

# TRANSPLANT NEWS

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## IN THIS ISSUE

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**IMMUNO  
BILL PASSES**  
in the House  
and Senate

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An Overview  
of the  
**KIDNEY  
ALLOCATION  
SYSTEM**  
and Proposed  
Changes

---

Pre-Transplant  
**CLINIC OPTIONS**

---

Tips for  
**SEEKING  
LIVING DONORS**



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**UPMC**  
LIFE CHANGING MEDICINE



# IMMUNO BILL PASSES IN THE HOUSE AND SENATE

By *Julie Mandel, PharmD*

## What is the Immuno Bill?

The Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act (Immuno Bill) proposes lifelong immunosuppressive medication coverage for kidney transplant recipients. Since 2000, the American Society of Transplantation (AST) has been meeting regularly with Congress to introduce this bill and advocate for our patients.

## Current Drug Coverage under Medicare

If a recipient has Medicare at the time of transplantation, and Medicare pays for the transplant, anti-rejection medications are covered under Medicare Part B. This medication coverage lasts for the duration of their Medicare eligibility. Currently, Medicare terminates for kidney transplant recipients at three years post-transplant (unless they are disabled or greater than 65 years old). Unfortunately, that means that kidney transplant recipients must obtain alternative health insurance before the three-year expiration. Without insurance, recipients are often unable to afford their prescriptions, and therefore not able to continue their life-sustaining anti-rejection medications. Evidence demonstrated that recipients who lost their Medicare coverage at three years post-transplant report difficulty in paying for their anti-rejection medication and therefore fail to take them as directed.

## Why Immunosuppression Matters

Transplant recipients require anti-rejection medications for the lifetime of their transplanted organ. If these medications are stopped, it is likely that the transplanted kidney will reject and fail. When a recipient's kidney fails, then it is necessary for the patient to return to dialysis. Compared to kidney transplantation, dialysis is associated with lower quality of life and increased risk of death. Evidence has shown an increased incidence of kidney transplant failure in transplant recipients who lose medication coverage. Because of this, it is necessary that recipients have access to these medications.

## Changes to Look Forward To

After nearly 20 years of advocacy from the transplant community, both the House of Representatives (H.R. 5534) and the Senate (S.3353) passed the bill in December 2020. The passage of this critical piece of legislation will eliminate the three-year immunosuppressive drug coverage limitation. This will expand coverage for life-sustaining medications to transplant recipients.



## My Experience as a Living Donor

By **Elizabeth Lobdell**, Living Donor

2020 might be the year that most people would like to forget, but for me it was the year of my donation story.

Over the years I had seen stories of families looking for donors and thought, “maybe someday.” Then a friend of mine was diagnosed with kidney cancer.

She was an amazing person who truly believed in living life to the fullest. So, when a college friend had both kidneys removed, I knew it was time to act.

My donor journey started on February 26, 2020, when I reached out to the transplant center about becoming a living donor and ended with the transplant on December 2, 2020. It felt like the longest nine months with several hiccups along the way. The first setback was COVID-19. Despite the pandemic, the staff got creative and a lot of our meetings were held virtually or by phone. Living four hours away I was grateful for this option. After the testing and evaluation process, I found out that I was a perfect match, but the team decided a larger kidney would be ideal for my friend. So, we moved to paired donation.

That’s when the second hiccup occurred. I live in the Allegheny National Forest, so we don’t have much around us. Getting my blood to the National Kidney Registry within 48 hours of it being drawn became a problem. It required another two-week wait for a trip to Harrisburg to guarantee that it would make it to California on time. Finally, on September 10 we were active.

Our third and final holdup was finding an actual match for my friend. My kidney was so good for him that the strict criteria and looking for a bigger kidney seemed like a needle in a haystack. For the first month we had no potential matches. Finally, within two weeks, we had three potential matches. The first two did not pass the initial screening. At the beginning of Nov., however, we were both paired, and surgery was set.

I tell you all of this because it’s not easy having patience. I tried not to constantly call my nurse coordinator with updates, but when I did, she somehow always had news that she received minutes before calling me back. She seemed to think I had this weird superpower, but I know it was something far greater.

If I could, I would do it all over again. If you are considering becoming a living donor or are in the process, find peace and patience through all of it, and you can overcome anything else.

