

LI TRIO UPDATE

THE LONG ISLAND CHAPTER OF TRANSPLANT RECIPIENTS INTERNATIONAL ORGANIZATION ▲ May 2008

THE LONG ISLAND TRIO GENERAL MEETINGS ARE HELD ON THE SECOND WEDNESDAY OF EACH MONTH FROM SEPTEMBER TO JUNE
OUR DECEMBER HOLIDAY PARTY SUBSTITUTES FOR THE DECEMBER MEETING. THE MONTHLY MEETINGS BEGIN AT 7:30 PM AND ARE HELD AT:
145 COMMUNITY DRIVE, MANHASSET, NY

Our Next Meeting With Special Guest Panel

LI TRIO is pleased to announce that esteemed members of New York Presbyterian Hospital and the Rogosin Transplant Clinic will be present as our guest speakers on May 14, 2008. We will have a panel format that will include Dr Sandip Kapur, Director of Kidney and Pancreas Transplant Programs at New York-Presbyterian/Weill Cornell, and Dr David Serur, Medical Director of the Kidney/Pancreas Transplant Program at The Rogosin Institute. We will also have Transplant Coordinators and a Social worker participating in this informative, interactive panel format.

Dr. Kapur heads the oldest kidney-transplant program in New York State, and one of the highest volume programs in the country. He is a nationally recognized pioneer in developing innovative strategies that allow more recipients to receive successful transplants in instances where transplants would be contra-indicated at most other centers.

Our April 2008 Monthly Meeting With Dr. Dale Distant

We were both fortunate and delighted to have Dale A. Distant M.D., Chief of Transplant Division of SUNY Downstate Medical Center speak at our April General Meeting. Dr. Distant began with a brief historical review of transplantation.

In 1902 the first animal experimental kidney transplants were attempted but were without success. In 1909 the first human experiments in kidney transplantation took place using rabbit kidneys on a child who would not have survived, as there was no dialysis at that time. The organs worked for about 1 hour but the patient died two weeks later. Researchers concluded that although transplants were technically possible, success was limited by unknown "biochemical barriers" which were subsequently identified as the body's immune system.

In 1912 Alexis Carrel earned a Noble Prize for his work in vascular structure relative to transplants. In 1954 Dr. Joseph Murray performed the first successful kidney transplant in identi-

cal twins. The recipient lived 8 years and the donor is still living. In 1960 Dr. Peter Medawar received the Nobel Prize for his work in immunology and that work began the modern era of transplantation.

In 1963 Dr. Starzl, founder of TRIO National, attempted the first liver transplant which was unsuccessful. However, he persisted, fighting criticism among his peers to eventual success. Dr. Starzl performed LI TRIO co-founder Anne Treffeisen's liver transplant in 1987.

In 1967 Dr. Christian Bernard performed the first successful heart transplant. In 1964 Dr. Samuel Kountz, the first African-American transplant surgeon, performed the first transplant between non-twin relatives and later founded the SUNY Downstate transplant program. In 1989 the first live donor liver transplant was performed at the University of Chicago Medical Center and in 1996 the first laparoscopic kidney transplant was performed at the University of Maryland Medical Center.

UPCOMING EVENTS AT LI TRIO

▲ **May 14:** Monthly Meeting with special guest panel including Dr Sandip Kapur, Dr David Serur, Transplant Coordinators and a Social worker.

▲ **May 18:** ALF Liver Walk- Eisenhower Park 8:30 AM
Contact Gina Parziale at 212-943-1059.

