

Garry Nichols: Staunch Advocate for The Transplant Community

Garry M. Nichols, a key figure in the history of the Second Wind Lung Transplant Association, and a leading force within the organization's Board of Directors, passed away on April 14, 2021 at the age of 77.



Garry was a strong supporter of lung transplant recipients and their families, and his devotion to the cause arose at least in part from his own experiences. He received not one, but two lung transplants: a single lung in 2003, followed by a successful double-lung transplant in 2005.

Not long after that second transplant, he became an active member of Second Wind and joined the organization's Board of Directors.

Always advocating for ways in which Second Wind could help its members, he championed the idea of waiving the cost of annual membership dues for those unable to afford it. He also served for many years on the Financial Assistance Committee, handling a multitude of applications for financial help from patients struggling to meet the many extraordinary and unexpected expenses related to their transplant journey.

In 2008 he took charge of Board elections, making a number of process improvements, and handled this duty up until the time of his passing. In 2009 he took on the extremely demanding role of Board Treasurer, one in which he served honorably for the next four years.

Perhaps Garry's greatest contribution to Second Wind was simply his calm, wise presence. His many years of

experience on the Board gave him a deep understanding of the organization's history and mission, and his quiet leadership could always be counted on to help navigate the Board through difficult financial and policy issues. He was a mentor to many of us, and he and his wife, Barbara, were active participants in Second Wind's Peer Mentor Program.

Born in Bridgeport, Connecticut, Garry was a resident of Somerset, NJ for the past ten years. An engineer by trade, he received his Bachelors of Science from the University of Connecticut and his MBA from Syracuse University. He worked in Management for the Allied Corporation in Morristown, NJ for many years before retiring.

His family describes him as dedicated and loving husband, father, brother and grandfather, and an avid reader who enjoyed learning the mechanics of how things worked, and about languages, cultures and history.

**"GARRY'S QUIET LEADERSHIP COULD ALWAYS BE
COUNTED ON TO HELP NAVIGATE THE BOARD THROUGH
DIFFICULT FINANCIAL AND POLICY ISSUES."**

Garry was predeceased by his parents Robert and Mary Nichols and by a sister Julie Wechter. He is survived by his wife of 56 years, Barbara H. Nichols, by his daughter Michele L. Nichols and her husband Timothy Hardgrove, and by two sons: Garry M. Nichols, Jr. of Virginia Beach, Virginia and Seth H. Nichols and his wife Cara of Boise, Idaho. He is also survived by his six grandchildren: Sydnie Nichols, Sam Nichols and his wife Alison, McKenna Nichols, Maxton Nichols, Victoria Nichols and Veronica Nichols, and by many nieces and nephews.

Garry will long be remembered for his many contributions to the transplant community, and the Board of Directors extends its most heartfelt condolences to his wife, Barbara, and to his extended family.

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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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President's Notes

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



In my time as a member of Second Wind I have had the privilege to meet many amazing lung patients, and blessed by having them share their experiences with me.

The world of lung disease and transplant surgery, while miraculous in many ways, is never an exact science. For us, each day

is different—some good, some not so good. While we know how hard this journey is, there are times we can find humor in the midst of suffering. I want to share some of my more humorous events. See if you can relate!

In 2009, I had been in ICU for 3 months awaiting a 2nd transplant, and recovering from respiratory failure, kidney failure and cardiac arrest. My insurance company wanted me out of the hospital to continue waiting so I was put on a ventilator with a tracheostomy. Before leaving, my lovely wife, wanting to thank all the therapists and nurses who took care of me, set up a luncheon in a restaurant located on the top floor of the hospital. My respiratory therapist gathered me, my oxygen and the portable vent, loaded us all in a wheel chair and off we went.

I was apprehensive because I'd been isolated in the ICU for so long, but we had a very nice lunch. Then, as we prepared to head back, an alarm started beeping. My therapist got a rather sheepish look on his face. Turns out he'd neglected to plug the portable vent into an outlet while we were having lunch and its battery was out of power!

