UAB transplant specialists say increasing use of living kidney donors gets significant credit for producing the best survival rate of recipients among the busiest centers in the United States. The Wall Street Journal recently cited the program’s one-year survival rate in listing the five busiest kidney transplant centers in the country for the 30-month period ending June 30, 2001.

Director Dr. Mark Deierhoi (Transplantation) said kidney donations at UAB by living persons have risen sharply since introduction of a less invasive procedure for removal of kidneys. “The hand-assisted laparoscopic kidney removal performed by our urologists for the past couple of years drastically reduces a donor’s recovery time,” he said. “This procedure makes the decision to donate easier and also enlarges the pool of people who might consider donating.”

Kidneys are sutured into the recipient only minutes after being removed from living donors, which Dr. Deierhoi calls a great advantage to the person receiving the organ. “It’s a truism that any kidney from a living donor is better than a kidney from any but the most perfectly matching cadaver — largely because of the shorter time without being connected to a blood supply, but also because you have a much more complete medical evaluation of the donor,” he said. A candidate must undergo a complete in-hospital assessment before being accepted as a donor.

“Living donations and transplants are scheduled affairs that take place within minutes of each other, whereas organs procured via a procurement center require a day or two to be transplanted. The donated cadaver kidney deteriorates a little bit with each passing minute it is without a blood supply,” Dr. Deierhoi said.

“The donated kidneys from a living person start working immediately after being transplanted. There’s less damage to the kidney, which means it generates less of an immune reaction in the recipient — and that’s one factor in survival.”

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Other major factors in the program’s top-rated survival statistics include advances in immunosuppressive therapy and better ways of taking care of patients after surgery, according to Dr. Deierhoi.

The UAB program was the highest volume center in the nation during the 1990’s and still performs close to 300 transplants annually. This year UAB has had its best three-month period ever — 108 transplants performed — and is on track to perform about 325 transplants this year, according to Dr. Deierhoi.
UAB to Become One of the Top Brain Cancer Research and Treatment Sites in the Nation

The National Cancer Institute has awarded UAB a $11.5 million grant expected to make the medical center one of the top brain cancer research and treatment sites in the nation and boost the area’s biotechnology sector.

At a news conference in September, officials announced the University of Alabama at Birmingham had received one of the nation’s first two Specialized Programs of Research Excellence, or SPORE, grants for brain cancer research. The grant from the NCI, which is part of the National Institutes of Health, will provide about $11.5 million over five years for research aimed at producing new treatments for this particularly deadly form of cancer.

Dr. Steven Rosenfeld, professor of neurology and principal investigator, said the grant will solidify UAB’s good reputation in brain cancer expertise. And it will make the university one of the “top two or three” brain cancer research and treatment centers in the United States, he said.

The medical school at the University of California at San Francisco, which leads the nation in funding from NIH, received the other SPORE grant for brain cancer research. There were eight applicants, including Johns Hopkins University, Duke University and the University of California at Los Angeles.

Dr. Rosenfeld said a $180,000 appropriation from the state Legislature allowed UAB to go through a rigorous yearlong process to assemble an 800 page application.

“We’ve netted a huge return in federal funding,” he said.

The appropriation grew out of a fundraising effort by Richard Holmes, a University of Alabama System trustee who died of brain cancer in 2000, Dr. Rosenfeld said.

In addition to pumping money directly into UAB, the research effort will also spin-off into biotechnology jobs and businesses to develop and market new treatments such as pharmaceuticals.

“It has a kind of snowballing or leverage effect,” Dr. Rosenfeld said.

UAB’s Comprehensive Cancer Center will now hold three SPORE grants; the others are for breast and ovarian cancer. Only two other institutions have more. Johns Hopkins has five and MD Anderson Cancer Center has four.

“It’s a terrific accomplishment for the university,” said Dr. Albert LoBuglio, director of the Comprehensive Cancer Center. “Since its inception, the SPORE program has contributed to major advancements in our understanding and treatment of many cancers.”

Dr. LoBuglio said much of the new SPORE grant will go to five projects conducted by researchers already working at UAB. In addition, more associate researchers will be hired, and there is money in the SPORE grant to encourage young doctors to go into brain cancer research.

The five UAB projects slated for development with the SPORE grant are:

- Study of a virus that appears to be linked to brain tumors. Dr. Charles Cobbs, Dr. William Britt, and Dr. Richard Kaslow will research a rare subgroup of cytomegalovirus and the possibility that some people are susceptible to tumors caused by this virus.
- A study of how to prevent brain tumors from invading normal brain tissue. Dr. Harald Sontheimer and Rosenfeld will attempt to block an enzyme that is secreted by cancer cells to break down the matrix that keeps normal brain cells connected.
- A study of how brain tumors damage normal brain tissue. Dr. Albert LoBuglio and Rosenfeld will attempt to block toxins secreted by brain tumors.
- A gene therapy study. Dr. Donald Buchsbaum, Yancey Gillespie, and Dr. James Markert will combine gene therapy agents with chemotherapy and radiation to destroy malignant brain tumors.
- A study to develop a therapy to cut off the blood supply to tumors. Dr. Candee Gladson and Dr. Nabors will research ways of inhibiting the formation of blood vessels that feed brain tumors.

