Exhibit 383

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Specific Causation Expert Report: Jacqueline Tukes

2/2/2025

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I. My Background and Qualifications:

I am a board-certified general surgeon and certified by the American Society of Transplant Surgeons following a multi-organ transplant fellowship at the Johns Hopkins Hospital. I completed my training in 2002 and have practiced in the field of transplant surgery since that time. I currently serve as the Chief of Transplantation and Director for the Solid Organ Transplant Line for Froedtert Memorial Lutheran Hospital and Children's Wisconsin. I am a tenured professor of Surgery and the Mark B. Adams Distinguished Professor of Transplant Surgery.

I received my medical degree at Georgetown University School of Medicine in Washington, DC in 1994. My residency in General Surgery was completed at the Medical College of Wisconsin followed by my fellowship in kidney, liver, and pancreas transplantation. I joined the clinical faculty at JHH and became the Director for Kidney Transplantation and Clinical Research in 2003. In 2005, I moved to the University of Maryland also serving as the Director for Kidney and Pancreas Transplantation and Clinical Research until 2012. I returned to Georgetown at this time to direct the Kidney and Pancreas Program as well as becoming the Medstar Georgetown Transplant Institute's Director for Quality in 2018. In 2022, I assumed my current position in Wisconsin.

My current role is in the oversight of all solid organ transplant activities across the adult and pediatric campuses at MCW. This includes the authority for policies and procedures in the pre-, in-house, and post-operative phases of care for both abdominal and thoracic transplantation. In my 23 years of practice, I am familiar with the indications for kidney transplantation, the appropriate timing of surgery, the risks associated with both surgery and the institution of lifelong immunosuppression, and the complications associated with long-term immunosuppressive burden.

I have volunteered my time on multiple national and international professional societies and patient-centric groups including and importantly, serving as the President for the Organ Procurement and Transplantation Network (OPTN), a federally contracted board overseeing donation and transplantation practices in the United States. In that role I've became familiar

with kidney transplant allocation policies, waiting time for candidates listed for kidney transplantation, and expectant outcomes following kidney transplant surgery.

II. Materials Reviewed:

The materials I reviewed are listed on the attached document entitled materials considered list.

III. Methodology:

Following the review of Mrs. Tukes' medical history and a diagnosis of renal cell carcinoma through her medical records, depositions and other case documentation, a list of potential risk factors (unmodifiable and modifiable) was identified, and Mrs. Tukes' demographics and social history was compared to rule out contributions and to systematically identify the most likely causative factor(s). I utilized a differential diagnosis methodology, which is a medically and scientifically valid method for determining the etiology of kidney cancer, to determine the most likely cause of Mrs. Tukes' kidney cancer.

IV. Mrs. Tukes' Medical History:

Briefly, Mrs. Tukes was a resident of Camp Legume as a civilian military dependent from June of 1985 to January 1987. She lived at the Hostess House in June of 1985, the Sherwood Mobile Home Park across the street from Camp Lejeune from July of 1985 through December of 1985 and then Tarawa Terrace from December of 1985 through January of 1987. She is a 59yo African American female with a past medical history of rhabdomyolysis, hypertension, and transient ischemic attacks (TIAs) who was diagnosed with clear cell carcinoma at age 45 (June of 2010). She underwent a partial right nephrectomy with efforts to preserve parenchymal mass at UNC Chapel Hill in August of 2010. Pathology was positive for clear cell cancer.

During her follow up period, which included regularly scheduled CT scans, Mrs. Tukes then developed multiple lesions in her left kidney in 2018 and 2019 and underwent robotic left partial nephrectomy for both. Regular and ongoing renal imaging identified a suspicious right renal cyst in March of 2018 that necessitated a completion right nephrectomy in April of 2022. Under pathologic examination, 3 lesions were identified in this specimen also consistent with clear cell

papillary cancer. Less than a year later, in 2023, additional tumors were identified in the remaining left kidney remnant and she underwent left completion nephrectomy on June 16, 2023. Now anephric and anuric, she began dialysis at this time initially via a tunneled dialysis catheter but was transitioned to peritoneal dialysis.

Given the identification and diagnosis of multiple tumors, with such rapidity, and at such a young age, Mrs. Tukes underwent Von-Hippel Lindau (VHL) genetic testing at Mayo Medical Laboratories due to her strong family history of rhabdomyolysis and potential for kidney cancer in the family. All testing was negative. Additional and more comprehensive genetic testing for inherited renal cancer at UNC Cancer Genetics was also negative.

Fortunately, Mrs. Tukes received a deceased donor kidney transplant at East Carolina University on 4/23/2024 at age 59. She continues her follow-up with the transplant center at this time.

V. Medically Necessary Present and Future Treatment and Care:

Despite successful transplantation, deceased donor allografts exhibit a limited lifespan. The half-life (mean survival) for DD transplants is 13 years. With the age at which Mrs. Tukes' received her current transplant, she will more likely than not be ineligible for another transplant. While this is an average survival, early graft loss remains a possibility. Therefore, Mrs. Tukes will more likely than not need dialysis starting in just under twelve years.

Mrs. Tukes' prognosis will be negatively affected if either local recurrence or another transplant is necessary due to early graft loss. If there is either nodal or metastatic disease found in the future, it would by definition be classified as a stage 3 or higher disease with a reported 5-year survival rate of only 15-18%. If a subsequent transplant is necessary, it would often be the result of graft loss secondary to an immunologic complication. These events often require additional immunosuppression further increasing infectious and cancer risk. Further, the development of HLA -antibodies potentially makes the identification of a compatible second kidney donor more difficult.

When Mrs. Tukes' transplant fails, she will need to resume dialysis as she did following her second completion nephrectomy. She would need to resume medications to control her calcium and phosphorous (Phoslo, Renagel) as well as those to promote red blood cell production (Epogen). She will require regular follow-up with her nephrologist for monitoring of both electrolytes and volume. With a return to dialysis her risk of heart attack, stroke, and peripheral vascular disease would increase significantly. Patients in dialysis have a 10-20x higher risk of cardiovascular mortality, a 5-10x higher risk of stroke, and a significantly higher risk of peripheral vascular disease leading to amputation compared to the general population. Patient-reported Quality of Life metrics can be negatively impacted in many ways including physical, psychologic and social. Depression, isolation and a sense of helplessness are common and increased rates of divorce, unemployment, and suicide are observed.

With her current transplant, Mrs. Tukes will require lifelong immunosuppression and should anticipate an increased risk of cardiovascular death, infections, and malignancy. Close and regular monitoring by a transplant center or accepting physician remains necessary including approximately 14 post-transplant visits in her first year after surgery with concomitant blood draws (Complete Metabolic Panel, Complete Blood Count, Urinalysis, Immunosuppressant blood levels, Quantitative CMV) to evaluate the status of the allograft including identification of the development of proteinuria and assurance of appropriate drug levels for her immunosuppressant medications. Regular diagnostic studies such as echocardiograms and non-invasive stress testing will now be required yearly as part of her lifelong care. Following this first year, visits are typically on a quarterly basis with patients encouraged to maintain monthly blood draws for surveillance.

Mrs. Tukes would also be subject to the most common side-effects of immunosuppressant medications (Prograf, Mycophenolic Acid, and steroids) utilized in modern-day kidney transplantation - GI distress including nausea, vomiting, diarrhea, headaches, hand tremors, hair loss, development of or worsening of hypertension, osteoporosis and the development of post-transplant diabetes (PTDM).

Studies have demonstrated a 2-4-fold higher risk of additional cancers following transplantation and the burden of immunosuppression. The most common type of cancer among transplant

recipients is skin cancer, with a risk that is 100x that of the general population. Additional cancers that are more prevalent in the transplant population include liver cancer, non-Hodgkin's lymphoma, and post-transplant lymphoproliferative disorder (PTLD). Routine lifetime skin check screening by a dermatologist is required for all transplant recipients and the avoidance of ultraviolet (UV) exposure is recommended.

I have reviewed the cost report from expert Michael Fryar and I agree with its contents. I believe all of the items on the cost report are fair, reasonable and medically necessary.

VI. Risk Factors for Renal Cell Cancer:

Age – the average age for the development of non-familiar RCC in the US is between ages 65 and 74

Race – the highest risk for the development of RCC in the US is in African – American, Native American, and Hispanic race

Smoking – either first or second-hand exposure to aromatic hydrocarbons increases risk

Alcohol Usage – excessive alcohol consumption has been demonstrated to increase risk of RCC

Obesity – much like other malignancies, increased BMI is associated with an increased risk of RCC

ESRD and Chronic Dialysis – Patients on dialysis demonstrate a 4-10 times greater risk of RCC compared to the general population with longer the dialysis time, the greater the risk. This is most likely secondary to chronic inflammation and immune system dysfunction

Uncontrolled Hypertension – the greater the blood pressure and the duration of hypertension increases the risk of RCC

Family History – An individual with a hereditary syndrome (i.e. von Hippel Lindau) with either a first- or second-degree relative diagnosed with RCC has a 2-fold increase in RCC risk

Environmental Exposures – Known chemicals increasing risk of RCC include trichloroethylene, tetrachloroethylene, benzene, ionizing radiation, vinyl chloride

Mrs. Tukes is African American. She had no smoking history, her first cancer was diagnosed at age 45, she was not obese (her BMI fluctuated from numbers in the 26 to 32 range from 2010 to 2022), she had hypertension in her 40s that became well controlled in her 50s, she was without a history of ESRD and while there was question of a family history of renal carcinoma, this was never confirmed. Her mother had metastatic cancer when she passed away but it was never determined this cancer was a primary kidney cancer. There was a further question regarding a cousin who may have had kidney cancer, but this was not confirmed. Mrs. Tukes' had genetic testing that was all negative for hereditary RCC.

