

HEART TRANSPLANT NEWSLETTER

Stanford Patient and Family Advisory Council (PFAC) News

Summer / Fall 2022

The Donor Heart Study: Finding ways to improve the supply of donor hearts for transplantation

By Kiran Khush, MD, MAS

As our heart transplant patients keenly know, the supply of appropriate donor hearts for transplantation is very limited. Many patients wait for weeks, months, or even years to receive a transplant. Unfortunately, patients may become too sick for transplant during this time, or may even die waiting. This underscores the need to increase the supply of donor hearts for transplant. To do so, however, we need high-quality data on how donors should be managed prior to organ procurement to preserve their heart function, how to select appropriate hearts for transplantation, and how to best match donors and recipients to improve short and long-term outcomes after transplant. These are the aims of the Donor Heart Study (Evidence Based Evaluation and Acceptance of Donor Hearts for Transplantation), which was a large-scale research project funded by the National Institutes of Health, and led by Helen Luikart RN, the Stanford heart transplant research team, and myself.



The Donor Heart Study was a huge undertaking—we collaborated with 8 organ procurement organizations across the United States (located in California, Arizona, Texas, Illinois, Michigan, Massachusetts, Connecticut, and Georgia) to enroll 4,333 potential cardiac organ donors from 2015-2020. We created a very detailed donor research database that included data on donor demographics, past medical history, social history, vital signs, medications, lab results, and other variables. We did over 6,000 echocardiograms on these donors, all of which were read by a single expert cardiologist! We also did real-time surveys of heart transplant centers when they turned down a donor heart, to try to figure out why available hearts are not being used. Finally, we linked our research database with national heart transplant registries to obtain data on the recipients of the donor hearts, and how they fared after transplant.

We are now in the process of analyzing the vast amount of data collected as part of the Donor Heart Study. One of our first findings was that 13% of donors develop left ventricular dysfunction (low ejection fraction, poor contractility of the donor heart) after brain death. However, if we repeated the echo after about 24 hours, 60% of these hearts showed an improvement or complete normalization of their function. This finding suggests that left ventricular dysfunction after brain death is due to transient stunning of the heart; that is likely caused by a high surge of stress hormones after brain death. We know that many donor hearts are turned down for transplant because of left ventricular dysfunction—however, our results suggest that these hearts will improve within a short period of time, and are perfectly acceptable for transplant. We presented these initial results at the recent International Society of Heart and Lung Transplantation meeting in Boston, April 2022.

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There are many more analyses planned—what are the main reasons why available donor hearts are not being used? Can we predict which hearts will and will not be accepted for transplant? Are any of these factors modifiable, so that we can increase the use of available donor hearts? Can we develop models that can help transplant centers decide whether or not to accept an organ offer? With a given donor and recipient, can we develop models to predict short- and long-term outcomes after transplant? These are some of the many important questions that we hope to answer using data from the Donor Heart Study—so stay tuned!

PFAC NEWS: THE POWER OF EMPOWERMENT

Michael Vollstedt, PFAC Chair, Heart Transplant Recipient 2013

Carolina Tejada, PFAC Secretary, Heart Transplant Recipient 1989, 2007

The heart transplant journey is full of ups and downs, and a lot of emotions in between. This journey affects not only us, but all of the people around us. Depending upon your disease, needing a heart transplant may be something that happens very quickly or be a long-term process. Either way, many of us become very dependent on others and we give up on our own self empowerment.

During the first 18 months of our transplant, our Stanford doctors, nurses, social workers, and caregivers take great care of us. They become our new moms, and watch over us like a newborn child. We can become very dependent on them. However, as time goes by, the training wheels come off and suddenly we have to start to take over. This is called empowerment, and according to the Oxford Dictionary, empowerment is, “the process of becoming stronger and more confident, especially in controlling one’s life and claiming one’s rights.” This is so important that our PFAC has dedicated this newsletter to the theme of self empowerment.

