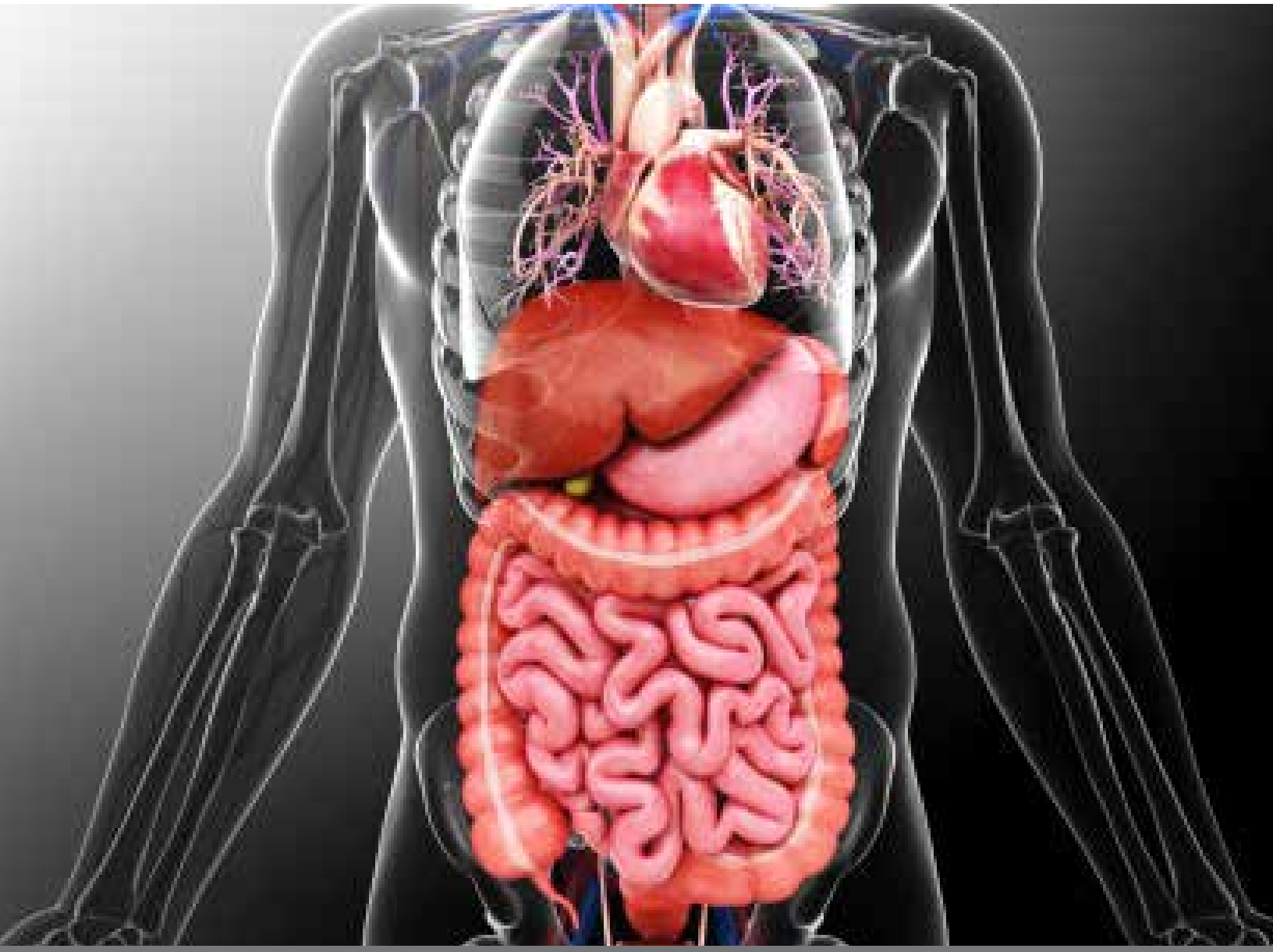
NewYork-Presbyterian

NewYork-Presbyterian
ORGAN TRANSPLANT PROGRAM
OVERVIEW AND PROGRAM HIGHLIGHTS



Heart Transplant
Intestinal and Multivisceral Transplant
Kidney Transplant
Kidney-Pancreas and Pancreas Transplant
Liver Transplant
Lung Transplant

ColumbiaDoctors

Weill Cornell Medicine

NewYork-Presbyterian
ORGAN TRANSPLANT PROGRAM

NewYork-Presbyterian/Columbia University Medical Center

NewYork-Presbyterian/Weill Cornell Medical Center

WELCOME

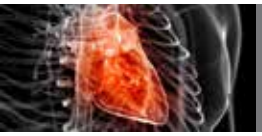
The organ transplantation program at NewYork-Presbyterian Hospital – which includes NewYork-Presbyterian/Columbia, NewYork-Presbyterian/Weill Cornell, and The Rogosin Institute – is the most active program of its kind in the nation, offering comprehensive and personalized care for the heart, lung, liver, kidney, and pancreas. With transplant clinical volumes that are among the highest in the country and outcomes ranked among the nation's best, NewYork-Presbyterian is dedicated to improving quality of life for patients who have come to us for transplant when all other therapies are no longer viable.

Our dedicated teams of surgeons and physicians are responsible for many significant advances made over the past several decades in transplant surgery, including the maintenance of healthy organs, improvement in overall outcomes, and increasing access to transplantation. Our clinicians and scientists are at the forefront of numerous developments in the field, including:

- strategies to increase opportunities for donor matching
- improving immunosuppressant therapies
- gene-based methods to detect transplant rejection
- evaluating and refining the left ventricle assist device (LVAD) as a bridge to heart transplant and as a destination therapy
- minimally invasive surgery for living donors
- islet cell transplantation

Our transplant teams are also comprised of specialty trained anesthesiologists, nurses, physician assistants, and many other clinical and non-clinical staff who are dedicated to saving the lives of our patients and providing them with the highest quality of life possible. Our efforts are further strengthened by NewYork-Presbyterian's affiliation with two premier medical schools: Columbia University College of Physicians and Surgeons and Weill Cornell Medicine. Our collaborative clinical, research, and academic endeavors enable us to continue making breakthrough contributions to the field of organ transplantation that can benefit patients the world over.