## Meet Our New Staff



My name is **Christina Heming**. I have been a registered nurse for more than 13 years. I first obtained my associate degree from Harrisburg Area Community College, and later, my baccalaureate degree from Eastern Mennonite University. I am currently pursuing a master’s degree at Millersville University.

I spent the first half of my nursing career in critical care and later transitioned to dialysis where I managed a facility in Lancaster, Pa. Although I thoroughly enjoyed caring for my dialysis patients, I had a genuine interest and curiosity in kidney transplant. I am thrilled to be a part of the team at UPMC and make life-changing opportunities for patients with kidney disease a reality.

I am a Lancaster County, Pa. native. Despite my disdain for winter weather and the occasional “farm-fresh” air, I reside in Marietta with my fiancé, Justin, and my two daughters, Skye and Carly. Spring and summer are my favorite seasons as the warm weather allows for many of my favorite activities such as hiking, biking, swimming, and gardening. My fiancé and I are self-proclaimed foodies and love to cook. He is working on mastering the art of smoking meats while I perfect my use of the Instant Pot. We can’t wait for the return of weekends full of family, friends, and good food.



My name is **Julie Mandel**, and I joined the UPMC team as a transplant clinical pharmacist specialist in August 2020.

I am originally from Long Island, N.Y. but have lived in several different cities over the past couple of years. I received my doctorate from the University of Pittsburgh in 2018 and then went on to complete post-graduate training through a pharmacy residency at North Shore University Hospital in Manhasset, N.Y. I’ve also completed an organ transplant residency at Ochsner Medical Center in New Orleans, LA.

My passion for transplant began during my clinical rotations in pharmacy school, where I got to meet patients pretransplant, during-transplant, and posttransplant to review their medications. I enjoy being able to follow patients throughout their entire transplant journey and build strong pharmacist-patient relationships. The amount of medications can be overwhelming after transplant, and I like being able to motivate patients to take ownership of their medications, and be a friendly resource if there are any questions about side effects, drug interactions, medication cost, etc.

In my free time, I enjoy baking, reading, and going to concerts. I am extremely excited to be joining the transplant team at UPMC and look forward to working with everyone.



My name is **Michelle Ramos**, and I joined the transplant team in August 2020 as a pretransplant coordinator. I graduated from Harrisburg Area Community College in 2005 and completed my bachelor’s degree through Slippery Rock University in 2015.

I began my career as a nurse in 2005 as a medical/surgical nurse and transferred to the emergency department where I spent six years. I then broadened my knowledge and skills spending four years in labor and delivery and then another four years in a pediatric office before joining the transplant team. I am passionate about nursing and caring for others and making a difference in their lives — it is truly rewarding to me.

