Transplant Times

Organ Transplant Awareness Program
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October 2023

Promoting Organ Donor Awareness; Supporting the Transplant Community

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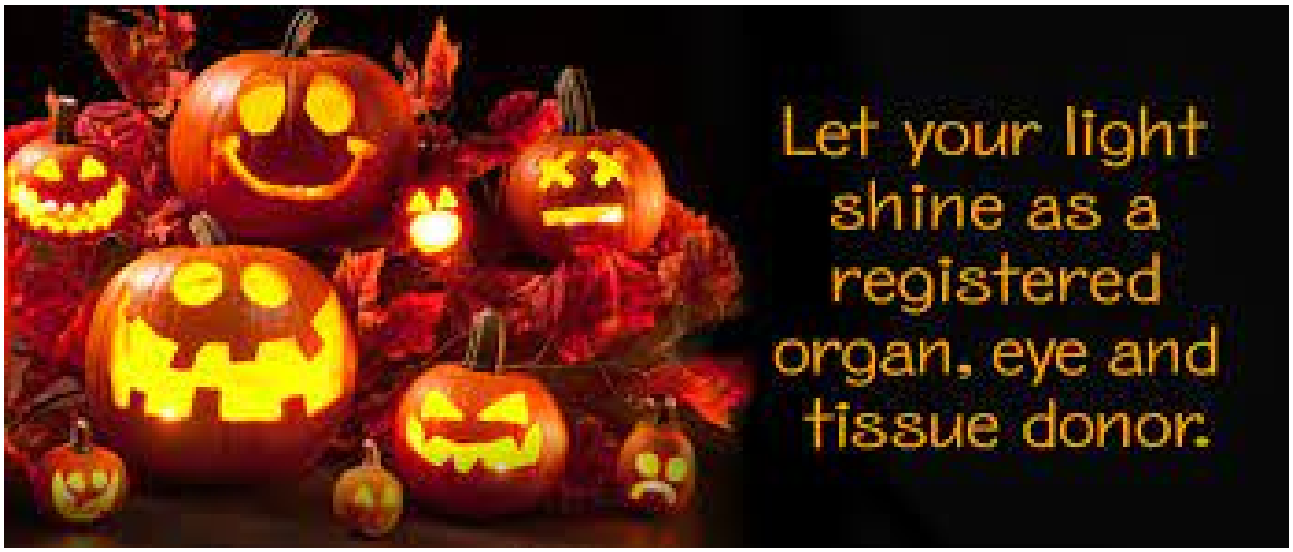
Happy Halloween!

Thanks for your kind thoughts regarding my brother-in-law. He is on the road to recovering from his fall and is doing well. It is at times like this that I am reminded how fragile life is. I was able to obtain a Proclamation from Governor Grisham declaring October to be "Liver Health Awareness Month". In my research, I learned that liver disease was the 7th leading cause of death in New Mexico in 2021; up from 8th place in 2020. There are currently 70 New Mexicans who are waiting for a liver transplant. Hopefully, by passing the Living Donor Protection Act, more people will become living donors. I hope you enjoy the interesting articles in this newsletter. Take Care - Evelyn



Congratulations!

Renee Roybal	Heart Recipient	October 10, 2002 21 years
Christy Fields	Kidney Recipient	October 17, 2002 21 years
Janet Herbert	Christy's Donor	
Gerry Coleman	Liver Recipient	October 20, 2002 21 years

Region's first robotic liver transplant; donor's second gifted organ

Robotic liver transplants, perfected in the Middle East, and now done in Colorado, promise fewer complications, faster recovery.

By: Todd Neff, for UCHealth

September 12, 2023

Danel Kuhlmann with granddaughters Freya and Ffion. Photo by Cyrus McCrimmon, for UCHealth. For Colorado and neighboring states, it was a first.
Never before in the region had a liver-transplant donor surgery been performed by a surgical robot. Given the robotic procedure's proven advantages in shorter recovery time and fewer complications, the timing couldn't have been better.

The robotic part was new for Danel Kuhlmann also. But she had donated an organ before.

In 2018, her active, healthy mother had fallen ill and ended up on dialysis for months. She needed a kidney transplant. Kuhlmann, then 49, turned out to be a match. Transplant surgeon, Dr. Thomas Pshak, performed the surgery to remove it.

Early on June 9, Pshak was again with Kuhlmann in a UCHealth University of Colorado Hospital operating room. As the bedside surgeon, he would be indispensable to the procedure. But the primary surgeon, Pshak's colleague Dr. Trevor Nydam, sat at the controls of the Da Vinci Surgical System half a room away. Also present was Dr. Elizabeth Pomfret, who leads the University of Colorado School of Medicine's Division of Transplant Surgery and the Colorado Center for Transplantation Care, Research and Education.

