

LI TRIO UPDATE

THE LONG ISLAND CHAPTER OF TRANSPLANT RECIPIENTS INTERNATIONAL ORGANIZATION ▲ MARCH 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 Dr. Mailloux

LI TRIO's next meeting will be held on March 12, 2008. We have a special guest who is a dear friend of our chapter. Lionel Mailloux, MD, FACP, Board Certified Nephrologist will be speaking to LI TRIO attendees at our 7:30 PM meeting. Dr. Mailloux is a Clinical Professor of Medicine at NYU and a Member of the board of directors of the Renal Physicians Association.

Our meetings are held at 145 Community Drive, Manhasset NY. We hope you will join us because having Dr. Mailloux as a guest speaker is a special treat you will not want to miss.

Please check out
www.litrio.org
for our list of
"Donate Life
Month Events"!

LI TRIO February 2008 Meeting "Drug Interaction With Immunosuppressives".

Our February 13th meeting welcomed back Dr. Larry Chodoff, Director of Medical Affairs Transplantation-LifeCycle Pharma.

Dr. Chodoff brought decades of transplantation experience with him to our meeting. Dr. Chodoff worked at Mount Sinai Medical for 17 years. He joined Novartis Pharmaceuticals Corporation in 1997, as Associate Director of Clinical Research, managing global research and development programs in organ transplantation and autoimmune diseases. Prior to joining LifeCycle Pharma, Dr. Chodoff held the position of Medical Liaison in Transplantation and Immunology at Roche Laboratories.

Our February 13th meeting included a special discussion led by Dr. Chodoff as he introduced the topic "Drug Interaction With Immunosuppressives". Dr. Chodoff taught us the distinction between Pharmacokinetics, which is the study of what the body does to a drug and Pharmacodynamics which is the study of what a drug does to the body.

The strategy for treating patients with medications is to give sufficient amounts that the required therapeutic effect arises, but not a toxic dose. In the case of immunosuppressives, this is indeed a balancing act and is a matter of science and art. Too much of the medication is toxic and will damage the kidneys while leaning on the side of prescribing too little of the immunosuppressive medication will increase the chances of a rejection or a rejection episode.

After absorption, a drug undergoes distribution, which is a complex process. The rate of entry of a drug into a tissue is determined by the mass of the tissue and its blood supply. Distribution may be unequal in many tissues because of protein binding. After distribution equilibrium, the concentration in the plasma reflects the concentration in tissues and extracellular fluids and vice versa.

Many medications are extensively metabolized by the liver. The rate of elimination depends on the liver's inherent ability to metabolize the drug

UPCOMING EVENTS AT LI TRIO

▲ **March 12, 2008:** LI TRIO next meeting with Nephrologist, Dr Lionel Mailloux. *Join us!*

▲ **April 5, 2008:** TRIO Manhattan's Remember and Rejoice Ceremony Saturday, April 5, 2008, at St. Patrick's Cathedral, 5th Ave & 50th Street, Manhattan, NY, from 2:00 until 3:30 p.m.

▲ **April 12, 2008:** ALF Greater New York

Chapter-Transplantation Re-Birthday Party will be held on April 12th at Winthrop Hospital.

▲ **April 23, 2008:** Donate Life Walk at Stony Brook University Wednesday, April 23rd, 2008 Time: 12:50PM-2:50PM Location: Student Activities Center (SAC) plaza

▲ **July 11-16, 2008:** The 2008 U.S. Transplant Games will be 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.

**Our March meeting is on
March 12th at 7:30 PM. Please join us!**

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:

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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 VOL-UNTEER organization committed to improving the quality of lives touched by the miracle of transplantation through support, advocacy, education, and awareness.

JOIN US!

Photo by: Ed Burki



and the amount of the drug presented to the liver for metabolism. This is important because drugs administered orally are delivered from the gut to the portal vein to the liver. The liver absorbs a varying amount of the administered drug (pre-systemic elimination) and less is available to the body for the necessary therapeutic effect.