Steve J. Corwin, MD
President and Chief Executive Officer
NewYork-Presbyterian



HEART TRANSPLANT PROGRAM

NewYork-Presbyterian/Columbia University Medical Center

ColumbiaDoctors Physician Leadership

Adult Heart Transplant Program

Medical Director: Maryjane Farr, MD
Surgical Director: Yoshifumi Naka, MD, PhD
Chief Coordinator: Audrey Kleet, ACNP, CCRN, CCTC

Pediatric Heart Transplant Program

Medical Director: Linda J. Addonizio, MD
Surgical Director: Paul J. Chai, MD
Chief Coordinator: Rose Rodriguez, CPNP-PC, CCTC

NewYork-Presbyterian Administrative Leadership

Director, Transplant Services Line: Eileen Kang
Director, Clinical Operations: Theresa Daly
Administrator, Finance: Ursula Lebron-Banks
Administrator, Regulatory Affairs: Felicia Morales-Castro
Manager, Program Operations: Robin McArthur-Murphy

Overview

FOUNDED OVER A QUARTER OF A CENTURY AGO, THE HEART TRANSPLANT PROGRAM AT NEWYORK-PRESBYTERIAN/COLUMBIA UNIVERSITY MEDICAL CENTER HAS LONG BEEN A PREMIER CARDIAC TRANSPLANT PROGRAM, WITH A TRANSPLANT VOLUME THAT IS AMONG THE HIGHEST IN THE COUNTRY. MORE THAN 2,300 HEART TRANSPLANTS HAVE BEEN PERFORMED HERE SINCE 1988.

NewYork-Presbyterian/Columbia has one of the largest and most active advanced therapy and heart transplant programs in the United States. Between 70 and 100 heart transplants are performed per year. Our surgeons and cardiologists have a distinguished history of advancing the standards of care and the survival rates of patients through innovative surgical techniques, applying basic research in immunosuppression to the clinical setting, and by inventing and perfecting life-sustaining cardiac assist devices that prolong life while waiting for organ availability or as a destination therapy for patients – including infants and small children – who are not eligible for transplantation.

The Mechanical Circulatory Support Program at NewYork-Presbyterian/Columbia has been at the forefront of evaluating and refining ventricular assist devices (VAD) as a bridge-to-transplantation to support heart failure patients until suitable donor hearts became available. The VAD allows the heart and other body systems to rest, heal, and grow stronger before the stress of transplant surgery. On average, patients remain on a left ventricular assist device for two to six months prior to transplantation. Many patients can return home during that time with more functional capacity than they had before this surgery to address congestive heart failure.

Today, mechanical assist devices are also offered as a destination therapy to help end-stage heart failure patients considered ineligible for transplant. While heart transplantation once was the only hope for those with end-stage heart failure, patients now have a wider range of options including VADS, ECMO technology for short-term heart and lung support, and the total artificial heart.

Every year, heart transplant surgery remains limited to the most severe cases. This is due, in part, to a shortage of donor hearts, which must pass through a stringent screening process. Moreover, there are many patients who – because of complicating health issues or age restrictions – are not eligible to be included on the transplant waiting list, yet are in need of a transplant.

In an attempt to address these problems, the heart transplant team at NewYork-Presbyterian recently launched the Alternative Heart Transplant Program, which expands the usual criteria by which donor hearts are accepted. If, after careful assessment by our transplant team, the donor heart's function is found to be acceptable, the

program tries to match the heart to a patient who would not otherwise be eligible for transplant. Today, extended donor organs are routinely utilized and may be offered to patients over age 65 or to those formerly considered too compromised to undergo transplantation.

With alternate waiting list strategies for heart transplantation helping to maximize the use of extended donor organs, waiting times to transplantation are lower at NewYork-Presbyterian/Columbia than at other centers in the region. The ability to transplant sooner translates into better post-transplant outcomes.

Each year, pediatric cardiac surgeons at the NewYork-Presbyterian Congenital Heart Center perform some 25 heart transplants. The program has a rich history of developing innovative surgical treatments that set the standard in pediatric cardiac surgery. In 1984, surgeons here performed the world's first successful pediatric heart transplant in a 4-year-old boy. In the years since, more than 440 children have received new hearts at NewYork-Presbyterian/Morgan Stanley Children's Hospital. Today, NewYork-Presbyterian is one of the largest and most successful pediatric heart transplant centers in North America and the world – largely due to the dedication and expertise of our heart transplant team, the use of assist devices in managing heart failure, and the application of novel immunosuppression protocols.

Our cardiac surgeons are at the forefront of developing and designing ventricular assist devices for infants and small children as a bridge-to-recovery or a bridge-to-transplantation. Leaders in research into alternatives for transplants, our surgeons were among the first in the United States to implant a Berlin Heart EXCOR heart pump into a newborn, and currently use a variety of devices to help right, left, or biventricular failure in patients from infant to young adult.

The Hospital also has a leadership role in the Pediatric Heart Transplant Study Group, which consists of 23 institutions across North America and is responsible for a significant proportion of multi-institutional research related to pediatric heart transplantation today.

Program Highlights

Heart Transplant Volumes	2015	1988 – 2015
Adult Heart	37	1,962
Pediatric Heart	22	412

Survival (%)	1 Month		1 Year		3 Years	
	Observed	Expected	Observed	Expected	Observed	Expected
Patient Survival (Adult)	93.70	95.46	87.86	89.40	83.33	82.70
Graft Survival (Adult)	94.03	95.28	87.67	89.11	80.82	81.89
Patient Survival (Pediatric)	97.96	98.21	95.45	95.01	91.67	87.51
Graft Survival (Pediatric)	98.04	97.58	95.59	93.23	90.20	85.60

1-month and 1-year adult patient survival data based on 127 transplants performed between 7/1/12 and 12/31/14. 3-year adult patient survival data based on 138 transplants performed between 1/1/10 and 6/30/12. 1-month and 1-year adult graft survival data based on 134 transplants performed between 7/1/12 and 12/31/14. 3-year adult graft survival data based on 146 transplants performed between 1/1/10 and 6/30/12. 1-month and 1-year pediatric patient survival data based on 49 transplants performed between 7/1/12 and 12/31/14. 3-year pediatric patient survival data based on 48 transplants performed between 1/1/10 and 6/30/12. 1-month and 1-year pediatric graft survival data based on 51 transplants performed between 7/1/12 and 12/31/14. 3-year pediatric graft survival data based on 51 transplants performed between 1/1/10 and 6/30/12.

INTESTINAL AND MULTIVISCERAL TRANSPLANT PROGRAM

NewYork-Presbyterian/Columbia University Medical Center

ColumbiaDoctors Physician Leadership

Adult and Pediatric
Intestinal and Multivisceral Transplant Program
Medical Director: Mercedes Martinez, MD
Surgical Director: Tomoaki Kato, MD
Chief Coordinator: Patricia Harren, DNP, ANP, DCC

NewYork-Presbyterian Administrative Leadership

Director, Transplant Services Line: Eileen Kang
Director, Clinical Operations: Theresa Daly
Administrator, Finance: Ursula Lebron-Banks
Administrator, Regulatory Affairs: Felicia Morales-Castro
Manager, Program Operations: Trevor Cork

Overview

APPROXIMATELY 200 PATIENTS WORLDWIDE CURRENTLY UNDERGO INTESTINAL AND MULTIVISCERAL TRANSPLANT EACH YEAR. NEWYORK-PRESBYTERIAN IS AMONG THE FEW TRANSPLANTATION CENTERS IN THE U.S. WITH THE EXPERTISE TO OFFER THIS RARE CLINICAL SERVICE.