The surgery would be a team effort. While all three have done many liver transplants. She has more than two decades of experience with live-donor transplants and is expert in the surgery and the various anatomical quirks that can complicate the procedure. Pshak is the UCH transplant-team surgeon with the deepest experience with the Da Vinci system. Among other feats, he performed the state's first robotic kidney transplant. Nydam, also a robotic-surgery expert, would be taking the lead in what the UCHealth Transplant team hoped would become the prevailing approach to liver-donor surgeries.

Danel Kuhlmann's recovery time from her altruistic liver donation was cut in half or more thanks to the robotic surgery. Photo by Cyrus McCrimmon, for UCHealth.

Robotic liver transplants perfected overseas

The first robotic living donor hepatectomy, as it's technically called, was done at the University of Illinois-Chicago in 2012. Its most experienced practitioners are now a long way from the Windy City. Nydam and Pshak both spent weeks in Riyadh, Saudia Arabia, in late 2022 and early 2023. There they trained on the procedure at King Faisal Specialist Hospital, where surgeons did their first such surgery in late 2018. Since 2021, all living-donor liver transplant surgeries at King Faisal Specialist Hospital – now several hundred and counting – have been done robotically.

Necessity played a big role. Cultural and religious factors limit the availability of deceased-donor organs in many Middle Eastern and Asian countries. Saudi Arabia and Korea have emerged as leaders in robotic living donor liver transplantation. In the United States, in contrast, only about 6% of liver transplants involve living donors – though the percentage is about twice that in Colorado, where UCHealth surgeons performed about three-quarters of the state's 176 liver transplants in 2022.

Pshak says University of Colorado is in a great position to follow King Faisal's lead in transitioning to robotic living donor liver transplant surgery. Studies have shown that the robotic surgery sharply speeds recovery – two to three weeks rather than six to eight weeks – thanks to much shorter incisions and lower infection and hernia risk, among other factors.

"If we could do living donors for livers this way, it would ultimately attract more people to donate with easier recovery and less morbidity," Pshak said.

Danel Kuhlmann pulls granddaughters Ffion, left, and Freya as dog Butter hustles along on Kuhlmann's property in Parker. Photo by Cyrus McCrimmon, for UCHealth.

Double donor

But first, they had to attract that first patient. That's where Danel Kuhlmann came in. Her experiences surrounding her mom's kidney transplant had been life-changing.

"I was in a desperate position with my mother falling ill. I would have given anything to get her healthy," Kuhlmann said. "There was such a sense of despair and just sadness when something like this happens to someone you love. I couldn't imagine another family being in that position when I had that solution in me."

So, for the second time, she decided to become a donor. She would give part of her liver to someone who needed it (her liver, which has a remarkable ability to regenerate, would grow back with time).

Danel Kuhlmann with granddaughters Freya and Ffion. Photo by Cyrus McCrimmon, for UCHealth.

In late April, a match was identified – a child. During Kuhlmann's preoperative appointment on May 25, Nydam broached the subject of robotic surgery. He talked about spending two months training in Saudi Arabia and noted that the procedure brought a quicker recovery with fewer complications. The surgeon produced his phone and shared photos. Kuhlmann was impressed, though she didn't quite know where he was going with it. Then, she said, "He popped the question like he was asking to marry me."

"Will you be willing to be our first robotic liver transplant donor?" Nydam asked.

She said "yes" instinctively, only later wondering if it had been a bit rash. But ultimately, she said, her gut reaction had been the right one.

Danel Kuhlmann agreed to be the region's first robotic liver transplant donor. Photo by Cyrus McCrimmon, for UCHealth.

"Because of my familiarity with the team there, I trust them and knew it would go well," she said.

Superhuman capabilities

During the procedure, the Da Vinci system sent digital interpretations of Nydam's hand and foot movements to the surgical robot. The robot removes the natural jitter of even the steadiest human hands, and its steel implements enjoy agility and precision far surpassing those of human limits – particularly in tight spaces.

The surgeon's console provided 3-D visualization while monitors around the operating table and high on an operating room wall displayed the proceedings at the same 10X magnification that the system afforded the surgeon. The robot's three surgical arms and camera needed only half-inch incisions each. The only traditional incision was a roughly four-inch horizontal cut low on the abdomen that was needed to extract a section from the left side of Kuhlmann's liver.

At the foot of the operation table, Pshak changed out surgical instruments, set up suturing, and, with Pomfret, made suggestions to Nydam during a procedure that took several hours before a small section of liver landed on ice and was whisked across the Anschutz Medical Campus to Children's Hospital Colorado, where the child's surgeons awaited it.

Danel Kuhlmann, the region's first robotic liver transplant donor. Photo by Cyrus McCrimmon, for UCHealth.

'Part of my legacy'

The immediate recovery was, as with any surgery involving anesthesia, "rough," as Kuhlmann put it. But she recovered as quickly as Nydam said she would.

"I would honestly say that between two and three weeks out, I felt 90 to 100 percent back to normal," she said. By early July, she taking care of granddaughters Ffion, 4, and Freya, 2, which involved a good deal of kid-lifting. As of early August, Kuhlmann says she was entirely back to normal and gardening, hiking, biking, power walking, and running.

