

Nobel Prize Awarded for Immune System Discoveries

Research May Someday Reduce the Need for Immunosuppression Drugs

The body's powerful immune system must be regulated, or it may attack our own organs. Mary E. Brunkow, Fred Ramsdell and Shimon Sakaguchi were awarded the 2025 Nobel Prize in Physiology or Medicine for their groundbreaking discoveries concerning "peripheral immune tolerance," something that helps prevent the immune system from inadvertently harming us.

Their discoveries laid the foundation for a new field of research, spurring development of new treatments for cancer, autoimmune diseases, and ways to protect transplanted organs from the immune system and rejection without the use of immunosuppression drugs.

The immune system protects us from the thousands of different viruses, bacteria and other microbes that attack our bodies. One of the immune system's wonders is its ability to differentiate pathogens from the body's own cells.

Many dangerous microbes have developed similarities to human cells, so how does the immune system know which to attack or protect?

Researchers long believed they knew the answer to this question—that immune cells develop this skill through a process called "central immune tolerance." However, the process is not perfect, and the Nobel Laureates' research discovered that an additional process—peripheral immune tolerance—helps close the gap.

They identified special regulatory T cells that make up this process, thus laying the foundation for a new field of research. The discoveries have also led to the development of potential medical treatments that are now being evaluated in clinical trials. The hope is to be able to treat or cure autoimmune diseases, provide more effective cancer treatments, and prevent serious complications after stem cell transplants.

The fundamental knowledge that researchers have gained through the discovery of these special regulatory T cells and their role in peripheral immune tolerance has spurred the development of potential new medical treatments.

In autoimmune diseases, researchers are trying to promote the formation of more regulatory T cells. In pilot studies, they are giving patients interleukin-2, a substance that makes regulatory T cells thrive. Researchers are also investigating whether interleukin-2 can be used to prevent organs being rejected after transplantation.

Another strategy researchers are testing to slow an overactive immune system is to isolate regulatory T cells from a patient, and multiply them in a laboratory. These are then returned to the patient, who will thus have more regulatory T cells in their body. In some cases, researchers also modify the T cells, putting antibodies on their surface that function like an address label. This allows researchers to send these cellular "security guards" to a transplanted liver or kidney, for example, to protect the organ from being attacked by the immune system.

Although it may take years before transplant patients require fewer immunosuppressive drugs, research and development is progressing. These Nobel Laureates have, once again, shown the critical importance of continued funding for basic scientific research.



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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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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.

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President's Notes

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



Hello Members, *AirWays* readers (and, hopefully, future Members),

Happy New Year from Second Wind!

2026 is a new year, yet for many the year started just the same as 2025 ended—waiting for “the call,” or dealing with those bumps in the road

that happen in our world of lung transplantation. Whatever your current status is in your lung transplant journey, my hope is that 2026 becomes your best year yet.

New Year's Day for me is always a time of reflection on how blessed I've been since January 1, 2009. At that point I was in chronic rejection, on the waiting list for re-transplant, not doing well, and I woke up New Year's morning unable to breathe. After an ambulance ride to the hospital and all day in the ER, I finally made it to a private room where my doctor told me that I had maybe two weeks to live at best. These are very stark memories, still as vivid as yesterday.

By January 3rd I was in respiratory failure, kidney failure, cardiac arrest and had developed a C-Diff infection.

Doctors told my wife I would not survive the night and she should make plans for my demise. They were also prepared to shut off my life support per my advanced directive not to resuscitate. My wife, however, would not let them proceed, and convinced them to continue to do what they could to keep me alive.

Three weeks later, I became fully conscious, and found myself hooked to a ventilator by way of a tracheostomy. I was unable to speak and barely able to move. Doctors were still predicting I would not live long on the ventilator.

Fast forward past all the difficult details, three months in ICU, 18 months on a portable home vent and oxygen using a scooter to move about. Finally, in September 2010, I got “the call” for my second double lung transplant.

I've been blessed with 15 New Year's Days and a 2nd lifetime of experiences and memories since then. Each New Year's Day is a time for reflection—the realization that no day is to be taken for granted.

Tomorrow is not promised to anyone, so we choose to live today the best we can regardless of our current health.

My wish for all of you reading this is that your health journey, no matter what stage you are in, brings you the results that you and your family are striving for.