The majority of our articles will be dealing with this topic. For example, our pharmacist will be discussing the importance of understanding your medications, our Nurse Coordinators will be discussing how you can best prepare for your clinic visit, and forming healthy habits will also be featured. Remember, becoming empowered will help you make positive decisions, and therefore, help you to control your own destiny. Here are a couple of tips:

- Surround yourself with positive people; laughter is contagious.
- Practice self-care. Take the time to do activities that make you feel happy and healthy.
- Use positive self-talk. Take out the word “can’t” for “can.”
- Be assertive. You must be comfortable expressing your thoughts, ideas, and needs. However, never forget to listen and to be open to new ideas. Never stop learning.
- Live every day with gratitude. No matter the circumstance, there is always something or someone we should be grateful for.

Self empowered people who take control of their lives are often happier and more fulfilled. They tend to live a fuller and richer life. So with that, let’s put a smile on our face and get after it. As we know better than most, life is definitely worth living!

We hope you enjoy our newsletter and as always, please feel free to leave your comments or suggestions at: HeartTransplantPAC@stanfordhealthcare.org



SAVE THE DATE

Heart Transplant Virtual Symposium

Wednesday, October 12, 2022 | 5:00 to 6:00 p.m., via Zoom

COORDINATORS' CORNER: CLINIC PREPARATION

Jennifer Piazza BSN, RN

Clinic days can be a tad overwhelming when you have an onslaught of things to do the morning of your visit. In an effort to remove some of the stress and to maximize your time with us, the post-transplant coordinators have compiled a list of suggestions to assist you in your preparation for clinic days:

- Plan to arrive on time. If you are unable to make your visit, just let us know. We can always reschedule you.
- In conjunction with arriving on time, don't forget your caregiver! They often have insights that you do not, making them incredibly valuable to us and your care plan.
- **BRING YOUR BINDER.** Your binder contains all of the important information pertaining to you. In your binder, there should be a copy of your current medication list and a detailed record of your vital signs. Your binder is also a good place to keep a sheet of paper with any questions or concerns that you have and want addressed.
- Make sure you bring any additional paperwork that you need filled out, or brought to our attention. Last minute paperwork can be difficult to accommodate, so be mindful if something has a short timeline for follow-up.
- Plan accordingly for additional testing and lab work. The lab is often delayed, and wait times can be grueling. Please keep that in mind when planning your arrival time. Also, if you'd like to go on a different day for labs, we'd be happy to accommodate, but we do need to know in advance. This is particularly important if you are a new transplant patient or if you are collecting labs for your annual visit. Certain tests need a specified date of collection, or they will not collect the specimen and we will have to send you down for another blood draw. Just reach out and let us know which day and we'll make it happen.

Our team of coordinators and staff are here to support you. Hopefully some of these tips will prove useful and make those clinic days a little less stressful.

COVID CORNER: EVUSHELD

Helen Luikart, PFAC Staff Advisor, RN, MS, CCRC, Research Nurse Manager

Evusheld is a medication for people who are at-risk for severe COVID-19 disease due to other health care conditions such as being immunocompromised (weakened immune system) and/or taking immunosuppression (anti-rejection medication use) after organ transplantation.

Evusheld is given to these people before they are exposed or have COVID-19, in order to prevent them from getting very sick if they happen to get the COVID-19 virus. To get this drug you do not have to have had a Covid vaccination, or a plan to get one. If you are vaccinated, it can be given two weeks after a Covid vaccination. It is thought to be protective for about six months. It can be administered every six months.

Evusheld is an investigational drug because it is still being studied. The Food and Drug Administration (FDA) has given it "Emergency Use Authorization" (permission) which means it can be given if the doctor and patient agree the benefit outweighs the risk of severe infection. The medication is a combination of two antibodies: tixagevimab and cilgavimab, given by two injections, at one appointment, one after the other. All medications have a risk of allergic reaction, including Evusheld, but it is unlikely.

You and your transplant team can decide if this treatment is right for you. Contact your transplant coordinator if you are interested.

