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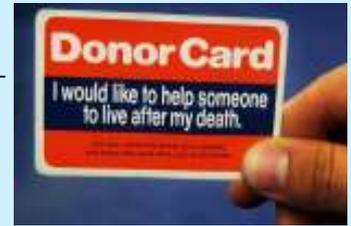
**WINTER QUIZ**

1. True or False: It must be 32°F or colder for it to snow.
2. Who had a hit song in the late 60s with Hazy Shade Of Winter?
3. In which country were the first Winter Olympic Games held in 1924?
4. What is a Ushanka?
5. What is the more common name for the legume called mangetout?

Answers can be found on our website - [www.breathingmatters.co.uk](http://www.breathingmatters.co.uk)

## Organ Donation—A True Gift

The gift of an organ to a patient in need can be life-saving. A single individual can, after their death, donate their organs to save the lives and sight of up to 7 different people. Many people in the UK are waiting for organs to be donated and, every day, three people die waiting—that's 1000 patients per year! Whilst most people in the UK would accept an organ for themselves or their children, only 29% are actually on the organ donor list.



Organs are only taken from patients that are on life support machines in Intensive Care and are declared 'brain dead' or from patients who have died but whose organs can be removed very quickly after their death. 'Brain death' is a definite diagnosis that requires a complex series of tests 24 hours apart supervised by at least two senior and independent doctors registered with the UK General Medical Council. These tests show that there is no brain function, the brain will not recover and the lungs and heart can not function without life support. There is no upper or lower age limit for joining the register. Even if you are well into your 60s, some of your organs may be useful to someone.

The UK Donor Ethics Committee meets several times a year to consider ethical issues related to organ donation; they are very conscious that nothing should be done to a patient that is not in their best interests, particularly if they are on the organ donor register.



So, join the NHS Organ Donor Register today. It only takes a few minutes to do this online at <http://www.uktransplant.org.uk/ukt/Consent.do>. As well as joining the donor list, it is important to make sure that your immediate family know that you want to be a donor. This means that, if they are asked about your wishes, they can consent to the use of your organs for donation quickly and without any guilt, confident that this is what you would have wanted. It could be the best gift you ever give!

**\*\*FACEBOOK Coming Soon to Breathing Matters\*\***

## Update on Sarcoid Study – Could you Help?

Sarcoidosis is a disease that can affect any part of the body, most commonly the lungs, lymph nodes, eyes and skin. No-one knows what causes it and it can affect different people in different ways. As a result, there may be a delay in diagnosing this disease. Diagnosis depends on finding characteristic 'granuloma' in a biopsy of affected tissue. These granuloma are collections of activated white blood cells, in particular macrophages, that are formed in response to foreign material in the body that cannot be broken down and removed. This had led to the suggestion that sarcoidosis may be due to an abnormal immune reaction to proteins in the body that the immune system thinks are foreign. The treatment of sarcoidosis is aimed at 'dampening down' the immune response using steroids and similar agents.

Studies in twins have shown that genetic factors can increase a person's susceptibility to sarcoidosis. We have compared data from macrophages from sarcoid patients and from non-sarcoid patients and we have identified potentially important differences. These include a molecule that is produced by the body to recognise infectious organisms, and an enzyme involved in the breakdown of proteins. It is possible that the abnormal expression of these molecules may be critical in the development of sarcoidosis, possibly by preventing foreign material from being cleared from the lungs and other organs.

We are doing further studies on these molecules. If any sarcoid patients are interested in donating blood for these studies, please contact Dr Joanna Porter on [info@breathingmatters.co.uk](mailto:info@breathingmatters.co.uk).



