

# The Phoenix

VOLUME 11 NO. 3 SUMMER 2001

NEWSLETTER

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## Surviving Allison

### Hermann Hospital Transplant Center Thriving



Medical staff assist the Army reserves in loading a patient to be transported to one of the several outlying hospitals that volunteered to take on extra patients in this time of crisis.  
PHOTO COURTESY OF UTHSC-H OFFICE OF PUBLIC AFFAIRS.

In the wake of the devastating Allison-spawned flood of June 9th, the Memorial Hermann Transplant Outpatient Center reopened on August 16, 2001. Immediately following the flood, our transplant team operated at offsite facilities, including the Texas Liver Center and the Houston Medical Center in the Hermann Professional Building. An estimated 32 feet of water inundated Hermann Hospital, flooding the sub-basement, basement, and ground floor. According to David Hileman, Transplant Business Co-ordinator, "Memorial Hermann Hospital had proper flood controls and barriers in place for a sentinel event, which had been determined to be a 100-year flood. The Allison flood was so devastating that it is now considered to be a 300-500 year event."

#### Evacuation of ICU and Transplant Patients

At about 1:15 am June 9th, the main power went out in the hospital and the backup generators kicked in. Due to accumulating water, at 3:00 a.m., the

backup power failed as well. The courageous decision was made at 7:00 a.m. to evacuate all the patients: a remarkable achievement never attempted in a facility this large. This effort was complicated by the fact that Memorial Hermann was full. Even though there were hundreds of ICU patients, including four transplant patients requiring intensive care, the entire evacuation was completed in 36 hours. Hileman said: "Patients were evacuated to our sister Memorial hospitals—Southwest, Southeast, Memorial City, Katy, and the Woodlands. Children were sent to Beacon Hospital. Patients were evacuated by Coast Guard helicopters and ground ambulances to as far away as Breckenridge Hospital in Austin. Most patients who could be safely discharged were out of Hermann Hospital in about 12 hours."

Leslie Duncan, RN, Director, Transplant Services, said: "Our next task was to figure out how we were going to care for our transplant patients, as they were sent to various hospitals. Community hospitals helped tremendously in this effort. They just accepted these patients and took care of them. Most

already transplanted patients, however, were admitted to Memorial Southwest Hospital in an effort to keep them together as much as possible."

"Memorial Hermann Hospital's management team set the goal to reopen by July 17, 2001, a goal that was met," reported Duncan. "Within a short period, we were given a temporary 10-bed ICU unit for transplant patients in the Woman's and Children's Pavilion on the 9th and 10th floors, while the existing transplant unit is still undergoing renovations and repairs. But even in our temporary space, we are up and running; currently we have nine patients in our care."

Hileman recalled: "We lobbied with the Director of the U.S. Department of Health and Human Services, Tommy Thompson, and our local senators requested that Medicare approve a temporary liver transplant center at M.D. Anderson and grant us temporary privileges at four of our other facilities, mainly Southwest and Memorial City, to perform kidney and pancreas transplantation. These requests were granted, and two living-related renal transplants were performed at Memorial City Hospital by Barry D. Kahan, PhD, MD, Director of the Division of Immunology and Organ Transplantation on July 18th and 23rd, respectively. The Hermann Transplant Center's surgical team, OR and PACU staff, as well as all transplant-specific instruments and supplies were transported to Memorial City for this effort. *continued on page 5*

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## Pancreas Transplantation Service

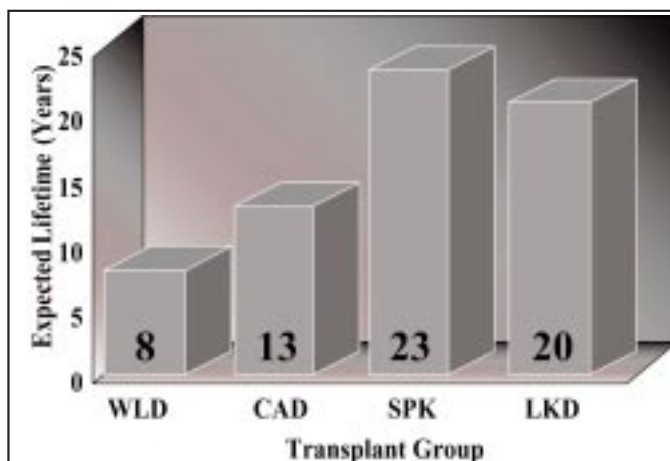
### Simultaneous Pancreas-Kidney Transplantation Offers New Hope for Patients with Type I Diabetes and Renal Failure

