

TRANSPLANT NEWS

Akron-Canton Transplant Recipients

January Meeting

Our meeting will be January 19th at
North Canton Medical Foundation
Education Building A
6046 Whipple Ave. N.W., NorthCanton
6:30p.m. - 8:30p.m.

Important Notice of Service April 16, 2010

(Submitted by Micki Wise)

This is when Rabbi Robert Fineberg
of Temple Israel will do his service
on Organ Donation.

Friday evening:

7:00 p.m. Healing Service

7:30 p.m. Temple Service and the
subject of the Rabbi's service is
Organ Donation.

I believe there will be a social hour
after the sermon in our social
hall with desserts, coffee, tea, etc.
being served. I sincerely hope that
TRIO members will attend. If you
remember the last service which
was when Bernie was still here and
the Rabbi asked you who were
recipients and TRIO members to
raise their hands, there was a GASP
in the congregation because people
did not realize how many benefited
from organ donation. It made quite
an impression and that is why I
would like TRIO members to be
there. I don't have to know how
many people are coming, but I do
hope that they will come.

TEMPLE ISREAL

133 Merriman Road
Akron, Ohio 44303
Phone: 330-762-8617

Membership Renewal

Thanks to the 16 members who
have renewed their membership.
Thanks to those who have made
donations.

Randy Fogle

is scheduled to have foot surgery
on January 21st. He will keep us
informed as he progresses and the
other surgeries are scheduled. We
wish him the very best.

Thanks from Akron Children's Hospital Foundation

In 2009, Akron Children's Hospital
was able to serve nearly 600,000
patients and their families. We would
not be able to fulfill our mission of
caring for each child as if he or she
were our own without your support.
Thank you for helping Akron
Children's Hospital help the children
of our community, one child at a
time.

News from Becky Watson

January 5, 2010

Dearest Trio Members,

I have something very special to share with you tonight! After supper I went to check my e-mails and I found one from my donor's Mother. I was so surprised, we had talked once in December 2001 on the phone and then corresponded just a little on the internet for a while, then the bad storms (Katrina) happened. They live in DeQuincy, LA. I had tried to reach her after the storms and never heard from her again until just now. When I didn't hear from her after the storms, I feared the worst! My precious donor was 16 years old when he died in an auto accident. He had an aneurysm while he was driving and his Mother said even with the devastation of the auto accident his organs were spared and they donated seven of his organs. I was so very blessed to receive his right kidney. It was a perfect match for me. How blessed I have been and I always thank God and my donor family each and every day for the many blessings they have given me with this transplant. When I talked to my donor's Mother the one time in December 2001, she said that just three weeks before his terrible accident, he had told his parents that if anything ever happened to him that he wanted to donate his organs. So when he passed away his Mother said they knew what his wishes were about organ donation.

They knew from their talk with him that is what he wanted.

I have done several workshops with LifeBanc, (not recently though) when I helped at a workshop at Dover High School with Jr. and Sr. high students. One young man I talked with and asked him how he felt about organ donation, he said no he would not donate and didn't believe in it. I asked him why he felt that way and he said "because my Dad said not to sign up to be a donor." That was so very sad to me, because this young man was being told what to do and think by his parents and not getting more informed about donation. When I was getting my driver's license renewed last year, they ask if you would like to donate \$1.00, to something about organ and tissue, just not sure what it was, but had to do with donation and most of the people said "NO". I just wanted to get up and give all of them a dollar. I just can't believe people would say no to giving a dollar to just about anything. Well that's about it. Please take good care in this awful weather and stay happy and well.

Comment from Mary:

Thank you Becky.

My favorite true story is about a friend of mine whose ex-husband did not believe in donation.

He was killed in a vehicle accident and her son was the nearest surviving relative. He and his Mother decided to donate his Father's organs as that was the right thing to do.

