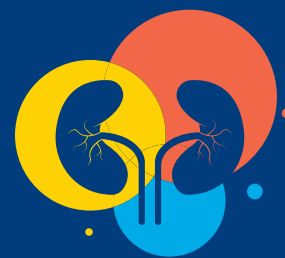


Breaking Free

Living well with kidney disease.

A publication of MedStar Georgetown Transplant Institute



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MedStar Health

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Breaking Free is published by MedStar Georgetown Transplant Institute. The information provided in this publication is intended to educate readers about subjects pertinent to their personal health and is not a substitute for consultation with their physicians.

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ON THE COVER: Jennifer Verbesey, MD, introduces Keri Ayres-Coutts (right) and Walter Lanier for the first time. He received a living donor kidney donation from Keri.

Photo courtesy of *Fauquier Times*

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Welcome

A message from Jose Figueiro, MD

At MedStar Georgetown Transplant Institute, we are dedicated to helping improve your quality of life. A kidney and/or pancreas transplant removes the need for ongoing dialysis, freeing you from the time demands and allowing you freedom to enjoy everyday activities.

Our patients are transplanted as quickly and safely as possible with excellent outcomes, and our program is the most experienced in the area with the shortest time to transplant. We also offer dual listing, which means that if you are listed with another transplant program, you can be listed with MedStar Georgetown Transplant Institute, as well.

We have the largest kidney and pancreas transplant program in the United States by volume and our kidney program is the ninth largest in the nation, according to the Organ Procurement Transplant Network (OPTN).

In addition, we have liberal acceptance criteria, which means if you have been denied a transplant by another program, we encourage you to contact us. We also know that losing weight before a transplant can be an issue for you and/or your donor. Our bariatric/transplant clinic can provide personalized treatment plans with medical care, resources, and support.

In this issue of *Breaking Free*, we share a compelling story where a kidney transplant recipient meets his living donor for the first time. You'll also get to meet Ashtar Chami, MD, transplant nephrologist, and Ghelatia Araia, kidney transplant outreach program coordinator. They discuss the benefits of kidney transplantation, plus the myths and facts about dual listing. Also, we'll answer some of the most common questions about our program.

At MedStar Georgetown Transplant Institute, we're here for you every step in your kidney disease and transplant journey to help improve the quality and quantity of your life. At MedStar Health, *it's how we treat people.*

In good health,

Jose Figueiro, MD

Director, Kidney and Pancreas Transplantation
MedStar Georgetown Transplant Institute

For more information about our program, visit MedStarHealth.org/Transplant or call 202-444-3701. To learn more about Dr. Figueiro, watch his video at MedStarHealth.org/Figueiro.

Living donor program brings strangers together in a very special way.

Walter Lainer of Glen Burnie, Maryland, was in his 20s when he was diagnosed with IgA nephropathy, a condition in which blood and protein are present in urine and blood pressure is elevated... often signs of kidney disease. Yet, he was able to manage symptoms for decades, in partnership with his doctor. Then, in 2022, he was told he needed dialysis.

The next three years were challenging for the retired Air Force veteran who required three times a week, three-hour dialysis treatments. Walter knew he would eventually need a kidney transplant to come off dialysis and get back to living the life he loved, so he worked hard to stay fit and waited patiently for a donor match.

"There are two ways to receive a donated kidney—from a living donor or a donor who has indicated their willingness to donate upon their death," explains **Jennifer Verbesey, MD**, director of the Living Donor Kidney Transplant program, and surgical director of the Pediatric Kidney Transplant program at MedStar Georgetown Transplant Institute. "Some living donations are 'directed' to a specific person. Other donors allow the kidney to go to anyone who matches. With a shortage of deceased donor kidneys, living donors make a huge impact and save lives."

Living kidney donors come from all walks of life. "Often living donors are related, such as parents, siblings, or children; or non-related, like spouses,



Walter participates in the annual Washington, D.C. Bike Ride in September 2024.

partners, or close friends," notes Dr. Verbesey. "Many are also non-directed, meaning they donate to someone in need of a kidney without prior connection."

Keri Ayres-Coutts of Warrenton, Virginia, had long thought that she might want to donate a kidney to someone in need. "I had a childhood friend who died from kidney disease, and when I was in college, a close friend of mine donated her kidney to her mother," she says. "So, it was something I had been exploring for several years. I had just turned 50, I was healthy, and decided if I was going to do it, now was the time."