▲ **June 8:** NKF Serving Greater New York-Long Island Kidney Walk
Hofstra University, Hempstead
Contact: Lindsay Gilman at 212.889.2210 x203

● **July 11-16:** The 2008 U.S. Transplant Games will be held in Pittsburgh, PA

● **August 11:** LI TRIO Singers are performing at the Long Island Ducks

● **September 25-27:** TRIO convention at the Millennium Hotel in Saint Louis, MO

LONG ISLAND TRIO UPDATE

The Newsletter of **The Long Island Chapter of Transplant Recipients International Organization** is published monthly and mailed free to all members. Please send any letters and any other correspondence to:

LI TRIO

P.O. Box 81, Garden City, NY 11530

Please send all articles, member profiles, stories, anecdotes and other newsletter submissions to:

Mike Sosna, President

LI TRIO

5440 Little Neck Parkway, Suite 4H

Little Neck NY 11362

Tel: 516.902.8111/Fax: 516.482.2599

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NEWSLETTER STAFF

Mike Sosna—Editor

Laura Laria Roberts—Original Design

CHAPTER OFFICERS

President:

Mike Sosna 516-902-8111

Co-Vice Presidents:

Erin Hogan 516-759-0178

George Tietjen 516-746-0693

Secretary:

Ruth Pohl 631-884-0482

Treasurer:

Jo Michaels 516-798-8411

LI TRIO GENERAL MEETINGS

The Long Island TRIO General Meetings are held on the second Wednesday of each month beginning at 7:30PM from September to June. Our December Holiday Party substitutes for the December Meeting. The monthly meetings are held at:

145 Community Dr., Manhasset, NY

LI TRIO MISSION STATEMENT

Long Island TRIO is a non-profit ALL VOLUNTEER organization committed to improving the quality of lives touched by the miracle of transplantation through support, advocacy, education, and awareness.

JOIN US!



As of 2003 there are 150,000 transplant recipients in the USA.

Dr. Distant presented power-point presentation charts revealing an almost flat line of liver transplants between 1994 and 2003 at 4,000 each year while waiting lists expanded to 17,000 due to the success of the transplants.

Living donor kidney transplants have greatly increased due to long waiting lists and are 95% successful vs. 88% for deceased donors.

“Expanded criteria” has permitted use of organs in appropriate situations where they were not used in the past.



Dr. Distant also initiated the use of the dual kidney transplant technique which allows the transplantation of kidneys from older donors which otherwise might not be used. In this case, two kidneys from an older donor are transplanted into the recipient.

Dr. Distant’s “Tale of Two Miracles” is the miracle of science and the miracle of donation, and both miracles bring people hope.

He felt that the new “LYFT” criteria (which will change kidney allocation rules and protocols) will require more thought and discussion.

See Dr. Distant Page 3 Column 3

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World Kidney Day March 13, 2008

Long Island TRIO participated in the promotion of kidney health on World Kidney Day-March 13, 2008.

LI TRIO volunteers Dave Rodgers, Dick Harrington, and Kathy Vilet were among the attendees at Mount Sinai Hospital. Mount Sinai's event included recipients telling personal stories, and both recipients and health care professionals explaining the risk factors that precipitate and can progress to kidney disease and chronic kidney failure. Loss of kidney function may also develop gradually over time, with few signs or symptoms in the early stages. In this case, it's referred to as chronic kidney failure. High blood pressure and diabetes are the most common causes of chronic kidney failure. Early detection is the key to stopping the progression of kidney disease and in the United States, kidney disease is on the rise due to the increase in hypertension (high blood pressure) and diabetes.

Mt Sinai also supported this event with a free health fair, where adults and children were screened for diabetes, hypertension, and hepatitis.

The National Kidney Foundation did a great job in promoting kidney health on World Kidney Day. NKF's initiatives increased awareness of the role of the kidneys in maintaining overall health and educated the public about risk factors as outlined above.

As a result, 2,525 people received free kidney health screenings, over 12,000 educational brochures were distributed, and more than 150 million messages were delivered through print, broadcast and online outlets.

CNN aired a 3-minute report on the importance of early detection in preventing chronic kidney disease. Entertainment Tonight's fashionista Steven Cojocar discussed World Kidney Day and his own battle with kidney disease, during several interviews in a major market satellite media tour.

Innovative Leader in Advancing Transplant Medicine Appointed Chief of Transplantation Surgery at New York-Presbyterian/ Weill Cornell

NEW YORK April 14, 2008 — A leading pioneer of advanced techniques in transplantation surgery, Dr. Sandip Kapur has been appointed chief of the Division of Transplantation Surgery at NewYork-Presbyterian Hospital/Weill Cornell Medical Center.

