

THE ROGOSIN INSTITUTE WELCOMES NEW SURGEON



"I AM SO LUCKY!" says Rogosin patient Evelyn Tom, after she received a kidney transplant on October 16, 2005. Ms. Tom had been listed for two and a half years and received a transplant from a deceased expanded criteria donor. She is pictured here with her surgeon, Dr. Michael Goldstein.

The Rogosin Institute and NewYork-Presbyterian Weill Cornell Medical Center (NYPH-WCMC) are pleased to welcome Dr. Michael Goldstein as a new member of the transplant surgery staff.

"I am most excited about the potential for growth in both program volume and knowledge. There is a true balance of excellence among the transplant team, from frontier research in immunology, to distinction in clinical application of this knowledge, with superior quality of medical and surgical care," Dr. Goldstein shared.

Since joining the NYPH-WCMC Department of Surgery, one of Dr. Goldstein's primary goals has been to

increase and improve utilization of expanded criteria donor organs. His efforts stem from the United Network for Organ Sharing's (UNOS) alarming statistics. Currently, there are 5,645 patients waiting for renal transplants in our region (UNOS Region 9, the entire state of New York), of which 640 are listed at our center. There are only around 300 deceased organ donors in our region each year. Approximately 50% of the deceased donors are from people age 50 years or older, and of these over 50 donors, only 66% of the organs are utilized for transplantation. However, in the donors under 50 nearly 95% of the kidneys are transplanted.

"Expanded criteria donor organs can benefit many potential recipients and are grossly underutilized. In recent months, through our extended criteria donor program, we have been able to transplant twice as many recipients than we have in the past," said Dr. Goldstein.

Dr. Goldstein has become an active voice on the New York Organ Donor Network (NYODN) Kidney-Pancreas Committee, attempting to improve organ allocation for our patients. He is also a member of the Organ Transplant Breakthrough Collaborative Group, a committee charged with developing plans to reduce the number of people on the organ transplant waiting list.

EDITOR

Jennifer Keen, LMSW

EDITORIAL STAFF

Christine Auro

Carolyn Diehl, MD

Stuart Saal, MD

Susan Spiegel, MA

port-sized photos. The cost is the same as public transport. For information call: 877-337-2017 or 646-252-5252 or visit the MTA website at <http://mta.info>

4. TAXI AND CAR SERVICES- these services can be costly since 2-3 clinic visits per week are required after a kidney transplant. Preparation is suggested; begin to save now so that the cost will not be so overwhelming.

5. FAMILY, FRIENDS AND COMMUNITY SERVICES- if you have family and/or friends who are willing to drive you to clinic, The Rogosin Institute offers a reduced parking voucher that covers half the cost of parking in the garage downstairs. Also, explore

your community for any special services; sometimes senior citizen centers, community centers or churches will offer free or discounted transportation services.

It is imperative that patients attend all post-transplant medical appointments and failure to comply places patients at risk and should be avoided at all costs. With all of the services available, and when you take the time to plan, there is no reason for transportation to interfere with compliance.

Always feel free to speak to your social worker at 212-746-1569 if you are having difficulty.

Barbara Desiderio, LCSW

DIRECTOR OF RI Albert L. Rubin, M.D.

BOARD OF DIRECTORS

Sidney R. Knafel
Chairman

Morton Certilman

Charlotte M. Ford

Stuart Frankel

Solomon J. Freedman, Esq.

Bruce R. Gordon, M.D.

Dana W. Hiscock, Esq.

Ralph R. Hochberg, Esq.

Arthur Hoffman, CPA, J.D.

Leon M. Jaroff

Arthur A. Klein, M.D.

William E. Macaulay

Stephen S. Mills

Mark J. Mundy

Robert R. Riggio, M.D.

Charles Rizzo

Albert L. Rubin, M.D.

Stuart D. Saal, M.D.

Barry H. Smith, M.D., Ph.D.

Henry S. Steffens

Kurt H. Stenzel, M.D.

Paul E. Taylor, Jr.

Arnold H. Tracy, Esq.

John C.L. Wang, M.D., Ph.D.

Seymour H. Wigod

EMERITUS MEMBER

Hugh T. Adams

STAFF COLUMNS

What is an Expanded Criteria Deceased Kidney Donor?

In 2002, the United Network of Organ Sharing (UNOS) implemented a new rule allowing transplant centers to accept kidneys that fall outside the typical donor criteria. This was done in response to the severe shortage of donor kidneys and the extremely long waiting time for recipients.

The 1980's saw dramatic improvements in anti-rejection medication, surgical procedures and preservation techniques for retrieved kidneys; trends that continue today. These ongoing innovations mean that we are now able to provide very successful transplants from unmatched donors and older deceased donors. Many recipients who were not considered suitable candidates for transplantation are now eligible. In fact most kidney transplant recipients are now over the age of 50 and people well into their 70's have been successfully transplanted.