Here's to all of Second Wind breathing easy in 2026!

Breathe Easy!
Tom Nate, *President*



Editors' Notes

- This issue covers two important issues related to the health of transplant recipients: the complex functioning of the immune system, and the potential dangers from diseases once thought eliminated.
- One subject we didn't cover is the severity of the current flu season, which the CDC rates as the highest on record. The CDC continues to advise that everyone age 6 months and older, with rare exceptions, get an annual flu vaccine.
- This issue includes a startling tale of one person's years-long struggle to find a diagnosis of their lung disease. The story of Denise Jacobs' transplant journey is one you won't want to miss.
- We love getting personal stories like the one Denise sent us. If you have a story to tell, or have a subject you'd like us to cover in *AirWays*, drop a line to Bonnie at bonpaulparsons@gmail.com or to Patrick at Phenry2ndwind@gmail.com

- Patrick Henry & Bonnie Parsons

Measles Outbreak: A Threat to Transplant Patients?

By Patrick Henry, Single Lung Transplant 2015

*Severe Complications More Common
for the Immunocompromised*

While measles is typically thought of as a childhood disease, it is highly contagious, and anyone not fully vaccinated, especially immune compromised adults, can easily be infected.

A growing number of cases of measles in South Carolina constitutes the third major outbreak in the country this year, part of the single largest outbreak in decades. Nationally, more than 1,900 measles cases have been reported so far this year, according to data from the CDC (Centers for Disease Control and Prevention).

As reported by the International Society for Heart and Lung Transplantation (ISHLT), complications of measles can include blindness, encephalitis, and pneumonia, and are most common in children under 5 years and adults over age 30, especially those who are immunocompromised due to an organ transplant, HIV, or other diseases.

A little known, but serious side effect of contracting measles is its destructive effect on the body's immunity against other pathogens. As reported in the November 2019 issue of *Science Magazine*, a measles infection can diminish the body's previously acquired immune memory, leaving individuals at risk for infection by other pathogens. Notably, these adverse effects on the immune system were not seen in vaccinated children.

Can measles be contracted from an organ donor?

According to the ISHLT, to date there have not been any proven cases of measles transmission from organ donors to recipients. However, donor-derived measles could lead to severe illness for transplant recipients, and there is no measles-specific antiviral therapy to treat it. ISHLT therefore advises that organs from donors with suspected or confirmed measles should not be utilized for transplant.

What is the potential impact of reduced vaccination rates?

CDC data confirms that vaccination rates are declining. Kindergarten vaccination rates in the U.S. reached a high of 95.2% in the 2016-17 and 2017-18 school years. During the 2024-2025 school year, vaccination coverage



among kindergartners decreased to 92.1% for diphtheria, tetanus, and acellular pertussis vaccine (DTaP), and to 92.5% for measles, mumps, and rubella (MMR) and polio vaccines. A 3.1-percentage-point drop may not seem like much, but in practice it is very significant.

The April 24, 2025 issue of the *Journal of the American Medical Association* (JAMA) reported on a study that attempted to model what would happen if vaccination rates continue to fall. It showed that at current vaccination rates, measles and other once rare childhood diseases may become endemic again.

The study's model projected that, in the worst case scenario (a 50% decline in childhood vaccination), over a 25-year period, we could see as many as 51.2 million measles cases, 9.9 million rubella cases, 4.3 million poliomyelitis cases, 10.3 million hospitalizations, and 159,000 deaths.

What do transplant recipients need to consider in light of the measles outbreaks?

The American Society of Transplantation (AST) stresses that:

- Solid organ transplant recipients are expected to have a higher risk of severe measles, and a higher risk of complications and mortality.
- Because they are immunocompromised, solid organ transplant recipients who contract measles may present without a rash, or with an atypical one.
- The treatment of measles is merely supportive; there is no specific antiviral therapy approved for treatment of measles.

In summary, with measles, as with other contagious diseases like COVID, flu and RSV that can harm the respiratory system, lung transplant recipient safety is greatly enhanced when both the recipient and the general public take full advantage of available vaccines.

Home Spirometry Goes Remote

Newest Spirometers Now WIFI & Bluetooth Enabled

In 1846, John Hutchinson introduced an apparatus to measure breathing and the impact of disease on lung function. Though he was not the first to build such a device, he coined the term *spirometer*, one that is still in use today.

