Patti Dean’s Transplant

HER story is OUR story

UNITED NETWORK FOR ORGAN SHARING
2009 ANNUAL REPORT
Every story we ever tell begins with an organ donor.

Without the organ donor, there is no story, no hope, no transplant. But when there is an organ donor, life springs from death, sorrow turns to hope and a terrible loss becomes a gift.

The story of United Network for Organ Sharing

The story of America’s organ sharing system is not a simple one. It is enormously complex, involving medical skill, human effort, scientific understanding and technological innovation. It’s a story of pain and suffering, sadness and loss, generosity and compassion, and finally, healing.

We’ve been telling this story for 25 years now, and it gets no easier, no simpler. Within and beyond our role as operator of the U.S. Department of Health and Human Services’ Organ Procurement and Transplantation Network (OPTN) contract, our work continues expanding and growing more complex.

So, today we let Patti Dean tell you her story. In the pages that follow, you will go on Patti’s journey through the complexities of organ donation and transplantation, and we will show you how the UNOS community is there for donors and donor families, candidates and recipients, and donation and transplant professionals—every step of the way.

Patti is a donor sister and the recipient of both a living and then a deceased donor liver. She has been a volunteer in the transplant field and is now a professional, educating others about the organ donor shortage. In the pages that follow, she’ll talk about each of those experiences, and we will describe what UNOS, our members and our individual volunteers, are doing day in and day out to save lives like hers. Her story is our story.

James J. Wynn, M.D.  
President  
United Network for Organ Sharing

Walter K. Graham  
Executive Director  
United Network for Organ Sharing
A Family’s Decision
UNOS WORKS WITH THE RECOVERY COMMUNITY FROM THE VERY BEGINNING

58 organ procurement organizations (OPOs) across the U.S.
• approach families about the option of donation
• evaluate the medical suitability of potential donors
• coordinate the recovery, preservation and transportation of organs
• educate their communities about the critical need for organ donation.

UNOS’ professional resources support procurement professionals and their allies in organ recovery:
• Critical Pathway for the Organ Donor (guidance on adult, pediatric and donation after cardiac death donors)
• Understanding Brain Death (an information card in English and Spanish)
• Organ Donation Guide for Faith Leaders and Healthcare Professionals
• The Injured Brain (assists ICU staff in explaining brain death to families)
• Donation after Cardiac Death: A Reference Guide

In 2009 OPOs made 21,845 organ transplants possible by recovering organs from 8,022 deceased donors.

My name is Patti Dean and my liver used to belong to somebody else. I’m a grateful recipient and this is my story. I received my new liver in 2006 but my initial connection to transplant began in 2001, when my brother, Rocky, drove his car into a telephone pole and became an organ donor.

We donated Rocky’s organs. Ultimately, it was an easy decision because my big brawny ex-Marine of a brother had a heart of gold, and I believe he would have wanted it that way. But my family had never talked about donation, and Rocky wasn’t registered as a donor—so on the worst night of our lives we had to sit in a hospital conference room and discuss what we should do. No one ever wants to go through that.

I think Rocky’s experience and my transplant are the reasons why I work for an organ procurement agency today. I don’t convince people to be organ donors—that’s their personal decision. What I do insist is that they make a decision. And it’s critical that they talk to their families about it. As adults we make all sorts of grown-up decisions every day. Organ donation should be just one more.

"It truly is a miracle that organ donation ever happens at all. From the moment the rescue squad is dispatched, something can always go wrong to derail this very complicated process. Many things influence the family’s choice, from the circumstances of their loved one’s death, to family dynamics and faith, to the way they are treated by the EMTs and the hospital.”

Donor Family Advocate, LifeNet Health
Clinical teams at 250 transplant centers across the United States work hard every day to help people like Patti get an organ transplant. To register candidates onto the national organ transplant waiting list, transplant coordinators must enter extensive patient data into UNet®, a centralized computer network developed and maintained by UNOS. UNet’s software allows the procurement coordinators to match the medical characteristics of candidates waiting for an organ against those of the donor to find a perfect match.

Online patient resources like transplantliving.org and its Spanish-language equivalent at trasplantesyvida.org, provide up-to-date information for patients and their families. This information is equally valuable for transplant professionals to use as an educational resource.

- 186,138 people visited these sites 257,384 times in 2009.
- Each visit averaged 12+ minutes.

As the organization that manages the federal contract for organ procurement and transplantation, UNOS also coordinates the content for the OPTN Web site.

