Jayme E. Locke MD MPH FACS FAST
Dr. Locke is an abdominal transplant surgeon specializing in innovative strategies for the transplantation of incompatible organs, disparities in access to and outcomes after solid organ transplantation, and transplantation of HIV-infected end-stage patients. Her research interests include complex statistical analysis and modeling of transplant outcomes and health disparities. She has authored more than 100 articles and 21 book chapters, and is a NIH-funded investigator. Dr. Locke is the recipient of numerous honors, including the Dean’s Excellence Award in Research 2016, 2016 James IV Association of Surgeons Traveling Fellow, Top 40 Under 40 by the Birmingham Business Journal, AL.com’s 2015 Women Who Shape the State, B-Metro Top Women in Medicine 2017, and the Association for Clinical & Translational Science Distinguished Investigator Award: Translation into Public Benefit and Policy 2018. Dr. Locke is currently a tenured Associate Professor of Surgery at the University of Alabama at Birmingham, Birmingham, Alabama, USA, and serves as the Director of the Comprehensive Transplant Institute.

Sydney, Australia: April 28th – May 1st, 2019
Host: Professor Henry Pleass (Westmead Hospital)

Some 48 hours after leaving Birmingham, Alabama, USA and crossing the international dateline, I arrived in Sydney, Australia. The day was spectacularly beautiful. During the planning of my trip, my hosts encouraged me to reset my internal clock and avoid jet lag by going to sleep based on Sydney time. To ensure my success, I planned a 4-hour journey to climb the Sydney Harbor Bridge. The summit, some 134m above sea-level, afforded me a 360-degree view of Sydney, including the famous Opera House and Watson’s Bay. Watching the sunset from atop the bridge was the perfect way to wind down a long series of travel days, reset my internal clock to Sydney time, and prepare for my jam packed few days at Westmead Hospital.

Over the next several days, I was immersed in all things transplant at Westmead. Westmead is home to the editorial offices of Transplantation (Professor Jeremy Chapman, Editor-in-Chief), the preeminent international transplant journal, and I had planned to focus my visit to Westmead entirely on research and publication processes (a.k.a academics). Much to my delight, my host, Mr. Henry Pleass FRACS (transplant surgeon and consultant), artfully weaved opportunities to observe and discuss the clinical programs within the broader framework of academics. Sharing a love for good coffee, Professor Pleass also introduced me to the “flat white,” which I think of as uniquely Australian and delicious. Definitely a much needed caffeine jolt considering the time difference between Birmingham, Alabama and Sydney, Australia. It was perfect! The collective experiences reminded me of the importance of being both a surgeon and scientist, as it is the rare combination of the two that truly drives the field forward, enhances the lives of our patients, and educates the next generation of transplant surgeons.

The days began with presentations from the registrars on difficult cases from ward rounds. One case in particular, presented by the transplant surgery fellow, Dr. Jinna Yao (clinical associate lecturer), stood out and highlighted a recent hyperacute rejection after a blood group incompatible (ABOi) living donor kidney transplant. The ABOi living donor kidney transplant program follows the same desensitization regimen/paradigm as my program at the University of Alabama at Birmingham (UAB), which includes the use of total plasma exchange (TPE) and low-dose intravenous immunoglobulin (IVIg) to remove anti-ABO antibodies prior to crossing the blood group barrier for transplant. Multiple studies have demonstrated success with this over the years, including the Westmead program. Unfortunately this particular case did not go as planned and the kidney was immediately rejected. It was in that moment, listening to the details of the case, observing the pain on the registrar’s face, and the frustration on Mr. Pleass’, that I felt a common bond with my colleagues that traversed oceans and nationalities. We have much more in common than we realize. It was gratifying to be able to share a similar case that occurred at UAB. I was able to alert them to the need to check ABO antibody levels in the IVIg prior to administering the medication as there can be wide variation by preparation. In other words, similar to my experience at UAB, it is likely that the very antibodies that were the target of removal by TPE were inadvertently given back to the patient during the IVIg infusion. Extraordinary
relief and gratitude came over me. Not only did I have a shared experience, but that experience forged a bond and collaboration that will live on for years to come.

My time at Westmead was further enriched as I was invited by Professor Richard Haney to lecture at surgical grand rounds where I discussed “Finding Your Passion: A career roadmap.” The atmosphere was welcoming and comfortable. I was able to discuss both my successes and failures with ease and without concern for judgement. Faculty joined the discussion and shared their own career roadmaps. I found this session particularly rewarding as it actively engaged trainers (consultants) and trainees (registrars) in a productive and real way. From this high, we swiftly moved to the next as we joined the transplant research conference. Here I was reunited with good friends from The Transplantation Society and the editorial board of Transplantation, including Professor Philip O’Connell MBBS, BSc[med], FRACP, PhD (past-President, The Transplantation Society) and Professor Allison Tong (Co-Leader Centre for Kidney Research). We spent several hours discussing ongoing research projects at both UAB and Westmead. We quickly realized that in many ways our patient populations are quite similar – rural / remote and often poor, and that we are attempting to overcome these disparities in similar ways by incorporating patient navigators into the care of our patients. We recently published initial results from the UAB Living Donor Navigator Program in Transplantation. Professors O’Connell and Tong read the article with great interest as they recently developed and implemented Patient NAVigator program for Early Chronic Kidney Disease (PAVE-CKD). The ability to discuss findings and implementation hurdles was invaluable. I walked away with actionable items to examine in my own navigator program that may lead to improved adaptation and maintenance.

My busy days ended with extraordinary team dinners from Malaysian restaurants in the Harbor to tremendous seafood at Watson’s Bay. An absolutely extraordinary experience that has enhanced both my clinical and academic pursuits.