Swine Flu Has Major Implications for Solid Organ Transplants: Transplant Infectious Disease Experts Provide Pandemic Guidance

ScienceDaily (Dec. 4, 2009)
(submitted by Dick Becherer)

Surgeons and other healthcare professionals specializing in solid organ transplants have been issued with expert advice to guide them through the complex clinical issues posed by the global H1N1 (swine flu) pandemic.

The paper, published on line by the *American Journal of Transplantation*, also urges them to stay alert to the significant concerns that swine flu could combine with the seasonal flu, and possibly even bird flu (H5N1), to develop into a strain with unpredictable virulence.

"The current virus pandemic can cause severe disease in transplant patients and could be transmitted from donors" explains assistant professor Dr. Deepali Kumar, an expert in transplant-related infectious diseases from the University of Alberta, Canada. "This has major implications for donor selection and transplant management and care."

Dr. Kumar has teamed up with infectious disease experts from across Canada and the USA to discuss the solid organ transplant guidance issued as part of the wider H1N1 guidelines produced by the American Society of Transplantation (AST) and The Transplantation Society (TTS), which are updated online as new information emerges.

The article, fast-tracked for online publication, has been produced on behalf of both societies and carries the additional endorsement of the Canadian Society of Transplantation. It includes discussions about clinical presentation, diagnosis, therapy and prevention, specifically addressing areas such as chemoprophylaxis, immunization and donor-derived infection. "Reaction to this novel respiratory virus in the transplant community has been swift, as clinicians have real concerns about the prevention, diagnosis and treatment of the flu virus as public health data mounts and the course of the pandemic evolves" says Dr. Kumar. "The International Society for Heart and Lung Transplantation has already developed guidelines for heart and lung transplant recipients in the pandemic setting, raising concerns about transmission from donors to recipients."

"However, autopsy studies suggest suggest that other organs, such as the brain, kidney, pancreas, spleen, liver and heart, can also become infected. This pandemic has important clinical implications for all stages of the solid organ transplant process."

Key points raised by the discussion document include:

- *All patients with influenza-like illnesses, and milder symptoms such as a persistent runny nose, should be tested for the virus and empiric antiviral therapy considered.
- *Some experts recommend continuing antiviral therapy until viral replication has ceased and clinicians should base their therapy decisions on current advice from the Centers for Disease Control (CDC) and individual patient assessments.
- *Some experts also recommend that the oseltamivir (Tamiflu) dose may be doubled in critically ill patients and a significant reduction of immunosuppression is recommended in patients with significant disease.
- *However it should be noted that a CDC study (August 2009) reported oseltamivir resistance in two immunocompromised patients.

*Transplant patients and donors should receive at least one dose of H1N1 vaccine. Recent studies show that in healthy adults a single dose of inactive split-virus 2009 H1N1 vaccine had a seroconversion (antibody production) rate of 96.7 % while a single dose of a vaccine containing adjuvant MF59 achieved 76%.

*People who receive a Live Attenuated Influenza Vaccine may shed the virus for up to 21 days after immunization.

*There is currently no data on the duration of antiviral therapy that donors with H1N1 must undergo before organs can be safely used. If the donor has not completed a course of treatment, the current recommendation is to give the recipient five to ten days of antiviral therapy, at therapeutic not prophylaxis doses.

"As new information emerges about novel H1N1, updates will be made to the electronic guidance document posted on the AST and TTS websites so regular visits are recommended" stresses Dr Kumar

Wounded soldier's shattered pancreas gets replaced in a whole new way

(Submitted by Bruce Hord)

Six days before Thanksgiving, a 21-year-old Air Force enlistee, Tre Francesco Porfirio, was pulling duty in Afghanistan when three high-velocity bullets tore through his pancreas- the fist-size organ that produces insulin and enzymes we need to extract fuel from the food we eat.

