



# TSO Transplant Support Organization

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

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**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.

2009 Meeting Dates  
March 18, 2009  
April 22, 2009  
May 20, 2009  
June 17, 2009

## And the Beat Goes On . . .

**Julia Rivera** and **Kathy Dwyer** of the New York Organ Donor Network were our guest speakers at the January 21st meeting. **Julia** is director of communications and **Kathy** is manager of volunteer services. Last year 596 transplants were performed in the NYODN area.



Julia, Rudy, Kathy

**Julia** spoke to us about the urgent need for organ donors. The number of donors dropped from 322 in 2007 to 251 in 2008. The New York Donor Network is conducting extensive research and analysis to ascertain the cause for this significant drop. Among the factors being considered are the psychological impact the economy may have on the way people respond to giving; more people may want to hold onto what they have. Another area of focus is the changing profile of the potential donor pool of 50+ and the misconceptions associated with the death of an older parent. Children of older people feel their parents may have suffered enough and donation may cause more suffering. There are also some clinical changes such as the application of medical technology which reduces swelling of the brain by a cooling process, thereby decreasing the number of brain deaths. The number of tissue donors fortunately continued to rise in 2008 to a high of 699. Hospitals must report all deaths. Some diseases exempt people from being donors.

Special initiatives instituted in 2008 include a partnership with the University of Buffalo where students develop a program on organ donation; Hispanic initiative; donor family letters and gift box; healthcare professionals at various New York City hospitals; online marketing; and clergy initiatives. Although almost 900 congregations in the New York City area participated in the Donor Sabbath, we did not have good participation in Westchester. Rudy suggested that we need to identify congregations in Westchester and push for their participation in the Donor Sabbath.

**Kathy** told us the volunteer program has been restructured at NYODN. The number of volunteers has increased by 50 and they have introduced a recipient gift box pilot project where the newly transplanted recipient receives a special gift box, which includes a suggested card to the donor family. This program is generating increased letters to donor families and new volunteers, mostly transplant recipients, willing to give back and promote the message of donation.

**Julia** spoke to us about enrollment statistics. Total enrollments in the NYS Donate Life registry in 2008 were 1,532,476 which represents

*Continued on page 3*

*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

Our speaker for the March meeting will be **Dr. Leona Kim Schluger**, Medical Director of Liver Transplantation, Westchester Medical Center.

Future speakers include **Susan Lunning**, clergy of the Westchester Medical Center and nurse coordinators **Diane Surrusco**, **Maureen Burke-Davis**, and **Liz Stevens**.

**Please check our website: [www.transplant.org](http://www.transplant.org)**

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.

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](mailto:tso97@optonline.net)

**The UNOS National Patient Waiting List**

**Type of Transplant      Registrations as of 2/20/09**

|                            |              |
|----------------------------|--------------|
| Kidney transplant          | 83,333       |
| Liver transplant           | 16,432       |
| Pancreas transplant        | 1,571        |
| Kidney-pancreas transplant | 2,325        |
| Intestine transplant       | 220          |
| Heart transplant           | 2,783        |
| Heart-lung transplant      | 82           |
| Lung transplant            | <u>2,029</u> |
| Totals                     | 108,775      |

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

**Every 18 minutes a new name is added to the waiting list.**

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[www.transplantsupport.org](http://www.transplantsupport.org)

## *And the Beat Goes On (continued)*

an 11% increase from 2007 which was 1,381,562. In the New York Metropolitan area, with a population of over 13 million possible donors, there were 790,278 enrollments, an increase of 13% from the prior year of 697,057. We are still trailing behind the rest of the country in donor designations. We must encourage more enrollments. To be eligible to enroll, people must be over 18. Recipient stories make a difference to prospective donors and Julia encourages us all to submit our personal stories to her.

