

Transplant Support Organization meetings are held at 7 pm on the third Wednesday of the month (with some exceptions) at Congregation Sons of Israel, 1666 Pleasantville Road, Briarcliff Manor, NY.

Schedule for monthly meetings

7:00 – 7:30 PM – Social time
7:30 – 9:00 PM – Meeting and program for the evening.

Our speaker at the January meeting will be Felix Harrison from NYODN. Among his duties are providing specialized support intervention services for newly bereaved families of potential organ and tissue donors, including an assessment of their needs and provision of on-going support and information about their loved one's condition. He counsels families to help them understand brain death and the process of organ and tissue donation and assists them in making end-of-life decisions. He also collaborates with hospital staff and medical professionals to facilitate the organ and tissue donation process.

Please join our meetings for support, information and new friendships.

For directions to our meeting, donor registration form, and further information, please check our website:

www.transplantsupport.org

To contact us by mail please write to TSO, 1154 Webster Ave., New Rochelle, NY 10804

To all recipients of this newsletter. Please send your email address so we may notify you of any last minute changes to our meetings. If you have changed your address recently please let us know so we can update our records. Contact Janet Ocasio at GKJP@aol.com

The UNOS National Patient Waiting List

Candidates as of 12/10/2010

- 87,493** patients waiting for a kidney transplant.
- 16,171** patients waiting for a liver transplant.
- 1,421** patients waiting for a pancreas transplant.
- 2,246** patients waiting for a kidney-pancreas transplant.
- 266** patients waiting for an intestine transplant.
- 3,219** patients waiting for a heart transplant.
- 73** patients waiting for a heart-lung transplant.
- 1,816** patients waiting for a lung transplant.
- 110,040** TOTAL PATIENTS*

Every 12 minutes a new name is added to the waiting list.

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Our Holiday Party

The Recognition and Service Award was presented to Leonard Andrew for his strong commitment to the cause of organ & tissue donor awareness and his support of the goals of TSO and his legal contribution to TSO. Presented by Transplant Support Organization and a grateful membership.

Len joined TRIO of Westchester in 1998. Has been a board member since 2001 - helped us with changing over from a chapter-in-development of TRIO to a stand-alone not-for-profit. Continues to provide invaluable counsel to TSO, both legal and otherwise. Oversees and updates TSO website – recently gave it a new look to include links to Facebook and Twitter. With Helen, Len is a very warm and gracious host for the annual TSO board BBQ.

Len always thinks about ways to improve the organization.



Len and Helen Andrew



Happy Rebirthday to You

Warren Agatston	January 1991	Kidney	Kathryn Kerpchar	January 2005	Liver
Helen Bellhouse	January 1995	Liver	Louis Hamway	January 2006	Kidney
Walter Greenberg	January 1995	Heart	Judith Sokol	January 2008	Liver
Gerard Bushel	January 1997	Kidney	Robert Mavian	Janury 2009	Kidney
John Talbutt	January 1998	Liver	Peter Sinott	January 2010	Heart
Richard Marasco	January 1998	Kidney	Monique Eveillard	February 1993	Kidney
Sherinah Lugo	January 1999	Kidney	Stephen Arnold	February 1996	Kidney
Betty Bottinelli	January 2001	Liver	Bill Williams	February 1998	Cornea
Jack Powers	January 2001	Liver	Ana Rosado	February 1999	Kidney
Ruth Konefal	January 2003	Lung	Vicky Rebatta	February 2000	Kidney
Rudy Masry	January 2003	Kidney	Irene Sherman	February 2004	Kidney
Theresa Mallon	January 2004	Liver	William Seery	February 2005	Liver
Meredith Laubin	January 2004	Kidney	Donald Simons	February 2006	Liver
Charles Brown	January 2004	Liver	Angelo Stekardis	February 2008	Lung

Our best wishes to all for many more happy and healthy years to come

Transplant in the News

New York testing 2-team approach to boost organ donation

By **David Ariosto**, CNN
December 1, 2010 8:16 p.m. EST

(CNN) New York -- Some 911 calls that involve cardiac arrest or stroke could bring a second emergency crew to the scene as part of a pilot program in New York intended to more quickly recover organs from potential donors, the mayor said Wednesday.

