

TRANSPLANT NEWS

COURTESY OF TRANSPLANT SERVICES AT UPMC

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IN THIS ISSUE

COMMUNICATION
is Key

**HERBAL
SUPPLEMENTS:**
Can I Take Them?

Living Donor
CHAMPIONS

Original
Medicare
vs. Medicare
Advantage
**WHAT'S THE
DIFFERENCE?**

Sharing
OUR CARE

[UPMC.com/CentralPATransplant](https://www.upmc.com/CentralPATransplant)

UPMC
LIFE CHANGING MEDICINE



By **Christina Heming, BSN, RN,**
Renal Transplant Coordinator

While you wait for your organ transplant, the UPMC Transplant team in **Central, Pa** wants to make sure you are set up for success. The best way to make this happen is through open lines of communication with your coordinator. Just as we want you to be well-informed about the transplant process, we need to know all about you and your health.

For you to have a successful transplant and recovery, you need to be in the healthiest physical condition possible prior to receiving a transplant. Sometimes issues arise that need to be addressed before transplant to make certain you are ready. Some key factors your coordinators need to know about are whether you have any:

- Changes in your health
- Scheduled surgeries or procedures
- Infections requiring antibiotics
- Recent hospitalizations

It would not be safe to proceed with transplantation until these issues have been resolved, or you've adequately recovered, so your transplant may need to be placed on hold.

Also let your coordinator know if you have experienced any sensitizing events that may cause your immune system to produce antibodies as this can affect crossmatching with potential donors. Sensitizing events include blood transfusions, pregnancies, and kidney transplants. Your doctor may prescribe medicines to prevent the development of antibodies, and you may also need to have additional bloodwork completed to monitor antibody levels.

Keeping in contact with your coordinator and notifying them of changes in your health is key to maintaining your status on the transplant waiting list. Even if you aren't sure whether it is something your coordinator needs to know, contact them to discuss the matter. Your transplant success depends on open and regular communication with your coordinator.

Communication Is Key

HERBAL SUPPLEMENTS: *Can I take them?*

By **Julie Mandel, PharmD**, Transplant Pharmacist

Herbal supplements are derived from natural plants, or the plant oils, roots, seeds, berries, or flowers. These products have been used as natural remedies for medical conditions. While particular herbal supplements may appear to be a good choice to treat certain conditions, **there are a lot of important factors to consider** before starting to use an herbal supplement.

Who regulates herbal supplements?

The U.S. Food and Drug Administration (FDA) categorizes herbal supplements as “dietary supplements.” In comparison to prescription medicines and over-the-counter medicines, dietary supplements have less strict regulations. Manufacturers are not required to show proof of safety and efficacy prior to selling their products. The FDA regulates dietary supplements to ensure the products meet certain quality standards. Manufacturers avoid making specific medical claims. For example, products cannot contain statements such as, “will treat, cure, or prevent a disease.”

How do you know what is in an herbal supplement?

Herbal supplements are required by the FDA to have certain information on their labels. This information includes the name of the supplement, name and address of the manufacturer or distributor, complete list of ingredients, serving size, amount, and active ingredient. Oftentimes, the branded name of the product does not contain the active ingredient, which is usually a plant, plant oil, or plant root.

The Dietary Supplement Label Database website is a useful tool created by the National Institutes of Health that lets anyone search for commercially available products and obtain ingredient lists.

Are herbal supplements safe to use after kidney transplant or donation?

Careful consideration must be made prior to starting a supplement after a kidney transplant or are prescribed to lower due to important risk factors:

1. Herbal supplements can have many interactions with various prescription and over-the-counter medicines. These drug-to-drug interactions can result in a variety of effects, including decreased absorption and decreased concentrations of medicines, increased absorption and increased concentrations of medicines, increased bleeding risk from blood thinners, and increased low blood sugars from antidiabetic agents. For example, certain herbal supplements interact with tacrolimus, a common anti-rejection medicine. When taken together, a supplement may result in decreased tacrolimus drug levels, which puts a patient at higher risk for transplant rejection. Some products also contain inactive ingredients that can interact with transplant medicines. For example, an herbal product that contains grapefruit or pomegranate fruit extract can interact with anti-rejection medicines and result in potentially toxic drug levels.

