

LVH EYES 'CURE' FOR DIABETES ** PERMISSION BEING SOUGHT TO AID SUFFERERS BY TRANSPLANTING BOTH KIDNEY AND PANCREAS.

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Lehigh Valley Hospital wants to join a small number of medical centers offering some people with diabetes a chance for a cure by giving them a new pancreas along with a functioning kidney.

If the Salisbury Township hospital's plans are approved by a national organ program, the double-organ transplants could begin there next year.

The pancreas is a pinkish-yellow gland about 6-8 inches wide and 1 inch thick that lies crosswise behind the stomach. One of its main functions is to produce the hormone insulin, which the body needs to turn sugar and starch into energy.

Without insulin, excess sugar builds in the bloodstream and can damage blood vessels and major organs, including kidneys and the heart.

Kidney transplants can eliminate the need for dialysis, the artificial cleansing of the blood, but without insulin-producing cells from the pancreas or daily injections of insulin, the complications of diabetes can continue.

By giving patients both organs "our hope is their diabetes would be cured," said Dr. Craig Reckard, LVH's kidney transplant surgeon the past 10 years.

Initial candidates would include people with type 1 diabetes who are on dialysis. Also known as juvenile or insulin-dependent diabetes, type 1 is a condition in which the body produces no insulin. One of every 10 people with diabetes has type 1 and needs insulin injections to survive.

A double transplant cannot reverse the ravages caused over time by diabetes, but should stabilize a patient's condition and bring blood sugars to normal levels, Reckard said. Some studies even show the possibility that a pancreas transplant can help damaged nerves recover, easing the pain, numbness and needle-sensation that come with it.

Relatively few medical centers offer both the kidney and pancreas transplants, Reckard said, because the pancreas is more difficult and complicated to transplant, adding another 10-15 percent risk of complications to the patients.

Part of the small intestine loops around the pancreas, which is attached to the intestine by a duct. Risks of removing and reattaching a pancreas include infection in the bowel and leaking at the connections, Reckard said.

Blood flow to the pancreas is not as great as it is to the kidney, he added, so another risk is cutting off of the blood supply to the transplanted organ.

Still, approximately 85 percent of patients who have undergone the double transplant have a functioning kidney and pancreas one year later, Reckard said.

According to the United Network for Organ Sharing in Richmond, Va., 133 medical centers in the United States offered pancreas transplants at the end of last year. The list includes hospitals in Harrisburg, Hershey and Philadelphia.

The same organ program lists the number of pancreas-kidney transplants performed last year at 914 and the number of pancreas transplants at 436.

A smaller number of centers are conducting research on the transplantation of pancreatic islet cells, rather than the entire organ, for fewer complications with similar results, according to the Richmond-based network and other reports. The operations are experimental, however.

LVH expects a decision from the national organ program early in 2002, but has already hired a second transplant surgeon. Dr. Pradip Chakrabarti, who completed his training at the University of Pittsburgh Medical Center a year ago, came to LVH in May and has already performed two kidney transplants.

Adding a second transplant surgeon also opens the door to more kidney transplants, said Reckard, the only surgeon performing them at LVH for the last decade. Reckard expects the numbers of kidney transplants to double, to about 60 a year.

Ultimately, he said, he hopes to offer a pancreas transplant as an adjunct to patients who already received a successful kidney transplant.

Reckard has performed 253 kidney transplants at LVH, but not all kidney candidates also need a new pancreas. Only about 25 percent of all kidney transplant patients have diabetes, he said.

Kitty Gallagher, president of the Lehigh Valley Business Conference on Health Care in Bethlehem, was unaware of LVH's plans Friday but questioned the logic and expense.

Her organization describes itself as a coalition of employers striving to provide the finest health-care coverage possible for their employees, in the most economical fashion possible. According to its literature, its mission includes promoting, developing and implementing effective and efficient health care programs and measuring and enhancing the quality of health care delivery.

"According to LVH, the higher the volume, the better the outcome," she said. "Is the volume here large enough to compete with bigger centers?"

Gallagher also said she is tired of hospitals, including Lehigh Valley, complaining about being poor while spending millions on construction, equipment and programs that add long-term expenses.

LVH does not need to buy additional equipment or expand its laboratory to add the pancreas to its transplant program, according to spokesman Rob Stevens. The only added costs, he said, are for personnel, including Chakrabarti's salary.

Stevens would not disclose the expense, but said a former Lehigh Valley couple involved in the care of people with diabetes have contributed \$1 million toward the double-transplant program. The couple, Bob and Marilyn Mayer, could not be reached for comment Friday.

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