During 2009 an average of 138 patients joined the waiting list every day.

“Transplant coordinators are very strong patient advocates. We are helping the patient at every stage of the process, as they cope with end stage illness beforehand, through to when they are adjusting to life after transplant. Meanwhile, we are also coordinating their clinical care with all the disciplines in the hospital that are involved. It’s rewarding to play such a critical part in their transplant experience.”

— April Ashworth, RN, BSN
Senior Liver Transplant Coordinator
Living Donor Coordinator
Liver Transplant Program at VCU Medical Center

You Need A Transplant
THE BEGINNING OF A TRANSPLANT CANDIDATE’S JOURNEY

On the night we discussed Rocky’s donation, I knew in the back of my mind that one day I too would need an organ from a donor. I was born with pectus excavatum or funnel chest, which meant my rib cage wasn’t structurally sound, and I needed two major surgeries by the time I was 9. With one of those surgeries came a blood transfusion and with that transfusion came hepatitis C. It took almost 30 years, but eventually the Hep C did a number on my liver. Then one day my doctor told me I needed a liver transplant. Those are words that no one wants to hear.

In my early 30s I started getting sick.
Getting listed for a transplant is a significant process and a whole team of folks were there to walk me through it. As a transplant candidate you teeter on a fine line. You have to be sick enough to get listed, but not so sick that you can’t withstand the surgery. But getting on the list goes beyond your medical need. Your medical team wants to know if you are stable enough to live as a transplant patient—if you are responsible enough to care for this gift. I had to take a battery of psychological tests, have my answers to a 50-page questionnaire analyzed, and sit through a 4-hour psychiatric evaluation.

I passed!

Patient Resources
- Customized transplant information kits
- Partnering With Your Transplant Team: The Patient’s Guide to Transplantation (English & Spanish)
- What Every Patient Needs to Know (English & Spanish)
- What Every Kid Needs to Know
- Organ-specific policy overviews
- Multiple Listing brochure

R. Todd Strawitz, M.D. a hepatologist at the Liver Transplant Program at VCU Medical Center initiated Patti’s transplant evaluation process.

Members of the Transplant Administrators Committee organized and held the 2009 UNOS Transplant Management Forum, a valuable educational and networking conference for transplant managers and administrators across the country. Despite a challenging economic climate and professional development budget cuts, 341 transplant professionals attended the 2009 forum in Seattle.

“...When patients and families phone UNOS’ patient services line, they are often overwhelmed by the stressors of transplant, whether it’s waiting for, or living with a transplant. They need both a compassionate and an informed ear. The UNOS patient services staff focus on listening to the needs of patients and families, on providing information and encouragement, and empowering them to be advocates for themselves and for others. At the other end of the spectrum, members of the Patient Affairs Committee help develop relevant patient educational materials and consider the perspective of patients and families as they review transplant policy proposals.”

—Freda M. Wilkins, M.S.W.
Senior Patient Services Coordinator at UNOS and liaison to the Patient Affairs Committee

In 2009, UNOS’ patient services staff fulfilled 13,031 requests for information or resources through the toll-free patient line at 888-894-6361.
A Husband’s Choice
LIVING DONATION: AN ALTERNATIVE TO WAITING

Then, after I waited on the list for nearly a year, my husband Michael chose to donate part of his liver to me. We came to this decision after some serious soul searching and multiple discussions with our teen-aged daughters. Turns out he wasn’t just the perfect husband for me—he was also the perfect donor. He is type O, which means he can donate to any blood type, and his physical size was compatible with mine. He even passed his psychiatric evaluation with flying colors. His results came back stamped “saint,” but I already knew that.

Michael and I entered MCV Hospitals for our simultaneous operations on July 31. I didn’t leave the hospital until 51 days later.

Don’t leave home without ’em!

I will never forget his gift and I will never take it for granted.

Whether to become a living donor is a major decision. To help potential donors understand the associated risks, UNOS and the Living Donor Committee offered the following resources for the first time last year:

- Living Donation—Information You Need to Know (available in English and Spanish)
- Expansion of the living donation section on the Transplant Living Web site.

The Living Donor Committee also developed the following recommendations for transplant centers (in English and Spanish), which living donor programs can choose to adopt:

- Guidance to develop medical evaluation protocols for living kidney donors
- Guidance to medically evaluate potential living liver donors.

