Lance Skelly: Director of Communications, Emory University Hospital:
Alright, shall we get started? Well, I want to thank everybody for coming…especially from the media…our media friends today. I know it’s kinda hard getting in. Thank you all for being patient with us this morning and for covering this great story. I think, as we all know, we are here to talk about a really fantastic and unique story today. It um…we are Emory University Hospital and Emory surgeons are the first in…in…to have completed a hand transplant on our special patient from the Orlando area. So today we have a number of guests with us…physicians and our patient with us. We have Dr. Tom Pearson, Linda Lu who is our patient, Dr. Linda Cendales, Dr. Chris Larsen, and Dr. Alan Kirk. One thing we did wanna do…we are really grateful for this opportunity, but we are also thankful for the support of one of our esteemed congressman…U.S. Senator Saxby Chambliss. He helped make this entire program possible through his support backing so he has provided to us a quote that I wanted to go ahead and read for the record. Senator Chambliss said this is a great success for Emory and for medicine. The procedure they have demonstrated with benefit many people including members of our military who have suffered from injuries in Iraq, Afghanistan, and elsewhere. I am proud and grateful for the dedicated leadership, physicians and researchers at Emory who made this extraordinary break-through possible. Okay, so at this time I’m going to open it up to Dr. Cendales. She’s going to read an opening statement and then we’ll begin the Q & A process.

Dr. Linda Cendales:
Thank you, Lance. Thank you all for all…uh…very much…uh…for coming today. We have call this press…press conference to you aware of a recent case that signals a significant new advance in our ability to care for individuals with upper extremity amputation. On March 12th, we completed the first hand transplant in the state of Georgia. The patient is seated here with us today. Ms. Linda Lu is a remarkable young woman who I am sure you will enjoy meeting this morning. This procedure is the result of years of preparation by scores of individuals including surgeons, physicians, nurses, anesthesiologists, therapists, mental providers, the organ procurement professionals and all others that you can see in the poster, uh, to my left.
All coming together to help Ms. Lu regain better quality of life and improve her upper extremity function. While this could be considered as an end product or accomplishment, we prefer to consider this as the beginning of a comprehensive vascularize composite allograph clinical program but uh…by very deliberate investigation of program that we hope will help advance this field. It is our goal to bring reconstructive transplantation to deserving individuals such as Ms. Lu who have limb loss or other reconstructable tissue defects and before opening to questions, I’d like to make a few acknowledgments. First, this is a collaborative program between Emory and the Veterans Affairs Medical Center and it has been driven in part by our concern for our service men and women returning from…with significant injuries from the current combat situation. As such, this work was sponsored by a grant from the Department of Defense, administered through the Navy Bureau of Medicine and Surgeries Medical Development Program with strong backing from U.S. Senator Saxby Chambliss who we would like to acknowledge for his critical support to the Emory Transplant Center over the last three years. His advocacy on our behalf within the congress resulted in the necessary funding for us to initiate the vascularize composite transplant program. Second, this has been a multi-disciplinary effort pulling the resources embers of the Emory Transplant Center, the Department of Surgery and Medicine, and the Division of Surgery. We recognize that this is a new beginning for Ms. Lu as is the case for many recipients of other transplanted organs and the next year, we’ll see a rigorous schedule of rehabilitation and a requirement like all other transplants of immunosuppressive medications. Finally, we want to thank Ms. Lu for agreeing to tell her story today and participate in this pivotal advance in our program today. I am sure you will have many questions, but I am also sure that we count on you to respect Ms. Lu’s privacy outside the venue of the former press such as this one. Of course, none of this or any other transplant would be possible without the altruistic gift from the donor family. At the request of the donor family, we will maintain confidentiality and send our sincerest respect, sympathy and gratitude in this difficult time of grief. Thank you.

**Lance Skelly:**
Thank you Dr. Cendales. At this point, we have numerous media representatives that have called, so the way I think we’re going to handle this is we’ll take a few calls from the…questions from the media in attendance here, and I will ask for questions here…from the…our call-in representatives and then we’ll do a little bit of back and forth. What I would
ask is for the media who are calling in…if you would…when you state your question…state whether it’s for one of the physicians or the patient and identify yourself as well as your media outlet when doing so. So with that, we’ll take our first question from the audience here at Emory University Hospital.

