

## 11/19/07 Transplant News Notes



*May your stuffing be tasty  
May your turkey plump,  
May your potatoes and gravy  
Have never a lump.*

*May your yams be delicious  
And your pies take the prize,  
And may your Thanksgiving dinner  
Stay off your thighs!*

*Happy Thanksgiving Everyone!*

[Exciting News from Karen H.](#): I was in NY for a doctors appointment on Wednesday afternoon, then got home at around 9:30 p.m, At 12:50 a.m. that morning I got the call. We were able to drive down. Surgery wasn't scheduled until 2p.m. that afternoon. Obviously, I didn't get the double, but some lucky person got a single. It seems like a dream right now. I think I'm still in shock, but I'm keeping my fingers crossed that the next call will be the real thing for me. Right now all I can say is, my first "dry run" was Nov. 15th.

[From Angel M.](#): I am doing wonderful. The doctor has lowered my medicine a great deal and I feel great. My daughter is also doing good. There was one bump in the road, I got a fungal infection but we took care of it so I am ok now. I am hoping to make it to the Christmas party with my baby and mother or husband. See everyone there.



**IMPORTANT:** THE INFORMATION THAT YOU FIND HERE IS FOR EDUCATIONAL AND DISCUSSION PURPOSES ONLY AND IT IS NOT INTENDED TO BE A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE. **ALWAYS** CONSULT YOUR OWN PHYSICIAN OR HEALTHCARE PROVIDER WITH ANY QUESTIONS YOU MAY HAVE REGARDING A MEDICAL CONDITION.



[From Michael.](#) Hi Everyone, I hope everyone is doing well. I'd like to thank you for signing up for the Unofficial LungTx Support Group Message Board/Forum – and encourage new member to join now:

<http://lungtx.lostreception.com/>

Hopefully, you can mention this site to your friends and loved ones and the people at the meetings so that we can have an ongoing conversation with each other about our experience with the whole process. It's not only for patients but for support people as well. [Remember were not giving medical advice and it's no different than talking to someone in the hall. It's

about finding out what's going on in "Our Community."] I have started one called Thankfulness. With Thanksgiving around the corner, we can each list something we're thankful for. Do it as often as you wish. We all have a lot to be thankful for. I hope to see you and other new members in the Forums. Have a Happy & Healthy Day.

[From Ofelia D.](#): Nes and I attended the symposium last Thursday at The Wintergarden. The topic was Extending Life through Transplantation. After introductory speeches by David A. George, Drs. Herbert Pardes, and Steven Shea, **Dr. Arcasoy** talked about Living Lung Transplants: New Developments. He presented his topic w/ slides and video (the double lung transplant of a cystic fibrosis patient that Dr. Sonett performed that we all have seen). As always he was so eloquent in his presentation. The other speakers were Drs. Chen (Heart), Ratner (Renal and Pancreatic), Emond (Liver). Dr. Arcasoy introduced me to Dr. Emond after the reception. Dr. Emond is the over all Director of the Transplant Program.

[And from Mildred B.](#): I have not been feeling too well. I was overmedicated (drug overdose) and I was down for about two weeks or more... I am doing much better now, but it was like starting over again. I could not even get out of bed without help. Sometimes these little bumps in the road can get me down. All is well and I'm learning each day to just take one day at a time. It's 6 months today. I'm not sure about the Christmas party, but I would love to be there. I miss you guys.

[From Pete C.](#): Ang will have 6 months on Tuesday, the 20<sup>th</sup>. She's doing great. She has her next bronc 11/26, and is still waiting for the endocrinologist to come up with a plan for all her back fractures. See everyone at the holiday party.

[From Jennifer S.](#): About Phil - This is note is from Phil... Next week will be 3 months since the double-lung transplant. We have come such a LONG WAY in a short period of time. We had a bumpy start, but it seems good now. What a life-changing event. I feel like we've been through hell and back- roller coaster ride of emotions.

Ryan & Derek are totally thrilled that Daddy can play with them (go to the park, roll around on the floor, etc). We have a bit more time with them, since we don't have to do the physical chest therapy 2-3x/day! Phil can actually get more sleep, which helps him (and me)...

[And from the man himself, Phil S.](#): Just thought I'd let you know that my recovery is going very well. I returned to work this week after only 2.5 months out from transplant. The Doctors are very happy with my progress. They typically let people go back to work between 3 and 6 months, so this is a good indication that I'm on the right track. I have regained almost



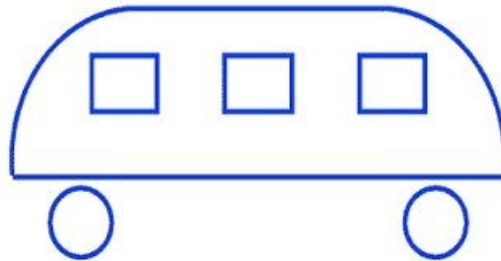
all of the 30 lbs that I lost with some aggressive eating. I have also regained most of my strength with steady workouts and the rejection that I initially had is now gone! While I'll always have the risk of getting the rejection again, as well as larger complications, right now, living life is much easier than prior to transplant. I don't remember breathing this well - probably not since high school. Pretty damn impressive if you ask me.

