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UNOS Researchers Present Studies at American Transplant Congress

San Francisco -- Researchers from the United Network for Organ Sharing (UNOS) authored and will present several studies at the American Transplant Congress (WTC), a joint meeting of the American Society of Transplant Surgeons and the American Society of Transplantation held at the Moscone West Convention Center in San Francisco May 5-9. UNOS staff researchers are authors in a total of 16 papers being presented at ATC.

Below is a listing of studies to be presented orally in which UNOS researchers are primary authors. UNOS staff researchers are indicated with an asterisk.

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Updated Analysis of Dissociation of Depletion and PTLD in Kidney Recipients Treated with Alemtuzumab Induction Therapy

Embargo until Monday, May 7 - 4:20 p.m. PDT

Authors: Wida S. Cherikh, Ph.D.; Michael Ring, M.D., H. Myron Kauffman, M.D.*; George Burke, M.D., Dixon Kaufman, M.D., Stuart Knechtle, M.D., Santosh Potdar, M.D., Ron Shapiro, M.D., and Allan Kirk, M.D., Ph.D.*

Post-transplant lymphoproliferative disorder (PTLD) is a well recognized, relatively uncommon, complication of organ transplants. An earlier analysis of kidney transplant recipients was performed to examine the association of various types of induction therapies with PTLD within 730 days of the kidney transplant. This study, updated to include kidney transplants from 2000 through 2004, continues to indicate that alemtuzumab is not associated with an increased risk of PTLD as compared to no induction therapy.

Donor Factors Associated with Patient and Graft Survival in Recipients of DCD Liver Transplants

Embargo until Tuesday, May 8 - 3:15 p.m. PDT

Authors: Jennifer L. Wainright, Ph.D.; Erick B. Edwards, Ph.D.*; H. Myron Kauffman, M.D.**

Liver transplants from donors after cardiac death (DCD) have increased in recent years to help meet the demand for transplantation. The researchers studied adult recipients of deceased donor liver transplants between March 2002 and June 2005, including 344 transplants from DCD donors, to identify risk factors that might affect patient survival and graft survival (function of the transplanted organ). The age of the donor was a statistically significant factor for both graft and patient survival in DCD liver transplants, and cold ischemia time (the amount of time the organ is preserved between donor and recipient) was a significant risk factor for graft survival. Clinicians should consider these factors carefully in making decisions regarding transplants from DCD donors.

Deceased Donors with a History of Drug Use: An Underused Source of Extra-Renal Organs

Embargo until Tuesday, May 8 - 3:25 p.m. PDT

Authors: H. Myron Kauffman, M.D.; Maureen A. McBride, Ph.D.*; Katarina Anderson*, Lisa S. Florence, M.D.*

In many instances, organs from consented donors may not be recovered due to risks attributed to donor drug use. The researchers reviewed liver and heart recovery rates from donors with a history of drug use (cigarettes, alcohol dependency, cocaine, IV drugs and other drug use) and compared the survival and function of organs from such donors with grafts from donors without a history of drug use. Although there were statistical differences in survival rates using organs from donors with a history of drug use, the clinical differences in survival were small. Donors with a history of drug use represent a potentially significant source of transplantable livers and hearts.

Is Poor Biopsy Result a Valid Reason for Discarding a Kidney

Embargo until Tuesday, May 8 - 4:00 p.m. PDT

Authors: Erick B. Edwards, Ph.D.; Sarah E. Taranto*, H. Myron Kauffman, M.D.**

Program goals of the U.S. Department of Health and Human Services present short- and long-term goals to increase the number of transplants of available organs. One of the primary reasons stated for the discard of available deceased donor kidneys is unacceptable biopsy results. The researchers examined available biopsy results on transplanted and non-transplanted kidneys recovered from October 25, 1999 through December 31, 2005. While available biopsy results indicated a range of glomerulosclerosis (scarring affecting kidney function) among available kidneys, the degree of glomerulosclerosis was not a significant risk factor at any level affecting graft survival (function of the transplanted kidney). Conversely, the estimated creatinine clearance of the donor (a measure of the kidney's ability to remove waste over time) did have a significant impact on graft outcome. The data demonstrate that biopsy results should not be the sole reason for discarding kidneys.

The Effect of Post-Transplant Non-Melanoma Skin Cancer on Survival Following Kidney and Heart Transplants

Embargo until Wednesday, May 9 - 10:50 a.m. PDT

Authors: Wida S. Cherikh, Ph.D., Leslie J. Christenson, M.D., H. Myron Kauffman, M.D.*, Clark C. Otley, M.D.*

The researchers studied the association between non-melanoma skin cancer (NMSC) and survival following heart and kidney transplantation. NMSC is known to cause disease and death in transplant recipients, who are immunosuppressed, at a higher rate than non-immunosuppressed people. The study reviewed adult recipients of kidney and heart transplants from 1996 through 2001. Among recipients surviving at least three years post-transplant, the conditional five-year survival rates of those with NMSC were higher (and relative risk of death significantly lower) than recipients without NMSC. This suggests that the reduced immunity benefits transplant survival, but also that excessive immunosuppression may increase the risk of NMSC. Longer-term survival rates need to be examined to understand this issue more fully.

The Organ Procurement and Transplantation Network (OPTN) is operated under contract with the U.S. Department of Health and Human Services, Health Resources and Services Administration, Division of Transplantation by the United Network for Organ Sharing (UNOS). The OPTN brings together medical professionals, transplant recipients and donor families to develop organ transplantation policy.