There is a pilot study being done in a consortium with Bellevue Hospital and the NYC fire department. Individuals who wish to be donors, but die outside of a hospital are currently unable to be donors. There is the potential of 22,000 additional donors, but there is no current procedure or system to facilitate this process. This consortium of professionals are developing the protocol with input from community and government stakeholders. The protocol includes the provision of an organ preservation vehicle that would allow medical professionals to preserve organs of a deceased person while on the way to the hospital. The protocol is very strict with regards to family consent. If the family objects, the process will not continue. **Dr. Louis Goldfrank**, the head of emergency medicine at Bellevue, is the principle investigator in the study.

CJ

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Our February speaker was **Larry Chodoff**, Senior Director of Medical Affairs for LifeCycle Pharma, Inc. Larry is responsible for clinical research at this pharmaceutical company.

Larry told us a little about himself and his background. He then went on to use a PowerPoint presentation of new drug therapies. **The SYMPHONY Study**, which is a comparison of three **low-toxicity** regimens with standard immunosuppression after kidney transplantation.

The purpose of showing us and explaining the results of this particular study was to help the group understand how the doctors choose the best regimen for each individual patient. The art of immunosuppression is to measure the risks of the dosage. "One Size Does Not Fit All". Complex regimens require close monitoring and frequent adjustments. There are a variety of immunosuppressants that work by different mechanisms, and have different side effects. Most patients take a combination [cocktail] of drugs, with or without prednisone. The Symphony Study was a non- US study. If this study had been done in the US, the results would vary, due to the difference in the US ethnic composition. The study authors were most interested in survival rates and safety. The authors concluded that low-dose Tac/MMF [Prograf/Cellcept] plus Zenapax for a short period of time was the most effective for kidney function and survival. This combo provided the optimal balance between toxicity, kidney function and survival of the organ. Larry informed us that studies are always conducted using kidneys due to the "business" standpoint. There are more kidney transplants available to work with.

So the question remains, "How does the doctor decide which regimen is best"? After examining and explaining all the components and results of the study, the answer is still "one size does not fit all". The docs must look at the "whole patient". All conditions, side effects, etc. must be taken into account and the drugs adjusted accordingly.

The FDA uses a different measurement from the drug companies. The FDA has concluded that the older drugs, i.e. Prograf, Cellcept, Cyclosporine, are very effective because they have warded off acute rejection. This makes it difficult for the drug companies to develop new drugs that may have fewer side effects and better organ function. The FDA has been very narrow in their view, basing drug success on organ rejection.

Larry, as always, was an excellent speaker. His information was clear, informative, thought provoking and presented in an "audience friendly" manner. Everyone seemed to understand and there were many questions asked and answered. Larry concluded by reporting that there are new drugs in development.

CG

We have been fortunate to have such interesting speakers and appreciate all the information they have shared with us. Everyone who is interested in organ donation and the transplant process is welcome to join us. Our meetings are on the 3rd Wednesday of the month at 7:00 pm at the Congregation Sons of Israel, 1666 Pleasantville Rd., Briarcliff Manor, NY.

## *Perspectives of a Transplant Coordinator*

by Max Forman

*During the month of January, Max Forman, a sophomore at Scarsdale High School took part in an internship with TSO's Jeff Graham. Throughout the month of January Max traveled to different schools in Westchester, tagging along with Jeff and other volunteers. In addition, Max worked on side projects for his internship, which include establishing a donor awareness club at his high school, generating a PowerPoint directed at getting teens involved in organ donation and producing a list of transplant related doctors in Westchester County. Max was also able to spend a day at NYODN with Bobbie Watkins and other staff members, learning more about what is done there. More recently, Max interviewed Karen Farkas for a perspective on organ transplantation and wrote the following article as a result. Despite Max's internship coming to an end, he will continue to raise awareness with the club that he has established.*

Karen Farkas, M.P.H., R.N., C.N.N., has been a post transplant coordinator for almost twenty years at Westchester Medical Center. Prior to holding that position, Karen worked as a nurse for just under ten years. While working as a nurse, Karen was able to meet a lot of people and gain experience in the field of medicine. She did not, however, completely enjoy the general work that she was doing and realized that being a general nurse was not exactly what she wanted to do. Rather than treating new cases each day, Karen wanted to have patients she could work with over a period of time and develop relationships with.

