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HIGHLIGHTS:

Andrew Scott Klein, MD, MBA, is the new director of the Comprehensive Transplant Center at Cedars-Sinai Medical Center in Los Angeles. He has been with Johns Hopkins University in Baltimore for more than 20 years and is well known for his involvement with the United Network for Organ Sharing, the national organization that sets transplantation policies.

NEW DIRECTOR OF COMPREHENSIVE TRANSPLANT CENTER BRINGS ADDITIONAL WORLD-CLASS EXPERTISE

LOS ANGELES (Nov. 11, 2004) – Andrew Scott Klein, MD, MBA, who has more than 20 years of experience at Johns Hopkins University and holds prominent positions with the organization that sets the nation's organ transplant policies, has been named director of the Comprehensive Transplant Center at Cedars-Sinai Medical Center.

Currently the Chair of the United Network for Organ Sharing (UNOS) Living Donor Transplant Committee, Dr. Klein also was elected Secretary of UNOS this year. Among other previous UNOS appointments, he chaired the Liver and Intestinal Transplantation Committee, served two terms on the Membership and Professional Standards Committee, and served as Region II Councilor.

For the past 15 years, Dr. Klein has served as director of the Liver Transplant Program at Johns Hopkins University's School of Medicine. Named a Professor of Surgery in 2000, he has held numerous appointments, including chief of the Division of Transplantation from 1994 to 2003 and director of the Comprehensive Transplant Center from 1996 to 2003. He also served on the Ethics Committee, the Associate Professor Promotions Committee, the Admission Committee and others.

Dr. Klein has received significant government funding for research into a variety of transplant-related subjects, sharing his findings and expertise through hundreds of presentations, articles and abstracts. He has been active in prestigious professional societies, and has served in editorial capacities on such respected publications as the *American Journal of Transplantation*, *Annals of Surgery*, *Liver Transplantation*, *The New England Journal of Medicine*, *Surgery*, and *Transplantation*.

He is particularly interested in immune cells called Kupffer cells. "We often think of the immune process and the immune response as being directed to *reject* something foreign," he said. "But Kupffer cells work to *accommodate* or *tolerate* something that is foreign. Corneas can be transplanted because the eye doesn't reject them. If we can tell the body how to do this for a solid, vascularized organ, we could perhaps promote accommodation."

Cedars-Sinai provides six general categories of transplant surgery: heart, lung, liver, kidney, pancreas, and blood and marrow. Research scientists, surgeons and medical physicians have contributed to a number of

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“firsts” in their fields, and the transplant programs have become known as among the most successful in the world. One of Dr. Klein’s goals is to improve the interaction and collaboration of specialists from one area to the next.

Achilles A. Demetriou, MD, PhD, chairman of the medical center’s Department of Surgery, said Dr. Klein’s arrival ushers in a new phase in the evolution of the transplant programs. Several years ago, the abdominal organ transplant programs were brought together into the Multi-Organ Transplant Program. Now, all of the solid organ programs – heart, lung, liver, kidney and pancreas – will be included under the umbrella of the Comprehensive Transplant Center.

“There are tremendous opportunities for streamlining processes, increasing efficiencies, improving quality and enhancing system development through collaboration. We do some things especially well in one area or another. The idea is to bring every area to the highest level by bringing everybody together. I think our patients will see better, more streamlined service, and our vendors – medical groups, insurers and others – will see that we’re more responsive. They will know that they are not only buying the best quality, but they are also getting efficient, cost-effective and competitive service,” said Dr. Demetriou.

“Dr. Klein brings a significant increase in depth in terms of his scope of knowledge of the transplant field as a whole,” he said. “Because he has held leadership positions at Johns Hopkins, UNOS and other transplant organizations for many years, he understands the clinical, academic, research, and social issues. Through his experience and from earning his MBA, he also understands the economic and business issues. Having someone of this stature and experience in the community, I think enriches the entire community. He becomes a major resource for our region, representing us nationally and internationally.”