His machine was as tall as a man, but today's spirometers are small, hand-held, battery operated devices that patients use at home. And the latest versions are Bluetooth connected, and synchronize their readings with a mobile phone app that transmits them automatically to the patient's physician or clinical team.

These apps also provide usage guidance, performance feedback, and data storage in cloud-based services that allow physicians to remotely monitor their patient's condition and their compliance with testing schedules.

Interest in remote spirometry in general increased significantly when the COVID-19 pandemic hit, and patients were less willing or able to attend in-clinic visits due to concerns about the spread of disease.

Also, for individuals living in rural or medically underserved areas who face difficulties in accessing pulmonary care, remote spirometry was found to help to overcome these barriers, contributing greatly to improved disease management.

Home spirometry has been studied in asthma and COPD (Chronic Obstructive Pulmonary Disease), IPF (Idiopathic Pulmonary Fibrosis) and CF (Cystic Fibrosis), and lung transplantation. It has been shown to provide comparable results to in-laboratory testing. Studies also show that patients' compliance was high when collecting spirometry data in the home, and that they became more engaged in monitoring their spirometry values.

A study published in the *Journal of Allergy and Clinical Immunology* (2023) demonstrated the potential of the new remote spirometry to improve outcomes in patients with asthma. The study found that using a "smart spirometer" to monitor a patient's lung function and adjust treatment accordingly led to a significant reduction in asthma-related emergency department visits and hospitalizations.

Another study published in the *European Respiratory Journal* (2023) on the use of smart spirometry in patients with COPD found that remote monitoring using smart spirometry led to improved patient outcomes, including reduced hospital admissions and improved quality of life.

There are now a variety of Bluetooth enabled spirometers on the market which send data to your smartphone and/or to your physician, but not all digital home spirometers have been shown to have the same level of clinical validation, and connected apps can vary widely by features, function, and reliability.

Other possible negatives of remote home spirometry devices include:

- Access to technology or internet may be limited.
- Remote monitoring and telehealth medicine in general cannot replace all face-to-face visits.
- All insurance providers may not cover these devices and the cost of monitoring by physicians.

To learn more about these new remote spirometry devices, and whether or not one might be right for you, reach out to your pulmonologist or lung transplant team. As always, we urge you to contact them before making any changes to your treatment regimen.





My Story for Second Wind

*An 8-year search for a diagnosis
finally leads to a bilateral lung transplant.*

By Denise Jacobs

In 2009, I started having weird allergy symptoms that felt like a cold coming on, with ringing in my ears. When I stopped drinking coffee, thinking I was getting a cold, the symptoms stopped. Then I got H1N1, a subtype of influenza A virus.

A few months after that, I started having a dry cough. I tested negative for allergies, but was diagnosed with vasomotor rhinitis, a chronic nasal condition, due to acid reflux.

A year and a half after the allergy symptoms started, I went back to my General Practitioner because I still had a cough. He heard crackling in my lungs and immediately sent me for a chest x-ray. I was diagnosed with Interstitial Lung Disease (ILD). I was completely shocked and in denial. ILD is a broad term for conditions that cause inflammation and scarring (fibrosis) in the lung tissue around the air sacs, making it hard to breathe and get oxygen. Common symptoms include shortness of breath and a dry cough.

A month later, I saw a pulmonologist, He recommended an open lung biopsy. Again, I was shocked. I didn't feel THAT ill, just a little short of breath, and I still had kids at home to take care of. I was afraid the surgery would worsen my symptoms more quickly. He prescribed a course of prednisone. It did seem to help, but because I didn't have a causal diagnosis, he wasn't willing to keep me on the prednisone long term. He took many blood samples looking for possible causes, including arthritis, lupus, fungal infection, and sarcoidosis. All the blood tests came back negative. He referred to my ILD as Idiopathic

Pulmonary Fibrosis, something that arises spontaneously, and for which the cause is unknown.

A year later, my Pulmonary Function Tests (PFTs) remained stable, so the pulmonologist no longer recommended the lung biopsy, and decided to simply check me every six months. But as the dry cough was still there, I was tested for asthma and prescribed cough medications.