Part of what you are are taught when you are on a vent is to be ready for such situations, and one tool you use is an Ambu Bag—a hand-held device used to provide positive pressure ventilation. My therapist pulled the bag out and handed it to my sweet wife, directing her to begin squeezing it while he connected it to my trach. My wife, in a panic and a moment of shock, said simply, "I'm not doing this!" and dropped the bag in my lap. I had no choice but to pick it up and begin administering pressure myself to keep breathing until the vent could be plugged in. All ended well and we eventually had a great laugh. To this day we still laugh about it.

Another incident that brings us a great laugh occurred after I had left the ICU and moved to our apartment on the 8th floor of a 24-story Condo. Being on a vent outside the hospital

is not a normal thing, and I was supposed to have someone with me 24/7. However, our son was in school and my wife needed to pick him up, so I told her I'd be ok by myself and proceeded to take a nap. Suddenly I was awakened by sirens close by. I walked out on the balcony to see fire trucks parked below. A few minutes later I began smelling smoke.

I was not able to speak due to the trach so using the phone wasn't an option. I sent a text to my wife to tell her not to come home because the street was blocked off. Of course, she totally panicked. There was a knock at my door and I opened it to see a fireman in full dress, smoke wafting in the hallway behind him. Seeing my situation, he asked if I was ok and told me to stay put. He said he would be back to get me if need be.

I closed the door and began contemplating my escape route if the smoke got worse and no one came for me! I surmised that I could carry the portable vent in one hand and oxygen in the other, and make my way slowly down the 8 floors to the street. Meanwhile, my wife was near hysteria and feeling much guilt for leaving me home alone. She had visions of me dying as a result of a fire after surviving a myriad of issues in the ICU for 3 months. Again, all ended well. The fire—caused by a hair dryer shorting out in the unit below—was quickly extinguished. Another near disaster averted and one that we still laugh about today.

I am blessed to have survived quite a few of these during my transplant journey, and they remind me that, despite our struggles and suffering, life allows us to laugh at ourselves. It is living through such struggles that strengthen us.

Finally, I want to recognize one of our dedicated volunteers, long time member, Cathy Cuenin, who has now joined the Board. Cathy has been answering the Second Wind 1-800 line for some time now, and will continue in that job.

Welcome Cathy!

Tom Nate,
President

Profile: Cleveland Clinic Lung Transplant Program

By: Marie Budev, D.O., MPH



On behalf of the Cleveland Clinic Lung Transplant Program, I would like to thank the Second Wind Lung Transplant Association for the opportunity to share a profile of our Lung and Heart-Lung Transplant Program.

The Cleveland Clinic (CC) was founded in 1921 by four doctors who

wanted to establish an “ideal” medical center, where doctors from many specialties would work together as a group to provide patient care, research and education. The Lung and Heart-Lung Transplant Program was founded in 1990, and since its inception has earned a reputation internationally as a leader in lung transplantation.

Our core values (see accompanying illustration) provide the foundation for the care of our lung and heart-lung transplant patients. The program’s mission is to provide the highest level of care to patients suffering from end stage lung disease, and gained a reputation as one of the foremost transplantation centers in the country by merging a broad medical and surgical approach in the management of both pre-transplantation patients with end stage pulmonary disease, and post-transplantation patients.

The CC Lung Transplant team completes 120 -130 transplants a year, and is one of the most active programs in the world, leading the way for innovation in both the procurement of organs, as well as surgical therapies and post op management of these complex patients. The Lung and Heart-Lung Transplant Program is one of few centers in the US to offer multi-organ transplants, including heart-lung transplants and liver-lung transplants.

The majority of patients transplanted by the CC team are adults; although some pediatric patients are evaluated and transplanted, depending on age and stability. Currently the CC Lung Transplant Program is following over 800 patients in the post-transplant clinic, and another 500+ patients in the pre-transplant phase.

