial Assistance Program and our many other services could not continue. Indeed, Second Wind itself would not exist.

For that reason we ask that, if your financial situation permits, you use the enclosed envelope to make a donation to help keep Second Wind on a sound financial footing.

We would love to add your name to the list of generous donors shown at the bottom of this page.

Thanks.

The Second Wind Board of Directors



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We thank all for your generous donations to Second Wind Lung Transplant Association, Inc.



Second Wind Member & Mayo Clinic Make History

By Matthew Pasick

Hello fellow Second Winders!

I've been asked to share our life altering and history making transplant journey, the story of the first ever bi-lateral lungs and liver transplant performed at the Mayo Clinic.

I say "our" because it wasn't just me, it was my whole family who shared this journey, and it took a huge toll on all of them. I hope by sharing our story it may help others who are going through it too.

Our odyssey began just over five years ago. After getting an x-ray for symptoms of shortness of breath, my Primary Care doctor noticed something serious with my liver. She told me to seek a specialist immediately and have them look at it. When we did they gave us the sobering diagnosis of non-alcoholic cirrhosis of the liver, with portal hypertension. Then, the final punch, we were told it was caused by an extremely rare genetic disease, Alpha-1 antitrypsin deficiency. They quickly educated us on this rare disease, and we learned that that there was no cure, only transplantation. We were devastated.

As we continued to monitor the condition for many months, other new symptoms began to surface: shortness of breath, fatigue, dizziness, etc. We were referred to a pulmonary specialist and, after a few tests, they determined that the Alpha-1 had migrated to the lungs, infecting them too. We were again devastated at the deflating news.

Over the next few months it got worse and Oxygen 24/7 was prescribed. I now had to get O2 machines for home use along with portable tanks. This went on for many months. We knew that we needed to find a real solution to what had become an extremely serious problem. We contacted the Mayo Clinic in Rochester, Minnesota to pursue getting listed for transplantation of both organs. They accepted us for evaluation and we began the process with them and UNOS to get listed.

We went there every three months for the routine tests and meetings necessary to keep on the UNOS list. But by November of 2018 the test results were such that they admitted us to Mayo to begin the wait for organs. That wait in the hospital lasted nearly six months.

Why so long?

Due to the nature of the disease, BOTH organs needed to be transplanted at the same time. To make it even more difficult, the organs had to come from the SAME donor and had to be the SAME blood type and size as me. These very narrow criteria made for a long wait.

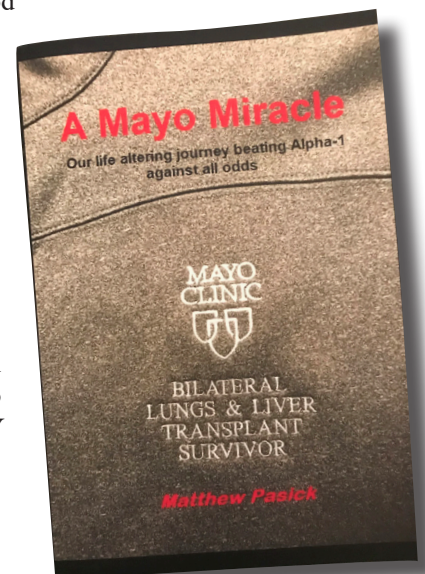
After 168 days of agony and waiting, a true miracle happened. I was awakened by the whole night staff at 5:00AM and told that the organs were on the way to me. A feeling of overwhelming joy and relief came over me and my wonderful staffers. I had to make dozens of calls to my support team, friends and family to share the joy. Many tears of joy were shed.

By 4:00 PM I was prepped for surgery. It lasted over 12 hours and was a massive, perfect success. I spent three days in ICU under 24-hour monitoring, then went through other support areas and eventually to Physical Therapy. We were released a month later.

To this day I call it a miracle because I learned that, with only 10% lung function remaining, I was only a few days away from being put on ECMO—a life support machine that does the work of the lungs—when the organs showed up. If they hadn't arrived when they did, I may well have not made it. Every day when I wake I thank God and the donor for my miracle.

I've written a book on our amazing journey. It's called "A MAYO MIRACLE" and is available on Amazon.