While working with dialysis patients, Karen developed an interest in organ transplantation. In 1989, as she continued her nursing career, a transplant center was opened at Westchester Medical Center. Extremely excited for this opportunity, Karen decided to get involved in the formation of the transplant center. Ever since, Karen has enjoyed every minute of her job and greatly appreciates her relationships with her patients.

As a post transplant coordinator, Karen must work with her transplant patients for the rest of their lives. Her patients stay in contact with her and come to her with any problems they are having including illness and medications. Karen and her patients often develop a strong relationship and often talk just to catch up with one another.

While commenting on the current organ sharing system in the United States, Karen said that she feels that it is fair to all people and it is definitely the best system available to suit the characteristics of this country. Karen also mentioned the inefficiencies of the current system, but felt that it was the best system yet.

The current organ sharing system in the United States revolves around separate lists for each organ. While each organ's list is organized differently, they are all extremely lengthy. The inefficiency of the system mostly comes from the lack of organs donated.

Few countries, including Spain, have adopted a policy of "presumed consent". Presumed consent is a policy where every citizen is presumed as an organ donor unless the person specifies his will not to be a donor. This system creates many more opportunities and many more available organs. While this "presumed consent" system still includes a list, it is a significantly faster moving list.

Karen commented on Spain's system, applauding its efficiency, however realizing the impracticality of implementing this system in the United States.

The serious shortage of organs in the United States is a huge problem that results in the death of thousands of people each year waiting for organs. The amount of registered organ donors in the United States is only a small fraction of total population.

I asked Karen, "How do you suggest people get involved in organ donation?" Karen responded with the one word, "awareness." As she continued, Karen mentioned educating the population as the key to correcting the many the myths and misconceptions surrounding organ donation. She also said that we had to change the association of the words "organ donation".

There are many misconceptions about organ donation. This is a problem because information has not been readily available to people so they can correct the misconceptions on their own. Many grandparents and parents are ill informed about organ donation and then pass that information on to their families. If their children are educated, they have the ability to go to their families and correct those misconceptions.

Organ donation is a topic that is often associated with death. This simple word association changes the opinions of many people in the United States. People need to change that association from death to a more positive one such as the ability to save a life. This causes people to think about the people who could be saved, rather than the ones who died.

*Continued on p. 5*

## ***Perspectives of a Transplant Coordinator (continued)***

Karen also mentioned the concept of advertising during the interview. Karen talked about the lack of advertising that is done for organ donation on the bigger scale. While most of the “advertising” is done by people communicating the idea to other people, there are few, if any, large scale or national marketing attempts.

While a large national advertising campaign would help educate the population, local and community level advertising is also a very important tool to educate. I asked Karen, “On a scale of one to ten (ten being the highest), where would you place the importance of teens getting involved in organ donation?” Karen immediately responded with the answer, “Ten Plus!” She explained how teens are the future of this country and how it is our job to build a foundation of awareness by spreading the word. Karen got very excited when she talked about setting up a network of clubs in all the different schools. These clubs could target awareness in youths and create a common awareness about organ donation in a whole new generation. Through education and awareness programs targeted at this new young generation, we can change the overall perception of organ donation to one of acceptance, where this new generation perceives it as a noble and normal thing to do.

## ***Improving Incentives for Organ Donation***

Wall Street Journal  
December 17, 2008

The United States recently passed a tragic milestone. For the first time, there are more than 100,000 Americans waiting for an organ transplant. If recent history is any guide, more than 6,000 of them will die waiting this year.