With an injury like that, Porfirio's prognosis was very difficult. If he could survive long enough to get to a [specialized transplant center](#), he could perhaps get a [transplant of islet cells](#) from a deceased donor and take anti-rejection drugs for the rest of his life. Or doctors could remove his pancreas, leaving him completely dependent on insulin. Either way, an early death from complications of [Type 1 diabetes](#) was highly likely.

But doctors who improvised a way to help the serviceman quickly made Porfirio a pioneer in the technique of islet-cell transplantation instead.

On Tuesday, Dr. Camillo Ricordi, director of the [University of Miami's Diabetes Research Institute](#), told the story of a long-distance islet cell transplant - a still-experimental procedure considered to be the best hope for treating those, such as Type 1 diabetes patients, with a non-functioning pancreas. the transplant involved flying Porfirio's shattered pancreas - now removed - from an operating room at Walter Reed Army Medical Hospital in Washington to Ricordi's specialized laboratory, more than 1,000 miles away, at the University of Miami's Miller School of Medicine. There, on the night before Thanksgiving, the delicate islet cells of Porfirio's own pancreas were extracted and purified - a specialized operation performed at only a handful of transplant centers across the country.

Until now, if you were a patient who couldn't make it in time to one of [15 cities with medical centers equipped to prepare islet cells for transplant](#), you were out of luck.

But physicians willing to try anything to help Porfirio have shown that may no longer be true.

The stew of islet cells prepared at the University of Miami was sent back to Walter Reed. There - under the supervision of Ricordi's team in Coral Gables, Fla., watching remotely - physicians carefully fed the purified cells through a tube into the airman's liver.

Within days of the procedure, performed on Thanksgiving, Porfirio's islet cells did what all physicians hope they will do in such cases: They began to produce insulin, effectively doing the work of the excised pancreas.

Porfirio is unusual also that his islet cells came from his own pancreas, which, while in shreds, was not dead yet. Most patients must rely on a deceased donor's pancreas and must take anti-rejection drugs to ensure their immune system doesn't attack the foreign cells. The ability to use Porfirio's own islet cells for the transplant, while "very rare," according to Ricordi, means he will not face rejection issues that make such transplants a lifelong challenge for recipients.

That remote transplant, said Ricordi in an interview, is a first: it could mean patients whose pancreas is destroyed by diabetes or trauma can be treated, potentially, anywhere in the country. Having shown that islet cells can be prepared for transplantation remotely and returned in time to a waiting patient - and then, that physicians with minimal training in such transplants can be supervised in doing them - Ricordi's team says that many more patients may gain access to the procedure. Patients with chronic pancreatitis, an inflammation of the insulin-producing organ, may, with some fancy logistics, be able to get the treatment they need close to home.

And patients whose pancreas is compromised or destroyed by trauma can be treated where they are.

- Melissa Healy LA Times Blog

One More Way to Increase the number of Kidney Donors

by Jacob Goldstein
(Submitted by Bruce Hord)

More people are waiting for organ transplants and [dying](#) on transplant waiting lists. So governments around the world are looking for new ways to encourage more people to be donors, and doctors are using organs that they might have rejected in the past.

[Israel](#) just launched a system where people who agree to be donors get higher priority if they ever need an organ; surgeons in Maryland recently transplanted kidneys from which they had excised tumors.

In an [essay in this weekend's WSJ](#), George Mason University Economist Alex Tabarrok cites these and other examples, and argues for new measures - including, perhaps, some form of compensation - to increase the supply of organs.

Another option is the "daisy chain" of live kidney donors. It's unlikely to have as broad an impact as paying for organs, but it's uncontroversial, and its use is already growing. Here's how it works.

One person - call him Abe - wants to donate a kidney to Bob, but they're not a good match. In the next town over, Carlos wants to donate a kidney to David. Also, alas, not a good match. But as it happens, Abe is a match for David, and Carlos is a match for Bob. So each donor can give his kidney to a stranger, in exchange for the knowledge that his own friend will get a kidney.

That basic model (known in its simplest form as [paired donation](#)) can be expanded to include lots of intermediaries - the full daisy chain - when a simple paired swap doesn't suffice.

