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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](mailto:schumann10.ss@gmail.com)

Thank you!  
The Editor

## Obesity Linked To Inflammation And Organ Transplant Rejection

by Matt Wood

Media Relations/Social Media Specialist  
The University of Chicago Medicine & Biological Sciences

One of the reasons obesity is so dangerous for long-term health is that it produces low-grade, chronic inflammation. This kind of inflammation revs up the immune system, which can aggravate other chronic conditions like asthma, high blood pressure, and digestive disorders.



A recent study by researchers at the University of Chicago suggests that obesity increases the risk of organ transplant rejection as well. It's a troublesome finding when more and more transplant recipients are likely to be overweight, putting them at greater risk in an already precarious state of health.

In the study, published this month in the journal *Transplantation*, Maria-Luisa Alegre, MD, PhD, Anita Chong, PhD, and their team used a model with obese mice that had been fed a high-fat diet to mimic the kind of obesity that causes inflammation and metabolic issues in humans. The obese mice rejected transplanted hearts more quickly than lean mice on a low-fat diet, and showed stronger activity of T-cells that carry out the immune response to reject the organ.



A transplant surgical team at work at the Center for Care and Discovery at the University of Chicago Medicine.  
(Photo by Robert Kozloff)

Just how obesity exacerbates the immune response to the organ isn't clear yet, however, a process Alegre says is still a "black box."

"There are many things that are changing in the body during obesity, including low grade inflammation, higher levels of blood glucose and lipids, and different types of commensal microbes colonizing the body," Alegre said. "Whether and how these or other

(Please see *Obesity* 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.

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## President's Notes

Cheryl A. Keeler, President

Second Wind Lung Transplant Association, Inc.

Warm breezes are finally making their way to those of us in the northeast and Midwest. We hope all of you are enjoying the re-birth of the earth and soaking in the warmth of the season. The Board of Directors wants to bring you up-to-date on the activities of the Board and recent transplant news.

### *AirWays*

With God's grace and the improved health of our wonderful Board Member and Editor, Second Wind is back on schedule to publish our newsletter every other month. Even with the improvements, we are still in need of help with this major project. Later in the newsletter you will find a section title "Help Wanted." Please consider volunteering your talents to help Second Wind fulfill its Mission by reaching out to all of our members and the many transplant centers through our newsletters. No experience in publishing is necessary and you couldn't have a better teacher than Steve Schumann,



our Editor. If you are willing to share your time and talents, please contact Steve at [schumann10.ss@gmail.com](mailto:schumann10.ss@gmail.com) or me at [keelerc768@aol.com](mailto:keelerc768@aol.com).

If you are willing to share your story, please contact our Editor, at [schumann10.ss@gmail.com](mailto:schumann10.ss@gmail.com) or contact me at [keelerc768@aol.com](mailto:keelerc768@aol.com). Thank you.

### Financial Assistance Program

In March and April 2016, the Board processed four (4) requests for financial assistance from the membership. The total amount paid was \$1,044.63. The grants covered lodging and transportation related costs.

The ability to award these grants to our members is directly related to the donations made, by the membership and any fund-raising activity. All funds donated to the Financial Assistance Fund go directly to pay costs not normally covered by insurance, of our members who qualify for the Financial Assistance Program, which is based on financial need.

As you can tell, it was a big month for the Board and this

*(Please see President's Notes continued on page 3)*

*(President's Notes continued from page 2)*

fund. The Financial Assistance Committee reviews each and every application, verifies income, and pays directly to the provider for the covered services. With the fund running low, please consider making a donation to the Financial Assistance Fund. Donations can be made on-line at [www.2ndwind.org](http://www.2ndwind.org) (click on "Donate" at the top of the home page and follow the instructions). If you want to make a donation by check, the instructions to do so are also on-line.

If you need more information about the Financial Assistance Program, or if you want to make a donation to the Financial Assistance Fund, please go to our web-site: [www.2ndwind.org](http://www.2ndwind.org) and click on Financial Assistance Program.