The outrage is that the federal government makes it extremely difficult to find a donor. A law to prevent the buying and selling of organs has had the unintended consequence of discouraging almost all incentives to donate, including state tax deductions. Arlen Specter (R., Pa.) is trying to convince his Senate colleagues to pass a life-saving rewrite. It wasn't supposed to be this way when Congress passed the National Organ Transplant Act of 1984, sponsored by then-Senator Al Gore. As federal laws go, this one isn't our favorite, creating as it did a national bureaucracy to allocate donated livers, kidneys, hearts and other organs. But Senator Gore correctly stated at the time that if voluntary efforts failed to provide enough organs to save patients, then incentives should be created to encourage donation.

The problem occurred when Congress added a provision subjecting donors and patients to criminal penalties of up to five years in prison and a \$50,000 fine if "valuable consideration" was provided to a donor. Members wanted to prevent for-profit businesses from paying poor people in the Third World to give up their livers for rich American patients. But since "valuable consideration" carries the threat of jail time, it has encouraged everyone involved to make an overly broad interpretation.

After Pennsylvania passed a pilot program in 1994 to pay burial expenses for organ donors, state employees refused to implement the law for fear of federal prosecution. The impact of the federal statute is as appalling as it is ironic. Kidney transplant recipient Sally Satel has noted that burial and cremation expenses can be provided when a body is donated to science -- as long as it isn't used to save the life of a current patient.

While the chilling effect of the federal ban has remained since 1994, the national transplant waiting list has more than quadrupled. This may be why organizations like the National Kidney Foundation, which has previously opposed all incentives to encourage the gift of life, are now reconsidering. NKF tells us that board members will review its position at a meeting next month. Only half of families now choose to donate the organs of a deceased loved one, adding up to about 8,000 deceased donors each year. While about 6,000 living donors choose each year to help friends and family, fewer than 100 Good Samaritans show up each year at transplant centers to make living donations to strangers. Despite the growing transplant waiting list, the total number of organ donors decreased slightly in 2007.

Mr. Specter has gone to some lengths to assure potential critics that after his bill passes, nobody will be allowed to offer lungs on eBay. His bill not only maintains the ban on buying and selling, but increases the criminal penalties, adding a seven-year sentence for organ trafficking. We're not sure that an organ market wouldn't save more lives, but that's a debate for another day. The Specter bill would simply clarify that states may provide incentives such as tax deductions to encourage donations that could save thousands of lives each year.

## *Transplant in the News*

### A Delicate Balance

Joan Raymond, *Newsweek* Web Exclusive  
February 6, 2009

An experimental new treatment may offer hope for transplant patients suffering under the toxic and sometimes lethal side effects of anti-rejection drugs. In an incredibly complex 22-hour procedure, the Cleveland Clinic's microsurgical-research team performed the United States' first almost-total face transplant last December. The procedure gave a disfigured woman a chance at a normal life, a life that began today when she left the hospital. It's also another demonstration of the astonishing progress the medical community has made in transplant surgery. For most of us, the awe-inspiring story ends there. But for a transplant patient, finding a donor and then surviving surgery is only half the battle. Next comes a lifelong fight to keep the human body from doing what it is exquisitely designed to do: reject foreign bodies and tissue.

And in this arena, researchers are still struggling with a complex problem. The immunosuppressive drugs that patients need to take to prevent organ rejection are toxic, and the side effects can be debilitating or even deadly in the long term. Medication dosage or quantity can be reduced to limit toxicity, but that also increases the risk of rejection. Alternately, the immune system may be suppressed too much, and infection may overwhelm the body. Finding the right balance is a delicate, sometimes impossible task.

The balancing act can be rough on patients. Laura Ellsworth, 33, of Vancouver, Wash., underwent a living donor kidney transplant 10 years ago with a kidney donated by her father. She takes 17 different pills every day, a mixture of immunosuppressive drugs and medications to control her blood pressure. The regimen increases her risk for heart disease, infection, skin cancer and osteoporosis. She visits a dermatologist regularly for skin-cancer checks, and even though she's only in her early 30s, she has undergone several bone scans to check for osteopenia, a precursor of osteoporosis.