Previously the acting head of the Division, Dr. Kapur is currently associate professor of surgery at Weill Cornell Medical College and director of Kidney and Pancreas Transplant Programs at NewYork-Presbyterian/Weill Cornell.

NewYork-Presbyterian/Weill Cornell and its medical partner The Rogosin Institute have nearly tripled the annual number of transplants performed over the last two and half years, with a total of 210 performed in 2007. This feat was made possible through advances like kidney swaps and blood type-incompatible procedures that have revolutionized live-organ-donor transplantations. According to the United Network for Organ Sharing (UNOS), NewYork-Presbyterian Hospital has the largest transplantation program in the United States, including the highest volume of kidney and heart transplants.

Currently, Dr. Kapur, along with Dr. Manikkam Suthanthiran, is co-leading the first-ever clinical trial of a novel molecular test that can help predict organ rejection and may eventually free organ recipients from having to take the drugs for the rest of their lives.

Recently, he helped lead one of the first successful "kidney chain" or NEAD (never-ending altruistic donor) kidney transplant procedures. A California woman donated her kidney to a stranger in New York City, resulting in life-saving kidney transplantations for three patients.

Going forward, the innovative arrangement will potentially benefit hundreds of the 70,000 kidney patients on the national transplantation waiting list.

With his colleagues, Dr. Kapur helped lead the first successful islet cell transplant in New York City, giving diabetes patients a new option to alleviate the disease's debilitating symptoms.

"We look forward to continued innovation in our transplant program," says Dr. Fabrizio Michelassi, chairman of the Department of Surgery and the Lewis Atterbury Stimson Professor of Surgery at Weill Cornell Medical College, and surgeon-in-chief at NewYork-Presbyterian Hospital/Weill Cornell Medical Center.

"Transplantation is the gift of life and I am grateful for the opportunity to help our patients enjoy happy and productive lives," says Dr. Kapur. "I look forward to collaborating with my colleagues as we build this program by recruiting new members of our already stellar transplantation team and pursue advances and innovations that improve the lives of our patients." ▲

Please check out
www.litrio.org
for our list of
Upcoming Events.

Dr. Distant (continued)

Dr. Distant went on to answer many interesting questions from the audience and remained to answer individual questions as well. We sincerely thank him for his captivating presentation and generosity with his time. ▲

LI TRIO TRIBUTE CARDS AVAILABLE

Florence and Jerry Sosna will send lovely LI TRIO "In Memory of" and "In Honor of" Tribute cards in your name. Please call 516-482-2908 or e-mail Jerrysosna@aol.com

Kidney Transplant Chain Initiated at New York-Presbyterian/Weill Cornell

Valentine's Day Procedure Made Possible by Altruistic Donor

NEW YORK (Feb. 20, 2008) – On Valentine's Day, one of the nation's first three-way living-donor kidney transplant chains was initiated by NewYork-Presbyterian Hospital/Weill Cornell Medical Center and its medical partner The Rogosin Institute. The innovative approach — a NEAD (never-ending altruistic donor) chain — may dramatically improve the opportunity for patients in need of kidney transplants to find a compatible donor and potentially revolutionize the organ transplant process in the United States.

This life-saving chain began with the generosity of a California woman who donated her kidney to a stranger in New York City, resulting in life-saving kidney transplantations for three patients — and, going forward, potentially benefiting hundreds of the 74,000 kidney patients on the national transplantation waiting list. In this remarkable arrangement, a family member of each recipient volunteered to donate his or her kidney to another patient in need. The first three successful transplants took place Thursday, Feb. 14, with future surgeries to follow.

All three kidney recipients met their previously anonymous donors for the first time today at a press conference held at NewYork-Presbyterian/Weill Cornell.

"This approach could revolutionize the way we do living-donor transplants in this country, greatly reducing, even eliminating the organ shortage in this country and ultimately saving the lives of those in desperate need of a kidney," says Dr. Sandip Kapur, who led the transplantation surgeries. Dr. Kapur serves as chief of transplant surgery, director of kidney and pancreas transplant

programs and associate attending surgeon at NewYork-Presbyterian/Weill Cornell, and associate professor of surgery at Weill Cornell Medical College.