In 2009, UNOS sent each living donation transplant program data on the status of their living donor follow-up compared to the national median. UNOS then hosted a Webinar that offered tips on how to improve living donor follow up and highlighted practices of centers with excellent follow-up procedures.

The Membership and Professional Standards Committee developed criteria for living donor programs across the United States and approved 239 kidney programs and 67 liver programs to perform living donor transplants.

In June 2009, living donation policies, previously mixed in with deceased donation policies, were relocated into a new separate policy section.
A Summer Spent Waiting

The wait for an organ is a fight to stay alive.

Michael’s liver was perfect. But my body had been functioning with a sick liver for so long that it didn’t know what to do with a healthy one. My heart had been used to pushing lots and lots of blood through my damaged liver to make up for its shortcomings. Once Michael’s healthy liver was inside of me—my heart kept doing the same thing, which caused my blood to back up and clot inside my liver. I remember feeling better only briefly before my doctor told me the liver was failing and I would need to be relisted. I don’t regret Michael’s decision to donate, nor does he. He wanted to save my life and give me more time with our daughters. No one could ever have predicted what happened. I will never forget his gift, and I will never take it for granted.

I spent that summer in the hospital. A first-rate nursing staff cared for me, and my family took shifts to be by my side. But I don’t think I’d be alive today if it weren’t for my sister, Becky. She was there before visiting hours began and long after they ended. When I was exhausted and overwhelmed, she made me eat, she made me drink and she made me move. She told me she’d never forgive me if I gave up… and I didn’t.

I don’t remember much, but I remember my nurses.

UNOS is the definitive source for the most current, accurate data about transplantation in the United States. A secure, Internet-based system created by UNOS contains data about everyone in need of an organ transplant and the more than 480,000 people who have had a transplant since 1988.

As the repository of transplant-related data within the United States, UNOS collects and analyzes national transplant data in order to create and refine organ-sharing policy.

Each year UNOS staff contribute to papers and presentations at the American Transplant Congress, a joint meeting of the American Society of Transplant Surgeons and the American Society of Transplantation. In 2009, two of these papers dealt specifically with waiting list issues:

- Factors that predict dropout from the liver waiting list for HCC cancer candidates
- Heart allocation systems changes.

105,567 candidates were waiting to receive an organ transplant at the end of 2009.

6,494 died before receiving an organ.

My sis was my life-saver!
Making the Match
UNOS’ ROLE BEHIND THE SCENES

How the Placement Process Works
When organs are donated, the OPO accesses UNOS’ national transplant computer system, UNetSM, or contacts the UNOS Organ Center. Either the procurement staff or Organ Center staff will enter donor information into UNet and run a donor/recipient match for each organ.

The resulting match list of potential recipients is ranked according to objective medical criteria such as blood type, tissue type, organ size, how sick the patient is, and the distance between the donor and the recipient.

The organ procurement coordinator or organ placement specialist contacts the transplant centers of the highest ranked patients and offers them the organ. The transplant team may view the offer using UNOS’ DonorNet®, a secure, Internet-based system. If one center turns down the organ, the system electronically notifies the next center on the match list, until the organ is placed.

Once a transplant center accepts an organ, transportation arrangements are made and surgery is scheduled.

“I medically manage donors in the ICU before organs are transplanted into recipients. I use DonorNet, UNOS’ secure electronic matching application to enter critical medical data about the donor share this information simultaneously with multiple transplant centers, and find an appropriate match as efficiently as possible. I am amazed that with every case I have the opportunity to change something so tragic and sad into something so precious and powerful.”

— Anissa Cole, RRT, CPTC
Transplant Coordinator, LifeNet Health

In 2009 the Organ Center assisted with the placement of 10,390 organs—an average of more than 28 per day.
2009 Committee Activity
Several UNOS committees created or improved policies that made the organ-matching system and transportation process more safe and efficient.

- The Pediatric Committee revised policy to give the sickest pediatric candidates better access to hearts. The revision combines previously separate zoning categories for the most urgent pediatric candidates and also requires OPOs to offer all pediatric donor hearts to pediatric candidates before adult candidates in the same status categories and geographic zones. This policy modification was implemented in May 2009.

- The Histocompatibility Committee created policy that will help highly sensitized candidates who otherwise may have to wait a very long time for a compatible transplant. (A candidate may become sensitized by pregnancy, transfusions, a previous transplant or other means.) A more precise definition of sensitization (CPRA) became policy in 2009. It requires all labs to identify and prioritize these candidates in a more responsible and accurate way.

