



T S O Transplant Support Organization

Serving the NY counties of Westchester, Bronx, Putnam, Dutchess, and southern Connecticut

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And the Beat Goes On . . .

We were honored to have **Dr. Maria Padilla**, medical Director at the Mount Sinai School of Medicine Lung Transplant Program as the guest speaker at our January meeting. This was a unique opportunity for us to hear an overview of lung transplantation (slides included) and have our many questions answered. As Dr. Padilla stated, "when you can't breathe nothing else matters".

The first lung transplant in 1963 was unsuccessful because of the lack of immunosuppressants. The first successful single lung transplant was achieved in 1983 by Dr. Joel Cooper. New surgical techniques as well as the use of cyclosporine made the difference. In 1984 he performed the first double lung transplant. For the first twenty or so years most recipients received a single lung transplant, but more recently the double lung transplant is the preferred procedure.

Lung transplant is a treatment of last resort when there are no other therapies available. Some indications include COPD, Cystic fibrosis, and idiopathic pulmonary fibrosis. Candidates have end stage lung disease but are otherwise healthy enough to have a good prognosis. Usually age limitations are: for a single lung, patient should be under 65 years, double lung under 60, and heart/lung under 55 years. Contraindications for lung transplant include renal insufficiency, poor hepatic function, HIV status, hepatitis C, symptomatic osteoporosis and substance abuse among others.

Donor age is usually 55 or younger. The largest group is between 18 and 29. New guidelines allow for donors up to the age of 70. The lung is the only organ exposed to everything in the environment, therefore the younger the donor the better. Allocation is done by blood type, size and ischemic time of less than 6 hours. The availability of lungs is less than for other organs because they are recovered from the donor after the other organs and in the process may become unviable.

Living donor lobar transplants are done in Japan where one lobe from each of two donors is transplanted into the recipient. The donors must be the same blood type.

Frequent bronchoscopies are done post transplant to detect rejection and infection. Outcomes for lung transplants are lower than other organs, 85% at one year and 30% at ten years. The goal for the future is to have more donors, better medications without debilitating side effects and to improve the numbers by better body tolerance of the allograft.

* * * * *

At our February meeting we were very fortunate to have two speakers who were very familiar to some of us. **Laura Overton** and **Mimi Greenman**, social workers from Westchester Medical Center, paid us a visit.

Continued on page 3

Transplant Support Organization
meets on the third Wednesday
of the month at
Congregation Sons of Israel,
1666 Pleasantville Rd.,
Briarcliff Manor, NY.
Please join us.

2008 Meeting Dates

- March 19
- April 16
- May 21
- June 18
- September 21
- October 19

With More to Come. . .

Schedule for monthly meetings

7:00 – 7:30 PM – Social time

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

At our March 19th meeting we look forward to hearing from **Nancy Gallo**, of the New York Firefighter's Skin Bank. On April 16th our speaker will be **Dr. Giuseppe Mililetto**, dermatologist, associate professor at Columbia. On May 21st we will have a yoga and relaxation meeting led by **Yvette Sharrow**.

Save this date: **April 8**—The NY Coalition for Organ Donation is sponsoring a trip to Albany to Talk with the Legislators. Call Rudy Masry: 914-941-2616

In order to help make our monthly meetings more meaningful, **TSO** suggests that anyone with a specific question for our guest speaker(s) submit it to us prior to the meeting. We will then provide our guest speaker(s) with these questions in advance, so they can be covered during their presentation.

Any question that is of general significance to our group will be printed, along with the response, in our next newsletter.

Questions may be submitted by mail to: TSO, 1154 Webster Avenue, New Rochelle, NY 10804; by phone: 914-576-6617; by email: tso97@optonline.net

The UNOS National Patient Waiting List

Type of Transplant Registrations as of 2/20/08

Kidney transplant	74,448
Liver transplant	16,416
Pancreas transplant	1,622
Kidney-pancreas transplant	2,272
Intestine transplant	224
Heart transplant	2,651
Heart-lung transplant	103
Lung transplant	<u>2,152</u>
Totals	97,989

All candidates will be less than the sum due to candidates waiting for multiple organs.

Every 14 minutes a new name is added to the waiting list.