VII. Dr. Irving Allen Report:

I have reviewed the report from Dr. Irving Allen, a geneticist retained by the Plaintiffs. In his report, Dr. Allen first states that the genetic panel performed at UNC makes it more likely than not that Mrs. Tukes kidney cancers were not hereditary. This is significant because it largely rules out this potential risk factor, even if Mrs. Tukes mother and cousin had kidney cancer. Dr. Allen details that the genetic testing done tested for the most common hereditary genes for kidney cancer and even some uncommon genes as well. His report states that none of them were positive for an association with kidney cancer.

Dr. Allen's report goes on to detail that there were two variants of unknown significance found in Mrs. Tukes' genetic results. These two VUS are ultimately not known to cause kidney cancer. However, due to their role in assisting the body's immune system when the body is exposed to environmental carcinogens, the alteration of these two genes made Mrs. Tukes more susceptible to developing cancer when exposed to lower levels than she otherwise would have been if these

genes were not altered. In short, each ppb of chemical Mrs. Tukes was exposed had a much greater impact on her risk of cancer, including RCC, than in a normal individual.

VIII. Mrs. Tukes' Exposure at Tarawa Terrace:

Exposure Dates	TCE (ug/l-M)	PCE (ug/l-M)(TechFlowMP Model)	PCE (ug/l-M)(MT3DMS Model)	VC (ug/l-M)	BZ (ug/l-M)
6/18/1985-6/30/1985					
7/1/1985-7/18/1985					
7/19/1985-7/31/1985					
8/1/1985-8/31/1985					
9/1/1985-9/30/1985					
10/1/1985-10/31/1985					
11/1/1985-11/30/1985					
12/1/1985-12/17/1985					
12/18/1985-12/31/1985	0.16	3.58	8.27	0.76	0
1/1/1986-1/31/1986	0.18	3.95	8.85	0.82	0
2/1/1986-2/28/1986	0.19	4.24	9.42	0.83	0
3/1/1986-3/31/1986	0.24	5.4	12.14	1.01	0
4/1/1986-4/30/1986	0.22	4.93	10.83	0.89	0
5/1/1986-5/31/1986	0.23	5.25	11.56	0.91	0
6/1/1986-6/30/1986	0.25	5.61	12.28	0.92	0
7/1/1986-7/31/1986	0.26	5.97	13.06	0.94	0
8/1/1986-8/31/1986	0.28	6.36	13.84	0.96	0
9/1/1986-9/301986	0.30	6.75	14.61	0.97	0
10/1/1986-10/31/1986	0.31	7.12	15.42	0.99	0
11/1/1986-11/30/1986	0.33	7.52	16.21	1.00	0
12/1/1986-12/31/1986	0.34	7.89	17.03	1.01	0
1/1/1987-1/8/1987	0.36	8.28	17.85	1.03	0

	3.65	**82.85**	**181.37**	**13.04**	**-**

IX. Mrs. Tukes' Exposure at Hadnot Point:

Exposure Dates	visits to HP (2.5 days per week when living elsewhere)	TCE (ug/l-M)	PCE (ug/l-M)	VC (ug/l-M)	BZ (ug/l-M)
6/18/1985-6/30/1985	Hadnot Point	0	0	0	3
7/1/1985-7/18/1985	Hadnot Point	0	0	0	3
7/19/1985-7/31/1985	Hadnot Point	0	0	0	3
8/1/1985-8/31/1985	Hadnot Point	0	0	0	3
9/1/1985-9/30/1985	Hadnot Point	0	0	0	3
10/1/1985-10/31/1985	Hadnot Point	0	0	0	3
11/1/1985-11/30/1985	Hadnot Point	0	0	0	3
12/1/1985-12/17/1985	Hadnot Point	0	0	0	3
12/18/1985-12/31/1985	Hadnot Point	0	0	0	3
1/1/1986-1/31/1986	Hadnot Point	0	0	0	3
2/1/1986-2/28/1986	Hadnot Point	0	0	0	3
3/1/1986-3/31/1986	Hadnot Point	0	0	0	3
4/1/1986-4/30/1986	Hadnot Point	0	0	0	4
5/1/1986-5/31/1986	Hadnot Point	0	0	0	3
6/1/1986-6/30/1986	Hadnot Point	0	0	0	3
7/1/1986-7/31/1986	Hadnot Point	0	0	0	3
8/1/1986-8/31/1986	Hadnot Point	0	0	0	3

9/1/1986-9/301986	Hadnot Point	0	0	0	3
10/1/1986-10/31/1986	Hadnot Point	0	0	0	3
11/1/1986-11/30/1986	Hadnot Point	0	0	0	3
12/1/1986-12/31/1986	Hadnot Point	0	0	0	3
1/1/1987-1/8/1987	Hadnot Point	0	0	0	2
		-	-	-	**60**

Mrs. Tukes lived at Hadnot Point in June of 1985 to July of 1985. She then lived at Sherwood Mobile Home Park from July 1985 to December 1985. During this time she would have been primarily exposed to the above toxins at Hadnot Point. Mrs. Tukes moved to Tarawa Terrace in December of 1985 and lived there until January 1987. During this time she would have primarily been exposed to the above toxins at Tarawa Terrace. However, she testified that while she lived at Tarawa Terrace, she would go to Hadnot Point to do her shopping and to visit the exchange, so she was occasionally exposed to the above toxins at Hadnot Point during that time as well.

Mrs. Tukes gave deposition testimony that shows the substantial nature of her exposure. For example, Mrs. Tukes states that she drank a substantial amount of water from tap at Camp Lejeune. (49:14-19). She states she would drink water with breakfast (51:12-22), through mixed orange juice from concentrate (59:1-14), through Kool-Aid pitcher she would make at her house (52:8-15, 52:24-53:4) and through lemonade pitchers she would make at her house (53:7-18). She stated that she drank two glasses of liquid in these forms with lunch (59:23-60:15). She testified that she drank water from water fountains around the base, for example, at the Commissary and Exchange. (55:23-57:8).

Mrs. Tukes stated she took hot showers (15 minutes average) and would normally shower two times. Tukes Dep. 49:1-8, 54:2-17, 55:1-7.

I have also reviewed the ingestion summary tables from Plaintiff's expert Kelly Reynolds for Mrs. Tukes. Her tables are below:

		Chart 1: 1L	Chart 2: ATSDR CTE	Chart 3: ATSDR RME	Chart 4: Deposition Estimates
	Cumulative ug/l-M	Cumulative consumption (total ug= days*concentration per L)	Cumulative consumption (total ug= days*concentration per ATSDR exposure assumptions)	Cumulative consumption (total ug= days*concentration per ATSDR exposure assumptions)	Cumulative consumption (total ug= days*concentration per deposition exposure assumptions)
TCE	3.65	100	107	271	259
PCE (ug/l-M)(TechFlow MP Model)	82.85	2,280	2,437	6,142	5,875
PCE (ug/l-M)(MT3DMS Model)	181.37	4,989	5,335	13,443	12,858
VC	13.04	361	386	974	931
BZ (only at HP)	60.00	678	373	939	898

Dr. Reynold's chart, if assuming the facts in Mrs. Tukes' deposition, indicate that Mrs. Tukes' would have ingested 5,875ppb of PCE at Tarawa Terrace, 259 ppb of TCE, 931 ppb of VC and 898 ppb of Benzene. It is important to note that this is only ingestion exposure. Mrs. Tukes would have likely been exposed through inhalation (while showering and in other circumstances) and also dermally through her skin. When factoring in potential inhalation and dermal exposure, the above cumulative dose numbers would be significantly higher.

X. Levels of the Toxins Known to Cause Kidney Cancer:

I have reviewed the general causation reports of Drs. Hatten and Bird. These experts go through a detailed analysis of the epidemiologic and toxicologic literature and science, as well as the mechanism of injury for the different toxins. They also detail the levels at which each of these toxins is hazardous to humans generally and that are known to cause kidney cancer. For example, the following levels were discussed in these reports:

1. **Cumulative exposure to 27-44 mg of PCE**: Aschengrau A, Ozonoff D, Paulu C, et al. Cancer risk and tetrachloroethylene-contaminated drinking water in Massachusetts. *Arch Environ Health*. 1993;48(5):284-292.