Intestinal and multivisceral transplantation, an emerging field in solid organ transplantation, is offered to select patients with complex abdominal pathologies. In the adult population, candidates include patients with irreversible intestinal failure and complications from total parenteral nutrition, such as infection and liver failure. Advances in surgical techniques, immunosuppressant medications, and postoperative monitoring have significantly improved survival rates, rendering transplantation before liver failure ensues a viable option for more patients. Approximately 70% of multivisceral transplant recipients now survive at one year.

Intestinal grafts are classified as one of the following types:

- Isolated intestinal transplantation for patients with intestinal failure but who have a functioning liver
- Combined liver and intestinal transplantation for patients with liver and intestinal failure but normal stomach and pancreas
- Multivisceral transplantation including the stomach, liver, pancreas, and intestine

Our transplant surgeons have successfully performed ex vivo surgical procedures, an innovative technique in which they remove five or more organs from patients to treat extensive, otherwise unresectable tumors and lesions.

Program Highlights

Intestinal Transplant Volumes	2015	2004 – 2015
Adult Intestinal Transplant from a Deceased Donor	0	7
Pediatric Intestinal Transplant from a Deceased Donor	3	18

Survival (%)	1 Month	1 Year	3 Years
Patient Survival (Adult)	100.00	66.67	100.00
Graft Survival (Adult)	100.00	66.67	100.00
Patient Survival (Pediatric)	100.00	100.00	0.00
Graft Survival (Pediatric)	100.00	100.00	0.00

1-month and 1-year adult patient survival is based on 3 transplants performed between 7/1/12 and 12/31/14. 3-year adult patient survival is based on 2 transplants performed between 1/1/10 and 6/30/12. 1-month and 1-year pediatric patient survival is based on 5 transplants performed between 7/1/12 and 12/31/14. 3-year pediatric patient survival is based on 3 transplants performed between 1/1/10 and 6/30/12. 1-month and 1-year adult graft survival is based on 3 transplants performed between 7/1/12 and 12/31/14. 3-year adult patient survival is based on 2 transplants performed between 1/1/10 and 6/30/12. 1-month and 1-year pediatric graft survival is based on 5 transplants performed between 7/1/12 and 12/31/14. 3-year pediatric graft survival is based on 3 transplants performed between 1/1/10 and 6/30/12.

The expected survival probability and the expected number of graft survival are not calculated for recipients.

ColumbiaDoctors Physician Leadership

Adult and Pediatric Kidney Transplant Program
Medical Director: David J. Cohen, MD
Surgical Director: Lloyd E. Ratner, MD, MPH
Chief Coordinator: Joan Kelly, RN, CCTC

NewYork-Presbyterian Administrative Leadership

Director, Transplant Services Line: Eileen Kang
Director, Clinical Operations: Theresa Daly
Administrator, Finance: Ursula Lebron-Banks
Administrator, Regulatory Affairs: Felicia Morales-Castro
Manager, Program Operations: Diana Sullivan

Overview

THE KIDNEY TRANSPLANT PROGRAM AT NEWYORK-PRESBYTERIAN/COLUMBIA IS NOW THREE DECADES OLD AND ITS SURGEONS ARE RECOGNIZED LEADERS IN THE FIELD, DEVELOPING AND CONTINUING TO PURSUE INNOVATIVE SOLUTIONS TO SOME OF THE MAJOR CHALLENGES IN KIDNEY TRANSPLANTATION.

The advances achieved by the Kidney Transplant Program have made it possible for more people than ever have access to a kidney transplant, the most common and successful of all transplant procedures in the United States. Notably, kidney transplantation has been shown to result in a longer life expectancy than dialysis.

Our transplant surgeons routinely perform living donor kidney transplants laparoscopically, facilitating a more comfortable and faster recovery. Many of our kidney transplant recipients are candidates for a mini-incision transplant operation that uses a 3 to 4 inch incision, and the majority of our patients are able to be on a steroid-free protocol.

Establishing protocols to give the greatest number of patients possible access to kidney transplantation is a major priority of the Kidney Transplant Program. Our transplant team has found new ways of expanding the donor pool, increasing the number of kidneys available for transplants, addressing the shortage of healthy organs, and reducing waiting times for organs. At NewYork-Presbyterian, patients with advanced kidney disease or kidney failure are offered four transplant alternatives:

Compatible Live Donor Transplant Live donor transplants are the gold standard of kidney transplant procedures. An organ from a perfectly matched sibling donor can function for an average of 35 years, while less perfectly matched donor organs function for 20 years on average. Ninety-seven percent of live donor kidneys are fully functional upon transplantation. The success of the living donor program has helped to make renal transplantation one of the most common and successful types of organ transplantation. We began performing live donor kidney transplants in 1970 and expanded the program in 1986 to encompass non-related donors. Today, NewYork-Presbyterian/Columbia has one of the most active living donor services in New York.

Paired Donor Exchanges This approach matches up compatible donors and recipients when a suitable donor cannot be found through family and friends. While logistically complicated – requiring four transplant teams and operating rooms – the procedure offers the benefits inherent in finding a compatible live donor. The first donor exchange was performed at NewYork-Presbyterian/Columbia in September 2004.

Incompatible Live Donors This approach can be used if the donor/recipient is either blood-group incompatible or incompatible due to antibodies against the transplant antigens. In order to accept a kidney from an incompatible donor, the recipient's blood must be repeatedly "cleaned" of mismatched antibodies through plasmapheresis.

Deceased Donor Transplant These procedures are reserved for patients who cannot wait for a suitable live donor. Deceased donor kidneys have a 50 to 60 percent chance of being fully functional immediately upon transplantation and have a 50/50 chance of maintaining their function for 10 to 20 years post-transplant.

(continued on page 6)

In addition, the transplant team has established a "Top 40 Waiting List" strategy to maximize transplant opportunities. The strategy is designed to assure that our patients are medically, financially, and psychologically ready for transplantation, with all their family support systems in place. This enables us to decline fewer available kidneys, improve recipient outcomes, and reduce overall waiting times. The results of this new system show that no donors have been turned down due to the recipient being medically or logistically unavailable. On average, waiting times for deceased donor organs have been reduced from six years to between one and three years.

