



Fellow agent helps close the biggest deal

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British Columbia
Transplant Society
an agency of the Provincial Health Services Authority

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Organ Donor Registry tops half million

On December 31st, a woman from North Vancouver was the 500,000th British Columbian to register on BC's Organ Donor Registry. The *Transplant Times* wants to share some information about these great British Columbians.

Male 40.6 %
Female 59.4 %

Age	# registered	% registered
0-9	30,127	6.0 %
10-19	38,240	7.6 %
20-29	82,192	16.4 %
30-39	94,202	18.8 %
40-49	94,742	18.9 %
50-59	76,117	15.2 %
60-69	51,280	10.3 %
70-79	26,353	5.3 %
80-89	6,444	1.3 %

	Registered	% of pop. registered
Abbotsford	11,719	10.1 %
Burnaby	16,362	8.4 %
Comox	3,151	28.2 %
Courtenay	5,931	32.4 %
Cranbrook	3,742	20.3 %
Fort Nelson	328	7.8 %
Hixon	83	31.4 %
Kamloops	13,441	17.3 %
Kelowna	17,950	18.6 %
Nelson	1,178	19.8 %
Prespatou	6	2.3 %
Prince Rupert	1,849	8.0 %
Vancouver (City)	56,378	10.3 %

Provincial Average 12.1 %

source: BC Transplant...2001 Census

Kidney donation gives fellow realtor a new lease on life

by Ken Donohue

cover photo: Ken Cowie (left) and Paul Belhumeur

Ten years ago, Paul Belhumeur had such back pain that he couldn't bend over to tie his shoes. He didn't know it, but an infected cyst had developed on one his kidneys. After daily visits to the hospital for I.V. antibiotic sessions, the infection subsided, and Belhumeur was referred to a nephrologist for follow-up.

Seven years after that incident, Belhumeur's nephrologist told him that his kidney function was down to 30 per cent. "It was really the first time that the seriousness of my health hit home," says Belhumeur. "In a few short years I would need a transplant. That news rocked my world." He knew that his kidneys would one day fail, but he imagined it to be ten years away. Doctors told him that the wait for a new kidney would be about seven years, but that could be shortened if he found a live donor. "The doctor told me to be proactive and start looking for a live donor," says Belhumeur matter-of-factly. But he faced the same dilemma of most people waiting for a kidney—how to ask someone for a kidney.

Belhumeur started an e-mail campaign, which he simply called *Paul's Kidney Update*. This quarterly update was sent to family, friends, and co-workers, a list that neared 200 people. "In my first e-mail, I said I was looking for a live donor, with a B or O blood type, and encouraged them to contact the BC Transplant Society should they be interested," he says. Belhumeur was up front about allowing people to opt out of the e-mails if they didn't want to receive them.

Soon after the first e-mail went out, a few people from his office came forward to be tested, but were found to be unsuitable and were eliminated. "When I heard what these people had done, I thanked them for trying, but I never wanted to get my hopes up...there are too many factors for someone not to be compatible," says

Belhumeur. "I was aware that the donor had to want to make it go forward, and there are a lot of decisions for the donors—financial, family, and emotional"

Quietly and unbeknownst to Belhumeur, Ken Cowie, both of whom have worked together for 24 years got tested, but it took many months for Cowie to make that decision. "When Paul started sending out those e-mails, he looked okay—he wasn't hooked up to any machines, so I didn't give it (donating) much thought. After a few people in the office got tested, I decided to get tested and maybe get eliminated too." It was early 2002 that Cowie learned his blood type was compatible. "What a bummer," Cowie

says with a smile. He didn't tell anyone about being compatible and didn't pursue further testing. "If Paul was on his deathbed, then I would have given it some more thought, but he looked fine to me."

“When Paul started sending out those e-mails, he looked okay—he wasn't hooked up to any machines, so I didn't give it (donating) much thought.”