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And the Beat Goes On . . . (continued from p. 1)

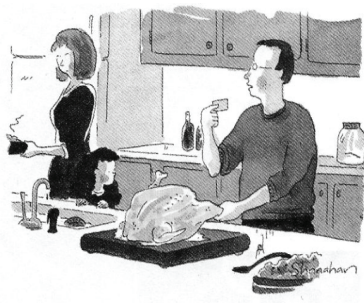
Mimi Greenman spoke to us about Hepatiatitis C and how being in a support group improves the outcome after the treatment. She discussed in depth how the use of interferon in treatment affects both personal and work relationships.

Hep C is caused by a virus and diagnosed by blood tests. It was transmitted in blood transfusions before 1989 when blood was not tested first. It can be transmitted through blood contact with an infected person, IV drug use, cocaine use, razors, needles, tattoos, piercing, toothbrushes, and non sterile medical equipment in developing countries etc. Rarely is it transmitted through sexual contact or in nail salons. Alcohol accelerates the progress of the disease. About 3% of the world population has it, with about 41,000 new cases every year. It can take up to 35 years to manifest itself and is the leading cause for liver transplant in the United States.

Most common treatment for patients, including those who have had a transplant, is weekly interferon injections lasting between 6 and 18 months. You are considered cured if blood tests are negative for 6 months after treatment although the damage to the liver may be irreversible. The side effects are very difficult and may lead to non compliance. These include decreased white and red blood cells, decreased platelet count, malaise, anger, loss of appetite, depression, and stress on the family. The cost of treatment can be between \$2000 and \$5000 a month. About 20% of patients discontinue the treatment.

The conclusion of surveys done with both support group members and nonsupport group members was that interferon is the best opportunity to clear the body of the Hepatitis C virus and support groups can be helpful. Patients should take control of the situation, get educated, communicate with others, ask for help, and join a group.

Laura Overton spoke to us in the time remaining about Health Insurance and Medicare. She told us to expect to see changes in how the government and health insurance companies handle health care in the future. There is a bill before congress now that would extend immunosuppressant drug coverage for kidney transplants from 36 months to lifetime coverage under Medicare Part B. You can learn more about this and help to pass the bill by contacting your Representative at: <http://capwiz.com/kidney/issues/alert/?alertid=10141476>



There's nothing in here except an organ donor card.

Laura also alerted us to the fact that some insurance companies will be changing the caps and copays we now pay. Some copays will be a percentage of the cost instead of a dollar amount. This could amount to 20% and certainly would raise our out of pocket costs. Some Medicare part D carriers are better than others and we should do our research to find out which provide the best prescription coverage.

We would like to thank all our speakers for giving us the opportunity to learn more about the things that affect our lives as both patients and advocates for the transplant community.

— HB

Happy Re-Birthday to you...

Shelagh Amann	Kidney	Feb. 1992	Barbara Mattioli	Kidney	Mar. 2002
Robert Kuhn	Kidney	Feb. 1993	David Juliano	Kidney	Mar. 2003
Monique Eveillard	Kidney	Feb. 1993	Anthony Polidoro	Kidney	Feb. 2004
Stephen Arnold	Kidney	Feb. 1996	Irene Sherman	Kidney	Feb. 2004
Wayne Grossman	Kidney	Mar. 1996	William Seery	Liver	Feb. 2005
Herbert White	Kidney	Feb. 1997	Bobby laboni	Kidney/Liver	Mar. 2005
Yvette Sharrow	Liver	Mar. 1997	Donald Simons	Liver	Feb. 2006
Bill Williams	Cornea	Feb. 1998	Michael Murphy	Kidney	Mar. 2006
Ana Rosado	Kidney	Feb. 1999			

Our best wishes to all for many more happy & healthy ones!

A Family's Transplant Story

Written by Janet Ocasio-Liver Transplant Recipient

In October 1998 I received a Liver Transplant after a long and draining illness. The improvement in my overall health was immediate and transforming and my family and I rejoiced. A long awaited gift had come to fruition due to the incredible gift from a remarkable, generous and thoughtful family. Upon contacting my donors family, we learned about the many similarities between my donor and I, we were close in age, both had 3 children with the youngest a teenager, she had chosen a career as a teacher and I had chosen a career as a Social Worker. Descriptions of her personality, likes and dislikes could have been descriptions of me. It made this gift extra special to recognize this closeness and to exchange this information and our gratitude with the donor's family.