She views being a double donor as being "part of my legacy," As she put it.

Pshak and colleagues hope robotic surgery makes liver donation a part of others' legacies too.

"That she came forward and was willing to give part of her liver to save this child is amazing," Pshak said. "This is the way forward to transplant more people and save more lives."

Medicare's Bad Call on Transplant Tests
Blood tests can save organs. Why are the feds denying coverage?

Sept. 10, 2023 5:29 pm ET

Government spending on healthcare often leads to rationed care owing to rising costs. Think of the waiting lists in Canada and new price controls on U.S. drugs. Another mistake is playing out in care for organ-transplant patients denied coverage for blood tests that detect problems.

In March, MolDX, a program run by Medicare contractor Palmetto GBA to make coverage decisions on molecular lab tests, changed its guidance for when certain blood tests can be used. The tests, which use molecular technology to catch signs of organ rejection, are often ordered for patients who had kidney, heart or lung transplants. Under the contractor's new policy, the tests can no longer be used as part of routine monitoring care for most patients.

The tests are expensive. Blood tests for kidney and heart rejection can cost $2,800-$3,200 each. To be most useful, they have been administered regularly to help doctors monitor the body's response to a new organ. The tests pick up how failing organs shed donor DNA into the bloodstream, catching problems early. By the time a patient shows up with a fever, organ rejection is often advanced.

Stanford pediatric nephrologist Ken Sutha told us that doctors must often walk a tightrope with transplant patients. The patients take immuno-suppressant drugs to prevent organ rejection. But if they get sick, their doctors must back off the suppressants to let their bodies fight the illness.

Blood tests are critical during that time for monitoring early signs of organ rejection. Dr. Sutha knows this as a practitioner and patient. He received a kidney donation from his father when he was 24 but lost it when the rejection wasn't controlled. The alternative to the blood tests is an invasive biopsy that is also expensive and may be done too late to save the organ.

Palmetto's MolDX program answers to the federal Centers for Medicare and Medicaid Services (CMS). We requested comment from CMS on Sept. 5, and on Sept. 8 a spokesperson said the agency needed until this week to respond.

So what was MolDX thinking? The contractor says the March decision wasn't a coverage change but merely a clarification and so did not require public notice and comment. Two weeks ago MolDX issued a draft local coverage determination for comment, but it still maintains there haven't been any coverage changes. Comments will only be allowed to discuss the "revision for clarity."

Hmmm. The "revision for clarity" says that if the test is performed instead of a biopsy, it may be performed no more frequently than biopsies would have been performed. But that misses the entire point of medical innovation providing a non-invasive alternative for early detection. Reducing its use will put more than 140,000 Medicare transplant patients at greater risk of rejection.

The American Society of Transplant Surgeons, the International Society for Heart and Lung Transplantation and the American Society of Transplantation have written letters to the contractor explaining the need for the tests. The surgeons' group notes the change makes no sense when CMS itself has "clearly acknowledged that transplantation is the best, and most cost-effective, treatment option."

A bipartisan letter from 12 members of Congress, including Rep. Michael Burgess (R., Texas) and Rep. Anna Eshoo (D., Calif.), to CMS administrator Chiquita Brooks-LaSure has asked for coverage to be restored. They note that MolDX's policy may especially harm poor communities that have "less access to specialized transplant centers, making non-invasive diagnostic tests even more critical for their ongoing post transplant care."

MolDX and CMS may not admit it, but this looks like a classic case of government denying coverage to save money, though it isn't clear it really will save money or lives if more transplants are rejected. This rule by bureaucratic diktat is the future of medicine as government dominates payments.

2023 ANNUAL MEMBERSHIP FORM

Name_____

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Phone #_____ Cell Phone_____

Email address for organization communications only_____

____ I would prefer to receive the newsletter electronically.

_____$15 Individual membership _____ $25 Family membership _____Donation

All contributions are tax deductible

Please make checks payable and mail to: **PO Box 37217**
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___**Candidate:** Organ/Tissue Type: _____Date Listed_____/_____/_____

__ **Recipient:** Organ/Tissue Type: _____Date Received_____/ ____/ _____

2nd transplant date –month day year: ____/____/____

___**Donor**/member of a **Donor Family: Donor** Name_____ Organ/Tissue Type_____

Transplant date –month/day/year: _____/_____/_____

____**Friend of OTAP**

Opportunities - Please check all that apply:

I would like to volunteer: promotional events _____ fundraising events _____

Personal information such as phone number _____and address _____may be shared with others.

I would like to be a reader for the scholarship award _____

Suggestions _____

Thank You for your support!

OTAP Mission Statement

The mission of Organ Transplant Awareness Program is to promote organ donation and support transplant community members including transplant candidates, donor families, living organ donors, transplant recipients, and transplant families. We promote organ donation by participating in a variety of community events. Our support group meets once a month for those who need support or are seeking information about the transplant process.