*Question is inaudible.*

**Patient, Miss Linda Lu:**
I’m feeling pretty great.

*Question is inaudible.*

**Linda Lu:**
I did…just not so soon.

A few months.

**unknown caller from the telephone**
I’m sorry to interrupt, but we cannot hear the patient’s responses on the phone. Or the reporter’s question.

**Lance Skelly:**
Test the mike. Are you able to hear the test on the microphone?

**Reporter on the telephone**
I can hear that.

**Lance Skelly:**
Okay. Let’s take the next question. Go ahead Dianne.

**Diana Davidson reporter from WSB television:**
…tell us how you lost your hand…I know you were in the brace…but show us or tell us how much what they told you…how much can you use your hand.

**Linda Lu:**
Well, initially I lost my limb to Kawasaki’s Disease as an infant…and as far as function goes I’m told to never expect it to be full strength of my natural
limb. But, with rehab I will do as best as I can, basically. And I expect it to…

**Diana Davidson:**
Your grasp…just tell us what they told you…how it will make your life easier.

**Linda Lu:**
I expect it to help in simple every day activity…mainly. Just with ease.

**Diana Davidson:**
Tell us from your heart right now…it must be pretty romantic and pretty wonderful…seems to me…what’s your thought?

**Linda Lu:**
I don’t really know how to answer that question because right now I’m just filled with emotions. And um…I don’t think there’s really anything that can describe how I feel other than just happiness, and hopefulness, and of course thankfulness. So…

**Lance Skelly:**
Go ahead Jay.

Let’s take a mike hear…people can’t hear questions. Go ahead.

**Jay Watson with 11Alive news**
…Ms. Lu, can you tell me, how many years were you without your hand?

**Linda Lu:**
20 years.

**Jay Watson:**
20 years. So since you basically grew up without your hand, was it a decision you had to think about whether or not to try to do this, because it seems like an incredibly rigorous undertaking and a huge commitment on your part.

**Linda Lu:**
I did have to think about it, but it was a pretty simple decision actually.
Jay Watson:
So have you officially begun your therapy?

Linda Lu:
Yes.

Jay Watson:
And what does that involve?

Linda Lu:
At the moment, a lot of passive exercises and um…

Jay Watson:
What’s a passive exercise?

Maybe Dr. Cendales…

Maybe Dr. Cendales…

Dr. Linda Cendales:
Yeah…her rehab is going to be very intensive. So we start with this splint, which is a protective splint but that also allows her…with the other hand or the therapist to help her with the exercises. So, for example, a passive exercise would be if…either she can do it or I can do it…you know with the other hand…move her fingers, to keep the joints moving and to keep not only the tendons gliding but also the swelling going down as well as the position in the other fingers in relation to the normal anatomy. Ms. Lu is going to be with us for several months because the maximal benefit will be with intensive rehab in the first…probably three to six months. So, at some point in the next year, she will have some type of splint that will help her not only doing the exercises but also protect the repairs and hopefully, you know, within a year she will not need to use anything else.

Jay Watson:
Doctors, you said this was the first hand transplant in Georgia.

Dr. Linda Cendales:
(Yes) Um-hmm

Jay Watson:
How many of these have been done around the country to your knowledge?

Jay Watson:
What has been the success?

Dr. Linda Cendales:
So the experience in the United States has been less than…it’s about a dozen and the success…there has been one graph loss in the United States and there has been approximately about 43-46 patients that have received hand transplants in the world.

Jay Watson:
Successfully?

Dr. Linda Cendales:
Well, successfully there have been graph loses. The first one was in 2001, after being performed in 1999-98, which was the first one after 34 years where was…the very first one in the world was in 1964 and 34 years later was the second one…which was in France and the patient experience graph loss. The next one was in the United States, was the longest functional so far.

Diana Davidson:
Can you tell us how much functioning you’re hoping she would have? Can you show us…maybe doctor with your hand, would she be able to grasp a pen, brush her hair…give us a better idea of what you’re hoping for.