My family was transformed by my illness and recovery and my donor's history added a "specialness" which we discussed over and over again. When my father passed away 5 years ago, my nephew and I spent some time talking about my journey and how I felt about it. I talked to him about my donor's history and how I felt that she was never far from me. He was moved. He was also inspired, something which I would learn 3 years later, when my nephew was killed in an auto accident. My nephew, who loved sports and Bob Marley music, who lived his life fully and joyfully, had made it clear that, should something happen to him, he wanted to be a donor. He was outspoken about his wishes and no one questioned his decision or his wisdom when his terrible accident occurred. After all, my transplant had transformed all of us.

This is not the end of our story, unfortunately. Two weeks ago my 17 month old niece died suddenly from an undiagnosed heart ailment. Once again my family convened and once again donation was not a question, it was a responsibility. Her organs were donated and several very young children benefited from this extraordinary gift.

We have come to understand and to believe that donation is a responsibility which we all have

I have been asked whether I have questioned these occurrences in my family, whether I have doubts and concerns about transplantation and donation. My answer is no. We have come to understand and to believe that donation is a responsibility which we all have, not just those who have benefited from a transplant. Donation is what may be our one and only opportunity to give a selfless and life-saving gift to another human being and their family. I think that in my family these experiences have given us a glimpse of the true meaning of brotherhood, sacrifice, and hope. We truly believe that in a small way, my nephew and my niece live-on in the life that they have helped to give to others. Their lives were miraculous indeed! We don't think we're a special family, we are just a family who, for reasons that have not been revealed to us, have had to face very difficult situations, repeatedly. However, I am proud of the selflessness that my family has demonstrated and I am proud that they are still hopeful about the future and thankful for the many, many gifts with which they have been blessed.

Shingles

KAREN FARKAS, RN

If anyone has ever had shingles then you would know first hand how debilitating and excruciatingly painful it can be. Shingles is a disease caused by a virus known as Varicella (Herpes) Zoster – the same virus that causes Chicken Pox. The term “shingles” comes from a Latin word meaning belt or girdle. The skin lesions of zoster appear in a band or belt-like pattern. In Italy, the disease is also known as St. Anthony’s fire, a very fitting name as one of the symptoms is burning of the skin.

After an episode of Chicken Pox, the virus remains dormant in the nervous system. Shingles occurs when the varicella virus is reactivated. Therefore, only those who have had Chicken Pox can get shingles. One cannot “catch” shingles from another person. A person with shingles is contagious only to individuals who have not had chicken pox. Those who have never had the virus can develop Chicken Pox from an exposure to someone with shingles.

Approximately one million new cases of shingles are reported in the U.S every year. It can occur in healthy individuals but those with a weakened immune system are more at risk. Zoster can affect people of all ages, but it is more common in adults over 50 and increases in frequency every decade. As we age, our immune system naturally weakens. Stress and fatigue play a role as well. Others at risk of developing shingles are those who have certain cancers or other diseases that interfere with the normal immune response; are undergoing chemotherapy for cancer; have infection from HIV; and unfortunately, those who are taking immunosuppressant medications after transplant.

When the virus is awakened, it travels along a nerve pathway to the skin where a rash develops. Early signs of shingles are vague and are often mistaken for other illnesses. It may start with fever and a general feeling of weakness. Within a few days severe, stabbing pain, tingling, burning, itching, or extreme sensitivity to touch can develop. These symptoms can occur before or at the time of the eruption of a rash; small bumps that develop into fluid filled blisters. These blisters fill with pus, eventually break open & form crusty scabs. The outbreak generally occurs on one side of the trunk, but can appear on the arms, legs or one side of the face or head. In about a month or so, the disease will run its course, the scabs will fall off, the skin will heal and the pain will subside. Most people will recover without residual effects.

Complications can occur from shingles. The most com-

mon is postherpetic neuralgia (PHN) which affects about 10 to 15 percent of those who have had shingles. More than half of these cases occur in the elderly. PHN causes pain or an unpleasant feeling for months to years after the rash of shingles is gone. Other complications can include skin infection, eye and ear involvement, or widespread infection of the lungs, liver or brain. These are very serious but fortunately are rare.

Shingles will eventually resolve and may not require any treatment except for pain relief. The most common treatment is one or more antiviral medications such as acyclovir (Zovirax[®]), valacyclovir (Valtrex[®]) and famciclovir (Famvir[®]). It is felt that these drugs promote rapid healing having best results if started within 72 hours of the onset of the rash. Sometimes steroids (prednisone) are prescribed to minimize inflammation. In the case of transplant recipients, the dosage may be increased temporarily.