After doing some research, Keri enrolled in the Living Donor Kidney Transplant program at MedStar Georgetown.

Transplant centers each have their own eligibility requirements, but at a minimum, donors must be age 18 or older and in good health. At MedStar Georgetown, the process includes both physical and mental evaluations.

Keri began her screening in June of 2024, which included a full workup to assess her eligibility. While the tests revealed a couple of minor health issues that delayed her donation, she was finally approved in February. Shortly thereafter, Keri and Walter were matched through the hospital's donor program.

On April 24, Walter received a kidney from Keri through a pair of carefully sequenced surgeries. Each was separately prepped for surgery and their families were placed in different waiting rooms for the procedures.

continued on the next page



Photo courtesy of Fauquier Times

Keri (right) shares a hug with kidney recipient Walter after meeting him for the first time.

Before his surgery, Walter's biggest concern was about the donor he didn't even know yet. "I wanted to be reassured that my donor would be OK," he says.

Keri's surgery was performed laparoscopically with a small incision to remove her kidney, which took just a few hours. She was discharged the next day and recovered quickly. Walter, an avid cyclist and golfer, also had a faster than usual recovery despite having a more complex procedure.

On June 3, 2025, Dr. Verbesey arranged for Walter and Keri to meet at the hospital. "It's up to both the donor and recipient if they would like to meet," she notes. "For Walter, now age 62, it was an opportunity to express his gratitude. For Keri, it was a bonus after decades of thinking about kidney donation."

"Hi, Walter," said Keri, extending for a handshake that quickly became a hug. "It's nice to meet you." "It's nice to finally meet you," Walter said with a big smile.

While standing between the donor and recipient, Dr. Verbesey said she couldn't help but point out that although the two came into this as strangers with different backgrounds, they were brought together in a very special way.

As the meeting wrapped up, Walter looked at Keri and with his final goodbye promised: "I will take care of your kidney."

This story originally appeared in the Fauquier Times.

The latest programs to help increase living donations

At MedStar Georgetown Transplant Institute, there are innovative programs to help increase living donations, including:

Non-directed donation – A non-directed kidney donor donates a kidney without naming a specific recipient. Some non-directed donors initially want to donate to a family member or friend, but the recipient may have another donor or have another reason they cannot move forward with the transplant.

Family voucher program – Provides an opportunity for a non-directed donor to give the Gift of Life to someone in need of a kidney transplant while assuring their immediate family will be protected should they ever need a transplant in the future. The donor may identify up to five immediate family members.

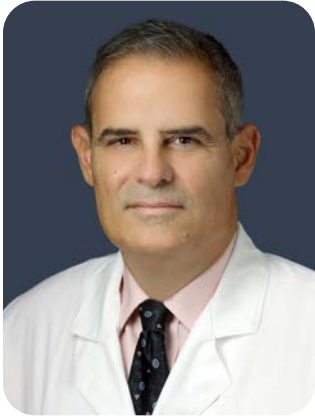
Eplet matching – An even more precise way to see if a patient "matches" another person. Using the latest technology, recipients may need less immunosuppression medication after transplant, may have fewer complications from antibodies and rejection, and may keep their transplants longer.

Advanced donation program – Allows a donor to donate on a specific date even if the intended paired recipient is not ready for transplant. The intended recipient will receive a kidney when the time is right. This flexibility allows the donor to choose a convenient time for surgery, with the donated kidney going to a recipient in immediate need at that time.

Compatible paired kidney exchange – A donor and recipient who are blood type and HLA (tissue type) compatible and could proceed directly to transplantation. In this scenario, the pair is willing to enter the paired kidney exchange for several possible reasons, including finding a better age—or HLA-matched donor—or the desire to help more patients get transplanted.

A conversation with Jose Figueiro, MD, director of kidney and pancreas transplantation.

MedStar Georgetown Transplant Institute has been home to one of the country's nationally ranked pancreas transplant programs for more than 15 years. We asked Dr. Figueiro to share his thoughts about



the program...how it has changed over the years, who might benefit from a pancreas or kidney/pancreas transplant, and how these transplants change a patient's life.

Q: During your time at the Transplant Institute, how has the program changed?

