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For additional copies, contact Laura Miyashita at miyashi@sutterhealth.org or (415) 600-2986.

Laura Miyashita *Managing Editor*

William Bry, M.D. and Steven Katznelson, M.D. *Editorial Advisors*

Cindy Dove *Graphic Design*

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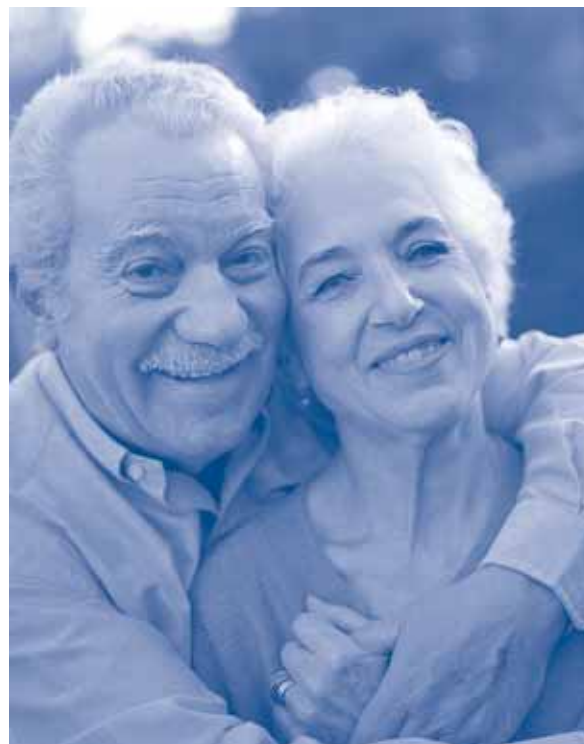
Older Patients Can Benefit from Living Donor Transplants

by *Ram Peddi, M.D.*

Patients with end-stage renal disease who are older than 65 represent a rapidly expanding group being referred for kidney transplantation. In fact, the number of patients age 65 and older who received a kidney transplant increased from 6.2% in 1994 to 16% in 2001!

Physicians from California Pacific Medical Center's Kidney and Pancreas Transplant Program are working with researchers at the United Network of Organ Sharing (UNOS) in Richmond, Virginia to better understand the characteristics of kidney transplant in recipients over 65 years and to improve results in this group. Preliminary results that will be presented by our physicians at the May 2004 American Transplant Congress in Boston indicate that kidney transplant recipients over 65 years of age are:

- Less likely to have a rejection episode;
- Less likely to have a living donor transplant;
- More likely to undergo dialysis prior to transplant;



- More likely to have a kidney transplant last a lifetime.

To further improve kidney transplant outcomes among older transplant patients, our team advocates:

- Encouraging living donor transplantation;
- Preemptive transplantation that avoids the need for dialysis; and
- Paying close attention to pre-transplant cardiovascular risk factors. ☺

Manteca Man Receives Living Donor Transplant at Age 81

Becomes California Pacific's Oldest Transplant Recipient

by *Laura Miyashita*

In January 2004, California Pacific's surgeons performed a living donor transplant on our oldest recipient to date—81-year old Manteca dairy farmer John Mendes. "John's dialysis nurse referred him to California Pacific for a transplant evaluation and we found both him and his donor to be in good physical health, so we decided to proceed with the transplant," says William Bry, M.D., surgical director of California Pacific's Kidney Transplant Program.

John's nephew Ray, age 54, offered his uncle his kidney a few times before he was taken up on the offer late last year. As Ray explains, "I thought that donating was the right thing to do because my uncle and I have always been close." Ray had noticed the improvement in his best friend's health after he received a kidney transplant nine years ago, so Ray wanted his uncle to enjoy the same quality of life benefits.