At any one time, there are approximately 25-35 patients on our waiting list. Our program has established a reputation for accepting and transplanting challenging, complex patients, which has led to a high referral rate. Our patients come from all over the United States and other countries. The average waiting time for a transplant in our program remains short due to our aggressive use of donors and ex vivo lung perfusion therapies.

Due to the COVID-19 pandemic, 2020 was extremely challenging for all lung transplant programs across the country. The pandemic presented several challenges, including difficulties with patients from distant referrals, the safety of our procurement teams, patient management and the evaluation of donor lungs. We were one of only four programs in the US that performed more than 100 lung transplants in 2020 despite these issues.



The Ex Vivo Lung Perfusion program (EVLP) significantly contributed to the volume of transplants in 2020 through the use of marginal lungs, as well as by allowing the use of lungs procured by 3rd parties that required evaluation prior to transplantation. In 2020, 25% of our transplants were performed with lungs that underwent EVLP.

Our publicly reported clinical outcomes continue to be very good and the Cleveland Clinic continues to participate in a rigorous quality improvement practice through the Transplant Center Quality Assessment Process, which monitors safety, outcomes and process improvements. This dedication to the quality process has produced shorter ICU and hospital lengths of stay, shorter mechanical ventilation times, and overall better outcomes for our lung transplant patients.

As a result of our clinical volume, the CC Lung Transplant Program is a leading research center for studies in lung transplantation. In addition to being one of the clinical sites for the NIAID Lung Transplant Clinical Trials Network, we are a participating site in the Cystic Fibrosis (CF) Foundation Collaborative. Several of our transplant physicians have received grants and funding from the CF Foundation for innovative outcomes, and for the establishment of an active biorepository. The CC program is also participating in several industry trials focusing on experimental therapies for chronic rejection, and is conducting internal studies looking at frailty in the post-transplant period and the impact of COVID-19 in lung transplant recipients.

Our team members are what make this program unique. By establishing a transplant culture of “can do”, the caregivers that make up the lung transplant team: coordinators, social workers, respiratory and physical therapists, nurses, physicians and surgeons have been able to provide hope to many patients who have either been denied candidacy elsewhere, or have not been offered transplantation as an option for their lung failure. Several members of our team have taken their passion and commitment to the national level, and are in leadership positions within UNOS (United Network for Organ Sharing), SRTR (Scientific Registry of Transplant Patients) and the CF Foundation.

Several years ago, the program hosted a gala dinner for our patients and their caregivers with the goal of allowing patients to share their individual stories. Almost 300 patients and their partners/caregivers attended the event, and the stories they told were profoundly moving.

One story that comes to mind is that of a 72 year-old man who had received a lung transplant for pulmonary fibrosis five years earlier. He stated, “Five years ago, when you asked me why I wanted a lung transplant, I replied, ‘I wanted to see my first grandchild get on the school bus.’ I have now seen **five** grandchildren board the school bus!”

This story resonates with many lung transplant recipients and candidates, and is what motivates the CC Lung Transplant team on a daily basis. The patient is central to the focus of every aspect of the program here at the Cleveland Clinic, where we believe that every patient deserves world-class care.

For more information about our program, please visit our website at ccf.org and enter “lung transplantation” in the search bar. There you will find our contact information for referrals, information about our team and program, as well as general lung transplantation information.



An Expression of Gratitude

Everything that Second Wind does to support the transplant community is the work of volunteers. The hundreds of hours they devote each month to support the organization's mission are done without compensation and often little recognition. Until now, that is, when we received this wonderful letter.

Dear Second Wind,

My husband, Michael Thomas, a lung transplant recipient since January 16, 2012, passed away on March 8, 2021.