Dr. Linda Cendales:
Yeah, we will move forward, you know, as develops and we will adjust not only her splint but her exercises you know, as it goes. But her repairs in particular, where at the level of the wrist…which is…after our experience with replantation perhaps the ideal length where we would like to reconnect the structures. So in that regard, she has the level with the highest potential functional recovery that she could have. Intra-operatively, she has the level of repairs that we did were also very strong. The technique that we use to reconnect the tendons are perhaps the one that show to be very strong. So if everything develops as we hope, she will be able to make a fist. She will be able to regain sensation to the finger tips. She will
experience the nail growth comparative to the lateral hand. And she will also regain…if everything goes well…sweating. And she will be able to discern temperatures. So she will be able to cook without getting burned. And she will be able to assist her other hand. It is important to say that as she also said it will never be a normal hand, but it will be a hand that helps her do a lot of things that she wants to do.

**Diana Davidson:**
She said that she was without the hand from she was an infant or a young child. Who’s the best candidate for this…a recent amputee, someone like her and how many people are in need of this kind of surgery across the U.S.?

**Dr. Linda Cendales:**
I think a handful of patients have been selected group of amputees. We…our program has a very thorough screening process that involves not only laboratory workup and radiology but also mental health because it is a visible transplant. I think we haven’t…the in general…we have not been able yet to identify a systematic approach into who is the best candidate and when to do the procedure. But in our program, we take into consideration a lot of parameters. In the experience so far in the world, it appears that there is no difference between the time of the amputation to the time of a transplant. In other words, the experience so far shows that a patient receiving a hand after amputation after two months recovers function as much as a patient or an amputee receiving and amputation after 30 years. So that length of amputation after 30 years does not appear to be a variable. So basically, in terms of time between the amputation and the transplant; it appears it is not a component. I believe that there are other variables that might play a role… certainly compliance, certainly you know the mechanism of injury of the amputation…you know the tissues will be different if it is an explosion that is it a more clear cut and the level of the amputation also plays a role. It is different if somebody loses the hand above the elbow that if somebody loses the hand below the elbow…in terms of function recovery.

Is…?

**Question is inaudible.**

So far done?
No, how many people suffer amputations?

**Dr. Linda Cendales:**
So the number one cause of amputations in the United States is trauma. The number one cause of disability in the United States is rheumatoid conditions and we also have approximately in the early 2000 about 70 out of 100,000 patients have congenital deformaties.

**Crystal Cruz, CBS Atlanta:**
Hi, …is there a chance of rejection?

**Dr. Linda Cendales:**
Yes…like every transplant there is a chance for rejection and we actually would expect rejection. We have also experience that…similar to other transplants…rejection…and it’s also able to be reversed like other transplants perhaps Alan might…you know…comment about rejection of cited organs which is pretty much similar.

**Dr. Allan Kirk:**
Like Dr. Cendales said all transplants from another individuals can be rejected. We’ve had a lot of experience with other organs on how to control that and have medications that if taken properly and compliantly will, in almost in all circumstances, prevent rejection leading in graph loss and I think one of the most important things that we look at in considering candidates for this is their ability to understand the importance of their medication and the demand to work with the team here so that the medication don’t encumber their life but just help keep their organ in place. And Ms. Lu is certainly that type of individual who really does understand that we are working as a team here.

**Lance Skelly:**
We’re gonna go...let’s take an online call. Oh, first and foremost, that was Dr. Allan Kirk for those calling in (*speaker spell’s the doctor’s name*). Let’s go ahead and take a few questions from our call-in audience now. Please state your name and your media outlet please.

**Miriam Falco, CNN Medical News:**
Hi, this is Miriam Falco, CNN Medical News. This is for Dr. Patel please. First of all, can you tell me without revealing any confidential material or
information...is this hand from a young woman or older woman? Does it have to be from a woman? And also, how does this, if at all... this procedure, the way it was performed differ from any of the hand transplants that have been done in this country or elsewhere in the world?