To know pharmacodynamics one must also know pharmacokinetics. Pharmacodynamics is what the drug does to the organism (body) and pharmacokinetics is what the organism (body) does to the drug.

For medications that have a low intrinsic clearance, this effect can be increased by giving a second agent that boosts the effect of the liver's enzyme system. These are called enzyme inducers. Many transplant recipients are prescribed a second agent (sometimes for the control of blood pressure) that actually helps the absorption of the primary medication (immunosuppressive). Conversely, Enzyme inhibitors have the opposite effect.

Tacrolimus is an immunosuppressive medication taken to prevent rejection after organ transplantation. LCP-Tacro is

being developed as a once-daily tablet version of tacrolimus, with improved bioavailability and reduced variability; compared to both Astellas' twice daily version of tacrolimus (Prograf), and its modified-release version of tacrolimus for organ transplant recipients. This is expected to represent significant improvements for patients and this is currently being studied extensively.

As many of us know first hand, transplant recipients need to maintain a minimum level of immunosuppressives in the blood to prevent organ rejection. Levels that are too high increase the risk of serious side effects such as, kidney damage, hypertension and drug toxicity. Therefore, the immunosuppressive levels need to be managed carefully. Transplant recipients are typically obliged to make frequent visits to the hospital for monitoring and dose adjustments for months after receiving a transplant. As an example, management of the tacrolimus levels in particular (for those who take tacrolimus) is complicated by the low bioavailability of Prograf, its variable absorption, and its interaction with food and other medications.

Long Island TRIO would like to sincerely thank Dr. Chodoff for providing this highly informative and enjoyable session. LifeCycle Pharma's LCP-Tacro program is entering Phase II clinical trials. Dr. Chodoff will keep in touch with us and fill us in on the progress of the studies with respect to the LCP-Tacro program as well as other advances in immunosuppressive medications.

United Network for Organ Sharing: Policy Proposal Issued for Public Comment

As reported on our main page at www.litrio.org
Your comments are important!

The OPTN strongly encourages all interested individuals- especially transplant candidates- to express their views on policy proposals by actively participating in the public comment process.

Ten policy proposals are now being offered for public comment. These proposals highlight proposed changes by the Kidney Transplantation Committee, Pancreas Transplantation Committee, Living Donor Committee, Membership and Professional Standards Committee, Operations Committee, Executive Committee, and the Pediatric Transplantation Committee. UNOS is requesting your input on these proposals by April 30, 2008.

After the public comment period ends on April 30, 2008, the sponsoring committees will review all feedback and make necessary modifications. The OPTN/UNOS Board of Directors will review and vote on these proposals at its June 19-20, 2008 meeting.

Comment now! The link is: <http://www.optn.org/news/newsDetail.asp?id=1014>

You will find that you can FAX your comments to 804-782-4986 or mail them to:

United Network for Organ Sharing
Attn: Public Comment
P.O. Box 2484
Richmond, VA 23218

1. [Kidney Transplantation Committee](#) - Proposal to Limit Mandatory Sharing of Zero Antigen Mismatch Kidneys to Children and Sensitized Adult Candidates

2. [Pancreas Transplantation Committee](#) - Proposal to Allow an Additional Method for Waiting Time Reinstatement for Pancreas Recipients 2008

3. [Living Donor Committee](#) - Proposal to Change the OPTN/UNOS Bylaws to Require Written Notification (or Disclosures) to Living Donors from the Recipient Transplant Programs

4. [Membership and Professional Standards Committee \(MPSC\)](#) - Proposal to the OPTN and UNOS

Bylaws: Restoration of Membership Privileges Following an Adverse Action

5. [Membership and Professional Standards Committee \(MPSC\)](#)- Proposal to Change the Elector System for Histocompatibility Lab Members and Medical/Scientific Members