On a more spooky note, enjoy the pictures of the pumpkins - carved kind and the home grown kind. Derek is dressed as "Thomas the Tank Engine" and Ryan is "Lightning McQueen" from Pixar movie- Cars. They thoroughly enjoyed Halloween, especially trick or treating. They're not crazy about eating candy - which is a good thing, but love ringing the door bells of people's houses, seeing the decorations, seeing other kid's costumes, etc.! ~ Phil

*From Betty R. about Bill's progress:* We are traveling to Cleveland on Monday, appointment Tuesday. Will let you know when we get back. Bill's weight shouldn't be more than 5-7 pounds over, hopefully close enough for them to put him on the list. If not, his weight should be good to go the first of the new year. His spirits are really good. We've been able to have quite a few "quality" days, which will certainly help us as the stress factor starts to come into the picture. Expecting it to as things get closer to the anticipated transplant. I've been pretty good (keeping my figures crossed).

***2nd grade children were asked the following question:***

"In which direction is the bus pictured below traveling?"



Look carefully at the picture. Do you know the answer?

(No tricks... The only possible answers are "left" or "right.") Think about it. Still don't know? Okay, I'll tell you.

The 2nd. Graders all answered "Left." When asked, "Why do you think the bus is traveling in the left direction?" They answered: "Because you can't see the door."

***Duh! How do you feel now??? [I know, me too.]***

*Give me a sense of humor. Lord,  
To get some humor out of life,  
And pass it on to other folks.  
Give me the grace to see a joke,*



*Info passed along by Lois H.:* Did you ever wonder how much it costs a drug company for the active ingredient in prescription medications? Some people think it must cost a lot, since many drugs sell for more than \$2.00 per tablet. We did a search of offshore chemical synthesizers that supply the active ingredients found in drugs approved by the FDA. A

significant percentage of drugs sold in the United States contain active ingredients made in other countries. Examples of such drugs are:

**Claritin:** 10 mg

Consumer Price (100 tablets): \$215.17

Cost of general active ingredients: \$0.71

Percent markup: 30,306%



**Lipitor:** 20 mg

Consumer Price (100 tablets): \$272.37

Cost of general active ingredients: \$5.80

Percent markup: 4,696%



**Norvasc:** 10 mg

Consumer price (100 tablets): \$188.29

Cost of general active ingredients: \$0.14

Percent markup: 134,493%



**Prevacid:** 30 mg

Consumer price (100 tablets): \$44.77

Cost of general active ingredients: \$1.01

Percent markup: 34,136%



Often we blame the drug companies for the high cost of drugs, and usually rightfully so. But sometimes, the difference lies with the pharmacies. For example, if you had to buy a prescription drug, and bought the name brand, you might pay \$100 for 100 pills.

The pharmacist might tell you that if you get the generic equivalent, they would only cost \$80, making you think you are saving \$20. What the pharmacist is not telling you is that those 100 generic pills may have only cost him \$10!

At the end of the report, the question was asked if there were any pharmacies that did not adhere to this practice, and it was stated that Costco consistently charged little over their cost for the generic drugs. You can look up any drug, and get its online price at the Costco website. It says that the in-store prices are consistent with the online prices. **[Ed. Note: Check in the store's policies in your area. Locations differ. Ask first!]**

Although Costco is a "membership" type store, you do NOT have to be a member to buy prescriptions at Costco as it is they are federally regulated substances. Just tell them at the door that you wish to use the pharmacy. They will let you in:

<http://www.costco.com/Common/Category.aspx?cat=678&eCat=BC|678>

[Interesting News from CUMC \[Drs. Goldman and Pardes – with our thanks to Ofelia D. for passing along the article!\]:](#)

We take pride in knowing that Columbia & New York-Presbyterian physicians, surgeons, and scientists have contributed in many ways to the expansion of transplant medicine over the past several decades. While our leadership in this field has been an important part of our history, our ongoing commitment and stature provide an opportunity to move the field forward in new ways. We are pleased to announce that New York-Presbyterian/Columbia (NYP/C) and

Columbia University Medical Center (CUMC) have launched a major joint initiative that will expand interdisciplinary clinical care and research in transplant medicine. Four departments will form the core of the project:

Medicine, Pathology, Pediatrics, & Surgery. New Transplantation Initiative involves heart, lung, kidney and liver transplant and will be led by Jean Emond, M.D., Thomas S. Zimmer Professor of Surgery, a vice-chair in the Department of Surgery, and a transplant surgeon here since 1997. Dr. Emond has an international reputation in liver transplant. Known for the development of new procedures, he performed the first living donor liver transplant in the United States in 1989. In the decade since Dr. Emond joined the faculty of Columbia's College of Physicians & Surgeons, NYP/C has become one of the largest and most innovative liver transplant centers in the country. During this decade, all solid organ transplant programs have thrived. In 2006, 106 heart, 250 kidney, 51 lung, and 154 liver transplants were performed, with patient survival rates among the highest in the nation.