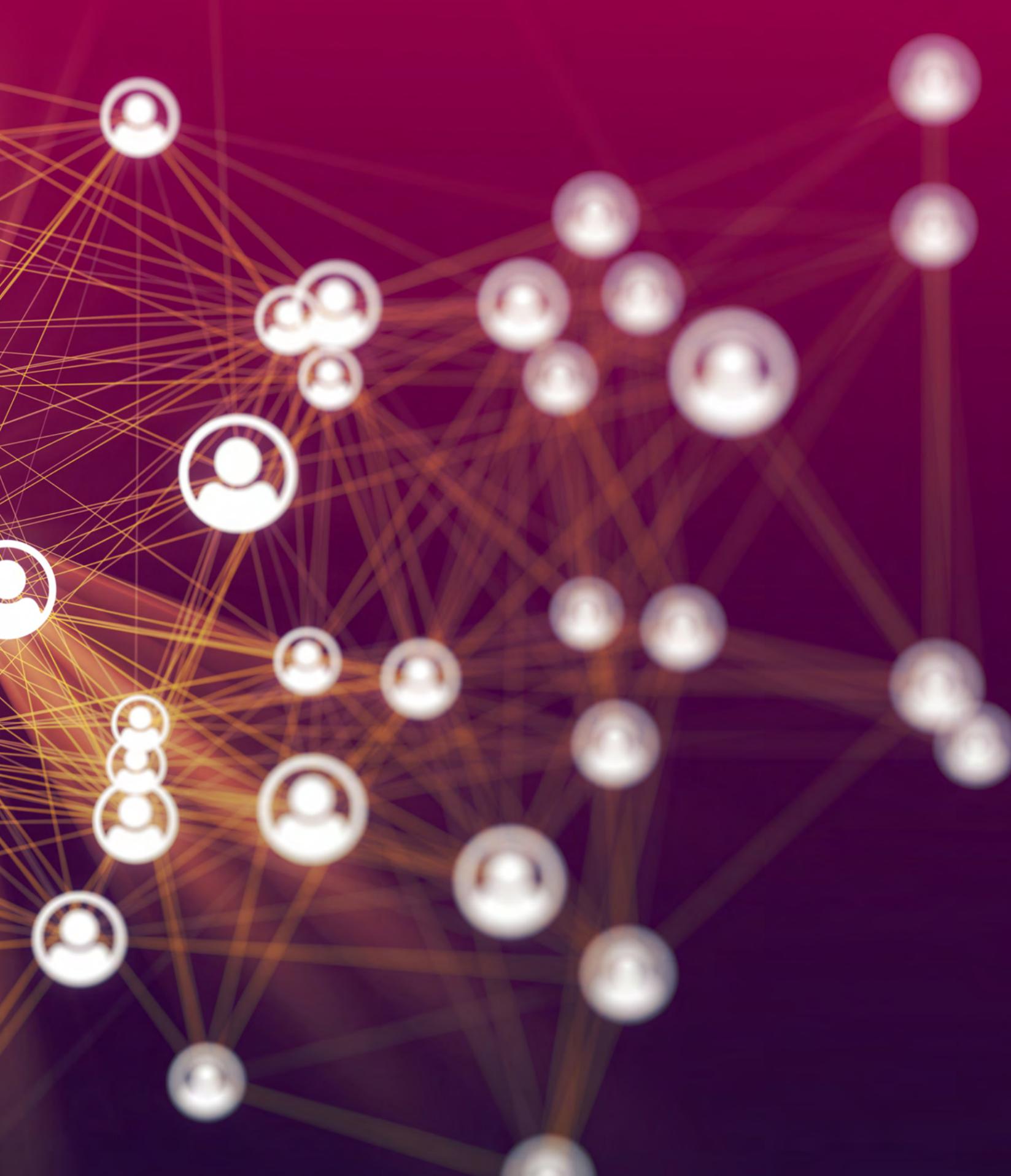
Outside of work, I enjoy spending time with my family, shopping, and traveling.



### WELCOME **VIJAY MENON, MD**

Dr. Menon received his medical degree at the University College London Medical School. He moved to the United States in 2010, where he was a transplant/HPB researcher at Cedars-Sinai Medical Center. He subsequently completed his surgical residency at the University of California San Diego and his transplant surgery fellowship at the Massachusetts General Hospital. Dr. Menon joined the UPMC Pinnacle Harrisburg transplant team in December of 2020.

He is an avid sports and movie enthusiast. He also enjoys traveling — citing Tokyo as his favorite place in the world. New to Harrisburg, he can be found after work exploring the area with his fiancée, Rachel, and visiting restaurants and the gym when he can.



# An Overview of the **Kidney Allocation System** and Proposed Changes

By *William Hoffman, MD*

In the early days of transplantation, each transplant center was responsible for matching donors with recipients on the waiting list. However, a suitable match could not always be found within the transplant center's list, and a system was needed to facilitate sharing of donor organs between centers. Therefore, Congress passed the National Organ Transplant Act (NOTA), in 1984, which called for a national network to coordinate the allocation of donor organs. Today, nationalized matching is run by a computer program that determines the order that potential recipients are offered transplants from donors around the country. There has been computer aided matching of some donor organs since the late 1970s, and the system continues to evolve.

With the matching system, each deceased donor has a unique 'match list' generated by the computer for their kidneys. The match list determines the order that recipients are offered a kidney and includes recipients registered on transplant wait-lists all around the country. Each transplant team must then decide whether a given organ is right for their recipient, and if they do not accept the organ, it is offered to the next potential recipient on the match list (potentially at another center).

There are many nuances for how a match-list order is generated. In addition to considering donor and recipient factors, the current system also divides the country into artificially determined geographic areas for local (donor service area), regional, and national sharing. Kidneys are generally offered to recipients in the 'local area' of the donor and then if a match is not accepted, the kidneys are offered more widely (regionally) and then finally on a national level.