Cowie wasn't unfamiliar with transplants. A close friend waited two years for a liver transplant, so he knew how these things progress, but as long as Belhumeur was still selling houses and playing golf, Cowie was content to wait.

In the fall of 2003, Cowie received another of Belhumeur's kidney updates, which noted that his kidney function was now at 30 per cent, and he would soon need to go on dialysis. It was then that Cowie decided to find out more about donating a kidney, and subsequently spent 6 months being tested. "I shared this with about six friends, but I didn't tell my Mom," says Cowie. "She's a worrier, and hauling an organ out of someone's body is a little bizarre to some." In fact, he kept a low profile, not even telling Belhumeur that he was being tested. Then in April 2004, Cowie was told that he would be able to give up one of his kidneys. He knew that Belhumeur's birthday was coming up, so he waited till then to tell his colleague of


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two decades. “Paul was overwhelmed, but we didn’t want to get all emotional. Cowie told his mother what he was doing a few days before the operation. “You are not,” she said in only a way a mother could.

Belhumeur didn’t know what to say when Cowie told him that he was giving him one of his kidneys. “How do you thank someone? There is no word to describe the gratitude.”

A few months before getting the best birthday present, Belhumeur started feeling ill. His legs were swollen, and he was constantly tired. He knew it was time, but he was reluctant to start dialysis. “I thought that by doing dialysis I had given into the disease...I thought I could fight it,” says Belhumeur, “but I felt so much better once on dialysis. Looking back it was the best thing I could have done.”

After the transplant, Belhumuer immediately felt better, and notes that he didn’t realize how sick he really was. He also feels no shame in being proactive and telling people straight up that he was looking for a live donor. “It’s important to let people know. It’s human nature not to do something until they see someone really sick, so I had to plant the seed early. People saw me play golf, but they didn’t see me at home, when I had to go to bed early, because I was tired.”

For his part, Cowie has no regrets, and given the choice would do it all over again. “ I know that Paul and his wife are grateful,” says Cowie, “and it is a big thing, but I keep it all in perspective. I had some personal troubles in the past, and lots of people helped me. I just did what was morally right.” 

KUDOS

The BC Transplant Society would like to thank the following companies for supporting the 4th Annual Volunteer Recognition Event

Angela & Gabriel’s Flowers
BC Ferries
Burnaby Village Museum
Butchart Gardens
Capilano Suspension Bridge
Carol Williams Photography
Electronic Arts
Hemlock Valley Ski Resort
PricewaterhouseCoopers
Purdy’s Chocolates
Sammy J. Peppers
The Sutton Place Hotel

•

Weyerhaeuser Chemainus Sawmill’s Vancouver Island Relay team, “The Wannabee’s” donated \$1,000 to the BC Transplant Society

•

Constable Kathy Bullock of the Castlegar RCMP, with the help of Robin Tomlin (BCTS volunteer), spearheaded an initiative in the western Kootenays to create a greater awareness of organ donation during a recent CounterAttack Campaign

•

On December 22nd, an evening charity skate was held at the Pacific Coliseum, with the proceeds going to the BC Transplant Foundation. The event was organized by Dave Butler and raised more than \$1,600

•

Saanich South MLA, Susan Brice, collected more than 60 organ donor registration forms from constituents during some community events in December