I wrote it to give hope and inspiration to anyone who is going through what we just did, and to assure them that THEY can do it too.



The Immune System: A Primer

By Jane Kurz, Ph.D., RN

It is important that those who received an organ transplant understand the basic facts about the immune system. The immune system protects the body from disease-producing microorganisms (pathogens like bacteria, viruses, & parasites) and other foreign particles. Any of these things that trigger an immune response are called *antigens*. An antigen may be fairly harmless, such as tree pollen, or harmful, such as the flu virus.

When thinking about defenses, think about the body as a castle having three layers of protection.

The first layer is like a moat that acts as a physical barrier and a chemical barrier to pathogens. The physical barrier consists of skin and mucous membranes, and the chemical barrier consists of lysozyme enzymes present in secretions (e.g., tears, saliva,) and hydrochloric acid (in the stomach). These naturally occurring chemicals destroy the cell walls of some bacteria.

The second layer, the “watchers”, includes the white blood cells (phagocytes) that play a role in inflammation. If a pathogen gets through the first layer, the body can activate this second line of defense and send in the phagocytes, which surround and engulf the foreign particle. They release a chemical that causes the particle to disintegrate and creates conditions for healing.

If the first two layers of defense were unsuccessful, the third layer, which consists of “soldiers” or “knights” (keeping with the idea of castles) is activated. They start the major attack using a variety of cells and chemicals with the aim to protect the body. These “soldiers” recognize self from non-self. This is the start of immunity that begins at birth, and functions throughout life.

Organization of the Immune System

If you are feeling dizzy with these explanations, you are very much like most people of the world. This is a complex system and you will need several readings to really understand this to your satisfaction. Let's start at the beginning.

Lymphocytes

All blood cells and immune system cells come from the bone marrow at birth. They start out as immature stem cells and some remain in the bone marrow to mature. Other stem cells move to the thymus gland in the neck to mature into specialized T-cells (also known as T-lymphocytes). Those cells that matured in the bone marrow (as conditions in the body require) are specialized sub-types of white blood cells, plasma cells and red blood cells.

Plasma cells that matured in the bone marrow (B-cells or B-lymphocytes) move to places where they can be readily activated when needed. They produce antibodies. They are found in the spleen, lymph nodes, blood, lymph fluid, intestinal tract, and connective tissue. They have different jobs.

B-lymphocytes produce antibodies and help alert the T-lymphocytes, which then destroy compromised cells in the body and help alert other leukocytes to come to the fight.

Antibody production

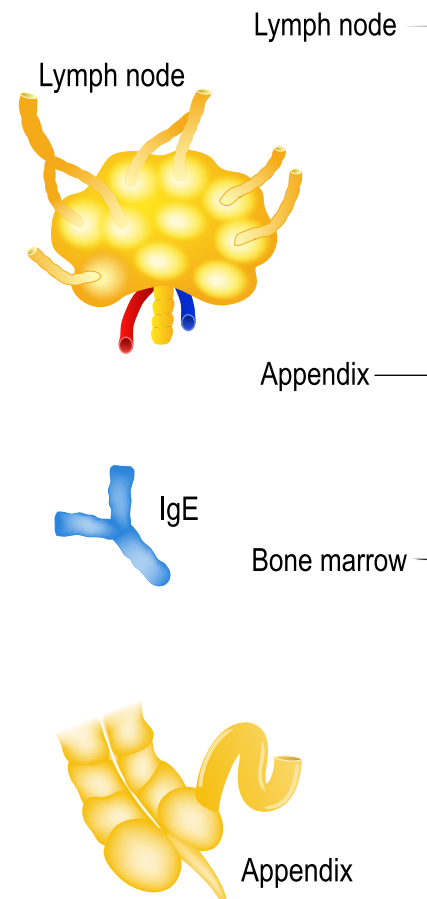
Antibodies are special proteins that lock on to specific antigens. Each B cell makes one specific antibody. For instance, one B cell might make an antibody against the bacteria that cause bronchitis and another might recognize the common cold virus or chickenpox.