An estimated 13,100 people will die from brain cancer this year in the United States. It is one of the most deadly cancers, with about 1-in-3 patients surviving for five years after diagnosis, according to the American Cancer Society.

Clinical Trial Evaluates Drug-Eluting Stent for CAD

UAB Hospital is conducting a clinical trial to evaluate the safety and efficacy of a drug-eluting stent for the treatment of coronary artery disease. Fewer than 100 locations out of about 1,200 cardiac catheterization laboratories in the United States were chosen to participate in the study.

“This will have an immediate impact on the hospital, insurance providers and patients,” said Assistant Professor Vijay Misra (Medicine), principal investigator. Dr. Misra said drug-eluting stents will cost more than non-drug coated stents. “It is imperative that competitive products be developed in order to reduce the cost of these drug-eluting stents. UAB participates in clinical trials in an effort to bring new technology to our patients in the most cost-effective ways possible.”

The drug-eluting stent, manufactured by Boston Scientific, is an effort to prevent the recurrence of blockage, or restenosis, in the treated vessel. Such recurrences occur in about 15% to 20% of all stent placements.

The introduction of a stent into the body can cause injury to the vessel. The body’s natural reaction to injury is to heal itself by growing healthy cells at the site of the injury. The drug-eluting stent is covered with a polymer carrier that delivers the drug paclitaxel to the artery vessel wall. The drug is released in a controlled manner over a period of time. The paclitaxel is intended to block the cell growth that produces scar tissue, a major cause of restenosis.
University of Alabama School of Medicine Adds Geriatrics to Curriculum

Transplant coordinator Connie White-Williams of the University of Alabama at Birmingham (UAB) has received the American Heart Association (AHA) Excellence in Cardiovascular Nursing Clinical Practice Award. The Council on Cardiovascular Nursing presented the award at the annual AHA meeting in Chicago last week.

White-Williams, coordinates transplants for hearts and lungs at UAB. She has worked in the transplant field since 1986 for UAB, and for two years prior to that in Pittsburgh, Pennsylvania. She received her BSN degree from the University of Pittsburgh, and MSN degree and family nurse practitioner certificate from UAB.

The AHA honored her in part for maintaining roles in both clinical and research areas. She is part of a nationally recognized team that performs a large number of transplants every year, and coordinates care for about 200 patients. In addition, she has helped conduct research studies in several areas of treatment, including quality of life for patients and spouses. She has been published in scientific journals and books, and helped develop educational manuals and videos for patients, and also teaches courses at the UAB nursing school.

White-Williams is on the editorial review boards of the Journal of Transplant Coordination and the Journal of Cardiovascular Nursing, and was guest editor for the Journal Critical Care Nurse. She has numerous scientific publications to her credit in both nursing and medical journals, and has made many presentations to scientific and community organizations.

In 2000, 13% of Alabamians were age 65 and older. UAB has launched a new initiative to accommodate Alabama’s burgeoning elderly population with appropriate, specialized care.

This past year, the School of Medicine received a two-year grant from the Association of American Medical Colleges (AMC) and the John A. Hartford Foundation to support an initiative to integrate geriatric medical education into the school’s four-year core curriculum.

“The population of older adults is really exploding, and there’s a considerable gap between what needs to be taught and what actually is being taught,” said Associate Professor Dr. Richard Sims (Gerontology).

“In 12 to 15 years, I’m going to be a geriatric patient, and I’d like to have someone with knowledge taking care of me.

“Geriatric patients are as different from young adults as pediatric patients are from young adults,” Dr. Sims said. “There needs to be a different approach than that which exists. They really need geriatric assessment. That is something the average medical resident or practicing physician needs to be aware of,” he said. “We discovered that 1% or less of the pre-clinical education hours [in the School of Medicine] had geriatric content,” Dr. Sims said.

He said it is important to increase students’ knowledge of geriatrics because of the number of geriatric syndromes and debilitations. In addition, he said, polypharmacy, or the prescribing of multiple drugs, is an increasing problem. Because of doctors’ lack of geriatric training, Dr. Sims said oftentimes elderly patients are prescribed excessive medication and medications that do not interact well.

The School of Medicine is one of 40 nationwide taking part in the new initiative to better prepare upcoming doctors to treat an aging society, Dr. Sims said.

Though only one new course will be established, Sims said the geriatric content of the core curriculum will greatly increase by tweaking existing courses to cover geriatric territory.