Program Highlights

Kidney Transplant Volumes	2015	1988 – 2015
Adult Kidney Transplant from a Deceased Donor	99	1,799
Pediatric Kidney Transplant from a Deceased Donor	2	45
Adult Kidney Transplant from a Living Donor	96	1,896
Pediatric Kidney Transplant from a Living Donor	3	94

Survival (%)	1 Month		1 Year		3 Years	
Deceased Donor Transplant	Observed	Expected	Observed	Expected	Observed	Expected
Patient Survival (Adult)	99.54	99.30	93.01	96.52	90.36	89.40
Graft Survival (Adult)	95.38	97.64	89.50	92.63	82.40	81.27
Patient Survival (Pediatric)	100.00	n/a	100.00	n/a	100.00	n/a
Graft Survival (Pediatric)	100.00	97.61	100.00	95.49	100.00	86.72
Living Donor Transplant	Observed	Expected	Observed	Expected	Observed	Expected
Patient Survival (Adult)	99.60	99.79	98.08	98.83	95.91	96.67
Graft Survival (Adult)	99.65	99.27	98.30	97.70	92.16	93.35
Patient Survival (Pediatric)	100.00	n/a	100.00	n/a	100.00	n/a
Graft Survival (Pediatric)	100.00	n/a	100.00	n/a	100.00	94.07

Deceased donor 1-month and 1-year adult patient survival is based on 218 transplants performed between 7/1/12 and 12/31/14. Deceased donor 3-year adult patient survival is based on 197 transplants performed between 1/1/10 and 6/30/12. Deceased donor 1-month and 1-year adult graft survival is based on 260 transplants performed between 7/1/12 and 12/31/14. Deceased donor 3-year adult graft survival is based on 250 transplants performed between 1/1/10 and 6/30/12. Deceased donor 1-month and 1-year pediatric patient survival is based on 2 transplants performed between 7/1/12 and 12/31/14. Deceased donor 3-year pediatric patient survival is based on 3 transplants performed between 1/1/10 and 6/30/12. Deceased donor 1-month and 1-year pediatric graft survival is based on 4 transplants performed between 7/1/12 and 12/31/14. Deceased donor 3-year pediatric graft survival is based on 4 transplants performed between 1/1/10 and 6/30/12. Living donor 1-month and 1-year adult patient survival is based on 251 transplants performed between 7/1/12 and 12/31/14. Living donor 3-year adult patient survival is based on 269 transplants performed between 1/1/10 and 6/30/12. Living donor 1-month and 1-year adult graft survival is based on 285 transplants performed between 7/1/12 and 12/31/14. Living donor 3-year adult graft survival is based on 306 transplants performed between 1/1/10 and 6/30/12. Living donor 1-month and 1-year pediatric patient survival is based on 4 transplants performed between 7/1/12 and 12/31/14. Living donor 3-year pediatric patient survival is based on 12 transplants performed between 1/1/10 and 6/30/12. Living donor 1-month and 1-year pediatric graft survival is based on 6 transplants performed between 7/1/12 and 12/31/14. Living donor 3-year pediatric graft survival is based on 13 transplants performed between 1/1/10 and 6/30/12.

The expected survival probability is not calculated for pediatric (<18) recipients.

KIDNEY-PANCREAS AND PANCREAS TRANSPLANT PROGRAM

NewYork-Presbyterian/Columbia University Medical Center

ColumbiaDoctors Physician Leadership

Adult Kidney-Pancreas and Pancreas Transplant Program

Medical Director: David J. Cohen, MD
Surgical Director: Lloyd E. Ratner, MD, MPH
Chief Coordinator: Joan Kelly, RN, CCTC

NewYork-Presbyterian Administrative Leadership

Director, Transplant Services Line: Eileen Kang
Director, Clinical Operations: Theresa Daly
Administrator, Finance: Ursula Lebron-Banks
Administrator, Regulatory Affairs: Felicia Morales-Castro
Manager, Program Operations: Diana Sullivan

Overview

IN 2008, NEWYORK-PRESBYTERIAN/COLUMBIA RECEIVED UNOS APPROVAL FOR PANCREAS TRANSPLANTATION. THE PROGRAM OVERLAPS, BOTH IN ITS PATIENT POPULATION AND ITS SURGICAL AND MEDICAL EXPERTISE, WITH OUR COMPREHENSIVE KIDNEY TRANSPLANT PROGRAM.

For patients with type 1 diabetes, a pancreas transplant can mean a life free from testing blood sugar, taking insulin, and the constant threat of dangerous fluctuations in blood glucose. A relatively uncommon procedure, pancreatic transplant is reserved primarily for patients with type 1 diabetes who cannot effectively control their diabetes through diet or insulin injections, or who have end-stage kidney failure and require a kidney transplant. Patients with kidney failure may receive pancreatic transplantation, either simultaneously with the kidney or in a separate procedure following kidney transplantation.

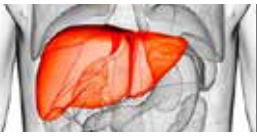
Additionally, pancreas transplantation is beneficial for patients with type 1 diabetes who no longer develop symptoms when their blood sugar drops too low. Under some circumstances pancreas transplantations may also be advised for patients with type 2 diabetes.

Program Highlights

Kidney-Pancreas and Pancreas Transplant Volumes	2015	2008 – 2015
Adult Kidney-Pancreas Transplant from a Deceased Donor	12	43
Adult Pancreas Transplant from a Deceased Donor	2	39

Survival (%)	1 Month		1 Year		3 Years	
Kidney-Pancreas	Observed	Expected	Observed	Expected	Observed	Expected
Patient Survival (Adult)	100.00	99.28	100.00	97.37	100.00	94.68
Graft Survival (Adult)	100.00	98.43	100.00	94.92	100.00	89.21
Pancreas	Observed	Expected	Observed	Expected	Observed	Expected
Patient Survival (Adult)	95.83	99.28	83.33	99.25	100.00	99.47
Graft Survival (Adult)	n/a	n/a	n/a	n/a	n/a	n/a

For the Kidney-Pancreas program, 1-month and 1-year adult patient survival data based on 17 transplants performed between 7/1/12 and 12/31/14. 3-year adult patient survival data based on 12 transplants performed between 1/1/10 and 6/30/12. 1-month and 1-year adult graft survival data based on 17 transplants performed between 7/1/12 and 12/31/14. 3-year adult graft survival data based on 13 transplants performed between 1/1/10 and 6/30/12. For the Pancreas program, 1-month adult patient survival data based on 24 transplants performed between 7/1/12 and 12/31/14. 1-year adult patient survival data based on 6 transplants performed between 7/1/12 and 12/31/14. 3-year adult patient survival data based on 26 transplants performed between 1/1/10 and 6/30/12. Graft failure has not been defined for pancreas grafts.



LIVER TRANSPLANT PROGRAM

NewYork-Presbyterian/Columbia University Medical Center

ColumbiaDoctors Physician Leadership

Adult Liver Transplant Program

Medical Director: Lorna M. Dove, MD, MPH
Surgical Director: Tomoaki Kato, MD
Chief Coordinator: Patricia Harren, DNP, ANP, DCC

Pediatric Liver Transplant Program

Medical Director: Steven J. Lobritto, MD
Surgical Director: Jean C. Emond, MD
Chief Coordinator: Patricia Harren, DNP, ANP, DCC

Living Donor Transplant Program

Medical Director: Alyson N. Fox, MD, MSCE
Surgical Director: Benjamin Samstein, MD

NewYork-Presbyterian Administrative Leadership

Director, Transplant Services Line: Eileen Kang
Director, Clinical Operations: Theresa Daly
Administrator, Finance: Ursula Lebron-Banks
Administrator, Regulatory Affairs: Felicia Morales-Castro
Manager, Program Operations: Trevor Cork

Overview

OUR SURVIVAL RATES FOR LIVER TRANSPLANTATION ARE SOME OF THE BEST IN THE COUNTRY DESPITE OUR PATIENTS BEING SOME OF THE SICKEST IN THE COUNTRY.