Michael was a truly great man who loved his family and friends, including his fellow transplant recipients. He will be forever missed. Please include Michael In Memoriam in one of your next newsletters and update your records accordingly.

Michael was a Second Wind subscriber since the time of his transplant to the end. He very

much enjoyed reading the newsletter and found joy and encouragement especially in reading the Transplant Anniversaries. Thank you for providing the newsletter and please continue the subscription with me.

I will be forever grateful to the Second Wind organization for giving my husband and other lung transplant recipients the information and support they so truly need to live their life to the fullest.

Best regards,
Linda Thomas

Chronic Rejection: A Personal Story

By: Ruth Magnus



In December 2019 I was in Mexico with my husband and another couple. We had a wonderful week of relaxing, with a little beach time for me (I stay out of the sun because of the many skin cancers I've dealt with). Most of my mornings were spent in the gym doing cardio, weights and a few Pilates moves—anything to keep me in the gym and away from the sunshine. We wined and dined,

enjoying all we could at a truly great resort. We had a fabulous time, and I felt fine.

Life was good.

Then, when I went for my regular check up in January, my pulmonologist said he wanted a CT scan. I asked why, and he said my lung function was declining. I was totally surprised because I didn't feel any change. When the scan came back it showed inflammation in the bronchioles.

I was told I was in chronic rejection!

What did he say? Rejection! Me? How's that possible? I'm 11 years post and have always been referred to as the poster person for lung transplantation!

What does that (rejection) mean? What do I do now? Am I dying? How quickly will that happen?

I left the doctor's office dazed and confused. He did not explain anything to me. He said he would put me on prednisone, starting with a high dose infused over a three-day period and then wean me off to a regular daily dose. He also increased my Tacrolimus.

I went home and cried, and cried, and cried. How on earth did this happen? Why did this happen? Was there something I did to bring this about? I knew nothing, and nothing was explained to me. In hindsight I should have been more questioning with my doc.

I was confused, sad, angry, and oh, so disappointed. People would always say "Wow! I can't believe you're a transplant patient. You look so healthy!" And now I'm in chronic rejection!

I'd been toppled off my pedestal.

The first week of March 2020 I started my prednisone IV treatment. March was also when we went into our first lockdown due to Covid-19, so I spent the next few months miserable and afraid. Because of the lockdown I was not able to participate in any of my usual daily activities: Pilates four days a week, cards and mahjong, dinner plans twice a week, and running around visiting people or shopping. I didn't really realize how my breathing was deteriorating because I was home doing very little of anything.

After a few months I decided I wanted to get a second opinion on my condition and was referred to a doctor at Cedars Sinai Hospital who was trying new treatments for chronic rejection. He recommended adding Sirolimus and Montelukast to my routine. He said I was in good hands at UCLA's pulmonary department, but would gladly take care of me if I chose to change. My doc at UCLA agreed to put me on these additional meds. I don't think he was too happy about me going for the second opinion. Oh well! I needed to know.

I started using a spirometer and doing as much as I could on my stationary bike. I could feel the strain of my breathing. I read as much as possible about chronic rejection. I was pleasantly surprised to learn that many people were living this way. Some have been in chronic rejection for many years! This gave me motivation to be the best I could be under these circumstances. I was nervous about how much I could push myself with activity. The doctors said push yourself—keep active! So I did.

I asked my pulmonologist to please give me a prescription to attend Pulmonary Rehab (PR) at UCLA. I had been going on walks around the neighborhood with my husband, but was not sure how hard I should push myself. These walks left me breathless. PR put me on a little oxygen to help me because I had to keep my mask on because of Covid. I was so nervous to be in this environment and to be pushing myself, so the trainer, who knew me well, suggested I take a half an Ativan before coming to work out! It helped a lot. He also suggested I ask my doc about using an inhaler. My doc agreed and I started on generic Advair.