It's all golden

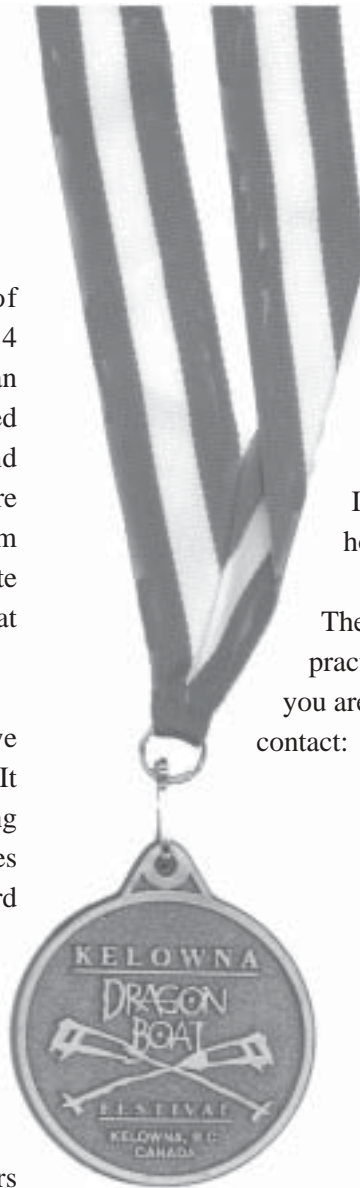
by *Susan Harrison*

Our dragon boat team, “The Gift of Life” competed in the 2004 Kelowna Dragon Boat Festival. It has been an emotional year for our team, as we lost four treasured team members. Fortunately, supportive family and friends came forward to meet the challenge, and are now an integral part of our team. Some on the team battled health problems, but continued paddling despite the challenge. It is this courage and commitment that inspires the entire team to do our best.

There was a collective sense of excitement, as we gathered on the first day of the Kelowna festival. It was a blustery day as we lined up for our first seeding race. The weather didn't dampen our spirits. “Paddles Up!” Adrenaline pulsed through the boat when we heard the call. Our paddles pulled through the water. We gave it everything we had, but came in last place. It didn't matter—just being there was an experience. I was asked by a reporter following the race, “Does it matter if you win?” I was surprised by the question, because to me it had nothing to do with winning. I kept thinking about how I was so close to death three years ago, and now, thanks to a liver transplant, I am a competitive athlete, paddling with a special group of people.

We placed fourth in our second race, which was a huge accomplishment. And in our final seeding race we were ecstatic, as we finished in first place; putting us in medal contention in the Emerald Mixed Team Division. Our confidence and exhilaration grew with each race.

The boat was full of energy, as we lined up for the final race. We crossed the finish line exhausted, but thought we had raced our best yet, and would be in contention for a medal. It was close. And when the race times were announced, we won gold by one-tenth of a second. Our team erupted with joy.



The gold medal is a symbol of our deep gratitude to our donors, and our family members, who stood beside us through our illnesses. Our accomplishment represents hope, survival, and good health. Donors, and their families, made an extraordinary decision to save the lives of complete strangers. It is for them that we paddle to honor this amazing gift.

The Gift of Life Team will begin practicing again in March 2005. If you are interested in joining the team, contact:

Lisa Despins
BC Transplant Society
604.877.2240
1.800.663.6189
lisa_despins@bcts.hnet.bc.ca

After the Kelowna festival, Susan Harrison gave her gold medal to Dr. Charles (Buzz) Scudamore, a BC Transplant liver surgeon, who played an important role in restoring her health following a liver transplant. The medal will soon be framed and placed in the reception at the BC Transplant Society.

**“It is important for people who are waiting for a transplant to think about the kind of life they can have,” says Harrison.
“I have been able to do so much since my transplant.”**

2004

Volunteer Award Recipients

Rookie of the Year — Dorothea Gensch

Dorothea played a pivotal role on the Organ Donor Awareness Week Planning Committee, and tirelessly worked to arrange a Drive-Thru event at the Fairmont Waterfront Hotel. Despite not being able to secure the appropriate media sponsors, the relationship building resulted in our participation in a health fair at the hotel. Dorothea also volunteered at a number of other promotional events.

Rescue 911 — Doug and Carol Williams

Carol and Doug volunteered at several events, including blood donor clinics, the Canada Cup softball tournament, and UBC. On numerous occasions, they donated their personal supplies, vehicles, and valuable time for events, often stepping in at the last minute.

Corporate Citizen

Aquarius Marketing — Dave Peckham

Over the past five years, Dave has secured sponsorship from 14 companies, which each year has resulted in a major advertising campaign, combining print and television. He personally delivered organ donor registration forms to many of these businesses. Since becoming involved with the BC Transplant Society, Dave has become committed to raising the awareness of organ donation, and is a great ambassador for our organization.