"I had been on dialysis almost two years before my transplant and never really felt free," says John of his decision to pursue transplant. He also told doctors that he wanted to drive his tractor once again, something he didn't have the strength for while on dialysis. Once John took Ray up on his offer of a kidney, they felt very fortunate that Ray was a match. Their surgery was performed in San Francisco on



John Mendes, 81, with his nephew and kidney donor Ray one month following their living donor kidney transplant

January 28, 2004 and everything was successful, other than some soreness in John's incision site. Since the transplant, John has been enjoying the freedom from dialysis, encouraging others with kidney disease to "...go for it." As John explains, "It's a real step up to have a transplant!" ☺

New Transplant Nephrologist Joins Kidney Team

by *Steven Katznelson, M.D.*

California Pacific's Kidney and Pancreas Transplant Program is pleased to announce the addition of Ram Peddi, M.D. to our team. Dr. Peddi joins our other nephrologists in overseeing the care and evaluation of pre- and post-transplant patients, both in San Francisco and at our Northern California outreach clinics. He is also directing clinical transplant research projects, an area in which he has significant expertise.

Previously, Dr. Peddi was at the University of Cincinnati, where he served as Medical Director of the Kidney Transplant Program and Associate Professor of Medicine. Dr. Peddi is widely published in many areas of transplantation and has lectured broadly, both nationally and internationally. He received his medical training in India, England and the United States. ☺



Transplant Nephrologist Ram Peddi, M.D.

Research Program Offers Patients Access to New Medications and Technology

Drug Trials Aimed at Reducing Immunosuppression Risks Without Compromising Transplant Outcomes

by Ram Peddi, M.D. and Steven Katznelson, M.D.

California Pacific's Kidney and Pancreas Transplant Program has expanded its clinical research efforts so that patients may further benefit from pharmaceutical advancements. With our new nephrologist, Dr. Ram Peddi (*see related article*) leading the way, the number of clinical studies available to patients has greatly increased. "The growth of clinical research at California Pacific is critical as it allows our patients access to the newest medications and technologies," explains Dr. Peddi.

Specifically, clinical trials study new drugs and drug combinations to determine if they:

- Provide better results;
- Have fewer medication-related side effects;
- Improve the quality of life; and
- Are more cost-effective.

Previous research by California Pacific's Kidney Team has contributed to the U.S. Food and Drug Administration (FDA) approval of currently used immunosuppressive medications including Cyclosporine Microemulsion (Neoral®), Tacrolimus (Prograf®), Sirolimus (Rapamune®) and Mycophenolate Mofetil (CellCept®).

The newest trials being offered through our Kidney and Pancreas Transplant Program are outlined below.

The Use of IVIG in Living Donor Transplant for Patients with High PRAs

To date, patients with high PRA (panel reactive antibody) levels have endured long waiting times and difficulty finding compatible donors. Many high PRA patients have had potential living donors tested, only to be told that the donor is not compatible (because of a positive crossmatch).

In this trial, sponsored by the National Institute of Health (NIH) and termed the IGO3 Study, a medication called IVIG is used to neutralize the antibodies and, hopefully, make a living donor compatible by turning the positive crossmatch negative! Preliminary data suggests that this technology



California Pacific's Kidney Transplant Research Program is exploring new options for living donor transplants and clinical trials of anti-rejection medications.

may be the best chance for these patients to receive an early kidney transplant.

Although not all patients will qualify for the study, any patient with a living donor against whom he/she has a positive crossmatch can seek further information from our research team.

The Use of FKMR after Kidney Transplantation

FKMR is a long-acting form of Prograf (also known as tacrolimus or FK506). This study compares FKMR to standard Prograf or Neoral (cyclosporine) as the backbone of an otherwise conventional immunosuppressive regimen. Because FKMR is long-acting, patients would only have to take it once a day. If this drug proves successful, it could help simplify post-transplant medication regimens.

RESEARCH, continued on page 4

Donor Exchange Couple Grateful for Transplant Outcome

by *Laura Miyashita*

For Mary and Lindbergh Porter, a donor exchange transplant meant a new kidney for Mary, an end to dialysis and more time to spend together as a family. Diagnosed with vasculitis, Mary began dialysis in 1999 and was listed for transplant soon after. Unfortunately, her husband Lindbergh knew that he couldn't give Mary his kidney because he had blood type "B" while Mary was blood type "A." So Mary hopefully waited for a deceased donor transplant while undergoing dialysis three times a week.