A: Our program has long been nationally ranked, and we have an outstanding national network for organ procurement. So, our foundation is strong. That said, over the last two years, we have restructured the program to achieve even higher volumes and better outcomes. We have also added several highly qualified pancreas and kidney transplant surgeons to the staff and now have four surgeons with expertise in pancreas transplantation.

So far this year, we have performed 42 simultaneous kidney/pancreas and eight pancreas transplants and our program is ranked number one in the nation and in the region.

Q: When should a patient consider pancreas or kidney and pancreas transplantation?

A: There are several conditions that can be addressed with pancreas or kidney and pancreas transplantation. For patients with brittle type 1 diabetes and progressing diabetes complications, pancreas transplantation can be life changing. For patients with type 1 diabetes and end-stage renal disease, simultaneous kidney/pancreas transplant is the best therapeutic option.

Simultaneous transplantation is also a good option for non-obese, insulin-dependent type 2 diabetics with ongoing complications. Post-transplant, the new kidney is functioning in a healthy environment where the new pancreas provides normal glycemic control, preventing the diabetic complications that could cause damage to the new kidney and other organs.

Other patients who should be evaluated for a pancreas transplant include individuals living with type 1 and 2 diabetes who have had a kidney transplant but continue to experience ongoing complications as well as patients with complicated, difficult to control diabetes but good renal function.

Q: What are the benefits of these transplants?

A: For simultaneous transplants, the wait time is considerably shorter than for kidney or pancreas

transplant alone. In fact, the average wait time is three to six months, less than 10% of the average wait for a kidney alone. The organ quality is also higher, with most donors rarely older than 40, which translates to longer transplant survival.

Post-transplant, there are a number of benefits of pancreas and kidney/pancreas transplantation. Patients can achieve normal glycemic control, slowing or halting the progression of any complications they were experiencing before transplant. They no longer experience life-threatening impaired hypoglycemic awareness episodes. Plus, those who undergo a simultaneous kidney/pancreas transplant no longer need dialysis and insulin.

So, these transplants are an opportunity for patients to reset their lives. Their quality of life is markedly improved and they're able to do things that were not possible with their disease, like traveling.

Q: What if a patient has been turned down by other centers?

A: Here at the Transplant Institute, we have the skills and expertise to perform complex cases and retransplants, successfully treating patients turned down by other centers. We welcome the opportunity to provide a second opinion to any patient who may potentially benefit from our program.



Considering a kidney transplant?

Learn about the process to help make your decision.

Dialysis is an important life-sustaining treatment for end-stage kidney disease. However, it can be physically and emotionally draining for most individuals. Many patients explore kidney transplants as an alternative—one that not only restores energy and vitality but generally offers a better quality of life and can extend people's lifespans.

"If you're considering a kidney transplant, it's essential to understand

the process, potential benefits and risks, and the importance of choosing the right transplant team for you as an individual," says **Ashtar Chami, MD**, associate medical director of kidney transplantation at MedStar Georgetown Transplant Institute.

Dr. Chami is a transplant nephrology specialist who leads the Transplant Institute's kidney transplant outreach program alongside **Ghelatia Araia, MPH**, the outreach coordinator.

Together, they work to ensure that patients and their support networks, social workers, and referring providers have access to the education and resources they need to make informed decisions.

"We have a phenomenal team of transplant nephrologists and surgeons who are committed to helping patients receive transplants as quickly and safely as possible," says Dr. Chami. "We personalize each

patient's care plan, including the type and dosage of immunosuppressive medications needed after transplant."

MedStar Georgetown Transplant Institute is a highly active participant in the National Kidney Registry (NKR), which facilitates kidney swaps through living donor matches. Thanks to this partnership, the Institute is able to offer additional protections to living donors through the Donor Shield Program—an option not available at many other transplant centers.

"It's truly a privilege to be involved in every step of the patient's transplant journey."

- Ashtar Chami, MD

As outreach coordinator, Ghelatia serves as the main point of contact for patients and providers seeking information about transplant eligibility and the evaluation process. "I often meet with patients undergoing dialysis treatments," she explains. "This includes visiting dialysis centers, educating patients and families, answering questions, and working closely with our clinical coordinators who manage the waitlist and transplantation evaluation."