Corporate Citizen

Neptune Food Service

In 2003, the BC Transplant Society organized a Drive-Thru for Life event at The Sutton Place Hotel. Neptune Foods kindly donated all of the food for the event, and in 2004, they again provided for our first volunteer and staff picnic.

Corporate Citizen

RE/MAX of Western Canada

A little over a year ago, a group of Surrey RE/MAX realtors wanted to promote a cause that didn't include simply raising money (RE/MAX is a strong supporter of the Children's Miracle Network). The idea of raising awareness of organ donation came up, and from that a larger partnership grew to include RE/MAX of western Canada.

Junior Achiever — Keri Williams

This Merritt teen has no personal connection to organ donation or transplant, but read in a book that only older people need transplants. Not believing this to be true, Keri began researching the issue, and learned that organ failure did affect young people. With that she began speaking to young people about the importance of organ donation. She also spoke to various business groups in the Nicola Valley.

Initiative — Debbie Bielech

A little over five years ago, Debbie gave part of her liver to her infant son. It was then that she realized how little support there was for parents of children that needed organ transplants. As such, she started the Children's Organ Transplant Society of BC. Since its official inception as a non-profit charity in 2003, many parents and children have come to realize that there are more people just like themselves going through the transplant process. Debbie is an advocate for families as they navigate the healthcare system. She also organizes two large annual events, which bring together (transplanted) children. Debbie was also instrumental in organizing BCTS' involvement in the recent Roger's Santa Claus Parade.

Community Group

Rotary Clubs of the Okanagan and Vancouver

Over the past few years, Rotarians from the Okanagan and Vancouver have embraced organ donation and transplant, and have initiated a number of projects designed to increase the awareness of organ donation.

Long-time service — Peter and Judy Quinn

Spirited, committed, dedicated, and warm. These two volunteers always seemed like one. Both have volunteered for the BC Transplant Society for more than six years. All it took was a phone call and they would jump at any opportunity to help. They always wore a smile. Last year, we lost one member of this fantastic duo. Peter's death reminded us how fickle life can be, but he also reminded us how important it is to live life and to give to others. Despite losing Peter, Judy continues to volunteer her time with the BC Transplant Society. They are deserving recipients of the Society's first Long-time Service Award.



Operation Popcorn

Each December, organ transplant recipients deliver big, decorative tins of popcorn to hospitals throughout the province to thank the many doctors, nurses and lab specialists who perform a difficult, yet crucial role in the organ donation process.



Transplant recipients making a special delivery to Royal Inland Hospital in Kamloops

Popcorn was delivered to the following hospitals

B.C. Children's

Burnaby General

Kelowna General

Lion's Gate (North Vancouver)

Nanaimo General

Prince George Regional

Richmond General

Ridge Meadows (Maple Ridge)

Royal Columbian (New Westminster)

Royal Inland (Kamloops)

St. Paul's (Vancouver)

Surrey Memorial

Vancouver General

Vernon Jubilee

Victoria General

Transplant recipient makes donation of his own

Robert Kay, who received a kidney transplant in 1998, recently donated \$20,000 to the BC Transplant Foundation.

This is the second largest donation the Foundation has received by an individual. The Transplant Foundation supports peer-reviewed research designed to make transplantation more successful.



Robert Kay (centre), along with his sister, Barbara Kay, is joined by Dr. David Hardwick, chair of the BC Transplant Foundation, and Bill Barrable, Foundation CEO.

BC performs Canada's first living anonymous donor transplant

by Julie Hadden

The BC Transplant Society (BCTS) has performed the first two Living Anonymous Donor (LAD) transplants in Canada. This province wide program is the culmination of four-years of comprehensive research into the practical and ethical implications of living anonymous donation (donating a kidney while alive to a stranger).

