

Spring 2023 Newsletter



April is National Donate Life Month

Every April we honor those who have made the selfless decision to donate organs and tissue during national Donate Life Month. Even during these difficult times we would like to continue the tradition of honoring the gift of organ donation and the many lives saved by those that have made the selfless decision to become organ donors. 2022 was a record-setting year for organ donation in the United States, achieving the milestone of one million organs transplanted in early September.



This year's Donate Life Month theme is "Make a Splash." Donate Life America was inspired by the natural process of a pond coming to life in the spring. Frogs (and toads!) are a sign of healing and renewal, and waterlilies represent hope. The lily pads we see on the surface of a pond are part of a much larger plant rooted below the water. The waterlily plant reminds us of the support and collaboration needed for hope to bloom.

Nationally, there are more than 105,000 people on the transplant waiting list. Another person is added to the transplant waiting list every nine minutes. On average, 95 transplants take place each day in the United States. In 2022, more than 42,000 transplants were performed, with more than 6,400 of those coming from living donors. Every day, 17 people die waiting for an organ transplant.

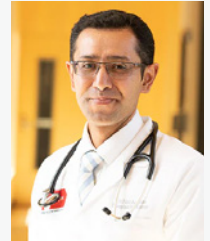
There are currently 665 New Mexicans waiting for a lifesaving organ; 564 are waiting for a kidney or pancreas transplant. One organ donor can save up to eight lives through organ donation and improve the lives of more than 50 people through tissue donation.

Presbyterian Transplant Services opened in 1986. In 2017, Presbyterian became the only multiorgan transplant center in the state of New Mexico. In 2019, Presbyterian began a Kidney Paired Donation program in partnership with the National Kidney Registry (NKR). In 2022, Presbyterian Transplant Services experienced a record-setting year with 41 kidney transplants and one simultaneous kidney-pancreas transplant. Nine of those transplants were made possible by the generous gift of living donation, and one of them participated through the NKR's paired exchange program.

For more information about living donation, please call our living donor coordinator, Melissa Rains, RN, MSN. She can be reached directly at (505) 563-6472 or by email at mrains3@phs.org. Interested Living Donors can also register at phs.donorscreen.org.

Team Member Spotlight

Fidel Barrantes, MD, is a Presbyterian transplant nephrologist. He completed nephrology training at Yale University and a transplantation fellowship at the University of Michigan. He joined Renal Medicine Associates and Presbyterian's transplant team in 2011.



Dr. Barrantes played an integral role in and collaborated with the transplant team to start the first multiorgan kidney-pancreas (KP) transplant in New Mexico. Currently, he is medical director of Presbyterian's KP program.

He is passionate about transplantation and kidney health, conducting many education and outreach sessions in the community. Dr. Barrantes also spearheaded the creation of the NM Kidney Foundation, a nonprofit organization that supports health literacy about kidney disease.

He is originally from Peru and fluent in Spanish. Dr. Barrantes, his wife and son enjoy New Mexico's vastness and rich cultural mix.

Navigating Care After COVID

Jayant Kumar, MD

COVID-19 is caused by novel coronavirus SARS-CoV-2, first recognized in Hubei province of China in December 2019. COVID-19 then spread globally and was declared a pandemic on March 11, 2020. Symptoms of COVID-19 usually start as flu-like symptoms and can progress from moderate to severe respiratory complications. Testing for COVID-19 by a home test or at a laboratory is highly encouraged once symptoms begin. Transplant recipients who contracted COVID-19 had a mortality rate up to 28% at the start of the pandemic. Immunosuppressed patients who have mild or moderate symptoms are considered at high risk of progressing to severe disease and should receive available treatment for COVID-19.

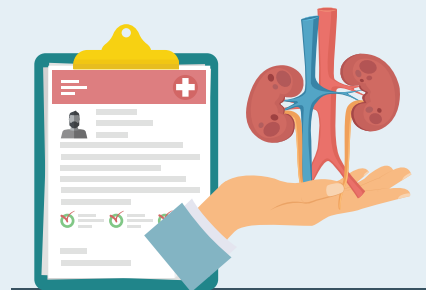
Anti-viral drugs are most effective when given as early as possible after detection of the virus. Monoclonal antibodies are not effective against the newer variants and are not an authorized treatment in the USA since January 2023. Remdesivir was approved for emergency use in severe cases and later expanded for use in mild and moderate cases but is given intravenously, which limits outpatient use. Paxlovid® and Lagevrio® have FDA approval for emergency oral use. Paxlovid can increase drug levels of transplant medications, including tacrolimus, cyclosporin and rapamune. So, blood levels would need to be closely monitored while receiving this treatment. Lagevrio works by causing mutations of the virus so it may have a risk of virus progression in immunocompromised patients.

Almost three years since the start of pandemic, COVID-19 remains a major challenge before and after solid organ transplantation. Challenges after transplant include: Vaccinations may not be as effective after transplant due to a lower immune response, treatment options are minimal with additional risk to transplant patients, and there is a recommendation to hold COVID-19 vaccinations until three months after transplant. For these reasons, it is highly recommended that patients receive the COVID-19 vaccination series prior to transplant. There have been great improvements in care since the COVID-19 pandemic declaration, primarily due to vaccinations and natural immunity in the general population, but there is still much work to be done to find better treatment options, especially for our vulnerable populations, including transplant recipients.

Presbyterian Transplant Services reports required data to the United Network for Organ Sharing (UNOS), a regulatory organization for organ transplants. This information is shared with the Scientific Registry of Transplant Recipients (SRTR), which compares and publishes information about patient characteristics, waiting list times and transplant outcomes for all U.S. transplant programs.

Presbyterian Transplant Services strives to deliver the best possible care to all patients. As part of this commitment, we are dedicated to providing transparency for our patients and their families.

To view our outcomes, visit: <https://www.srtr.org/transplant-centers/interactive-report?center=NMPH&type=TX1&organ=ki>.



Team Member Spotlight

Gregory Larrieux, MD, is the Surgical Director of Pancreas Transplantation at Presbyterian Hospital.



Dr. Larrieux is originally from Miami, Florida, but was raised in Port-au-Prince, Haiti. Dr. Larrieux studied biomedical engineering at the University of Miami. He received his medical education from the University of Iowa and his surgical training from the Medical College of Wisconsin. He completed a multi-organ transplantation fellowship at the University of Minnesota, which is internationally acclaimed for its work in pancreas and islet cell transplantation.

Dr. Larrieux specializes in kidney, liver and pancreas transplantation. In addition, he performs living donor laparoscopic kidney donation, minimally invasive dialysis access surgery and all facets of general surgery. Dr. Larrieux provides pre-transplant evaluation for potential recipients, living donor evaluation, and works closely with his patients to ensure they are informed and educated throughout all phases of their care.

Dr. Larrieux's research interests include healthcare disparities and racial differences in outcomes of organ transplantation.

Dr. Larrieux is fluent in English, French and Creole. He enjoys spending time with his friends and family, and his hobbies include writing, traveling and performing poetry.