

Transplant in the Hispanic Population

Webcast

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Introduction

José Osorio:

If you have been looking for more trustworthy information about health, in order to make a more correct decision for your loved ones, you are in the right place. Welcome to Andrew Schorr's Patient Power, the only talk show in its kind, seen from the patients' perspective, which connects you with the medical experts at the renowned Northwestern Memorial Hospital, inspiring patients as well as members of your family. In his capacity as a leukemia survivor, Andrew knows what it is to suffer a serious disease; and what is necessary to help you and your family make the right decisions. He developed Patient Power, along with Northwestern Memorial to help you, because knowledge can be the best medicine of all. Please remember that the opinions expressed in Patient Power are not necessarily the points of view of Northwestern Memorial Hospital, its medical staff, or Patient Power. Our discussions do not replace your own doctor's medical advice. That is the way where you will find the most appropriate care for you: Patient Power and healthnet.nmh.org

José Osorio:

Hello and welcome again to Patient Power, associated with Northwestern Memorial Hospital. I am Jose Osorio on behalf of Andrew Schorr. Today we are going to talk about Northwestern Memorial Hospital's transplant program for Hispanics. This program offers comprehensive services, focused on the patient and respecting your cultural sensitivity, as well as educational material for Hispanic patients. Our special guest for this program is Dr. Juan Caicedo, recognized surgeon, and director of the organ transplant program of Northwestern Memorial Hospital.

Dr. Caicedo, thank you for being with us.

Dr. Caicedo:

Thank you, Jose. How have you been?

José Osorio:

Good afternoon, doctor. Tell us; what is the need for this program for Hispanics and why is it unique?

Dr. Caicedo:

Well, I would like to begin giving an understanding of the dimension of the problem. Basically, as we know, in the United States we are more than 300 million of inhabitants and of those over fourteen percent are Hispanics. We are forty four million. At this time we are the largest minority in the country. With a very fast growth, around fifty eight per cent, compared with the rest of the population, which is growing at thirteen per cent between 1990 and 2000. And our population, the Hispanic one, is very young. But why is this data important? It is because we also see how there is a disparity in the health of Hispanics. The risk that Hispanics have of developing diseases like diabetes, hypertension, obesity, hepatitis C and B, is almost twice as much or more compared with the white non Hispanic population. And these are the diseases that cause the patient to have a terminal renal or hepatic disease which will require a transplant at some time.

José Osorio:

And what do you think this is owed to diet, lack of exercise or some other reason in particular, genetics or me suddenly?

Dr. Caicedo:

This is something with multiple factors. There are genetic factors which obviously can play a role. But I think that the most important factor is the environmental one. What do I mean by that? It's all the customs and habits that our community have including been sedentary, and specially diet, affect this a great deal. People consume quite a bit of salt, carbohydrates or fast food. All this will affect their health, increasing the risks of developing hypertension and diabetes which is something predominant in the Hispanic population and that in the end will end up in renal failure, chronic, terminal that is the first cause of dialysis and in the end requires a transplant in that community.

José Osorio:

In other words are you trying to tell me that percentages are higher in the Hispanic population in the United States, than in their countries of origin?

Dr. Caicedo:

In fact we have seen how patients, or the people who emigrate from Latin American countries, when they arrive in the United States, gain considerable weight. And obesity is a great risk factor for diabetes and also hypertension. They are all associated. So then yes, it is true.

José Osorio:

What are the health conditions that prevail in the Hispanic community that make this organ transplant program necessary?

Dr. Caicedo:

So like we mentioned, the Hispanic population is growing and at the same time, we have some risks that have doubled, compared to the non Hispanic population, with respect to diabetes, hypertension, obesity, hepatitis C or hepatitis B. And as I was mentioning, these are the leading causes where transplantation is required. So in conclusion, not only because we grow faster, but because we have more of those diseases, we will require more transplants.

And unfortunately Hispanic patients are not getting transplants in the proportion they should. To cite an example, in the waiting list for renal transplants, at this time, the patients, or minorities are the highest percentage of all the patients who are waiting for a renal transplant. But at the time of getting a transplant, if we analyze those results, minorities are the ones who get the least transplants done. So there is a disproportion in the number of transplants that are being performed. I think that among Hispanics, it is very important, to understand that and see how we can improve and increase the number of transplants in this community.