6. [Operations Committee](#) - Proposal to Change Organ Time Limits to Organ Offer Limits for Zero Antigen Mismatched Kidneys, Pancreata, and Kidney/Pancreas Combinations

7. [OPTN/UNOS Executive Committee](#) - Proposal to Require Transplant Centers to Inform Potential Recipients about Known High Risk Donor Behavior

8. [Pediatric and Liver and Intestinal Organ Transplantation Committees](#) - Proposal to Change How 0-10 Year-Old Donor Livers and Combined Liver-Intestines are Allocated

9. [Pediatric and Thoracic Organ Transplantation Committee](#) - Proposal to Change Allocation of Pediatric Lungs and Allow Creation of a Stratified Allocation System for 0-11 year-old Candidates

10. [Pediatric and Thoracic Organ Transplantation Committee](#) - Proposal to Allocate Pediatric Donor Hearts More Broadly

Senator Kemp Hannon and Long Island TRIO Joint Press Conference:

"This Valentine's Day- Give Life"

NYS Senator Kemp Hannon and Long Island TRIO held a joint press conference on Valentine's Day-February 14, in order to educate the public about organ donation, correct donation misconceptions and create a greater willingness to donate. Television and radio stations aired the press conference in cycles all day and evening on February 14 and 15, 2008.

Senator Kemp Hannon explained the importance of choosing to be an organ donor and how New York State is working to insure that the courageous decision to be a donor is respected and honored.

"Long Island TRIO is committed to improving the quality of lives touched

by the miracle of transplantation through support, advocacy, education and organ donation awareness," said Mike Sosna, president of LI TRIO noting that the group consists of transplant recipients, living donors, donor families, transplant candidates, professionals and caregivers. I am honored to be among Long Island TRIO volunteers who are continuing and expanding the tradition, goals and the mission of our organization. This mission includes promoting the importance of and need for organ donation.

With almost 9,000 New Yorkers and 98,125 Americans on the waiting

list to receive a life-saving organ transplant, we trust that our volunteer efforts together with the implementation of recently signed laws in New York State will increase activity and registrations with respect to New York State's "Donate Life Registry".

Our all-volunteer organization is pleased to provide information and answers to any and all questions with respect to organ donation and the New York State "Donate Life Registry". You can find additional information by pointing your browser to our website at www.litrio.org."

Michael Sosna continues-"Each day, about 77 people nationwide will receive "The Gift Of Life"; an organ transplant, but sadly, 19 others will die while waiting for a transplant.

One person who donates organs can save up to 7 lives, while a tissue donor can improve 12 or more lives including actually restoring eyesight. New York State's new driver's licenses will prominently display (on the front of the document) one's "consent" to being an organ donor and it is highly recommended and essential that we all discuss our consent decision with our families and next of kin."

The Tietjen's were presented as an affectionate, happy and healthy Valentine's day couple as they spoke to reporters and George Tietjen had no shortage of smiles and laughter as he added:

"Happy Valentine's Day! This is the day every year that we celebrate love. But for me, I celebrate love every year on August 23. That is the day in 2001



when my wife gave a special gift of love to me -one of her kidneys. I was seriously ill with kidney failure and was told by my physicians that it was time to think about dialysis and/or a transplant. In New York State there was, and is a 7 to 8 year wait for a kidney."

Sue Tietjen was beaming and stated that "I'm happy that I could do something to eliminate the need for a 7-8 year wait, and give my Valentine back his normal life!" Sue and George Tietjen were also interviewed by local and regional media outlets including CBS News 88 as well as News 12 and WLNY. Sue and George Tietjen are also Long Island Transplant Recipients International Organization volunteers.

