



CEDARS-SINAI MEDICAL CENTER.

NEWS

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FOR IMMEDIATE RELEASE - July 8, 2003

HIGHLIGHTS:

In an ongoing effort to continuously improve outcomes for living donor liver transplants, physicians at Cedars-Sinai Medical Center in Los Angeles have completed a two-year prospective analysis of this type of transplant and are recommending that all hospitals performing such procedures conduct pre-transplant biopsies of the donor to identify liver complications that cannot be detected otherwise. According to the analysis, these biopsies can identify ahead of time liver complications, thereby reducing risks to living donors as well as recipients.

CEDARS-SINAI HEPATOLOGISTS RECOMMEND THAT ALL TRANSPLANT CENTERS EVALUATE DONOR LIVER SUITABILITY BY PRE-TRANSPLANT BIOPSY TO AVOID UNFORSEEN COMPLICATIONS

LOS ANGELES (July 8, 2003). – For more than 20 years, John Martin suffered with an autoimmune disease that slowly destroyed the functioning ability of his liver. The Camarillo (CA) minister became very debilitated five years ago and finally got on the transplant list two years later. His wife tried to donate her liver in a living donor liver transplant but hers was not the right size. Amazingly, a local acquaintance, Jeff Pyle, heard of his plight and stepped forward to offer a portion of his liver instead.

Prior to the transplant surgery, doctors explained to Pyle that a liver biopsy was essential to assure the complete health of his organ and thus, maximize the chances of a successful transplant for his friend. The result was excellent when the transplant took place in Feb., 2003 at Cedars-Sinai Medical Center in Los Angeles.

“Today, I feel better than I have for the past 15 years,” says a grateful Martin. “I see Jeff often and constantly wonder how can I ever fully repay a kindness like the one he gave me.”

One reason for the successful outcome of this living donor liver transplant may have been the liver biopsy completed on donor Pyle prior to transplantation. Usually used to evaluate liver dysfunction, Cedars-Sinai transplant physicians are using the clinical test to determine abnormalities in potential liver donors that might go unnoticed through the usual laboratory and imaging tests. Abnormalities that go undetected can cause complications either just prior to or after a completed transplant.

In a recent presentation on this topic, Cedars-Sinai physicians detailed the likelihood and type of complications occurring in donors who did not have liver biopsies. As a result, they now advocate the use of the donor liver

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biopsy by all centers providing living donor liver transplants. According to a Feb. 27, 2003 article in the *New England Journal of Medicine*, there are currently 122 living donor liver transplant programs in the U.S. and just 14 percent were requiring liver biopsies for their donors.

“We feel that a donor biopsy is very valuable in detecting abnormalities that we might miss through routine screenings,” explains Tram Tran, M.D., assistant director of Hepatology, assistant director of the Liver Transplant Program at Cedars-Sinai, and one of the authors of the analysis. “We recognize that there is a one percent risk of bleeding with a liver biopsy but we feel the risk is justified in that the lives of two people are at stake.”

The prospective analysis, presented at the 2003 Digestive Disease Week meeting in Orlando, FL, looked at 56 donors (29 men and 27 women) who donated a lobe of their liver in the Medical Center’s living donor liver transplant program between May, 2001 and Oct., 2002. All donors were screened for hepatitis and other potentially exclusionary health problems by way of physical exams, extensive blood testing, imaging and further clinical evaluations. Investigators found that all 56 donors were screened and showed no obvious abnormalities. Later biopsies however indicated that chronic hepatitis, severe fat in the liver and other liver complications went undetected without the use of liver biopsy. In fact, only 27% of these donors had livers as healthy as the screenings, alone, had indicated.

According to John Vierling, M.D., Medical Director of the Multi-Organ Transplant Program at Cedars-Sinai physicians at the medical center began two years ago to routinely include liver biopsy as one of the evaluative tools used in screening living donors. “Based on the results of our analysis, we’re now recommending that all centers offering living donor liver transplants consider adding a pre-transplant donor biopsy to their screening process,” he says.

Dr. Vierling points out that the need for transplant livers far outnumbers the available organs each year. “With the relatively recent development of living donor transplants, we’re helping to offset that imbalance,” he says. “Because more and more individuals are stepping forward to donate a portion of their own liver to a friend or loved one, it is vitally important that we continue to develop new and better ways of pre-screening and evaluating living donor livers.”

Dr. Tran agrees. “We want to assure both donor and recipient of the best outcome possible,” she says. “We want to avoid operating on donors whose livers are ultimately unacceptable for transplant, and we want the patient to achieve the best result possible after the transplant is completed. A pre-transplant liver biopsy is one way to assure achieving both of these outcomes.”

Cedars-Sinai 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. Named one of the 100 "Most Wired" hospitals in health care in 2001, the Medical Center ranks among the top 10 non-university hospitals in the nation for its research activities.

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