### Liaison Program

Previously the Board reported the addition of a new Board Member: Tom Nate. Since joining the Board, Tom has agreed to become our Second Wind Liaison Coordinator. As most of you know, the Liaison program was developed in 2001 with the intent that every lung transplant facility in the U.S. would have, appointed by Second Wind, a Liaison for that Center. The Liaison is a volunteer from Second Wind who is the face and go-to person for that Center. The duties of a Liaison are as follows:

- 1) Establish a positive working relationship with one of the transplant coordinators for their center.
- 2) Keep the Liaison Coordinator informed of any changes to the information about their Center (changes of personnel, telephone numbers, and web site addresses, etc)
- 3) Furnish an article of interest about their center for publication in Second Wind' AirWays at least once per year. The article may be written by the Liaison or a member of their transplant team.
- 4) Provide your transplant center with Second Wind brochures as needed. Promote the programs offered by Second Wind.
- 5) Assist Second Wind with any conferences or meetings that might be held at or near the transplant center.
- 6) Work with local members in establishing support groups, chapters or transplant contacts when appropriate.

Basically, it is simple. Introduce yourself; talk about Second Wind; provide brochures and copies of AirWays (provided by the Coordinator); talk about Second Wind programs (e-mail

*(Please see President's Notes continued on page 4)*

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*(President's Notes continued from page 3)*

support group, financial assistance program, peer support group; and our Facebook page.

Instead of listing the transplant centers that don't have a Liaison, I'm going to list below the existing Liaisons. If your center isn't listed there, we need a volunteer Liaison for that center.

Barnes-Jewish Hospital	Tom Archer
Cleveland Clinic	Gage Georgeff
Duke University Medical Center	Kathryn Flynn
Indiana University Health	Robert Lohstroh
Loyola University Medical Center	Damian Neuberger
Ohio State University Hosp.	Cheryl Keeler
University Hospitals of Cleveland	Kathy Lewis
University of California/San Diego	Gary Bland
University of Pennsylvania	Garry Nichols

If your transplant center isn't listed above, then your center doesn't have a Second Wind Liaison. This voluntary position is so important because you are the face and the connection to Second Wind. If you are interested in becoming a Second Wind Liaison at your transplant center, please contact Board Member Tom Nate at [tenate@earthlink.net](mailto:tenate@earthlink.net) or me at [keelerc768@aol.com](mailto:keelerc768@aol.com). More information about the Liaison position and the application to become a Liaison are found on our web site [www.2ndwind.org](http://www.2ndwind.org). Click on "Transplantation" and then on "Center Liaisons" in the drop down chart.

## Transplant News

### American Lung Association (ALA)

The Month of May was Asthma Awareness Month. The ALA reports in this year's "State of the Air" report that more than 166 million people live in areas where ozone or particle pollution levels make the air unhealthy to breathe, placing Americans at risk for asthma attacks, heart attacks and stroke, developmental and reproductive harm, cancer and even premature death. The ALA has a large variety of tools and programs that can help you get your own, or your child's asthma under control. For more information, please visit [Lung.org/asthma](http://Lung.org/asthma) or call the American Lung Association Lung Help Line at 1-800-LUNGUSA.

### United Network of Organ Sharing (UNOS)-Transplant Living

According to UNOS, there are several health concerns after transplantation. Naturally, these vary based on the patients medical situation. Discussed below are a few of the problems which may occur post-transplant:

1. Anxiety and Depression - After transplantation the recipient and their family are faced with a new lifestyle

that may lead them to feel nervous, stressed or depressed. Most transplant centers have Social Workers who can help you with this. Also, emotional support can be found in peer support groups and on-line support groups.

2. Diabetes - Some anti-rejection medicines are known to cause high blood sugar. Usually this is temporary, right after transplant, but it is more common in people who have a family history of diabetes or who are over weight. This should be discussed with your transplant physician.
3. High Cholesterol - Many immunosuppressant drugs can contribute to high cholesterol. When a patient develops high cholesterol, blood vessels, including the ones attached to the transplanted lungs, become clogged, which affects the flow of blood. It is important to have your blood tested regularly and discuss any high cholesterol results with your transplant team.
4. Hypertension - Hypertension, or high blood pressure, is common immediately following a transplant. Certain anti-rejection medications can contribute to hypertension. This can be managed with medication. Please discuss this with your doctor and find out what is right for you.
5. Shingles - If you have had chicken pox, the virus for shingles is already in your body. People with weakened immune systems are at increased risk developing shingles. Shingles is a painful infection of the central nervous system caused by the Varicella virus that causes a blistering rash and severe burning pain. According to UNOS, the severity and duration of an attack of shingles can be significantly reduced by immediate treatment with antiviral drugs.
6. Gout - Gout is a painful and potentially debilitating form of arthritis. Diagnosing gout can be difficult and treatment plans vary based on a patient's existing medical problems and medication.