***"To join the
New York State
"Donate Life Registry"
go to www.litrio.org."***

George Tietjen added that he was "fortunate that my wife was a match for me and I didn't have to wait. Others who are currently on the waiting list are fortunate that Sen. Kemp Hannon had a plan that may shorten their wait. Because of his and other New York State legislators' initiatives,

if you choose to be a donor, joining the New York State "Donate Life Registry" registers your consent to be an organ donor. As this new law is implemented in New York State, your consent will be considered primary and given the serious weight it deserves. New York State is now a leader in this cause and an example to so many other states."

Michael Sosna added that "Senator Hannon sponsored a New York State bill (that was signed into law) that provides for an opportunity to make a voluntary contribution to the "Life-Pass It On" Trust Fund to support organ and tissue donation education and awareness. LI TRIO believes that education and awareness efforts will go a long way in saving lives."

LI TRIO volunteers Tom Bush, Ed Burki, Iris Edelson and Joseph Dioguardi were also on hand speaking to reporters for this media event.

To join the New York State "Donate Life Registry" point your browser to www.litrio.org.

Transplant pioneer Starzl halting research, focusing on archives

By Dan Nephin The Associated Press

PITTSBURGH -Dr. Thomas Starzl, the pioneer of liver transplantation, is retiring from research and instead

will help the University of Pittsburgh with his archives.

"Birthdays come along and you downshift gears. You can keep on working, but maybe with a different emphasis," Starzl, who turns 82 on March 11, said Thursday.

Starzl, who performed the world's first successful liver transplant in 1967, stopped surgery around 1990 to focus on research. He said he decided recently that he no longer wanted to focus on generating new transplant information and instead would transition to helping with the archives.

Starzl said he would probably scale back "somewhat" in his new focus.



Dr. Thomas Starzl said he is eager to spend time with his wife, Joy. "She's put up with my career so long. She needs my time now," he said.

"I don't think I'll be retiring from striving, let me put it that way," Starzl said. He said he is driven "by a tremendous curiosity of the meaning of all things. If I see something, it drives me nuts. I can't really drop it without trying to explain it."

Starzl was once labeled the most cited researcher in clinical medicine. Last month, he published his latest of thousands of papers, an editorial in the New England Journal of Medicine.

He reflected Thursday on a medical career that's spanned decades.

His interest in medicine was sparked by his mother, a teacher and nurse, and a family doctor who taught him anatomy and allowed him to watch surgeries.

In 1958, he won a Markle Award scholarship and proposed studying liver transplant as a cure for liver disease.

"This was really quite preposterous," he said, because no organ transplants had been done.

Before he would transplant livers, he pioneered kidney transplants. He had hoped they would pave the way to liver transplants, but they didn't, he said.

He forged ahead with liver transplant research and decided to use two drugs together to prevent rejection of the transplanted organ. Today, he is credited with laying the groundwork for the development of anti-rejection drug combinations used to keep transplanted organs vital.

"The liver in many ways represents the most interesting organ because it's the seat of metabolism in body," he said.

The longest living liver transplant recipient is in her 38th year and the longest living kidney transplant recipient is in his 46th year. Starzl did both surgeries and performed or was involved in more than 10,000 transplants.

Since Starzl's first successful liver transplant, thousands of lives have been saved by similar operations.

Starzl joined the University of Pittsburgh School of Medicine in 1981 as professor of surgery, where his studies on the anti-rejection drug cyclosporin transformed transplantation from an experimental procedure into one that gave patients a hope they could survive an otherwise fatal organ failure.

Until 1991, Starzl served as chief of transplant services at UPMC, then was named director of the University of Pittsburgh Transplantation Institute, where he continued research on a process he called chimerism (k-eye-mer-ism), based on a 1992 paper he wrote on the controversial theory that new organs and old bodies "learn" to co-exist without immunosuppression drugs.

The institute was renamed in Starzl's honor in 1996.

How the Spanish Donor System Works

*By Branwen Jeffreys
BBC News health correspondent, Madrid*

Charismatic, driven and dedicated - Professor Jose Ramon Nunez works tirelessly as the transplant co-ordinator at the San Carlos hospital in Madrid.