Successful simultaneous pancreas-kidney transplantation (SPK) frees the recipient from a lifetime of frequent glucose checks, daily insulin injections, and a restrictive diet, and thus has the potential to greatly improve the patient's quality of life. A recently completed questionnaire study by Dr. Richard J. Knight, MD, Chief of the Solid Organ Pancreas Transplant Service and Associate Professor of Surgery, reports objective evidence of this: SPK recipients are more likely to return to full-time employment posttransplantation compared to kidney-alone recipients. At transplantation 39% of SPK patients and 36% of kidney-alone patients surveyed were employed. However, posttransplant, significantly more SPK patients (75%) were working posttransplant compared to kidney-alone patients (47%). These data suggest that the improvement in quality of life associated with SPK provides the recipients the opportunity to seek employment.

#### Patient Selection

Says Dr. Knight, "At our center, all patients with type I diabetes and renal failure under the age of 45 are potential candidates for SPK. We will consider those up to age 55, but we tend to be more selective for older patients."

Potential candidates for SPK, like kidney-alone transplantation, face an array of interviews, laboratory tests, diagnostic studies, and consultations with specialists. First, the transplant surgeon completes a comprehensive patient history and physical examination and answers all the patient's questions about surgical procedures and immunosuppressive drugs. The transplant coordinator also evaluates the patient, answering any other questions about the



Five-year survival rates in SPK recipients are higher than those for patients who are wait-listed on dialysis (WLD), those who have received a cadaveric kidney (CAD), and those who have received a living-related donor kidney (LKD). Source: Ojo AO, Meier-Kriesche H-U, Hanson JA, et al. *Transplantation* 2001, 71(1): 82-90. Adapted with permission.

procedure. A social worker then interviews the patient to determine whether he or she can withstand the rigors of transplant surgery, including keeping follow-up clinic appointments and complying with immunosuppressant drug regimens. The diagnostic work-up includes laboratory blood tests and chemistry profiles, urinalysis, blood and tissue typing, and serology testing for serious viral infections. Male patients over 45 are given the PSA test, a screening test for prostate disease, and women patients over 40 undergo mammography. All patients are also carefully evaluated by a cardiologist, who will administer echocardiography and stress testing. A dental examination is required to rule out active infection. Women candidates must also receive gynecological evaluation and Pap test.

Says Dr. Knight, "Most patients that we see are being evaluated for a kidney transplant anyway. While SPK is a more complex surgery than kidney-alone transplantation with a higher risk of complications, the immunosuppressant drug doses are only slightly higher." But

the potential benefits can far outweigh the risks, especially with today's improved surgical techniques. "Since many of our patients already have advanced disease," says Dr. Knight, "SPK offers patients hope that their health will start to improve. This is an enormous psychological benefit since they have been sick since childhood or adolescence and have worked very hard to manage their disease, and yet have seen their medical condition deteriorate. Many have had to go on dialysis a year or two before they come to our center."

#### Outcomes

The SPK procedure, wherein both organs come from the same donor, proffers the best one-year graft survival rates, namely 85%, according to data gathered by United Network of Organ Sharing (UNOS). According to Dr. Knight, the University of Texas-Houston center's one-year survival rate approaches 90%. In addition, he continues, "There are emerging data to suggest that SPK will prolong the life of patients with type 1 diabetes compared to kidney-alone transplantation. At best, however, these data are statistical estimates and are not the result of a rigorous clinical study." (See the graphic.) "And even though the surgery corrects the underlying problem, most of the available data suggest that it would take 5-10 years to see an objective improvement in stabilizing or reversing the secondary complications of diabetes—kidney disease (nephropathy), eye damage (retinopathy), and nerve damage (neuropathy). To date, clinical data have been collected only from small numbers of patients in short-term studies, and they suggest SPK does not improve symptoms associated chronic diabetic retinopathy, but may stabilize neuropathy and nephropathy. ♦