When efforts by the first ambulance teams to save patients' lives fail and if the victims are registered organ donors, a newly created dispatch unit monitoring emergency calls will instruct secondary crews -- called Organ Preservation Units -- to bring the victims to a medical center where their kidneys can be recovered, according to New York Mayor Michael Bloomberg.

Under the program, only kidneys can be recovered from deceased individuals who die from cardiac arrest or stroke. Donors must be between the ages of 18 and 60, must be disease-free and cannot have been involved in a violent event like a car crash, according to Dr. Lewis Goldfrank, director of emergency services at Bellevue Hospital in Manhattan, New York.

The deceased must also first be identified as a registered donor through a donor card, a driver's license or an online registry, and the family will have to give their consent, officials said. "We have about 20 minutes to accomplish an agreement with a family member ... to say they affirm the wishes of the person who is deceased," Goldfrank said Wednesday in New York.

If an agreement is reached, two-person organ preservation teams will begin cardiopulmonary resuscitation on the deceased person in an effort keep blood flowing to their organs during transport to Bellevue Hospital. Once the team has arrived at the medical center, the deceased will undergo extracorporeal membrane oxygenation, a technique that provides artificial cardiac and respiratory support to the body and resuscitates organs when the heart has stopped beating, according to Michael Goldstein, medical director of the New York Organ Donor Network, a nonprofit, federally designated organ procurement organization.

Organs can survive without circulation for a maximum of about 40 minutes, he said, limiting the number of usable organs from the vast majority of people who die outside of hospitals.

The pilot program, which is limited to parts of Manhattan, is intended to speed up the process of recovering good organs before tissue deterioration renders them unusable for living patients in need of a transplant. Under the initiative, organ recovery by way of transport units can occur only under physician supervision at the Bellevue Hospital Medical Center.

Transplant in the News

New York testing 2-team approach to boost organ donation (cont.)

About 8,000 people in New York -- 109,000 nationally -- are waiting for life-saving organ transplants, according to the US Department of Health and Human Services.

"Donating an organ can save a person's life; that's why I am an organ donor," Bloomberg said. "This new pilot program will help us test a process that could transform the way we donate organs and help save many lives."

Brooklyn resident Regina Mirailh, who lost her son in a car accident, said he could not have fulfilled his desire to be an organ donor had he not died in a hospital. "It's kind of hard to put a spin on such an ugly face, but I had to come to reality," she said. "What it is to give the gift of life. You actually give the gift, someone gets to live."

The pilot program, called the first of its kind in the United States, involves partnerships between Bellevue Hospital and the city's police and fire departments, according to the mayor's statement. Starting Wednesday, it will last five months and is intended to test the feasibility of recovering organs from the more than 400 eligible donors who die of cardiac arrest outside New York hospitals each year, it said.

But the program has also raised fears over the possibility of illegal organ harvesting, as well as broader ethical questions over how and when death is determined only shortly after paramedic attempts to resuscitate have failed. Authorities have tried allaying those concerns and others by demonstrating a clear separation between the two units.

"There is a real firewall between the attempt to save life and this effort to recover organs," said Elaine Berg, president and CEO of the New York Organ Donor Network. "We've had ethics groups and focus community groups on this issue, so we're making every effort to ensure that we're beyond safe ground."

The project is bankrolled by a \$1.5 million federal grant.

TSO thanks the staff and clients of YAI for their help in the production of this newsletter. It's always a pleasure working with them and we're grateful to them for their assistance.

Transplant in the News

Tehachapi organ donor to be posthumously honored in Rose Parade

BY JEFF GOODMAN, Californian staff writer
jgoodman@bakersfield.com, Nov 03 2010

The only kidney with which Thomas Vanderhorst was born is still functioning properly -- more than 2,000 miles from his ashes. Vanderhorst, who lived in the greater Tehachapi area, was a diesel mechanic who died in 2004 from complications following an aortic valve replacement. Thanks to organ donation, however, the late 47-year-old's legacy is alive and well.

Shortly after Vanderhorst's death, his kidney was given to a Pennsylvania man who in August named his newborn son Thomas in Vanderhorst's honor.

