



SERVICE THROUGH EDUCATION AND SUPPORT

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EDITOR'S NOTE

We are looking for articles and photographs from lung transplant patients, caregivers, & lung transplant professionals. Personal experiences and clinical or treatment subjects are welcome.

To submit corrections, letters to the editor, photographs, and articles, send an e-mail to:

schumann10.ss@gmail.com

Thank you!
The Editor

Smoking Donors and Lung Transplantation

by Ramsey Hachem, MD

Washington University School of Medicine
Division of Pulmonary & Critical Care

Earlier this year, there was controversy in the news media about the use of lungs from donors who smoked for transplantation. The story of a young British woman with cystic fibrosis who received lungs from a smoker and died of lung cancer 16 months after her transplant made headlines and raised the seemingly obvious question of why would anyone want to have a transplant using a smoker's lungs. However, like many controversies in medicine, the use of lungs from donors who smoked in transplantation involves a complex analysis of potential risks and benefits.



The lung donor organ shortage is the main barrier to transplantation for patients with advanced lung disease. In general, lungs are more susceptible to injury after brain death than other organs. In fact, approximately 80% of deceased organ donors are suitable kidney donors, 60% are suitable liver donors, and 20-30% are suitable lung donors. As a result, over 16,000 kidney and 6,000 liver transplants were performed in the US in 2012 compared to 1,700 lung transplants. The number of lung transplants performed annually has grown modestly in recent years, but this growth has been superseded by a greater magnitude of growth in the number of patients listed for transplantation.

Thus, the severity of the lung organ shortage has persisted despite increases in the number of transplants performed. Unfortunately, this disparity between donor organ shortage and need results in deaths on the waiting list.

The lung allocation scoring (LAS) system was implemented in 2005 to reduce mortality on the waiting list and maximize the transplant benefit. However, mortality on the waiting list remains considerable. In fact, the death rate among patients waiting for a lung transplant has increased in the past 2 to 3 years to 15 deaths per 100 waitlist-years. While it is difficult to compare mortality on the waiting list under the LAS system to the era before the LAS when allocation was based solely on waiting time, many believe that the recent increase in waitlist mortality reflects a change in clinical practice where sicker and older patients with more advanced lung disease are being listed for transplantation. It is also likely that the old practice of listing patients early in anticipation of a long waiting time diluted waitlist mortality under the old allocation system. Nevertheless, it is clear that some patients listed for transplantation will die before having a transplant as a result of the donor organ shortage despite the current allocation. Over the years, transplant programs have adapted their practices to meet the challenges of lung transplantation

(Please see **Smoking Donors** continued on page 7)

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AirWays

AirWays is published six times per year (if enough material of interest is submitted or found) by Second Wind Lung Transplant Association, Inc. by and for lung transplant candidates, recipients, caregivers, and transplant professionals worldwide.

We welcome all contributions to the newsletter; however, we reserve the right to edit submissions. Articles printed in *AirWays* are the property of Second Wind Lung Transplant Association, Inc. and may not be reprinted without permission from the Board Executive Committee.

We appreciate our members' help in obtaining donations to support Second Wind Lung Transplant Association.

General Information

Membership in Second Wind includes a subscription to AirWays. To join or change your address please contact Second Wind via postcard, toll free phone, or e-mail listed below.

A Word of Caution

Every attempt is made to print accurate technical/medical information from reliable sources. We would not knowingly present erroneous information but because of time and technical constraints it is not possible to check all submitted information.

Articles printed in this newsletter are for general information only and not meant to be taken as professional medical advice. Each individual's situation is different and information in the newsletter may or may not apply to you or your circumstance. It is your responsibility to discuss any information herein with your physician to determine whether it is beneficial or deleterious to your health.

To submit an article for publication in AirWays, send an MS Word document as an attachment to:

schumann10.ss@gmail.com

Send hardcopy submissions to the editor:

Steve Schumann
1020 Gull Court
Palatine, IL 60067

For more information contact:

Second Wind Lung Transplant Association Inc.
2781 Chateau Circle
Columbus, OH 43221
Toll free: 1-888-855-9463
E-mail: keelerc768@aol.com

President's Notes

Cheryl Keeler

President, Second Wind Lung Transplant
Association, Inc.

