ISOT Newsletter

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Editorial

Central India ISOT Conference Brings all the Stakeholders Together

The Indian Society of Organ Transplantation (ISOT) held its 32nd annual conference from October 12–16, 2022, at the Hotel Le Méridien in Nagpur. Around 500 faculties, 1200 registered delegates, and more than 250 oral /e-poster presentations were included in the scientific program. The scientific programme included deliberations on kidney, liver, heart, lung, pancreas, small bowel, composite tissue, transplant pathology, multi-organ transplants, and transplant coordinators.

The honourable Shri. Nitin Gadkari, Minister of Road Transport and Highways, was the chief guest. Dr. Atul Goel, Director General of Health Services (DGHS), Ministry of Health and Family Welfare, Government of India, was the guest of honour. Dr. Krishan Kumar, Dr. Archana Kumari from NOTTO and Dr. Anil Kumar from the National Organ and Tissue Transplant Program (NOTP) were invited as guests to the opening ceremony on October 14, 2022.

Organizing Committee Chairman Dr. Chaubey and dynamic local organising secretary Manish Balwani, along with Dr. S. J. Acharya (local scientific committee chairman) and Dr. Amit Pasari (treasurer), did everything in their capacity to make the ISOT-2022 conference unique in many ways.

For the first time at an ISOT conference, two newsletters were printed on the second and third days, covering all the conference activities with video interviews from the international and national faculty. These were made available on the ISOT YouTube channel. Also, for the first time, a dedicated social media team of clinicians worked behind the scenes and set Twitter on fire! The ISOT conference Twitter handle was trending among the top health care conferences, with many new tweets and retweets.

There were two new technology attractions for ISOT delegates, with a new concept of a Twitter wall in the coffee area and a live app-based quiz where all delegates could participate and the fastest one won the prizes.

It was also the first time that a full-day session was devoted to health authorities such as the DGHS, NOTTO, MoHFW, ROTTO, SOTTO, and WHO to discuss the workings of increased access to ethical and affordable transplantation. The session to improve access to transplantation was attended by Dr. Hilde De Graeve, Team Leader, Health Systems, WHO Country Office for India, and Dr. Efstratios (Stratos) Chatzixiros, Adviser, Transplantation Human Organs, Tissues, and Cells, WHO Headquarters, Geneva, Switzerland.

A few very unique satellite sessions included the online sessions of the cadaver retrieval workshop from King Edward Memorial Hospital, Mumbai, and ROTTO, West India; the New Horizon Program in collaboration with the European Society of Organ Transplantation; and the Second Affiliated Hospital of Guangxi Medical University, China. A separate session of the Nagpur Zonal Transplant Coordination Centre (ZTCC) programme to increase deceased donation was also held, led by Dr. Sanjay Kolte.

The society's five orations were delivered as follows:

RVS Yadav Oration: Dr. Mohamed Rela on "Pediatric Liver Transplantation: Size Doesn't Matter"

Noble Laurate Alvin Roth gave a speech called "Increasing the Availability of Transplants in India" for the HL Trivedi Oration.”

Presidential Address and Oration by Dr. Sunil Shroff on "Changing Training Paradigms for Deceased Donation and its Impact.”

Dr. Sandeep Guleria's Vidya Acharya Oration on COVID-19 and Transplantation

KN Udupa Memorial Lecture: Dr. Amit S. Pasari on "CYP3A5 Gene Polymorphism - A Key to Personalized Tacrolimus Dosing.”