What's more, Vanderhorst will be posthumously honored during the upcoming Rose Parade on a float with floral tributes to dozens of organ, tissue and eye donors from across the country. The Donate Life "Seize the Day!" float, which will feature colorful kites as well as "floragraphs" of donors like Vanderhorst, is meant to encourage people to consider how helpful their body parts can be to others after death. "It keeps a part of the person alive, it leaves a legacy for them, and it helps other people live," said Joyce Vanderhorst, Thomas' wife. "That's the most wonderful gift you can give someone -- the gift of life."



Thomas Vanderhorst, shown with his mother, Paulina, will be posthumously honored for organ donation on the Donate Life float at the upcoming Rose Parade in Pasadena

The float, which has participated in the annual parade for seven years, is 55 feet long and will also have room for 30 riders, some of them transplant recipients. All of the Donate Life honorees are sponsored by partner organizations, which financially support the nonprofit alliance's float and which are responsible for selecting the donors who are memorialized on New Year's Day.

Vanderhorst, for example, is being honored by JJ's Legacy Committee, a Bakersfield-based donation group that was formed in Jeffrey Johns' memory. Johns was a 1999 Garces High alumnus whose organs were donated after he died in a tragic accident in 2009. Joyce Vanderhorst said she didn't talk at length with her husband about organ donation but felt it matched his giving personality. "He said, 'If they'll take 'em, sure,'" recalls Joyce, who will travel to Pasadena in early December to decorate the float. "I got an exciting phone call on Saturday evening saying he had been picked for a floragraph. "It really surprised me -- it's been a while since we gave the organ. But I was thrilled."

The couple, who met at a stable in Anaheim and married in 1984, lived for several years in Bear Valley Springs. Joyce, a school nurse, moved back to Arizona after Thomas' death to be closer to her family. But she plans to sprinkle some of her late husband's ashes in the Tehachapi Mountains. Joyce and her children, 17-year-old Nic and 15-year-old Tina, keep in touch with Bill Sherbine, the recipient of Vanderhorst's kidney.

Sherbine, 36, waited about two and a half years for a transplant as he battled polyarteritis nodosa, a disease that affects blood vessels. "Without the kidney transplant, I'm sure I would've died," Sherbine said. "(Thomas) is the only reason I'm alive, so he's the only reason my son could be here."

The news that Sherbine named his son after Joyce's late husband brought tears to her eyes. "It was very emotional," Joyce said. "(Thomas) was an average guy. But I loved his smile, his willingness to help everyone."

Transplant in the News

Hand transplant grafts survive with just a single immunosuppressant

TRANSPLANT LIVING

RELEASE DATE: OCTOBER 07, 2010

REUTERS HEALTH

WASHINGTON, DC (Reuters Health) - Patients with hand transplants can get away with much less maintenance immunosuppression than solid organ recipients, University of Pittsburgh researchers said today at the American College of Surgeons Clinical Congress.

In the 10 years since the first hand transplant was done, the worldwide count is still under 70, with only five done in Pittsburgh, Dr. Vijay Gorantla told Reuters Health. At most centers, immunosuppression follows the multi-drug pattern established for solid organs. Over the long term, of course, the drugs increase patients' risks for diabetes, hypertension, renal failure, and malignancies.

Indeed, Dr. Gorantla said, one reason hand transplants aren't done more often is that the ethics are still debated. Many physicians are reluctant to expose patients to lifelong risks of immunosuppression for an operation that's not life-saving, he said.

In his presentation early this morning, Dr. Gorantla described a new cellular-based protocol (dubbed "the Pittsburgh protocol") that's been used in three patients so far. Each received a single 30-mg dose of CAMPATH-1H (alemtuzumab) "right before the transplant," plus tacrolimus 0.2 mg/kg/day starting on the day of surgery. On day 14, patients received an infusion of cryopreserved whole bone marrow cells from the donor. "We just want to expose the recipient cells to donor cells," Dr. Gorantla had told Reuters Health earlier.

The three patients have made steady progress at regaining function and good quality of life, Dr. Gorantla said. One is a 24-year-old former marine who received a wrist-level hand transplant in 2009 and is back at work as an electrician. The second is a 57-year-old Air Force veteran who had both hands transplanted in May 2009. The third patient, a 41-year-old mechanic, received a combined bilateral hand and full above-the-elbow forearm transplant this past February.

"To date, the transplants have been maintained on only one drug. That's all the patients take," Dr. Gorantla said.