Among Dr. Klein’s first priorities is the recruitment of additional specialists in hepatology to help contend with the epidemic of hepatitis C. “Our hepatologists are doing some very exciting work, not just with hepatitis C but also with people who are co-infected with HIV and hepatitis C,” he said. “But when you combine these responsibilities with our need to expand our transplant program, we need additional highly talented people.”

He also expects to enhance the teaching and research elements of the transplant programs.

“We have very, very bright and talented faculty here and some extremely interesting research taking place in biology and immunology related to transplantation,” he said. “As we recruit additional scientists, surgeons and clinicians who are developing innovative techniques in several areas, I think we will become an even stronger academic center, attracting more young people into fellowships and other educational opportunities. There are several programs that I expect will grow, and as new approaches translate from basic research to clinical trial to patient care, I think the number of patients who can be helped will be phenomenal.”

Dr. Klein earned his bachelor’s degree from Duke University and his medical degree from the Johns Hopkins School of Medicine in 1979. He completed a research fellowship in transplantation immunology at Massachusetts General Hospital in Boston before completing a liver transplantation fellowship at the University of California, Los Angeles in 1988. He has been at Johns Hopkins since, and received his master’s degree in business there in 2002.

“My image of Cedars-Sinai, as an ‘East Coast person,’ focused on quality and on ‘customer service,’ as we would say in a business sense. That was how I viewed it before I came here. Then when I visited, I saw this commitment at every level. Everyone I spoke with promoted the concept that providing good customer service is absolutely essential to providing good medical care,” he said. “In developing the Comprehensive Transplant Center and looking for ways in which there is synergy between the programs, I think we can work together better and provide even better patient care, and that really is the focus.”

During his time at Johns Hopkins, he held in high regard several members of Cedars-Sinai's transplant team. In fact, he tried to recruit a few. "That is how good I think the people here are. And I think we have an opportunity to grow because we offer several services that we do very, very well. Live donor transplantation is one example. Our intent is to capitalize on what we do well, the excellent resources we have, and our highly qualified personnel. The possibilities are exciting, and that is what drew me here."

Improvements in minimally invasive surgery, immune system modulation and other techniques have made living donor kidney and liver transplantation increasingly attractive in recent years, especially in light of the ongoing shortage of cadaver organs. But living-donor procedures cannot be guaranteed, and this is one of the subjects addressed by the UNOS Living Donor Transplant Committee, chaired by Dr. Klein since it was formed in 2002.

"There have been a few very poor outcomes that have been highly publicized," he said. "We're trying to be sure that we maintain the public trust. People need to understand that when you embark upon a living donor procedure, there is risk involved. One of the things we're trying to do within the committee is to educate people about that risk, and at the same time reduce the risk. We have established a registry that goes into effect this year that requires transplant programs to report all data on all living donor transplants. It also sets the criteria for who can do the operation. If a center wants to do living donor transplantation, it will need to meet certain objective criteria in terms of surgeon experience."

Also at the national level, Dr. Klein said progress is being made in the effort to make organ allocation more equitable, regardless of geography.

"If you're fortunate enough to live in certain parts of the country, you're much more likely to get a transplant at a given level of illness than if you are in a very competitive area," he said. "There are practical considerations, of course, but as we move forward, I think there will be less 'geographic disequilibrium.' No matter where you are in the country and no matter your financial background, if you're on the transplant list, you should be able to attain relatively similar access to transplantation."

A Magnet Nursing facility, Cedars-Sinai Medical Center is one of the largest nonprofit academic medical centers in the Western United States. For the fifth straight two-year period, it has been named Southern California's gold standard in health care in an independent survey. Cedars-Sinai is internationally renowned for its diagnostic and treatment capabilities and its broad spectrum of programs and services, as well as breakthroughs in biomedical research and superlative medical education. It ranks among the top 10 non-university hospitals in the nation for its research activities and was recently fully accredited by the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP).

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