**Dr. Linda Cendales:**
So technically the procedure really follows the standard of care for replantation and this was not the exception. We started by reconnecting the bones and then we moved into the soft tissues, you know, the tendons. And then we brought in the microscope and repaired the microsurgery part which was which way the nerve and tendon. So the technique was following the standard of care of replantation. In terms of the donor, I think I'm gonna ask Tom is he would like to answer the question regarding the donor?

**Dr. Thomas Pearson:**
I think what we can talk about here is generalities, not the specific case or specific situation here. Obviously unique to composite tissue allograph compared to solid organ transplants that we...are much more commonly done such as heart, lung, liver, kidney...skin tone and gender could play a role in matching so that is something that is taken into account in general with composite tissue allographs that’s unique and different from other organ transplants.

**Lance Skelly:**
That was Tom Pearson

**Miriam Falco, CNN Medical News:**
Thank you. And then for Ms. Lu...I know you said you really couldn’t explain how you feel, you’re just very happy and hopeful. You lost your hand very early in life. Can you tell me again how old you are and even though you lost the hand, it was removed. It had to be amputated. It wasn’t a traumatic way of the hand being removed. Correct?

**Unknown reporter in the room:**
Can you describe the disease...that I guess...was it a disease that forced the hand to be removed.

**Lance Skelly:**
Maybe that’s something better for one of our physicians to address.
Miriam Falco, CNN Medical News: Can we discern the age please? Her age?

Lance Skelly: She’s 21

Dr. Linda Cendales: Yes…she’s 21 and she lost her hand when she was 1 from Kawasaki’s Disease, which is an inflammation…basically…of the vessels.

Ray Henry, Associated Press: Dr. Cendales can you spell that for us?


Ray Henry, Associated Press: Can you describe what that condition is about…particular to the vessels?

Dr. Linda Cendales: Sure…Chris, would you like to explain.

Dr. Chris Larsen: No…I think that’s an apt description of it. It’s a disease that causes inflammation of the peripheral blood vessels that can result in thrombosis and loss of limbs as well as large vessels…the aorta.

Ray Henry, Associated Press: Why…generally speaking…why would an amputation be necessary…loss of tissue?

Dr. Chris Larsen: Any time the blood vessels have inflammation, they can have thrombosis. And if there’s thrombosis, that leads to a lack of blood clots. Blood clots lead to a lack of oxygen to the tissues. That can lead to tissue loss requiring amputation.
Lance Skelly:
That was Chris Larsen…L-A-R-S-E-N. Next call on the line please…anyone else online? Alright…to our…

Marni Jameson, Orlando Sentinel:
Yes…can we talk…
I do have a question…This is Marty Davidson with the Orlando Sentinel. I know it is difficult to project, but is there a long term prognosis in this situation where we expect for her…for Lin…to last the rest of her life…her new hand?

Dr. Linda Cendales:
I think like any transplant, you know, we all hope that it last forever. However, there are many times that that is not the case. We don’t have…the longest…you know…the longest functional hand transplant currently in the world is 12 years…12 years out…the first one…that one was performed in 1999. We don’t have enough patients to actually say accurately say how long they last. If we compare the lesson…so if we take the lesson from transplantation of a solid organ, perhaps we could say that if it mimics the same as any other transplant, you know, it could average…similar to a kidney maybe 15-20 years. So if…it is likely that somebody gets, you know, a transplant early in life…it’s likely that it will require, perhaps, a second transplant. While somebody, perhaps getting it later in life and it last more than 20 years…it might not.

Marni Jameson, Orlando Sentinel:
Thank you.

Lance Skelly:
Next…go ahead Jay.

Jay Watson:
Can you talk a bit about what this means for members of the military who’ve…many of them have suffered amputations and more. Is it a much different process of qualifying them as you said because they lost their limbs traumatically…for example an explosion versus an amputation like that?

Dr. Linda Cendales:
So, our program at Emory and the VA is actually the only program in the United States today that offers hand transplantation within the VA system for our service men and women. We have been designing to include parameters that might be specific for that type of population so that we understand a little better, you know, individualize perhaps more that population similar as, you know, civilian population…similar that we, you know, think about the different parameters for other populations. So we have included, you know, certain parameters that will apply to them. This is an option that certainly have been for our service men and women and thanks to our Department of Defense’s support, we offer this option to them. I don’t know if Allan would like to add anything else regarding the military.