2. **Exposure to a TCE concentration of > 76 ppb**: Moore LE, Boffetta P, Karami S, et al. Occupational trichloroethylene exposure and renal carcinoma risk: evidence of genetic susceptibility by reductive metabolism gene variants. *Cancer Res*. 2010;70(16):6527-6536.

3. **Cumulative exposure of > 1,580 ppb-years**: Moore et al., 2010.

4. **Sustained exposure to 0-25 ppb of TCE**: Andrew AS, Li M, Shi X, Rees JR, Craver KM, Petali JM. Kidney. Kidney Cancer Risk Associated with Historic Groundwater Trichloroethylene Contamination. *Int J Environ Res Public Health*. 2022;19(2):618.

5. **Exposure to a TCE concentration of 267 ppb**: Parker GS, Rosen, SL. Woburn: Cancer Incidence and Environmental Hazards 1969-1978. Commonwealth of Massachusetts, Department of Public Health, 1981.

6. **Exposure to a PCE concentration of 21 ppb**: Parker and Rosen, 1981.

7. **Cumulative exposure of 1 - 3,100 µg/L-month of TCE**: Bove FJ, Ruckart PZ, Maslia M, Larson TC. Evaluation of mortality among Marines and Navy personnel exposed to contaminated drinking water at USMC Base Camp Lejeune: a retrospective cohort study. *Environ Health*. 2014;13:10.

8. **Cumulative exposure of 1 - 155 µg/L-month of PCE**: Bove et al, 2014a.

9. **Cumulative exposure of 1 – 4,600 µg/L-month of exposure to all compounds at Camp Lejeune**: Bove et al, 2014a.

10. **Cumulative exposure of 3,100 – 7,700 µg/L-month of TCE**: Bove et al, 2014a.

11. **Cumulative exposure of 155 - 380 µg/L-month of PCE**: Bove et al, 2014a.

12. **Cumulative exposure of 4,600 – 12,250 µg/L-month of exposure to all compounds at Camp Lejeune**: Bove et al, 2014a.

13. **Cumulative exposure greater than 7,700 µg/L-month of TCE**: Bove et al, 2014a.

14. **Cumulative exposure greater than 380 µg/L-month of PCE**: Bove et al, 2014a.

15. **Cumulative exposure greater than 12,250 µg/L-month of exposure to all compounds at Camp Lejeune**: Bove et al, 2014a.

16. **18 months of residence on base from 1975 to 1985**: Bove et al, 2014a.

17. **Employment on base for 2.5 years**: Bove FJ, Ruckart PZ, Maslia M, Larson TC. Mortality study of civilian employees exposed to contaminated drinking water at USMC Base Camp Lejeune: a retrospective cohort study. *Environ Health*. 2014;13:68.

18. **Cumulative exposure to 110 – 11,030 ppb-months of TCE**: Agency for Toxic Substances and Disease Registry (ATSDR). *Morbidity Study of Former Marines, Employees, and Dependents Potentially Exposed to Contaminated Drinking Water at U.S. Marine Corps Base Camp Lejeune*. April 2018.

19. **Cumulative exposure to 36 - 711 ppb-months of PCE**: ATSDR, 2018.

20. **Cumulative exposure greater than 11,030 ppb-months of TCE**: ATSDR, 2018.

21. **Cumulative exposure greater than 711 ppb-months of PCE**: ATSDR, 2018.

22. **1-6 quarters stationed on base as a service member from 1975 to 1985**: Bove FJ, Greek A, et al. Cancer Incidence among Marines and Navy Personnel and Civilian Workers Exposed to Industrial Solvents in Drinking Water at US Marine Corps Base Camp Lejeune: A Cohort Study. *Environ Health Perspect* 2024b;132;10.

23. **More than 21 quarters spent on base as a civilian worker from 1975 to 1985**: Bove et al, 2024b.

Further, in the section of the report discussing the levels hazardous to humans and that cause kidney cancer, the following was stated in terms of the strength of the science:

> Determination of the levels of exposure that are hazardous to humans, and known to cause kidney cancer, follows a framework of evidence. The most relevant literature provides estimates aligned with the population and exposure of concern. Accordingly, if these publications are sufficient to inform the question of exposure levels associated with the outcome of interest, there is no need to turn to alternative exposure metrics from the greater body of literature. Of note, unless specific subgroup analyses of vulnerable populations occur, then reported levels of exposures are likely to be overestimated for such individuals. This means that the lowest levels of reported associations in the scientific literature likely and probably do not represent actual minimum threshold doses. It is unlikely that a true minimum exposure will ever be studied given ethics and safety concerns. However, with reasonable scientific certainty and based on sound scientific principles and methodology, we can detail levels of exposure to the toxins at issue that are hazardous to humans and are known to cause kidney cancer.
>
> There is an order of examination that is most appropriate in identifying low ranges of exposure associated with hazards to human health and that are known to cause kidney cancer. Given that the exposure of interest is water contaminated with multiple culprit compounds, the body of literature that directly examines the Camp Lejeune population exposed to the contaminated water system as measured by either duration of residence or the sum of these culprit compounds (TVOC) provides the most direct evidence for exposures at Camp Lejeune. Although the exposed group in this cohort is limited to those on base 1972-1985, Camp Lejeune exposures outside of this time window are similar in composition, although different in intensity, to the analyzed period with the primary exception of minimal PCE exposure prior to this period in the Hadnot Point water system (ATSDR PHA 2017).
>
> It is not likely that the majority of exposed were limited to a single water system on the base. However, TCE exposures dwarfed PCE exposures in the Hadnot Point water system, rendering such a difference in exposure composition largely irrelevant when using TVOC or duration as exposure metrics. Consequently, exposure levels associated with an increased risk of kidney cancer directly from the population of interest, with the

> exposure of interest, represent the best estimates of lower exposure levels hazardous to humans generally and known to cause kidney cancer.
>
> When a monotonic dose response is identified in this population, the lowest exposure metric with an elevated measure of association provides a conservative assessment of a lower exposure level hazardous to humans generally and known to cause kidney cancer. The true bound for equipoise is somewhere below this point, so the reported range is a conservative assessment of an exposure hazardous to human health taken directly from real world exposures. The presence of a monotonic dose response may allow for extrapolation to exposures outside of the studied population, providing an opportunity to extrapolate to exposures lower than the lowest exposure metric that exists.
>
> Given that the exposure of interest is water contaminated with multiple culprit compounds, the body of literature that directly examines the Camp Lejeune population exposed to the contaminated water system best answers the question of what levels of exposure are associated with kidney cancer.

I agree with these statements and the levels described in these reports. The reports were based on sound scientific principles and each of the reports cited well regarded and authoritative literature to support the opinions. I am relying on them, in part, for the analysis in this case.

XI. Differential Diagnosis:

I have used a differential diagnosis methodology to determine the etiology of Mrs. Tukes' kidney cancer. In order to do that, as stated above, I have made a list of all potential risk factors for Mrs. Tukes' kidney cancer. Those risks, listed above, are age, race, smoking history, alcohol usage, obesity, ESRD and chronic dialysis, uncontrolled hypertension, family history and environmental exposures. These are the known and medically valid risk factors for RCC.

Mrs. Tukes was 45 when diagnosed with her first RCC. This is incredibly young and this age would not be a factor in this causation analysis. Mrs. Tukes is African American, so this would cause a slight increased risk for RCC. However, compared to exposure to known carcinogens for approximately twenty months, this is a very slight risk factor.

Mrs. Tukes was a never smoker and a never drinker, so these risk factors are rejected for this analyses.

Obesity is a risk factor for RCC, but only when a person is significantly obese. Mrs. Tukes BMI from 2009 through 2022 was most often in the high 20s. This is not a high enough BMI to cause any real significant risk of RCC. This is made even more true given that her weight fluctuated during this time period and she was diagnosed on five different occasions with multiple new primary renal cell tumors. Medically, it is not likely for BMI to be the cause of such a unique presentation of repeated RCC diagnoses, especially when Mrs. Tukes' BMI was not high and went up and down during this time period.

Mrs. Tukes did not have ERSD and chronic dialysis prior to her kidney cancer diagnosis, so this is rejected for this analyses.

Uncontrolled hypertension over prolonged periods of time is a risk factor for RCC, although generally it is not considered to be one of the highest risk factors. Mrs. Tukes did have high blood pressure for a period of time in and around 2010 when she had her first kidney cancer diagnosis. However, within a couple of years after that, Mrs. Tukes' hypertension was well controlled and was within normal limits. Despite this fact, she continued to develop multiple renal cell carcinoma tumors in a very unique presentation. Medically, it is not likely for hypertension to cause such a unique and extensive history of renal cell carcinoma. Mrs. Tukes was diagnosed on five occasions in thirteen years with multiple new primary RCC tumors in both kidneys. This is highly unusual and is most commonly associated with environmental contaminations or some other external influence. Given that her later tumors came when her hypertension was well controlled and had been well controlled lends to the conclusion that Mrs. Tukes' kidney cancers were not related to her hypertension.