2. Certain herbal supplements have immunostimulant properties, meaning they boost the immune system. After a kidney transplant, antirejection medicines are prescribed to lower the effects of the immune system to prevent rejection. Taking supplements that may boost the immune system can counteract the effects of the medicines.

3. Some herbal supplements have ingredients that can cause kidney damage. It is dangerous for both kidney transplant recipients and donors to take a supplement that has potential to cause harm to their kidneys.

What should I do before starting an herbal supplement?

When you are thinking about starting a supplement, consult your pharmacist or doctor prior to purchasing the product. Many herbal supplement products are expensive, so it is important to discuss whether the product is safe to use with your health care provider prior to purchasing. When talking with your health care provider, it is also important to be able to provide an up-to-date list of other medicines (prescription and over-the-counter) and vitamins and supplements you are taking, so they can be assessed for possible drug-to-drug interactions. If the supplement is deemed not to be safe, your pharmacist can help recommend safe alternative treatment options.





Living Donor Champions

By Jackie Stifler, BSN, RN, Living Donor Coordinator

Finding a living donor can be a stressful and difficult task for a person in need of a kidney transplant. During this journey, a living donor Champion can help relieve this burden. A Champion can be anyone the recipient knows who is willing to offer support and motivation for the recipient, and who is willing to learn about the living donation process in order to provide accurate information to potential living donors. A Champion can help find a potential living donor by sharing their loved one's story on social media, radio, television, church/community events, and/or yard or billboard signs.

Every patient in need of a transplant should have a Champion so they are able to focus on remaining as healthy as possible. Becoming a Champion requires an open mind and patience as potential living donors may not immediately step forward. This role can be challenging, but it is very important. The Champion needs to be focused and determined to help find their loved one a life-saving kidney. Be an advocate, a potential living donor may step forward when you least expect it!

If you are interested in learning more or becoming a living donor Champion, please call UPMC Harrisburg Transplant Services at 717-231-8700 or 877-778-6110.

ORIGINAL MEDICARE VS. MEDICARE ADVANTAGE

WHAT'S THE DIFFERENCE?

What is Medicare?

Medicare (Original Medicare) is a health insurance program for people 65 years of age and older, disabled people under 65 years of age, and people with end-stage renal disease. Medicare has four basic parts — A, B, C, and D.

Medicare Part A

Hospital insurance to cover inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care.

Medicare Part B

Medical insurance to cover services from doctors and other health care providers, outpatient care, home health care, and durable medical equipment.

Medicare Part C

Medicare Advantage — Includes all benefits and services covered under Parts A and B.

Medicare Part D

Prescription drug coverage.

Medicare Supplement Insurance (Medigap)