Please enjoy the summer weather and stay healthy



## **In the Know: Becoming a Better Shopper**

*(In keeping with Second Wind's series of publishing excerpts from the USDA educational brochure **Food Safety for Transplant Recipients** we continue in this issue with the subjects of food shopping and dining out. We still have copies of the complete brochure available on a first come basis by contacting the editor Steve Schumann, 1020 S. Gull Ct, Palatine IL 60067, or [schumann10.ss@gmail.com](mailto:schumann10.ss@gmail.com).)*

**I**n The Know: Follow these safe food-handling practices when you shop:

- Carefully read food labels while in the store to make sure food is not past its "sell by" date. (See Food Product Dating below)
- Put raw packaged meat, poultry, or seafood into a plastic bag before placing it in the shopping cart, so that its juices will not drip on—and contaminate—other foods. If the meat counter does not offer plastic bags, pick some up from the produce section before you select your meat, poultry, and seafood.
- Buy only pasteurized milk, cheese, and other dairy products from the refrigerated section. When buying fruit juice from the refrigerated section of the store, be sure that the juice label says it is **pasteurized**.
- Purchase eggs in the shell from the refrigerated section of the store. (Note: store the eggs in their original carton in the main part of your refrigerator once you are home.) For recipes that call for eggs that are raw or undercooked when the dish is served—Caesar salad dressing and ice cream are two examples—use either shell eggs that have been treated to destroy *Salmonella* by pasteurization, or pasteurized egg products. When consuming raw eggs, using pasteurized eggs is the safer choice.
- Never buy food that is displayed in unsafe or unclean conditions.
- When purchasing canned goods, make sure that they are free of dents, cracks, or bulging lids. (Once you are home, remember to clean each lid before opening the can.)
- Purchase produce that is not bruised or damaged.

***When shopping for food,  
it is important to read the label carefully.***

## **Food Product Dating**

**Read the "Safe Handling Label" for food safety information on raw foods.**

### **Types of Open Dates**

Open dating is found primarily on perishable foods such as meat, poultry, eggs, and dairy products.

- A "Sell-By" date tells the store how long to display the product for sale. You should buy the product before the date expires.
- A "Best If Used By (or Before)" date is recommended for best flavor or quality. It is not a purchase or safety date.
- A "Use-By" date is the last date recommended for the use of the product while at peak quality. The date has been determined by the manufacturer of the product.

"Closed or coded dates" are packing numbers for use by the manufacturer. "Closed" or "coded" dating might appear on shelf-stable products such as cans and boxes of food.

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## **Transporting Your Groceries**

Follow these tips for safe transporting of your groceries:

- Pick up perishable foods last, and plan to go directly home from the grocery store.
- Always refrigerate perishable foods within 2 hours of cooking or purchasing.
- Refrigerate within 1 hour if the temperature outside is above 90°F.
- In hot weather, take a cooler with ice or another cold source to transport foods safely.

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## **Being Smart**

### ***When Eating Out***

Eating out can be lots of fun—so make it an enjoyable experience by following some simple guidelines to avoid food-borne illness. Remember to observe your food when it is served, and don't ever hesitate to ask questions before you order. Waiters and waitresses can be quite helpful if you ask how a food is prepared. Also let them know you don't want any food item containing raw meat, poultry, seafood, sprouts, or eggs.

*(Please see In The Know continued on page 6)*

### Basic Rules for Ordering

- Ask whether the food contains uncooked ingredients such as eggs, sprouts, meat, poultry, or seafood. If so, choose something else.
- Ask how these foods have been cooked. If the server does not know the answer, ask to speak to the chef to be sure your food has been cooked to a safe minimum internal temperature.
- If you plan to get a “doggy bag” or save leftovers to eat at a later time, refrigerate perishable foods as soon as possible, and always within 2 hours after purchase or delivery. If the leftover food is in air temperatures above 90°F, refrigerate within 1 hour.