The recent surgeries involved six surgical transplant teams, including 40 clinicians, working simultaneously in six operating rooms. Along with Dr. Kapur, NewYork-Presbyterian/Weill Cornell physicians and surgeons participating in the kidney swap procedures included Drs. Joseph Del Pizzo (director of laparoscopic and robotic surgery for the Division of Urological Surgery and assistant professor of urology), Alfons Pomp (chief of the section of laparoscopy and bariatric surgery and the Leon C. Hirsch Professor of Surgery), Eduardo Perelstein (pediatric neurologist and associate professor of clinical pediatrics), David Leiser (assistant attending surgeon and assistant professor of surgery) and David Serur (medical director of The Rogosin Institute Transplant Center at NewYork-Presbyterian/Weill Cornell and associate professor of clinical medicine and medicine in clinical surgery).

Three Recipients, Three Donors — All Links in the Chain

The multiple transplantations were made possible by a 51-year-old accountant from California who was inspired to donate after her husband donated a kidney to his brother 12 years ago.

The initial donation was made to a 58-year-old Hollis, Queens, woman who moved to the U.S. from Bolivia 25 years ago and suffers from diabetes, lupus and high blood pressure. She has been on dialysis for the past three years. Her husband, a 60-year-old cabinet-maker, then donated his kidney to a 32-year-old Long Island City, Queens, woman, who moved here from Bangladesh in 1993 and has spent 18 months on dialysis. Her husband, a 42-year-old street vendor, then donated his kidney to a 5-year-old Manhattan boy who has

nephrotic syndrome and has spent almost half his life on dialysis. That boy's father, a 46-year-old data clerk who has worked at NewYork-Presbyterian/Weill Cornell for 15 years, will act as a bridge donor to the next cluster of transplants, which have already been identified by the National Kidney Registry. Founded by business executive Gareth Hil after overcoming a difficult search for a living donor for his daughter, the National Kidney Registry aims to register all incompatible and poorly-matched donor-recipient pairs in the U.S. to better facilitate living donor transplants.

Each cluster of the chain consists of an equal number of donors and recipients. After the first round of transplants, a family member or friend of one recipient acts as the bridge donor that initiates the next cluster.

Dr. Kapur says that as more transplant centers enter their incompatible pairs with the registry, the probability of finding suitable matches and performing successful transplants will improve geometrically. "If we evolve to the point where everyone brings a prospective donor and enters them into this pool, we can provide quicker transplants for a greater number of people," Dr. Kapur says.

As opposed to traditional paired exchanges, donor chains further extend the opportunity of receiving life-saving organs to a countless number of patients.

"Most paired exchanges are double or sometimes triple swaps, but then it ends," says Dr. Serur. "One important advantage of a donor chain is that, with an extra donor in the beginning, you can initiate a self-propagating cascade." ▲

**Save the date- July 22, 2008:
Check your email box for details about Long Island TRIO's
Organ Donation Night at Shea
Stadium.**

NKF Serving
Greater New York
Long Island Kidney Walk

Date: Sunday, June 8, 2008
Location: Hofstra University, Hempstead
Contact: Lindsay Gilman
212.889.2210 x203



The NKF's Kidney Walks are designed to help people understand the need for early detection of kidney disease. Please come out and walk with the Long Island TRIO team.

**ALF - Long Island
Liver Walk
Eisenhower Park**

May 18th, 2008 8:30 AM
Contact: Gina Parziale at
212-943-1059.

July 11-16, 2008

The 2008 U.S. Transplant Games will held in Pittsburgh, PA. For more information please call 1.800.622.9010.

August 11, 2008

The TRIO Singers are performing The National Anthem at the Long Island Ducks baseball game. Save the Date! All TRIO members and interested parties are welcome to join us at the game.

The Centers for Medicare & Medicaid Services Issue Technical Corrections To The Part D Benefit

The Centers for Medicare & Medicaid Services issued a final regulation that clarifies certain coverage questions under the Part D benefit.