**Unknown reporter:**
Are there any soldiers on the list now?

**Dr. Linda Cendales:**
We do have approved patients, both from the military as well as the civilian population in our program.

**Dr. Allan Kirk:**
Certainly one of the most visible and driving conditions in our modern society is the number of individuals returning from conflict with limb loss and that certainly does inspire the group to work in that direction and is one of the things that has impelled the program forward. So it is our hope that we able…be able to provide this type of reconstruction to appropriately selected members of the armed services.

**Miriam Falco, CNN Medical News:**
Mariam from CNN again…a follow up to this question just now…so you say this is the only program within the states to offer hand transplant to service members…military service members. Obviously you’ve had your first patient now. You say you have patients waiting both in the military and civilian population. What is the biggest obstacle right now? Is it the lack of hand donation or what’s the obstacle for you to not have…to be doing more? Was it getting the first transplant under your belt?

**Dr. Allan Kirk:**
Well, I think that as with most transplantation procedure, the donor is the limiting factor and as Dr. Pearson discussed earlier, the matching
requirements are more extensive for this type of transplant than it would be, for example, a kidney transplant with relation to size and gender and the like. But really, the major limiting factor now is finding the right donor for the individual that’s on the list or the individuals that are on the list and moving forward case by case.

Lance Skelly:
Again…that was Dr. Kirk.

Dr. Linda Cendales:
I would just like to clarify our program is the only one within the VA system that offers hand transplantation within the VA system.

Lance Skelly:
Alright…let’s take one from the Associated Press.

Jonathan Serrie, Fox News Network
Actually if I could just chime in since I have the microphone and then I’ll pass it on…Jonathan Serrie from the Fox News channel. I wanted to ask anyone on the team of physicians, what is the most challenging phase of the surgery…or is every aspect of it challenging?

Dr. Chris Larsen:
Well, I would say that one of the hallmarks of this is the preparation that went into it. This maybe a little off your question but Dr. Cendales is probably the only surgeon that we know of that’s been trained not only as a hand surgeon but also as a transplant surgeon and so the preparation that went into it…had anesthesiologist, nurses…the whole team…the transplant team ready to conduct this. I would say the amount of work that it took to go coordinate all these activities to, of course, identify the right first recipient, to have the team go recover the organs in concert with preparing the recipient operating room and then Dr. Cendales led the team of many surgeons and many individuals that spent nearly 24 consecutive hours doing the procedure. So it’s almost hard to say what’s the most difficult part. It’s the concert of all those activities that I think is…which she did so well through her leadership and skill.

Lance Skelly:
That was Dr. Chris Larsen.
Ray Henry with the Associate Press:
I wanted to make sure I understood sort of the length of the graft. Did you say it started at wrist level? Is that correct or was it farther back than that?

Dr. Linda Cendales:
Yeah…her amputation was what we call wrist disarticulation…it was at the level of the wrist.

Ray Henry with the Associate Press:
Level of the wrist…and second questions…in terms…you mentioned…one of the limiting factors right now is donor of organs. Is the system for getting donor limbs as developed as some of the other organs systems…I mean, are you looking at a single system or are you looking at…you know, is this sort of a standard thing out there for organs? Do you have sort of a database to pull from?

Dr. Linda Cendales:
Yeah…I’m gonna ask Tom to answer the question.

Lance Skelly:
Dr. Tom Pearson.

Dr. Thomas Pearson:
So the short answer to that is no. There is a well-developed national system for clinical solid organ transplant…heart, lung, kidney, liver transplant and that system is organized under the auspice of the federal government and administered that way. Hand transplant we hope will become part of that system and I certainly speak for myself and I know for Dr. Cendales that the organization and the oversight of composite tissue transplant will fall in line with the other solid organs. Obviously this was the first one ever done in the southeast, nine done in the country… the infrastructure and system in terms of composite tissue allograph transplant is not developed to the point…to this point like it is for solid organs.