The uniqueness of the hand is what makes this possible, he said. While detection of organ rejection relies on indirect markers - creatinine for kidneys, hepatic enzymes for livers - "we can use the skin as a sentinel for monitoring for rejection" and intervene early, he said.

Signs of rejection can include maculopapules, a blotchy rash, little patches of scaling, and changes in the nail bed. Dr. Gorantla said he and his colleagues "have a very low index of suspicion, particularly in that first year." But whereas solid organ rejection requires that systemic therapy be adjusted, mild rejection on the skin of the hand can be treated topically, with tacrolimus cream. Plus "you can get a biopsy of the exact area, but with (internal organs) you're aiming blindly."

But, he added, "We've seen that when the skin is rejecting, the deeper tissues can be normal. So rejection doesn't happen in a continuous way." Also, he said, chronic rejection slowly and insidiously affects the vasculature, ultimately reducing the blood supply and threatening graft loss.

"The skin can help us, or be an enemy," he says. Dendritic cells help promote tolerance to the graft, but Langerhans cells and native keratinocytes have the opposite effect. The goal, according to Dr. Gorantla, is to harness the tolerogenic properties of the skin while targeting the immunogenic pathways with the lowest possible amount of immunosuppression.

"We're still learning" how to do this, he said.

Development of the new cell-based protocol has been sponsored in part by the U.S. Department of Defense and by the University of Pittsburgh.

Transplant in the News

Transplant Living: Organ Donation and Transplantation Information for Patients

2010-10-27 (Reuters Health)

By Will Boggs MD

NEW YORK (Reuters Health) - Organs from brain dead cardiac arrest victims seem as good as those from donors with brain death from other causes, say the authors of a systematic review published online October 6th in Resuscitation.

"Cardiac arrest as a cause of brain death should not prevent a heart-beating, brain-dead patient to be considered for organ donation," lead author Dr. Claudio Sandroni from Catholic University School of Medicine, Rome, Italy, told Reuters Health in an email.

The point of the study, he said, was to determine whether recent resuscitation from a cardiac arrest affects the quality of a donor's organs. The goal was not to show that the pool of organ donors could be expanded by including these patients, he added. "They are already routinely included in the pool of possible organ donors, just like those who develop brain death due to a primary cerebral injury."

But Dr. Sandroni and colleagues found only three studies of sufficient quality to be included in the final analysis - and only one of the three was prospective. Overall, they involved 741 brain dead donors, including 69 who died after cardiac arrest. The studies reported on different organs, so the authors could not pool the outcome data.

The largest study compared 566 heart grafts from non-cardiac arrest donors with 38 from donors who did have cardiac arrest. There was no difference in 30-day, one-year, or five-year patient survival, nor in early postoperative outcomes (i.e., rates of renal failure, respiratory failure, balloon pump support, or need for ventricular assist devices).

A second report compared outcomes of cardiac arrest and non-cardiac arrest donor kidneys (29 and 79, respectively), livers (14 and 43), hearts (7 and 9), and lungs (2 and 4). When numbers were large enough to allow statistical analysis, there were no differences between the groups.

Finally, a third transplant team compared outcomes in recipients of intestinal, liver, and multivisceral grafts (12 from cardiac arrest donors and 55 from non-arrest donors). Here too there were no statistically significant differences in postoperative outcomes (including time to independence from total parenteral nutrition) or in patient survival.

Clearly, as the authors conclude, larger and prospective studies are needed to confirm their conclusions.

**TRANSPLANT PATIENTS NEED TO HAVE AN ANTIBIOTIC
BEFORE DENTAL TREATMENTS. DISCUSS THIS WITH YOUR
DENTIST**

More Holiday Party Pictures



More pictures on page 3. Photos by Don Wong and Carol Johnson

Help Promote Donor Awareness License Plate Frames For Sale

\$ 10.00 each 2 for \$ 18.00 3 for \$ 25.00



LPF 1 Top: Make a Miracle
Bottom: Be an Organ Donor

LPF 7 Top: Transplantation Works
Bottom: Lung Recipient

LPF 2 Top: Miracle Maker
Bottom: Kidney Donor

LPF 8 Top: Transplantation Works
Bottom: Liver Recipient

LPF 4 Top: Organ / Tissue
Bottom: Donor Family

LPF 9 Top: Transplantation Works
Bottom: Heart Recipient

LPF 10 Top: Transplantation Works
Bottom: Kidney Recipient

Name _____

Address _____

City, State, Zip _____

Phone _____

Frame(s) desired _____

(add \$2.00 for postage and handling)