José Osorio:

I imagine that the demand is very superior to the supply of organs. How do you compensate for this deficiency?

Dr. Caicedo:

Well, then first I think that the point you are touching on is fundamental. As you were mentioning, the demand for organs is very high every day, it is growing exponentially, and the number of donors per year has remained almost stable throughout the years. At this time there are almost a hundred thousand patients on the waiting list for an organ transplant. And the number of donors per year, cadaveric donors per year, has remained stable in the country, between eight to ten thousand donors. So that means that we cannot perform transplants from cadaveric donors, on all the patients we need to.

The other option is live donors. So there are two fundamental mechanisms to try to increase the number of transplants. One is to educate the general population about transplants and how live donation is a great way to increase the number. To be accepted as a donor and get to surgery, we evaluate him/her and determine that he/she is healthy. We know that after the donation, donors do not have any kind of physical or mental limitations, after the donation. They are patients who are healthy before the donation and after the donation continue to be healthy. They don't require any type of medication and they can have an absolutely healthy life; and they go back to their labor or family environment without any problem. That is one way to increase the number of transplants.

The other option is to try to optimize the number of cadaveric donor transplants. There are cadaveric donors, who can be considered standard, or ideal when he/she is a young patient who suffers a cranioencephalic trauma and has an encephalic

death, that patient besides the trauma or before the trauma was healthy, in other words all the organs will be in perfect condition. These would be the ideal donors; but unfortunately this is not what is happening continually in the United States. The population is aging and problems of diabetes, obesity, hypertension are increasing. That is why the majority of donors we have at this time, are elderly patients with diabetes, hypertension, perhaps slight, but they have it. That causes them not to be standard donors for a transplant. But even so, these organs work, quite well and these are considered extended criteria donors.

How can we guarantee the good results that we have? Basically it is because we evaluate these donors very well before harvesting those organs, we look at the kidney functioning, we do a complete evaluation of that patient after he/she has his/her encephalic death and at the same time we also have biopsy. With a biopsy, we see if the organ is transplantable or not. So basically the sources of kidneys for transplantation are either cadaveric donors or live donors.

What are we doing at Northwestern? Basically we have one of the largest programs in the United States, as far as renal transplants from live donors, performing the nephrectomy and nephrectomy means to remove the donor's kidney through a laparoscopic procedure. We have developed over twelve hundred laparoscopic nephrectomies. It is a safe procedure. Patients usually go home the following day, in other words they recover very quickly from surgery. And the post operative pain is minimal, in comparison with traditional surgery which was an open nephrectomy, for which we had to make quite a big incision, resecting part of one of the ribs. So then I believe that through this new surgical procedure that has been performed since late nineties, we have been able to increase acceptance, on the part of the donors and in that way the number has been increased.

José Osorio:

You have answered many of my questions, doctor. How do you make this information accessible to the Hispanic community?

Dr. Caicedo:

We have several levels of action. One is directly with the patients. Once the patient comes to the hospital, we have some chats in Spanish, in which our fundamental goal is to educate them. We talk to them about the transplant and we also talk to them about the donation. In that way, they can hear first hand information and at the same time, clear doubts.

We are going to different renal units and talking with the medical doctors, the nephrologists, and the patients directly at the units. We leave material written in Spanish with them. We leave videos that have been translated into Spanish, so they can access that information. All of our pre-transplant and post-transplant material is already translated into Spanish. So then when it becomes necessary, we can send patients all that information in Spanish.

José Osorio:

Okay, is there counseling available that goes with the treatment for the transplant?

Dr. Caicedo:

Of course there is. So then we have a human team, quite a big one, composed not only by surgeons, but we also have nephrologists, hematologists, social workers, and financial coordinators. Twelve nurses on the floor are bilingual. And there is a Spanish line which the patients can call into, and it will always answer in Spanish.

José Osorio:

Oh, I see. And tell us a bit about the process of recovery.

Dr. Caicedo:

From the donation, or from the transplant or both?

José Osorio:

From the organ transplant.

Dr. Caicedo:

Okay, very well. So then, surgery, if we are going to do a renal transplant from a live donor, we do the pre-transplant evaluation, once we determine that there is no contraindication, medical, surgical, psychological or social, we set the date for surgery.