For more information visit:

- **A Fact Sheet on Evusheld:**
<https://www.fda.gov/media/154703/download>
- **Clinical Trial Information:**
<https://www.astrazeneca-us.com/media/press-releases/2022/evusheld-significantly-protected-against-symptomatic-covid-19-for-at-least-six-months-in-provent-phase-3-trial-in-high-risk-populations.html>
- **Transplant Patients and Covid-19:**
<https://www.covid19treatmentguidelines.nih.gov/special-populations/transplant/>
<https://www.myst.org/joint-statement-about-covid-19-vaccination-organ-transplant-candidates-and-recipients>

UNDERSTANDING AND KNOWING YOUR MEDICATIONS

Erik Henricksen, PharmD, BCPS

Congratulations, you've received a heart! What a truly remarkable gift from someone else. You're out of the hospital and now you're wondering what you can do to make the most of this new heart. While there are many things that will probably help you achieve this goal, ultimately nothing will keep your new heart alive more than your medications!

While I know what you're probably thinking, of course the pharmacist is going to say drugs are the most important thing. But the truth is, your immune system never sleeps. Which is a great thing to keep you from getting infections, but not a great thing if you aren't taking your rejection medications. Even a few missed doses can lead to rejection, and potentially many additional complications. This is why it is so important for our heart transplant recipients to stay on top of their medications.

Other key tips you can do to stay on top of your medications:

- Order your refills at least 1 week in advance. Ultimately, it isn't a terrible idea to have a bit of an extra supply of medications in the off chance there is a shortage. I never imagined that we would have a shortage of baby formula, but instances like these can remind us that it is important to be prepared.
- Always check with the heart transplant team before starting any new medications, even if from another prescriber.
- Remember certain fruits can interact with your medications: grapefruit, pomelo, pomegranate, starfruit.
- Herbal supplements often have many interactions, and are also not regulated for their purity. They often are expensive and have very little data for efficacy. If it truly worked well, a drug company would probably try and patent it. Ideally, they should be avoided.
- When your drugs expire or you're done with your medications, properly dispose them:
 - For Californians to find a disposal place near you:
https://www.dca.ca.gov/webapps/pharmacy/takeback_search.php
 - For those outside of California: call your local pharmacy; as laws may be different in your state.

PATIENT PERSPECTIVE: FRANK GREEN

Alyse Ornelas, PFAC Member, Heart Transplant Recipient 2018, Editor in Chief

Frank Green has held many titles in his life, with one of his greatest being a heart transplant recipient. Frank describes himself as laid back, but business-oriented; a leader, but a follower; a teacher, but a student; and undeniably both a man of God, and a family man. Those who are privileged to know Frank would describe him in a similar fashion, but more than likely add an anecdote about how much of a blessing he is to their own lives.

Frank's medical journey has been both "short and long," as many transplant patients can relate. When he was in his early 40's another one of his titles was being an assistant coach to his son's basketball team. It was at one of these games, as he was chasing a ball down the court, that he blacked out. From there, it would be a lot of medical tests and hospital time to determine that Frank had Hypertrophic Cardiomyopathy (HCM), a thickening of the heart muscle. When the talks of transplant began, Frank was in disbelief, all the while jokingly claiming his illness was simply caused by the "heartbreak from women." The thought of such a major procedure seemed obscure to a seemingly normal, active man. As the talk of transplant became more imminent, Frank held onto the notion that he would somehow be miraculously healed, which was not the case.

Frank was listed on September 11, 2018. In the meantime, his heart still needed some help, and a defibrillator was placed. Looking back, his defibrillator did go off one week after its installment, and turned out to be the "most painful experience," even when compared to transplant recovery. By the time June 2019 rolled around, Frank received what many transplant patients refer to as "the call." Everyone was so excited for Frank, you could have thought, "we won a championship." On June 4, 2019 Frank Green successfully received a new heart from Stanford Hospital, and a new lease on life.

Not all of Frank's journey has been smooth sailing since. Common in the transplant world, Frank had his share of complications post surgery, including a clot in his right lung one week after discharge. It was a struggle to not be able to provide for his family, and have to rely on others, mentally and physically. The roles of caregivers and all hospital staff are vital to Frank's success, and he is thankful for everyone he interacted with at Stanford Hospital, "from the bottom and beyond." If not for Stanford, Frank doesn't believe a transplant would've happened for him anywhere else, "there's real relationships there, real connections made, they have a strength, courage, and belief in me."