CUMC and NYP/C have long been leaders in transplant clinical care and research, dating back to the 1970s when the late Keith Reemtsma, M.D., chairman of the Department of Surgery, established the heart transplant program and recruited Mark Hardy, M.D., the Auchincloss Professor of Surgery, to develop dialysis and renal transplant. Dr. Reemtsma, a pioneer in transplant since the 1960s, spurred a revolution in organ transplant research when he transplanted a chimpanzee kidney into a human patient. This early work set the tone for a long-term commitment to research in novel approaches to transplant, which continues to this day at Columbia.

#### Research & Clinical Advances, Critical Support

Major contributions have come from the bench laboratories of Nicole Sucui-Foca, Ph.D., professor of clinical surgery; Dr. Hardy; and Sylviu Itescu, M.D., assistant professor of clinical medicine, concerning immune responses and tolerance, cellular transplant and regeneration. Clinical advances have been accomplished in the management of advanced heart failure and transplant, renal transplant, and living donor liver transplant.

Yoshifumi Naka, M.D., Ph.D., assistant professor of surgery, director of the Cardiac Transplant Program and the Mechanical Circulatory Support Program at NYP/C, and an expert in left ventricular assist devices (LVADs), continues to study ways to transform the LVAD into a safer, more widely accepted and cost effective therapy for heart failure.

Excellent pre-and post-op patient care is critical to the success of transplant at CUMC. The physicians who direct these aspects of the transplant program include Linda Addonizio, M.D., professor of pediatrics and medical director of the Pediatric Transplantation Program; **Selim Arcasoy**, M.D., associate professor of clinical medicine and medical director, Lung Transplantation; Robert Brown, M.D., associate professor of medicine and pediatrics (in surgery) and chief of clinical hepatology and medical director for the Center for Disease and Transplantation; Jonathan Chen, M.D., adjunct assistant professor of surgery and surgical director, Pediatric Cardiac Transplantation; David Cohen, M.D., professor of clinical medicine and medical director, Kidney Transplantation; and Donna Mancini, M.D., professor of medicine and medical director, Cardiac Transplantation.

With improved surgical techniques, organ procurement, and medical management, organ transplant that prolongs and dramatically improves quality of life is nearly a daily occurrence at CUMC and NYP/C. Major recruitments of renowned leaders in transplant medicine have

increased in the past decade. Since joining the faculty in 2004, Dominique Jan, M.D., Ph.D., professor of clinical surgery and surgical director of Pediatric Abdominal Transplant, has created an interdisciplinary rehabilitation and transplant service for children with liver and small bowel diseases. The capability of this team was recently marked by the successful replacement of five abdominal organs in an infant with intestinal failure. Lloyd Ratner, M.D., associate professor of surgery and director of Renal & Pancreatic Transplant, who was recruited in 2005 to lead the renal and pancreas transplant program, has found innovative ways to surmount immune barriers to kidney transplant. This program now leads in "donor swaps" - a method of maximizing the best use of scarce donor organs.

**Joshua Sonett**, M.D., associate professor of clinical surgery and surgical director of the Lung Transplant Program at NYP/C, who joined Columbia in 2002, has pioneered efforts to develop innovative techniques to treat post-transplant complications.

The new Transplantation Initiative will result in major expansion of physical facilities for patients and staff. These projects include the renovation and expansion of the Shorin Outpatient Transplant Center, as well as the development of a state-of-the-art inpatient transplant unit in the Milstein Hospital. At Morgan Stanley Children's Hospital, a Comprehensive Transplant Outpatient center is being planned with facilities for medical assessment, social services, rehabilitation and child life care.

Many advances at CUMC and NYP/C have resulted from the scientific and clinical research in transplant medicine conducted here. Our goal moving forward is to create a transplant center that provides even greater national and international leadership in a field that is becoming increasingly vital to health.

Lee Goldman, M.D.  
Executive VP - Health & Biomedical Sciences,  
Dean of Faculty of Health Sciences & Medicine  
Columbia University

Herbert Pardes, M.D.  
President and CEO, NewYork-Presbyterian Hospital

[From Jim H.](#): Sending holiday cards to recovering Soldiers, Sailors and Marines. Please note and send on to your email listings. [Source: American Red Cross at Walter Reed Army Hospital and Bethesda Naval Hospital. Questions: Call Red Cross at (202) 782-6362]

American Red Cross  
c/o Walter Reed Army Medical Center  
6900 Georgia Avenue, NW  
Washington, D.C. 20307-5001

Also:  
American Red Cross  
c/o Bethesda Naval Hospital  
8901 Wisconsin Avenue, NW  
Washington, D.C. 20814

Please pass this information on to others that would be willing to send cards.