Antibodies are part of a large family of chemicals called immunoglobulins, which play many roles in the immune response. When the body is first exposed to an antigen, the B-cell produces IgM to fight the antigen. IgM, the first antibody formed by a newly sensitized B-cell, is the largest of the immunoglobulins and kills bacteria. If the body is exposed to the same antigen again, the B-lymphocytes quickly produce large amounts of a second type of antibody, IgG.

T-Lymphocytes

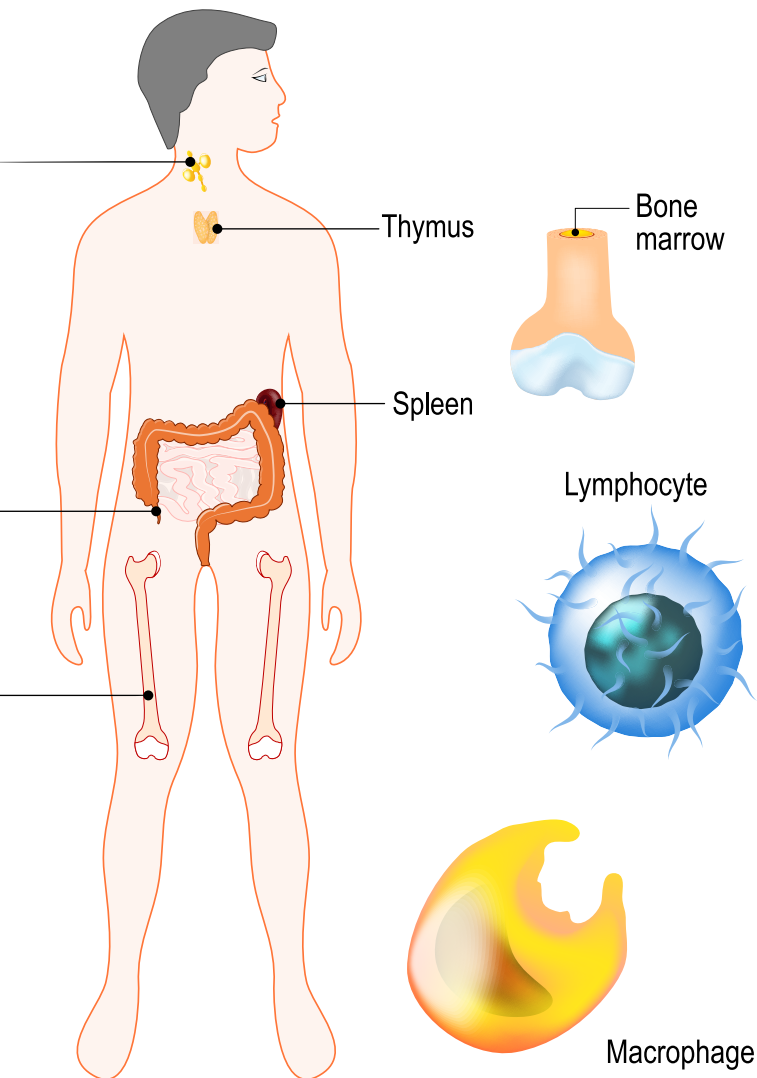
When an antigen enters the body the T-lymphocytes (T cells) undergo changes based on the antigen's proteins on the cell's surface.

- Helper T-cells recognize self-versus-non-self. When they recognize a non-self antigen, they secrete a chemical (cytokines) that calls the other white blood cells to the area to attack. They also help to activate the B-lymphocytes.
- Suppressor T-cells prevent overreactions and can inhibit an attack when it is not needed.



- Cytotoxic T-cells kill antigens directly, especially viruses and cancer cells. Suppressor T-cells can help reduce the functions of the Helper T-cells and the Cytotoxic T-cells.
- Memory T-cells keep the blueprint to be activated if the body is re-exposed to the same antigen. These memory cells are like the citizen militia who return to their homes and their routine life once the attack is over but they can quickly move into action if an attack by the same pathogen (or antigen) occurs again.

Just remember, three parts are needed for the body to develop full immunity (or immunocompetence): 1) inflammation, 2) B-cells, and 3) T-cells.



IMMUNE SYSTEM

However, individuals who have had an organ transplant do not want full immunity or their transplanted organ will be attacked as if it were a pathogen.