Narcotics or opiates are often needed to treat the pain as aspirin, acetaminophen (Tylenol[®]) and ibuprofen (Motrin[®], Advil[®]) are usually ineffective. Lidoderm patches (pain medication that gets applied directly to the affected area) can be used for those individuals who cannot tolerate oral pain medications. For the persistent pain associated with PHN, some individuals may need ongoing antiviral and pain medications. Some may require tranquilizers, sedatives, antidepressants or when all else fails, a nerve block.

In addition to medications, other treatments can be done to provide comfort during the acute phase. Compresses can be applied to blisters using a solution of white vinegar & warm water. Taking a bath using an oatmeal preparation or applying calamine lotion can ease the itching and discomfort of the rash. Once the lesions have crusted, the skin dries out and can crack. A moisturizing lotion or plain petroleum jelly on the affected areas may help with this.

The good news is that there is now a vaccine, Zostavax[®], which may reduce the risk of shingles in adults over 60 years of age who have already had Chicken Pox. The bad news is that this is a “live” vaccine therefore is contraindicated for those who are post transplant on immunosuppression.

Shingles will eventually resolve and may not require any treatment except for pain relief

Transplant in the News

End to Antirejection Drugs?

The following article appeared in *Time* magazine in February 2008.

They are frequently called the gift of life, but organ transplants have always been plagued by a painful irony; as desperately as an ailing body needs a healthy organ to replace a faltering one, it often ends up rejecting the priceless replacement part. Decades of research have led to improved drugs to reduce this reaction, but these agents have to be taken for a lifetime and are often difficult to tolerate, leading to higher risks of both infection and cancer.

In an intriguing but small study published in the *New England Journal of Medicine*, however, doctors at Massachusetts General Hospital and New York Presbyterian Hospital may have finally come up with an end run around organ rejection. They report on four kidney-transplant patients who were able to wean themselves off powerful antirejection drugs within a year of their transplants (a fifth rejected his kidney). Even more exciting is the fact that while the organ donors in the study were family members of the recipients, they were not perfect tissue matches.

The key, says Dr. David Sachs, a surgeon at Mass General and Harvard who led the study, is to prepare a patient's immune system well before the surgery—or, to be more exact, to deplete the immune system's T cells, which normally patrol the body looking for foreign invaders like bacteria, viruses and tissues from outside donors. Several days before the transplant surgery, Sachs' team used drugs that target and eliminate these cells to wipe the immune slate clean. Then the team transplanted the kidney along with bone-marrow cells that had been harvested from the patients before their immune cells were eliminated. What happened next was surprising: the bone marrow rebuilt the immune system but this time as a chimera—a hybrid of both the donated organ's cells and the body's own. The donated organ could then be accepted instead of rejected.

It retrains the immune system, fooling it into thinking that the donor tissue is now part of the self

"It retrains the immune system, fooling it into thinking that the donor tissue is now part of the self," says Sachs. One patient was able to stop taking antirejection drugs as early as nine months after his surgery—though not without some discomfort as the body adjusted. "There is no question that during the initial phase, the patient has a lot more difficult time. But they trade that difficulty with what is beginning to look like lifelong suppression [of rejection]," says Sachs.

More perplexing to the team was the fact that the chimeric state is not permanent, with the immune system eventually returning to its original state. Yet the patients have nonetheless continued to tolerate their donated kidneys for almost five years. Why? Sachs believes that once the immune system is trained to accept the donated organ, sentry cells protect the organ from being recognized as foreign. The transplanted kidney exists in an immune bubble, guarded from the T cells that could still destroy it.

If that's the case, say transplant surgeons, it might even be possible in coming years to look outside our species for much needed organs. Once the human immune system can be trained to safely accept foreign tissue, then these so-called xenotransplants, from pigs or primates, could provide a welcome solution to the organ shortages that still put 98,000 patients in the U.S. each year on waiting lists.

KEEPING IT LIGHT AND SIMPLE

GLENN A EPPERSON-SMITH, RD

When most of us are asked to recall our favorite mealtime memory, what often comes to mind is the richness of shared laughter, the joy of a shared moment, and yes, the richness of the food itself. Those were the “good old days” when we didn’t bother too much with fat grams and calorie counts. The lighten up tips that follow will provide you creative and helpful options.



Taking better care of yourself and the people you love can be easy. The key is to keep it light and simple!! Healthier versions can be prepared easily and quickly, allowing you more time to spend with your friends and family.