Future goals include hoping and praying to meet his donor's family, as Frank is eagerly awaiting his next clinic appointment to submit a letter for them. He sees things clearer, and soaks up the more meaningful moments and people within his life. He appreciates all the smaller things. He lives life with purpose, and his positivity is contagious. He wants to encourage other patients pre and/or post transplant, to, "keep the faith that you'll be victorious, to keep positive people around you, to not lose focus, listen to others' stories, and enjoy life to the fullest—whatever that means to you."



CAREGIVER'S CORNER

Tamaire Ackernecht, Mother to a Heart Transplant Recipient, 2020

“Get to the other side...” I would repeat these words during the days leading up to my daughter’s heart transplant. One moment at a time, one crisis at a time, would get us through. I would remind myself that I couldn’t start worrying about what could happen because that would take me away from the moment I was living in, the moment my daughter needed me to be strong because she was fighting for her life. My daughter had her heart transplant three days after our country shut down at the beginning of the pandemic, she was just 21 years old.

Our journey began when she was an infant; she was diagnosed with dilated cardiomyopathy at 10 days old. Fortunately, after that initial diagnosis, she remained asymptomatic until February 2020, when we were told she would need a heart transplant. Later that week, she got on the donor list for a heart, and on that same day she suffered a massive stroke due to a large clot that formed in her heart. It was a considerable setback, and took her off the transplant list as she could not endure a transplant surgery due to the brain injury caused by the stroke.

I became her caregiver while she was still in the hospital. Along with family members, we took turns at her bedside watching over her for signs of another stroke. “Just get through to the other side...” It was agonizing when I was told that I would have to leave the hospital because of the pandemic. We all had to leave her. All I wanted was the chance to take care of her again, and I got that chance about a month later when she was released from the hospital.

That first night I was comforted by just being able to hear her breathe as she slept. The pandemic shut-down complicated her care. We learned to take joy in being together and enjoying quiet time. We watched cooking shows and tried new recipes. We put together more puzzles than I can remember. Our lives revolved around doctors’ appointments and physical therapy.

Her medications made her quiet, and her brain foggy, but slowly she started to act like herself. Along with the physical pain from recovery, she had to rely on her mom for her hygiene needs, wound care, and sometimes even to stand up. She was frustrated and humiliated and not always grateful for my support. We would try to find the humor in it all but I know it was much harder for her than it was for me. I had to learn to be patient and enjoy just being quiet together because she was alive and that is all I really wanted. I got to see her beautiful face, and watch as she improved with each passing day.

She returned to college and finished her degree 15 months after getting her new heart. It was surprisingly difficult letting her go. I wanted to keep her under the safety of my supervision. I had to remind myself that “I was on the other side...” We made it! And she gets to live her life! That's all any of us ever want for our children.

STAFF SPOTLIGHT

Nichole Cote, RN Manager, Heart Transplant Program

Nichole Cote is a Registered Nurse with a Master’s Degree in Nursing from University of San Francisco. She has worked at Stanford, and has been involved with the heart transplant patient population for over 9 years. She started as a bedside nurse on the cardiac surgery step down unit (now known as J5), and eventually became the RN educator for that unit. Nichole joined the heart transplant team as an LVAD RN coordinator in 2018 and then transitioned to the pre-heart transplant RN coordinator role in 2021. She is passionate about our heart transplant patients, and is thrilled to step into the Heart Transplant Program RN Manager position.



Nichole grew up in the Bay Area, and is rooted in the Stanford community. Outside of work, Nichole & her husband keep busy with their two young sons (3.5 years old and 4 months old.)

Heather Packard, Heart Transplant and VAD Program Manager

Heather Packard is a Nurse with a Master's Degree in Nursing. She has served as the Director of Clinical Services, as well as with the Solid Organ Transplant (SOT) & VAD team. She has been the Heart Transplant and VAD Program Manager for the past 9 years. She is responsible for Solid Organ Transplant Outreach Clinics, overseeing the clinical aspects of all SOT and VAD programs, organ procurement devices, on-call team oversight and workflows. She works closely with organ procurement organization, leads a lab project that will enable staff to perform lab data entry much more efficiently, oversees the multi-organ transplant (MOT) program, and is heavily involved with the quality team, all at Stanford.