It should also be noted that older adults have fewer B-lymphocytes and T-lymphocytes with a loss of immune function effectiveness. This is a normal part of the aging process.

“INDIVIDUALS WHO HAVE HAD AN ORGAN TRANSPLANT DO NOT WANT FULL IMMUNITY...”

The Attack- What happens

This is what happens when the body is exposed to a new pathogen.

- 1 The pathogen (e.g., bacteria) or antigen (e.g., anything that stimulates an immune response) needs to be in sufficient quantities to stimulate a response.
2. There is an interaction of a white blood cell and a helper T-cell that “presents” the pathogen to the B-cell.
3. The B-cell is now sensitized to the new antigen or pathogen.
4. The B-cell starts to produce antibodies. These are directed specifically against the original antigen. Antibodies are released into the blood stream and other body fluids.
5. The antibody binds to the antigen and forms an “immune complex”.
6. This causes more cellular events and attracts more white blood cells (leukocytes) to this complex. This results in neutralization, destruction, or elimination of the antigen.
7. If the same antigen reappears, the sensitized lymphocytes produce large quantities of the antibody specific to that antigen.

If one is dealing with a pathogen (a disease producing bacteria, virus, or parasite) one wants the immune system to work successfully. However, if one is dealing with a transplanted organ, one wants the immune system to be suppressed and not cause a reaction (i.e., organ rejection). Thus, patients who have received an organ transplant must take medications designed to suppress the normal immune system response for the rest of their lives.

If you would like more information, go to [youtube.com](https://www.youtube.com) and search using the phrase, “Immune system: innate and adaptive immunity explained”. That will lead to a series of animations that explain the workings of the immune system.

Transplant Patients' Issues and "The COVID"

Part 3 of the Ongoing Series, "Stayin' Alive"

By Tim Adams, Director, Second Wind Lung Transplant Association
Lung Transplant Recipient – 19 June 2017



Are you tired of hearing about the COVID? Yes, that's what we call it now, "The COVID."

We'll talk about The COVID later in this article, from a lung-transplant view. But for now, let's talk about what happens now that you have a new single or pair of lungs.

Firstly, you're alive! Thank God. Keep the "I'm Alive" idea in the front of your mind all of the time.

And with all the blessings, joy, and wonderment that notion brings, you now have to think about *Stayin' Alive*.

Your doctors will order regular blood tests to monitor your body's reactions to immune system drugs and your general health. The results of these tests could cause the doctors to change your meds levels or even change out some meds altogether.

However, we have to watch ourselves for other signs or symptoms. Whether you are just home from the hospital or have been home for some years, new issues will start to pop-up in your daily life. And these new signs may require medical attention sooner than later!

Signs and Symptoms

We are all immunocompromised—immunosuppressed. Our immune systems have been significantly altered to prevent the rejection of our new lung(s). As a result we are subject to all kinds of issues that may or may not be related to our transplant, such as:

1. Do you get tired or out-of-breath when walking outside or walking upstairs? Suddenly, my lower legs were cramping up after just a block. My first thought was that my new lung wasn't performing! Then I remembered that my recent pulmonary test was the same as last year. What was it then? It turned out to be PAD, (Peripheral Artery Disease), which involves blockages in both large arteries in my legs. These are new and will require surgery. Yikes!
2. Some of us contract Diabetes after our surgery so we have to stick our fingers to test our blood sugars, take pills or use needles to deliver insulin. Wow, this is one disease we have to stay on top of all the time. Out of nowhere, your blood sugars might spike or go low, and then you have a problem.