Send order with payment to: TSO, 1154 Webster Ave. New Rochelle, NY 10804

Directions to the Monthly Meeting

Congregation Sons of Israel
1666 Pleasantville Rd.
Briarcliff Manor, NY

From New York City, George Washington Bridge

Take Henry Hudson Parkway North to Saw Mill Parkway North. Continue to interchange with Taconic Parkway North. Bear RIGHT onto Taconic Parkway. Exit RIGHT at Route 9A/100. Stay on Route 9A. Make a LEFT at the second traffic light (Chappaqua Road). Road will bear right and become Pleasantville Road. Get into the LEFT turning lane to make a LEFT turn into CSI.

From Tappan Zee Bridge

Cross bridge, stay to right, follow signs for Saw Mill River Parkway North (Exit 8A) and follow directions above.

From Long Island, Connecticut, Southern Westchester

Take Cross Westchester Expressway(287) West to Exit 3 ("Sprain Parkway North, New York City, to Taconic Parkway"). Take this exit and continue straight up the ramp to Sprain Parkway North. DO NOT make a quick right, marked to New York City. Follow Parkway North approximately 5 miles to interchange with Taconic Parkway and follow directions above.

From Upstate New York

Take Taconic Parkway South to Routes 100/133, Briarcliff exit. Cross over Route 100 and follow Route 133 to second traffic light (about 3 miles). Make a left onto Pleasantville Road. Continue approximately one mile to CSI on RIGHT.



TSO Transplant Support Organization

Participant Application: New Renewal

Please fill out this form and mail it with your tax-deductible contribution to:
TSO, 1154 Webster Ave., New Rochelle, NY 10804

NAME(s) _____

Mailing Address: _____

Phone #: Daytime: _____ Evening: _____ Cell: _____

Email: _____

PERSONAL INFORMATION (optional)

Birthdate: _____ Sex: _____ Marital Status: _____

Occupation: _____

CANDIDATE / RECIPIENT INFORMATION — Please check appropriate description

Transplant Recipient _____ Transplant Candidate _____ Family Member _____

Donor Family Member _____ Interested Individual _____ Professional _____

Have you already had a transplant? Yes _____ No _____

Type of Transplant(s) _____

Date of Transplant _____ Time waited (or waiting) _____

Where did you (will you) have your transplant? _____

PARTICIPANT CATEGORIES & SUGGESTED CONTRIBUTIONS

Regular (Transplant recipient, transplant candidate, family member, donor family)

Individual Participant \$25.00

Family Participant (2 members, same address) \$35.00

Additional participants at same address \$10.00 each

Professional (Surgeon, Physician, Clinical Coordinator, Nurse, Social Worker, etc.) \$25.00

Additional optional voluntary contribution (at your discretion) \$ _____

I would like to take an active role within TSO (please check all areas of interest):

Speaker _____ Membership Drive _____ Fund Raiser _____

Clerical _____ Contributor _____ Patient & Family Support _____

Newsletter _____ Date Processing _____ Other _____

TSO
Transplant Support Organization
1154 Webster Ave.
New Rochelle, NY 10804

NEXT MEETING — January 19, 2011

TSO Scholarship Challenge

TSO is pleased to grant a scholarship to a deserving high school senior in our area who has demonstrated and presented information on organ, eye and tissue donation. In June our first recipient was named and awarded \$1,000 for her college education. She is presently attending Bard College in New York.

Leonard Andrew has presented a challenge to all members and friends who contribute to the scholarship fund. He will match up to \$10,000 contributed. Now that's a challenge we hope to achieve! Thanks Len.

Transplant Support Organization's Mission

To help save lives by:

- *Providing* education relating to organ donation and transplantation;
- *Promoting* organ and tissue donation as an important social responsibility;
- *Giving* support to transplant candidates, recipients, their families and donor families;
- *Effectively* communicating to government bodies and the general public, the concerns and needs that affect the welfare of those individuals impacted by the transplant process.