I received a lot of encouragement and good guidance at PR. They helped me gauge what I could do on my own. I would walk on the treadmill for 20 minutes, use a recumbent bike with arms going back and forth for 15 minutes (that was hard) and then a 15 minute workout with weights. I would come home exhausted but happy to be seeing progress.

I put all my energy into my exercise. The doctors said that would keep me strong. I was doing less and less around the house and my hubby was doing more and more. Thank goodness he loves to cook. I became more of a helper in the kitchen, and he did the main work. He would help me with the laundry and he took over the vacuuming and more.

I spent a lot of time doing research on chronic rejection, on Covid-19 and how transplanted patients should take care of themselves. I joined lung transplant groups on Facebook and listened to many Zoom presentations

Fast forward to now. After all my hard work my condition is stable. I've been vaccinated and so have all my friends and family. They are excited and want to get together, but I'm not quite ready. I have social anxiety. I know a lot of people do. I've been given some tools to use to help me cope with those situations. I'm caught between wanting to stay Covid-cautious and the desire to start living fully again. Transplanted people are being told that we may not have enough antibodies to protect us from this virus. And I'm in CR! So I am happier having people come sit in our beautiful garden and share lunch outside.

I now have a treadmill, so I can stay out of the summer sun (and catch up on some great TV). I have lots of exercise equipment, which I use in rotation. I listen to books on tape, play Mahjong online, and am uploading all my photos from albums onto my computer. My daughter is helping me clean out my closets!

I'm venturing out a little, but very carefully, and I'm constantly listening for coughs and sneezes. I still have not been in supermarkets or shopping malls. Friends and family get me certain things and I'm a very busy online shopper. So busy, in fact that, any day that Amazon doesn't make a delivery, my husband asks, "What's going on?"

DONATIONS

Second Wind would like to thank the following individuals for their generous donation to help support our mission to serve the lung transplant population.

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Helen Nichols
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In Memory of Michael E. Thomas

Linda Thomas

In Memory of Gail Van Meter

Tom and Elaine Arnotti
Janice Cunningham

In Memory of James (Chip) Baldrige

Abigayle Dylang
Scott Morrison
Robinson Real Estate
Vicka and Ronald Durby

CMV Study Seeks More Participants

As described in our last newsletter, Adelphi Values, a health research company, is conducting a study exploring the burden of cytomegalovirus (CMV) and its treatment on transplant recipients.

CMV infection is common in post-transplant patients, and can lead to various medical problems, such as increased graft failure and mortality. Sometimes CMV lasts for a long time even if being treated with medicine, or can come back after you and your doctors think it has gone away.

Adelphi Values is still looking to speak with adults **18 years of age or older** who are recipients of a solid organ transplant, or have had an allogenic hematopoietic stem cell transplant (HSCT), **within the past five years**, and who have experienced a CMV infection that lasted for over two weeks despite treatment, or a CMV infection that came back after having been treated successfully.

Participation in the study consists only of a brief interviewer-administered questionnaire and a one-on-one, 60-minute telephone interview to discuss your experience with CMV infection, its treatment, and its impact on your life. Participants will receive \$120 for completing the 60-minute interview.

If you wish to participate, or have any questions, please contact Samantha Power at Adelphi Values via email (Samantha.Power@adelphivalues.com) or by calling 617-399-9660, and reference the study number TK8701A.



Karen Couture: Author, Educator & Second Wind Supporter

Karen Couture of Ocala, Florida, artist, athlete, author and long time supporter of Second Wind, passed away on May 25, 2021 at the age of 61.

Karen held a Bachelor of Fine Arts from The University of Massachusetts and demonstrated her creativity in drawing, photography, pottery and as a Master Gardener. Later in life she used her talents to educate the transplant community and the public at large about the need for organ donations.

Karen was very physically active early in her life, participating in biking, skiing and competitive swimming. Then, at age 30, she was diagnosed with LAMS (lymphangioleiomyomatosis) a very rare lung disease. This led to a double lung transplant a few years later, but that never slowed her down. She medaled in both the USA Transplant Games and the International Transplant Games in Sydney, Australia.