The rule clarified that Part D drug plans must provide coverage to people with Medicare and Medicaid who reside in Institutions and residents in long-term care hospitals who have used up all their Medicare hospital days.

Starting in 2009, drug plans must also provide access to home infusion services within 24 hours of discharge from a hospital or other facility.

The regulation also states that advocates and counselors who act as appointed representatives for people with Medicare can file grievances with Part D plans on their behalf.

Additionally, Part D plans are required to inform enrollees, or their appointed representatives, in writing within three days when they deny a request for an expedited appeal for coverage of a Part D drug.▲

Six-way kidney transplants

The Associated Press
Baltimore

Johns Hopkins surgeons transplanted a half-dozen kidneys simultaneously, a "domino" operation believed to be the first of its kind, hospital officials announced. The transplants conducted were made possible when an altruistic donor, who was willing to donate to anyone, was found to be a match for one of five transplant candidates, each of whom had a willing but incompatible donor. That enabled a chain of donations involving the six donors and six recipients from a waiting list maintained by the United Network for Organ Sharing. Saturday's kidney swaps among 12 people were initiated when five transplant candidates visited Johns Hopkins for evaluation, each with a willing donor whose blood or tissue types was incompatible.

The five candidates each got a compatible kidney from someone they had never met, and the sixth kidney went to the next patient on the United Network for Organ Sharing's list. ▲

To Remember Me

Give my sight to the man who has never seen a sunrise, a baby's face or love in the eyes of a woman.

Give my heart to a person whose own heart has caused nothing but endless days of pain.

Give my blood to the teenager who was pulled from the wreckage of his car, so that he might live to see his grandchildren play.

Give my kidneys to one who depends on a machine to exist week to week.

Take my bones, every muscle, every fiber and nerve in my body and find a way to make a physically challenged child walk.

If you must bury something, let it be my faults, my weaknesses, and all prejudices against my fellow man.

Give my sins to the devil.

Give my soul to God.

If, by chance you wish to remember me, do it with a kind deed or word to someone who needs you.

If you do all I have asked, I will live forever.

-Robert N. Test



Fiancé Gives Kidney To Woman He Loves

Prognosis excellent for woman who got the best engagement gift ever

By Mike Celizic- MSNBC

When Jarena Bates went into kidney failure last May, she knew she needed a miracle. Little did she know that it would come in the form of her fiancé, Tye Johnson, who proved his love for her in the most profound way possible.

Bates, smiling broadly and looking the picture of health, visited with TODAY co-host Matt Lauer one week after receiving a kidney — and the promise of a long and healthy life — from Johnson, who sat beside her, holding her hand.

"It brings us closer together than before," said the 23-year-old Bates, who has been going with Johnson for four years.

"I feel like I've already taken our vows — 'through sickness and health,'" said Johnson, 31.

Johnson and Bates are both from the St. Albans section of Queens, and in New York the wait to get a kidney averages from five to seven years for whites and seven years for people of color like Bates, who make up some 70 percent of the waiting list.

So when Bates, who has been on medication for kidney disease for a decade, learned her kidneys were failing, she faced the prospect of lengthy dialysis treatments several times a week until a kidney became available.

Her only hope was that one of her family members would be a match for her and be able to donate a kidney immediately. In July, she, her mother and her sister went to the hospital to be tested. Johnson volunteered as chauffeur.

"I was just the driver that drove them to the hospital so her mother and her sister could get tested," Johnson said. There had been no plans for him to be tested, too, but when doctors determined that medical compli-

cations prevented her mother from being tested, he volunteered.

"I was the second person to get tested and right then and there, I was the match," he said.

Lauer observed that it's one thing to say you'd give a kidney to your beloved, but when you learn you're a match, some people might have second thoughts.

"None whatsoever," Johnson said.

Bates wasn't so sure it was the best idea. "I had my doubts," she admitted. "I didn't want him to go through the pain he was going to have to go through." She also worried about future complications for him.

Dr. Ernesto Molmenti performed the transplant on Oct. 15 at North Shore University Hospital on Long Island, which had just begun a kidney transplant program. Bates was his first patient.