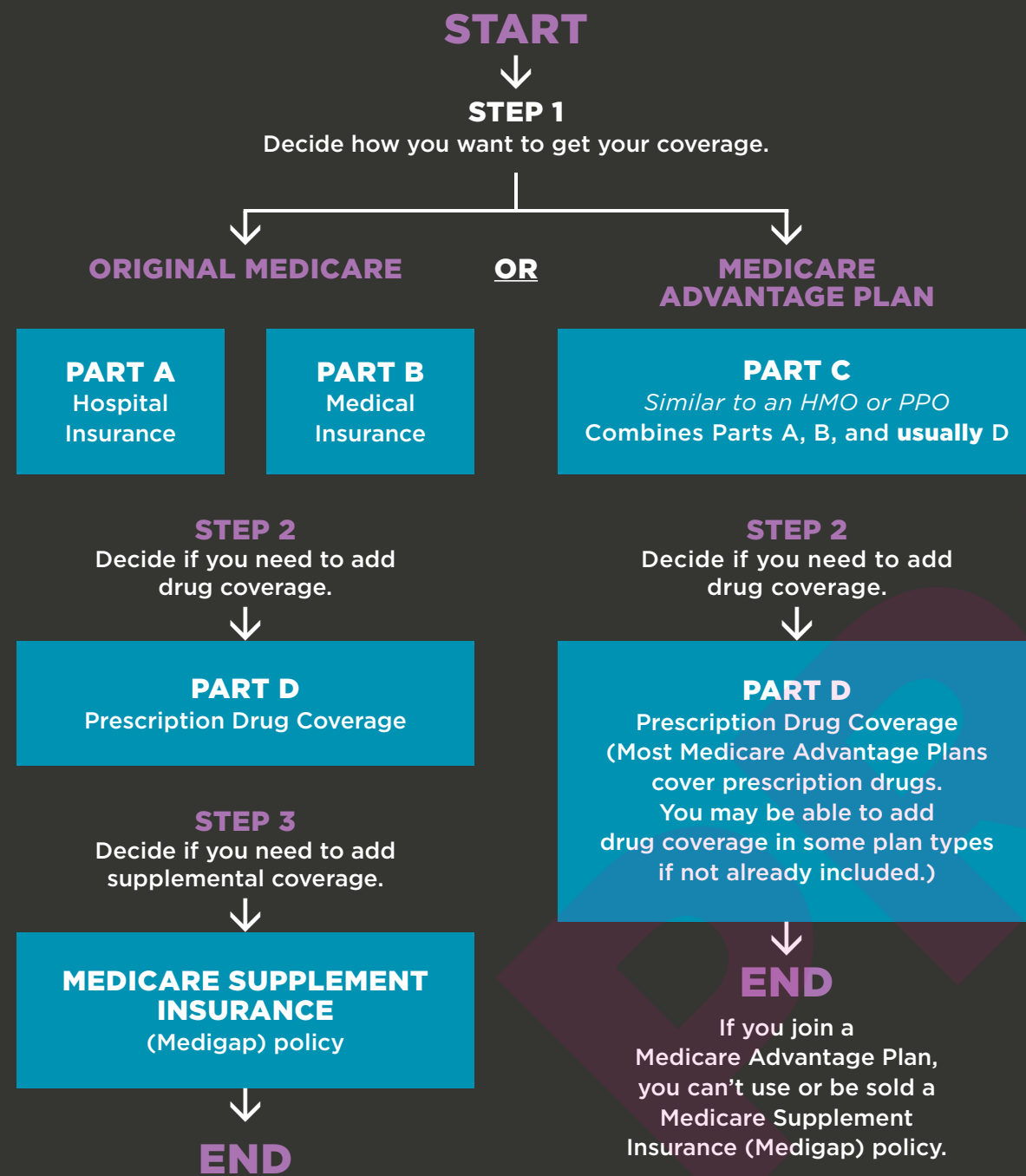
Helps to pay some of the health care costs that Original Medicare doesn't cover.

continued >

Original Medicare is administered by the federal government. Medicare Advantage programs are administered by private insurance companies approved by Medicare to offer benefits.

So, what does this mean for our end-stage renal disease patients? It means you will have to decide which plan suits your needs best. It will also depend if you are on dialysis or not.

You will need to review which option gives you the best benefits with costs you can afford.



Here are a few things to consider:

Cost and Coverage — Original Medicare, Medicare Supplement, and Medicare Part D will have three separate premiums, which will likely add up to a higher monthly cost. With that said, you may possibly owe limited or no medical costs depending on what Medicare Supplement you choose. As Medicare Part D has a separate benefit, keep in mind that your immunosuppressant medicines are covered under your Medicare Part B benefits.