Much has happened in the last few months and the Board of Directors has been hard at work on the many programs offered for our membership. Below I have listed an update on the activities of the Board.

Transition: I want to take this opportunity to thank Tom Archer, past President of Second Wind, for all of the help and support he has given me as we transition from his leadership



of Second Wind to my first term as President. Tom served as President for nine (9) years and through his leadership Second Wind has continued to grow and improve. No words could express what his dedication, ideas and efforts have meant to our membership and to the Board of Directors. I look forward to continuing to work with Tom and learn from all of his experience. Thank you Tom for what you have done for Second Wind and for your friendship.

Web-Site Redesign: The Redesign Committee has continued to work on this major project. Chairman Ken Carrell has prepared a Request for Proposal (RFP) that will be sent to three (3) web design firms this month. The RFP includes an outline of requirements for our new redesigned web-site as well as a list of questions the Board needs answered in order to make an informed selection of the design firm we will ultimately hire to redesign our current web-site. Once we receive the three proposals, the Committee will make a presentation to the full Board of Directors and award the contract to the chosen web design firm.

In order to help with some of the functions on our current web site, we purchased software that is being installed that hopefully will fix some of the functions that aren't currently working properly: Member Search – List of Transplant Centers – AirWays editions. Once it is fully installed, we will post an announcement on the E-mail Support network and the Message Board, and inform the membership if these functions are then working.

AirWays: I am very pleased to announce that our fellow Board Member and Editor of AirWays, Steve Schumann continues to recovery from surgery. This edition of *AirWays* represents
(Please see **President's Notes** continued on page 3)

(President's Notes continued from page 2)

the second quarterly edition (Apr-June). After this edition is printed, we plan to go back to our normal schedule and we will be printing *AirWays* bi-monthly beginning with the July-August edition.

Again, we want to encourage all of you to consider telling your own transplant story. It always means so much to learn about the journey you took and the success of your lung transplant. To submit your story for publication in *AirWays*, either send an MS Word document to schumann10.ss@gmail.com or a hardcopy to Steve Schumann, 1020 Gull Court, Palatine, IL 60067. Your story may very well help someone pre-transplant overcome their fears and realize what life can be like post-transplant.

Board Members: We are pleased to announce the addition of a new Board Member, Frank Shields. Please read more about our new Board Member later in this edition of *AirWays*.

Financial Assistance Program: As a result of your generous donations supporting the Financial Assistance Program, we were able to provide one of our members with \$400.00 worth of gasoline cards to help with transportation costs to and from his transplant center. He lives approximately 300 miles one-way from his center and the gasoline cards help to enable him to travel to his center for pre-transplant testing. Thank you all for your support of this program. Information about this program can be found on our web site: www.2ndwind.org

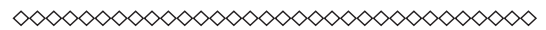
Business Agent: We are pleased to announce that one of our members, Greg Briggs, has volunteered to act as Second Wind's statutory business agent in the State of Florida. Second Wind was originally incorporated in the state of Florida and therefore we need a Statutory Agent in that state. Greg replaces our prior Statutory Agent, Jack Austin.

News Updates: There are just a couple of announcements that I wanted to make at this time. For those of you who are attending the Transplant Games of America in Houston, Texas in July 2014, you can find information regarding the games, where to stay, and a listing of all activities at www.transplantgamesofamerica.org. Good luck to all of the participants!

UNOS announced on May 28, 2014 that the Centers for Medicare and Medicaid Services (CMS) announced May 23 that it would retain the existing "protected class" status for immunosuppressant medications available as a benefit under Medicare Part D coverage. The newsroom announcement went on to state CMS issued a proposed rule in January 2014, which included provisions to possibly remove the protected class status of certain groups of medications as part of a broader review of Medicare prescription coverage. UNOS, along with a number of other transplant professional and patient advocate organizations, responded to the proposed rule and asked CMS to keep the current status of these medications

for the continued health and survival of transplant recipients. Thankfully, CMS determined to retain the "protected class" status for immunosuppressant medications.

We wish you all a wonderful summer filled with sunshine, joy and a celebration of life!