This kind of thing has been around for a [while](#) now, but it seems to be getting more common - and more complex - lately. A chain of 10 transplantations carried out over eight months was described in the [New England Journal of Medicine](#). And late last year, doctors at two Washington hospitals did a chain of [13 transplants over six days](#).

Condolences to Connie Armour and her family:

Her Father, David Charles Meehan lost his battle with lung cancer on Dec. 13, 2009. He was surrounded by his loving family at home. The world has lost another wonderful man. Jacqui Scolaro and I were fortunate to attend his memorial service for fellowship and food which followed. Connie is still recuperating from the ordeal suffered when they did her colonoscopy. We are thankful she has survived and pray she continues to heal.

Mourners' Rights

- *I have the right to experience my own unique grief in my own unique way
- *I have the right to feel what I am feeling, regardless of how those feelings shift from moment to moment
- *I have the right to feel angry.
- *I have the right to be treated as a capable person.
- *I have the right to say NO.
- *I have the right to privacy.
- *I have the right to ask for help.
- *I have the right to be listened to.
- *I have the right to be treated with respect.
- *I have the right to socialize when ready.
- *I have the right to cry - or not.
- *I have the right to express my feelings.
- *I have the right to be upset.
- *I have the right to be supported.
- *I have the right to express my needs.
- *I have the right to talk about my grief.
- *I have the right to experience joy.
- *I have the right to feel a multitude of emotions, or not.
- *I have the right to be tolerant of my physical and emotional limits.
- *I have the right to experience unexpected bursts of grief.
- *I have the right to make use of healing rituals, including the funeral.
- * I have the right to embrace my spirituality.
- *I have the right to have fun.
- *I have the right to be disappointed.
- *I have the right to search for meaning in life and death.

- *I have the right to treasure my memories.
- *I have the right to be alone.
- *I have the right to be given time for the healing process.

Windpipe Transplant a Success

by Maria Cheng, Associated Press

Canton Repository 1/14/2010

London

For more than 2 1/2 years, Linda DeCroock lived with constant pain from a car accident that smashed her windpipe. Today, she has a new one after surgeons implanted the windpipe from a dead man into her arm, where it grew new tissue before being transplanted into her throat. The way doctors trained her body to accept tissue could yield new methods of growing or nurturing organs within patients, experts say.

The technique sounds like science fiction, but DeCroock says it has transformed her life. She no longer takes anti-rejection drugs.

"Life before my transplant was becoming less viable all the time, with continual pain and jabbing and pricking in my throat and windpipe," the 54 year old Belgian told

The Associated Press in a telephone interview.

Doctors at Belgium's University

Hospital Leuven implanted the donor windpipe in DeCroock's arm as a first step in getting her body to accept the organ and to restart its blood supply. About 10 months later, when enough tissue had grown around it to let her stop taking the drugs, the windpipe was transferred to its proper place.

Details of the case are in today's New England Journal of Medicine.

"This is a major step forward for trachea transplantation," said Dr. Pierre Delaere, the surgeon who led the team that treated DeCroock. For years, DeCroock lived with the pain and discomfort of having two metal stents propping open her windpipe. She went looking for doctors who might be able to help her and found Delaere on the Internet.

"I had always wondered, 'So many things are possible, why not a new windpipe?'" DeCroock said.

Delaere and his colleagues, who had performed similar procedures on a smaller scale for cancer patients, agreed. Once the doctors had a suitable donor windpipe, they wrapped it in DeCroock's own tissue and implanted it into her lower left arm. There, they connected it to a large artery to re-establish the blood flow.

Message from our President Dick Becherer

Thus far the proposed National Health bill will support only kidney transplants through the House version; however the National Kidney Foundation and other National groups are pressuring members of the house and senate to subsidize all transplants. It would not hurt for all members to write, call or E-mail their representatives on this matter.

God bless and keep you through the New year.