I had many appointments and tests prescribed by other doctors, including a gastroenterologist for reflux, an ear, nose, and throat specialist for head pressure and pain, and a rheumatologist for autoimmune possibilities. The rheumatologist said I didn't look like someone who had an autoimmune disease even though my ANA titer was high. The ANA titer was the reason for my appointment in the first place. An ANA titer measures the concentration of antinuclear antibodies in the blood. The more antibodies that are present, the greater likelihood of an autoimmune issue.

Just as I started noticing the disease progressing, experiencing more shortness of breath and clubbing of my fingernails, my pulmonologist retired. It took me seven months to find another, and to schedule an appointment. Luckily, my new one specialized in ILD.

At my second appointment, after further testing, he highly recommended the open lung biopsy to determine the cause of my fibrosis. He said if I did nothing, I would be looking at a lung transplant by the time I turned 60, a few short years



Pictured: Denise and Bill at Malibu Beach

away. I finally agreed to have the open lung biopsy. I was told I would be in the hospital for two to three days. Sadly, I was in the hospital for six days, and brought home with a chest tube for another 23 days. I tried to go back to my job in early childhood education, but I got sick right away and was too weak. I had no choice but to stop working.

The results of my biopsy weren't completely clear. The doctors thought it was autoimmune related, but not sure which disease. IgG4-Related Disease (IgG4- RD) was likely, and a blood test confirmed it!

IgG4-RD is an autoimmune condition that causes chronic inflammation and the buildup of immune cells that cause tissue swelling and organ damage. It is a newly discovered disease, formally recognized only since 2012.

My diagnosis (finally!) was *ILD with autoimmune tendencies*.

My doctors recommended drugs for treatment and referred me to a very knowledgeable and caring rheumatologist who is still a great advocate. We tried several drugs, including rituximab infusions, to halt the progression of the fibrosis, but nothing worked. I went to pulmonary rehab for several months which helped my breathing, but then I started getting more shortness of breath again and had to go on oxygen.

Although my husband, Bill, worked 45 minutes out of town, I was able to take myself to my appointments, but as I got worse, I needed help. That's when my retired early childhood teacher friends stepped in. They took me to get oxygen tanks, to pulmonary rehab, and appointments.

Then a scan showed that I had pulmonary hypertension and pulmonary embolisms. I had to go on blood thinners and saw a pulmonologist that specialized in hypertension. She was the one who referred me for a lung transplant evaluation.

My need for oxygen quickly increased, and eight months after I first went on oxygen, I was accepted as a lung transplant candidate at the Ohio State Wexner Medical Center. By this time, I was using two O2 concentrators in tandem to get enough oxygen. It took another month to be accepted by

insurance, and I was listed on my 56th birthday.

I fortunately didn't have any dry runs (false alarms when an organ is found to be unsuitable), and was called 11 days later for my transplant, on my sister-in-law's birthday! They said they needed me there in 30 minutes, so I didn't have much time to think about it. No chance to second guess the decision!

I was in the hospital for 15 days post-transplant. It was a wild roller coaster ride, with a variety of complications.

The dissection of my diseased lungs confirmed that the ILD was caused by IgG4-RD. The pulmonologists hoped that the immunosuppression for the transplant would also suppress the disease. They couldn't find a single other documented case of a lung transplant patient diagnosed with IgG4. IgG4 can attack any part of the body, and it chose my lungs! I also

found out that I didn't have a pulmonary embolism, so I no longer needed to take blood thinners. I was so relieved.

We had many plants in our house. Bill worked to remove them while I was in the hospital, and friends helped clean our house before I came home. Because our bedrooms and main bath are all upstairs, I wasn't sure what I was going to do, because I was too weak to climb stairs. A friend who visited me in the hospital

and brought me food every day, stepped in and offered to have me stay at her single floor home as long as I needed. She cared for me, and took me to my many appointments. I stayed with her and her husband for almost five weeks, sometimes going home just for weekends.

This long, confusing voyage was my experience, and I know that everyone's transplant journey is unique.

It has now been eight years since I was gifted my lungs—eight years of wonderful experiences, including getting to see both of my sons get married.

I am blessed and very grateful to my family and friends, my transplant team and all the nurses and doctors who continue to keep me going, and to my donor and their family for my healthy lungs.



Denise and Bill with sons Gabe and Keegan



What's a Little Mold Among Friends?