### Smart Menu Choices

Higher Risk	Lower Risk
✗ Soft cheese made from unpasteurized raw milk.	✓ <b>Hard or processed cheeses.</b> Soft cheeses only if they are made from <b>pasteurized milk.</b>
✗ Refrigerated smoked seafood and raw or undercooked seafood.	✓ <b>Fully cooked fish or seafood.</b>
✗ Cold or improperly heated hot dogs.	✓ <b>Hot dogs reheated to steaming hot.</b> If the hot dogs are served cold or lukewarm, ask to have them reheated until steaming, or choose something else.
✗ Sandwiches with cold deli or luncheon meats.	✓ <b>Grilled sandwiches</b> in which the meat or poultry is heated until steaming.
✗ Raw or undercooked fish, such as sashimi, non-vegetarian sushi, or ceviche.	✓ <b>Fully cooked fish</b> that is firm and flaky.
✗ Soft boiled or “over easy” eggs, as the yolks are not fully cooked.	✓ <b>Fully cooked eggs</b> with firm yolk and whites.
✗ Salads, wraps, or sandwiches containing raw (uncooked) or lightly cooked sprouts.	✓ Salads, wraps, or sandwiches containing <b>cooked sprouts.</b>

*Ask questions about how your food is cooked.*

### Tips for Transporting Food

- Keep cold food cold, at 40°F or below. To be safest, place cold food in a cooler with ice or frozen gel packs. Use plenty of ice or frozen gel packs. Cold food should be at 40°F or below the entire time you are transporting it.
- Hot food should be kept at 140°F or above. Wrap the food well and place in an insulated container.

### Stay “Food Safe” When Traveling Internationally

Discuss your travel plans with your physician before traveling to other countries. Your physician may have specific recommendations for the places you are visiting, and may suggest extra precautions or medications to take on your travels.

For more information about safe food and water while traveling abroad, access the Center for Disease Control and Prevention Web Site at: [www.cdc.gov/travel](http://www.cdc.gov/travel).

*(Obesity continued from page 1)*

changes affect the immune response that rejects the graft is the link that we don't yet have."

In obese individuals, adipocytes, or fat cells, become enlarged and undergo stress. These adipocytes produce cytokines, proteins that give signals to other cells, which rev up the immune system. These cytokines could be triggering the stronger T-cell response to the transplanted organ. Obese individuals also tend to have higher levels of cholesterol, lipids, and glucose circulating in the blood, all of which could enhance the immune response against the transplant.



Marisa Alegre, MD, PhD

Another intriguing possibility is the role played by the microbiota, or the millions of bacteria and other microorganisms living in the digestive tract and other body surfaces. Previous research has shown that obesity can change the composition and behavior of these microbiota—it's possible that these changes affect how the microbiota interact with immune cells that recognize the antigens introduced by the organ transplant. This could in turn affect the level of tolerance the immune system has for these antigens, and speed up the rejection process.

Alegre and her team are continuing to study how the microbiota influences the immune system, and how changes wrought by obesity could lead to a heightened rejection response. It may be possible to develop treatments that manipulate the microbiome in a way that reduces inflammation before and after a transplant to improve the chances of graft survival.

Until then, the grim reality of a chronic shortage of donor organs combined with increasing numbers of obese patients, means that doctors will have to work around the added risk.

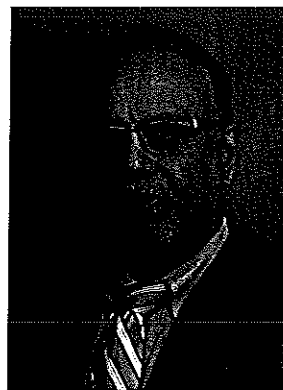
"Unfortunately for the recipients, there is such a shortage of organs," Alegre said. "It's just a reality of our population that we have a lot of patients who are overweight, and we need to monitor them carefully."

*(Second Wind gratefully acknowledges Matt Wood and the University of Chicago Medicine for their kind permission to reprint this article.)*

## Loyola Surgeon Is Editor Of Definitive Textbook On Lung Transplantation

MAYWOOD, Ill. – Loyola University Medical Center thoracic surgeon Wickii Vigneswaran, MD, is chief editor of the definitive new textbook, "Lung Transplantation: Principles and Practice."

Dr. Vigneswaran, who has performed more than 500 lung transplants, is one of the world's most experienced lung transplant surgeons.



The 461-page book covers current practices in donor and recipient management, treatment strategies and outcomes. The 39 chapters are written by international experts in the field. The book is divided into four sections: general topics, donor management, recipient management and outcome and the future of lung transplantation.