3. How about skin cancer?! When your immune system is knocked down, and because of some of the other meds we take, exposure to the sun can cause skin cancers. Then comes the Dermatologist and, if it's serious, the Surgeon! So please take care to limit your sun exposure.
4. Is your balance a little off? Being imbalanced was new to me. Say hello to your meds again. Some of the meds we take may have a side effect of imbalance! Imbalance means you could fall! Watch this one. If your family asks why you're stumbling, moving in an unbalanced way, or leaning against doorjams, then you may want to talk to your doctor about balance side effects
5. Here's one for you: cuts and bumps that leave marks on your skin that last forever! You bump your shin, it heals, but the disfigurement never seems to go away. Or, you smash your hand into a door handle, and you get a hematoma! Whether or not you are taking blood thinners, check this out with your lung transplant team.
6. Thrush! What in the world is Thrush? It's a common yeast infection contracted after transplant. Now for this gem, they may give you a medicine called Nystatin. Nystatin will help prevent or remove symptoms in your mouth, including patches or small, white bumps in your mouth or throat.
7. Stress!! This one could be the toughest of all. How do you know you're stressed when you're in the middle of it? Look for some or all of these symptoms: headaches, disturbed sleep, pain, anxiety, irritability, tension, body aches, and fatigue. Stress can affect your recovery or your ongoing life. There are a variety of non-drug strategies to deal with stress. Explore them all and stay on top of this.

These signs and symptoms are but a partial list of the issues that can come at you out of nowhere, at any time. Sometimes you'll experience more than one at the same time. Trust your body and when you notice any of these call your lung transplant team right away

The COVID!

This is about what you can do about COVID 19 (The COVID), especially as a lung-transplant patient. Beyond the usual list—masks, distancing, avoiding all people, food delivery, etc.—because of The COVID you're going to spend a lot of time inside. No getting around it!

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“GIVE BACK. REMEMBER THAT YOU’RE ALIVE BECAUSE SOMEONE GAVE OF THEMSELVES...”

So try some of these ideas:

1. Get Creative. Think of 10 new things you can do indoors or in the back-yard. Make a list. Do them in any order.
2. Learn chess. Play against the Internet unless you have a playing partner. Start slow and build. There are so many strategies to learn.
3. Get jigsaw puzzles and start one right away. Every time you walk by it, add a piece. When done, put the puzzle back in the box, give it to the library and start on the next one.
4. Read more—Buy a new tablet or other reading device and load it with five classics (e.g., *Don Quixote*), five non-fictions (*Grant*), and five fictions (*Pillars of the Earth*). Spend some time building your list. Then read one classic, two fictions, one non-fiction and start over. (Also, I’d recommend you buy insurance on the tablet. I broke mine in the first month!)
5. Watch the movies you have always wanted to see by scheduling movie nights. Select two nights and watch two a week. Get your partner, spouse, or caretaker to watch the movies with you. Make popcorn. Then make some more!
6. Clean out the shed or clean out the basement (but be careful of dust—wear a mask). Don’t make the task seem overwhelming. Think, “I am just going to reorganize it.” As you go, you should be able to get to everything. Throw things away. Feel good. Do it--throw things away! It’s so hard!
7. Find a hobby where you can build things: model trains, airplane kits or electronic kits like radios, painting, carving, clock repair, and more. Building things will use up time and give you great satisfaction. Make sure to choose a hobby that requires you to work with your hands.
8. Create a workout room in your house. As you can afford to, add a bike, some weights, a TV and DVD player for recorded workouts, and maybe a BIG audio system. Learn how to meditate and use this room for that purpose as well (see item #7 under “Issues” above).
9. Give back. Remember that you’re alive because someone gave of themselves—your new lung(s.). You can repay this gift by finding a way to be of service to the lung transplant community.

Stay Well, Transplant Persons— by *Stayin’ Alive*

- Tim Adams

Thank You, Jane!

If you read the President’s Notes on the cover, you’re aware that Jane Kurz will finish her second and final term as our Board President at the end of this year. Those Presidential shoes of hers will be hard to fill but luckily for Second Wind, she will continue to serve on the Board and to help us identify her successor.

As she outlined in her article, Jane’s membership in Second Wind began more than twenty years ago, and she has supported the organization in a variety of roles—both as a volunteer and/or a Board member—for most of that period.

In the summer of 2018, Cheryl Keeler, our immediate past President, advised the Board that she would be stepping down. Cheryl had led Second Wind very capably for many years, and the Board was confronted with the challenge of finding a successor. That’s when Jane stepped to the forefront and volunteered to take on the position.

How did the Board react to Jane’s offer?

We were tripping over each other to quickly agree that she would be perfect for the job. The experience of the past two years has proved us right. She has performed in the position

with incredible purpose and energy, despite holding down a full-time position as a Professor of Nursing at LaSalle University.