Family history is a known risk factor for RCC. Usually this is when there are multiple immediate family members who have developed RCC. For Mrs. Tukes, the family members who were questioned to have RCC were her mother and a cousin. However, Mrs. Tukes' mother was never confirmed to have RCC and neither was her cousin. Having said that, the point is ultimately moot for Mrs. Tukes because she had genetic testing done that was negative for any hereditary genes. The UNC records make clear that they believed Mrs. Tukes' cancers were not likely caused by a familial component. Also, as discussed above, Dr. Irving Allen wrote a report and specifically stated that it is more likely than not that Mrs. Tukes' kidney cancers were not

hereditary. Mrs. Tukes' treating physicians have similarly stated, and some have testified at deposition, which based on this testing they did not believe her cancer was familial based.

The main risk factor that is the most likely cause of Mrs. Tukes' kidney cancer is her exposure to the carcinogens at Camp Lejeune. As stated above, Mrs. Tukes was exposed to over 80 microgram/L-months of PCE. PCE is a known carcinogen and known in the literature to cause kidney cancer. The EPA just recently issued a ban on PCE for, among other reasons, its association to kidney cancer at low levels. In combination with the PCE exposure, Mrs. Tukes was also exposed to 13 microgram/L-months of VC and 3 microgram/L-months of TCE at Tarawa Terrace and 60 microgram/L-months of benzene when she lived and visited Hadnot Point. Each of these chemicals are known carcinogens and each are causally related to kidney cancer.

These levels have been shown in the literature cited above to be causally related to kidney cancer, both through the concentration levels and also Mrs. Tukes' time on base.

This is a substantial exposure for Mrs. Tukes. It is made even more substantial based on the report of Dr. Irving Allen and his statements that Mrs. Tukes was more susceptible to environmental carcinogens at lower levels. Even without Dr. Allen's statements, Mrs. Tukes' exposure to the toxins at Camp Lejeune were to a reasonable degree of medical certainty at a level that was capable of causing kidney cancer, and more likely than not did cause her kidney cancer in this case. When Dr. Allen's statements are taken into account, it makes the causation between the toxins at Camp Lejeune and Mrs. Tukes' kidney cancer that much stronger.

Mrs. Tukes' exposure to the toxins in the water at Camp Lejeune was the cause of her kidney cancers. This is consistent with the opinion of Mrs. Tukes' treating oncologist Dr. Nagesh Jayaram who testified that Mrs. Tukes' kidney cancer was caused by her exposure to contaminants in the water at Camp Lejeune.

XII. Mrs. Tukes' Damages and Harm:

In addition to what has been stated above concerning Mrs. Tukes' medical history, past, present, and future treatment and care and harm, it should be noted, to a reasonable degree of medical certainty that:

1. The harms and injuries and damages suffered by Mrs. Tukes that are described in this report are permanent.
2. The treatment and care Mrs. Tukes has received and is now receiving is reasonable and medically necessary.
3. The future treatment and care I describe in this report is reasonable and medically necessary.
4. The care costs projected by Mr. Michael Fryar are fair, reasonable and medically necessary.
5. The care costs she incurred for past treatment and care are fair, reasonable, and medically necessary.

Sincerely,

Matthew Cooper, MD
Professor of Surgery
Mark B. Adams Chair in Surgery
Chief, Division of Transplant Surgery

MATTHEW COOPER'S CV

CURRICULUM VITAE

Matthew Cooper, M.D., FACS, FAST
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Division Chief, Transplant Surgery
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Mark B. Adams Professor of Transplant Surgery

Date: October 2024

Work Address: Medical College of Wisconsin
8701 Watertown Plank Road
Milwaukee, WI 53226
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Current Appointments:

Froedtert Memorial Lutheran Hospital
-Division Chief, Transplant Surgery
-Director, Solid Organ Transplantation Service Line
Children's Hospital of Wisconsin
-Director, Solid Organ Transplantation
-Section Chief, Solid Organ Transplantation

Special Government Employee to the Center for Biologics Evaluation and Research (CBER) within the Food and Drug Administration (FDA)

Education

Undergraduate: University of Scranton
Scranton, Pennsylvania
Dates Attended: 8/1986- 5/1990
Degree: Bachelor of Science in Biochemistry
Minors: Spanish and Philosophy
Undergraduate Thesis: Carbon-Hydrogen Bond Activation

Graduate/Professional: Georgetown University School of Medicine
Washington, D.C.
Dates Attended: 8/1990- 6/1994
Degree: Doctor of Medicine

Post Graduate Education and Training

Residency: Medical College of Wisconsin Affiliated Hospitals
Milwaukee, Wisconsin
Residency in General Surgery
Dates Attended: 7/1994- 6/2000

Postdoctoral Training: Johns Hopkins Hospital
Baltimore, Maryland
Fellow in Transplant Surgery
Dates: 7/2000- 6/2002

Research: Medical College of Wisconsin
Milwaukee, Wisconsin
Division of Transplant Surgery
Dates: 7/1996- 6/1997

Professional Development: ASTS Leadership Development Program
Northwestern University Kellogg School of Management
Evanston, Illinois
Dates: Sept. 11-14, 2011

Medstar Physician Leader of the Future Program
Collaboration with Wharton School of Business
Dates: Jan 2015- July 2016

American Society of Association Executives
Annual CEO Symposium
Dates: Feb 8-10, 2021

Certification

1996 USMLE, Step I, II, III #4-000-981-3

2001 Qualifying Examination
American Board of Surgery

2003 Certifying Examination
American Board of Surgery #48586

2013 Recertification American Board of Surgery

Medical Licensure

1994-	Wisconsin Medical License #37971
2000-2023	Maryland Medical License #D0056067
2004-2013	Delaware Medical License #C1-0007439
2012-2023	Washington, DC Medical License #MD040706
2013-2023	Virginia Medical License #0101254579

Professional Experience

2000 - 2002	Instructor of Surgery, The Johns Hopkins University School of Medicine, Baltimore, MD
2002 - 2005	Assistant Professor of Surgery, The Johns Hopkins University School of Medicine, Baltimore, MD
2005 - 2012	Associate Professor of Surgery, University of Maryland School of Medicine, Baltimore, MD
2012 - 2022	Professor of Surgery, Georgetown University School of Medicine, Washington, DC
2012 – 2022	Director, Kidney and Pancreas Transplantation, Medstar Georgetown Transplant Institute
2014 - 2016	Medical Director, Medstar Georgetown University Hospital Peri-operative Services
2016 - 2018	Medical Director, Quality and Safety, Medstar Georgetown University Hospital
2016 - 2022	Medical Director, Transplant Inpatient Service
2018 - 2022	Medical Director, Transplant Quality Assurance and Performance Improvement, Medstar Georgetown Transplant Institute
2018 – 2022	Associate Faculty, Medstar Institute for Quality and Safety
2022 – Present	Tenured Professor of Surgery, Medical College of Wisconsin Milwaukee, WI

Hospital Appointments

2002 - 2005	Johns Hopkins Hospital, Baltimore, MD
2005 - 2012	University of Maryland Medical System, Baltimore, MD
2012 - 2022	Medstar Georgetown University Hospital, Washington, DC
2012 - 2022	Medstar Washington Hospital Center, Washington, DC
2012 - 2022	Children's National Medical Center, Washington, DC
2016 - 2022	Medstar Franklin Square Medical Center, Baltimore, MD
2022 -	Froedtert Memorial Lutheran Hospital, Milwaukee, WI
2022 -	Children's Wisconsin, Milwaukee, WI

Study Sections/Steering Committees

2008, 2009	HRSA-08-075 – Grant Reviewer Clinical Interventions to Increase Organ Procurement Washington, DC

Professional Society Memberships

Member, American Medical Association
Member, American Society of Transplant Surgeons
Member, American Society of Transplantation
Member, The Transplantation Society
Member, Association for Surgical Education
Member, American College of Surgeons
Member, National Kidney Foundation
Member, American Foundation for Donation and Transplantation
Member, International Pancreas and Islet Cell Transplant Association
Member, Society of University Surgeons
Member, Wisconsin Surgical Society
Member, American Surgical Society

Honors and Awards

1990	Magna cum laude – University of Scranton
1990	Excellence in Biochemistry – University of Scranton
1990	National Jesuit Alumni Society Award for Loyalty and Service
1994	National Jesuit Leadership and Service Award – Georgetown University School of Medicine
1994-1995	Junior Surgical Resident of the Year – Medical College of Wisconsin

Honors and Awards (Continued):