Visit our Website on  
[www.breathingmatters.co.uk](http://www.breathingmatters.co.uk)

You can simply donate via  
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**JustTextGiving is now available to Breathing Matters supporters.**

**All text messages are free to send on all networks  
 and 100% of every donation (plus 25% Gift Aid) goes to Breathing Matters.**

**Simply Text 'BMPF22 £xx' to 70070**

## A Day and Night In The Life Of ... A Transplant Coordinator – Paul Lincoln, Transplant Coordinator (TC) at Papworth Hospital

I qualified as a nurse in 1999 and worked in Intensive Care before moving to the Transplant Continuing Care Unit and then the Transplant Co-ordination team at Papworth Hospital. We carry out roughly 50 to 60 transplants per year, including both heart and lung. One month, you may do over 10 transplants and the following month only 1 or 2. This makes the work exciting, variable and unpredictable. There are 6 full time TCs with enormous experience in all aspects of transplant care.

A typical day starts at 8am with a ward round seeing all the hospital patients that have had successful transplants before their discharge home. Some of these will have had their transplant very recently, others may have come back to Papworth having had a transplant some time ago with concerns of infection or organ rejection. The ward round is made up of a team that includes surgeons, consultant physicians, senior trainees, physiotherapist, pharmacist and, of course, the TCs.

I then catch up with those patients that have come to Papworth for their 3 day assessment prior to be accepting for listing on the transplant list. These patients have already been screened by seeing at least one consultant and have been deemed suitable for the next step. I meet the patient and talk them through the procedure and what the next 3 days entail. This involves quite frank discussions about the process ahead and the transplantation process in general.

Then, on to the clinic to see patients that are waiting for a transplant. These are patients that come from home to the clinic every 3 months to ensure that they are still suitable for listing, and to see if their priority has changed.

After clinic, I prepare for the multidisciplinary meetings. All patients that have been assessed are discussed and a decision is made as to whether they are suitable for listing. After the meeting, I will explain the final decision to the patients over the phone, and those that are accepted on to the list will meet me for a 'listing talk' in which the whole process is explained.

Some nights, the on-call TC will be telephoned to say that an organ *may* be available. They then contact the Papworth surgeon who decides if there is an appropriate patient on their list. Once the lung is accepted, the TC mobilises the team from a retrieval centre that will go to the hospital that the organ donor is in and retrieve the organs. The TC will then phone the patient and a vehicle is sent to collect them. We then alert theatres and the wards to get them prepared. Throughout the operation, the TC is the main liaison between the operating team and the patient's family. The operation can take up to 10 hours so it is a very tense time for everyone. The TC then takes the patient through the rehabilitation process to get them back to as normal a life as possible, which is often of a very better quality than they have had for some time. At every stage, we keep a close eye on the patients and, at any sign of trouble, we will step in and assist.

I get very involved with patients, following them from their first referral to Papworth throughout the assessment, listing and waiting; and then, for the luckier ones, through the transplant and post-transplant days, months and sometimes years. It is a massively rewarding job with a lot of very good days along with less good ones.

## FUNdraising Tributes and Inspirations

### INSPIRATIONS

- ♥ Make us your Charity of the Year. Do you know any local businesses who could support us?
- ♥ New Year's Resolution—get people to help you quit smoking by fundraising!
- ♥ Coffee and cake morning, or a Bake-Off.
- ♥ Join in on any of our events ... or organise one of your own!



### CHRISTMAS CARDS SOLD OUT IN RECORD TIME

**Thank you** to all of you who bought our Christmas Cards this year. They were sold out within a month.

We will ask for orders earlier in 2012 ... so watch this space.

### BREATHING MATTERS WISH LIST

- ♥ **Cryoscopic extractor** to allow lung biopsies for diagnosis and research to be removed via the bronchoscope, thereby avoiding major chest surgery. Better for the patients, safer and less painful. **Cost 25K**
- ♥ **PhD Research Fellow** to work on IPF in the laboratory for 3 years: **Cost £45K with UCL contributing £45K**
- ♥ **An imaging system called Nuance** from Caliper Life Sciences. A multispectral imaging system which would make a fantastic difference for reliably observing potential therapeutic targets in IPF lung. **Cost £45K**