SPOTLIGHT: The Stanford Community Congratulates Dr. Hannah Valantine, MD

The International Society of Heart and Lung Transplantation (ISHLT) awarded Dr. Hannah Valantine the Life Time Achievement Award for three decades of contributions to heart transplantation.

Dr. Valantine said, "My research has been deeply inspired by the pioneers of heart transplantation who dared to bring reality to what many thought was impossible. This award is a tribute to my many mentors, my family, and to the patients who have inspired me to continually put patients at the center of all I do. With a 'patients first' approach, we can accelerate wildly creative and precise solutions to the ongoing challenges of organ transplantation."



For the full story please go to: <https://www.prnewswire.com/news-releases/isHLT-honors-hannah-valantine-for-lifetime-achievement-in-treating-advanced-heart-disease-301531826.html>

RESTORING ROUTINES

Kelsey La Tourette, MS, OTR/L

It certainly takes time to adjust to life after transplant. The transition from hospital to home can be difficult to navigate in so many ways. You may struggle finding a new routine or even a sense of self. Research has consistently shown that establishing a routine can significantly improve your mental health and overall functional independence. According to the Occupational Therapy Practice Framework, routines are defined as "established sequences of occupations or activities that provide a structure for daily life." These can either enhance or damage health. In the hospital, you have a unique routine targeted to achieve a particular set of medical and physical goals. Through all of this, it is important to remember the overarching goal: to be the best version of yourself.

It is our hope that when you go home you continue to set small goals that help you move closer to feeling like you. Establishing habits and routines are necessary to doing just that. You may remember your physical or occupational therapist encouraging you to spend thirty minutes walking a day. Try adding that into your daily routine with a family member or friend. If you are well beyond your sternal precautions, we strongly encourage you to build strengthening exercises into your program. Recent studies encourage heart transplant patients to initiate individually dosed resistance training as soon as possible. These studies emphasize that resistance training in particular can counteract the side effects of immunosuppressant therapy and loss of muscle mass caused by preoperative heart failure and immobility. You can start by utilizing exercise bands called Therabands or light hand weights to add resistance. While there are so many exercises you can do, we argue that the best exercise is engagement in activities that are meaningful to you.

Be sure to try this out: habit stacking. Habits are specific, automatic, adaptive behaviors. Dr. BJ Fogg, a Behavior Scientist and Researcher at Stanford University, developed an approach called “Habit Stacking” to create positive behaviors and habits. This technique involves the intentional implementation of a new habit by “stacking” it onto an already existing one. For example, medication adherence is very important post-transplant. To incorporate this new task into your daily routine, try stacking it onto another habit you enjoy. For instance, place your pillbox next to your coffee maker. After enjoying your morning cup of coffee, you then take your morning medications. In this scenario, the coffee maker acts as a visual cue to take your medications. Habit stacking connects your new task to an already established behavior, so you’re more likely to stick to the new task. Try habit stacking with your exercises, too! For more information, check out Dr. BJ Fogg’s book, “Tiny Habits: The Small Changes That Change Everything.”