1997	First Place – Milwaukee Academy of Surgeons Resident Research Presentation Night
1997	American Trauma Society's Young Investigator Award
1997	First Place, Basic Science Research – Wisconsin Surgical Society
1998	First Place – Medical College of Wisconsin Robert E. Condon Research Awards
1999-2000	Chief Administrative Resident – Medical College of Wisconsin
2007-2008	Surgical Educator of the Year – University of Maryland Department of Surgery
2011-2013	Baltimore Magazines' Top Docs
2011-2021	Washington Post Magazine's Super Doctors
2016	National Kidney Foundation Chairman's Award for Service
2018	National Capitol Area of the National Kidney Foundation's Arthur P. Pasquarella Leadership in Action Award
2018	National Kidney Registry Excellence in Physician Leadership Award
2019	National Kidney Foundation's Excellence in Kidney Transplantation Award
2020	American Association of Kidney Patients Medal of Excellence in Kidney Transplantation Award
2022	American Society of Transplant Surgeons Francis Moore Excellence in Mentorship in the Field of Transplantation Award
2022	Georgetown University School of Medicine Alumni Award
2022	International College of Surgeons Dr. Andrew Crotti Award For Distinguished Service to the Profession of Surgery
2024	Alpha Omega Alpha National Medical Honor Society

Administrative Service

Institutional Appointments:

2003-2005	Johns Hopkins Hospital Performance Improvement Committee
2003-2005	Johns Hopkins Hospital OR Advisory Committee – Transplant/Vascular/Trauma
2004-2005	Johns Hopkins School of Medicine Education Committee
2004-2005	Johns Hopkins School of Medicine Clinical Research Steering Committee
2004-2005	Johns Hopkins School of Medicine Medical School Council – Dept. of Surgery Representative
2004-2005	Johns Hopkins Hospital DVT Collaborative – Divisional Chair
2006-2012	University of Maryland Division of Transplantation Resident and Medical Student Educational Coordinator
2007-2009	University of Maryland School of Medicine Council – Department of Surgery Representative
2008-2012	University of Maryland Division of Transplantation – Chair, Living Donor Ethics Committee
2008-2012	University of Maryland Division of Transplantation – "Ask the Expert" web-based patient site
2009-2012	University of Maryland Department of Surgery Peer Review Committee
2010-2012	University of Maryland Department of Surgery Medical Student Grading Committee
2011-2012	University of Maryland Medical Center Co-worker Civility Committee
2012	Georgetown University Hospital/Disney Institute – Patient Experience, Physician Engagement Group
2012-2022	GUH Organ Donation Committee

Institutional Appointments (Continued):

2014-2019	Medstar Georgetown University Hospital (MGUH) OR Safety Committee
2014-2022	MGUH Peri-operative Governance Council
2014-2022	MGUH Clinical Resource Allocation Group
2014-2016	Chair, Medstar 2020 Transformation Team – Clinical Services
2015-2022	MGUH Center for Patient and Associate Safety Council
2016-2022	MGUH Quality and Safety Executive Council (QSEC)
2016-2018	MGUH Clinical Business Council
2016-2018	MGUH Patient Safety Oversight Committee
2016-2019	MGUH Risk Management Committee
2016-2019	MGUH Mortality Review Committee
2016 -2022	Chair, MGUH VTE Reduction Taskforce
2016-2022	Chair, MGUH BOD Quality, Safety, and Professional Affairs Committee (QSPAC)
2016-2022	MGUH Representative, Medstar Health QSPAC
2018-2021	Member, Medstar Health Universal Protocol Task Force
2021-2022	Member, MGUH Medical Executive Committee
2024 -	Member, Froedtert & MCW Supply Chain Governance Committee

Local and National Service:

2003-2008	Scientific Advisory Board, Genzyme Pharmaceuticals
2004-2012	Scientific Advisory Board, Novartis Pharmaceuticals
2004-	Ad Hoc Reviewer, *Archives of Surgery*
2004	Reviewer, Baltimore Academy of Surgery Resident Research Presentations

Local and National Service (Continued):

2004-2006	Member, OPTN/UNOS Living Donor Region 2 Representative
2006-2009	Member, Scientific Studies Committee, American Society of Transplant Surgeons
2006-2013	Member, OPTN/UNOS Subcommittee, Kidney Paired Donation Program
2006-2009	Reviewer, National Kidney Foundation of Maryland Research Grants
2006-2009	Member, OPTN/UNOS Subcommittee, Living Donor Data
2008-	Reviewer, American Transplant Congress Abstract Submissions
2007-2009	Data Safety Monitoring Board, Y's Therapeutics
2008	Reviewer, ASTS Student Mentor Awards
2008-2010	Chair, UNOS Living Donor Committee
2008-2011	Member, ASTS Fellow's Curriculum Committee
2008- 2010	Clinical Advisory Board/ Data Safety Monitoring Board Quark Pharmaceuticals
2008-	Ad Hoc Reviewer, *American Journal of Transplantation*
2008-	Ad Hoc Reviewer, *Clinical Transplantation*
2008-	Ad Hoc Reviewer, *Transplantation*
2009-2012	Vice-Chairman, Living Legacy OPO's Advisory Board of Trustees
2009-2013	Board Member, National Kidney Foundation of Maryland
2009-2012	Member, National Kidney Foundation End the Wait! Taskforce
2010-	Member, National Kidney Foundation Public Policy Committee
2010-2012	Chairman, National Kidney Foundation of Maryland's Rappel for Kidney Health, Baltimore, MD

Local and National Service (Continued):

2010-	Member, National Kidney Foundation's Living Donor Executive Council
2010	Steering Committee, Living Kidney Donor Follow-up: State of the Art and Future Directions, Crystal City, MD
2010-	Ad Hoc Reviewer, *Immunotherapy*
2011-2012	Member, UNOS Living Donor Joint Society Working Group
2011	Member, ACOT Realignment Working Group
2011	Co-Chair, 2012 ATC Abstract Review Committee
2011	Program Committee, 2012 24th International Congress of the Transplantation Society
2012-2015	American Transplant Congress Program Committee
2012-2014	Board Member, United Network of Organ Sharing
2012 - 2020	Board Member, Washington Regional Transplant Community OPO
2012-2022	Medical Advisory Committee, National Capitol Area National Kidney Foundation
2012-2014	Member, UNOS Kidney Paired Donation Joint Society Working Group
2013-2022	Board Member, National Capitol Area National Kidney Foundation
2013-	Board Member, American Foundation for Donation and Transplantation
2013	National Kidney Foundation's Annual NCA Walk Chair
2013-2016	Clinical Trial Steering Committee, Opsona Pharmaceuticals
2014-2015	Steering Committee, AST Sponsored Best Practices in Living Donation
2014- 2023	Board Member, National Kidney Foundation

Local and National Service (Continued):

2014-2018	Member, MGUH Operating Room Safety Committee
2014-2019	Mentor, Women In Science (WINS) Summer Internship
2015-2018	American Transplant Congress Executive Planning Committee
2015-2017	UNOS Region 2 Associate Councilor
2015-	Transplant Task Force, National Kidney Foundation
2015-2017	UNOS Region 2 Representative, Membership and Professional Standards Committee
2015-	Planning Committee, American Foundation for Donation and Transplantation Annual Living Donation Conference
2015	Planning Committee, American Society of Transplantation's Independent Living Donor Advocate Webinar Series
2015 - 2022	Board Member, Medstar Georgetown University Hospital
2015 - 2021	UNOS Region 2 Nominating Committee
2016	Invited Member, ASTS Innovations in Living Donation Workshop
2016-	Medical Advisory Board Member, National Kidney Registry
2016-2017	Vice-Chair, OPTN Membership and Professional Standards Committee
2016-2017	Member, OPTN Policy Oversight Committee
2016-2018	Advisory Member, UNOS Collaborative Innovation and Improvement Network (COIIN) Project
2016-2018	Chair, National Kidney Foundation's Consensus Conference to Decrease Organ Discards
2016-2022	Board Member, Georgetown University School of Medicine's Alumni Society
2016	NKF Representative, The National Academies of Science Committee on Organ Donor Intervention Research

Local and National Service (Continued):

2017-	Scientific Advisory Board, NKF
2017-	Councilor, International Pancreas and Islet Cell Transplantation Association
2017-2018	American Transplant Congress 2018 Program Chair
2017-2019	Region 2 Councilor, UNOS
2017-2022	MGTI Quality Steering Council
2017-	Surgical Director, National Kidney Registry
2017-2019	Board of Directors, UNOS
2017	NKF Representative, HRSA-Sponsored Living Donor Coalition
2018-2022	Board of Directors, ESRD Network 5
2018 - 2019	Chair, UNOS-Sponsored System Performance Improvement Taskforce
2018 -	Board Member, Donate Life America
2018 -	Medical Advisory Board, American Transplant Foundation
2018 - 2020	Program Committee, 2020 International Congress of The Transplantation Society
2018 -	Donate Life America Living Donor Registry Workgroup
2018 - 2022	Member, ASTS Transplant Accreditation and Certification Council
2019 - 2020	Steering Committee, UNOS Organ Center Kidney Accelerated Placement Council
2019 - 2022	Council Member, American Society of Transplant Surgeons
2019 - 2022	Board Member, ASTS Foundation
2019 - 2021	Vice President, American Foundation for Donation and Transplant
2019 - 2021	Scientific Advisory Board, Quark Pharmaceuticals