Pancreas Transplant Team at the University of Texas—Houston Transplant Center

Surgeons: *Richard J. Knight, MD, Stephen M. Katz, MD* ♦ Transplant Coordinator: *Scott Zela, RN, BSN*

Social Worker: *Penelope Loughhead, LMSW* ♦ Dietitian: *Janelle Currey*

# Pen & Podium



## JOURNAL ARTICLES

Chen W, Bennett CF, Condon TP, Stecker K, Tian L, Kahan BD, and Stepkowski SM. Methoxyethyl modification of phosphorothioate ICAM-1 antisense oligonucleotides improves prevention of ischemic/reperfusion injury. *Transplant Proc* 33: 854, 2001.

Gebel HM, Bray RA, Ruth J, Zibari GB, McDonal JC, Kahan BD, and Kerman RH. FLOWPRA™ to detect clinically relevant HLA antibodies. *Transplant Proc* 33: 477, 2001.

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deleterious HLA antibody. *J Heart Lung Transplant* 20: 211, 2001.

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Kirken RA, Erwin-Cohen R, Behbod F, Wang M, Stepkowski SM, and Kahan BD. Tyrphostin AG490 selectively inhibits activation of the JAK3/STAT5/MAPK pathway and rejection of rat heart allografts. *Transplant Proc* 33: 95, 2001.

Knight RJ, Burrows L, and Bodian C. The influence of acute rejection on long-term renal allograft survival: A comparison of living related vs. cadaveric transplantation. *Transplantation* 72: 69, 2001.

Mahalati K and Kahan BD. Sirolimus permits steroid withdrawal from a cyclosporine regimen. *Transplant Proc* 33: 1270, 2001.

Podder H, Podbielski J, Hussein I, Katz SM, Van Buren CT, and Kahan BD. Sirolimus overcomes rejection proclivity of African-American patients. *Transpl Int* 14: 135-142, 2001.

Podder H, Stepkowski SM, Napoli K, Clark J, Verani RR, Chou TC, and Kahan BD. Pharmacokinetic interactions augment toxicities of sirolimus/cyclosporine combinations. *J Am Soc Nephrol* 12: 1059-1071, 2001.

Podder H, Stepkowski SM, Napoli KL, and Kahan BD. Pharmacokinetic interactions between sirolimus and cyclosporine exacerbate renal dysfunction. *Transplant Proc* 33: 1086, 2001.

Podder H, Podbielski J, Hussein I, Katz SM, Van Buren CT, and Kahan BD. Impact of sirolimus on renal transplant outcomes in African-Americans. *Transplant Proc* 33: 1226, 2001.

Stepkowski SM, Kirken RA, Wang M, Yu J, Akioka K, and Kahan BD. Tolerance induction by alteration of T cell receptor (TCR) signaling using an allochimeric donor/recipient class I MHC protein. *Transplant Proc* 33: 131, 2001.

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## BOOK CHAPTERS

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# Pen & Podium



## PRESENTATIONS

### Barry D Kahan, PhD, MD

"Clinical Application and Modulation of Signal Transduction as They Relate to Tolerance," Sixth International Conference on Tolerance Induction, Tucson, Arizona, January 21-24, 2001.

"New Molecular Targets in Immunosuppression," VI Congress of the Catalan Transplantation Society, Barcelona, Spain, January 23, 2001.

"A New Class of Immunosuppressants for Organ Transplant Rejection," Japan Society of Clinical Transplantation, Atami, Japan, January 25, 2001.

"Pharmacodynamics of Cyclosporine," AST Generics Symposium, St. Louis, Missouri, February 28-March 1, 2001.