Patients, the donor as well as the receptor, arrive the same day of the surgery at the hospital and the surgery is performed almost simultaneously. The donor goes first, the kidney is removed and once the nephrectomy of the donor is finished, the transplant is begun. The surgery, is a surgery which lasts less than three hours. The patient gets out of surgery, extubated, in other words he/she will not need any ventilation support after the surgery. He/she goes to recovery and then goes directly to his/her room. He usually stays at his/her room for two days. And he leaves and goes home two days after surgery. That is our average stay here at Northwestern Memorial.

José Osorio:

Okay, and how do you face the problems related to the rejection of the donated organs?

Dr. Caicedo:

Well, then there are several things. Before the transplant, we determine which type of immunogenetic compatibility the patient has. And according to that, the type of immunosuppression is determined. Here we use immunosuppression protocols that in general, do not contain Prednisone or steroids. It's one of the great advantages of our immunosuppression protocol. In the majority of the cases, we give the

patients antibody inductions. With that we have been able to decrease the rate of acute rejection, to less than ten percent. The frequency of rejections at a national level is twenty two percent. So our rate, or our frequency of acute rejection is well below the national average. I think this is due to the constant research that we are doing in the field of immunosuppression, to improve it and be able to decrease that risk every time.

Usually acute rejections in renal transplants can be easily improved. The great majority responds to steroids. Some short cycles, generally it is three days of steroids. And with that, the vast majority of the cases improve. In some cases, which are more infrequent, if they don't improve with steroids, there are other options. In other words, in general, it is important to tell the community that acute rejections, at this time, are not a big problem in renal transplants, like they were fifty years ago, when the organs were usually lost. At this time that is not the situation.

José Osorio:

Okay, doctor, I am going to review the surgical process a bit. I imagine that many people would also wonder the same. We know that laparoscopy is used for this process, but how do you manage to extract the organ through the laparoscopy, since they are small incisions?

Dr. Caicedo:

Correct. So then basically, let me review how the surgical procedure works. It is a laparoscopic, hand assisted procedure. The kidney is the size of the fist of the donor or of any of us. That is the size of the kidney. So then, through small incisions in the costal cage on the side where we want to remove the kidney, two small incisions are made, which are around one and a half centimeter in size. Through one, we place the camera through to see what we are doing. Through the other we place some trocars through which the surgical instruments can be introduced. Since at the end of the surgery we had to make an incision big enough to take out the whole organ, we take advantage of that incision from the beginning of the surgery and we place our hand. With this hand assisted procedure, we have achieved a substantial decrease in surgery time.

At the beginning, when we started to perform this procedure, it would take six to eight hours to remove the kidney. With this hand assisted procedure, in less than two hours we are removing the kidney from the donor. It makes the procedure faster and it makes it even safer. Our hand is the perfect surgical instrument. We have five surgical instruments in one. With our hand we can feel the pulses, if there is any intraoperative problem; our hand is more a traumatic than any surgical instrument. And things can be controlled much better. So then as a consequence it has been a great advantage. In summary, in the majority of cases, we make two incisions of one and a half centimeter each and another incision, a bit larger, which

is around five to six centimeters in length, through which the kidney is removed from the donor's lower abdomen.

José Osorio:

Can you recommend anything Hispanic families can do in order to prevent these type of problems in the first place?

Dr. Caicedo:

Of course, I think that the most important thing is to lead a healthy life. What does a healthy life mean? We need to have adequate nutrition which must include enough liquids. What is enough? It is around two liters of liquid per day. That is a healthy recommendation for any person. The diet must be high in fiber, in other words everything that's fruits and vegetables, low in calories and low in fat.

In general, in the Hispanic culture, we originated in a culture of corn, our indigenous forefathers. In our food there is a great abundance of carbohydrates, flours. In any of our countries, there is always rice, yucca, plantain, potatoes, spaghetti, bread and corn on the table. And all those are carbohydrates which are healthy, but like everything, always bad in excess. So we have to find that balance, avoid fast food. Exercising is very important. And a good diet and exercising routinely, will allow us to maintain our weight and avoid obesity. While maintaining our weight, we can also decrease the risk of diabetes and also hypertension. The other big recommendation is to avoid any type of alcohol or drugs because obviously that affects the organs. And even if we have two healthy kidneys or a healthy liver or multiple organs, if we lead a disorderly live, we are going to lose them all.