Local and National Service (Continued):

2019 - 2021	Steering Committee, Kidney Procurement Biopsy Trial
2019 -	Member, AST Living Donor Community of Practice Kidney Paired Donation Committee
2019 - 2020	Council Liaison, ASTS Living Donor Committee
2019 - 2020	Council Liaison, ASTS Standards Committee
2019 - 2022	Member, Georgetown University School of Medicine Committee on Medical Education
2019	Technical Expert, Healthcare Services and Advisory Group's Kidney Donation and Utilization Program
2019 - 2022	Scientific Advisory Board, Angion Biomedica
2019-	Member, Highly-Sensitized Banff Working Group on Kidney Allograft Pathology
2020 -	Member, AST Community of Practice Public Policy Committee
2020 - 2021	Chair, AST KP Community of Practice Mentoring Committee
2020 - 2021	Vice President, United Network of Organ Sharing Board of Directors
2020 - 2021	Vice Chair, Organ Procurement and Transplantation Network (OPTN) Executive Committee
2020 – 2021	Vice Chair, UNOS Corporate Affairs Committee
2020 - 2021	Chair, OPTN Nominating Committee
2020 - 2021	Council Liaison, ASTS Business Practices Committee
2020 - 2022	Council Liaison, ASTS Fellowship Training Committee
2020 -	Scientific Advisory Board, Transplant Genomics, Viracor International
2020 -	Scientific Advisory Board, Specialist Direct
2020 - 2022	Member, ASTS Nominating Committee

Local and National Service (Continued):

2020	Member, ASTS Executive Director Search Committee
2020 -	Medical Consultant, CareDx
2020	Expert Consultant, IPRO Oversight of ESRD Treatment Choices and Kidney Transplant Collaborative
2020 - 2022	Data Safety Monitoring Board, Proteris-Sponsored Pilot Study to Evaluate the Safety and Efficacy of Inhaled CO2 upon Kidney Function in Kidney Transplant Recipients
2020 -	Data Safety Monitoring Board, CIBMTR Sponsored Pilot Study of Total Lymphoid Irradiation, ATC and Purified Cd34+, T-cell and Recipient T-Reg Cell Transfusion in HLA Mismatched LD Kidney Transplantation.
2020 - 2021	Member, UNOS MPSC Performance Monitoring Enhancements Subcommittee
2020	Member, Georgetown School of Medicine Academic Dean Search Committee
2020-2021	Member, AST COVID-19 Operational Task Force; Subcommittee-Getting to Transplant
2020 – 2021	Expert Counsel, COVID-19 Vaccine Trial for Transplant Recipients
2021- 2023	Advisory Board, National Living Donor Assistance Center
2021	Scientific Planning Committee, International Pancreas and Islet Cell Transplantation Association Annual Meeting
2021	Financial Committee, International Pancreas and Islet Cell Transplantation Association Annual Meeting
2021 - 2022	President, United Network for Organ Sharing Board of Directors
2021 - 2022	Chair, Organ Procurement and Transplantation Network (OPTN) Executive Committee
2021 - 2022	Chair, UNOS Corporate Affairs Committee
2021 - 2022	Past Chair, OPTN Nominating Committee

Local and National Service (Continued):

2021 - 2023	President, American Foundation for Donation and Transplant
2021 - 2022	Council Liaison, ASTS Bylaws Committee
2021	Chair, NKF-Sponsored Scientific Workshop on Understanding Delayed Graft Function to Improve Organ Utilization and Patient Outcomes
2021	Co-Director, IPITA-sponsored Pancreas and Islet Cell On-Line Transplant Curriculum
2021	Member, ASTS Strategic Planning Strike Force
2021-	Advisory Committee, NIH-Funded Trial - Informing Ethical Translation of Xenotransplantation Clinical Trials
2021	Workgroup Member, AST Living Donor Liver Transplant Consensus Conference
2021	ESRD Network 5 Modality Advisory Committee
2022-2024	Planning Committee, American Society of Transplantation (AST) Fellows Symposium on Transplantation
2022-	Co-Chair, National Kidney Registry's Living Donor Doubling Initiative
2022	Co-Chair, AST Pancreas Community of Practice Pancreas Workshop: Generating Strategies for a National Comeback
2022-2023	Special Projects Liaison, ASTS Fellowship Training Committee
2023 -	Councilor-at-Large, American Society of Transplantation
2023 - 2024	Vice-Chair, Donate Life America Board of Directors
2023	Scientific Planning Committee, IPITA-IXA-CTRMS 2023 Joint Congress
2023	Board Member, National Kidney Foundation of Wisconsin

Local and National Service (Continued):

2023	Chair and Moderator, National Kidney Foundation's Project ECHO - Optimizing the Living Donor Experience from Referral to Donation
2023	Member, TRACT Scientific Advisory Board
2024	Chair, Donate Life America Board of Directors
2024	Member, OPTN Prioritization Workgroup
2024	Chair, American Society of Transplantation (AST) Fellows Symposium on Transplantation
2024	Planning Committee, American Society of Transplantation Cutting Edge of Transplantation (CEOT) Meeting
2024	Co-Founder and Member, Scientific Advisory Board, ImmunoFree
2024	Scientific Advisory Board Member, 34 Lives
2024	Co-Chair Elect, American Society of Transplantation's AST Living Donor Circle of Excellence Governance Council
2024	Advisory Board Member, Identifying Behavioral Factors Contributing to the High Discard Rate of Deceased Donor Kidneys
2024	Member, Federal Aviation Administration Organ Transport Working Group
2024	Member, ProCure Scientific and Ethical Advisory Council

Educational Activities

Teaching:

Classroom Instruction:

2003-2012 3rd Year Surgical Clerkship Lecture
Abdominal Organ Transplantation
Vascular Access
Transplant Complications
45, 3rd Year Medical Students – 12 contact hours/yr

Clinical Instruction:

2003- Attending Physician In-patient Service
1-2 fellows, residents, interns, medical students, APPs
2 hours/day, 5 months/year

2003-2012 Medical Student Instructor/Small group preceptor
4-5 medical students on weekly basis/quarter
Case presentations and patient-oriented instruction
1.5 hours/wk, 8 months/year

2003- Medical Student Mentor/Advisor
One-on-one advisor role to second-fourth year medical students with interest in a surgical career
2 hours/month, 12 months/year

CME Instruction:

2003 ABC's of Renal Transplantation
Towson, MD
Course Director

2004 Incompatible Renal Transplantation: Solving the Puzzle
Baltimore, MD
Small-group leader

2005 Palliative Care: What Every Surgeon Needs to Know
Baltimore, MD
Invited lecturer – 'Educating the Resident in End-of-Life Issues'

2006 Symposium on Transplant and Dialysis Center Relationships: Promoting the Partnership
Baltimore, MD
Invited lecturer – 'Expanded Criteria Donors'

CME Instruction (continued):

2007 MPA as a Cornerstone Therapy in Immunosuppression
American Transplant Congress
San Francisco, CA
Invited lecturer – 'The Importance of MPA Optimal Dose in Solid Organ Transplantation'

2007 Optimal MPA Dosing: The Key to Improved Long Term Graft Outcome
European Society of Transplantation
Prague, Check Slovakia
Moderator and Lecturer

2008 Maintaining Optimal MPA Dosing Following Kidney Transplantation
Milwaukee, WI

2008 Hot Topics in Kidney Transplantation
WEB-based/Teleconference
Invited Faculty

2010 Extending Allograft Function and Recipient Survival
Baltimore, MD
Pittsburgh, PA
Invited Lecturer - Management of Immunosuppression

2014- Current Issues in the Care of Dialysis and Transplant Patients
Washington, DC
Course Director

2015 Global Transplant Symposium
Berlin, Germany
Chairperson and Invited Lecturer

2015 Brazil's 2nd International Transplant Meeting
Sao Paulo, Brazil
Chairperson and Invited Lecturer

Mentoring:

Advisees (House staff):

Andrew Singer (2003-2005)
Matthew Weiss (2004-2005)
Josephine Kweku (2008-2012)
Julia Terhune (2010-2012)
Sarah Carter (2012 – 2014)
Andrew Kim (2023 -
Jayme Locke (2003-2005)
Joseph Scalea (2007-2012)
Philip Brazio (2009-2012)
Gabriel Ivey (2012 – 2014)
Duncan Yoder (2012 -2014)

Students

Geoffrey Roelant (2005-2008)
Gerald Gant (2006-2010)
Josephine Kweku (2007-2008)
Caroline Butler (2007-2009)
Poornima Vanguri (2008-2009)
Burm Lee (2009-2010)
Daniel Smith (2010-2012)
John Berquist (2010-2012)
Parker Schimmers (2023 -
Khayree Butler (2006-2008)
Preetha Umamheswaran (2007-2008)
Joseph Jones (2007-2008)
Keri Quinn (2008-2009)
Andres Correa (2008-2010)
Veronica Bustillo (2009-2010)
Catherine Njathi (2009-2011)
Colin Powers (2011-2012)