The ISOT-2022 conference witnessed the presence of eminent global leaders from International and National transplant societies such as Marcelo Cantarovich, Immediate Past President TTS; Mohamed Rela, President, the International Liver Transplantation Society (ILTS); Oniscu Gabriel, President Elect European Society of Organ Transplantation (ESOT); Dr. Krish Menon, President Elect, The British Transplantation Society (BTS); Ravi Mohanka, President Liver Transplantation Society of India (LTSI); Dr Priscilla Rupali, Secretary, Clinical Infectious Diseases Society of India (CIDS); The Network and Alliance of Transplant Coordinators (NATCO), Jose Chacko Periapuram, Past President, Society for heart failure and transplant (SHFT); Ali Abdul Kareem Al Obaidli, SKC-CMO, Organ and Tissue Donation Department, Executive Director and the Chairman of the National Committee for Organ Donation and Transplantation of the United Arab Emirates. Along with them, representatives from the Asia and Africa transplant programmes also participated in the congress. There was

also, a second midterm meeting of the Liver Transplantation Society of India and the 15th annual international conference of NATCO.

ISOT actively promotes public awareness of organ donation, particularly deceased donation and transplantation [1]. In this regard, on the last day of the conference, a morning walk was organized, in which over 400 people participated, including doctors, coordinators, transplant patients, and organ donors.

The growth of organ transplantation over the last decade has been truly remarkable, despite all the challenges. Over the past two decades, there has been a steady increase in kidney, liver, and heart transplantation in India [2]. Recent estimates indicate that 84% of transplants are from living donors, and 16% come from deceased donors [3]. It is a collaborative effort from various organisations that has paved the way for the success of organ transplantation in India.

Despite India's complexity as a country, it has emerged as a major hub for multi-organ transplants in the Asian region, and ISOT as a society has been part of this growth story over the years. The society provides a unique non-partisan platform to not only help with scientific deliberations but also to be able to push for ethical policies and regulations. One of our

challenges have been accessing and equity, largely due to the imbalance between the growth of private and public sector transplant programs. The National Organ Transplant Program (NOTP) has some provisions to bridge this inequity. It is hoped that the interaction and deliberations between all the stakeholders, such as the DGHS, the NOTTO, the directors of all ROTTOs, and convenors from some SOTTOs, will provide momentum in this direction. Wishing all ISOT members a very happy and peaceful 2023, we hope to see you in bigger numbers at Kolkata under the leadership of the new president, Dr. Georgi Abraham.

Dr. Sunil Shroff & Dr. Vivek Kute.

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Editor's pick

Guide to Become a Social Media Savvy Health Professional: A 10-Step Guide

It is 2023, and social media is no longer only for personal use but an indispensable tool for professional growth [1]. Around 4.20 billion people are using social media today, which is more than half of the world's population [2]. It contributes effectively to internal development by teaching and learning in real time with instant feedback. It is also associated with effective skill development. Moreover, this inner growth leads to external growth when supported by immense networking opportunities provided by the optimal use of social media [3].

Here we have a step-by-step guide for you to use social media to your advantage:

Step 1: Choose your platform

Various social media platforms are available today (Table 1). Depending on what kind of learner or teacher you are, you can choose an appropriate platform for yourself. It is advisable to first become a "pro" on one platform before moving on to another to improve productivity.

Table 1. Various Social media platforms relevant to Nephrology

Mode of learning	Social media platforms	Examples
Visual	Twitter, Blogs, Facebook	Visual abstracts Infographics
	YouTube	Chalk-talk style videos Educational videos – WashU, GlomCon NEJM quick take
	Video-based learning	ISN Academy, ASN
	Webinars	GlomCon, ISN Nuances in nephrology
Auditory	Podcasts	Professional societies – ASN, ASPN Journals – CJASN, NEJM NephJC freely filtered CoreIM The Curbsiders Dialysis organizations like Davita
Reading & Writing	Blogs	ISN academy AJKD blog Renal fellow network Last month in nephrology
	Twitter	Tweetorials
	Structured programs	NephSap
Interactive/kinesthetic learning	Individual platforms	NephSim [case-based simulations] ISN Education Quizzes NephMadness

Step 2: Choose your target audience

Every content created must be tailored according to the audience who will consume it. For example, the content's complexity level will be different for nephrologists, medical students, and patients. Therefore, it is crucial to focus on one kind of audience at a time and create the content accordingly.