In the 25 years since her transplant, Karen did much to support Second Wind and the transplant community, writing and publishing two books that provided practical information for people facing lung transplantation. She also spent time doing public speaking in order to spread the word about the importance of organ donation.

The Second Wind Board of Directors extends our condolences to Karen's husband, Michael, and to her extended family and many friends.



Editor's Notes

- The article about Cleveland Clinic's Lung Transplant Program on pages 4 & 5 is part of a continuing series profiling leading transplant programs in the U.S. If you're a patient or administrator of a transplant center that you think deserves to be part of this series, write to me at phenry2ndwind@gmail.com.
- The piece on page 10 that describes a new, less invasive approach to performing double lung transplant surgery came to our attention from Jeff Birgbauer, an active member of the Second Wind Email Support Group. We hope others will remain on the lookout for news that *AirWays* readers might find useful.
- Many thanks to Robin, Nicole and the team at Evenhouse Printing in Hamburg, NY for their outstanding work in the design and layout of each issue of this newsletter. If you enjoy the visual presentation of *AirWays*, they deserve the credit.
- Finally, while it's been my honor to hold the position of *AirWays* Editor for the past two+ years, the time has come to hand over my eyeshade and blue pencil to someone new. I'm hoping that that someone will be **you**, one of our loyal readers. While the job can be demanding, the efficient process we have in place with our printer (everything done via email), and the support you'll receive from all of the Board members, makes the task easier than you think. And, of course, I'll be here as an active partner during the transition and beyond. If you think this might be something you'd like to try, drop me a line at Phenry2ndwind@gmail.com and we'll talk.

- Patrick Henry, Editor

Will The Third Time Be The Charm?

There's been speculation among medical researchers about the efficacy of giving a third shot of the COVID vaccine—a so-called “booster”—to increase protection among people who have already been vaccinated, especially those who are immunosuppressed. An informal survey in the Second Wind Email Support Group indicates that transplant centers are currently in a wait and see mode, and none have yet to formally recommend that their patients obtain a third shot.

Here's a rundown of some of the latest news on this topic:

NY Times July 12, 2021

The Times reported that Pfizer-BioNTech plans to seek authorization for a booster shot in the United States, citing the possibility that protection against COVID could wane six to 12 months after full immunization with the current two-shot regimen. The Centers for Disease Control (CDC) disagreed, saying that, “Americans who have been fully vaccinated do not need a booster shot at this time. We are prepared for booster doses if and when the science demonstrates that they are needed.”

But Pfizer said its vaccine studies indicated a booster given six months after the second dose of the vaccine increases the potency of antibodies by five to tenfold, and that it believes a booster would perform similarly against the Delta variant.

Dr. Paul A. Offit, a member of the Food & Drug Administration's vaccine advisory panel, said that while it's important to study the safety and effectiveness of a booster dose to prepare for when it might be needed, evidence shows the vaccines are working against the Delta and other variants. The real problem is people who are not vaccinated at all.

“Roughly 99 percent of people who are hospitalized and killed by this virus are unvaccinated,” Dr. Offit said. “You're not really trying to prevent asymptomatic or mild symptoms. You're trying to keep people out of the hospital and out of the morgue. It's a goal we've met remarkably well.”

However, some countries are giving booster doses to people with compromised immune systems. Since April, health care providers in France have routinely given a third dose of a two-dose vaccine to people with certain immune conditions. In addition, Moderna plans to test a third dose in organ transplant recipients, and Pfizer is planning a study of adults and children with compromised immune systems.

Washington Post July 12, 2021

Israel's Ministry of Health has begun offering a third dose of the Pfizer vaccine to severely immunocompromised adults in what could be the first phase of an experiment to provide booster shots for the most vulnerable.