Dr. Chami takes a hands-on role throughout each patient's transplant journey. "I do a lot of outreach to referring nephrologists and meet many patients during their dialysis phase," she says. "Once evaluated for transplant, I maintain close communication with their doctors, support them during their hospitalization for the transplant, and continue managing their care long-term—including overseeing medications and addressing any transplant-related complications." She adds "It's truly a privilege to be involved in every step of the patient's transplant journey."

What sets the MedStar Georgetown Transplant Institute apart is its

remarkable growth and personalized approach. "We are now the highest volume transplant center in the region," says Dr. Chami. "Our individualized evaluation criteria and robust living donor program mean that many patients who may not qualify elsewhere can still find a path to transplant here."

To learn more about the kidney transplantation process, visit **MedStarHealth.org/Transplant**. To request an evaluation, click on this QR code with your camera smartphone.

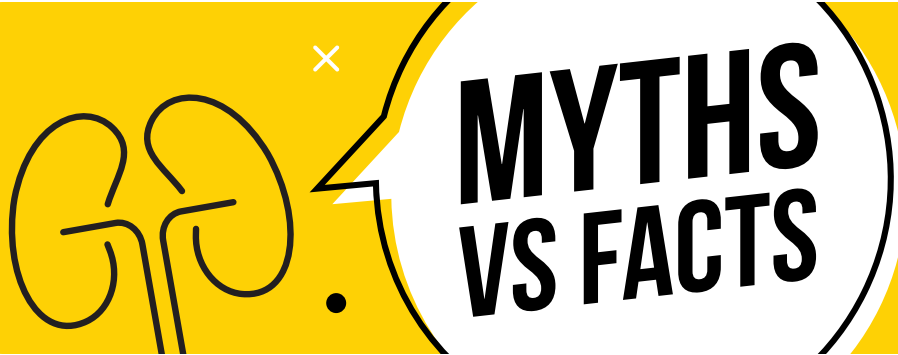


Request a Kidney Evaluation



Ashtar Chami, MD, (right) consults with Ghelatia Araia about a patient.

Transplant waitlist multi-listing **myths**



MYTH: There are restrictions to multi-listing.*

FACT: Multiple listing is allowed by OPTN policy. However, it is up to each hospital to decide whether to accept you as a candidate.

MYTH: If I do not multi-list but transfer my care to another hospital, I lose my waitlist position.*

FACT: If you want to end your listing at one hospital and transfer to another, your primary waiting time can be transferred if you coordinate with both programs.

MYTH: Multi-listing doesn't increase my chances of getting an organ.

FACT: Transplant wait times vary between hospitals. Listing at hospitals with shorter wait times can improve your chances of receiving an organ sooner. Researching and choosing these hospitals is more effective than listing at multiple centers randomly.

MYTH: Multi-listing won't affect my wait time.

FACT: Studies suggest that multi-listing can shorten the average waiting time for transplant candidates by several months. It can increase your chances of receiving an organ sooner by expanding the pool of available donors and varying the wait times across different regions.

MYTH: You can only list on one hospital's waitlist for a transplant.

FACT: You can list at multiple hospitals for a transplant. Listing at more than one transplant center is known as multi-listing.



MYTH: You are guaranteed to be on the waitlist for minimally three years.

FACT: Several factors influence wait times, including the availability of donors, blood type compatibility, and the specific organ needed. Each patient's situation is unique, and wait times are individualized.

and facts.

Unique protections for kidney donors.

MYTH: There is minimal contact from the hospital while on the waitlist.

FACT: Patients on the waitlist have regular and ongoing contact with the hospital. This includes annual visits with more frequent check-ups (every six months) for those with significant medical histories. Patients undergo monthly blood testing, annual hepatitis and other virus testing, as well as yearly chest X-rays and electrocardiograms (EKGs) to monitor their health and readiness for transplant.

MYTH: The waitlist functions like a single-file line.

FACT: The national organ transplant waiting list moves based on medical urgency, organ compatibility and availability, with patients prioritized through a computerized matching system.

MYTH: People with wealth or fame can buy their way to the top of the waitlist.

FACT: The allocation of organs is strictly regulated to ensure fairness and equity. Factors such as the time of listing, time spent on dialysis, medical urgency, and compatibility are the primary criteria used to determine a candidate's position on the waitlist.

MYTH: There are only waitlists per hospital.