Step 3: Follow and Learn

Since there are billions of people on social media, it's easy to feel overwhelmed by the amount of information you see. Thus, it is vital to filter out any unnecessary information. For this, it will be helpful to understand whom to follow (and, more importantly, whom not to follow) on social media. Follow key opinion leaders in your field who provide verified information. Social media is also a great way to flatten the hierarchy and have one-to-one interactions with stalwarts in the field across geographical boundaries. It is essential to avoid following users who are not respectful and inclusive. Depending on the circumstances, they can be 'muted', 'unfollowed', 'blocked', or 'blocked and reported.'

Step 4: Benefit from focused searches – learn to use hashtags

A hashtag is a metadata tag that the creator creates to allow cross-referencing of content by topic or theme. It is commonly used on Twitter or Instagram and is prefaced by the hash sign #. For example, a search within Twitter for #OrganDonation will take you to all the tweets related to organ donation. Then these can be sorted based on their timeline, popularity, etc. Learning how to optimally use hashtags while searching and creating content is vital.

Some important hashtags for nephrology are –
#NephPearls, #AskRenal, #NephBasics, #NephroNotes, #MedED #FOAMed
#TipsforNephFellows

Step 5: Improve your content creation game.

Always post relevant and engaging content using high-quality media (e.g., photos, algorithms, videos). It is scientifically proven that media content garners more traction on social media. Always cite the original sources and give attribution where it is due. Make your content easily digestible, as the audience's attention span on social media is very limited.

Step 6: Build your brand.

Your brand comprises features that openly distinguish you from others and create an emotional connection with your audience. Your brand needs to be a personal reflection to build trust. Consistency in content is vital to building a brand. Following a routine when it comes to the topics, content format, and social media posting schedule can help you build a brand. For example, the brand "NephJC" is expected to provide an exhaustive summary of recent articles published every two weeks, along with a visual abstract, and then to host a tweet-chat on the same. Always remember to keep your personal and professional accounts separate.

Step 7: Use social media for your academic projects.

You can seek responses to your surveys on social media. You can also solicit participants to join your research work. You can do polls and gather public opinion to help you advance your projects.

Step 8: Build your community – Networking

You can build a community with like-minded people who can support you in your growth (check out the NSMC and ISN communities). Engage online on a regular basis and participate in online chats to improve your networking. This will help you learn about and share new opportunities. Always remember to be inclusive and respectful in your community.

Step 9: Scholarship

There are lots of scholarship opportunities based on social media activities. Social media is a proven tool for imparting online education, and the effect of its use can be quantified. Most of the platform provides detailed statistics of how users are engaging with your content, including what is working and what is not. This can be useful in refining your content. This data can also be published to guide future users [4]. In addition, a social media portfolio can be created, highlighting all your activities and their impact.

Step 10: Remember to balance and practise restraint.

Excess of anything is bad; the same is true for social media. Always take regular breaks from social media to connect with yourself before connecting with others. It is recommended to take at least one weekend break every month from social media to avoid burnout. Remember that social media engagement is not a race with others. It would be best to use it only for personal satisfaction and not to prove anything to the world. Also, don't lose focus on your actual work (patient care, research), as social media is just an add-on to your professional work. Never forget the don'ts of social media use (Table 2).

Table 2. Don'ts of social media use

1. Avoid posting information that can be used to identify patients (even in closed media such as WhatsApp groups.)
2. Avoid posting patients' confidential information without consent (even when deidentified.)
3. Avoid posting unverified evidence and false, misleading information.
4. Refrain from using inflammatory language. Do not post when emotionally charged. Avoid getting into meaningless controversies.
5. Do not troll anyone.
6. If getting trolled, block and report.
7. When posting from a professional account, never forget the body's code of conduct and obligations.
8. Do not post personal opinions from professional accounts.
9. Be very careful when posting about sensitive topics like organ donation, ethnicity, etc.
10. Never steal the content of others. Always give credit where it is due.

