



Toronto General Hospital
University Health Network

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Canada's First Anonymous Living Liver Donor at TGH

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(Thursday, April 20, 2006 – Toronto) In a Canadian first, physicians at Toronto General Hospital, University Health Network have successfully removed a portion of a liver from a healthy male so that he could donate it anonymously to someone waiting for a liver transplant.

In 2005, TGH transplant surgeon Dr. Ian McGilvray removed the left lobe of Kevin Gosling's liver so that someone's life could be saved. Kevin Gosling, 46, specifically wanted to donate a liver lobe because a liver donation can be life saving rather than life extending, as in the case of a kidney donation. A medical decision was made to retrieve the smaller left lobe rather than the larger right lobe, and it was donated anonymously to a child in Ontario who had a urea cycle enzyme deficiency, an inborn error in metabolism that can lead to brain damage and death. Liver transplantation is an effective treatment for this disorder.

Kevin's medical and surgical assessments were the same as those of other living liver donors, but the psychosocial and ethical considerations were different.

"This was uncharted territory for us and for any other hospital in Canada," said Dr. Gary Levy, Medical Director of the Multi Organ Transplant Program at Toronto General Hospital, University Health Network and Professor of Medicine at the University of Toronto. "Although we were inspired by Kevin's generous gesture and impressed by his persistence and strong commitment to donation, the assessment process was extremely cautious, and he was given many opportunities to opt out, but Kevin never wavered."

Kevin decided to donate a portion of his liver after he saw what a difference a kidney donation made in a friend's family in 2004. Kevin began to read about living donation and was surprised to learn that a donation need not be a perfect tissue match, although blood types need to be compatible, and that almost all of the liver regenerates within weeks in the transplanted organ as well as in the donor's residual liver. "Why don't I?" he asked himself, "I'm capable and if I am willing to donate to a family member, but nobody in my family needs a transplant, then why not donate to someone who does? For those waiting for a liver who don't have family or friends who could donate, this could mean the difference between life and death."

Patients waiting for a liver transplant can wait anywhere between one and four years, depending on blood type. In Ontario, in 2005, there were 355 people on the liver transplant waiting list and, in the same year in Ontario, there were 147 liver transplants from deceased donors, and 47 from living donors.

"Trillium Gift of Life Network is very supportive of Toronto General Hospital's living donation program and we congratulate the doctors, nurses and staff at UHN for achieving this Canadian first. We also salute the incredible generosity of Mr. Gosling as he certainly exemplifies the spirit that makes organ donation so successful and he has truly given the gift of life," said Frank Markel, PhD, President and CEO of Trillium Gift of Life Network.

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P.2, Canada's first anonymous living liver donor

While anonymous donation of kidneys from living donors has been performed successfully with good outcomes for both donors and recipients, no case of an anonymous living liver donor has been reported in Canada (23 anonymous living donor liver transplants have been reported in the United States, according to the United Network for Organ Sharing which matches donors to recipients and coordinates the organ-sharing process in the U.S.) The risk of death in donating a liver lobe is estimated at up to 0.5% in comparison to 0.03% for donating a kidney. It is therefore critical to ensure that the risk to the donor is outweighed by the psychological benefit to the donor and improved health and hope for the recipient.

One of the special challenges in this case was establishing that there was sufficient donor benefit to balance the risk of donation when the recipient's outcome would not be known to him, pointed out University Health Network (UHN) bioethicist Linda Wright, who played a key role in the assessment process along with a team consisting of nurses, physicians, social workers and psychiatrists. Linda Wright is also a member of the Joint Centre for Bioethics at University of Toronto. After considerable debate, the team agreed to evaluate the donor for a number of reasons, including: donors and recipients no longer have to be family or even friends, good outcomes have been reported with anonymous living kidney donors, TGH has the expertise to handle this novel evaluation and procedure, as well as the critical shortage of organs for transplantation.

Ms. Wright also noted that while such donor altruism may be outside the norm for most people, it is not necessarily indicative of pathology. "We believed that we at least owed it to the donor to consider his request. After that, once the decision was made to evaluate him, we needed to be sure that the donor was making an altruistic donation and that this was a well-informed choice by a healthy person who posed a low surgical and psychological risk."

The team reviewed Kevin's reasons for donation, his past history of altruism which included being on the bone marrow registry, blood donation, signing an organ donor card and an altruism rooted in a religious faith that strongly supported helping others.

"I was asked every questions imaginable," remembers Kevin, who had strong support from his wife Barb in pursuing donation. "They did an awful lot to try and understand my character, my desire to atone for past wrongs, religious beliefs, a possible death wish and they even asked if I liked having operations!"

He added, "This may be a unique thing to do, but I'm just an ordinary person who wants to do something good for somebody else. I've been blessed in my life, and I know that others have had a much harder time. I just want to offer them hope that they too can have a better life."

Kevin decided to go public with his personal story to emphasize that for some, this may be one option to give hope and life to a person waiting for a liver. "I think that doing something for a complete stranger, especially if it is done anonymously, is a unique opportunity and is self-rewarding. I would do this again in a heartbeat."

Toronto General Hospital is a partner in the University Health Network, along with the Toronto Western Hospital and the Princess Margaret Hospital. These teaching hospitals are affiliated with the University of Toronto. The scope of research at Toronto General Hospital has made this institution a national and international source for cardiovascular discovery, education and patient care, as well as for its innovations in transplantation, surgical innovation, infectious diseases, diabetes and genomic medicine.

P.2, Canada's first anonymous living liver donor

The Multi Organ transplant Program at Toronto General Hospital is Canada's first and largest program. Many of the treatment advancements developed in the program have been adopted as standard practice worldwide. For more information, please visit www.uhn.ca.

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Media Contacts:

Alex Radkewycz
TGH Public Affairs
Tel: 416 – 340 – 3895
Pager: 416 – 719 – 4578
alexandra.radkewycz@uhn.on.ca

William Pointon
UHN Public Affairs
Tel: 416 – 340 – 4636
william.pointon@uhn.on.ca

Maria Da Silva
UHN Public Affairs
Tel: 416 – 340-4800,
ext. 4294
maria.dasilva@uhn.on.ca