Fellows

Josue Alvarez-Casas	(2010 – 2012)
David Aranovich	(2011 – 2012)
Jason Hawksworth	(2010 – 2012)
Juan Francisco Guerra	(2010 – 2012)
Armando Ganoza	(2012 – 2014)
Pablo Serrano	(2012 – 2014)
Alexander Kroemer	(2013 – 2015)
Kambiz Etesami	(2014 – 2016)
Yong Kwon	(2014 – 2016)
Ahmed Elsabbagh	(2015 – 2017)
Oya Andacoglu	(2016 – 2018)
Vijay Adarsh	(2016 – 2018)
Asha Zimmerman	(2017 – 2019)
Josh Weiner	(2017 – 2019)
Matthew Hanlon	(2018 – 2020)
Mohamed El-Fedaly	(2018 – 2019)
Jennifer Carpenter	(2019 – 2021)
Brian Nguyen	(2019 – 2021)
Oswaldo Aguirre	(2020 – 2022)
Jaime Robinson	(2020 – 2022)
Michael Fenlon	(2021 – 2023)
Michele Buff	(2021 – 2023)
Prakash Chauhun	(2023 –
Jiro Kimura	(2024 -

Grant Support

6/9/04 - 6/9/06

National Kidney Foundation of Maryland, Inc.
A cross-sectional study of African American living kidney donors to assess the risk for adverse renal outcomes

This is single-center, cross-sectional study designed to assess the risk of adverse renal and related risks in African American living kidney donors who donated at the University of Maryland between March 1996 and March 2002 as compared to non-African American living kidney donors.
Principle Investigator: Joseph Nogueira, MD

Role: Co-investigator
Total Direct Costs: $10,000

6/9/04 - 6/9/06

National Kidney Foundation of Maryland, Inc.
A cross-sectional study of obese living kidney donors to assess the risk for adverse renal outcomes

This is single-center, cross sectional study designed to assess the risk of adverse renal and related risks in obese living kidney donors who donated at the University of Maryland between March 1996 and March 2002 as compared to non-obese living kidney donors from the same period.
Principle Investigator: Joseph Nogueira, MD
Role: Co-investigator
Total Direct Costs: $8,500

7/25/07 - 7/27/09

University of Maryland Other Tobacco-Related Diseases Research Grant
A long-term follow-up pilot study of living kidney donors to assess patterns of smoking and to assess if obesity, African American race and smoking are associated with adverse health outcomes

This is single-center, cross-sectional study designed to (1) compile baseline medical and social information as well as pre-donation evaluation "process of care" data on a large cohort of our center's live donor population, (2) provide data on the link between short-term perioperative smoking cessation and long-term abstinence, (3) provide important data on the adequacy of medical follow-up in live kidney donors, and (4) provide critical data on the health status of prior kidney donors that will help us better estimate the risks associated with obesity, race and smoking in live kidney donors.
Principle Investigator: Joseph Nogueira, MD
Role: Co-Investigator
Total Direct Costs: $50,000

Grant Support (Continued)

1-08-CR-60 01/01/08 - 12/31/10
American Diabetes Association
Steroid Challenge and the Prediction of Post Transplant Diabetes Mellitus

The goal of this project is to determine if a prednisone modified oral glucose tolerance test performed prior to renal transplant in non-diabetic patients predicts who will develop post transplant diabetes mellitus.
Principle Investigator : Kristi Silver, MD
Role: Co-investigator
Total Direct Costs: $516,462

-U01 AI118594-02 07/01/2015 – 22/2022
NIH/ NIAID
Impact of CCR5 Blockade in HIV+ Kidney Transplant Recipients

The primary clinical objective is to evaluate CCR5 blockade (maraviroc) as a strategy to improve kidney function following transplantation in the HIV positive recipient.
Principle Investigator: Peter Stock, MD
Role: Sub-Investigator
Total Direct Costs: $4,343.00

- *U01AI134591* 5/28/2018 - Present
NIH/NIAID
Hope In Action: A Prospective Multicenter, Clinical Trial of HIV+ Deceased Donor Kidney Transplants for HIV+ Recipients

The purpose of this multi-center trial is to evaluate the safety and efficacy of HIV+ donor to HIV+ kidney and liver transplant recipients.
Principle Investigator: Dorry Segev, MD
Role: Sub-Investigator
Total Direct Costs: $6431.00

Clinical Trial Support:

-*Britol-Myers Squibb* 12/21/2001- 6/24/2003
Open-label, randomized, controlled, multiple-dose study of efficacy and safety of BMS-224818 as Part of a Quadruple Drug Regimen in Renal Transplant Recipients

This protocol looks to assess the efficacy at 6 months of BMS-224818 versus CsA when used in combination with Cellcept, corticosteroids, and basiliximab using a non-inferiority design.
Role: PI
Total Direct Costs: $245,000

-*Fugisawa Healthcare* 8/25/2003- 4/03/2005
Phase III, Randomized, Open-Label, Comparative, Multi-Center Study to assess the safety and efficacy of Prograf (tacrolimus) and Cellcept, Modified Release (MR) Tacrolimus and Cellcept, and Neoral and Cellcept in de novo Kidney Transplant Recipients

This study investigates the new once-a-day formulation of Tacrolimus versus standard twice dosing Tacrolimus and Neoral in first time kidney transplant recipients.
Role: PI
Direct Costs: $174,160

-*Genzyme Medical Corporation* 1/12/2004- 11/18/2005
Randomized, Prospective, Phase II Study Comparing Thymoglobulin in a Rapid Discontinuation of Corticosteroids Protocol with standard corticosteroid therapy in Living Donor Renal Transplantation.

This protocol investigates the avoidance of steroid administration in living donor kidney transplant recipients utilizing polyclonal antibody induction therapy.
Role: PI
Total Direct Costs: $130,000

-*Wyeth Pharmaceuticals* 2/01/2004- 4/04/2005
Randomized open-Label Study to Compare the Safety and Efficacy of Two Different Sirolimus Regimens with a Tacrolimus and Mycophenolate Mofetil Regimen in de novo Renal Allograft Recipients.

This protocol investigates two varying immunosuppressive medication levels in order to determine efficacy with the avoidance of medication side effects versus a standard immunosuppressive regimen.
Role: PI
Total Direct Costs: $106,299

- **Clinical Trial Support (Continued):**

-*Novartis Pharmaceuticals* 2/01/2004-6/30/2005
A prospective multcenter, open label, randomized study of the safety tolerability, and efficacy of Certican with Simulect, corticosteroids and lower levels versus higher levels of tacrolimus in de novo renal transplantation.

This protocol evaluates the use of an investigational antimetabolite and its cumulative effects with tacrolimus in order to determine and effective and safe medication administration dosage.
Role: PI
Total Direct Costs: $72,660

-*Roche Laboratories Inc* 7/18/2004-6/30/2005
An open-label, prospective, randomized, controlled multi-center study assessing fixed dose vs. concentration controlled Cellcept regimens for patients following a single organ renal transplant in combination with full dose and reduced dose calcineurin inhibitors.

The purpose of this protocol is to compare the efficacy and the effects on renal function of a regimen of reduced concentration of calcineurin inhibitor and monitored Cellcept to a regimen of standard concentrations of calcineurin inhibitor and fixed-dose Cellcept.
Role: PI
Total Direct Costs: $100,000

-*Novartis Pharmaceuticals* 10/01/2004-6/30/2005
A three-month, open-label, two cohort study to investigate the safety and tolerability of Myfortic in combination with Neoral or Tacrolimus in renal transplant recipients with GI intolerance.
The objective of this study is to assess the tolerability of Myfortic in combination with CNIs as determined by gastrointestinal symptom rating scale (GSRS) after conversion from Cellcept within 3 months.
Role: PI
Total Direct Costs: $130,000

-*Fugisawa Healthcare* 11/21/2004-6/30/2005
A Phase 2, proof of concept, randomized, open-label, two-arm, parallel group, multi-center study to assess the efficacy and safety of FK778 compared with standard care in renal transplant recipients with untreated biopsy-diagnosed BK Nephropathy.
This protocol looks to assess the efficacy and safety of FK778 vs. standard care of CNI, anti-proliferative agent, and steroids in patients diagnosed with BK nephropathy confirmed by renal biopsy.
Role: PI
Total Direct Costs: $154,000

Clinical Trial Support (Continued):

-*Novartis Pharmaceuticals* 01/01/06-12/01/09
A 24-month, multi-center, randomized, open-label non-inferiority study of the efficacy and safety comparing two concentration-controlled Certican regimens with reduced Neoral versus Myfortic with standard dose Neoral in de novo renal transplant recipients

This protocol examines the benefit of a newly-developed mTOR inhibitor (Certican) in combination with reduced CNI compared to standard CNI.
Role: PI
Total Direct Costs: $187,200

-*Isotechnika, Inc.* 07/01/06-12/31/07
A Phase IIB, randomized, multi-center, open-label, concentration-controlled, safety study of ISA247 and Tacrolimus (Prograf®) in de novo renal transplant patients

This protocol examines the benefit of a new CNI (ISA247) with limited renal toxicity compared to standard CNI in newly transplanted renal recipients.
Role : PI
Total Direct Costs: $150,125

-*Novartis Pharmaceuticals* 08/01/06-02/02/09
A six-month, prospective, multi-center, open label, parallel, randomized study of the safety, tolerability and efficacy of Myfortic (ERL080) with Simulect, Corticosteroids, and two different levels of Tacrolimus in de novo renal transplant recipients.