The book discusses significant advances achieved in the past two decades in areas such as donor allocation, organ preservation and management, recipient selection, management and support, surgical and critical care techniques, immune suppression and infection prevention. Cases of pulmonary disease that commonly require lung transplantation also are covered.

The textbook is published by CRC Press, a member of Taylor & Francis Group. It's written for specialists and other providers who may refer or care for patients before and after transplantation.

Dr. Vigneswaran, an internationally known thoracic surgeon, is division director of thoracic surgery and a professor in the department of thoracic and cardiovascular surgery of Loyola University Chicago Stritch School of Medicine.

Dr. Vigneswaran's co-editors are Edward R. Garrity, Jr., MD, of the University of Chicago and John A. Odell, MBChB, of the Mayo Clinic in Jacksonville, Fla.

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*(Second Wind gratefully acknowledges the permission granted by LUMC to reprint this press release, as well as Jim Ritter's providing the article and photograph for AirWays).*

## *Transplant Anniversaries*

### **MARCH 2016**

<u>Name</u>	<u>Transplant Date</u>	<u>Yrs</u>
Robert Glim	3-8-2010	6
Nikki Addison	3-16-2013	3
Robert Kevin King	3-20-2008	8
John Jordan	3-21-2010	6
Eric Hansen	3-21-2013	3
Paula Huffman	3-29-1999	17

### **APRIL 2016**

<u>Name</u>	<u>Transplant Date</u>	<u>Yrs</u>
Aharon Taus	4-3-2007	9
Gary Bland	4-7-2009	7
Kenneth Carrell	4-12-2008	8
Greg Briggs	4-30-1997	19
Frederick Rasmussen	4-3-2005	11

### **MAY 2016**

<u>Name</u>	<u>Transplant Date</u>	<u>Yrs</u>
David Yennior	5-2-2009	7
Maggi Czoty	5-2-2013	3
Thomas E. Nate	5-3-2007	9
Barbara A. Borowski	5-5-2001	15
Marc Chelap	5-7-2013	3
Lori I. Schilling	5-9-2003	13
Garry M. Nichols	5-9-2003	13
Timothy Monahan	5-14-2013	3
Richard Duncan	5-15-2015	1
Craig White	5-25-2010	6
Scott Larrimer	5-29-2010	6
Robert Jackman	5-3-2013	3
Carla Schworer	5-31-2014	2
Mary Hardy	5-31-2002	14

*Congratulations to all who celebrate another milestone!*

## **Loyola Physician Believed To Be Only Doctor To Be Both An Organ Donor And Recipient**

**TWELVE YEARS AFTER DONATING A  
KIDNEY, DR. SUSAN HOU RECEIVES  
A LUNG TRANSPLANT**



**M**AYWOOD, Ill. – In an extraordinary act of generosity, Loyola University Medical Center kidney transplant specialist Susan Hou, MD, donated a kidney to one of her patients.

Twelve years to the day later, Dr. Hou herself became an organ transplant patient, receiving a donated lung to treat a life-threatening pulmonary disease.

Dr. Hou is believed to be the only transplant physician in history both to donate an organ and receive an organ transplant. During this season of giving, Dr. Hou's generosity serves as an example for us all, said Loyola lung transplant specialist Daniel Dilling, MD.

"Dr. Hou was an especially deserving patient," Dr. Dilling said. "Was it luck, fate, or the guidance of a higher power that returned the favor she had given so generously?"

Dr. Hou first considered donating a kidney during medical school, after a classmate suffered kidney failure and needed a transplant. But the classmate's brother was able to donate instead. Dr. Hou went on to become a nephrologist, specializing in the treatment of kidney transplant patients.

On Oct. 10, 2002, Dr. Hou donated a kidney to one of her patients, Mhely Gutierrez, a mother of two, who suffered kidney failure as a result of polycystic kidney disease.

Mrs. Gutierrez's husband was willing to give up one of his kidneys, but he did not match. However, Dr. Hou was a good match, and when she offered to donate, Mrs. Gutierrez broke down and cried. Thirteen years later, the donated kidney continues to function well.

Dr. Hou, whose late mother donated her liver and both kidneys, said she felt destined to become an organ donor. "Some people know they just have to do it, and I was one of them," she said. "Something in your brain tells you to do it. If you believe in the brotherhood of man, there are no unrelated donors."