Is it safe to ingest even a little bit of moldy food?

Transplant Teams routinely stress to patients the importance of food safety post-transplant. Being immunocompromised, we know that our bodies are more likely to react to food that is spoiled, but is it dangerous to consume foods that contain even small amounts of mold?

The answer, as outlined by toxicologist Brad Reisfeld in the Washington Post, is 'you betcha!'

Types of mold from different foods:

In plant-based foods such as grains and nuts, fungi are the main culprits, showing fuzzy patches of mold in shades of green, yellow, black or white that give off a musty smell. Two common fungi found are *Aspergillus flavus* and *A. parasiticus*. They can produce mycotoxins known as aflatoxins, which can seriously damage the liver.

Fusarium is another group of fungal pathogens that can grow as mold on grains such as wheat, barley and corn, especially at high humidity. Infected grains may appear discolored or have a pinkish or reddish hue, and they may emit a musty odor.

Fruits can also harbor mycotoxins. When they become bruised or overripe, or are stored in damp conditions, mold can easily take hold and begin producing these harmful substances.

But isn't cheese moldy by definition?

Mold is a crucial component in many cheeses like Roquefort and Stilton, which get their distinctive flavor from chemicals produced by a fungus called *Penicillium roqueforti*. And the soft, white rind on cheeses such as brie or Camembert contributes to their flavor and texture.

However, unwanted molds will look fuzzy or powdery, and may take on unusual colors. Greenish-black or reddish molds, sometimes caused by *Aspergillus* species, can be toxic and should be discarded. Luckily, spoiled dairy products usually give themselves away by their sour, rank odor.

As a general rule, discard soft cheeses such as ricotta and cottage cheese at the first sign of mold. Hard cheeses, including cheddar and parmesan are less porous, so cutting away one inch around the moldy spot is more of a safe bet.

So then, cutting the mold off is okay?

Not necessarily, because some molds send out microscopic rootlike structures that penetrate deeply into food, potentially releasing toxins into parts that appear to be safe to eat. This can especially be the case with soft fruits, so it's safest to simply toss any of those that show signs of mold.

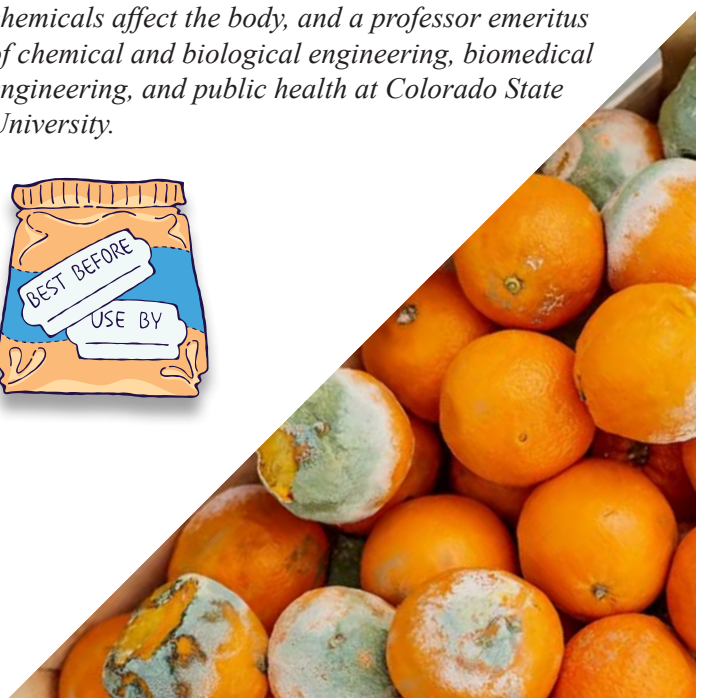
Are "Use By" dates a good guide to food safety?

Most "Use By" dates are more about quality than safety, but perishable foods are definitely more likely to spoil after this date. Shelf-stable goods, however, will simply degrade, losing flavor and color.

The safest approach if food appears, smells or tastes abnormal, is to discard it, but some refrigerated, moist foods can contain dangerous bacteria even if the food still looks and smells fine. In that case, trust the Use By date and discard it.

When in doubt, throw it out!