This surgeon is part of an extraordinary national network of doctors trained to identify potential organ donors and speak to bereaved families in the midst of grieving.

It is their skill and focus which has helped create an organ donor system in Spain which is a world leader.

As we talked at San Carlos hospital, a call came in from an ambulance crew identifying a potential donor.

Every effort was continuing to save the life of a woman with sudden heart failure, but it looked as though she wouldn't pull through.

Within minutes, Professor Nunez changed from his suit into blue surgical scrubs.

Ten minutes later another call, the heart had been restarted and the patient stabilised.

The alert was over. It was a brief insight into the pressure of a job where the reality of death and the urgency of saving lives come right up against each other.

Around the clock, Jose Ramon Nunez or one of his colleagues are on call. In many ways he's typical of the transplant co-ordinators who work in every hospital in Spain.

'Let them think'

As an experienced surgeon he commands respect and is able to work closely with colleagues in intensive care to identify patients whose death may become inevitable.

A quiet room away from the hospital wards is set aside for families who need the privacy and time to grieve.

Professor Nunez and his colleagues spend hours listening to bereaved relatives and asking them to consider organ donation.

When a patient is declared brain dead and their body is only artificially sustained by machines the dialogue

begins. This is the case with the majority of eventual organ donors in Spain.

"I remember a case a few years ago when we spent 18 hours talking to the family," says Professor Nunez.

Of course you're not with them all the time, you let them think and go back an hour or so later.

"We need to be very clear with them about the importance of the decision they're going to make -another life may depend on them saying yes or saying no."

Extra life

At the San Carlos hospital the refusal rate for families last year was just 3%, a testament to the skill of the co-ordinators.

It is not hard to see why this charismatic, persuasive surgeon is so successful in recruiting donors.

Jose Ramon Nunez knows as a surgeon that transplants can offer years of extra life to another patient.

He is prepared to ask families to donate even in the case of sudden death where there can be only hours to make the decision.

In one case, the police stopped a coach travelling to Madrid which had on board the only relative of a potential donor.

Professor Nunez spoke to him via a police mobile phone and organ donation was agreed.

"It's amazing that families say yes even in such tragic and dramatic circumstances," he says. "I think they have a feeling of generosity and of being able to do something that's good".

During the early 1990s we had a 30% refusal rate, at the moment it's about 15%. -Dr Rafael Matesanz

Spain has 35 organ donors for every million people in its population -that is three times the UK rate of 12.9 per million.

While the law presumes consent, the doctor who set up their system says in practice families are always asked for consent.

Hospital galvanised

Dr Rafael Matesanz has no doubt that it is the appointment of dedicat-

ed transplant co-ordinators already working as doctors in hospitals which has made the difference.

"During the early 1990s we had a 30% refusal rate, at the moment it's about 15%," Dr Matesanz says.

"Many countries try to increase organ donation through legislation. But a change to presumed consent doesn't improve the donation rate".

He points to Rioja, a small region of Spain in terms of its population. Seven years ago it was languishing behind many other regions in organ donation.

In 2003 a new transplant co-ordinator was appointed and the change has been quite remarkable.

This individual doctor has galvanised the regional hospital to such an extent that last year they had the equivalent of 74 donors per million population, double the already high Spanish national level.

Dr Matesanz sees no reason why the Spanish system could not be copied with equal success in other countries.

We know that in 2005, 45 British people died in Spain, 45 families were approached and said yes.

"So while the family refusal rate in the UK is 40%, for British people in Spain it is zero."

"Get Game Give Life" at Madison Square Garden

LI TRIO volunteers also participated in "Get Game Give Life" at Madison Square Garden where St. John's played Marquette on February 21, 2008. We were pleased to help spread the word about the importance of organ donation. Special thanks to all of the Long Island TRIO volunteers, Dr. Lewis Teperman, Jack Powers, Kathryn Dwyer and NYODN staff members.