FACT: There is one national organ transplant waiting list and patients are prioritized, based on a computerized matching system.

MedStar Georgetown Transplant Institute is the only National Kidney Registry (NKR) Donor Shield Program in Washington, D.C., which means living kidney donors who choose the Institute have access to several important protections, including:



Lost wage reimbursement for up to four weeks.



Travel and lodging reimbursement up to \$1,000. Driving expenses are reimbursed at the IRS mileage rate and lodging covers hotels near MedStar Georgetown Transplant Institute.



Life insurance with a \$500,000 principal sum, covering a period of one year post-surgery.



Disability insurance for \$1,000 per week maximum for up to 52 weeks post-surgery.



Legal support in the event that a donor's employment or health insurance is negatively affected by living donation.

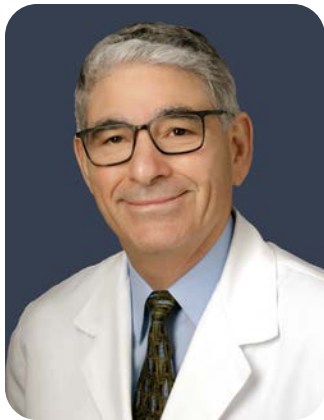


Coverage for uncovered donor complication costs, which ensures donors are never asked to pay for a post-surgical complication that is a result of their kidney donation.

The program's advantages are available to donors whether they donate directly to their recipient or through an NKR paired kidney exchange (PKE).

Coordinated bariatric and transplant care expands eligibility, offers hope to patients living with obesity.

Today, there are hundreds of thousands of individuals in the United States in need of lifesaving organ transplants. Unfortunately, many of these individuals are living with obesity, which can impact their eligibility for a transplant.



"For some patients seeking a transplant, obesity is a barrier. Body mass index (BMI) is a traditional criterion for transplant, and a large portion of potential transplant recipients have BMIs above the cutoff. So, these patients are told they must lose weight first," says **Barry Greene, MD**, director of bariatric surgery at MedStar Georgetown University Hospital. "Until recently, that

conversation ended there. Now, we don't just tell patients to lose weight: we help them do it."

To that end, MedStar Georgetown recently launched a new program developed in partnership between MedStar Georgetown Transplant Institute and the hospital's weight management specialists to provide patients with the tools

they need to manage obesity before having a kidney or liver transplant.

Created by the hospital's transplant and medical and surgical weight loss teams, the program offers a coordinated, multidisciplinary approach to weight loss. Patients may start therapy with nutrition counseling and GLP-1 medications, followed by bariatric surgery when

appropriate...all while under the shared management of transplant specialists.



"It's so helpful for patients, especially those already dealing with complex conditions," says **Rachel Redfield, MD**, a transplant hepatologist. "Now instead of asking patients to seek out different specialists on their own, we're bringing the

team to them. We can offer them a clear, unified plan, and that changes everything."

For a lot of patients, the benefits are immediate. "Bariatric surgery not only lowers BMI but can also address risk factors such as diabetes and hypertension, which can result in poor outcomes after a transplant," she says.

"In kidney disease specifically, weight reduction can help prevent progression to end-stage kidney disease," says **Reginald Gohh, MD**, a transplant nephrologist. "If we perform a kidney transplant but don't address the underlying cause, we're setting the patient up for potential recurrence. The opportunity here isn't just access to transplant: it's the chance to prevent the disease from returning," he says.





“We know that weight loss helps improve conditions that worsen kidney function,” adds **Yewande Alimi, MD**, a member of the MedStar Health Bariatric Surgery team. “Early intervention gives us a real opportunity to stabilize patients before the damage is permanent. And for patients who have already had a transplant, supporting weight management protects the new organ from the same damage.”



The team is also able to care for higher-risk patients who might be declined elsewhere. “We have the resources and the expertise to take on these complex cases,” says Dr. Alimi. “It’s not about sending patients off to a surgeon and hoping for the best. We create an intentional, multidisciplinary pathway, tailored to transplant-specific needs.”

The program offers new possibilities for living donors as well. “Elevated BMI is often a barrier to donation. Candidates wanting to donate to a partner or family member can engage in structured weight-loss efforts, improving their eligibility. ‘I have a patient currently

working through the program to become an ideal donor for her partner,” says Dr. Alimi. “They’re doing the process together. It’s really hopeful.”