(1) "Individualization of Immunosuppressive Therapy: Rational Regimens from Multiple Choices;" (2) "Two-Year Safety and Efficacy of Sirolimus in Renal Transplantation;" (3) "Outcome of 300 Renal Transplant Recipients Treated *de novo* with a Sirolimus-Cyclosporine Regimen at a Single Center;" (4) "RAD (Everolimus) Pharmacokinetics in *de novo* Renal Transplant Patients: Dose-Proportional, Stable Exposure over 6 Months," AST/ASTS Transplant 2001, Chicago, Illinois, May 12-16, 2001.

"Development of Immunosuppressive Drugs," Laikko Hospital Medical University, Athens, Greece, May 17, 2001.

"Experience with Rapamycin" Wyeth Symposium, Santorini, Greece, May 19-20, 2001.

"Immunosuppression with Rapamycin," 2nd International Congress on Immuno-intervention in Nephrology, Chia Laguna, Italy, May 24-26, 2001.

"Sirolimus: Bench to Bedside," Maine Medical Center, Portland, Maine, June 4, 2001.

"Future Trends in Immunosuppression," Transplant Grand Rounds, Brigham &

Women's Hospital, Boston, Massachusetts, June 4, 2001.

"Rapamycin: New Developments in Immunosuppression," Citywide Monthly Transplant Conference, Buffalo, New York, June 5, 2001.

"New Approaches to Transplant Immunosuppression," Erie General Hospital, Amherst, New York, June 5, 2001.

(1) "Rapamycin: New Perspectives in Clinical Therapy" and (2) "Chronic Rejection: The Present is Prologue," University of Toronto, Toronto, Ontario, Canada, June 7, 2001.

(1) "Sirolimus—A New Paradigm?" and (2) "FTY720—When and Where?" XVI Latin American Transplant Congress, Punta Cana, Dominican Republic, June 15-19, 2001.

(1) "A Perspective on the Clinical Use of Sirolimus;" (2) Panelist in Workshop, "Sirolimus-Dosage and Drug Interactions;" (3) "Individualization of Sirolimus Therapy," 1st International Symposium on Sirolimus, Vienna, Austria, June 20-22, 2001.

### Charles T Van Buren, MD

"Does Kidney Allocation Based on HLA Matching Adversely Affect Minority Access to Transplantation?" AST/ASTS Transplant 2001, Chicago, Illinois, May 15, 2001.

"Nucleotide-Free Diet Alters Cyclosporine Absorption," Organ Transplant China Delegation and Symposium, Beijing, China, July 5, 2001.

### Richard J Knight, MD

"Pancreas Transplantation," Austin Diagnostic Clinic, Austin, Texas, April 11, 2001.

"Induction Immunosuppression for Cadaveric Renal Transplantation Utilizing Sirolimus, Basiliximab and Delayed Introduction of Cyclosporine," AST/ASTS Transplant 2001, Chicago, Illinois, May 14, 2001.

"The Impact of Pancreas Transplantation on Patient Employment Opportunities," 8th Congress International Pancreas and Islet Transplantation Association, Innsbruck, Austria, June 15, 2001.

"Kidney-Pancreas Transplantation," 1st International Symposium on Sirolimus, Vienna, Austria, June 21, 2001.

### Ronald H Kerman, PhD

"New Methods to Identify Clinically Relevant Antibodies to HLA Antigens," Baylor College of Medicine and Texas Heart Institute-Transplant Grand Rounds, Houston, Texas, February 14, 2001.

"New Methods to Identify Clinically Relevant Antibodies to HLA Antigens. Are They Relevant in the LVAD-Treated Patient?" Texas Heart Institute Symposium, Houston, Texas, February 17, 2001.

"Immunological Assessment Before Transplantation," 6th Banff Conference on Allograft Pathology Banff, Alberta, Canada, April 2, 2001.

"Update on Methods to Detect HLA Antibodies," Texas Transplantation Society, San Antonio, Texas, June 15, 2001

### Stanislaw M Stepkowski, PhD

"Allochimeric Protein-Induced Tolerance is Mediated by Potent Regulatory T2 Helper Cells," AST/ASTS Transplant 2001, Chicago, Illinois, May 15, 2001.