Loyola Patient Receives One of the World's Quickest Lung Transplants

(Reprinted with permission from Loyola University Health System, Maywood, IL, released 4/29/2014)

A Loyola University Medical Center patient has received one of the world's quickest lung transplants. Kenneth Baumgardner received the transplant just six days after going on the waiting list. And he went home after spending only five days in the hospital, a remarkably short stay for such a complicated procedure.

By comparison, patients nationwide spend a median of 4.6 months on the lung transplant waiting list, and the median hospital stay is 15 days (11 days at Loyola). "It's quite a miracle," Baumgardner said.

Dr. Daniel Dilling, Loyola's medical director of Lung Transplantation, said records aren't kept for the fastest time from transplant listing to hospital discharge "But I have never seen or heard of a case in which the entire process was completed in only 11 days," Dilling said. "It would be nearly impossible for this to happen more quickly."

Dilling said Baumgardner's quick transplant was due to several factors, including a policy change in how lungs are allocated and a surgery and recovery that were free of complications that are common in lung transplants. "Mr. Baumgardner had a perfect surgery and recovery," Dilling said.

Dilling said a key factor in Baumgardner's recovery was his surgeon, Dr. Mamdouh Bakhos, and the experienced, multidisciplinary transplant team that cared for Baumgardner. Bakhos has performed more than 100 lung transplants, including the first one in Illinois. Loyola has done more than 750 lung transplants, by far the most of any center in Illinois.

Baumgardner, 67, was diagnosed in 2010 with pulmonary fibrosis, a condition in which a buildup of scar tissue in the lungs causes a progressive decline in lung function. For 12 months, he was on supplemental oxygen 24/7.

Wait times for lungs are shorter than wait times for other organs because there are fewer lung transplants and thus less demand for organs. While kidney patients can wait years for organs, lung patients typically wait months.

*(Please see **Quick Lung Transplant** continued on page 6)*

Returning To Work After Lung Transplant Surgery

Cheryl Keeler

President, Second Wind Lung Transplant Association, Inc

The decision whether or not to return to work post transplant must be faced by all lung transplant recipients. This was a very difficult decision for me to make. Pre-transplant I fully intended to return to work. I worked for a large organization in the capacity of Regional Director. I had been with the organization for almost twenty (20) years and worked hard to be promoted to Regional Director.

My position required considerable travel in and out of the state and numerous appearances in public forums representing working men and women. To say I loved my job is an understatement. It was my cause and calling.

The night I received “the call” to come to the hospital because they had a set of lungs for me, I had been up past midnight preparing for a difficult set of contract negotiations. I had an oxygen concentrator delivered to my office that week so that I wouldn’t have to depend on portable oxygen and could conduct the negotiations. I tried desperately not to miss too much work pre-transplant so that I would have sufficient time off with pay after my surgery. Everyone I worked with fully expected me to return to my position.

I believe in my mind I thought I would have the lung transplant and go back to being “normal” like before I became sick with COPD and Emphysema. I had been told stories about some patients who felt so good right after surgery they were sitting up in bed and conducting business from their hospital room. I believe some of the literature I was provided indicated I would be able to return to work within a few months and for some that may be the case. For me, it was not.

I had complications ten days after my bilateral lung transplant with my heart because of all of the movement during the surgery. Because of atrial fibrillation, I had a watershed stroke. My new lungs were filling with fluid and I was back in ICU for two more weeks and then two more weeks on the regular transplant floor. I was very fortunate to recover from the stroke with minimal damage.

While I was back in Intensive Care, a doctor from Critical Care asked me if I was planning to return to work. She asked what I really enjoyed doing. What was really important to me? Did I have choices?

I finally was able to return to my home about two and a half months after surgery. I was off work on paid leave and was thinking about what I wanted and needed to do. I was having a difficult time adjusting to the medications and weekly had to have blood tests and regular trips to the transplant center

for follow-up. My center is about 3 hours from my home one way, so it’s a long drive.