Despite the challenges for patients, it's clear that transplant medicine is making advances. Doctors are able to keep transplanted organs functioning for longer lengths of time, and most of the approximately 250,000 people living with transplants in the United States, like Ellsworth, are living full, productive lives. Still, a majority of transplanted organs do eventually fail. And patients have to be vigilant about protecting their fragile immune systems to give themselves a fighting chance.

One sign of hope lies in a promising new experimental procedure developed by Dr. David Sachs, head of the Transplant Biology Research Center at Massachusetts General Hospital and a professor of surgery at Harvard Medical School. In a small trial, Sachs was able to achieve immune-system tolerance in several transplant patients completely without using immunosuppressive drugs.

Though the immune system is elegant at distinguishing between the organs, blood, tissues and cells that are part of the "self" and outside invaders such as splinters, dust or germs, it isn't perfect. Splinters become infected, dust can trigger allergies

and germs can get through immune-system defenses. When it comes to organ transplants, the challenge is that the immune system is not making a mistake. Except in the case of identical twins, a transplanted organ is "non-self," and the immune response to the transplanted organ is all-out war. "What the immune system wants to do is destroy that organ," says Dr. Sang-Mo Kang, associate professor of surgery at the University of California San Francisco and surgical director of the Intestinal Rehabilitation and Transplantation Program. "Evolution or nature never envisioned the transplant. And therefore, the immune response is absolutely incredible."

Jennifer Searl, one of Sachs's patients, knows all about that powerful immune-system response, and how devastating it can be when the immunosuppressive drugs aren't able to fight it properly. She had her first kidney transplant when she was 13 years old (as in Ellsworth's case, a kidney donated by her father). Her 10-year stint on the immunosuppressive drugs she needed to keep that kidney functioning was horrific. She was taking 20 pills a day and developed cataracts, high-blood pressure, osteopenia, and painful viral warts on the sole of her right foot.

"It was absolutely the worst time of my life," says Searl, now 29 and a research librarian in Peabody, Mass. "It was like trading one disease, my kidney disease, for a bunch of other horrible problems caused by these drugs. I hated them."

Her immune system eventually overcame the drugs and her body rejected the kidney. Things looked bleak, but then she met Sachs. Thanks to the Massachusetts General doctor, Searl is thought to be the first person in the world in whom immune-system tolerance was achieved in a non-matched kidney transplant (where the donor organ is different from the recipient's tissue type, as is the case in all transplants except those involving identical twins). She has been off immunosuppressive medications for more than six years, an extraordinary accomplishment.

Although there has been some success in weaning patients off immunosuppressive drugs when a donor is closely matched, transplant recipients in Sachs's protocol received kidneys that were mismatched, like Searl's. These types of transplants are the most common and, unfortunately, are the most likely to fail, even with an onslaught of anti-rejection drugs: 10 percent will fail within one year, 30 percent within by five years and 45 percent within 10 years.

Sachs's procedure involves partially destroying the patient's bone marrow before the transplant to reduce the number of cells involved in organ rejection. Searl went through the protocol in 2002 with a kidney donated by her mother. During transplant surgery, her mother's bone marrow was injected into one of Searl's blood vessels, in the hope that Searl's immune system would achieve "mixed chimerism," essentially a state in which a patient's immune system takes on some of the characteristics of the donor's.

"The results were outstanding," Sachs says of the procedure, which was successful in 4 of *Continued p. 7*

*Transplant in the News: A Delicate Balance (continued)*

the 5 patients he has used the protocol on. (The results of the trial were published in The New England Journal of Medicine in January 2008.) "We were ecstatic, but everyone has to realize this is just one step." The next step, according to Sachs, is to see if the regimen works in a larger group of patients. "We need much more patient experience, but the ultimate goal is to help transplant patients live longer and live more normal lives," he says. If all goes well, Sachs hopes the protocol will eventually be extended to all transplanted organs.