"In 2003, I read about donor exchange programs and inquired about this possibility at California Pacific," explains Lindbergh. Luckily, another couple asked similar questions and soon doctors began considering the possibility of a donor exchange transplant (*see related article*).

"The decline in Mary's health was becoming more evident in the months leading up to our transplant, and I don't know if she could have made it another two years until a kidney from a deceased donor became available," says Lindbergh. So, when the call came from California Pacific that a woman was willing to give her kidney to Mary in exchange for Lindbergh donating his kidney to the woman's cousin, Mary grew more excited. "Of course, I asked Lindbergh to make sure he was comfortable undergoing the surgery and donating his kidney," says Mary, but Lindbergh wanted to do anything to help his wife, so the transplant was scheduled.



Mary and Lindbergh Porter were part of California Pacific's first donor exchange transplant. Lindbergh donated his kidney to another patient and in return, Mary received a kidney transplant from that patient's relative.

Following surgery on December 19, 2003, Mary has seen her health improve and an increase in her appetite and energy. "I can see why transplantation is called 'the gift of life' since I now have a whole new set of possibilities that weren't available to me on dialysis," explains Mary. "Not only can I travel and celebrate birthdays and anniversaries at home with my family, but Lindbergh and I have also gained two lifelong friends."

Another benefit of the donor exchange transplant is that Mary received a kidney from a living donor, which has shown to have better survival than a deceased donor kidney. She also saved herself the three years additional waiting time it would have taken to receive a kidney from a deceased donor. "By participating in this type of transplant, we could plan in advance and have family members present," says Lindbergh. "It was an exhilarating time for us all." ☺

RESEARCH, continued from page 3

Switching from Cyclosporine to Prograf (Optima Study)

Recent data suggests that Prograf may be a better long-term immunosuppressive than cyclosporine for some patients. Prograf may lead to less rejection and reduce one's cardiac risk factors after transplant. We are offering this study to patients taking cyclosporine (either brand-named or generic) who have had their transplant more than six months. Patients in the study may be switched to a comparable dose of Prograf and monitored carefully.

We have two new study coordinators overseeing these

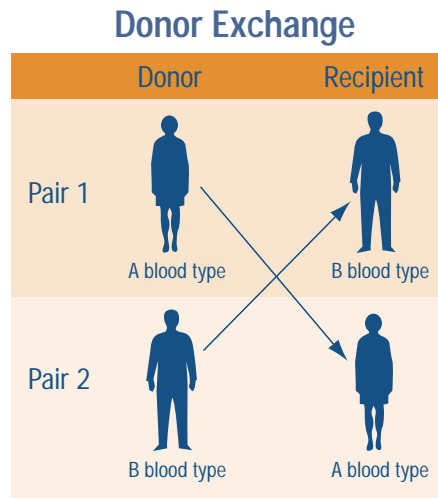
trials, Sophia Reclade and Doug Raggett, R.N. They have a wealth of clinical research experience and work closely with patients involved in our kidney transplant studies.

Your participation in a clinical trial is entirely voluntary and is a personal decision that requires careful consideration. If the Kidney Team feels that you are a candidate for one of our pharmaceutical trials, you may be invited to participate at the time of your surgery. For questions about our research program or studies currently enrolling patients, contact either Sophia Reclade at (415) 600-1328 or Doug Raggett, R.N. at (415) 600-3777. ☺

Donor Exchange Offers a New Transplant Technique

by William Bry, M.D.

“Donor Exchange,” “Donor Swap” and “Paired Donation” are all terms to describe a creative new way to increase the number of kidney transplants that can be performed. According to the United Network of Organ Sharing (UNOS), one-third of willing organ donors are turned down because their blood types are not compatible with the person to whom they wish to donate their kidney. Now, through donor swap programs, these individuals are matched with a compatible recipient and in turn, the recipient to whom they wanted to give their kidney receives one from a compatible donor. This means that two individuals needing a kidney transplant swap donors, allowing for families in similar circumstances to help each other out. As a result, both patients receive a living donor kidney transplant.



In practice, donor exchange works when the blood types of the donor and recipient are A and B in one pairing and B to A in the other (*see diagram*).