Remember, social media is just a tool that can also prove detrimental if not used properly. Hence, follow the THINK principle before you post – Ask yourself – is it TRUE? is it HONEST?

is it INSPIRING? is it NECESSARY, and most importantly, is it KIND? If the answer to all these is YES, then go ahead and use social media to your advantage.

Best wishes!

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Faculty – NSMC, NephSim, ISN Education.

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Resident's Corner

"Musings from a resident's table"

As I write this, I sit here in the confines of the nephrology ward, doing pre-transplant workup and monitoring the patients. Sick patients awaiting transplants evoke strange feelings when they see large catheters attached to them in their necks. I have just finished 8 months of clinical residency in nephrology as a senior resident. I have seen wives who come with their husbands in wanton conditions, angry attendants, and critical patients taking their last gasps. Empathy is a personality trait of mine; I can't help but empathize. Also, it's a good one, I hear, though I have always cursed it because it lets other people take advantage of me. Sympathy, though, is its evil twin. evil, because sympathy made me terrified and bawl my eyes out inside while I had to maintain my composure while giving CPR to a dying individual whom we were treating at our best. I wouldn't say it was a turning point or a life-changing moment (MD has taught and shown me enough to not breakdown with one case), but it surely made me stutter for a minute. Perhaps because I witnessed a life being so valuable from the perspective of an

attendant and then succumbing to death in the next instant on the first day of senior residency, like the flicker of a freshly lit candle succumbing to the breeze.

Is this the life I was chosen for? Am I worth being here? Do these people deserve someone better than me? Can I be more skilled than I am now? Yes, to all. I have accepted that this is the life I have been assigned, and I have to justify it not only to the best of my ability but to the best of the patient's needs. Somehow, the responsibility keeps getting heavier on my shoulders, and my self-doubts resurface now and then, but I have to make do with what I've got and go on. I had accepted the death of someone close to me once in my life; I should relearn the art of letting go again.

I have had attendants who are helpless because they cannot afford intensive care, including the financial burden on their family due to the disease of their patient. I myself have been helpless because I did not have enough money to help them completely (because you can only help with their investigation charges; the bill can run into thousands, which you will be unable to bear as there are multiple patients in need). I've had patient families who are terrified of the cost of medications, which causes me great concern. Healthcare and its accessibility I have heard lots of loose comments about how healthcare is a booming business right now. Is it worth it? Is it worth it to put a price on someone's life?

In our hospital, I have only (99.99%) seen patients from poor strata—they scrape to buy simple medicines. Yes, the central government supports a lot of healthcare, and i am really happy to see patients getting the best of what they require in our hospital, costly transplant medicines that are out of reach for most general patients are easily available here, free of charge. Are we asking enough of our healthcare strategists, as I so wish this was there in all healthcare setups for easy accessibility by patients? Patients from all over India come to Safdarjung because there aren't enough medical facilities in other places. The agitated patients who stand in line for the OPD registration for several hours before showing it to the doctors in the OPD have always made me feel ki "Doctor madam hamare yahan koi doctor dhang se nahi dekhta vh bolte h kuch b dikkat h th dilli chale jaao". I'm sure everyone here understands why rural service is so unpopular—you would never wish your loved ones to live in such deplorable conditions.

It's time to take a step back and think about what we're doing to help the sick. What are we doing to help them have easy access to a healthy life? What barriers can we remove to make it a healthier world? What is our part in it?

Dr. Urvashi,
SR Nephrology,
VMMC & Safdarjung Hospital, Delhi.

Women in Transplantation

Dr Arpita Ray Chaudhary

HOD Nephrology, Institute of Postgraduate Medical Education and Research (IPGMER), Kolkata.