The ministry said the goal was to raise antibody levels among immunocompromised citizens, including cancer patients, recipients of liver transplants, and others. No decision had yet been made on administering third shots for the general adult population.

Globally, the push to introduce booster shots has prompted pushback from the World Health Organization (WHO) and others, who say the focus should remain on getting first doses to the world's most vulnerable.

The decision to offer third doses comes as Israel is experiencing a surge in new cases, spurred by the prevalence of the highly transmissible Delta Variant.

That same day, Pfizer met with U.S. federal health officials to make their case for administering some Americans—particularly the elderly and the immunocompromised—a third dose six to 12 months after receiving the company's two-shot regimen. Pfizer cited data from Israel showing a third dose stimulates a much stronger antibody response, one that is five to 10 times the level seen after the second dose of its vaccine.

It remained unclear on Monday where U.S. officials stood on the need for a third shot for vulnerable Americans. While several senior officials believe it will be appropriate to recommend boosters for the elderly and immunocompromised, Pfizer still must receive emergency authorization from the Food and Drug Administration for its third dose, and a CDC advisory panel must decide whether and to whom to recommend boosters. That process could take several weeks or months.

Science Magazine June 14, 2021

After an initial study that showed only 17% of patients with compromised immune systems developed protective antibodies from one dose of a RNA vaccine, researchers at Johns Hopkins University have found that a third dose of vaccine may help. The study is looking at individuals who obtained the third dose on their own.

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Among 24 organ transplant patients who had no antibodies after two doses, eight generated protective antibodies after a third dose, and six who had few antibodies after two doses wound up with high levels after a third shot.

The study is the first to report outcomes after a third dose of vaccine, and is part of a broader discussion about whether and when to offer extra doses to vulnerable individuals.

In France, health officials in April recommended a third dose for all of the country's organ recipients. 383 kidney transplant recipients received a third dose of Moderna's mRNA vaccine, and although the results aren't yet published, they roughly matched those in the Johns Hopkins study. Additional studies on the effects of a third dose are underway in Toronto and Berlin.

"We have a strong biologic rationale for a third dose in specific populations," says Ravi Parikh, a health policy expert at the University of Pennsylvania. He said his patients haven't asked him yet about third doses, but that he imagines himself supporting that strategy for some.

* * *

As you can see, while the initial results of studies on the impact of a third dose of COVID vaccine on transplant patients are encouraging, officially the jury remains out.

In Memoriam:

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

Scott Dutenhoefer

Transplanted 2014

Gail Van Meter

Transplanted 2017

Michael Thomas

Transplanted 2012

Jacob Jergensen

Pre-Transplant

Karen Couture

Transplanted 1996

Surgery Milestone: A Minimally Invasive Double Lung Transplant

A patient at the Cedars-Sinai Smidt Heart Institute in Los Angeles was part of history when he received what is believed to be the first minimally invasive double lung transplant in the U.S.

During a routine double lung transplant, surgeons usually create a sternotomy incision, which involves breaking the breastbone in two pieces, and requires many patients to rely on a heart-lung machine. But under the expertise of Drs. Pedro Catarino and Dominick Megna, the minimally invasive lung transplant procedure used an incision only about the width of a driver's license.

A previous study that followed 24 patients who had this procedure showed that they had zero wound infections and their average length of hospital stay was reduced.

The technique was developed at the Hannover Medical School in Germany and perfected by Catarino at his former hospital, Royal Papworth Hospital in England. Catarino has now taught the procedure to dozens of surgeons throughout the world, including other faculty members on the transplant team at the Smidt Heart Institute.

"To our knowledge, this is the first minimally invasive double lung transplant performed in the United States," said Catarino. "Our hope is to use this minimally invasive approach with most, if not all, of our lung transplant patients moving forward, as it offers fragile patients a potentially faster and safer recovery."