"Inhibition of Jak3 Alone Blocks Allograft Rejection and Is Synergistic in Combination with Cyclosporine but Not Rapamycin," AST/ASTS Transplant 2001, Chicago, Illinois, May 15, 2001.

"Induction of Tolerance by Allochimeric Protein Requires Both Second and Third Signals," AST/ASTS Transplant 2001, Chicago, Illinois, May 15, 2001.

### Vida B Kasmarek, PharmD

"Drug management in renal transplantation," Meeting for transplant nursing staff

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# Surviving Allison

Hermann Transplant Center Thriving

continued from page 1

## Flood Heroes

Duncan arrived at Hermann at 11:00 a.m. Saturday, and she recalled, "Driving in was eerie, like being in a ghost town with abandoned cars everywhere. In contrast, the medical center was bustling with organized activity: ambulances and helicopters were lined up ready to go. As a nurse, I was immediately assigned to a team, which, as mandated by disaster recovery protocol, consisted of a nurse, a respiratory therapist, eight other people, mostly volunteers, and a physician. The volunteers carried the patients, and it took about 20 minutes to get each patient down the stairs."

Both Hileman and Duncan remain overwhelmed and grateful for the quick, selfless, and thoughtful way with which the Houston Community responded. Said Duncan: "People just showed up to help when the bayous were still overflowing and streets were flooding. A woman, who said she was a housewife, had heard about the situation in the medical center and said to me, 'I just had to come and help.'" Duncan spotted this woman the next day: she had returned, bringing her husband to help, too.

Said Hileman: "Two troops of Boy Scouts came at around 3:00 p.m. and installed thousands of battery-operated, stick-on lights in the stairwells; each came equipped with four extra batteries

attached. People just showed up with boxes of flashlights that morning; a representative from Cingular came over with hundreds of cell phones. We even had people showing up at the ER saying, 'here's my cell phone and here's the number where you can reach me when you're done with it.' Someone even showed up with lanterns, which we hung in patients rooms that first night." He continued: "I saw a young couple sitting out on the ER bay, and they were talking

hours. Many calmly reassured and informed transplant patients and family members. Remember that the staff had to climb 8 or 9 flights of steps to do this."

"The patients and their families were heroes, too," said Duncan. I went into one patient's dark room asking her how she was, and she replied, 'Oh, I'm just fine, honey.' With no power available, it was very hot and there was no water in the hospital. Patients' families had bought lots of food and water for the staff, wading out into the flood to get it. No one even complained about the conditions."

A major concern for the transplant team was the total loss of Hermann's Outpatient and Investigational Pharmacy. Vida Kasmarek, Pharm. D., said Duncan, "was a real hero for her patients." For patients enrolled in clinical studies, uninterrupted supply of their medicines not available by prescription is critical. Kasmarek immediately contacted the suppliers of these drugs and arranged for them to be sent directly to her house, thus assuming total responsibility for their security, integrity, and dispensation to study patients. She

also worked closely with Hermann's Director of Pharmacy to ensure that transplantation patients' prescription drug needs could be filled at Memorial Southwest.

Hileman also noted that The Red Cross volunteers were on site for two to three weeks serving food to employees and contractors 24 hours a day, 7 days week. ❖



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Saturday, June 9—Underneath this pool of water is the loading dock that delivery trucks use to reach the basement of the UT-Houston Medical School building. More than 20 vertical feet of water are in the dock.

PHOTO COURTESY OF UTHSC-H OFFICE OF PUBLIC AFFAIRS.

to an elderly gentleman. Turns out that they were in town staying at the Four Seasons Hotel for their one-year wedding anniversary. They had seen the flood coverage on TV and came down to do what they could to help the flood victims."