Dr. Maria Siemionow, who heads the microsurgical research team that performed the face-transplant procedure at the Cleveland Clinic, is pursuing another research track. In her animal lab, she's begun a series of rat experiments designed to trick a host immune system to recognize transplanted tissue as self. She has identified an antibody "a type of protein that links to an invader and repels it" that allows the host immune system to tolerate transplanted tissues without the need for long-term immunosuppression. So far, these rats have achieved immune tolerance for as long as two years. Siemionow acknowledges that the treatment is not yet ready for human subjects. "We can do a lot with rats and immune tolerance, but humans are so much more complex," she says. Still, she is hopeful the approach will move forward in human clinical trials in about a year.

Progress is invariably slow in this type of research, and Sachs

is feeling the pressure, with the number of patients waiting for organ transplants far exceeding the number of available organs. The hope, he believes, lies in xenotransplantation, essentially a process of growing organs from animals that are compatible with a recipient's immune system. But that prospect, Sachs says, "is a longer way off," and would, of course, benefit from just the kinds of advances in preventing organ rejection he's working on.

For now, even when experimental treatments are successful, as they have been so far for Jennifer Searl, there are still no easy fixes. The procedure she underwent was grueling. The initial effect of having her bone marrow partially destroyed prior to surgery with low-dose chemotherapy, medication and radiation was very hard on her, as was spending several weeks in isolation after surgery while her immune system was rebooting. It was "an incredibly lonely time," Searl says.

But now that time has been supplanted by what she calls "a completely full, normal life." Searl is a marathon runner and swims on a masters' team. She likes to read, and admits to a penchant for the television show "Gossip Girl." "I just feel so normal," she says. "I don't know what the future will bring. But today, I can say I'm finally free."

And if Sachs's treatment proves to be successful in a larger trial, there's a good chance that more transplant patients may one day be able to say the same thing.

*Volunteer Opportunities*

*Volunteers needed to man donor awareness table at the following events in 2009.*

*Please contact **Helen Bellhouse**: 845-528-1782 or [hmbellhouse@verizon.net](mailto:hmbellhouse@verizon.net)*

- March 18<sup>th</sup> CWA Blood Drive at the Westchester County Center
- March 19<sup>th</sup> CWA Blood Drive at the Westchester County Center
- April 22<sup>nd</sup> CWA Blood Drive at the Peekskill Fire House
- April 23<sup>rd</sup> Master Card, Purchase
- June 24<sup>th</sup>, CWA Blood Drive at Grace Baptist Church, Mt Vernon

*Happy Re-Birthday to you...*

|                  |        |              |                      |          |        |
|------------------|--------|--------------|----------------------|----------|--------|
| Wayne Grossman   | Mar-96 | Kidney       | Joan Ploschke        | Apr-00   | Kidney |
| Yvette Sharrow   | Mar-97 | Liver        | Hermenegildo Correia | Apr-00   | Kidney |
| Barbara Mattioli | Mar-02 | Kidney       | Nader Elnimri        | Apr-01   | Kidney |
| Joseph Ramos     | Mar-02 | Kidney       | Gerhard Freyer       | Apr-02   | Kidney |
| David Juliano    | Mar-03 | Kidney       | Angela Chebetar      | Apr-02   | Liver  |
| Bobby Iaboni     | Mar-05 | Kidney/Liver | Efrain Roman         | Apr-04   | Kidney |
| Michael Murphy   | Mar-06 | Kidney       | Marilyn Heideman     | Apr-04   | Liver  |
| Helen Harper     | Mar-07 | Kidney       | George Belezair      | Apr-05   | Kidney |
| William Becker   | Mar-08 | Kidney       | Frank Ryan           | Apr-05   | Kidney |
| Ann Drummond     | Apr-91 | Kidney       | Sara Marshall        | Apr-06   | Kidney |
| Anne Landisi     | Apr-94 | Kidney       | David Holt           | April 08 | Heart  |
| Janice Maron     | Apr-97 | Kidney       |                      |          |        |