Brad Reisfeld is a toxicologist specializing in how foreign chemicals affect the body, and a professor emeritus of chemical and biological engineering, biomedical engineering, and public health at Colorado State University.



“Congratulations, You Have a New Lung!”

These are the first words many of us heard when coming out of the fog of anesthesia after our lung transplant, but we probably couldn't fully appreciate their import at the time. Chances are there was another moment during our recovery when the impact of this miracle—this gift of life—became real to us.

A recent discussion on the Second Wind Email Support Group revealed that this moment was different for everyone. The moments shared were sometimes mundane, sometimes emotionally powerful, but always interesting. Here's a sampling:

(Reprinted from the February 2021 issue of AirWays)

From Laura Roix:

I used to tell the RT (respiratory therapist) that I could no longer whistle. Not that I whistled a lot before but it was a way of explaining how the lack of oxygen was in my lungs. I was on 10 liters when I received my transplant 3 years 11 months ago, on January 7, 2017. On January 8th I called the RT from my cell phone and the first thing I did was whistle a tune to her. Needless to say she was just as emotional as I was. :-)

From Eric Harned:

Lol but the first time I sneezed post transplant it was a petite sneeze. I laughed and told my caregiver that I wonder if my lungs came from a female based on the petite sneeze versus my prior efforts that would wake the dead. Funny - but 5 months later I learned my donor was Rita - so it validated my earlier comment. 6 years later I am back to vibrant sneezes!

From Beth Davenport:

Big memory was learning to breathe correctly! Now that I could take in a deep breath, I needed to relearn how to do so correctly. I placed a Kleenex box on my prone body, directly on my long forgotten diaphragm, breathing in and out without the box moving. It was hard to do but eventually mastered it. Feeling air go all the way to my toes, another amazing gift!

From Patrick Henry:

One of the first things I noticed was something most people would think was pretty insignificant, but that at the time struck me as profound.

I could blow my nose!

Because emphysema primarily affects your ability to exhale, the only way I could do it before my transplant was if I used the Neti pot. The buffered saline solution in my sinuses gave me something to work with, and I could blow my nose. Otherwise? Just wasn't gonna happen.

From Damian Neuberger:

There were many firsts after my lung transplant.

I could breathe without lugging that 10-pound liquid O2 tank around and I didn't have to think about how full it was before I did anything.

Going back to work after 6 weeks medical leave was a big moment. I worked for a medical products company and the Division knew about my transplant, and about the serious risks of survival (remember, this was in 1997). As I walked down the hall towards my office that first day back, a good friend who had started there the same time I did saw me coming. He quickly came up and hugged me, welcoming me back.

However, the most moving event was when I received a long letter from my donor's mom, telling me all about her only child and son, whose lungs I'd received. Couldn't read that letter without crying for the family's loss.

If you'd like to be part of discussions like these—whether to contribute or just listen in—join the Email Support Group by contacting Tom Nate via email at tnate1254@gmail.com.

Supporting Second Wind

As most of you are aware, the Second Wind Board of Directors voted to waive annual membership dues after the COVID pandemic escalated back in 2020. Since that time we have had to rely on your donations to keep us afloat, and so many have come through in ways that continue to astound us.

In the past few years we've received numerous gifts, both large and small, and each one has been crucial in keeping Second Wind alive, and *AirWays* coming to your mailbox.

For example, we recently received a substantial donation that arrived with a note that read:

"Hi. Wanted to thank you again for the great newsletter! I'm on my 3rd year of my double lung transplant and so very grateful constantly. I hope this helps the organization."

We understand that, in these challenging economic times, not everyone is able to be as generous as this person was, but rest assured—your contribution, however big, is crucial in keeping Second Wind's mission of supporting the transplant community alive and well.

We are both humbled by and grateful for the contributions we received from the following people since our last issue:

General Donations

Susan Adamson
John & Alida Becker
John & Catherine Brosnan
Harold and Eileen Brown
Mike Bushnell
Paul Frick
Denise Jacobs/William Strzepek
Dr. Bill Kanasky, Jr., Ph D.
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Gail Lewis
Jerome Lippert
Lorraine Merva
Cheree Peirce
Ralph Rhodes
Richard Williams

To Help Others Along Their Transplant Journey

Michele O'Guinn
Paul Woods

In Memory of Charles "Ron" Wilson

Renay Blasé
Anita Brinkman

In Honor of Gratitude for Vaccines

Holly Hahn-Baker

NEW MEMBERS

The following individuals became members of Second Wind during the period November 2025 - January 2026. We welcome and thank you for your support of our mission.