For patients, the message is clear: weight-related ineligibility should no longer be a reason to defer or delay transplant evaluation. Early referral to the bariatric-transplant program can prevent disease progression and, ultimately, deliver better long-term outcomes.

“We’re not asking patients to manage this burden alone,” says Dr. Greene. “We know obesity is a complex, chronic disease. Through this program, we can improve their eligibility for a transplant and protect the organ after surgery.”

Beyond metrics, there is an emotional impact. “Many of these patients have been told ‘no’ for years,” adds Dr. Greene. “When we say, ‘Here’s a plan,’ it changes everything. They don’t just feel seen—they feel hope.”

By combining bariatric expertise with the transplant care model, the Transplant Institute is closing historic gaps in patient support, keeping more candidates on track, expanding access to donations, and building a system where the highest-risk patients no longer fall through the cracks.

“This isn’t a wish,” adds Dr. Greene. “This is an outcome. And now we have the team to deliver it.”



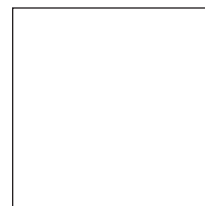
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Dual listing for **access to quickest time to transplant.**

If you need a kidney or pancreas transplant, MedStar Georgetown Transplant Institute is here for you. We are the area's most experienced program with the shortest time to transplant. A kidney transplant removes the need for ongoing dialysis, freeing patients from the time demands, allowing the freedom to enjoy everyday activities.

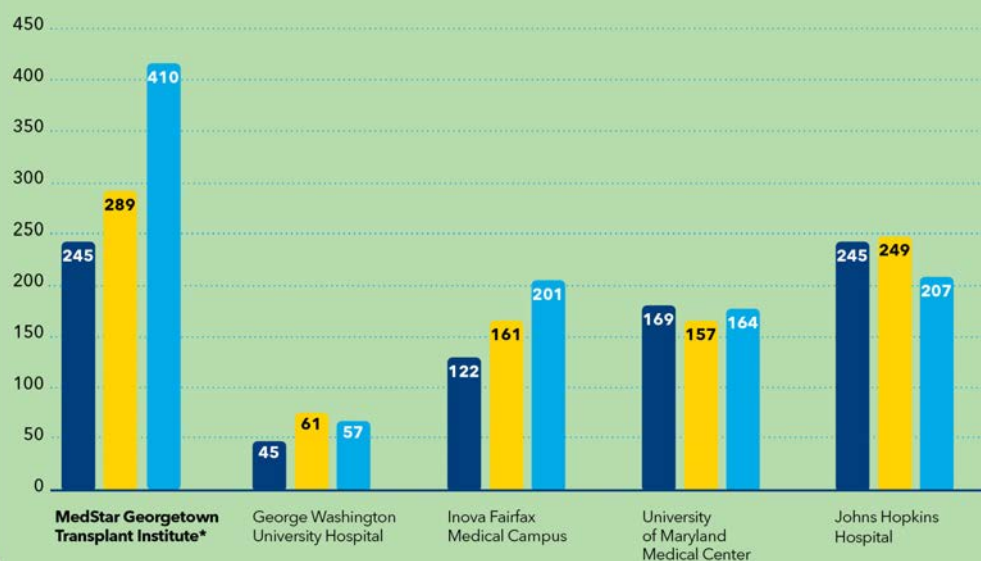
MedStar Georgetown Transplant Institute offers:

- **Quickest time to transplant:**
If you are listed with another program, you can dual list with us.
- **Liberal acceptance criteria:**
We allow recipients and donors turned down by other centers to potentially be transplanted.

- **Bariatric/transplant clinic:** Our program solves one of the biggest barriers to care—Body Mass Index (BMI) levels that delay or prevent transplant and access to care.
- **Largest kidney/pancreas volume** in the United States.
- **Ninth largest kidney program** in the nation.

2022 to 2024 kidney transplant volumes.

■ 2022 ■ 2023 ■ 2024



OPTN.org/data accessed January 2025

*Includes pediatric transplants at DCCH/CNMC

To learn more about kidney transplantation at MedStar Georgetown Transplant Institute, visit **MedStarHealth.org/Transplant** or call **202-444-3700**.