The last two decades have seen an exponential growth of talented young women choosing medicine and science as their professional careers, but the million-dollar question is: can they break the existing social and cultural legitimization of women pursuing careers in less demanding disciplines? Can they pursue their future in their preferred discipline? The answer is still most likely negative. In India, there is a strong gender bias in the transplant population; data from large hospitals show that women account for more than 75% of living organ donors, but only 20% of end-stage organ failure patients receiving solid organ transplantation are female.

Similarly, underrepresentation of women in Indian academia and in higher-level faculty positions was widespread. It partly reflects a sociocultural attitude towards women's responsibilities. This attitude is almost universal in nature, persisting in the West and other countries as well, and has attracted attention to the loss of female talent globally. Transplant medicine and surgery, in particular, care for patients with end-organ failure, where odd-hour and long-hour dedicated jobs are almost the norm, resulting in fewer women pursuing careers in transplant medicine or surgery. This had been recognised by the international transplant society way back in 2005, and particular progress became visible in the last decade. Over the last decade, women in TTS transplant initiatives have done an excellent job of identifying female leaders, recognising them, and projecting them as role models for their respective countries and ethnicities.

To add to our prestige and pride, India is currently envisaging many such female role models in different parts of the country, and the WIT activity of ISOT worked well in collaboration with TTS. Few among the pioneer names that deserve mention in establishing the deceased donor programme are Prof. V. Tribedi in the renal transplant program, Dr. Gomathy in the multiorgan transplant program, and Prof. Swarnalatha along with Prof. Manisha Sahay as transplant physicians and administrative stakeholders. The eastern zone of India is also making its presence felt in the deceased donor programme under the leadership of many new female faces from small states. Worthy to mention is the women's leadership coming up from administrative positions like NOTTO, where Dr. Vasanthi Ramesh worked hard and earned the WIT award from TTS in 2021.

The message is strong for early-career young female surgeons and nephrologists. WIT initiatives are solidified across three pillars: addressing career advancement and networking (Pillar 1), presenting on sex and gender in transplantation (Pillar 2), and investigating and facilitating equitable access to transplantation for women throughout the world (Pillar 3). All these actions are likely to increase women's participation and change the longstanding barriers that are prevalent in society.

Patient advocacy

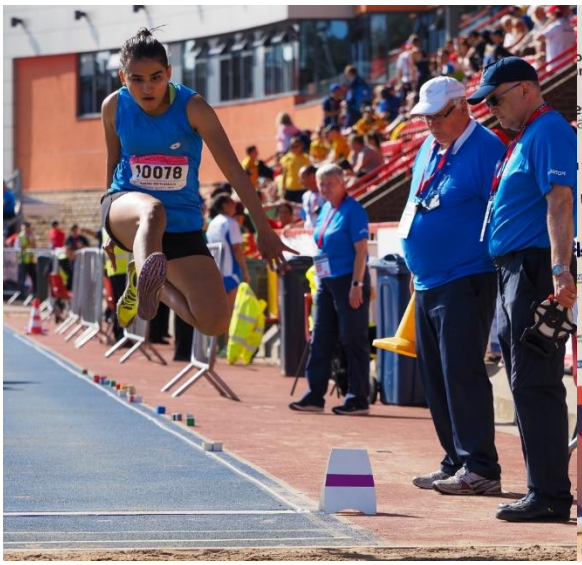
Team India Gearing Up for Victory at the World Transplant Games

The World Transplant Games are held every two years by the World Transplant Games Federation, which was established in 1978 and is recognised by the International Olympic Committee. The Games offer an opportunity to transplant recipients and donors to represent their country in a sporting event, competing at a high level against their peers. With more than 60 countries represented and 2000 athletes participating, it is, in essence, the Olympic Games for transplant patients.