“Every day in the Organ Center is different. At any given time we can be making organ offers on three to five different donors, arranging for a kidney to make the last flight out of Honolulu to New York, correcting labs for a waiting patient, or verifying a blood type for a new donor. How do we do those things? We make electronic offers through DonorNet®, use Internet sites for transportation, call coordinators at bedside to verify donor chart information and rely on our co-workers and managers for support and knowledge. Everything we do starts with a phone call—someone asking for help. It doesn’t take long to develop a relationship with the person on the other end of the line. Often we never get to meet face to face, but we share a bond. Trying to make a difference in people’s lives gives me satisfaction.”

— Elizabeth “Britt” Thompson
Organ Placement Specialist II, UNOS Organ Center

The Organ Center received 27,732 phone calls in 2009 – more than 76 every day.

Organ Center staff possess a total 105 years of transplant experience.

In 2009 the Organ Center helped arrange transportation for 2,383 organs.
I held on until my doctor woke me on a September morning to tell me I had a brand new liver and was going to be okay. I didn’t know it at the time, but my donor’s name was Michael—another Michael. This Michael died and donated his organs, and I am the recipient.

I’m not a religious person—I don’t go to church. But I have this daily prayer that says ‘Dear God, please help me to deserve this gift.’

I know full well that there are a lot of people on the list and that this organ could have gone to any one of them. So I have a responsibility to take care of this organ. I owe it to my donor’s family and to my family.

In many ways, we are ‘guardians of the public trust’ by making sure that transplant policies are understood and followed. I assist members as they advocate for their patients. It is community service on an amazing level and it’s a great feeling at the end of the day to be a part of something so incredible.”

— Aaron R. McKoy
Supervisor, Review Board Coordination
UNOS Department of Evaluation and Quality

Robert A. Fisher, M.D., FACS
(Patti’s surgeon)
Director of the Liver Transplant Program at VCU Medical Center

Dr. Fisher is my hero.
The legacy he will leave behind is unparalleled.
Busy Year for Disease Transmission Advisory Committee (DTAC)

- American Journal of Transplantation published the Disease Transmission Advisory Committee’s report on potential donor-derived transmission events.
- With support from the Liver and Intestinal Organ Transplantation and Thoracic Organ Transplantation committees, DTAC issued recommendations for preventing transmission of the H1N1 influenza virus from donors to transplant recipients. The guidance provides questions that organ procurement organizations should ask when evaluating potential organ donors.

In 2009, UNOS research staff contributed many papers and presentations related to transplant outcomes including:
- Cytomegalavirus Mismatch — Impact on Outcomes
- Pediatric Donation After Cardiac Death transplants
- Donor factors that predict primary non-function in liver transplants.
Getting Better All the Time

GIVING BACK YIELDS VITAL REWARDS FOR MANY

Planned giving program established
The Deborah C. Surlas Legacy for Life Society recognizes supporters who include UNOS in their estate plans. The society is named to honor kidney-pancreas recipient, patient advocate and retired registered nurse Debi Surlas, who is including a significant gift to UNOS in her will.

“UNOS helped to make my future possible. It seems only fitting that I help to make UNOS’ future possible as well, so that others will have the same hope for a second chance at life as me.”

2009 Committee Activity
• In January, more than 200 participants attended the Kidney Transplantation Committee’s public forum in St. Louis to discuss concepts that could affect how kidneys are allocated.

• In an effort to increase participation in the public comment process, the Minority Affairs Committee surveyed dialysis patients to find out how much they knew about kidney transplantation, what they understood about organ allocation policy and whether they participated in the public comment process. Findings are expected to be published in 2010.

• The Transplant Coordinators and Transplant Administrators committees began a joint study of real-world practices related to listing and managing inactive-status candidates in order to identify training opportunities and refine policies.

• To increase organ availability and utilization of pediatric donor kidneys, the Organ Availability Committee began studying how pediatric kidneys, procured and intended for one recipient, could be split to transplant two recipients instead.

In 2009, 1007 individuals volunteered on UNOS’ board, committees, subcommittees and workgroups.

I visit the transplant floor whenever I can and talk with the patients.