After being off work for six months and still trying to adjust to all of the medications, my Employer needed something from my physician for my file to support additional sick leave. The letter provided to them by the Director of the Lung Transplant Department stated that I remained immuno-compromised and subject to the following restrictions:

I was not to perform any repetitive heavy lifting; stand in excess of 30 minutes or sit more than 6 hours. I was not to be exposed to dust, fumes, and/or second hand smoke. I needed to meticulously avoid exposure to airborne pathogens and direct contact or prolonged proximity to persons with a cough or sneeze, or any other symptoms of a respiratory infection. The letter stated it is important that I avoid direct contact with anyone who has a cutaneous infection and not be exposed to adults with any illness either infectious or otherwise. In addition, should I return to work under these restrictions, I must be allowed to take short breaks every few hours in order to rest because of increased fatigue with the anti-rejection medications. I would require time off work for various doctor appointments, blood draws, and periodic outpatient visits to the transplant center.

Wow, I thought how could I possibly follow all of those restrictions. The position I held placed me in the public all of the time. Realistically, I couldn’t get up and leave a meeting because someone had a cold. I could wear a mask, but that isn’t a guarantee of my health and safety. Fatigue was certainly a factor for me. It seemed like every afternoon I had to take a nap because I was exhausted.

I needed to seriously examine my options. My employer offered disability retirement. You had to first qualify and be granted Social Security Disability. I regrettably made the decision to apply for Social Security Disability. I was only 56 and not ready to retire, but made the decision that retirement was the best course for me to take.

There is a question on the Social Security Application for Disability Retirement: Will your condition result in your death? I looked at the question for a long time and was uncertain how to answer it. I knew the lung transplant saved my life. Without the surgery I would have died within a matter of months or maybe even weeks. Now, I looked healthy and felt better but I was well aware of the life expectancy for a lung transplant patient. I told the Social Security representative I wasn’t sure how to answer the question. I had about a 68% chance of surviving two to three years, and a 50-50% chance of surviving 5 years. She told me she thought the answer was “yes.” My disability was granted and I applied for disability retirement from my place of employment.

I was very fortunate to have disability retirement available to

*(Please see **Returning to Work** continued on page 7)*

Second Wind Board of Directors is pleased to introduce its newest volunteer member. Welcome Frank!

Frank Shields

In September 2012, I had emergency gall bladder surgery. After a two week stay in the hospital, I was diagnosed with Idiopathic Pulmonary Fibrosis and was placed on supplemental oxygen 24/7. After my in-home recovery, I entered the pulmonary rehab program at Christ Hospital in Oak Lawn IL. As time went by, I required an incremental amount of oxygen. Routine daily activities became challenging at best.

My doctors then recommended the formal evaluation process to determine if I could be a viable lung transplant candidate. I was subsequently approved and was listed for a double lung transplant. After a five month wait, I underwent a successful bilateral lung transplant at the University of Chicago Medical Center in July 2012.



I received my BSBA degree at Roosevelt University and graduated with departmental honors in Finance. I was Senior Business Analyst at Spiegel Inc. and its subsidiaries for 30 plus years, having worked

primarily with Credit Systems and Functions, I served on the board of directors of the International Credit Association of Greater Chicago and was listed in Who's Who of Credit Card Management. I currently am a member of Organ Transplant Support and also attend the monthly Easy Breathers Support Group at Christ Hospital Medical Center. I was also fortunate to attend April's Organ and Tissue Awareness event at The University of Chicago Medical Center.

Like all other board members who volunteer their time and energy, we strive to provide education, support and information not only to lung transplant candidates but to transplant recipients and those with other pulmonary issues. I consider it a privilege to be able to serve on the board of Second Wind Lung Transplant Association, Inc.



A Celebration of Life

I would like to take a few minutes to introduce you to my Mentor, Sharon Barlow. I first became acquainted with Sharon as a result of a flyer that was left on the counter in the Lung Transplant Department of Cleveland Clinic. The



only wording on the single page flyer was "If you are interested in communicating with someone who has received a lung transplant, contact any of the following people." There was a listing of about ten names and email addresses. I remember that I emailed about five of the people on the list, but it was Sharon that I felt a connection with. That was in the fall of 2004 and it was the start of a wonderful ten year friendship. At the time, Second Wind didn't have a Peer Support Program and I

have no idea who provided the flyer to Cleveland Clinic, but I will forever be grateful that I picked up that one page flyer.