Her tenure has seen the development of both a strategic and a wide-ranging fund raising plan, updates to our website, the successful transfer of responsibility for the HELP line to a new volunteer (Cathy Cuenin), a new Facebook page and an updated brochure.

Beyond these accomplishments, we would be remiss in not highlighting the delicate, human touch that Jane brought to the job. Boards of Directors consist of people, after all, and each of us comes to the table with our individual problems, quirks and opinions. Jane always found a way to maneuver through the potential pitfalls that are prevalent in group processes without making anyone feel less than fully appreciated. It may well be that aspect of her tenure that we’ll remember best.

So, in light of all that you’ve done for Second Wind, the Board of Directors says,

“THANK YOU, JANE!”

Can a Nebulizer Spread the Corona Virus?

Nebulizers, which deliver medicines in the form of a mist inhaled into the lungs, are used in the treatment of asthma, Cystic Fibrosis, COPD and other respiratory diseases. They use various methods to break up the medicinal solution into small droplets that are then inhaled through a mouthpiece.

The ongoing COVID-19 pandemic raised the question of whether or not aerosol-generating devices like nebulizers are safe—i.e., whether or not they can spread the virus and how to safely use them in the treatment of respiratory diseases. A recent Letter to the Editor in the Journal of the COPD Foundation (Volume 7, Issue3) from DP Tashkin and IZ Barjaktarevic outlined the current state of knowledge on this subject. Here are a few of the highlights:

- While there was no clear evidence that the use of nebulizers puts others at risk of contracting the virus, caution in how and when they are used is called for.
- In light of the potential danger from nebulizers, some patients with COVID-19 are being switched to hand-held, metered-dose inhalers for the delivery of their medications.
- The position of the CDC (Centers for Disease Control) is that there are currently no known links between the use of nebulized treatments and an increase risk of COVID-19 infection. However, they do advise that health care practitioners take routine precautions (use of PPE, discarding used equipment, etc.) when providing nebulized treatment to their patients.
- The use of a nebulizer by a patient with COVID-19 at home has no known hazards to that patient. And, if the patient takes appropriate steps (not using it in the presence of others, using it near an open window or where sufficient air flow is present, etc.) the risk to others can be eliminated or greatly diminished.

The Journal of the COPD Foundation is free. You can subscribe by going to their website: journal.copdfoundation.org.

Support Groups

UCLA Lung Transplant Support Group

Meeting virtually via Zoom
1st and 3rd Mondays of every month
12:30 – 1:30 PM

Contact emoran@mednet.ucla.edu for more info.

PLEASE NOTE: if you are aware of a group that continues to meet, virtually or in person, and would like it listed here, send the details to: phenry2ndwind@gmail.com

Transplant Anniversaries

AUGUST 2020

Name	Transplant Date	Years
William Bostick	8/15/2007	13
Harlan Halvorson	8/24/2006	14
Patrick Henry	8/25/2015	5
Gwen Herron	8/11/2012	8
Jack Hollenbach	8/3/2007	13
Orlan Holmes	8/2/2002	18
Julie Martin	8/29/2005	15
Garry Nichols	8/22/2005*	15
Ruben Ogando	8/18/2018	2
Michele O'Guinn	8/26/2004	16
Chris Towe	8/26/2018	2
Kale Willis	8/18/2019	1

SEPTEMBER 2020

Name	Transplant Date	Years
Paul Enslin	9/21/2019	1
Kevin Gargan	9/5/2016	4
Karina Hallinan	9/13/2019	1
Brian Jenkins	9/2/2009	11
Daryl Long	9/4/2019	1
Michael Long	9/26/2019	1
John McNamara	9/18/2006	14
Tom Nate	9/20/2010*	10
Cheree Peirce	9/16/2012	8
Pamela Thorkelson	9/17/2019	1
Carolyn Vega	9/1/2013	7

OCTOBER 2020

Name	Transplant Date	Years
John Berti	10/8/2019	1
Beth Davenport	10/20/1995	25
Sonia Joseph	10/23/2019	1
Mickey McCabe	10/17/2016	4
Katie Moyer	10/2/2017	3
Damian Neuberger	10/19/1997	23
Alan Schwenck	10/6/2009	11
David Somerville	10/30/2017	3
Charles Vigil	10/28/2018	2
Danette Ward	10/24/2019	1
Jennifer Wilcock	10/6/2019	1

* ReTransplant Date

Lung Transplantation as Treatment for COVID-19: Considerations

While lung transplants have been used to treat patients suffering from the serious effects of COVID-19, as reported by Marcelo Cypel and Shaf Keshavjee in the October, 2020 issue of *The Lancet*, the use of this approach may likely be quite limited for a variety of reasons.