The Center for Liver Disease and Transplantation specializes in the management of acute and chronic liver disease for which the only surgical option is transplantation. Certified as a liver transplantation center for more than 15 years, the Center for Liver Disease and Transplantation has grown to become the largest volume program in New York City and has earned an international reputation for living donor liver transplantation and hepatobiliary surgery for adults and children.

Our highly experienced clinical team, with many members who have worked together for nearly two decades, provides a seamless integration of medicine and surgery in a commitment to providing the highest quality care and optimal treatment outcomes for patients with advanced liver disease. The Center's surgical expertise, experience, and resources often enable us to transplant patients who have been denied elsewhere. In addition, we are one of just a few programs in the country providing transplantation as an option for patients co-infected with hepatitis C or HIV and those with cancer of the bile ducts. Our waitlist mortality rates and post-transplant survival rates are among the best in New York State.

In 1989, Dr. Jean Emond was a member of the team that pioneered living donor liver transplantation, which is now considered one of the most important advances in the treatment of severe liver disease – especially in light of pressing organ shortages. Since then, our Living Donor Liver Transplantation Program has performed more than 275(?) living donor liver transplantations. Seven years ago, the program introduced fully laparoscopic donation for all pediatric living donor liver transplantations and in select donors for adult recipients. As pioneers in laparoscopic liver removal, the Center continues research in techniques to make the surgery less invasive and safer for the donor, including removing less of the liver by using the left lobe for transplantation rather than the traditional right lobe. Today, most of the Center's living donors have only their left lobe removed – 40 percent of their liver – usually with a laparoscopic approach. The enormous clinical benefits of left lobe living donor liver transplantation to donors include shorter length of stay, reduced morbidity, accelerated recovery, and improved quality of life.

Physicians board certified in pediatric transplant hepatology manage one of the largest pediatric transplantation volumes in the country. Our pediatric patients have access to clinical trials with the latest immunosuppression therapies and newer agents for treating hepatitis C that are not FDA approved for pediatrics. In 2013, The Center for Liver Disease and Transplantation was the first in the country and one of only three programs in the world to report a fully laparoscopic hepatectomy from a living adult donor for adult and teenage recipients, opening a new door to help address the significant shortage of liver donors.

NewYork-Presbyterian also has the only program in the country offering auxiliary partial orthotopic liver transplantation (APOLT) for a very select group of pediatric patients with acute liver failure. In this procedure, a portion of a liver is transplanted into the recipient and supports the patient until the native liver recovers. Once recovery occurs, immunosuppression medications are stopped and the transplanted liver is absorbed by the body. The great benefit of the procedure is that the patient is spared from lifelong immunosuppression therapy.

Program Highlights

Liver Transplant Volumes	2015	1998 – 2015
Adult Liver Transplant from a Deceased Donor	78	1,382
Pediatric Liver Transplant from a Deceased Donor	14	237
Adult Liver Transplant from a Living Donor	14	223
Pediatric Liver Transplant from a Living Donor	9	85

Survival (%)	1 Month		1 Year		3 Years	
Deceased Donor Transplant	Observed	Expected	Observed	Expected	Observed	Expected
Patient Survival (Adult)	98.10	97.40	90.18	91.51	78.87	81.50
Graft Survival (Adult)	97.26	96.03	89.04	89.02	77.73	77.20
Patient Survival (Pediatric)	97.56	97.36	92.68	94.43	96.97	90.98
Graft Survival (Pediatric)	93.33	92.32	91.11	89.20	91.67	85.21
Living Donor Transplant	Observed	Expected	Observed	Expected	Observed	Expected
Patient Survival (Adult)	92.11	95.79	84.21	88.05	96.67	89.11
Graft Survival (Adult)	92.31	93.58	82.05	85.23	84.38	83.40
Patient Survival (Pediatric)	100.00	98.14	100.00	97.21	100.00	94.79
Graft Survival (Pediatric)	100.00	93.85	100.00	92.97	90.00	88.58

Deceased donor 1-month and 1-year adult patient survival is based on 210 transplants performed between 7/1/12 and 12/31/14. Deceased donor 3-year adult patient survival is based on 194 transplants performed between 1/1/10 and 6/30/12. Deceased donor 1-month and 1-year adult graft survival is based on 219 transplants performed between 7/1/12 and 12/31/14. Deceased donor 3-year adult graft survival is based on 211 transplants performed between 1/1/10 and 6/30/12. Deceased donor 1-month and 1-year pediatric patient survival is based on 41 transplants performed between 7/1/12 and 12/31/14. Deceased donor 3-year pediatric patient survival is based on 33 transplants performed between 1/1/10 and 6/30/12. Deceased donor 1-month and 1-year pediatric graft survival is based on 45 transplants performed between 7/1/12 and 12/31/14. Deceased donor 3-year pediatric graft survival is based on 36 transplants performed between 1/1/10 and 6/30/12. Living donor 1-month and 1-year adult patient survival is based on 38 transplants performed between 7/1/12 and 12/31/14. Living donor 3-year adult patient survival is based on 30 transplants performed between 1/1/10 and 6/30/12. Living donor 1-month and 1-year adult graft survival is based on 39 transplants performed between 7/1/12 and 12/31/14. Living donor 3-year adult graft survival is based on 32 transplants performed between 1/1/10 and 6/30/12. Living donor 1-month and 1-year pediatric patient survival is based on 6 transplants performed between 7/1/12 and 12/31/14. Living donor 3-year pediatric patient survival is based on 10 transplants performed between 1/1/10 and 6/30/12. Living donor 1-month and 1-year pediatric graft survival is based on 6 transplants performed between 7/1/12 and 12/31/14. Living donor 3-year pediatric graft survival is based on 10 transplants performed between 1/1/10 and 6/30/12.

LUNG TRANSPLANT PROGRAM

NewYork-Presbyterian/Columbia University Medical Center

ColumbiaDoctors Physician Leadership

Adult and Pediatric Lung Transplant Program

Medical Director: Selim M. Arcasoy, MD
Surgical Director: Frank D'Ovidio, MD
Chief Coordinator: Genevieve Reilly, ACNP

NewYork-Presbyterian Administrative Leadership

Director, Transplant Services Line: Eileen Kang
Director, Clinical Operations: Theresa Daly
Administrator, Finance: Ursula Lebron-Banks
Administrator, Regulatory Affairs: Felicia Morales-Castro
Manager, Program Operations: Bonnie Badenchini

Overview

WITH ONE OF THE LARGEST TRANSPLANT VOLUMES IN THE UNITED STATES, THE LUNG TRANSPLANT PROGRAM OF NEWYORK-PRESBYTERIAN OFFERS INNOVATIVE APPROACHES TO EXPAND ACCESS TO LUNG TRANSPLANTATION AND MAXIMIZE POST-TRANSPLANT SUCCESS.