Sharon lived in Wimberley, Texas with her husband Bill, which certainly is a long way from Ohio and Cleveland Clinic, but Sharon's personality and desire to give back to the lung transplant community made the distance in miles seem inconsequential. Sharon joined Second Wind on September 2, 1998. Shortly after she joined us, she received a single lung transplant at the University of Texas Health Science Center in San Antonio on February 3, 1999.

In 2006 Sharon joined the Board of Directors for Second Wind. Her contributions to Second Wind are too numerous to mention totally in this short article. However, some of Sharon's contributions need to be celebrated. Sharon became our Liaison Program Coordinator. She helped to develop the Liaison Program which is still utilized in many major transplant centers across the country. Sharon became the Liaison at her own transplant center and worked with the Lung Transplant staff to include a short information sheet about Second Wind and a brochure in the new patient notebooks given to all new lung transplant patients when they were accepted into the hospital's lung transplant program. Sharon worked tirelessly with the staff at her transplant center putting together an information station for new patients; meeting with new patients; and, even appearing in the Center's "2013 Lung Transplant Calendar." Second Wind could not have asked for a better representative at this major lung transplant hospital.

(Please see Celebration of Life continued on page 7)

Transplant Anniversaries

APRIL 2014

Name	Transplant Date	Yrs
Aharon Taus	4-3-2007	7
Gary Bland	4-7-2009	5
James Zackavec	4-11-2013	1
Kenneth Carrell	4-12-2008	6
Gary Knoerlein	4-17-2011	3
Carrol Litwin	4-22-2005	9
Norma Watson	4-26-2003	11
Greg Briggs	4-30-1997	17
Frederick Rasmussen	4-30-2005	9

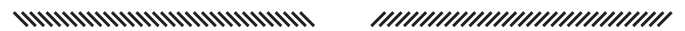
MAY 2014

Name	Transplant Date	Yrs
David Yennior	5-2-2009	5
Maggi Czoty	5-2-2013	1
Vincent McDaniel	5-2-2013	1
Barbara A. Borowski	5-5-2001	13
Sandra Howard	5-5-2008	6
Marc Chelap	5-7-2013	1
Lori L. Schilling	5-9-2003	11
Garry M. Nichols	5-9-2003	11
Timothy Monahan	5-14-2013	1
Irene Overton	5-20-2000	14
Ralph E. Sheets	5-25-2010	4
Craig White	5-25-2010	4
John Schneider	5-26-2005	9
John McHale	5-26-2008	6
Jim Withers	5-28-2003	11
Mark H. Schwartz	5-29-2000	14
Scott Larrimer	5-29-2010	4
Mary Hardy	5-31-2002	12
Maria Loss	2-1-2008	6
Karen Ettinger	2-1-2012	2

JUNE 2014

Name	Transplant Date	Yrs
Katherine G. Glasgow	6-4-1997	17
Linda Watson	6-7-2011	3
Paul Woods	6-10-2013	1
Richard Hahn	6-10-2013	1
Barbara D'Amato	6-11-2005	9
Diane Desiderio	6-11-2001	13
David Bean	6-11-2012	2
Kenneth Nottestad	6-12-1999	15
Bill Berkson	6-19-2004	10
Charles Staples	6-22-2002	12
Jim Powers	6-23-2009	5

Congratulations to all who celebrate another milestone!



(Quick Lung Transplant continued from page 3)

Traditionally, lungs went to patients who had spent the longest time on the waiting list. Consequently, some patients with rapidly progressing disease died before getting transplanted. In 2005, the lung allocation system was changed to give priority to patients who are the sickest. Under this new system, pulmonary fibrosis patients such as Baumgardner, who have rapidly progressing disease, are placed higher on the list.

When Baumgardner was listed, he was preparing to wait for about 8 months, the median waiting time in the Gift of Hope transplant region that includes Loyola. But less than a week after he went on the list, the call came at 2:30 a.m. "I was dumbfounded," Baumgardner said. "I couldn't believe it."

During surgery, Baumgardner fortunately did not have to be put on a heart-lung machine. Consequently, there was less risk of bleeding and fluid retention, Bakhos said. Single-lung transplant patients such as Baumgardner tend to recover more quickly than double-lung transplant patients. Baumgardner's new left lung began working quickly, and his breathing tube was removed the same day as the surgery. There was no rejection and no infection complications.