30 DAY CHALLENGE RECAP

Michael Vollstedt, PFAC Chair and Co-Fitness Director

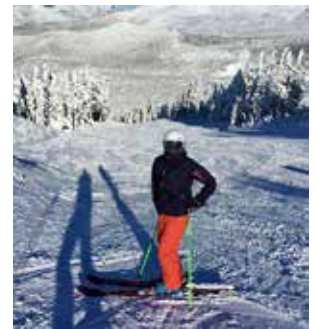
There are the Olympics, the Kentucky Derby, the US Open, but nothing compares to the Stanford Heart Transplant 30 Day Virtual Challenge. We had 12 teams with over 60 participants all battling it out until the very end. It was so close that at the end of the race, we had to re-tally the total miles several times and confirm the winner with our instant replay. In the end, Wonder Donor Heart Beats edged out Cardio-Renal Syndrome by only 1 mile! The goal was 540 miles, but we clearly had a lot of overachievers with Wonder Donor completing 1410 miles vs Cardio-Renal with 1409 miles! The battle for 3rd place was almost as close with Grateful Hearts edging out Val-Gainz-Cylovir. Overall, it did not matter whether you finished in the top 3 or came in last, the goal was to develop healthier habits, and to have fun. As one of the participants said, “this competition has re-energized my desire to workout. It also helped me to lose 5 pounds! I cannot wait for the next one!”

This 30 Day Challenge got a number of the Stanford doctors and nurses involved too. In fact, it was Dr. Khush’s team, Cardio-Renal Syndrome, who landed in 2nd place! The best team name had to go to Nurse Helen Luikart’s team: I Thought This Was a Pub Crawl.

Overall, it was a lot of fun competition and hopefully all of the participants are feeling healthier and more inspired to keep up this new exercise routine.

Finally, we want to thank all of the team leaders, the participants, and most of all, the Challenge Coordinator: Jordan Ackernelch (PFAC Member and Heart Transplant Recipient 2020) for all her hard work. Hopefully, next year we will see even a bigger turnout. In the meantime, keep on moving and smiling because both are contagious!





THE BENEFITS OF MEAL PREP

Ranna Modir, MS, RD, CNSC, CDE, CCTD

Meal prepping is a game changer for busy people who want to eat healthy and save money.

Save money: A typical quick style restaurant meal these days costs around \$6-15. By purchasing meat and other ingredients in bulk you can stretch your food dollar. For example 4 lbs chicken breast, 4 cups of pasta or brown rice and 2 heads of broccoli can make about 5-6 meals and costs about \$40 (about \$8 per meal).

Save time: Set aside one day a week to prepare your meals. Although you will spend some time in the kitchen on the set day you select to prep your meals, during the week you can save hours on cleaning and clean up (about 30-60 minutes). Using one-pot cooking methods such as insta-pot can help speed up cooking where you can even take frozen ingredients and transfer them directly to the pot.

Control portions: In general, when planning meals to prepare ahead, consider a combination of protein, healthy fat, non-starchy vegetables and whole grains (optional to omit the whole grains and double the non-starchy vegetables).

Help decrease impulsive food choices and “hangry”: walking in the door and starving after a long day? About to grab the nearest cookie, crackers or chips in the cupboard? These quick snacks can bring blood sugar rapidly high then fall. Take out the meal prep and pop it in the microwave for a delicious balanced meal that will promote satiety versus a blood sugar crash that can make you feel even hungrier.

Supports healthier eating habits for weight loss and obesity prevention: These days you can find several healthier options at traditional take out restaurants. However, the majority of takeout meals are almost often higher in calories, added sugars, total fat, saturated fat, and sodium than those prepared at home.

Not into cooking? Consider meal prep delivery companies where fresh meals are delivered straight to your door. Options include low carb, low sodium, calorie controlled, gluten free, high protein, vegan, vegetarian, paleo, soy-free and dairy-free. Meal plans include from 4-18 meals per week at varying price points.

References:

- The Healthy Meal Prep Cookbook by Toby Amidor, RD
- The Easy 5-Ingredient Healthy Cookbook By Tony Amidor, RD
- The Healthy Meal Prep Instant Pot Cookbook, Carrie Forrest MPH



MEAL PREP RECIPE

One Pot Mediterranean Chicken and Quinoa

1. In a large skillet over medium heat the olive oil until it shimmers. Add the chicken and cook until the pieces are browned on all sides. About 8 minute. Transfer the chicken to a plate and set aside.

2. In the same skillet over medium heat, add the garlic and onion and cook until the onions are soft and translucent, about 3 minutes. Add the broth, olives, tomatoes, oregano, black pepper and paprika and stir to incorporate. Raise the heat to high and bring the mixture to a boil, then reduce the heat to low and simmer until the olives begin to soften, about 5 minutes.