Special thanks to the many LI TRIO members who volunteered for this event and we will be participating in more events like this in the future. LI TRIO volunteers distributed materials, took care of information tables, and were on center court at half time helping to deliver the message that "Organ Donation and Transplantation" works. We also represented the 98,049 Americans waiting for "The Gift Of

Life" as Dr. Teperman spoke about the importance of organ donation and the New York State Donate Life Registry, which is now a registry of consent as opposed to a registry of intent. Once again Madison Square Garden shined bright with green bracelets on thousands of fans and the large public address system delivered the important message that Transplantation Works" and that "Organ and Tissue Donation Saves Lives".

Teenager with FOUR Kidneys Makes Promise to Save Lives

By Julie Moul

The teenager with FOUR kidneys who has promised to donate her extra organs to save lives,

After Laura Moon started suffering stomach pains, doctors decided to carry out an ultrasound scan on the teenager.

When they saw the results, they were astounded. For the scan revealed that she had four kidneys. The 18-year-old is now hoping to donate the extra organs for transplant operations. Only a handful of people in the UK have four kidneys, although having three is relatively common. But Laura's case is especially unusual because all four are fully formed and functional.

Laura, a customer services adviser from Leeds, said: "I think if I've got four, I don't need all four. Why not donate if there's someone else in need?"

"I hope I can help somebody else while I am young. I will do everything in my power to become a donor."

It is not known why people develop multiple, or duplex, organs but one in 125 people have one extra kidney, normally a partial organ.

Laura's condition often causes the patient no problems, although sufferers can be more prone to urinary infections.

She discovered she had the unusual anatomy six months ago when she was undergoing tests following a road accident.

"I was in a car crash a year ago and six months later I began having a lot of pain in my stomach. My GP referred me to the hospital for a scan."

Doctors at Seacroft Hospital in Leeds carried out the procedure. "I realised that the doctor scanning me hadn't said anything for a long time. I thought he was going to give me bad news," said Laura. "The guy just said 'You have got four kidneys'".

"He measured them and I have two which are 14cm and two which are 9cm. Then he also asked if I would mind if he took some photos to show to university students." Transplant surgeon Niaz Ahmad, from Leeds Teaching Hospitals NHS Trust, said parts of the kidney system could be duplicated but he had never seen anyone with four full kidney systems.



Laura Moon discovered she had four kidneys when she had an ultrasound.

"To have completely duplex kidneys on both sides is extremely rare," he said.

By coincidence Laura's aunt Dawn Fry has a third kidney -although the pair are not blood related.

Consultant urological surgeon Dr Robyn Webber, of Fife Acute Hospitals, said many extra kidneys are fully functional, meaning Laura should be able to donate.

Dr Webber added: It is a relatively rare condition. Ordinarily they are left alone unless the patient is suffering any problems. But Laura will be able to manage perfectly well with two so assuming they are working correctly there is no reason why she shouldn't donate them."

LI TRIO MEMBER PROFILE:

ED BURKI

Hi, I'm Ed Burki. I've been married more than 25 years and have a great wife and beautiful 14-year-old daughter. I've lived on Long Island my whole life except while attending college in upstate New York in the mid-1970s. I grew up in Commack and have lived in Manhasset for the past 17 years. I've worked in the electronics, defense, and telecommunications industries over the course of my career, and have negotiated multi-million dollar contracts and visited clients throughout the world.

I received a kidney and pancreas transplant in March 2000. Previously, I had been a type I juvenile diabetic for 34 years. Over this time, I experienced many of the complications of



diabetes, including retinopathy, neuropathy, and kidney damage.