“The AAMC really has stressed they want us to make changes that are permanent and take advantage of existing structures,” Dr. Sims said.

Each of the four years of medical school will include geriatric education, he said. First-year students, beginning in the fall, will be divided into pairs and matched with community-dwelling older adults. The students will follow the elderly adults during their entire medical-school career, Dr. Sims said. They will accompany the adults to doctor visits and be present for any surgeries they may need.

Second-year students’ introduction to clinical-medicine course will include a lecture on the fine points of taking histories and examining older patients. Special “age pages” will be added to the lectures for those doing third-year internal-medicine clerkships.

Fourth-year students will be able to take the only additional course being offered as part of the initiative. The course will cover palliation and end-of-life care. Dr. Sims said graduating seniors repeatedly have asked for such a course when surveyed at the end of their medical-school careers.

In addition, fourth-year students will take an Objective Structured Clinical Exam (OSCE) in which their students will assess and treat a simulated geriatric patient with a medical condition.

Dr. Sims said he and other members of the interdisciplinary committee have disseminated many age-related Web site addresses to various lecturers to be passed on to the students, as well.

Dr. Sims said all of the medical-school administrators have helped in the process to incorporate geriatric education into the core curriculum. “We’ve been very fortunate to be in a very supportive environment at UAB”.

The second year of the grant will be used to incorporate all of the geriatric educational elements into UAB’s core curriculum, and he and others will work to share their findings with the sister campuses.
**Administrators Corner**

**Henrietta Horton, MPH**

**UAB Critical Care Transport Again Wins Full Accreditation**

The UAB Critical Care Transport service, has been fully re-accredited by the Commission on Accreditation of Medical Transport Systems. The UAB program is the only accredited, hospital-based program in Alabama, Tennessee, Georgia and Mississippi. There are 97 accredited programs in the United States and Canada.

The UAB CCT includes a fixed wing jet and ground vehicles with specialized teams for adult, pediatric and intra-aortic balloon pump patients. Staff includes physicians, nurses and respiratory therapists. The service transports about 750 adults and 300 newborns annually.

The accrediting agency cited the CCT last year in its ‘best practices’ publication for its patient-care protocols.

**Clarification**

**U.S. News & World Report's "America's Best Hospital" issue ranked Hormonal Disorders (UAB Endocrinology, Diabetes, & Metabolism) 27th for a second year.**

**Check it Out**

**Travelers’ Health Clinic Web Site**

Visit the UAB Travelers’ Health Clinic on the Web to scan health-related profiles for more than 230 countries — from Afghanistan to Zimbabwe. Also visit the extensive disease-related pages that contain facts about dozens of travel-related ailments, vaccines, disease transmission patterns, and prevention and treatment guidelines.


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**Quality Counts!**

Two new quality awards celebrate the UAB Health System’s visible dedication to quality. In September, the United Resource Networks (URN), an organ-transplant coalition comprising 68 medical centers, presented University Hospital with its “Client Choice Award; Honorable Mention” for “administrative ease,” a key marker of referral-friendly access to care in UAB’s renowned transplantation services.

Then, on October 16, the hospital won the 2002 Award of Excellence in Continuous Productivity and Quality Improvement from the Alabama Productivity Center (APC). Health-care organizations were judged on such criteria as leadership, strategic planning, and patient and workforce satisfaction. The hospital was honored with the APC’s Alabama Quality Award in 1999. Organizations are eligible to receive that award only once every 3 years.

“The APC Award of Excellence echoes our theme of continuous improvement in basic business principles,” says Hospital Executive Director Mary Nash, RN, PhD. “It is a notable achievement, and it explains why our hospital continues to draw patients from across the nation — and world, in some cases — as well as throughout Alabama. Patients come to see us because of quality that is visible, appearing throughout the hospital.”

Dr. Nash continues, “Quality is vitally important to our culture, our sense of who we are. And a key reason we are able to sustain quality is the wonderful relationship all of us have with our Medical Staff. Our physicians and surgeons help us use the scientific method to look at our own work: gathering data, analyzing it for patterns, applying and measuring the results. In other words, they help us determine why we do what we do and how we can do it better. This is our absolute goal as we move forward.”

“The URN award won’t be covered in medical journals or other national publications, but it is noteworthy,” says Managed Care Contracting (MCC) Administrator Henrietta Horton. “Lest individuals think this is not much to be excited about, UAB’s selection is especially noteworthy because we are credentialed for six transplant programs.”

As MCC Director J.C. Herring adds, “URN represents more than 40 million lives nationwide, encompassing many referral case managers. These case managers have honored UAB for its registration, billing, and insurance verification personnel; clinic coordinators; pharmacy personnel; medical social workers; and all those in supportive roles — both at the hospital and The Kirklin Clinic.”

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**Managed Care Contracting Staff Directory**

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<td>Vickie McConnell</td>
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