The transplant freed Mrs. Gutierrez from dialysis, which is time-consuming and can cause debilitating fatigue. Dr. Hou

*(Please see Loyola Physician continued on page 9)*



*(Loyola Physician continued from Page 8)*

said she too benefited from the donation. "Donating a kidney is an operation that treats the human spirit," Dr. Hou explained. "Your spirit gets better."

After her donation, Dr. Hou was in the hospital for two days, and returned to work in 2 ½ weeks. (Today, kidney-donation surgery typically is less invasive and painful – and has a faster recovery.)

Dr. Hou was the first of seven Loyola employees who donated organs to casual acquaintances or complete strangers. They became known as the Seven Sisters of Loyola.

In 2009, Dr. Hou began experiencing symptoms of pulmonary fibrosis, a progressive lung disease that was unrelated to her kidney donation. Pulmonary fibrosis causes scarring in the lungs, resulting in increasing shortness of breath. Dr. Hou had a case of "idiopathic" pulmonary fibrosis, meaning there was no known cause.



Dr. Hou eventually became so short of breath that she needed to breathe supplemental oxygen day and night. But she continued to work as a nephrologist, treating patients before and after their transplant surgeries.

Dr. Hou was placed on the lung transplant waiting list, but faced long odds. She has a small build, so her donor would also have to be small. Dr. Hou's blood type was incompatible with at least half of all potential donors. And her immune system had developed antibodies that would reject 95 percent of any donor lungs that did match her size and blood type.

Dr. Hou spent more than two years on the waiting list, as her disease continued to progress. By the fall of 2014, it appeared unlikely she would survive until Christmas unless she received a transplant.

Dr. Hou continued working right up to the day she received the call that a matching lung finally was available. On Oct. 10, 2014 – the 12<sup>th</sup> anniversary of her kidney donation – Dr. Hou underwent a lung transplant performed by Mamdouh Bakhos, MD, chair of Department of Thoracic and Cardiovascular Surgery, and Marcelo DaSilva, MD.

A spokesperson for the United Network for Organ Sharing, which manages the nation's organ transplant system, said a few other physicians have donated organs. But the organization knows of no other physician who has been both an organ donor and recipient.

Lungs are the most challenging organs to transplant. Dr. Hou's age at the time of the transplant, 68, was an additional challenge. She spent 16 days in the hospital, and was

readmitted three times for various complications. But today she is doing well; her lung is working at normal capacity and Dr. Hou has returned to work full time.

Dr. Hou lives a full life as a physician, researcher, wife, mother (two sons and a daughter) and grandmother (four grandchildren, with a fifth on the way).

Her altruistic drive remains strong. Now that she has her health back, she is able to travel to Bolivia again to volunteer in a free health clinic she established along with her husband, Northwestern University endocrinologist Mark Molitch, MD, and a Bolivian physician. The clinic, which serves more than 3,000 patients a year, serves as a teaching and service site for Loyola faculty and medical students. It is funded by donations from Drs. Hou and Molitch and many of their Loyola and Northwestern colleagues.

"I worry about whether the lung should have gone to someone younger," Dr. Hou said. "So I feel a great pressure to make the most of the extra years I have been given."

**CONTACT:**

Jim Ritter

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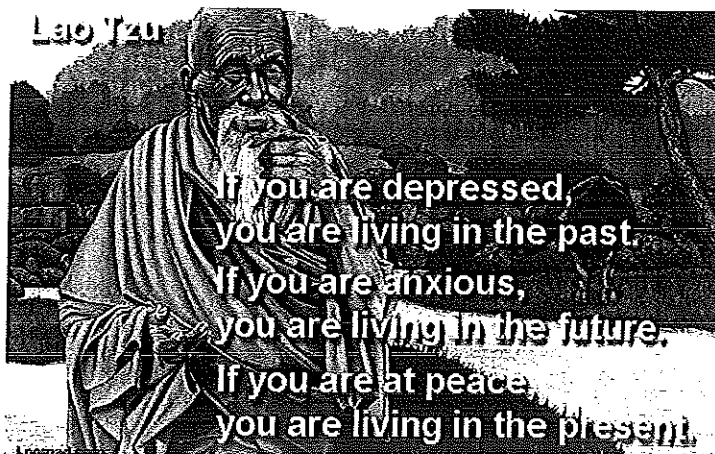
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*(Second Wind gratefully acknowledges the permission granted by LUMC to reprint this press release, as well as Jim Ritter's providing the article and photograph for AirWays).*



## 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

#### **Cincinnati Support Group**

Second Thursday of each month at 6:30pm, hosted at the home of Robert and Cynthia Lohstroh; 4120 Beamer Ct., Cincinnati, OH 45246. Phone: (513) 752-0451.  
Covers Cincinnati, Dayton, and Northern Kentucky.