Several months ago, California Pacific Medical Center helped two donor-recipient pairs in a donor swap transplant (*see related article*). In completing this type of transplant, several ethical and logistical challenges arise.

First, both donors and recipients must accept this plan voluntarily and be fully informed of all alternatives and possible outcomes. Their privacy must be protected if they choose to remain anonymous. Both transplants must occur at the same time, so no one can get cold feet at the last minute and back out after one transplant has already occurred. Despite these challenges, donor exchange is an exciting and rewarding opportunity for selected patients who need a transplant. ☺

Nearly 200 Patients Receive ‘Gift of Life’ in 2003

by Laura Miyashita

Last year, California Pacific’s Kidney and Pancreas Transplant Team performed 164 kidney transplants and 24 pancreas transplants. “We are very grateful for those individuals who have acted as living donors and donated a kidney to a loved one, as well as families who have agreed to organ donation to help others,” says William Bry, M.D., surgical director of the Kidney Transplant Program.

Of the 164 kidney transplants performed in 2003, 39 individuals had a living donor transplant while 125 had a deceased donor transplant. The majority of patients undergoing transplantation were 50-64 years of age, followed closely by those ages 35-49. Causes of end-stage renal disease for those receiving a kidney are detailed in the following table.

Cause	For Deceased Donor Transplant Recipients	For Living Donor Transplant Recipients
Glomerular Diseases	26%	17%
Diabetes	26%	31%
Hypertensive Nephrosclerosis	24%	14%
Tubular and Interstitial Disease	7%	9%
Polycystic Kidney Disease	9%	6%
Other	8%	23%

For patients receiving a transplant, the median stay in the hospital was six days for kidney recipients and seven days for kidney-pancreas recipients.

To view further statistics regarding kidney and pancreas transplantation, visit www.ustransplant.org or www.unos.org. ☺

Re-Evaluation Appointments Ensure Transplant Readiness

by Angela Bogetti-Dumlao, R.N., FNP and Laura Miyashita

As kidney transplant waiting times increase, years can elapse between one's transplant evaluation and surgery. During this time, a patient's medical status may change, possibly preventing him or her from receiving a transplant when called to the hospital. To ensure that this doesn't happen, California Pacific has started re-evaluating patients awaiting kidney transplant who are near the top of the waiting list.

"It's clear to us that conditions such as heart disease can worsen during the transplant waiting period," says Angela Bogetti-Dumlao, R.N., FNP, a nurse practitioner with California Pacific's Kidney and Pancreas Transplant Program. She adds, "We want to be aware of any changes in a patient's health so there are no surprises when they are called to the hospital for a transplant."

Re-evaluation appointments are scheduled for patients with the longest waiting times in each blood group. During each appointment, Bogetti-Dumlao reviews a patient's medical history and performs a physical, explains what to expect when called for transplant and offers advice for staying healthy. Often, our team will ask a patient to undergo testing, such as an echocardiogram or stress test, to see if any changes have occurred. If necessary, blood draws may also be performed during the visit. If a health problem arises, such as narrowing in the coronary arteries, our team will work with a patient and their local physician to have any problems fixed so a successful transplant is possible.

Preventive Health Measures While Awaiting Transplant

"We want to work towards transplant with each patient, and that often means providing education about maintaining one's health," say Bogetti-Dumlao. The following are specific areas she reviews with each patient:

Heart Disease—Cardiovascular disease is the most important health risk for patients with end-stage renal disease. For this reason, one's heart studies are closely monitored and a heart healthy diet and exercise are advised.

Cancer—Routine cancer screening is mandatory for our patients awaiting transplant. Men age 50 and over




Nurse Practitioner Angela Bogetti-Dumlao, R.N., FNP performs a physical on a patient awaiting kidney transplant at her re-evaluation appointment.

"We want to be aware of any changes in a patient's health so there are no surprises when they are called to the hospital for a transplant."

—ANGELA BOGETTI-DUMLAO, R.N., FNP

should be screened for prostate and colon cancer. All women should undergo routine screening for cervical cancer, while those age 40 and over should have regular breast exams and those age 50 and over should undergo colon cancer screening. At re-evaluation, our team makes sure all cancer screenings are up-to-date.

