2013 American Transplant Congress

This year's joint annual meeting of the American Society of Transplantation and the American Society of Transplant Surgeons, the American Transplant Congress, was held in Seattle, Washington, May 18 through 22. As usual, the Northwestern Comprehensive Transplant Center was well represented with 23 oral abstract presentations and 26 poster presentations. In addition, CTC faculty were invited to give 13 presentations on a wide assortment of topics ranging from assessing quality of life in outcomes research to regulation of peripheral T cell tolerance.

Among the sessions moderated by CTC faculty:

- Drs. Jonathan Fryer and Josh Levitsky hosted an informative well-attended luncheon workshop on “Training the Next Generation of Transplant Physicians and Surgeons”
- A debate on “Establishing Chimerism for Transplant Tolerance: Necessary, Practical?” was co-hosted by Dr. Michael Abecassis.
- Dr. Michael Ison co-hosted a luncheon workshop: “Donors with CNS Infections: What Are We Missing? A Case-Based Discussion”.
- Scientific sessions moderated by CTC faculty included “Ethical Issues in Living Donation” moderated by Dr. Talia Baker and “Improving Deceased Donor Kidney Allocation” led by Dr. John Friedewald.

In one presentation, "Chimerism and Tolerance without GVHD in Mismatched Recipients of Combined Hematopoietic Stem Cell/Kidney Transplants: Donor-Specific Hyporeactivity is Not a Reliable Biomarker for Tolerance.", by Joseph Leventhal, 19 kidney transplant recipients were treated with low intensity conditioning combined with facilitating cell-enriched hematopoietic stem cell transplantation. 18 patients demonstrated peripheral blood macrochimerism at 1 month post-transplant, however, chimerism was transient in 4 recipients, but 13 achieved durable multilineage chimerism. The one patient that failed engraftment was highly sensitized prior to transplantation. There were no cases of GVHD or "engraftment syndrome". While all patients demonstrated donor-specific hyporeactivity, this alone did not predict successful immunosuppression withdrawal or tolerance, however, the presence of durable, high level multilineage chimerism is a robust biomarker of tolerance. Eight of the chimeric recipients are completely off immunosuppressive therapy for between 1 and 27 months and the remaining chimeric recipients are weaning off immunosuppression.

In another presentation, “A Public Survey of Acceptable Financial Incentives for Living Donation: Challenging Assumptions and Reinvigorating the Debate”, by Elisa Gordon, an anonymous survey of 26 closed- and open-ended questions was given to 210 individuals leaving six different Department of Motor Vehicles offices. 90% of participants were probably or definitely willing to donate to family/friends, while only 17% were probably or definitely willing to donate to strangers. The median amount of financial compensation that would make participants begin to consider donating a kidney was $5,000 for family/friends and $50,000 for strangers; however, the median amount of financial compensation that participants could no longer decline was $10,000 for family/friends and $100,000 for strangers. The amounts were not associated with income or other sociodemographics. This was an unexpected result and suggests that there are levels of monetary compensation that can induce people to donate organs without being perceived as coercive in nature.

Both of these abstracts are representative of the depth and variety of transplant-related research being performed at the Comprehensive Transplant Center. To inquire about collaborating with CTC researchers, please e-mail us at ctc@northwestern.edu.