I wanted to return to work, but I couldn’t stomach the idea of going back to bookkeeping, which is what I had been doing before I got sick. I needed to help people. My search led me to LifeNet Health, Richmond’s local OPO. I began as a volunteer. I didn’t care that I was stuffing packets because I was stuffing packets that procurement coordinators took on their recovery cases. But eventually they needed my help with community education—and that’s when I really kicked into gear.

I went into driver’s ed classes and talked to high school kids about organ donation. I spoke to civic groups. I talked to elementary students. It was my dream job. I just kept showing up until they eventually put me on the payroll, and I’ve been a full-time employee ever since.

I visit the transplant floor whenever I can and talk with the patients.

Hello, my name is Patti
2009—a Big Year for KPD

Kidney Paired Donation (KPD) involves at least two donor/recipient pairs so that the donor of the first pair gives to the recipient of the second, and vice versa. The two pairs exchange kidneys, resulting in two transplants that could not have otherwise taken place. However, researchers estimate that a national KPD program could eventually yield as many as 1,000 to 2,000 additional kidney transplants annually.

The Kidney Transplantation Committee and its Paired Donation Work Group selected four organizations representing more than 80 kidney transplant programs to pilot-test a national KPD matching system and refine operational policies and protocols. In development since 2004, the pilot is made possible by thousands of hours of volunteer expertise given by kidney professionals and the living donation community, as well as the support of project partners, charitable gifts and in-kind donations.

UNOS Technology: Connected for Life

- 30 percent of UNOS staff are in the Information Technology Department and touch every aspect of UNOS’ lifesaving mission.

- IT staff are responsible for operations, programming, security and maintenance of all UNOS systems related to patient registration, waiting list, post-transplant data collection and donor-recipient matching and organ offer applications; as well as UNOS’ family of Web sites.

- In 2009, UNOS launched a major overhaul of the waitlist, membership and policy compliance applications and technical infrastructure. The project will take three years.

- Online training modules, developed by the UNOS Professional Development Team, instruct professionals on how to use various components of DonorNet®, Waitlist®, and TIEDI®, all parts of UNet®, UNOS’ secure software network for members.

“"The Professional Development Team ensures that UNOS staff and members have the needed training to support their efforts to get the right organ to the right patient in the most expeditious manner. Everything our team does is relevant to UNOS’ mission to utilize the precious donor gifts that ultimately benefit patients waiting for transplant. Our team is inspired and humbled daily by the opportunity to make a difference in people’s lives.”

— Gloria Taylor, RN, MA, CPTC
Resource Manager, UNOS Professional Development Team and Staff Ethicist
During one of my early speaking engagements I found myself in front of a group of donor families. I was struggling with writing my thank you letter to my donor family, and I asked them what to say. I was so nervous that I would say something wrong and hurt my donor family even more. Every single one of them said the same thing—’Just write it. Just say thank you. They will want to know that their loved one’s organ made a difference.’

So I wrote the letter, and I said thank you. I wrote that because of their loved one’s gift, I was able to watch my oldest daughter get married. I became a grandmother. I attended the wedding of the sister who helped save my life. I saw my youngest daughter graduate from high school and I took a trip to England with her. I am able to work at a job I love and help promote organ donation awareness every day.

And one day I received a letter back. That’s when I learned that my donor’s name was Michael and that he was 44 years old, just like my husband. He was also the exact same height and weight as my husband. And he was a Redskins fan.

I now have two Michaels in my life, and I like to say that my official name is Patricia Ann Michael Michael Dean. My donor’s wife signed her letter, ‘Maybe one day we can have lunch.’

I look forward to that day.

Just write it. Just say thank you!
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Mary J. Nachreiner, B.S.P.T.
Community/Family Services Specialist
University of Wisconsin Hospital
Organ Procurement Organization
Madison, Wis.

James J. Wynn, M.D.
Chief, Section of Transplant Surgery
Professor of Surgery
Mason Distinguished Chair in Transplant Surgery
Medical College of Georgia
Associate Medical Director, Lifeline of Georgia
Augusta, Ga.
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Professor of Surgery
Mason Distinguished Chair in Transplant Surgery and Immunology
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General Surgery and Transplant Center
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Harris Corporation
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UNOS Foundation President’s Council, 2009-2010

These Richmond-based business and civic leaders serve as volunteer advisors to Foundation President Walter Graham. They help build local awareness of UNOS and open doors to business opportunities and charitable funding. Members are as follows:

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Former Secretary of Administration, Virginia