Medicare Advantage (MA) plans will likely cost the least in monthly premiums, as there are a few plans out there with \$0 monthly premiums. In any case, you are still required to pay for your Medicare Part B premium on top of the MA premium. MA plans likely have yearly deductibles, co-insurance, and co-pays for things like lab work, office visits, and emergency room visits. These plans also have a yearly maximum out-of-pocket (what you pay). This means that once you have met the out-of-pocket cost, the insurance will cover all of your medical services for the remaining part of the year at 100%. Your maximum out-of-pocket varies depending on the plan you choose. This year, the maximum out-of-pocket is anywhere from \$3,400 to \$8,150. Once again, your immunosuppressant medicines are fully covered under Medicare Part B. Most MA plans cover immunosuppressant medicines at 80% (just like having Original Medicare), so this would leave you owing 20% of the cost of your immunosuppressant medicines until you have reached your yearly maximum out-of-pocket cost.

Lifestyle MA plans typically operate within a certain region. You may have a network of doctors and facilities you must use, as well as possibly needing a referral when seeing specialists. This might not be an option if you live in more than one state throughout the year. Original Medicare plus a Medicare Supplement is probably a better option. With Original Medicare, the only thing you need to consider is if the doctor or facility accepts Medicare. Referrals are not necessary.

Medicare Part D (prescription drug coverage) — Most MA plans include your prescription plan. This can be very convenient, but if your medicine needs to be changed and you want to change your prescription plan during Open Enrollment, you will have to change your entire MA plan along with it. With Original Medicare you will have to choose a prescription plan. You should review your prescription plan on a yearly basis during the annual Open Enrollment period (Oct. 15 to Dec. 7). Original Medicare Part D prescription drug coverage is a separate plan, so you can change it without affecting your other benefits.

If you need further assistance in selecting your insurance, visit [Medicare.gov](https://www.Medicare.gov), speak with an insurance broker, or contact your local Office of Aging at 1-800-753-8827 or visit www.aging.pa.gov.



Sharing Our Care

By **Tabitha Viola, RN**, Transplant Coordinator

Information regarding the **COVID-19 vaccine responses in transplant patients** is rapidly evolving. It has raised considerable concern and confusion within the transplant community. Our transplant team is aware that clinical studies have not come to firm conclusions in regard to transplant patients' failure to develop an antibody response to SARS-CoV-2 after vaccination. Let's take a look and see what we have learned from the American Society of Transplantation.

- Antibody response to COVID-19 vaccines in transplant recipients is diminished compared with the general population.^(1,14)
- Even in the absence of the “protective antibody titers,” there is likely some protection against the more severe disease after vaccination.^(16,18)
- Booster vaccines will likely become necessary, even for the general public, to maintain immunity. However, when boosters should be administered is not clear at this time. Even more, from the existing data/experience, there are no reliable recommendations for booster dosing in transplant recipients who have not generated an antibody response with the initial doses.^(19,20)
- Data is limited on booster vaccination and still a number of issues remain unknown.

The following is recommended for the transplant community:

- All kidney transplant recipients should be vaccinated against SARS-CoV-2, using approved vaccines.
- All eligible household and close contacts of kidney transplant recipients should be vaccinated.
- Routine antibody testing following vaccination is NOT recommended by FDA.

This past year has posed many challenges for all of us. As your transplant team, we are committed to providing the most current medical expertise available — with COVID, recommendations are changing rapidly. The thing that remains constant is our knowledge about lifestyle choices that will protect you, your family, other patients, and your community. Continue to practice strict COVID-19 safety precautions even after vaccination, such as:

- Continuing to wear a mask
- Good handwashing
- Avoiding large crowds
- Social distancing



References: American Society of Transplantation

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My Experience as a Living-Donor Kidney Recipient

By **Rachael Witherspoon**, patient at UPMC Harrisburg

For most, 2020 wasn't a year they would like to remember, but for me, it was a year I'll never forget.

My transplant journey began way before I knew it even started. In 1991, when I was six years old, my right kidney was removed due to Wilms tumor (cancer of the kidney). I never imagined that at **28 years old** I would have to be put on dialysis and begin my wait and search for a kidney transplant.