By the summer of 1999 my kidney function had deteriorated to the point where I would need to begin dialysis by the end of the year. I had discussed a possible transplant with my doctor and decided that if I should be fortunate enough to get a kidney transplant, I would try to receive a pancreas as well to treat my diabetes. I was listed with N.Y. Presbyterian Hospital in October 1999 at the Rogosin Transplant Clinic. On Jan. 2, 2000 I started the new millennium with my first dialysis treatment. I sat in a chair

for three-and-a-half hours with two large needles inserted in my arm while a machine cleaned my blood. I needed these treatments three times a week.

Just three months after I began dialysis, I received a call while at work that changed my life. A kidney and pancreas were available for transplant. I rushed home, gathered my family, made arrangements and was off to New York City. That night about 10:00, I was wheeled into surgery, and I awoke the next morning with a fully functioning kidney and pancreas. I left the hospital in seven days with a bagful of medications. I felt elation, thankfulness, fear and wonder.

Just before my transplant I was told about LI TRIO by my nephrologist, Dr. Lionel Mailloux. I was scheduled to attend a monthly meeting featuring the transplant team from Rogosin, but I didn't make the meeting because I was in Rogosin receiving my transplant!

After a short time at home following my transplant, I felt compelled to "give back", and thought LI TRIO would be the ideal forum. After attending a few meetings and getting to know the members, I was asked to join the board of directors. I accepted and continue to fulfill the position of director of special projects. In this function I act as a "jack of all trades" helping where necessary as deemed by the president and board members. Volunteering for TRIO has given me a chance to meet wonderful people who share a common bond. It is a worthwhile outlet for me to help educate people about the need for donated organs and how significantly they can change the lives of those in need. It has also helped me cope with the myriad of physical and emotional feelings I have almost each and every day.

Some of the most fulfilling and influential moments I've experienced while volunteering for LI TRIO have come from the one-on-one support sessions I have offered to those who have either received a transplant or are waiting for one. I spend time at my former dialysis center with patients to ease their fears and answer their questions. I also compare notes with other LI TRIO members.

The coming New Year brings hope for me that I can help LI TRIO reach

more of its goals in education, awareness, and spreading the word about "The Gift Of Life" of organ transplantation. This includes reaching out to current and new members, lobbying politicians in Albany for legislative changes, continuing our educational efforts through our High School seminars, and "singing out" awareness at events with the TRIO Singers. My volunteering efforts are tempered by my special on-going medical needs and concerns but are rewarding for the significant contributions I am able to make. I try to keep in mind this quote from an unknown author: "Destiny is the hand you are dealt; Free will is what you make of it."

REMEMBER AND REJOICE

TRIO Manhattan is having their annual inter-religious celebration for donor families, recipients, living donors, and transplant professionals on Saturday, April 5, 2008, at St. Patrick's Cathedral, 5th Ave & 50th Street, Manhattan, New York, from 2:00 until 3:30 p.m.

The celebration will include brief speeches by donor families, recipients, living donors and medical professionals. No tickets or reservations are required. LI TRIO highly recommends this event that is so excellently planned by our sister TRIO chapter, TRIO Manhattan.

USA waiting list candidates:
98,125 as of this writing

Transplants January - November 2007
26,029 as of 2/22/2008

Donors January - November 2007
13,229 as of 2/22/2008

WELCOME NEW LI TRIO MEMBERS!

Ben Catalano
Jessica C Chipkin
Neila Farber
Tom Hackett

HAPPY MARCH RE-BIRTHDAYS!

Ed Burki	March 28, 2000	Kidney-Pancreas
Kathy Vliet	March 30, 2006	Pancreas
Rosalie Collura	March 28, 1992	Heart
Irene Kolodny	March 9, 2006	Kidney
Richard Johnson	March 6, 2003	Liver
Steven Taibbi	March 27, 2001	Heart
Milton Marcus	March 2, 2004	Liver
Joseph Behar	March 2, 2005	Kidney
Robert Seeback	March 17, 1996	Heart
Al Lange	March 6, 2007	Kidney

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Florence & Jerry Sosna 516-482-2908

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