Baumgardner, a retired information technology manager who lives in Oakbrook Terrace, Ill., said he is breathing normally for the first time in years. He's looking forward to

*(Please see **Quick Lung Transplant** continued on page 8)*

(Smoking Donors continued from page 1)

and provide their patients the best clinical care. To address the donor organ shortage and the ever-present risk of death on the waiting list, most programs have liberalized their criteria of an acceptable donor organ, and the use of so-called “extended-criteria or marginal donors” has proliferated over the years. In fact, many lungs that are currently accepted for transplantation would have been declined 20 years ago, and the use of extended-criteria donors has allowed the increase in the number of transplants performed. Importantly, outcomes after transplantation have also improved, and outcomes of recipients of extended-criteria donors have been similar to recipients of ideal donors.

In general, a donor smoking history less than 20 pack-years, the equivalent of one pack of cigarettes daily for 20 years, is considered acceptable whereas a smoking history greater than 20 pack-years is thought to confer added risks. Although smoking is the leading cause of emphysema and lung cancer, the reality is that most smokers do not develop lung disease. This suggests that lungs from a donor who smoked may be perfectly suitable for transplantation. Investigators at Temple University recently published a study of the UNOS database comparing the outcomes of patients transplanted with lungs from donors who smoked more than 20 pack-years to those transplanted with lungs from donors who never smoked or smoked less than 20 pack-years. There was no difference in survival, peak lung function, or the development of chronic rejection after transplantation between the two groups. Importantly, there was also no difference in the number of deaths due to cancer between the two groups. A limitation of this study, due to the constraints of the UNOS database, is that donors who never smoked and those who smoked less than 20 pack-years are combined together while donors who smoked more than 20 pack-years are not further categorized according to the number of pack-years. So, it is difficult to determine if there is a number of pack-years that confers an unacceptable risk. Nonetheless, the findings suggest that the use of lungs from donors who smoked more than 20 pack-years is acceptable.

The donor organ shortage remains a leading challenge in lung transplantation and the main obstacle to transplantation for patients with advanced lung disease. Expanding the donor pool by increasing organ donation awareness and the use of extended-criteria donors have alleviated some of the critical donor organ shortage, but the need remains far greater than the supply. Ultimately, risks and benefits have to be considered, but transplantation carries inherent risks that cannot be over-emphasized.

*)Reprinted with permission from May 2013 St.Louis
Second Wind Lung Transplant Association E-Newsletter)*

(Celebration of Life continued from page 5)

Sharon mentored many lung transplant patients, not only from her transplant center, but patients who were referred to her by her local pulmonary physician and also from a pulmonary rehab group. Also during Sharon’s tenure on the Board of Directors, she worked with our then Editor of AirWays helping to assemble our bi-monthly newsletter. Sharon shared her experience, strength and hope with all she came in contact with in the transplant community.

Sharon had many hobbies including digital photography, photo editing and restoration, digital scrap-booking and water color painting. Sharon loved to travel, go camping and biking. She especially loved her husband of thirty-three years, Bill and their little dog Blue. Sharon was a Step-mother to four children, eight grandchildren and five great-grandchildren. What I remember most about Sharon was her love of life and that each day should be celebrated.

On May 12, 2014 Sharon passed away from cancer. During her fifteen plus (15+) years post-transplant, I know she felt truly blessed to have been given a second chance at life and blessed for the care she received from her family, doctors and staff who cared for her. Sharon gave so much to others and to me personally. She was a kind and loving soul, who loved life, family and friends. We who knew her personally are much better off as a result of our friendship. Rest in peace and God’s blessing my dear Mentor and friend.

Cheryl A. Keeler
President, Second Wind

(Returning to Work continued from page 4)

me and also Social Security Disability. I think the type of work you do, your age and whether or not you have choices, all are important factors in deciding whether to return to work. The one factor that has remained relatively constant, is the survival rates for lung transplant patients. I wanted to give myself, if possible, the best possible chance to live a productive life, enjoy my family, and continue to perform some community service work. In order to do that, I needed to be able to control my environment and that wasn’t possible in the workplace.