José Osorio:

Recreational drugs as well as medical drugs?

Dr. Caicedo:

I am talking about recreational drugs. It should be avoid. No medications.

José Osorio:

No medications.

Dr. Caicedo:

Yes.

José Osorio:

Finally, if there is anybody who needs to use this program, whom should they contact?

Dr. Caicedo:

The line in Spanish is (312) 926-5221. At this number coordinators who speak Spanish will answer. They can get in touch with us, also through email. So I think that those are the two easiest ways, by telephone or by email. They can get in touch with us directly.

José Osorio:

And can the patients come to Northwestern Memorial Hospital from other states or other countries?

Dr. Caicedo:

Of course they can. We are open to helping the Hispanic population. I think that something that is also important to mention, is that the Hispanic transplant program at Northwestern, is the first Hispanic program in existence in Chicago, and surely in the nation. Many centers do transplants on Hispanics in the United States because we are the largest minority. But nobody has a structured program. So I think that we can already offer a program structured for all our Hispanics, in which they will feel relaxed and comfortable, talking with all the personnel in Spanish. If they want to speak with the social worker, with the financial coordinator, with the nephrologist, with the surgeon, with the nurses, with the transplant coordinators, they all speak Spanish and will help them in Spanish.

José Osorio:

Do you look favorably upon the future of this program?

Dr. Caicedo:

Well I tell you, the Hispanic program started in December of 2006. And in 2007, only after a year the program has been active, we have doubled the number of Hispanic transplants that we have performed at the hospital. From the point of view of percentages and from the point of view of the absolute number of our transplants on Hispanics, it has grown considerably. Despite the fact that in all the transplant centers of Illinois, the number of Hispanics has decreased, in our center in fact, it has increased. So I think that the future is very big and besides, our population requires Hispanic programs to receive better attention.

José Osorio:

Can you tell us a bit about the research procedures that can benefit Hispanic families?

Dr. Caicedo:

Of course. At Northwestern, we are performing kidney, pancreas, liver, and intestines transplants. Specifically in kidney, in renal transplants, we are performing transplants with donors ABO incompatible.

In the past, if there was an incompatibility, it could not be done. We are doing it successfully. Sometimes before getting to that point, if the donor was not compatible with the corresponding receptor, and there was another donor-receptor couple, who were not compatible, what we were doing was an exchange of donors and both the patients could get a transplant, avoiding the incompatibility of ABO blood group.

The other thing that we are doing is performing transplants in patients who are highly sensitized. That also requires a special protocol. But it can be done successfully. The last one, or the most innovating thing that we are doing at this time, is looking for tolerance. That means trying to perform a transplant that would not require immunosuppression in the future. That is why we are performing a combined transplant of kidney and stem cells. Both of them, the kidney as well as the stem cells, come from the donor. And they are transplanted to the receptor. This is a new project that is sponsored by the National Institute of Health and is lead by Dr. Josh Miller.

José Osorio:

Thank you very much, doctor, once again for your participation and your valuable contribution. Could you tell us again the telephone number and the email that our Hispanic Community can contact?

Dr. Caicedo:

Of course, I would be glad to. So our direct line in Spanish, for the Hispanic Transplant Program, is: (312) 926-5221 and my email address is: jcaicedo@nmh.org.

José Osorio:

Okay, thank you very much doctor.

Dr. Caicedo:

Thank you very much to you, Jose.

José Osorio:

Our next program will be April 8th. And we will be talking about spinal surgery with Dr. Richard Fessler. I am José Osorio and you have been listening to Patient Power in Healthnet, brought to you by Northwestern Memorial Hospital. This has been Andrew Schorr's Patient Power. Thank you for listening, if you would like to hear this show one more time, or recommend it to a friend, or listen to some of our past programs, visit our website, ihealth.nmh.org and find the listing for Patient Power. Make sure to find us at this same time in two weeks, for another edition of Andrew Schorr's Patient Power. Tell a friend, and we hope to see you soon, because knowledge is the best medicine of all.



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