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

## ***Surviving a Poor Economy at the Grocery Store***

By Glenna Epperson-Smith, RD

- With every commodity we use skyrocketing in price, saving money on the grocery budget has become a must in most households. There are a number of things you can do to cut down on the amount of money spent in grocery stores or super centers. The following tips could help you drastically reduce your bill at the cash register.
1. Stop the urge to buy spur of the moment items in the store. Make a shopping list and adhere strictly to it. This takes menu planning on your part and self discipline at the store.
  2. If you have impulse buying members of the household, leave them at home! Choose a time you can shop alone when the impulse buyers are at work, school, etc. This greatly reduces the amount of snack food and other unnecessary purchases that make it to the cash register with you.
  3. Cook! Curtail buying frozen entrees and other quick fix meals. While some may be great in a hurry, they drain your food budget quicker than it takes to prepare them. Cooking does not mean you have to spend hours in the kitchen after a hard day at work. Buying basic food staples is less expensive and allows you prepare healthier foods. Plan ahead and cook entrees that take longer to prepare on days you are off.
  4. Coupons and Unit price - Coupons can be a savings source but only if used wisely-- items already on your list ***and*** using cost comparison of that item after the coupon deduction vs the cost of other brands. Always check the unit price of items you are buying. Often stores or manufacturers trick us into thinking bigger is cheaper when, in fact, that old rule may be a myth.
  5. Shop for a regular grocery store. You save nothing by driving from store to store, making several trips to get specials at each store. Find the store closest to you with the best overall prices and shop there on a regular basis.
  6. Never go shopping on a hungry stomach! Shopping when hungry ensures you will be unable to adhere to your shopping list as you will want everything in sight.
  7. Store brand foods are often just as good as brand names and much more economical.
  8. Buy fresh produce, such as fruit, that is in season. When you make purchases of fruits and vegetables that are out of season they are much more expensive than when they are in season.
  9. Cleaning supplies and items such as foil wrap and trash bags are often cheaper at the "dollar" type variety stores. Consider the total spent at those stores along with your actual grocery shopping trip to get an accurate account of your total savings, though, as most people consider the non-food items just part of grocery shopping and had previously purchased them at the grocery store.

### **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.

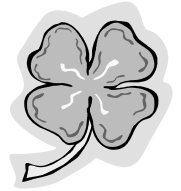
## 45 Lessons Life Taught Me

Written By Regina Brett, 90 years old,  
of "The Plain Dealer", Cleveland, Ohio



1. Life isn't fair, but it's still good.
2. When in doubt, just take the next small step.
3. Life is too short to waste time hating anyone.
4. Your job won't take care of you when you are sick. Your friends and parents will. Stay in touch.
5. Pay off your credit cards every month.
6. You don't have to win every argument. Agree to disagree.
7. Cry with someone. It's more healing than crying alone.
8. It's OK to get angry with God. He can take it.
9. Save for retirement starting with your first paycheck.
10. When it comes to chocolate, resistance is futile.
11. Make peace with your past so it won't screw up the present.
12. It's OK to let your children see you cry.
13. Don't compare your life to others. You have no idea what their journey is all about.
14. If a relationship has to be a secret, you shouldn't be in it.
15. Everything can change in the blink of an eye. But don't worry; God never blinks.
16. Take a deep breath. It calms the mind.
17. Get rid of anything that isn't useful, beautiful or joyful.
18. Whatever doesn't kill you really does make you stronger.
19. It's never too late to have a happy childhood. But the second one is up to you and no one else.
20. When it comes to going after what you love in life, don't take no for an answer.
21. Burn the candles, use the nice sheets, wear the