The guiding principles of donor and recipient matching are utility (having a given transplant last as long as possible, for example, by optimal tissue or age matching between recipient and donor) and equity (giving everyone a fair chance to match with a kidney).

Major determinants of how long a recipient is likely to wait for a transplant are his/her blood group (A, B, or O), level of antibody sensitization against potential donors (PRA), and the region of the country where he/she lives. For example, transplant recipients on the waiting list at centers in California or New York often wait considerably longer for a transplant than other parts of the country.

A new allocation schema has been proposed to reduce geographic disparities in transplant wait-time. The plan is to eliminate the current geographic areas (local donor service area, regions, etc.) and instead consider a 250 nm radius around the donor hospital. This is also predicted to increase access to transplant for certain groups like children, women, minorities, and patients with many antibodies against potential donors. The new schema was approved in December 2019 and was intended to go into effect December 2020, but now has been delayed for further discussion until mid-February and potentially longer. The prior allocation schema is therefore still in effect for the time being.

There is concern that with the new allocation schema, transplant wait-times will be reduced for some individuals but may be increased for others. Specifically, more deceased donor kidneys may go to recipients in large cities where many people are waiting. It is also predicted that there will be greater sharing of kidneys across longer distances. This may create logistical issues with shipping kidneys and having available donor cells for the crossmatching that is done to confirm compatibility before transplant. However, the predicted effects of the new system are based on modeling and the true effect is yet to be seen.

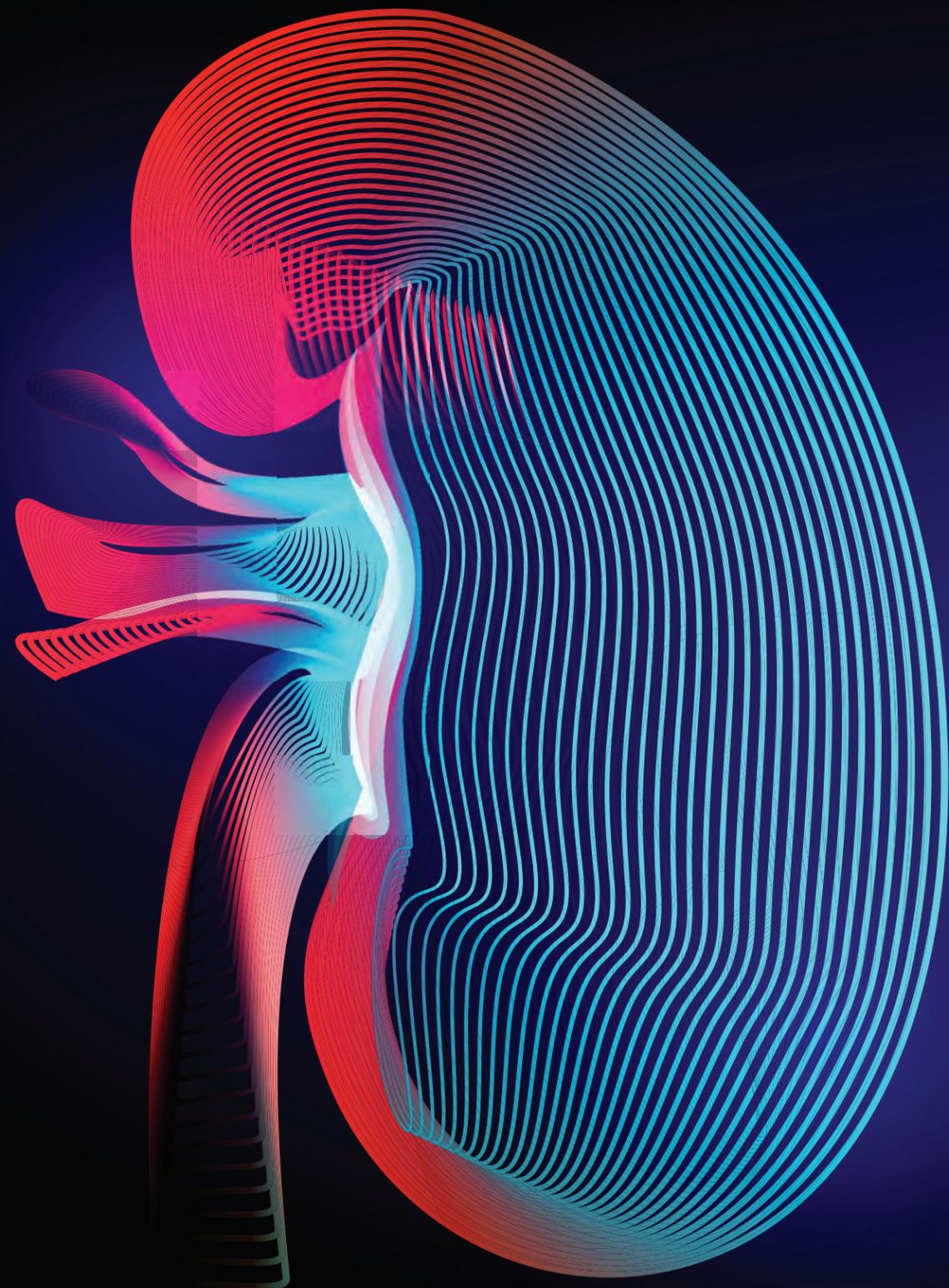
Regardless, the transplant team at UPMC Pinnacle Harrisburg will continue to work hard to get our patients transplanted with a good quality kidney as soon as possible. It is also almost certain that the matching system will continue to change over time.