Patients who undergo lung transplantation at NewYork-Presbyterian benefit from the breadth and depth of clinical and research expertise in end-stage, non-malignant pulmonary disease. Our pulmonologists and transplant surgeons pursue research to prolong and improve the quality of life for patients. Their efforts have resulted in important refinements in surgical approaches, including minimizing the size of the incision, and today, because of surgical and anesthesia innovations, most of our lung transplant patients do not require bypass assistance, sparing them from associated postoperative complications. Additionally, progress in anesthesia, surgical techniques, and postoperative care has dramatically shortened length of stays from an average of 20 days to two weeks or less. A major priority is addressing two of the most significant risks: rejection and infection. Through research and participation in clinical trials, our physicians contribute to the advancement of new immunosuppressive drugs and drug combinations to increase the longevity of the transplanted organ while decreasing side effects associated with therapy and are furthering therapeutic regimens to prevent and treat infections. Our program has also been at the forefront of *ex vivo* lung perfusion (EVLP), a process of evaluating and preparing donor lungs that initially did not meet transplantation criteria. The goal is to increase the available donor pool by restoring and repairing donor lungs that have sustained damage to make them suitable for transplant.

Program Highlights

Lung Transplant Volumes	2015	1989 – 2015
Adult Lung	67	931
Pediatric Lung	0	20

Survival (%)	1 Month		1 Year		3 Years	
	Observed	Expected	Observed	Expected	Observed	Expected
Patient Survival (Adult)	96.62	96.72	85.44	86.24	79.55	71.69
Graft Survival (Adult)	96.77	96.29	86.08	85.16	79.82	69.69
Patient Survival (Pediatric)	100.00	n/a	100.00	n/a	100.00	n/a
Graft Survival (Pediatric)	100.00	n/a	100.00	n/a	66.67	n/a

1-month and 1-year adult patient survival is based on 148 transplants performed between 7/1/12 and 12/31/14. 3-year adult patient survival is based on 132 transplants performed between 1/1/10 and 6/30/12. 1-month and 1-year adult graft survival is based on 155 transplants performed between 7/1/12 and 12/31/14. 3-year adult patient survival is based on 139 transplants performed between 1/1/10 and 6/30/12. 1-month and 1-year pediatric patient survival is based on 2 transplants performed between 7/1/12 and 12/31/14. 3-year pediatric patient survival is based on 2 transplants performed between 1/1/10 and 6/30/12. 1-month and 1-year pediatric graft survival is based on 2 transplants performed between 7/1/12 and 12/31/14. 3-year pediatric graft survival is based on 3 transplants performed between 1/1/10 and 6/30/12.

The expected survival probability and the expected number of graft failures are not calculated for pediatric (<18) recipients.

NewYork-Presbyterian
ORGAN TRANSPLANT PROGRAM

NewYork-Presbyterian/Weill Cornell Medical Center

KIDNEY TRANSPLANT PROGRAM

NewYork-Presbyterian/Weill Cornell Medical Center

Weill Cornell Medicine Physician Leadership

Adult and Pediatric Kidney Transplant Program

Medical Director: David Serur, MD
Surgical Director: Sandip Kapur, MD
Chief Coordinators: Maria Abreu-Goris, RPA-C
Marian Charlton, RN, CCTC
Judith Hambleton, RN, CCTC

NewYork-Presbyterian Administrative Leadership

Director, Transplant Services Line: Eileen Kang
Administrator, Finance: Ursula Lebron-Banks
Administrator, Regulatory Affairs: Felicia Morales-Castro
Manager, Program Operations: Allison Hoffman

Overview

THE KIDNEY TRANSPLANT PROGRAM AT NEWYORK-PRESBYTERIAN/WEILL CORNELL COMPLETED MORE THAN 4,200 KIDNEY TRANSPLANTS IN ITS FIRST 50 YEARS.

The Kidney Transplant Program at NewYork-Presbyterian/Weill Cornell is among the largest in the country, offering the very latest transplant management protocols and surgical interventions and resulting in patient and graft survival rates that are significantly higher compared to the expected outcomes nationally. These excellent outcomes have occurred in the setting of high transplant volumes in a diverse and often complicated patient population. Our program treats patients of all ages – from young children to adults in their late 80s. With high success rates and a long-established reputation as a center of innovation, our program utilizes every opportunity to make transplants possible for our patients. This includes:

Personalized Approach to Medication Through targeted immune therapy we are able to offer many patients steroid-sparing medication regimens and minimize other medications whenever possible. Since 2002, approximately 75 percent of our kidney transplant recipients – children and adults – are now living steroid free.

Expertise in Managing Complex Cases We have a long history in managing patients with complex medical histories, and our protocols better enable patients with HIV, hepatitis B or C, or a history of cardiovascular disease, as well as older adults, to receive a transplant. We also work closely with skilled pediatric urologists to provide care for bladder or other urologic abnormalities before or at the time of transplant. The transplant team is also skilled in transplanting adult kidneys into children.

Our world-renowned laboratory is at the forefront of translational research in transplantation and was the first to develop a gene expression-based assay to noninvasively detect whether transplanted kidneys are in the process of being rejected, as well as identify patients at risk for rejection weeks to months before symptoms appear. A new study by Weill Cornell investigators building on this work found that when the investigators combined both the three-gene signature and metabolite information, the combined measures were more powerful than either one alone. This discovery could eventually replace invasive needle biopsies as the gold-standard diagnostic test for rejection.

The Kidney Transplant Program at NewYork-Presbyterian/Weill Cornell is also a national leader in the development of innovative and advanced programs that have resulted in the expansion of opportunities for transplantation. These strategies include:

Donor Exchange The recipient and donor are entered into a database and are matched throughout the United States with other incompatible donor and recipient pairs. When suitable matches are found, the kidney from the donor that matches the recipient is sent to our transplant center for the transplant. The incompatible donor donates to the person in the exchange program for whom they are the best match.

Blood Type (ABO) Incompatible Transplant For patients who have a living donor with a different blood type (called ABO incompatible), we try to overcome the incompatibility by treating the patient with several medications and procedures prior to transplant. If repeat testing shows that the blood type incompatibility is reduced, the transplant can be scheduled.

Positive Crossmatch Transplant For patients with a living donor against whom they have immune system reactivity (called antibodies), the patient may undergo a treatment protocol similar to that outlined above for ABO incompatible transplantation. If repeat testing shows that the antibody levels against the donor are reduced, the transplant can be scheduled.

Utilization of Expanded Criteria Deceased Donor Kidneys By transplanting kidneys from expanded criteria deceased donors into carefully selected patients who are in need of a kidney transplant, we are able to transplant patients more quickly. This is important due to the long wait time in our region.