"Everything went absolutely great," he said, explaining that Johnson's kidney was removed through a

minimally invasive procedure called laparoscopy, and he left the hospital after a stay of a couple of days with no side effects. After his kidney was removed, it was taken to an adjoining operating room, where it was implanted in Bates.

"Her prognosis is excellent," Molmenti said. "We have to keep a close eye on her, like we do all transplant patients. But she can have a normal life. She can have children in the future. She can continue with her normal activities."

The couple had been planning a July 2008 wedding, but they're thinking about postponing the date until Oct. 15 — the one-year anniversary of the day Johnson gave Bates a piece of himself and the promise of a full life together.

But Johnson doesn't think what he did is extraordinary, telling Lauer, "That's what I'm here for."▲



One of April's many Donate Life Events: This photo was taken with Ruth Pohl's cell phone at Huntington Hospital's Annual Donate Life Month Event honoring Donors, Donor Families, recipients, and health care professionals doing their best to save lives. Front Row-Left to Right: Long Island TRIO Members: Jo Michaels, Ruth Pohl, Annette Trezza, Cora Parrazo, RN, Joy Oppedisano (NYODN), and Bobbie Seeback.

Back Row- Left to Right: LI TRIO members Jeff Fenn, Joe Senatore, and Steven Taibbi.

LI TRIO DONOR PROFILE:

TRISTAN SMITH

We are pleased to present this profile of Tristan Smith, who generously donated a kidney to his cousin.

My name is Tristan and I donated my kidney on July 12, 2007. I want to begin by telling you a little about myself and what I do. I am 23 years old with two great kids (age 2 and 4) and a beautiful wife. We live in Maryland. I am an apprentice at a great company and I go to school.

So here's where it gets interesting. It all began in May 2007 when I got a phone call from my mom. She asked me if I would be tested to see if I could donate my kidney to my cousin. My dad and his two brothers had already been tested and failed the cross match. At that time my cousin was left with no compatible donors.

I had no doubts about moving forward. I knew in my heart that this was the right thing to do. After all, my cousin was just a kid and kids are supposed to be playing, not on dialysis.

The first step to getting tested was sending a blood sample to my cousin's transplant center in New York. The test kit was mailed to me since I lived out of state. I received the test kit days after I spoke to the transplant coordinator. I had my blood drawn and had it over-nighted. I waited anxiously for the call to find out the results.

Five days later I got the call. The voice on the other end said "You're a match". It was the greatest feeling. My wife and I called family and friends to share the news. The support I received was remarkable. I then contacted my employer and school. They were kind enough to help by giving me the time off I needed for recovery. And my school rearranged my schedule so that I didn't miss any classes.

My daughter who turned four less than a week before the surgery was so happy that her daddy could help another little girl. My wife was very supportive and has been by my side through the entire process.

When I called my aunt to tell her the news I could hear the emotion in her voice, I remember it like it was yesterday, her words were "You're a Godsend". Later that day I spoke to my uncle and told him that if anybody else was a match, I wanted to donate first. I felt that this was my calling in life.

exam. In the end, all the tests went perfectly well. But my real fear was that I would fail the final cross match test.

We flew back to New York a week before the surgery. I did the final cross match test in person. I passed! I was ecstatic and very relieved that someone (Me) had finally passed the second cross match. The surgery was a definite. I left for New York two days before the surgery. I met with a few people from the hospital the day before the "big day". I had to be at the hospital at 5:45am on the July 12. After leaving my wife and family in the waiting room, the surgery began around 7:30am. The doctors made a few incisions and removed my left kidney using a laparoscopic procedure.

I stayed in the hospital overnight and was released the next evening. My cousin received my kidney well. It immediately started to clean her blood and create urine. Within the first 24 hours she produced 20 liters of urine. Surprisingly, hearing that gave me goose bumps! I was so excited to hear that they had removed her dialysis catheter. She was certainly grateful, but knowing that I was able to give her the chance to live a better life is indescribable. After taking it easy in New York for a week, we returned back to Maryland and went home to our kids. A few days later I developed a suroma, which is fluid build up in the tissue near the scar. I went to a local hospital and had it drained. Other than that minor inconvenience, I felt great! And exactly four weeks after the surgery I was body surfing the waves in Ocean City. Those other guys couldn't keep up!