Of the many challenges facing the team managers, perhaps the most frustrating is how few people know about the games. Fewer still know that India has been participating in the games and winning medals for more than a decade. Despite having trained and funded themselves,

Indian athletes have done our country proud by winning medals against well-trained and well-funded teams from across the world. The athletes who have won medals are nothing short of inspiring. Balveer Singh, a government teacher from a small town outside Lucknow who is a kidney recipient, and Davies Kollanur, a transplant coordinator from Thrissur and a two-time kidney recipient and cancer survivor, are just two examples. They have struggled to raise funds to attend almost every game since 2011, but they continue to strive for excellence. Together, they have won six medals while representing Team India.

India's last outing at the Games in Newcastle in 2019 saw the largest contingent till date: a team of 14 athletes, including 3 donors and 11 recipients, travelled to Newcastle. Managed by the Light-a-Life Reena Raju Foundation, the team came back with a haul of seven medals from disciplines as varied as golf, athletics, and badminton. For the first time, an Indian donor, Ankita Shrivastava, came back with three medals—two gold and one silver. Arjun Srivatsa (kidney recipient) and his brother and kidney donor Anil Srivatsa won gold medals in golf and ball throw, respectively; Digvijay Singh Gujral (also a kidney recipient) won silver in squash; and Balveer Singh won silver in badminton.



Ankita Shrivastava

Balveer Singh

With the 2021 Games cancelled due to COVID, the next Games are scheduled to be held in Perth, Australia, in April 2023. ORGAN India (Organ Receiving and Giving Awareness Network), an initiative of the NGO Parashar Foundation, has been supported by the Vijaya Gujral Foundation since 2013. Under the ORGAN India initiative, the Parashar Foundation has begun working to raise awareness about organ donation and transplantation (www.organindia.org).

Digvijay Singh Gujral

Dr. Arjun Srivatsa

Anil Srivatsa

ORGAN India has been appointed as the member organisation for India for the 2023 Games. Our endeavour is to take a substantial, well-trained, and well-funded team to the games.

More than 90 transplant athletes have registered with us, out of which approximately 30 are confirmed, and we are hoping that more will do so in the coming months.

Raising funding for a large-scale event such as this is a daunting task, but we believe it is of vital importance to the cause of organ donation awareness. The participating athletes are a source of inspiration and hope to transplant patients everywhere, showing that not only can there be life after transplant, but there can be an exceptional life after transplant for both recipients and donors.

But perhaps more importantly, it allows us to leverage the larger, more visceral appeal of sports to get our message to a wider audience. To tell the world the stories of these exceptional people—recipients and donors, survivors and saviours—in the hope of inspiring more and more people to engage with the cause. In this endeavour, we will need all the help we can get, donors, sponsors, partners, and supporters. If you would like to join us in helping the Indian team, reach out to us. Stand with us. Help us take our team to gold in Australia.

For more information about Team India at the World Transplant Games 2023, check out our website at http://www.wtgindia.com or write to us at team.manager@wtgindia.com.