Forty-three potential LAD candidates who contacted the BCTS on their own volition completed questionnaires, and took part in a two-hour interview to assess psychological health, psychosocial suitability, commitment, and motivations to donate. Almost half of these candidates passed stringent criteria to be considered as potential LAD candidates.

On the strength of these results, the BCTS formulated policy and decided to proceed with LAD transplants in the context of a clinical pilot study. The study compares medical, functional and psychological outcomes in a group of 10 LADs with a comparison group of 10 Living Related Donors (those who donate to someone with a pre-existing relationship). The objective of this study is to confirm that LAD kidney transplantation is a safe and economically viable strategy to further increase the supply of organs available for transplantation.

Recipients of LAD kidneys are those next in line on the wait-list for a kidney from a deceased donor. It is expected that these potential recipients have exhausted all possibilities of bringing forward their own living donor.

Two LAD transplants have been performed so far and an additional 5 candidates are currently being assessed. Several other donors, who

Based on our encouraging results to date, we continue to enroll candidates into the pilot study. Researchers screened over 70 unsolicited calls in 2004 from individuals interested in participating. A large number of callers were excluded due to geographic barriers (out of province; US residents). Regardless of geographic location, callers consistently demonstrate a remarkable spirit of altruism. As one caller explained, "The decision to donate is an easy one. I have been blessed with good health in my life and want to give something back."

"I feel like a million bucks. I wish I had nine more kidneys to donate..."

Living Anonymous Donor

were more than willing to give, have been evaluated, but were deemed medically unsuitable according to our criteria.

The two LAD transplants have resulted in positive outcomes for all involved. Both LAD donors have completed two month follow-up assessments and have returned to full physical activity. As one donor exclaimed, "I feel like a million bucks. I wish I had nine more kidneys to donate as my recovery was so good."

The recipient outcomes are equally successful. "I have been on dialysis and waiting for a transplant for seven years," says a grateful recipient "Being off dialysis is huge. I'm feeling better, and this will allow me to return to work."

Our research team agrees that efforts in 2005 must continue to foster public awareness of the pilot study. It is clear that there are medically suitable donors in this province whose motivation to donate to a stranger is purposeful and purely altruistic. These people will come forward provided they know about the program.

A decision on whether to implement an ongoing Living Anonymous Donor program will be made after the completion of the clinical pilot. LAD is not intended to solve the current organ shortage, but to provide another means of expanding the donor pool. Currently more than 300 British Columbians are waiting for a kidney transplant, while more than 500 others are on dialysis and waiting to be assessed for a transplant. **TT**

New research to benefit transplant patients

The eighth annual BC Transplant Research Day was held on December 9, 2004, and brought together more than 80 medical and transplant professionals interested in learning about the latest developments in transplant research. One such project, “*Better Biomarkers in Acute and Chronic Allograft Rejection*,” was presented by co-leads Drs. Bruce McManus, Paul Keown, and Rob McMaster.

Patients with end-stage organ failure depend on transplantation, but the process has its challenges. Immune cells that normally protect patients can cause rejection of the transplanted organ. To test for rejection, patients must often undergo uncomfortable and invasive biopsies. They must also take drugs that inhibit rejection by suppressing the immune response, but can have serious side effects.

This project, jointly funded by Genome Canada, Genome BC, Novartis Pharmaceuticals, and IBM, and supported by the BC Transplant Foundation, seeks to define which biomarkers—for example, substances found in the blood or other body fluid—can be used as a diagnostic and prognostic test for organ rejection and immunosuppressive therapy response. Researchers hope that by being able to monitor and predict rejection using a simple blood test we can significantly reduce intrusive and expensive diagnostic procedures.

Much work has been done over the past few decades in controlling organ rejection. According to Dr. Paul Keown, a BCTS nephrologist and co-lead on this project, prior to the advent of cyclosporine, outcomes for transplant were terrible, with a kidney loss rate of 50 percent in just the first three months. “Cyclosporine

revolutionized the field of transplantation,” says Keown. Since then, great strides have been made in reducing rejection. Keown says that seven years ago, more than 50 percent of transplanted patients could have expected a rejection episode. Today, that number has dropped to just 10 percent. Furthermore, he stresses that currently there are no good markers to tell physicians when to reduce immunosuppressives or when rejection will occur.