As they noted, patients with severe lung damage caused by the virus are likely to have other conditions—advanced age, muscle wasting and organ failure due to time spent on lung support devices—which make them unlikely candidates for transplantation.

The authors identified various criteria that they believe must be evaluated when considering whether or not to use lung transplantation as a treatment for advanced cases of COVID-19. They include:

- The age of the patient (should be less than 65 years old);
- The patient's own lungs should be given a reasonable amount of time after respiratory failure (they suggest at least

4 – 6 weeks) to recover on their own before proceeding to transplantation;

- There should be clear radiological evidence of irreversible lung disease;
- The patient should be awake and alert enough to understand the impact of transplantation, and to give informed consent;
- Patients should be able to tolerate physical rehabilitation while awaiting transplant;
- The patient should meet all of the typical criteria to qualify for transplantation, including the absence of other serious conditions—e.g., coronary heart disease;
- The patient should now be negative for COVID-19; and
- The transplant center should have significant experience with high-risk transplantation.

You can find the complete article by going to thelancet.com and clicking on the current issue.

New Members

It is our honor to welcome the following individuals who became members during the period August – October 2020.

We thank all of you for your support of the Second Wind Lung Transplant Association.

Cassie Buckner	Dorothy Virgil
Robin Burton	Dara Walker
Terri Jo Christenson	Les Wall
Joyce Christian	Reanna Woods
Tamara Guenther	Dave Worfel
Mark Henry	Sharon Yaros
Doug Hollifield	
Michael Johnson	
Pamela Niemann	
Ken Reid	
Frances Reyes	
Kay Ryan	
Michael Sisk	
John Sullivan	
Diana Swartz	
Pamela Thorkelson	
Carol Timperly	
Chris Towe	
Lloyd Turner	

Membership Renewals

The individuals listed below were renewed as members during the period August – October 2020.

We thank all for their continued support of the Second Wind Lung Transplant Association.

Jeffrey Alvarado	Laticia Long
Rudy Arce	Ruth Magnus
Robert Bock	Jennifer McGrain
Kathryn Bryan	Etta Milton
Marie Budev	Mary Narkevicius
Melissa Burke	Garry Nichols
Paul Enslin	Erin Odell
Margie Everett	Matthew Pasick
Mary Jo Festle	Lois Peddgree
Teresa Figueredo	Ernest Pemberton
Timothy Groger	Lisa Potter
Eric Harned	Margaret Seanor
Denise Jacobs	Shawn Spence
Edward Kuhn	Justin Stanley
Jane Kurz	Fred Walker
Jonathan Lausell	Kale Willis
James Layne	Paul Woods
Maurice Lippert	Meghan Zagorski
Daryl Long	



*Please share this issue of
AirWays with friends,
family and colleagues.*

Second Wind Lung Transplant Association, Inc.
75 Scattertree Lane
Orchard Park, NY 14127

RETURN SERVICE REQUESTED

Let's talk



**QUESTIONS
OR CONCERNS
ABOUT YOUR
OR A FAMILY
MEMBER'S LUNG
TRANPLANT?**



For those who have had or who are contemplating a lung transplant this can be a frightening time. Second Wind has "Peer Mentors", post lung transplant members who can be a source of information and advice. While Mentors never offer medical advice, they can share the benefit of their experience, or simply be there to listen.

Mentors will engage with you via phone and/or email, and stay connected with you throughout your lung transplant process if you wish.

To learn more go to 2ndwind.org and click on "Member Benefits", call our HELP line at 888-855-9463, or send an email to phenry2ndwind@gmail.com.