Sunayana Singh

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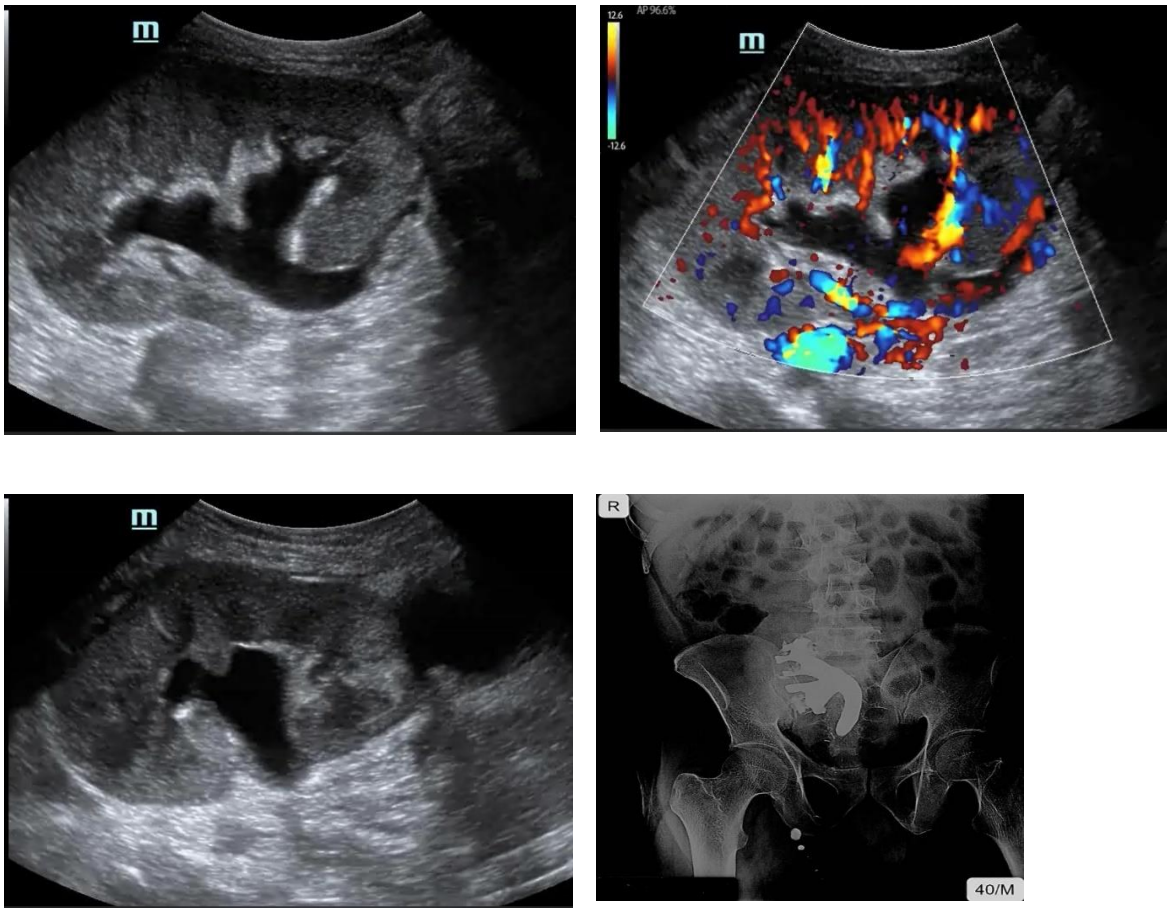
Make your diagnosis

In the previous issue, a 40-year-old transplant recipient from the southern part of Tamil Nadu with his father-in-law as the donor was found to be anuric and uremic immediately following DJ stent removal. The contrast injected through the PCS showed complete obstruction just past the PUJ.



[Credit: Dr. Vel Arvind Subramaniam, Senior Consultant Nephrology, Pine Apple Dialysis Care, Karur Bypass Road, Trichy]

Below is the answer for the previous month quiz:

Lower ureteral necrosis caused by an inadvertent sacrifice of arterial supply to the lower ureter.

Watch out for the quiz coming up next month.

Upcoming Conferences

Global Summit on Nephrology, Urology and Kidney Transplantation
February 9-10, 2023
Zurich, Switzerland

Annual Conference of Indian Society of Nephrology Southern Chapter – ISNSCCON 2023
February 10-12, 2023
Coimbatore, India

Mayo Clinic Nephrology, Hypertension and Kidney Transplantation Update for the Clinician 2023
February 17-19, 2023
Scottsdale, AZ, United States

World Congress of Nephrology (WCN) 2023
March 30 – April 2, 2023
Bangkok, Thailand

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ISOT Newsletter – Editorial Board

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Members of ISOT are invited to submit articles, personal perspectives, and stories related to the field, which may include intriguing cases, appealing images, jokes, and cartoons, as well as news regarding regional and state meetings. The maximum length for submissions is between 800 and 1,000 words. Please include a statement stating that your entry does not violate any copyrights. Kindly submit to isotnewsletter@gmail.com

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