*Question is inaudible.*

Dr. Thomas Pearson:
Well I think, you know, we continue to learn…obviously again…nine transplants done in this country. I think…certainly with all transplants, we
try and do it as expeditiously as possible. In terms of an actual hour cut off, I don’t think that’s been defined yet for this type of transplant.

**Ray Henry with the Associate Press:**
You mentioned the system wasn’t perhaps as well developed for other solid organs, without revealing or without breaching any of your confidentiality agreements, how did you select...how did you match sort of...a donor with a recipient... in this case, how did it come about?

**Dr. Thomas Pearson:**
Well, we worked very closely with the organ procurement organization for Georgia...Life Link of Georgia and with our colleagues there, we’re aware...because all of us are transplant physicians, transplant surgeons involved with other organ transplant and work with them to identify potential donors and then again it was the unbelievable generosity of the donor family that made all of this possible.

**Diana Davidson:**
Sorry. Can you tell me if Ms. Lu had used a prosthesis until now and if...how her function lets say a year from now...if she did have a prosthesis will compare to that prosthesis.

**Dr. Linda Cendales:**
Have you worn your prosthesis?

**Linda Lu:**
No, I have not worn a hand prosthesis since about third grade.

**Dr. Linda Cendales:**
So, in a protocol we will determine function by different parameters but one of them is a test that gives numeric, you know, a number based on the different things that she will be able to do and so we take...we measure that test before the surgery with patients that have prosthesis...without prosthesis as well...and then after the surgery with the new hand at several intervals...you know, even years later. And just to give you a perspective...with that test, someone that is using that prosthesis on a more regular basis...maybe the score out of a total of 99 possible numeric number, the average is about 40...40-45 with a prosthesis...that’s the average...perhaps somebody that uses a prosthesis. Now in her case, she
didn’t use the prosthesis. So that numeric number was very, very low. So based on that, we hope that her improvement...objectively without parameter...will increase significantly if everything goes as well as it’s going so far.

**Crystal Cruz, CBS Atlanta:**
Can...one of...I’ve seen you kind of move your hand. Can you describe what it’s like at all to have a hand now?

**Linda Lu:**
Honestly, it’s just mind-boggling. Um, I’ve already accepted it as my hand since the day I woke up. But um, just looking at it sometimes, I still can’t believe it’s there.

**Crystal Cruz, CBS Atlanta:**
What does it feel like when you tell your hand to...I saw you kind of move it...what does it feel like to tell your hand to do something?

**Linda Lu:**
Amazing...it kind of feels like magic.

**Lance Skelly:**
Let’s go ahead...Jay...let’s get you a microphone.

**Jay Watson:**
Ms. Lu have you been told how long you’ll have to wear...I’m sorry, I don’t know what it...what that’s called that’s on your hand, but have you been told how long you have to wear it.

**Linda Lu:**
In general, I’ll wear a splint for about a year. It will be modified and adjusted as rehab goes.

**Lance Skelly:**
Is that what that is Linda...it’s just a splint or is there a technical...?

**Dr. Linda Cendales:**
That is a splint and she’s correct. It will be modified as she progresses. But she’ll have some type of protection, probably for about a year.
Lance Skelly: 
Alright…do we have any other calls on line please?

Marni Jameson, Orlando Sentinel: 
I have another question from the Orlando Sentinel.

Lance Skelly: 
Okay…go ahead.

Marni Jameson, Orlando Sentinel: 
For Ms. Lu…I see you’re in Oviedo and you’re attending college…I just have a few questions…where do you go to school, and what are your studying, and how long did you wait for this procedure?

Linda Lu: 
Well, currently I go to Valencia, and I am in Information Technology, and I was officially put on the list in November…so I have been waiting since then.

Marni Jameson, Orlando Sentinel: 
I’m sorry, I didn’t hear that last part…you were officially put on the list of donors when?

Linda Lu: 
In November

Marni Jameson, Orlando Sentinel: 
Okay, thank you.

Lance Skelly: 
Did you have another question?