**Auckland, New Zealand: May 2nd – 5th, 2019**

Host: Professor Stephen Munn (Auckland City Hospital)

I said goodbye to my colleagues and now friends at Westmead Hospital and headed for Auckland, New Zealand. After a quick 4 hour flight, I arrived in Auckland. My host Professor Munn had arranged a spectacular dinner at Mudbrick Vineyards on Waiheke Island (a.k.a. ‘Island of Wine’). Just like that I was off taking a ferry over to the island. An island highlighted by quaint restaurants, wonderful people, and spectacular vineyards. As you might imagine the wine was extraordinary, but the view looking back across the harbor at mainland New Zealand was even better.

After an amazing event, I was definitely relaxed and ready for the next day at Auckland City Hospital. I was eager to learn from colleagues about their national policies on living donor compensation, as this is an area of active clinical and research practice for me. The topic is hotly debated in the United States with no current resolution. Those in favor of compensating living donors feel that it is important that such altruistic individuals be made whole and not suffer a financial loss as a result of the donation event, while those opposed cite concerns of coercion and promotion of organ trafficking. Seemingly, however, it is possible to accomplish both as our colleagues in New Zealand have demonstrated. Professor Munn and colleagues from Christchurch including Mr. Dilip Naik MBChB, FRACS, were instrumental in supporting the passage of the New Zealand Compensation for Live Organ Donors Act 2016. The purpose of the act was to remove a financial deterrent to the donation of organs by live donors. In brief, the act gives eligible donors an entitlement to compensation for loss of earnings from employment while they recuperate from surgery (12 weeks maximum) and in limited circumstances for loss of income related to the donor evaluation process (e.g. time off work to complete the necessary testing). While the act was passed on December 5, 2016, it went into effect a year later. Since implementation, there has been a steady increase in the number of living donors without any observed increase in exploitation through organ trafficking. The data are in impressive. Armed with data and real world
observation, I felt encouraged and more confident about the hope to effect similar change back home in the United States. My time in Auckland was extremely productive.

**Bangkok, Thailand: May 6th – 9th, 2019**

Host: Mr. Dilip Naik (Transplant Section, RACS)
- Professor Richard Haney (DCAS Director, RACS)
- Mr. John Batten FRACS (President, RACS)
- Mr. Julian Smith (President/Governor ANZ Chapter ACS)

We finished up in Auckland just in time to make our way to Bangkok for the 88th Annual Scientific Congress of the Royal Australasian College of Surgeons (RACS). After a roughly 13-hour flight from Auckland we arrived safely in Bangkok. My feelings of excitement were hard to contain. I would be reunited with my colleagues from Sydney and New Zealand during the transplant section meetings on the Sunday before the start of RACS. I was the guest of Mr. Dilip Naik (transplant surgeon from Christchurch, New Zealand; head of transplant section program) and had been asked to give several talks ranging from the United States allocation system to simultaneous liver kidney transplantation to incompatible kidney transplantation. The section meeting was a huge success. I was told it was the best turnout in years. I thoroughly enjoyed the series of lectures and connected with colleagues from Europe, Professors Peter Friend and Anthony Warrens (president, British Society of Transplantation). We discussed normothermic perfusion of liver allografts both ex-vivo and regional perfusion. Their results were amazing and demonstrated increased utilization of livers from donation after cardiac death (DCD) donors and little to no problems with ischemic cholangiopathy (most dreaded long-term complication of DCD liver transplants). The wheels in my mind began turning as I begin to consider how to expand our own experience with ex-vivo normothermic perfusion to regional perfusion. I could not help thinking about all the lives we could save. Exciting!

I was also invited to participate in the Developing a Career and skills in Academic Surgery (DCAS) course by Professor Richard Haney (surgeon from Westmead Hospital, Sydney, Australia; DCAS course director), which afforded me additional opportunities to interact with trainees and hopefully peak their interest in becoming both a transplant surgeon and scientist. We discussed achieving academic balance and developing a career as a surgeon-scientist. It brought me tremendous joy, and it was an honor to be able to interact with the trainees. I felt like perhaps I was starting to pay forward all the successes I have achieved because of excellent mentorship. It was extremely gratifying.

Of course as the American College of Surgeons (ACS) Australia-New Zealand Traveling Fellow the meeting was further enhanced with the pomp and circumstance of the opening ceremony to the honor of presenting the American College of Surgeons lecture and introduction by Mr. John Batten (President, RACS) to the celebration lunch with Mr. Julian Smith (Governor, ANZ Chapter) and Dr. Ronald Maier (President, ACS) at the local business meeting of the ACS ANZ Chapter. The privilege of meeting giants in the field of surgery and sharing the podium with international experts was humbling and exhilarating. The fellowship was an opportunity of a lifetime. It was an extraordinary journey from which grew countless friendships and collaborations. It has been my great honor to be the ACS Australia-New Zealand Traveling Fellow this year. Thank you.
Figure 1. Sydney Harbor Bridge Climb. (A) Dr. Jayme Locke at the summit. (B) Dr. Jayme Locke with the Sydney Harbor Bridge in the background.

Figure 2. Westmead Hospital. (A) Drs. Jayme Locke and Jinna Yao standing at the hospital entrance; (B) Dr. Jayme Locke presenting at research conference.

Figure 3. Waiheke Island, New Zealand. The spectacular view from the ‘Island of Wine.’

Figure 4. 88th Annual Royal Australasian College of Surgeons. (A) Opening ceremonies. (B) Drs. Jayme Locke and Ronald Maier and Mr. Julian Smith at the ACS ANZ Chapter business meeting.