I have no regrets; only hopes for more people to help others like I did. I know that I will live a perfectly normal and healthy life with just one kidney. And the greatest part is that I am alive to witness this miracle.

My name is Tristan Smith and I am a proud donor! ▲



Legislative Initiatives

Extend Immunosuppressive Drug Coverage

LI TRIO supports Medicare's coverage of immunosuppressive medications for all transplant recipients.

LI TRIO is building support for current bills that will extend Medicare coverage for life-saving immunosuppressive drugs for the life of kidney transplant. If passed, kidney recipients could continue to receive these drugs under Medicare Part B with and will continue to pay the usual premium.

Organ transplant recipients must take immunosuppressive drugs for the life of the transplant to prevent the body from rejecting the organ. Currently, Medicare pays for most kidney transplants but covers drugs for only 36 months after the transplant as part of the Medicare ESRD benefit.

After that, kidney recipients must pay for immunosuppressive drugs through private insurance, public or pharmaceutical programs or pay out-of-pocket (Medicare covers drugs without a time limit if the patient qualifies because of age or disability status).

Immunosuppressive drugs are expensive, but the alternative is even more costly. If the kidney transplant fails, the person returns to dialysis at a cost of over \$68,600 per year to Medicare. And because dialysis is physically draining, quality of life often suffers too.

As reported on www.litrio.org, similar legislation has been introduced in the House of Representatives, and LI TRIO sent over 600 letters of support in August and September. Now we need your help to build Senate support for this important legislation.

Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients S 2320-Senate

HR 3282- House of Representatives ▲

USA waiting list candidates:
98,883 as of this writing

Transplants January 2008
2,197

Donors January 2008
1,132

HAPPY APRIL RE-BIRTHDAYS!

Maryann Keegan	May 8, 1996	Kidney
Anthony Scro	May 1999	Liver
Lloyd Bucknell	May 22, 2003	Kidney
Leslie Kreisman	May 5, 2000	Kidney
Hopeton Lue	May 30, 2000	Kidney
Phillip Barton	May 2, 2006	Liver
Margaret Marguiles	May 13, 1989	Kidney
John Tolan	May 1996	Kidney
Terry Kaufman	May 10, 1993	Kidney
Vinny Santalucia	May 27, 2000	Kidney
Wilma Spatafore	May 12, 2002	Liver
Ann Grasso	May 5, 1995	Liver
David Krugman	May 13, 2006	Kidney & Liver
James P. Schneidmuller	May 23, 1987	Liver

WELCOME NEW LI TRIO MEMBERS

Robert Cassidy
Leslie Kreisman
Mel Lerner
Bill Moore
Joe Senatore

SUBCOMMITTEE CHAIRPERSON CONTACT

LI TRIO Main Number/Voicemail—Jerry Sosna	516-942-4940
Welcome Committee—Tom Bush	516-887-4931
E-Mail Tree—Joe LaBarbera	litrio@gmail.com
Corresponding Secretary/Publicity— Ruth Pohl	631-884-0482
Website Design/Legislative Initiatives & Guest Speakers—Mike Sosna	mike@sosproductions.com
Special Projects—Ed Burki	516-620-3700
Rose Garden Ceremony—Jo Michaels	516-798-8411
Rose Garden Logistics—Dave Rodgers	516-449-1421
Data Base Manager—Howard Pohl	631-884-0482
Donor Families & Social Secretary— Barbara Musto	516-671-5793
Singers and School Speakers— Sue Tietjen and George Tietjen	516-746-0693
The Ways and Means Committee/ Holiday Party Chairpersons— Florence & Jerry Sosna	516-482-2908

VISIT LI TRIO ONLINE: www.litrio.org

E-MAIL LI TRIO: mike@sosproductions.com



LI TRIO

Transplant Recipients International Organization
Long Island Chapter
PO Box 81
Garden City, NY 11530