#### **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

## Help Still Wanted!

**H**ave you ever wondered what it would be like to live in the fast lane of high energy newsletter publishing? Well, opportunity just knocked. Your faithful editor is ready to move into the far right lane and give someone else a chance. No experience is necessary, but wouldn't hurt, especially with Adobe InDesign.. Training will be made available, and non-members would be welcome, so if you have a spouse or acquaintance who would consider this we would also consider that. I would like to surrender my office when possible. If there are any wannabee editors out there, please contact Steve Schumann (schumann10.ss@gmail.com) or Cheryl Keeler (keelerc768@aol.com) to talk it over. As you've probably already figured out this is a voluntary position and no one is breaking down my front door yet, so its not too late to jump in.

#### **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)

#### **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

#### **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

*(Please see Events Calendar continued on page 12)*

## NEW MEMBERS AND MEMBERSHIP RENEWALS

MARCH 2016 — APRIL 2016

### NEW MEMBERS

Gail Connolly	Patrick Henry
William Jewell	Mike Parker
Hobert PPhillips, Jr	Edward Reynolds
Laura Roix	Shiranne Simmons
Megan Tims	

### CORPORATE MEMBER RENEWAL

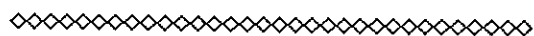
Cleveland Clinic

### MEMBERSHIP RENEWALS

Kita Axtman	Betsy Cichon
Brianr Conleu	Gage Georgeff
Paula Huffman	Everett Johnson
Terry J. Johnson	John Jordan
Robert King	Robert Klein
Jim Powers	Leanne Storch
Aharon Taus	Brenda Withers

David Yennior

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



## Memories last a lifetime...

*In Memory Of*

*Che DuVall*

by

Curtis and Kim Lute

*In Memory Of*

*Franklin Radican*

by

Garry and Barbara Nichols

## WE REMEMBER

Lynn Shirley  
Purcell, OK

Date of Birth: 4-5-1950

Single Lung Transplant 10-19-2009

Integrus Baptist Medical Center

Date of Death: 4-10-2016



## 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

Betsy Cichon	Leslie Casey
John P. Curtin	Paula Huffman
Michael Pazen	Steve Schumann

### Donations for Financial Assistance Fund

Steve Schumann

### Donations for Membership Fund\*

Garry & Barbara Nichols	Jim Powers
Steve Schumann	Frank Shields

\* 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.



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

Second Wind Lung Transplant Association, Inc.

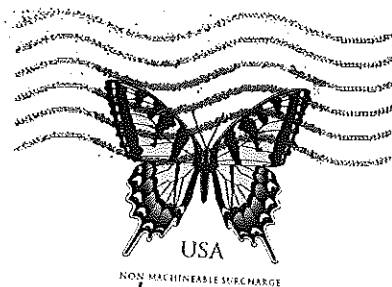
1020 Gull Court

Palatine, IL 60067

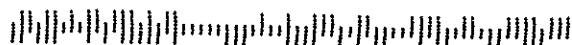
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*(Events Calendar continued from page 13)*

## Support Groups & Events Calendar

**University of Washington Medical Center Seattle, WA**  
Meetings for 2016 (schedule pending).

### *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](http://www.uwltsg.org)

### **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](mailto:Apryl.Todd@ucsfmedctr.org)

### **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](mailto:Kathy.Lam@DignityHealth.org) Phone: 602-406-7009

### **University of Chicago Medical Center**

Lung Transplant Support Group for transplant recipients and those who are listed. Third Wednesday of every month, 5-6:30 pm.

Center for Care and Discovery (CCD), 7th Floor Conf.Rm. 7710

5700 S. Drexel Ave., Chicago, IL 60637

Contact: Fran Hammon, LCSW

[frances.hammon@uchospitals.edu](mailto:frances.hammon@uchospitals.edu) or call 773-702-4608

Pager 6720