Lighten Up Tips

1. Fat-free and reduced-fat cheeses do not melt as smoothly as their higher fat counterparts. For better melting, finely shred the cheese or use packaged finely-shredded cheeses. It is best to use reduced-fat rather fat-free cheese for toppings.
2. When roasting a whole chicken or turkey, apply the seasonings under the skin and remove the skin just before serving to capture maximum flavor.
3. When making soups, stocks and stews, chill in the refrigerator, then skim off any fat that has accumulated on the surface. If there is not time to chill the liquid, add several ice cubes. The fat will cling to the ice cubes, which can then be removed and discarded.
4. Add flavor, not fat, to mashed potatoes by substituting chicken or vegetable broth for butter or milk.
5. Toss cooked pasta with broth instead of butter to keep it from sticking.
6. Applesauce can be substituted for up to half the oil, margarine or butter required in many recipes for muffins, quick breads, cake mixes, and cakes made from scratch. Eliminating all the fat, however, can result in an overly dry baked product.
7. Save fat, calories and time by topping cakes and bar cookies with a fat-free dusting of powdered sugar instead of frosting.
8. Substituting 2 egg whites for one whole egg lightens a recipe by 5 grams of fat and 213 milligrams of cholesterol.
9. Nonfat and low-fat yogurt are available in plain as well as fruit-flavored varieties. Plain yogurt is a good substitute for sour cream or mayonnaise in many recipes. And, it is higher in calcium, too.

Transplant in The News — Pairing Transplantations

By Anita Hamilton. With reporting by Matt Smith/New York.



Pairing came naturally to Dorry Segev, a transplant surgeon, and his wife Sommer Gentry, a mathematician. After meeting in 1999 at a swing-dance competition in Stamford, Conn., the couple became dance partners and went on to win British lindy-hop competitions before getting hitched in 2003. Last year the duo partnered to devise a system that could save hundreds of lives a year by more efficiently matching kidney donors with the 62,000-plus Americans waiting for a transplant.

More than 3,000 people die each year waiting for a kidney. Although many patients have loved ones who are willing to donate a kidney, incompatible blood types or antibodies often make the transplants impossible. As a result, most patients wait three to seven years for a kidney from a cadaver--which lasts only half as long as an organ from a live donor. To help solve this problem, Segev and Gentry devised a way to improve kidney-paired donation, which involves matching a patient who has a willing but incompatible donor with a donor-patient pair who have the same dilemma.

In a swap, the donor from the first pair gives a kidney to the patient in the second pair, and the donor in the second pair gives a kidney to the patient in the first pair. While paired donation is growing (around 25 hospitals, including Johns Hopkins, where Segev works, now use it), fewer than 100 matches have been made since 2001, in part because no national program has been put into place. That means the number of organs actually donated is less than the number being offered. "The matching programs that exist are not efficient," says Segev, whose optimized matching system, developed with Gentry, was published in the *Journal of the American Medical Association* in April.

Based on an algorithm created by the Canadian mathematician Jack Edmonds in 1965, the system improves paired donation by ensuring the maximum number of matches while still factoring in age, location and willingness to travel. Segev estimates that if only 7% of kidney-transplant hopefuls participated in a national program, the health-care system would save \$750 million annually, since fewer patients would spend years on dialysis waiting for that perfect match. --

* *Volunteers needed to man donor awareness tables at the following Blood Drives* *

Please contact **Helen Bellhouse**:

845-528-1782 or hmbellhouse@verizon.net

3/19 and 3/20 CWA (Communications Workers of America) County Center, White Plains, 9 -3

4/13 CSI (Congregation Sons of Israel), 9 - 1

4/16 CWA, Peekskill Fire House

6/18 CWA, Grace Baptist Church, Mt Vernon.

Transplant Myths and Facts

There is a severe organ shortage in this country. Despite continuing efforts at public education, misconceptions and inaccuracies about donation persist. It's a tragedy if even one person decides against donation because they don't know the truth. Following is a list of the most common myths along with the actual facts:

Myth: If emergency room doctors know you're an organ donor, they won't work as hard to save you.

Fact: If you are sick or injured and admitted to the hospital, the number one priority is to save your life. Organ donation can only be considered after brain death has been declared by a physician. Many states have adopted legislation allowing individuals to legally designate their wish to be a donor should brain death occur, although in many states Organ Procurement Organizations also require consent from the donor's family.

Myth: When you're waiting for a transplant, your financial or celebrity status is as important as your medical status.