There have been several days that I miss working. I really miss the people I worked with. I keep in touch with friends and colleagues, but it is not the same. For about the first six months I would wake up and think I could go to work today. Maybe I could go to work for one day, but at what cost. With my immune system so suppressed, it is just too big of a risk that I don’t have to take. I want to beat those statistics and I have lots of friends that are 8, 10 and even 12 years post-transplant. This is a decision that all lung transplant patients will one day need to consider. I am just very grateful and blessed to have had the support of my transplant center and my family in making this very difficult and personal decision.

Support Groups & Events Calendar

AirWays posts coming events that are of interest to our readers. Please submit the name of the event, location, date(s), time(s), website link, contact person, and a short description of the event if needed. We are not able to include fundraisers.

Closing dates are the end of the months of January, March, May, July, September, and December. Due to printing and mailing schedules, please submit items for publication at least two weeks before the closing date.

Lung Transplant Support Groups.

Dover Campus, St. Clare's Health System

400 West Blackwell Street
Dover (Morris County), NJ
For information, call (732) 412-7330

St. Louis Second Wind Lung Transplant Association

Second Wind of St. Louis is now available on Facebook by searching that name.
Second Sunday of each month, 2pm, at Chris' Pancake and Dining.
Contact person: Amanda Helderle, 314-225-6751
may12usch@yahoo.com

Loyola University Medical Center

Third Tuesday every month, 7:00 PM
EMS Building Rm 3284, 2160 S. First Ave.
Maywood, IL 60153
Pre-, post-transplant patients, & support person(s)
Caregivers only support group, first Wednesday every month.
Combined Transplant Support Group, first Thursday every month. This meeting and Caregivers at same address.
For information, contact Susan Long (708) 216-5454,
slonng@lumc.edu

Emory Lung Transplant Support

First Monday of the month at 12 noon on the Emory Campus.
Location Changes. Contact Julia Bucksot at
jsbucksot@gmail.com for more information

Shands Hospital Lung Transplant Support Group

Shands Cancer Hospital, South Tower, 5th Floor
1515 SW Archer Rd., Gainesville, FL 32610
Contact: Micki Luck, nodurm@shands.ufl.edu
Phone: 352-519-7545

University of Texas Southwestern Transplant Support Group

St. Paule Auditorium, 5939 Harry Hines Blvd., Dallas, TX 75390. Pre-lung transplant patients and caregivers are also welcome.
Contact: Jodie C. Moore, MSN, RN, ACNP-BC
jodie.moore@utsouthwestern.edu Phone: 214-645-5505

St. John Medical Center

A Second Chance Lung Transplantation Support Group
26908 Detroit Rd. Second Floor Conference Room
Westlake, Oh 44145
Second Tuesday of most months 6-8pm
Group Discussion: Recipients, Caregivers, & Families
Contact Kathy Lewis (kathy2lungs@yahoo.com)

(Please see Events Calendar continued on page 10)



WE REMEMBER

Sharon Barlow
Wimberley Texas
Single Lung Transplant
February 3, 1999
U. of Texas, San Antonio Med. Ctr.
Died: May 12, 2014



Stanley Hawk
Suffolk, Virginia
Waiting for Transplant
U. of Pittsburgh
Died: December 6, 2013



*At the going down of the sun and in the morning
We shall remember them!*



(Quick Lung Transplant continued from page 6)

golfing again, and to having enough stamina to play with his two grandchildren "without them tripping over my oxygen tubing."

Baumgardner's wife of 44 years, RoseAnn, and his daughter, Carrie, are helping him recover at home. He is grateful for the many friends and family members who prayed for a successful surgery and recovery.

Baumgardner also gives thanks to Loyola's lung transplantation team. "Everyone from the secretaries to the transplant coordinators, nurses, doctors, surgeons, physical therapists and other members of the team did a great job of educating me and my family, managing our expectations and monitoring my progress," he said.