Dental Care—Often, one's teeth and gums become neglected without regular visits to the dentist. Oral hygiene is important since problems such as an abscessed tooth may delay one's transplant because of the associated infection risk. All patients awaiting transplant should see their dentist annually.

Immunization—Having regular immunizations is another way to stay healthy. We encourage patients to stay current on their immunizations, especially influenza, hepatitis and pneumococcus immunizations. 

Post-Transplant Travel Tips Help Ensure a Safe Journey

by Steven Katznelson, M.D. and Laura Miyashita

One of the benefits that patients with end-stage renal disease derive from choosing to undergo kidney transplantation is an improvement in their quality of life. Specifically, patients want to enjoy benefits of transplantation such as increased freedom, returning to work, physical activity and traveling.

“We encourage safe travel for kidney transplant recipients once their health has stabilized,” says Steven Katznelson, M.D., transplant nephrologist with California Pacific’s Kidney and Pancreas Transplant Program. He adds, “We usually recommend that patients wait 6 to 12 months before traveling far from home and their transplant center.” During the first year post-transplant, the most frequent clinical follow-up and lab visits are required. Additionally, most of the common complications—such as acute rejection—occur in this timeframe (though most patients will not have a rejection).

Here are a few tips that can make post-transplant travel safe:

1. Consult with your transplant center as to whether you feel you are ready to travel.
2. Let your transplant coordinator know when you will be away and ask if you need to have your labs checked while gone (if you plan to be away for more than a couple of weeks).
3. Always arrange to bring more than enough medication with you (try to bring enough medication to last one week longer than you expect to be away).
4. If you are flying, always carry your medication on board (never pack them in your checked luggage).
5. Ask your airline if you need a letter from your doctor listing your medication, as this is now required by some airlines.
6. Check to see if you need any vaccinations or prophylactic medication to travel in the country you are visiting. You can take many different vaccinations, but should avoid any derived from “live virus.”

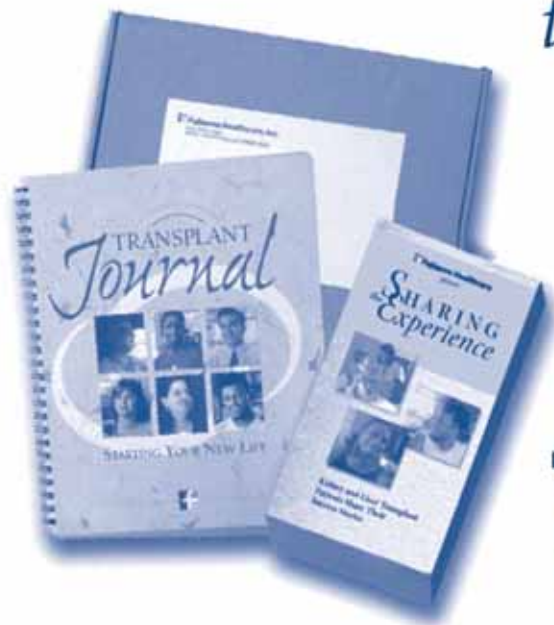


Although the transplant program can answer questions about interactions between travel medication and your transplant pills, it does not serve as a travel clinic. You may want to speak to your primary care doctor or read the Center for Disease Control’s suggestions for your particular destination (www.cdc.org).

7. In third-world countries, do not eat produce unless you are sure it has been boiled or washed in sterile/filtered/bottled water.
8. Stay well hydrated.
9. Avoid sun exposure. Try to wear clothing that covers as much skin as possible and wear sun block on exposed areas. In addition, wear a brimmed hat in areas where you will be exposed to direct sunlight.

To avoid travel problems altogether, invite your transplant nephrologists along! Happy trails. ☺

The more you **Know**
the **Better** you'll do



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Kidney and Pancreas Transplant Program

California Pacific Medical Center
2340 Clay Street, 4th Floor
San Francisco, CA 94115

(415) 600-1000

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