Nancy Bellemore
Civic Leader
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Robert S. D. Higgins, M.D., M.S.H.A. (ex officio)
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Medical Director, Bon Secours Heart and Vascular Institute

Gail Letts
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Anne R. Lower
Widow of Dr. Richard R. Lower

Nadine March-Garten
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Donna A. Pauley
Civic Leader

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Civic Leader; Cadmus, retired

Marilyn House West
Chairman & CEO, M.H. West & Co., Inc.
2009 Financial Facts

UNOS’ primary mission is to perform the OPTN contract. Total OPTN funding represents 79% of UNOS revenues. The remaining 21% of revenues provide for resources needed to support the mission and the financial health of the organization. The OPTN is a cost-sharing government contract in which the federal government contributed 6.4% of funds.

The OPTN represents 70.8% of expenses for the organization. OPTN-related expenses are those not covered by the OPTN contract, but complement the OPTN and provide services to the transplant community.

### REVENUES

- OPTN Registrations: $26,026,062
- OPTN Government Funding: 1,785,503
- UNOS Fees: 3,830,538
- Data Services: 1,764,318
- Meeting Fees: 473,160
- Contributions: 485,071
- Member Services: 402,664
- Other: 366,336
- Total: $35,133,652

### EXPENSES

- OPTN: 27,811,565
- Data Services: 982,600
- Fundraising: 72,043
- General & Administrative: 4,434,308
- OPTN Related: 1,091,521
- Other: 200,405
- Total: 34,592,378

### Change in Net Assets

$340,933

### 2009 Contributors

UNOS proudly thanks the following contributors for their support

Deborah C. Surlas, founder
Margaret Allee, R.N., J.D
Walter K. Graham
Vicki Sauer
James J. Wynn, M.D.

Mary K. Fisher
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William H. Hayes
Joseph Haynes
Marie Hedberg
Douglas A. Heaney
Billie D. Heinkel
Heart & Lung Institute
Hickory Point Bank & Trust

### OPTN Contract

- 70.8%

### OPTN Related

- 3.2%

### General & Administrative

- 3.0%

### Other

- 1.4%

### Data Services

- 2.8%

### Meeting/Member

- 3.0%

### Adminstrative

- 1.4%

### Contributions

- 1.4%

### Other

- 1.5%

### OPTN Fees

- 5.0%

### Meeting Fees

- 3.2%

### Other

- 0.6%

### General & Admistrative

- 12.8%

### Data Services

- 2.8%

### OPTN Contract

- 70.2%

### $50,000 and above

- Altevietta Pharmaceuticals
- The Cabell Foundation
- Novartis Pharmaceuticals

### $10,000 to $49,999

- Joel Bieber, LLC
- Dominion Resources
- Rollin M. Gerstacker Foundation

### Other

- Other education

### $1,000 to $9,999

- Active Network
- California Transplant Donor Network
- Carolina Donor Services

### Total

- Total contributions

### OPTN

- 70.8%

### OPTN Related

- 3.2%

### General & Admristrative

- 3.0%

### Other

- 1.4%

### Data Services

- 2.8%

### OPTN Contract

- 70.7%

### $999 and Under

- Abbott Laboratories
- Melane K. Abraham
- Active Network

### Data Services

- 0.6%

### Meeting/Member

- 3.0%

### Adminstrative

- 12.8%

### Other

- 1.4%

### OPTN Fees

- 5.0%

### Meeting Fees

- 3.2%

### Other

- 0.6%

### General & Admistrative

- 12.8%

### Data Services

- 2.8%

### OPTN Contract

- 70.7%

### $50,000 and above

- Altevietta Pharmaceuticals
- The Cabell Foundation
- Novartis Pharmaceuticals

### $10,000 to $49,999

- Joel Bieber, LLC
- Dominion Resources
- Rollin M. Gerstacker Foundation

### Other

- Other education

### $1,000 to $9,999

- Active Network
- California Transplant Donor Network
- Carolina Donor Services

### Total

- Total contributions

### OPTN

- 70.8%

### OPTN Related

- 3.2%

### General & Admristrative

- 3.0%

### Other

- 1.4%

### Data Services

- 2.8%
I hope the recipients of Rocky’s organs are kicking up their heels and living life to the fullest and just taking the best advantage of the gift that they’ve been given.”

—Patti Dean

Donor family member, liver recipient and grateful human being
The UNOS mission is to advance organ availability and transplantation by uniting and supporting its communities for the benefit of patients through education, technology and policy development.