Program Highlights

Kidney Transplant Volumes	2015	1988 – 2015
Adult Kidney Transplant from a Deceased Donor	75	1,639
Pediatric Kidney Transplant from a Deceased Donor	1	34
Adult Kidney Transplant from a Living Donor	148	1,746
Pediatric Kidney Transplant from a Living Donor	4	83

Survival (%)	1 Month		1 Year		3 Years	
Deceased Donor Transplant	Observed	Expected	Observed	Expected	Observed	Expected
Patient Survival (Adult)	98.72	99.27	97.26	96.35	88.40	87.82
Graft Survival (Adult)	96.63	97.65	90.68	92.66	81.78	80.00
Patient Survival (Pediatric)	100.00	n/a	100.00	n/a	50.00	n/a
Graft Survival (Pediatric)	50.00	97.61	50.00	95.49	50.00	86.75
Living Donor Transplant	Observed	Expected	Observed	Expected	Observed	Expected
Patient Survival (Adult)	100.00	99.79	100.00	98.80	95.61	96.21
Graft Survival (Adult)	99.68	99.22	98.95	97.54	94.57	92.72
Patient Survival (Pediatric)	100.00	n/a	100.00	n/a	94.74	n/a
Graft Survival (Pediatric)	91.67	n/a	91.67	n/a	89.47	94.07

Deceased donor 1-month and 1-year adult patient survival is based on 156 transplants performed between 7/1/12 and 12/31/14. Deceased donor 3-year adult patient survival is based on 181 transplants performed between 1/1/10 and 6/30/12. Deceased donor 1-month and 1-year adult graft survival is based on 178 transplants performed between 7/1/12 and 12/31/14. Deceased donor 3-year adult graft survival is based on 214 transplants performed between 1/1/10 and 6/30/12. Deceased donor 1-month and 1-year pediatric patient survival is based on 1 transplants performed between 7/1/12 and 12/31/14. Deceased donor 3-year pediatric patient survival is based on 2 transplants performed between 1/1/10 and 6/30/12. Deceased donor 1-month and 1-year pediatric graft survival is based on 2 transplants performed between 7/1/12 and 12/31/14. Deceased donor 3-year pediatric graft survival is based on 2 transplants performed between 1/1/10 and 6/30/12. Living donor 1-month and 1-year adult patient survival is based on 276 transplants performed between 7/1/12 and 12/31/14. Living donor 3-year adult patient survival is based on 228 transplants performed between 1/1/10 and 6/30/12. Living donor 1-month and 1-year adult graft survival is based on 315 transplants performed between 7/1/12 and 12/31/14. Living donor 3-year adult graft survival is based on 258 transplants performed between 1/1/10 and 6/30/12. Living donor 1-month and 1-year pediatric patient survival is based on 10 transplants performed between 7/1/12 and 12/31/14. Living donor 3-year pediatric patient survival is based on 19 transplants performed between 1/1/10 and 6/30/12. Living donor 1-month and 1-year pediatric graft survival is based on 12 transplants performed between 7/1/12 and 12/31/14. Living donor 3-year pediatric graft survival is based on 19 transplants performed between 1/1/10 and 6/30/12.

The expected survival probability is not calculated for pediatric (<18) recipients.

KIDNEY-PANCREAS AND PANCREAS TRANSPLANT PROGRAM

NewYork-Presbyterian/Weill Cornell Medical Center

Weill Cornell Medicine Physician Leadership

Adult Kidney-Pancreas and Pancreas Transplant Program

Medical Director: Choli Hartono, MD
Surgical Director: Jim Kim, MD
Chief Coordinators: Maria Abreu-Goris, RPA-C
Marian Charlton, RN, CCTC
Judith Hambleton, RN, CCTC

NewYork-Presbyterian Administrative Leadership

Director, Transplant Services Line: Eileen Kang
Administrator, Finance: Ursula Lebron-Banks
Administrator, Regulatory Affairs: Felicia Morales-Castro
Manager, Program Operations: Allison Hoffman

Overview

THE EXPERTISE OF THE KIDNEY TRANSPLANT PROGRAM EXTENDS TO PANCREAS TRANSPLANTATION FOR PATIENTS WITH LIFE-THREATENING COMPLICATIONS OF TYPE 1 DIABETES MELLITUS.

The NewYork-Presbyterian/Weill Cornell Kidney and Pancreas Transplant Program provides a therapeutic option for patients with type 1 diabetes mellitus who have developed significant complications of diabetes such as nephropathy, retinopathy, neuropathy, and hypoglycemic unawareness. When the transplanted pancreas functions well patients are able to stop insulin injections. Pancreas transplant approaches include:

- Simultaneous pancreas-kidney transplant in patients who also need a kidney transplant due to kidney failure from diabetes; the transplant is performed using organs from a single donor
- Pancreas after kidney transplant in patients who have already had a kidney transplant (usually from a living donor); the pancreas transplant usually occurs at least six months after the kidney transplant was performed
- Pancreas transplant alone in patients who have complications from diabetes other than kidney disease

NewYork-Presbyterian/Weill Cornell is the only center in the tri-state to have performed successful human islet cell transplantation, a minimally invasive procedure to isolate the cells in the pancreas that produce insulin and implant them in a patient in order to improve control and reduce complications of type 1 diabetes.

Program Highlights

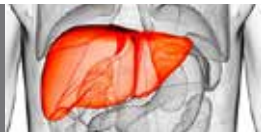
Kidney-Pancreas & Pancreas Transplant Volumes	2015	1996 – 2015
Adult Kidney-Pancreas Transplant from a Deceased Donor	3	116
Adult Pancreas Transplant from a Deceased Donor	2	55

Survival (%)	1 Month		1 Year		3 Years	
Kidney-Pancreas	Observed	Expected	Observed	Expected	Observed	Expected
Patient Survival (Adult)	93.33	99.33	93.33	97.54	100.00	92.16
Graft Survival (Adult)	93.33	98.51	93.33	95.15	92.31	88.04
Pancreas	Observed	Expected	Observed	Expected	Observed	Expected
Patient Survival (Adult)	93.33	99.33	93.33	97.54	100.00	94.29
Graft Survival (Adult)	n/a	n/a	n/a	n/a	n/a	n/a

For the Kidney-Pancreas program, 1-month and 1-year adult patient survival data based on 15 transplants performed between 7/1/12 and 12/31/14. 3-year adult patient survival data based on 13 transplants performed between 1/1/10 and 6/30/12. 1-month and 1-year adult graft survival data based on 15 transplants performed between 7/1/12 and 12/31/14. 3-year adult graft survival data based on 13 transplants performed between 1/1/10 and 6/30/12. For the Pancreas program, 1-month and 1-year adult patient survival data based on 15 transplants performed between 7/1/12 and 12/31/14. 3-year adult patient survival data based on 21 transplants performed between 1/1/10 and 6/30/12. Graft failure has not been defined for pancreas grafts.