Fact: When you are on the transplant waiting list for a donor organ, what really counts is the severity of your illness, time spent waiting, blood type, and other important medical information.

Myth: Having "organ donor" noted on your driver's license or carrying a donor card is all you have to do to become a donor.

Fact: While a signed donor card and a driver's license with an "organ donor" designation are legal documents, organ and tissue donation is usually discussed with family members prior to the donation. To ensure that your family understands your wishes, it is important that you tell your family about your decision to donate LIFE.

Myth: Only hearts, livers, and kidneys can be transplanted.

Fact: Needed organs include the heart, kidneys, pancreas, lungs, liver, and intestines. Tissue that can be donated include the eyes, skin, bone, heart valves and tendons.

Myth: Your history of medical illness means your organs or tissues are unfit for donation.

Fact: At the time of death, the appropriate medical professionals will review your medical and social histories to determine whether or not you can be a donor. With recent advances in transplantation, many more people than ever before can be donors. It's best to tell your family your wishes and sign up to be an organ and tissue donor on your driver's license or an official donor document.

Myth: You are too old to be a donor.

Fact: People of all ages and medical histories should consider themselves potential donors. Your medical condition at the time of death will determine what organs and tissue can be donated.

Myth: If you agree to donate your organs, your family will be charged for the costs.

Fact: There is no cost to the donor's family or estate for organ and tissue donation. Funeral costs remain the responsibility of the family.

Myth: Organ donation disfigures the body and changes the way it looks in a casket.

Fact: Donated organs are removed surgically, in a routine operation similar to gallbladder or appendix removal. Donation does not change the appearance of the body for the funeral service.

Myth: Your religion prohibits organ donation.

Fact: All major organized religions approve of organ and tissue donation and consider it an act of charity.

Myth: There is real danger of being heavily drugged, then waking to find you have had one kidney (or both) removed for a black market transplant.

Fact: This tale has been widely circulated over the Internet. There is absolutely no evidence of such activity ever occurring in the U.S. While the tale may sound credible, it has no basis in the reality of organ transplantation. Many people who hear the myth probably dismiss it, but it is possible that some believe it and decide against organ donation out of needless fear.

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 2 Top: Miracle Maker
Bottom: Kidney Donor

LPF 3 Top: Organ Transplantation
Bottom: Thousands Wait

LPF 4 Top: Organ / Tissue
Bottom: Donor Family

LPF 7 Top: Transplantation Works
Bottom: Lung Recipient

LPF 8 Top: Transplantation Works
Bottom: Liver Recipient

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.



T S O Transplant Support Organization

Participant Application: New Renewal

Please fill out this form and mail it with your tax-deductible contribution to:

T S O, 1154 Webster Avenue, New Rochelle, NY 10804

NAME(S) _____

Mailing Address: _____

Telephone #'s: Daytime: _____ Evening: _____

Email address _____

PERSONAL INFORMATION (optional)

Date of Birth _____ Sex _____ Marital Status _____

Occupation _____

CANDIDATE / RECIPIENT INFORMATION - Please circle appropriate description

Transplant Recipient _____ Transplant Candidate _____ Family Member _____

Donor Family Member _____ Interested Individual _____ Professional _____

Have you already had a transplant? Yes No

Number of Transplants _____ Type of Transplant(s) _____

Date(s) of Transplant(s) _____ 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)

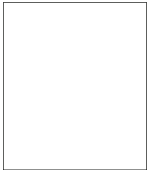
- Individual Participant** \$ 25.00
- Family Participant** (two members at same address) \$ 35.00
- Additional participants** at same address \$ 10.00 each additional
- Additional participants** at different address \$ 15.00 (first) \$ 10.00 (additional)

Professional (*Surgeon, Physician, Clinical Coordinator, Nurse, Social Worker, Other*) \$ 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
- _____ Hospital Visitor
- _____ Clerical
- _____ Contributor
- _____ Patient & Family Support
- _____ Newsletter
- _____ Data Processing
- _____ Other
- _____ Sorry, too busy



TSO
Transplant Support Organization
1154 Webster Avenue
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NEXT MEETING — March 19, 2008

Two Wolves

One evening an old Cherokee told his grandson about a battle that goes on inside people. He said, "My son, the battle is between 'two wolves' inside us all. "One is Evil. It is anger, envy, jealousy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority and ego. The other is Good. It is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion and faith." The grandson thought about it for a minute and then asked his grandfather, "Which wolf wins?" The old man replied simply: "The one you feed."

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.*