Individual patients vary in their response to immunosuppressant therapy. It is this variation that project researchers, using the most advanced genomic (study of genes), proteomic (study of proteins) and bioinformatic (information science) tools available will seek to understand.

Understanding the different responses patients have to immunosuppressive therapy will also help physicians balance the necessity of the therapy with its possible side effects. Personalized therapy could help reduce the enormous economic burden of over-prescribing immunosuppressive drugs. The project is funded for three years. **TT**

NEW
BREAKTHROUGHS
IN TRANSPLANTATION

FREE PUBLIC FORUM
TUESDAY, MARCH 8TH
7:00 TO 9:00 PM

For more information about the presentations and speakers,
please visit www.transplant.bc.ca or telephone 604.877.2240

New Lecture Theatre, Lower Main Floor Providence Wing, St. Paul's Hospital
1081 Burrard Street, Vancouver

BC Transplant Society • Providence Health Care • Vancouver Coastal Health Research Institute

Giving life after transplant

by Ken Donohue

When my wife was told she would need a kidney transplant, one of the first questions she had was would she be able to have children one day. Doctors suggested that if everything went well with the transplant, and kidney function was good, then there would be nothing to suggest that pregnancy wouldn't be an option. Six years after the transplant, and two weeks after giving birth, my wife is doing well, and her kidney is working as it should be. But she isn't the only transplant recipient to have a baby. While pregnancy after transplant isn't a searchable field in the BCTS database, anecdotally more than 10 women in BC have given birth after having a transplant.

In the spring of 2000, the *Transplant Times* featured heart recipient,

Debbie Summers, who had two children after transplant. She remarked about the wonder of transplant by saying that someone had given her life, so that she could give life. These two healthy boys are now five and seven.

Verna Yochlowitz is another who recently gave birth after receiving a transplant from her husband in October 1999.

Tests had found high levels of protein in her urine. Initially, doctors thought it might be 10 years before she would need a transplant, but her condition worsened and she soon needed dialysis. She and Dave, who had known each other for 15 years, were married one month before the transplant. Verna's nephrologists suggested that they could start thinking about having children at least two years post-transplant. "He [Dr. Landsberg], warned me about the possibility of a miscarriage and that the birth might be premature," said Verna, "And my immunosuppressives were changed, but these are risks that many woman face." Verna, along with other transplant recipients, was referred to a high-risk obstetrician, and monitored more closely by the transplant clinic.



Verna, David, and Chloe Yochlowitz

When Dr. Landsberg told Verna and Dave that the birth may be premature, I am not so sure that they were thinking it would be ten-and-a-half weeks early, but that is exactly what happened. Chloe was born on July 17, 2003, weighing just three pounds. Chloe was transferred from St. Paul's Hospital to Royal Columbian's Special Care Nursery, where she spent five weeks before going home. "It's amazing," says Verna, as Chloe zips around her living room with a smile on her face. "She is healthy and is developing as she should." Apart from the early arrival, Verna experienced no major complications during the pregnancy, and was quite apologetic that the story wasn't more dramatic. I assured her that most transplant recipients, who were hoping to have children themselves, would be glad to know that there was nothing out of the ordinary.

Dr. Keown, a BCTS nephrologist, tells the *Transplant Times* that most women, who have received a

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Debbie Summers and her two sons, in the spring 2000 issue of the *Transplant Times*

transplant, should experience no more complications during pregnancy than the average woman. Keown suggests that if the graft function is good, blood pressure is well controlled, and there are no serious co-morbid complications, pregnancy is normally encouraged. He does say, though, that all mothers-to-be must realize that there are risks to both the mother and child, including: hypertension, gestational diabetes, destabilization of the graft, and potentially irreversible deterioration of renal function, prematurity, small-for-date babies or other neonatal complications. Also, some immunosuppressives have not been shown to be safe in human pregnancy, thus one's therapy may be changed during the pregnancy. Dr. Keown also notes that the placement of the transplanted kidney, in the abdomen, does not pose any challenge for woman wanting to give birth.