3. Return the chicken to the skillet and stir to combine. Add the quinoa, increase the heat to medium-high and bring the mixture to a boil. Then reduce the heat to low and simmer, covered but stirring occasionally, until the chicken is cooked through and the quinoa is tender, about 15 minutes.



Ingredients	
1 tbsp olive oil	2 cans low sodium diced tomatoes
1 ¼ lb boneless, skinless chicken breast, cut into bite sized pieces	2 tsp oregano
1 garlic clove, minced	½ tsp black pepper
1 medium yellow onion, chopped	½ tsp smoked paprika
1.5 cups low-sodium chicken broth	1.5 cups quinoa
¾ cup pitted Kalamata olives, slides	* Makes 6 servings

Nutrition Information	
Calories	380 kcal
Fat	12 gm
Protein	29 gm
Total carbs	27 gm
Fiber	4 gm
Sodium	457 mg

- Can store in the fridge for up to 3-4 days and freeze the rest.
- Can store individual freezer safe containers for up to 2 months.
- To reheat individual portions, microwave for 2 minutes.

Stanford Heart Transplant Physicians



Eldrin Lewis, MD, MPH
Chief
Cardiovascular Medicine



Sharon Hunt, MD



Kiran Khush, MD



Jeffrey Teuteberg, MD
Section Chief
Heart Failure, Heart Transplant, MCS



Hannah Valentine, MD



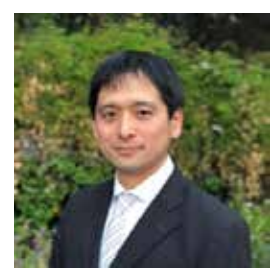
Francois Haddad, MD



Matthew Wheeler, MD



Karim Sallam, MD



Masataka Kawana, MD



Kevin Alexander, MD



Alex Sandhu, MD



Petra Mamic, MD



Daniel Katz, MD



Stephanie Hsiao, MD



Joyce Njoroge, MD
Fellow



Anubodh Varshney, MD
Fellow



Brian Wayda, MD
Fellow

HELPFUL LINKS

COVID-19 Information focusing on organ transplantation:

Below are external links to very good resources; updated regularly.

- Stanford Health Care COVID-19 Resource Center
<https://stanfordhealthcare.org/discover/covid-19-resource-center.html>
- COVID-19 Guidance for the Public
<https://www.nhlbi.nih.gov/coronavirus/nhlbi-covid-19-guidance-public>

Other Links:

Peer to Peer Program: <https://www.youtube.com/watch?v=gPdtZdKNOEc>

CONTACT INFORMATION

Transplant Clinic

(650) 498-9909
Annual Appointment Scheduling (650) 725-3824
Fax (650) 721-5079

Nurse Coordinators

Karin Choy, RN (650) 723-6679
Lori Fox, RN (650) 723-6636
Stefannie Panlilio, RN (650) 498-9969
Jennifer Piazza, RN (650) 725-6502
Rebecca Wainwright, RN (650) 724-4772

Heart Transplant Social Workers

Satveka Ilango, MSW (650) 862-3052
Krista Stott, MSW (650) 474- 9473

Stanford MyHealth

You may message the team through 'MyHealth', for non-urgent questions or issues. You may also easily request prescription refills

<https://myhealth.stanfordhealthcare.org/>

Heart Transplant Patient Webpages

For important and interesting information about the transplant experience, search "Stanford Heart Transplant", scroll to the bottom of the page and select "Patient Resource Guide". Or visit either:

stanfordhealthcare.org/medical-clinics/heart-transplant-program.html

stanfordhealthcare.org/medical-treatments/h/heart-transplant.html

Peer2Peer Mentoring Program

Peer mentors help patients and caregivers during the difficult waiting period for a donor heart and throughout the transplant process and recovery time. For more information please contact Michael Thomas, LCSW, Peer2Peer Program Coordinator at:

MThomas@Stanfordhealthcare.org

408-806-0584

UPCOMING EVENTS



World Transplant Games

<https://worldtransplantgames.org/>

Registration is now open through
February 17, 2023
Games April 13 – 22, 2023



American Heart Association 2022 Bay Area Heart Walk

<https://www2.heart.org/>

Saturday, September 10, 2022
Heather Farm Park
1540 Marchbanks Dr
Walnut Creek, CA 94598

Friday, September 16, 2022
Embarcadero Plaza
1 Market Street
San Francisco, CA 94133

Stanford Blood Draw Locations (650) 724-4750

For more sites and information go to:

<https://stanfordhealthcare.org/medical-clinics/blood-draw-sites.html>

Main Hospital, Boswell Clinic Laboratory
(Also draws AlloMap/AlloSure)
300 Pasteur Drive, Pavilion A, Level 1, A12
Stanford, CA 94305

Blake Wilbur Building
(Also draws AlloMap/AlloSure)
900 Blake Wilbur Drive, 1st Floor, Room W1083
Palo Alto, CA 94304

Hoover Pavilion
(Also draws AlloMap/AlloSure)
211 Quarry Road, Suite 101
Palo Alto, CA 94304

Menlo Medical Clinic
1300 Crane Street, 1st Floor
Menlo Park, CA 94025

Menlo Medical Clinic
321 Middlefield Road, 1st Floor
Menlo Park, CA 94025

Stanford Medicine Outpatient Center
440 Broadway Street, Pavillion B, 1st Floor, B11
Redwood City, CA 94063

Stanford Health Care
5800 Hollis Street, First Floor, Pavilion B
Emeryville, CA

Stanford Health Care
2585 Samaritan Drive, Suite 103
San Jose, CA 95124

Stanford Cancer Center South Bay
2589 Samaritan Drive, 4th Floor
San Jose, CA 95124

SHC Valley Care Outpatient Draw Station
5565 West Positas Blvd
Pleasanton, CA 94588 | (925) 416-3600

PFAC Volunteers

Heart Transplant Recipients

Jordan Ackernecht, 2020
Subu Davuluri, 2019
Alyse Ornelas, 2018
Janine Elliott, 2017
Linda Karr, 2016
Becky Pomerleau, 2014
Michael Vollstedt, 2013 PFAC Chair
Susan Roberts, 2012 Former Chair
Carolina Tejada, 1989, 2007 Secretary

Caregivers

Srilatha Davuluri
Eric Gries
Anna Jelks

Emeritus

Les Denend, Recipient 2008

PFAC Staff

Staff

Helen Luikart, RN, MSN Staff Advisor
Gabriela Oro, RN, NP Staff Advisor

Would you like to receive this newsletter and other updates by email?

Family, Caregivers and Patients, email us at:
HeartTransplantPAC@stanfordhealthcare.org

Heart Transplant Newsletter

Design & Layout | Srilatha and Subu Davuluri, PFAC Members (Caregiver and Patient)
Editing | Alyse Ornelas, PFAC Member and Patient
Articles Compiled | Helen Luikart, RN, PFAC Advisor

PATIENT AND FAMILY ADVISORY COUNCIL GIFT FUND

We are honored to have received requests to donate to the PFAC, with the desire to continue and expand the work we do. The Heart Transplant PFAC Gift Fund accepts donations directly supporting the activities of this Volunteer Stanford PFAC:

1. Building community within the Stanford patient and caregiver population through activities, symposiums, Newsletters and Peer to Peer Mentoring Program.
2. Representing patient and family perspectives about the overall patient care experience by reviewing and revising patient education materials.

HERE'S HOW TO DONATE BY MAIL

Please **include a letter** with your check that indicates your wish that the monetary gift is directed to the:

Heart Transplant
PFAC Gift Fund,
Dr. Jeffrey
Teuteberg -
Cardiovascular
Medicine



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PAY TO THE ORDER OF \$ _____
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Medical Center Development
Attn: Gift Processing
Stanford University
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Redwood City, CA 94063



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Go to give.stanford.edu

Select one: "Make a one-time gift" or "Make a recurring gift"

Direct your gift to: "Stanford Medicine"
Then, choose: "Other Stanford Designation"

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Enter gift amount

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