By UNOS's definition, an expanded donor has the following characteristics:

- any donor over age 60

OR

- any donor age 50-59 with two of the following:
 - ⇒ a history of high blood pressure
 - ⇒ creatinine at the time of death greater than 1.5
 - ⇒ stroke as a cause of death

A standard criteria donor kidney comes from a donor who suffers from brain death (not cardiac) and who does not meet the criteria for the expanded donor kidney.

The United Network of Organ Sharing, in an effort to increase the use of expanded donor kidneys, has specified that all recipients who are willing to accept an expanded donor kidney make that decision at the time of listing. Of course patients will remain listed for all donors including the standard criteria donor.

In our region, the average waiting time for any type of deceased donor transplant is over seven years. Use of certain carefully screened expanded donor kidneys, allows us to widen the pool and meet the needs of our patients. For patients who decline to be considered for any expanded donors, the likelihood of ever receiving a transplant is very, very small.

The advantages of accepting an expanded donor kidney are:

- decrease in the time that you will be on the waiting list
- your survival and quality of life is very likely to be better than your life on dialysis

Possible disadvantages of accept-

ing an expanded donor kidney are:

- this kidney may take somewhat longer to start working after surgery (delayed graft function)
- it is possible that this kidney will not last for as many years as one from a standard criteria donor

At The Rogosin Institute we strongly encourage all pre-transplant patients to be listed for both standard and expanded criteria donors. Consider this scenario: a kidney

becomes available from a 50 year-old donor who died due to trauma, but with perfect kidney functioning, a creatinine of 0.5, and high blood pressure that has

been well controlled for 1 year.

Although under UNOS criteria, this is considered an expanded criteria donor, we would not want any of our patients to miss an opportunity to receive a kidney from a donor of this overall good quality.

Patients should be assured that our experienced transplant medical staff evaluates every deceased donor kidney carefully, including an extensive review of its anatomy and biopsy. Furthermore, you or your kidney doctor may always decline any kidney offered to you and there is no penalty for doing so.

If you have any questions or concerns about expanded criteria donors, or if you are unsure if you are listed for all donors, please call your Transplant Coordinator at 212-517-3099.

Ellen M. Carey, RN, CCTC

The Rogosin Institute Now Enrolled in Organ Donor Network's Donor Exchange Program

In a previous issue of *The Transplant Times*, we featured The Rogosin Institute's donor exchange program. Designed to increase living donation, this program pairs ABO blood type incompatible living donor/recipient pairs. All incompatible pairs are stored in a database, so that if two suitable pairs come up (example would be Pair One: "A" donor blood type, "O" recipient blood type; Pair Two: "O" donor type, "A" recipient type), we are able to match them and perform two transplants.

To further expand living donation opportunities, The Rogosin Institute has also enrolled in a similar program run by the local Organ Donor Network.

This means that if no suitable "pair" can be identified within our own institution, patients have the option of also enrolling in a much larger pool from within the region. This should increase the odds and/or shorten the waiting time before another pair is identified.

Priority would still be given to the exchange occurring within The Rogosin Institute.

The potential drawback to an Organ Donor Network match is that your own donor may need to undergo his/her surgery at another hospital, depending on where the exchange takes place. This would be

done to limit the cold ischemic time for the donor kidney.

To participate, you have to be willing to share your medical records with the Organ Donor Network and any center where the other pairs are listed. Before you can enroll, we need to obtain a signed consent from both you and your donor.

If you are interested in either program, please call me at 212-517-3099 to obtain more detailed information or instructions on how to proceed.

Judith Hambleton, RN, SRN, CCTC, Clinical Transplant Coordinator

Transportation Options for Post-Transplant Follow up Clinic Visits

Post-transplant clinic follow up at The Rogosin Institute is essential for the success of your transplant. After your post-transplant hospital discharge, you will be expected to return to the clinic 2-3 times per week for at least the next six weeks, and you are expected to be here by 9:00 am. These visits are necessary to monitor your progress and identify complications as quickly as possible. Keep in mind that you are also not allowed to take public transportation (bus or subway) for the first six weeks after the surgery.

As you wait for your transplant, reliable transportation to and from your post-transplant clinic visits, is probably the last thought on your mind. The issue of transportation

becomes a critical one and certainly a reality when you are given a schedule of follow-up clinic visits for lab test and check-ups. Planning ahead and knowing the resources available to you means that you will have one less worry as you coordinate your post-transplant care.

With public transportation not an option, many patients look to government programs and community resources. Accessing these benefits takes time and you need to have them in place before you receive your transplant. We always emphasize going to your family and neighbors first to see if they can help--often people are willing, they just need to be asked! Having a back up plan in place is important as well.

Following are some helpful resources that may be available to those that meet the criteria required.

1. **MEDICARE**- provides ambulance service at 80% cost, and you are responsible for the additional 20%. There must be a medical need for such service, such as oxygen.

2. **MEDICAID**- provides 100% of ambulette service following a kidney transplant; however, services are for 6 weeks only unless your physician can justify additional transport.

3. **ACCESS-A-RIDE**- public transportation service for people with disabilities operated by the New York City Metropolitan Transit Authority. It requires that you submit an application with two pass-