There seems to be some debate amongst medical professionals about breast feeding. There is a concern from some that altering a neonatal immune system, may lead to potential consequences three or four decades later (potential auto immune, cancer, etc.). "On this basis, the companies that produce tacrolimus and cyclosporine advise against breast feeding," says Dr. Keown. "However, many mothers have ignored this without obvious problems (at least at this stage), and many physicians do not strenuously advise against it." One high-risk obstetrician that the *Transplant Times* talked with, encourages breast feeding, although leaves the decision up to the parents. To him, the benefit outweighs any potential risks and says that the baby is already exposed to the immunosuppressives before birth.

The great news for women who have had a transplant, or who are waiting, is that becoming pregnant and having a baby is still possible. It is important; however, to consult your physician before considering pregnancy.

The Transplant Times would be interested in learning how many women have given birth post-transplant.

*Please contact the editor at:
Ken_Donohue@bcts.hnet.bc.ca
604.877.2184 or 1.800.663.6189*



"The Children's Organ Transplant Society of BC is dedicated to improving the quality of life for children waiting for a transplant, those transplanted and their families."

Upcoming Events

March 5, 2005

Me-An Poppins' Practically Perfect Nannies Presents - "The Cooking Nannies"
Philippine Cuisine and Entertainment – North Vancouver
5-10pm. All proceeds will be donated to the Children's Organ Transplant Society of BC

April, 2005

Educational Night (details to follow)

May 14, 2005

Rev's-10 pin Bowling Night
7pm - Lougheed Hwy. Burnaby

June 11, 2005

Tugboat Annie's Pub Night (fundraiser)
4pm – Graybar Street, Richmond

July 16, 2005

Family Summer Picnic- Prospect Point Picnic Site
12 noon – Stanley Park, Vancouver

September 1, 2005

Entertainment Book Sales begin.

September 11, 2005

Country Meadows Golf Tournament (Richmond)

October, 2005

Educational Night (details to follow)

December 3, 2005

5th Anniversary Family Christmas Party
Burnaby Lake Pavillion — 12 noon

For more information about the Children's Organ Transplant Society, or to learn more about upcoming events, please contact Debbie Bielech

Tel: 604-271-7719

Fax: 604-232-9524

Email: debbie-bielech@shaw.ca

Just the Facts

Number registered on the Organ Donor Registry (as of January 28 th)	504,036
Number of people on the waiting list (as of January 28 th)	354
Number of transplants in 2004	206
Kidney (cadaveric)	53
Kidney (living donor)	78
Pancreas-Kidney	6
Pancreas Islet	7
Pancreas	2
Liver (cadaveric)	36
Heart	14
Single-Lung	9
Double-Lung	1

Don't keep us in the dark

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Name _____

New Address _____

No, I don't want to receive future copies of the *Transplant Times*

Name _____

Address _____

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If you would like to receive future copies of the *Transplant Times* electronically, via e-mail, please respond to Ken_Donohue@bcts.hnet.bc.ca

VOLUNTEER DEBRIEF

In 2004, BCTS volunteers participated in 54 different events. In September, there were 22 event days, and during the Westcoast Women's Show, more than 600 registration forms were completed, a record for any BC Transplant event.

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Chris Stringer, Pia Henriksson, and Margaret Benson, all of North Vancouver, played a pivotal role in ensuring the success of North Shore Organ Donation Week

•

Clement Chan, along with the AMS Organ Donation Group at UBC, organized a week-long registration drive in January at the University of British Columbia

If you're interested in volunteering with the BC Transplant Society, please contact:

Ken Donohue
(604) 877.2240
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