Finally, living donor kidneys are not matched to recipients through these allocation systems and therefore are not affected by these changes. A Living donor transplant is still the best way to get transplanted sooner with the best kidney possible.

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#### References and further reading:

1. <https://unos.org/transplant/history/>
2. <https://optn.transplant.hrsa.gov/learn/about-transplantation/donor-matching-system>
3. <https://unos.org/news/changes-to-kidney-and-pancreas-allocation-to-be-implemented-late-2020/>
4. <https://optn.transplant.hrsa.gov/learn/professional-education/kidney-allocation-system/removal-of-dsa-and-region-from-kidney-allocation-policy/>



# PRE-TRANSPLANT CLINIC OPTIONS

UPMC Pinnacle Harrisburg is pleased to offer kidney transplant evaluation appointments for people in the York and Chambersburg areas. These appointments are the first step in the pretransplant evaluation and include education about the benefits and risks of kidney transplantation, the options for transplantation, and overview of the care needed to maintain a healthy body and a healthy transplant. Patients will have the opportunity to meet with a transplant nephrologist and coordinator at these appointments.

Offering pre-transplant evaluation services closer to home provides patients with the opportunity to learn more about the transplant process, ask specific questions, and meet members of the team in a more convenient location. In addition to these new locations, we will continue to see patients for transplant evaluations at our Harrisburg office at **205 South Front St., Harrisburg, PA 17104**, as well.

Our **York Clinic** located at **1600 6th Ave., Suite 115, York, PA 17403** is scheduled on the second Tuesday of each month.

The **Chambersburg Clinic** located at **380 Floral Ave., Chambersburg, PA 17201**, is scheduled on the fourth Tuesday of the month.

# TIPS FOR **SEEKING LIVING DONORS**

By **Tabitha Semancik, LSW, MSW**

Seeking a living donor should be a ‘team’ approach. Often, we encourage family members or friends to be the leading force with the living donation search. Use your creativity to begin your search.

Here are some ideas to consider:

**Social Media Outreach**

- > Add an eye-catching photo for attention
- > Share a SHORT summary about the recipient’s story
- > Encourage your followers to ‘share’ the post
- > Post consistently – every 6 to 12 months (or often, if you like)
- > ‘Tag’ your friends/family

**Car Decals and Bumper Stickers**

**Shirts, Buttons, and Pins**

**Yard Signs**

- > Create your own from your local home improvement store
- > Repurpose political signs
- > Order online

**Contact your local news or radio station and ask them to share your story.**

Be sure to always include the recipient’s first and last name as well as UPMC Pinnacle’s phone number **(717-231-8757)**. Emphasize the importance of reaching out directly to the transplant center as we are here to answer any questions for those who are interested in living donation.





**UPMC Pinnacle Harrisburg**

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