Marni Jameson, Orlando Sentinel: 
No that was it. Thank you very much.

Crystal Cruz, CBS Atlanta: 
Were you waiting in Georgia or did you fly out? When did they tell you a hand was available and were you in Florida or were you in Georgia?

Linda Lu:
I was in Florida.

**Crystal Cruz, CBS Atlanta:**
And so you flew out right away.

**Linda Lu:**
Yes

**Crystal Cruz, CBS Atlanta:**
Okay…and that was March 12th…11th….10th?

**Dr. Linda Cendales:**
11th - Yes, she flew in on the 11th.

**Crystal Cruz, CBS Atlanta:**
When you go the phone call, first thoughts

**Linda Lu:**
I thought I was dreaming…honestly and in fact the entire day I thought I was dreaming. Even on the plane…and I was waiting to wake up. But I was just overfilled with happiness.

**Crystal Cruz, CBS Atlanta:**
And then my last question…do you feel like you’re already testing yourself trying to do things…maybe pushing yourself a little further…move your finger a little bit…testing your…the limits?

**Linda Lu:**
Definitely

Lance Skelly:
Any other calls…any other questions here in-house….go ahead…can we get the mike over here?

**Ray Henry with the Associate Press:**
You mentioned that at some point…you know…it’s to be determined…sort of what level of…I guess what the prognosis is on usage of the hand overall. Are there certain hard constraints… things you can’t do with a transplant situation like this? Are there sort of things that Ms. Lu will have to watch out for over the course of her life or monitor in some ways?
Dr. Linda Cendales:
Yeah... I mean certainly... you know... there are certain things that she will need to pay attention to which in the case of the hand will be a rejection. So, any change of coloration of the hand that might reflect some... something that is localized just to the hand as compared to the rest... as compared to the contra lateral hand... that would be something that she will need to pay attention to. But I think like with all other patients in transplants, we really want them to go back to a normal life, and to do as many things that they want, and to adjust her medication to minimize the side effects, and that’s why we work also very hard in our research component to develop new medications to minimize those risks and certainly Emory is the leading center for minimizing immunosuppressant.

Helena Oliviero Atlanta Journal Constitution:
Hi I just had a couple of questions.... I wanted to know how many people are currently on the waiting list for hand transplant... and I also wanted to get a sense of the odds and chances of a match for Linda compared to a kidney transplant. If you were to have a young woman for a donor, what are the chances... how that compares to a kidney... to give our readers a sense of the odds... is it a matter of... it’s just sort of a miracle to find the perfect match or is it a matter that there’s not so many donors available... sort of wanna put that sort of into perspective.

Dr. Linda Cendales:
Do you wanna answer?

Dr. Thomas Pearson:
Well again, with the composite tissue with the hand transplants, I think we really don’t know yet. I mean its clinical research. It’s an evolving field that many of these questions are being worked on to define so we don’t know that. Certainly, as others have mentioned, the limiting factor in all solid organ transplant is the organs to transplant. I mean there are currently about over 3,000 people in the state of Georgia, 96,000 people in the country waiting on a kidney transplant. And by far and away, the greatest factor that limits the delivery of the optimal care for those patients... and that is the transplant... is the kidney to transplant. So it’s a little hard to kind of say, you know, what are your odds for getting a hand transplant versus getting a kidney transplant. We have good data around established transplant... the hand transplant is a new and evolving field.
Helena Oliviero Atlanta Journal Constitution:
And how many patients are currently on...or how many people are currently on a waiting list for a transplant here.

Dr. Thomas Pearson:
For a hand?

Helena Oliviero Atlanta Journal Constitution:
Um-hmm

Dr. Linda Cendales:
Yeah...so...we are actively screening an approving...so we have had, you know, over 45 inquiries, not only nation-wide but internationally as well. As any program, we have excluded patients for different reasons. We have approved about less than ten, both from the civilian as well as the military population.

Helena Oliviero Atlanta Journal Constitution:
You said ten or less?

Dr. Linda Cendales:
Less...less...