LIVER TRANSPLANT PROGRAM

NewYork-Presbyterian/Weill Cornell Medical Center



Weill Cornell Medicine Physician Leadership

Adult Liver Transplant Program

Medical Director: Robert S. Brown, Jr., MD, MPH
Surgical Director: Benjamin Samstein, MD
Chief Coordinator: Margie Fernandez-Sloves, DNP, ANP-PC

NewYork-Presbyterian Administrative Leadership

Director, Transplant Services Line: Eileen Kang
Administrator, Finance: Ursula Lebron-Banks
Administrator, Regulatory Affairs: Felicia Morales-Castro
Manager, Program Operations: Trevor Cork

Overview

ONE OF THE MAJOR STRENGTHS OF THE CENTER FOR LIVER DISEASE AND TRANSPLANTATION IS THAT WE ARE VERY FAMILIAR WITH THE LATEST MEDICINES, AND THAT WE ARE ALSO ON THE CUTTING EDGE IN TERMS OF WHAT THE INDICATIONS ARE GOING TO BE IN THE FUTURE TO HELP TREAT SOME OF THE TRADITIONALLY MOST DIFFICULT-TO-TREAT POPULATIONS.

The Liver Transplantation and Hepatobiliary Surgery section of the Department of Surgery at NewYork-Presbyterian/Weill Cornell Medical Center is part of NewYork-Presbyterian's Center for Liver Disease and Transplantation. Like its counterpart at NewYork-Presbyterian/Columbia, the Weill Cornell program brings together an outstanding team of hepatologists and transplant surgeons whose experience and expertise provide exceptional outcomes for patients.

A full-service program for patients with liver disease, the Center provides multidisciplinary, patient-focused care with seamless integration of hepatology, surgery, oncology, and radiology. The program offers innovative and advanced technical procedures that lead to some of the best outcomes in the region.

The Center has a very active program in hepatitis C research. Our clinicians have participated in many of the key trials evaluating new agents that can help patients with cirrhosis and other advanced liver disease. Typically these patients have a high risk of developing liver cancer, eventually resulting in the need for a liver transplant. Ongoing research includes:

- using directly acting antivirals to cure patients of hepatitis C either right before or after the transplant to prevent development of the same disease in the new liver
- evaluating different types of hepatitis C treatment pre- and post-transplant to help prevent fibrosis and scar tissue from developing in the new liver as a result of recurrent viral disease
- identifying risk factors in patients with hepatitis C to determine methods for preventing severe disease recurring in the new liver

Program Highlights

Liver Transplant Volumes	2015	2010 – 2015
Adult Liver Transplant from a Deceased Donor	12	36

Liver Transplant program reactivated as of April 2015.

PROMOTING ORGAN DONATION AT NEWYORK-PRESBYTERIAN

NewYork-Presbyterian is committed to helping improve New York State's donor registration rates. We have launched a wide range of initiatives and partnered with leading organizations to reach out to our nearly 30,000 employees, encouraging them to become organ donors. Our efforts include:

Year-Round Education and Public Awareness

Grand Rounds Grand rounds are offered to all staff to inform them about the value of organ donation. Presentations include *The Journey of a Liver Transplant Recipient* by the patient, his wife, and the treatment team.

Film Presentations NewYork-Presbyterian staff are invited to attend showings of *65 Percent*, a documentary film created by two brothers – Cameron, a liver transplant recipient, and Jared, his living donor. The movie follows their family's journey through transplant at NewYork-Presbyterian. You can view the film at www.thewaveset.com.

LiveOnNY Presentations Representatives from LiveOnNY – a nonprofit, federally designated organ procurement organization, attend NewYork-Presbyterian's orientation sessions for new nurses and for new house staff to review the donor referral process. They also conduct sessions for staff in the Hospital's intensive care units, emergency departments, and other patient care units.


Celebrating Donate Life Month

For the past six years, NewYork-Presbyterian has partnered with LiveOnNY to commemorate Donate Life Month. Throughout the month of April, the Hospital hosts events to inform employees about the importance of organ donation and facilitate donor registration.

Events include:

- internal communications about Donate Life Month events and organ donation
- promotion of events and organ donation registration via social media and on NewYork-Presbyterian's website
- presentations on organ donation at various staff meetings
- signage about organ donation throughout the Hospital's six sites
- placement of donor registration tables at all NewYork-Presbyterian sites staffed by Hospital employees who provide information and help individuals register
- honoring the commemorative colors of organ donation by sponsoring a "Wear Blue and Green Day" photo contest and serving blue and green food in the cafeterias

In April 2015, these efforts led to 100 additional staff registering to become organ donors.

Celebrating Organ Donor Enrollment Day and Giving Tuesday

On October 6, 2015, NewYork-Presbyterian employees registered to become organ donors during the first-ever Organ Donor Enrollment Day in New York City, organized by LiveOnNY. On December 1, 2015, in observance of Giving Tuesday, NewYork-Presbyterian collaborated with ORGANize, an organization that promotes easier online registration, to provide staff with an opportunity to give back and save lives by registering online to become an organ donor.

NewYork-Presbyterian
ORGAN TRANSPLANT PROGRAM
nyp.org/transplant

NewYork-Presbyterian/ Columbia University Medical Center

Heart Transplant
Center for Advanced Cardiac Care
NewYork-Presbyterian/
Columbia University Medical Center
622 West 168th Street
New York, NY 10032
(212) 305-9268 | (212) 305-7439 (fax)

Intestinal and Multivisceral Transplant
Adult Intestinal Transplantation Clinic
NewYork-Presbyterian/
Columbia University Medical Center
622 West 168th Street, PH14
New York, NY 10032
(212) 342-0896

Kidney, Kidney-Pancreas, and Pancreas Transplant
Renal and Pancreatic Transplant Program
NewYork-Presbyterian/
Columbia University Medical Center
622 West 168th Street, 12th Floor
New York, NY 10032
212.305.0799 | 212.305.9642 (fax)

Liver Transplant
Center for Liver Disease and Transplantation
NewYork-Presbyterian/
Columbia University Medical Center
622 West 168th Street
New York, NY 10032
(212) 305-0914 | (212) 305-4343 (fax)

Lung Transplant
Center for Advanced Lung Disease
and Lung Transplantation
NewYork-Presbyterian/
Columbia University Medical Center
622 West 168th Street, PH14E, Suite 104
New York, NY 10032
(212) 342-1972 | (212) 342-5382 (fax)

NewYork-Presbyterian/ Weill Cornell Medical Center

Kidney Transplant, Kidney-Pancreas, and Pancreas Transplant
Kidney and Pancreas Transplant Program
NewYork-Presbyterian/Weill Cornell Medical Center
525 East 68th Street
New York, NY 10065
(212) 746-3099 | (212) 746-3100 (fax)

Liver Transplant
Center for Liver Disease and Transplantation
NewYork-Presbyterian/Weill Cornell Medical Center
525 East 68th Street
New York, NY 10065
(646) 962-5483 | (646) 962-0363 (fax)

NewYork-Presbyterian

630 West 168th Street
New York, NY 10032

ColumbiaDoctors

Weill Cornell Medicine