Dr. Joanna Chikwe, who oversees lung transplant surgery and is Professor and Chair of the Department of Cardiac Surgery in the Smidt Heart Institute, says everyone who came to the operating room that day knew they were witnessing something very special.

"Watching Dr. Catarino perform this state-of-the-art procedure was like watching him move U.S. lung transplantation forward 15 years, in just 15 minutes," said Chikwe.



New Members

The following individuals became members of Second Wind during the period May - July, 2021. We welcome and thank you for your support of our mission.

Steven Asbury	Susan Long
Harold Brown	Marsha Moore
Connie Buchs	Bonnie Parsons
William Buckler	Lauren Patterson
Tim Caulkins	Susan Reid
Monica Clanton	Ralph Rhodes
Mandy Carrasquillo	Nancy Ryan
Tom Corcoran	Kayla Shirell
John Daffron	Neal Singer
Larry Dulin	Sylvia Smith-Spyres
Eddie Escobar	George E. Sterlin, Jr.
John Fox	Susan Tate
Thomas Hayes	Marty Thorpe
Ginger Hurt	Larry Trout
Roberta Kickbush	Kimberly Willhoite
David Kramer	Anna Young
Bruce Lambert	

Membership Renewals

The following individuals renewed their membership in Second Wind during the period May - July, 2021. We thank you for your continued support of our mission.

Joseph Aiken	David Keifer
Rebecca Arrington	Sharon Kelsay
Tim Bailey	Rick Lamm
Gary Bland	Blaine Lesnik
William Bostick	Ruth Magnus
Teffy Chamoun	Jim McClure
Marc Chelap	John McNamara
Tim Collins	Dylan Mortimer
Thomas Cook	Thomas E. Nate
Cathy Cuenin	Brian Puhlasky
Maggi Czoty	Chuck Schuele
Jennifer DuBois	Frank Shields
Doris Frick	Doctor Sunbuli
Dan Griggs	Susan Sweeney
Harlan Halvorson	Nicolas Torres
Jack Hollenbach	Michael Tunn
Orlan Holmes	Carolyn Vega
Brian Jenkins	Lance Wood
Joanne Justice	

Transplant Anniversaries

MAY 2021

<i>Name</i>	<i>Transplant Date</i>	<i>Years</i>
Rudy Arce	5/25/2019	2
Connie Buchs	5/24/2015	6
Mandy Carrasquillo	5/19/2015	6
Marc Chelap	5/7/2013	8
Maggi Czoty	5/2/2013	8
Fred Harris	5/28/2016	5
Timothy Monahan	5/14/2013	8
Thomas E. Nate	5/3/2007	14
Matthew Pasick	5/6/2019	2
Lori L. Schilling	5/9/2003	18
Justin Stanley	5/24/2019	2
Les Wall	5/16/2018	3

JUNE 2021

<i>Name</i>	<i>Transplant Date</i>	<i>Years</i>
Joseph Aiken	6/17/20	1
Cassie Buckner	6/19/98	23
Teffy Chamoun	6/8/19	2
Brian Conley	6/5/15	6
Douglas Hollifield	6/28/20	1
Denise Jacobs	6/4/17	4
Mary Markevicius	6/10/10	11
Helen Nichols	6/17/19	2
Margaret Seanor	6/19/18	3
Charles Staples	6/22/02	19
Paul Woods	6/10/13	8

JULY 2021

<i>Name</i>	<i>Transplant Date</i>	<i>Years</i>
Terri Christenson	7/9/14	7
Thomas Hayes	7/17/18	3
John Della Jacono	7/19/19	2
Daniel Kolopajlo	7/4/19	2
Ruth Magnus	7/20/08	13
Michael Pazen	7/9/99	22
Julianne Pease	7/24/20	1
Marion Peck	7/31/11	10
Frank Shields	7/16/12	9
Anita Tracey	7/3/05	16
Karen Vollten	7/23/16	5
Dave Worfel	7/25/20	1



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

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