Helena Oliviero Atlanta Journal Constitution:
About 10 or closer to five would you say

Dr. Linda Cendales:
We have less than 10 and I wanna add just something to echo what Tom just said about the donor. I think, in particular, in the case of hand transplantation in vascularize...a component that we need to take into consideration because it's visible, we are including the parameter of size which is something that it's in contrast of solid organ transplant patients. So, that size...you know, play a component in the matching. Currently, our patients are listed and a match will be matched to that particular patient, but as I envisioned the development of the field in 5 years, 10 years, and 20 years we will need to define and develop the way the allocation is gonna be when we have patients that will follow similar parameters. Currently we don’t have that and if we do, it will go also by, you know, the time of placing on the waiting list. I also like to say that importantly this is still considered
research…so that we have a consent that it’s separate, that it’s specific for research, and everybody is informed about the experimental nature of the procedure.

**Lance Skelly:**
Dianna.

**Diana Davidson reporter from WSB television:**
Ms. Lu, how did you become referred and in the process of considering if you wanted to do this or not, did you have a chance to meet with other hand transplant recipients, and if so was your interaction with them what kind of put you over the top and said yes I wanna do this.

**Linda Lu:**
I actually did not have the honor to meet any other hand transplant patients…I’m sorry, what was the beginning of that question?

**Diana Davidson reporter from WSB television:**
How did you…after so many years…you were just a little girl…how, how did this come about after so many years?

**Linda Lu:**
I actually originally learned about the hand transplant program, in general, through a California program that just started earlier in the year and I read the announcement, but I never really pursued it. It wasn’t until my 21st birthday that I looked it up again and found out about Emory and Dr. Cendales.

**Lance Skelly:**
Do we have any other questions online or in-house?

**Marni Jameson, Orlando Sentinel:**
Yeah I do have another question online. It’s Marty again, the Orlando Sentinel.

**Lance Skelly:**
Okay

**Marni Jameson, Orlando Sentinel:**
I can’t see her…so which hand is this…her right or left?
Lance Skelly:
Left

Marni Jameson, Orlando Sentinel:
Left hand...thank you. And again, it’s for Ms. Lu, is there anything that you are able to do or you look forward to doing with this and that is particularly ___ for you or exciting that you can ...hope you can do?

Linda Lu:
What did she ask me?

Dr. Linda Cendales:
What would you like to do with your hand?

Linda Lu:
Well, I’m in Information Technology, so my primary goal is to be able to type and that’s...right now that’s as far as my goals go.

Marni Jameson, Orlando Sentinel:
And how’s that looking?

Linda Lu:
Oh, I’m hopeful. It’s only week two.

Miriam Falco, CNN Medical News:
I’ve got another question too. It’s Mariam from CNN. Ms. Lu you have a huge audience. What advice, or what recommendation, or message would you like to give to other folks who might be in your position?

Dr. Linda Cendales:
Could you repeat the questions again please?

Lance Skelly:
Say that again Mariam.

Miriam Falco, CNN Medical News:
What would she...what advice...what message...what would you like to share with folks out there who may be in need of a hand transplant.
Lance Skelly:
Is this for the patient or one of the physicians?

Miriam Falco, CNN Medical News:
No, this is for the patient. This is for Ms. Lu. What...she has a huge audience right now, what would she like to...she wants to share as a message to folks who might be in her same predicament. I mean she obviously was very smart to find out about what's going on in the medical community, which is how she found out about this. For folks who are hearing about this, what would you like to say to them?

Linda Lu:
I would say, whether or not you have made your mind up fully, to just contact the program and speak to Dr. Cendales honestly. That's all I have to say.

Miriam Falco, CNN Medical News:
Thank you.

Lance Skelly:
Alright...I think we're gonna cut of there for now. What we'll have...we're videotaping this conference here today, so later this afternoon for the media who could not join us here in person, we'll be sending out another email advisory with a link to the press conference as well as we will have an online link where you can pull some b-roll video that we produced here at Emory and for the media in attendance, we have discs that we can give you so you can take those as well. Anyone who has questions, feel free to call me. My cell phone number and email address are on all of the press material. Thank you all for joining us.

Dr. Linda Cendales:
Thank you Lance.

End of news conference