New Members and Membership Renewals February 2014 — May 2014

NEW MEMBERS

Danny Barnes	Ed Canada
Paula Cull	Kat DeVoe
Mark Nolf	Donna M. Steggs
Susan Sweeney	Mia Wadopian
Ken Wood	

(Four new members have requested confidential memberships)

RENEWALS

Sharon Barlow	Bill Berkson
Gary Bland	Carolyn Blaylock
Barbara Borowski	Michael Brunick
Betsy Cichon	Brian Conley
John P. Curtin	Maggi Czoty
Diane Desiderio	Kevin Gargan
Shirley Goddard	Sandra Gray
Dave Griggs	Darsih Harrebomee
Gwen Herron	Edna Mae Holden
Paula Huffman	Bettina Irvine
Karen Jacobson	Everett Johnson
Terry Johnson	John Jordan
Chuck Karlan	Cheryl Keeler
Robert K. King	Robert Klein
Gary Knoerlein	Kathy Lewis
Richard Mares	Peg Matthews
Angus McDonald	Cathy McGill
John McNamara	Timothy Monahan
Michael Olsen	Tina Orlita
Michael Pazen	Jim Powers
Frederick Rasmussen	John Schneider
Ralph Sheets	Frank Shields
Lynn Shirley	Philip Tabassol
Aharon Taus	Michael Thomas
Cathie Weir	Dennis Wright
David Yennior	

We also welcome all our new and renewed members who wish to remain anonymous.

Donations to Second Wind Lung Transplant Association

The Board of Directors expresses appreciation to the following people for their financial support of Second Wind. Thank you very much for your donations, they are most appreciated!

General Fund

Elena Kahn	Bill Berkson
John P. Curtin	Doris Frick
Paula M. Huffman	John McNamara
Chuck & Betty Karlan	John M. Jordan
Frederick T. Rasmussen	John Schneider
Frank Shields	

Donations for Financial Assistance Fund

Gary Bland	Cathy Cuenin
Angus L. McDonald	

Donations for Membership Fund*

Betsy Cichon	Beth Davenport
Cathy Cuenin	Cheryl A. Keeler

* Membership Fund provides for waiver or reduction in membership dues for those with limited financial resources.

We also express our sincere thanks to all our donors who wish to remain anonymous.

Memories last a lifetime...

It is the memorable events that shape our lives. Birthdays, anniversaries, the arrival of a baby and the passing of a loved one are all occasions on which to remember someone special. A thoughtful way to remember that special event is by providing a donation to Second Wind in their honor or their memory.

In Memory Of Sharon Barlow by

Cheryl A. Keeler

Garry and Barbara Nichols

Donald Gentile by

Blair Gentile



**Please Share This Issue
of AirWays With Friends,
Family & Colleagues**

Second Wind Lung Transplant Association, Inc.
1020 Gull Court
Palatine, IL 60067

RETURN SERVICE REQUESTED

(Events Calendar continued from page 8)

Support Groups & Events Calendar

University of Washington Medical Center

Seattle, WA Meetings for 2013

Pre- and post-transplant Support Group

UWMC patients, their family and friends. Meetings are on the Second Tuesday of the month, 12:30-2:30.

Caregivers Support Group Meetings

Meetings on the 4th Wednesday 12:30pm to 2:00pm, January through October. Open to transplant families, friends, spouses & partners. No patients please. Both meetings are held in the Plaza Cafe Conference Rooms B/C.

Contact: Angela Wagner, MSW at 206-598-2676;
www.uwltsg.org

Second Chance for Breath Lung Support Group St. Lukes Medical Center

2900 West Oklahoma Ave., Milwaukee, WI 53201

For pre & post lung transplant patients

Contact Person: Ed Laskowski

laskowskiedward@att.net or call 414-231-3013

St. Joseph's Hospital & Medical Center

Lung Transplant Support Group

500 W. Thomas Rd.

Phoenix, AZ 85013

2nd Tuesday of every month, 11:45 am – 1:00pm

Mercy Conference Room

Contact: Kathy Lam, LCSW

Kathy.Lam@DignityHealth.org Phone: 602-406-7009

University of Chicago Medical Center

Every other month, Please call or email for exact dates.

DCAM Building Rm 1005, 5758 S. Maryland Avenue

Chicago, IL 60637

Only pre & post-transplant patients & support person(s) followed at UCMC

Contact: Danley Kohn, LCSW

Danley.kohn@uchospitals.edu or call 773-834-8076

University of California San Francisco

Lung Transplant Support Group, Third Thursday of every month, 1-3 pm, Room 1015.

A505 Parnassus Ave., San Francisco, CA 94143

Contact: Avry Todd, MSW, 415 353-1098

Apryl.Todd@ucsfmedctr.org