Duncan recounted that "some staff members stayed on site for more than 36

## Divisional 25th Annual Retreat

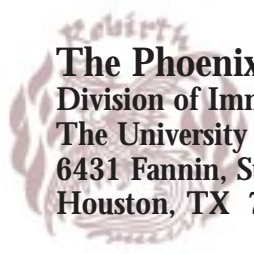
The 25th Annual Division of Immunology and Organ Transplantation Retreat will be held on April 22-26, 2002, at Amelia Island off the northern coast of Florida near Jacksonville. The retreat precedes the May 2002 ASTS/AST Joint American Transplant Meeting in Washington, D.C. Invitees include all former fellows and faculty of the Division, as well as a group of referring nephrologists and visiting professors, including Drs. Claudio Ponticelli (Milan), Gary Levy (Toronto), Richard Moore (Cardiff), Denis Glotz (Paris), and Bernard Hering (Minneapolis).

### Amelia Island

Amelia Island, the northernmost barrier island on Florida's Atlantic Coast, has been described as one of America's few remaining unspoiled island paradises. Known as the birthplace of the modern shrimping industry, its colorful modern history dates back to the mid-1500s. The island also features ideal weather, April's average temperatures range from highs in the 80s to lows around 60 degrees; 13 miles of pristine beaches, highlighted by 40-foot dunes capped by sea oats; and unparalleled recreational activities, including golf, fishing, boating, and an array of site-seeing opportunities.

Amelia Island's lush, serene beauty promises to be an environment conducive for a stimulating exchange of innovative ideas, discussion of the Division's current research efforts, and a look back at the significant strides the Division has made in all phases of transplantation during the past 25 years. ❖





# The Phoenix

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## Division Update

### New Faculty and Staff

- Hemangshu Podder, MD,**  
Assistant Professor
- Ida Maria Fernandez, MD,**  
Visiting Assistant Professor
- Martin Villa, MD,**  
Clinical Fellow
- Yarkin Yakupoglu, MD,**  
Visiting Assistant Professor

- Lucrezia Furian, MD,**  
Research Fellow
- Esther Mondesir,**  
Research Assistant I
- Nilufar Yasmin,**  
Research Assistant II
- Hoa Quach,**  
Programmer Analyst IV

### PRESENTATIONS

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at St. Lukes Episcopal Hospital, Houston, Texas, March 26, 2001.

### Robert A Kirken, PhD

“Partial Activation of TCR by Tolerogenic Allochimeric Protein Modifies Stat5 Activation,” AST/ASTS Transplant 2001, Chicago, Illinois, May 15, 2001.

### Robert M Langer, MD

“Selectin Inhibitor Bimosiamose (TBC 1269) Improves Function and Survival of Kidney Allografts,” AST/ASTS Transplant 2001, Chicago, Illinois, May 15, 2001.

### Kimberly E Napoli, PhD

“Clinical Sirolimus TDM Using LC/UV Methodology,” invited workshop given at the 53rd Annual Meeting of the American Association for Clinical Chemistry, Chicago, Illinois, August 1, 2001.

### Lynne P Rutzky, PhD

“Effect of Simulated Microgravity Conditions on Mouse Pancreatic Islet Immunogenicity and Morphology,” invited speaker at 2001 NASA Biotechnology Cell Science Program Investigator Working Group Meeting, Houston, Texas, March 6-8, 2001.

### Mour-Er Wang, MD

“Selectin Inhibitor Bimosiamose (TBC 1269) Alone or in Combination with Other Agents Prolongs Kidney Allograft Survival,” AST/ASTS Transplant 2001, Chicago, Illinois, May 15, 2001.

### GRANTS

**Dr. Barry D. Kahan** received funding from NIDDK for a study on the pharmacology of cyclosporine-based immunosuppression.

**Dr. Stanislaw M. Stepkowski** received funding from NIH (NHLBI) for a study on the regulation of IL-4/IL-4R signaling pathway mediated tolerance.

**Dr. Lynne P. Rutzky** received funding from NASA to investigate the effect of microgravity on pancreatic islet xenotransplantation.

### CONGRATULATIONS

**Vida B Kasmarek, PharmD,** received her Doctor of Pharmacy Degree from The University of Houston, College of Pharmacy, in August 2001. She performed her experiential rotation in Institutional Medicine and Ambulatory Care with additional training in Transplant Clinical Trials/Research and Nutritional Support.

*The Phoenix* is published by the Division of Immunology and Organ Transplantation at The University of Texas Medical School at Houston, a nonprofit organization.

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