A few family members tried to become my living donor, but they didn't pass the evaluation process. From there, I began to wait for a deceased donor. Right as the pandemic started, I started to receive calls from the UPMC transplant team, and in August 2020, I knew this was the call I'd been waiting for. I was officially received a transplant on Aug. 22, 2020, and received my second chance at living a normal, healthy life.

Doctors were pleased with how well my new kidney was working only four days posttransplant.. Then I hit a setback. I started to get an extremely sharp pain in my right side, and my blood pressure dropped quickly. I thought something was happening to my new kidney. I remember telling the nurse that I was dying, and then the next thing I knew I was waking up in the ICU the following day. I realized I was on a dialysis machine, a breathing tube, and a nasogastric (NG) tube for food and medicine. My first thought was I lost the kidney, but I was informed that my intestine had ruptured, causing me to bleed internally. I only ended up on dialysis for a day to help my new kidney with the trauma my body just went through. I also was given an ileostomy bag, which was temporary and reversed in December 2020, when they were able and felt safe to reconstruct my intestine. My kidney has been going strong and continues to help me thrive.

This year hasn't been easy, that's for sure. You deal with a lot of body changes, side effects from medicines, doctor appointments, lab draws, and the constant worry about whether or not you're doing everything right to keep the new kidney strong and healthy. The transplant team at UPMC was more than amazing and helpful from the beginning. The hospital staff was fantastic with their care and how they acted fast to save me.

I will always be grateful for my hero, my donor angel. I'm back to living my normal life with no machines. I'm working my dream job at a hospital, taking care of others the way I was cared for and looking forward to furthering my career in nursing. I'm hoping I'll become a transplant nurse.

For all those waiting, never give up hope. **Life is worth it, and you are worth it.**

Meet Our New Staff Member



Hello! My name is **Danielle Stehr**. I graduated with a degree in social work from Millersville University in 2014 and started my career in the child welfare system. I worked for a nonprofit organization for the past seven years — I was a foster care case manager for four of those years and a supervisor for three years. I've always had an interest in working in the medical field and began my college career majoring in nursing before switching to social work, so I am excited to be here! I live in Grantville, Pa., with my husband, Justin, and son, Carson, who just turned one in July. Outside of work I enjoy spending my time with friends and family.



TRANSPLANTATION IS AN **AMAZING JOURNEY** THAT TESTS THE LIMITS OF HUMAN STRENGTH AND COURAGE. IT REQUIRES **COMMITMENT AND FAITH** AS WELL AS MENTAL, EMOTIONAL, AND PHYSICAL ENDURANCE. IF YOU CAN HANDLE TRANSPLANTATION, YOU CAN CONQUER ANYTHING YOU SET YOUR MIND TO. IT IS ONE OF **LIFE'S GREATEST CHALLENGES**, AND AMONG THE REWARDS IS LIFE ITSELF."

— LAURA BUBB, MA



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PROOF

A \$23 billion health care provider and insurer, Pittsburgh-based UPMC is inventing new models of patient-centered, cost-effective, accountable care. The largest nongovernmental employer in Pennsylvania, UPMC integrates 92,000 employees, 40 hospitals, 800 doctors' offices and outpatient sites, and a more than 4 million-member Insurance Services Division, the largest medical insurer in western Pennsylvania. In the most recent fiscal year, UPMC contributed \$1.7 billion in benefits to its communities, including more care to the region's most vulnerable citizens than any other health care institution, and paid more than \$900 million in federal, state, and local taxes. Working in close collaboration with the University of Pittsburgh Schools of the Health Sciences, Schools of the Health Sciences, UPMC shares its clinical, managerial, and technological skills worldwide through its innovation and commercialization arm, UPMC Enterprises, and through UPMC International. *U.S. News* consistently ranks UPMC Presbyterian Shadyside among the nation's best hospitals in many specialties and ranks UPMC Children's Hospital of Pittsburgh on its Honor Roll of America's Best Children's Hospitals. For more information, go to UPMC.com.