- fancy lingerie. Don't save it for a special occasion. Today is special.
22. Over prepare, then go with the flow.
23. Be eccentric now. Don't wait for old age to wear purple.
24. The most important sex organ is the brain.
25. No one is in charge of your happiness but you.
26. Frame every so-called disaster with these words 'In five years, will this matter?'
27. Always choose life.
28. Forgive everyone everything.
29. What other people think of you is none of your business.
30. Time heals almost everything. Give time time.
31. However good or bad a situation is, it will change.
32. Don't take yourself so seriously. No one else does.
33. Believe in miracles.
34. God loves you because of who God is, not because of anything you did or didn't do.
35. Don't audit life. Show up and make the most of it now.
36. Growing old beats the alternative -- dying young.
37. Your children get only one childhood.
38. All that truly matters in the end is that you loved.
39. Get outside every day. Miracles are waiting everywhere.
40. If we all threw our problems in a pile and saw everyone else's, we'd grab ours back.
41. Envy is a waste of time. You already have all you need.
42. The best is yet to come.
43. No matter how you feel, get up, dress up and show up.
44. Yield.
45. Life isn't tied with a bow, but it's still a gift."



### Happy St. Patty's Day

May the road rise up to meet you  
May the wind be always at your back  
May the sun shine warm upon your face  
And rain fall soft upon your fields.  
And until we meet again  
May God hold you in the palm of his hands



## Donate Life Registry

By enrolling in the Donate Life Registry, you are giving legal consent for the recovery of your organs, tissues and eyes for the purposes of transplantation and research at the time of your death. Registry information is kept strictly confidential and can only be accessed by a) Department of Health employees when required for the performance of their official duties, b) federally regulated organ procurement organizations, c) New York State licensed tissue and eye banks and d) other entities formally approved by the Commissioner. Such access can only be for the purpose of identifying potential organ and tissue donors at or near the time of death.

### NYS Donate Life Organ and Tissue Donor Registry Enrollment Form

**Please Print** (\* required )

Prefix: \_\_\_\_\_(Dr., Fr., etc)

\*First Name: \_\_\_\_\_

Middle Init: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_(Jr, Sr, II, etc)

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Gender: \_\_\_\_Male\_\_\_\_Female

\*Height: \_\_\_\_feet\_\_\_\_inches \*Eye Color: \_\_\_\_\_

9- digit Motor Vehicle license or non-driver license DMV issued ID number: \_\_\_\_\_

\* I offer the donation of:

All Organs, Tissues and Eyes

Limited Organs, Tissues and Eyes as specified below

Please CHECK the box of the organs and tissues that YOU WISH TO DONATE:

- Bone and Connective Tissue
- Corneas
- Eyes
- Heart (For Valves)
- Heart with Connective Tissue
- Kidneys
- Liver/Iliac Vessels
- Lungs
- Pancreas (with Iliac Vessel)
- Skin
- Small Intestine
- Veins

\* I wish to donate the organs and or tissues specified above for:

- Transplantation and Research
- Transplantation only
- Research only

I wish to enroll in the New York State Donate Life Organ and Tissue Donor Registry maintained by the State Department of Health. I understand that by enrolling in the registry I am giving legal consent to the donation of my organs tissues and eyes (as specified above) in the event of my death. I authorize the State Department of Health to access this information as needed in administration of the registry, and to share this information at or near the time of my death with federally regulated organ procurement organizations, New York State licensed tissue and eye banks and entities formally approved by the Commissioner.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Mail to: **New York Organ Donor Network**  
132 West 31<sup>st</sup> Street, 11<sup>th</sup> Floor  
New York, New York 10001



# 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  
New Rochelle, NY 10804

## **NEXT MEETING — March 18, 2009**

**To all recipients of this newsletter. Please send us  
your email address so we may notify you of any last minute  
changes to our meetings.  
Contact Janet Ocasio at [GKJP@aol.com](mailto:GKJP@aol.com)**

### **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.***