Susan Adamson	Larry Mathis
Candace Bacon	Tim O'Conner
Mukesh Bhadja	Patricia Sodaro
Catherine Brown	

In Memoriam

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

Michael Pazen
Transplant 2019



Transplant Anniversaries

Second Wind congratulates the following members who have celebrated the anniversary of their lung transplant since November, 2025. Special recognition (**bold type**) is given to those members who have reached or exceeded their 10th year post-transplant. NOTE: if you received a transplant after joining Second Wind, your name may not appear in these newsletter listings. If you send an email to Phenry2ndwind@gmail.com including your date of transplant, we'll be sure to include you in the future.

NOVEMBER 2025

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Kellee Bennett	11/25/2023	2
Carolyn Blaylock	11/5/2003	22
Rafael Borbon	11/5/2023	2
Tim Collins	11/6/2020	5
Laura Garcia Aguinaga	11/6/2020	5
Beth Hunley	11/25/2019	6
Patty Kelly	11/13/2016	9
Jerome Lippert	11/29/2020	5
John Martin	11/7/2017	8
Karen Murphy	11/5/2022	3
Buddy Norris	11/25/2014	11
Robert Pratt	11/6/2023	2
James Quain	11/23/2020	5
Chuck Schuele	11/20/2008	17
Kimberley Simpson	11/9/2023	2
Sandra Stanley	11/21/2022	3
Susan Sweeney	11/2/2014	11
Cindy Thompson	11/19/2023	2
Nicolas Torres	11/28/2014	11

DECEMBER 2025

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Sandra Amos Hatchett	12/8/2023	2
James Austin	12/18/2019	6
Gale Bataille	12/1/2017	8
Robert Bochniak	12/17/2017	8
Ellen Buckler	12/5/2023	2
Gregory Carneal	12/11/2020	5
Betsy Cichon	12/16/2004	21
Doug Crawford	12/21/2019	6
Mark Falk	12/3/2020	5

DECEMBER 2025 - continued

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Gage Georgeff	12/14/2009	16
Michael Harmon	12/13/2019	6
Eric Harned	12/22/2014	11
James Helms	12/15/2019	6
Ginger Hurt	12/12/2021	4
Karen Joy	12/18/2017	8
Joanne Justice	12/6/2007	18
Janice Laidlaw	12/19/2017	8
Gail Lewis	12/17/2021	4
Ray Maloy	12/21/2022	3
Stacy Riezebos	12/31/2023	2
Janice Sutton	12/14/2012	13
Dorothy Virgil	12/25/2019	6
Don Webb	12/10/2024	1
Jeremy White	12/8/2022	3

JANUARY 2026

<u>Name</u>	<u>Transplant Date</u>	<u>Years</u>
Leslie Casey	1/24/2016	10
Dan Griggs	1/11/2016	10
Holly Hahn-Baker	1/3/1998	28
Michael Haney	1/10/2020	6
Patricia Hilton	1/21/2017	9
Artem Kolpakov	1/29/2024	2
Blaine Lesnik	1/8/2015	11
Brian Puhalsky	1/30/2017	9
Joanel Read	1/19/2019	7
Jeanne Roberts	1/1/2017	9
Laura Roix	1/7/2017	9
Sheila Tate	1/27/2020	6

*Retransplant Date



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

Second Wind Lung Transplant Association, Inc.
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L221
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in your browser, or
Scan the QR Code
to visit our website.**

The **Second Wind Website** has an abundance of useful information about the organization, its members and issues affecting lung transplant recipients and their families. Including, but not limited to:

- ✓ PDF copies of past *AirWays* newsletters;
- ✓ Personal stories written by transplant recipients.
- ✓ Nutritional Advice for pulmonary patients;
- ✓ Detailed information on Lung Transplant Centers, sorted by State and Country;
- ✓ List of books about lung disease and transplants;
- ✓ Caregiver Links: resources for people who provide support for anyone dealing with pulmonary disease.

The website is constantly being updated, so if you haven't visited in a while, come back and look around.