This protocol evaluates the safety and efficacy of a newly developed mycophenolic acid product (Myfortic) in combination with CNI compared to standard Cellcept.
Role: PI
Total Direct Costs: $92,611

-*Novartis Pharmaceuticals* 01/31/07-08/01/08
A 4-week, multicenter, double-blind, randomized, parallel group study to compare the gastrointestinal and tolerability of Myfortic and MMF (CellCept) when administered in combination with calcineurin inhibitors in renal transplant recipients experiencing gastrointestinal intolerance.

This protocol seeks to demonstrated improved tolerability of Myfortic compared to Cellcept in combination with CNI for those renal transplant recipients experiencing GI toxicity secondary to MPA therapy.
Role: PI
Total Direct Costs: $36,913

Clinical Trial Support (Continued):

-*Pfizer, Inc.* 11/01/08-07/31/10
A Phase 2 randomized , multicenter, active comparator-controlled trial to evaluate the safety and efficacy of coadministration of CP-690,550 and Mycophenolate Mofetil/Mycophenolate Sodium in de novo kidney allograft recipients (A3921030)

This protocol evaluates the safety and efficacy of a newly developed JAK-3 inhibitor (CP-690,550) compared to CNI with MPA in renal transplant recipients.
Role: PI
Total Direct Costs: $255,124

-*Astellas Pharmaceuticals* 04/01/09-3/30/2011
A Phase 2, Randomized, Open-Label, Parallel Group, Multi-Center Study to Assess the Safety and Efficacy of Alefacept in de novo Kidney Transplant Recipients

This protocol evaluates the safety and efficacy of anti-CD2 (Alefacept) vs. CNI in newly transplanted renal recipients.
Role: PI
Total Direct Costs: $226,210

-*Alavita Inc.* 03/01/09-03/01/10
A Phase 2, Two-Part Study of the Safety and Tolerability of Diannexin in Kidney Transplant Recipients

This protocol evaluates the impact of a novel phosphodiesterase inhibitor (Diannexin) on the development and the duration of delayed graft function in newly transplanted renal recipients.
Role:PI
Total Direct Costs: $249,134

-*LifeCell* 08/01/09-05/01/10
Incisional hernia repair in multiple morbid patients: A multicenter, prospective, randomized, controlled, single blinded study of Strattice ™ reconstructive tissue matrix vs Proceed

This protocol seeks to compare the safety and efficacy of two products (Strattice – bioprosthetic v. Proceed – artificially produced) utilized in complex hernia repair in multiply morbid patients such as transplant recipients.
Role: PI
Total Direct Costs: $125,990

Clinical Trial Support (Continued):

-*Quark Pharmaceuticals, Inc.* 11/01/10-5/31/2013
Controlled, Randomized, Prospective, Double-Blind, Multicenter, Phase I/II, Dose-Escalation Study of the Safety, PK, and Clinical Activity of I5NP for Prophylaxis of Delayed Graft Function in Patients Undergoing Deceased Donor Kidney Transplantation

This protocol evaluates the effect of a small interfering ribonucleic acid (siRNA or I5NP) on the development and duration of delayed graft function (DGF) in newly transplanted kidney recipients.
Role: PI
Total Direct Costs: $141,765

-*Novartis Pharmaceuticals* 05/01/10 – 3/13/2012
A 12 month, multi-center, randomized, open-label noninferiority study comparing the safety and efficacy of concentration-controlled Everolimus with low dose tacrolimus to CellCept® (mycophenolate mofetil) with standard dose tacrolimus in de novo renal transplant recipients.

This protocol examines the efficacy and safety of mTOR inhibition (Everolimus) compared to CNI in evaluating the 12 month kidney function of newly transplanted renal allograft recipients.
Role: PI
Total Direct Costs: $296,320

-*Angion Pharmaceuticals* 6/28/2011 - present
Multicenter Pilot Study of BB3 to Improve Renal Function in Patients with Signs and Symptoms of Significant Renal Injury after Kidney Transplantation and at Risk for Dialysis

This protocol evaluates the use of a small molecule mimetic of hepatocyte growth factor/scatter factor (HGF/SF or BB3) whose activity is expected to preserve tissue viability and attenuate dysfunction in the setting of organ injury on the development of delayed graft function in kidney transplant recipients.
Role: PI
Total Direct Costs: $248,013

-*Immune Tolerance Network (ITN)* 2/ 19/2011 – 6/60/2012
Immunosuppression with Antithymocyte Globulin, Rituximab, Tacrolimus, and Sirolimus, Followed by Withdrawal of Tacrolimus and Sirolimus, in Living-donor Renal Transplant Recipients.

This protocol sponsored by the ITN seeks to demonstrate immune tolerance of living donor kidney transplant recipients by progressively weaning patients off immunosuppressive medications over a 3 year period.
Role:PI
Total Direct Costs:

Clinical Trial Support (Continued):

-*Alberta Transplant Applied Genomics Centre* 6/22/2011 – 6/30/2012
The International Collaborative Microarray (INTERCOM) Study

This project aims to develop a new diagnostic system that combines the molecular and histopathological features of kidney transplant biopsies, plus clinical and laboratory parameters, to create the first Integrated Diagnostic System to better direct the care of kidney transplant recipients.
PI: Jonathan Bromberg, MD
Role: Co-investigator
Total Direct Costs: $56,144

-*American Society of Transplant Surgeons* 6/29/2011 – 6/30/2012
Changes in the human microbiota induced by post-transplant medication

This protocol is a highly innovative human microbiome research project with the goal to determine the functional setup of the healthy human microbiota, in order to develop prebiotic, probiotic or antibiotic options that could be used as a concomitant treatment in addition to the standard immunosuppressive and antimicrobial therapy.
PI: Jonathan Bromberg, MD
Role: Co-investigator
Total Direct Costs: $100,000

-*Alexion Pharmaceuticals* 10/11/2012 – 8/7/2014
A randomized, open-label, multi-center trial to determine safety and efficacy of Eculizumab in the prevention of antibody mediated rejection (AMR) in living donor kidney transplant recipients requiring desensitization.

This protocol was designed to determine the efficacy of employing a complement-inhibitor in the prevention of AMR in living donor pairs who have been found to have a positive crossmatch and in need of pre-transplant desensitization.
Role: PI
Total Direct Costs: $129,366

-*Genentech, Inc* 3/3/2013 – 1/6/2015
A phase II randomized, double-blind, placebo-controlled trial of MCMV5322A/MCMV3068A for the prevention of cytomegalovirus disease in high-risk kidney allograft recipients

The purpose of this trial is to evaluate the safety of multiple doses of MCMV5322A/MCMV3068A given intravenously (IV) to CMV seronegative recipients of a renal transplant from a CMV seropositive donor in the absence of standard prophylaxis.
Role: PI
Total Direct Costs: $355,268.80

Clinical Trial Support (Continued):

-*KCI USA, Inc.* 7/15/2013- 8/9/2016
The use of Provena incision management system on closed recipient site incisions in renal transplant subjects

The goal of this investigator-initiated trial is to demonstrate decreased wound complications (ie. infections, seromas, dehiscense) with the use of a negative-pressure wound closure devise compared to standard of care.
Role: PI
Total Direct Costs: $653,751.50

-*Opsona Therapeutics* 7/15/2013 –09/01/2016
A three-part, multi-center, randomized, double-blind, placebo-controlled, parallel-group, sequential adaptive phase 2 study to evaluate the safety, tolerability, and efficacy of OPN305, a humanized, monoclonal antibody that blocks toll-like receptor 2, in renal transplant recipients at high risk of delayed graft function.

The purpose of this trial is to assess the efficacy of an antibody formulated against the TLL-2 receptor which has been demonstrated to be significantly upregulated during ischemia reperfusion injury in kidney transplant recipients of an organ from an expanded criteria donor.
Role: PI
Total Direct Costs: $218,220.80

-*Protect, Oxford Immunotec Inc.* 7/13/2015 – 2/11/2017
A Non-interventional Observational Study to Evaluate T-cell Responses in Kidney Transplant Recipients to: (a) CMV-specific antigens (T-SPOT.*CMV*), and (b) a reference panel of donor cells as a marker for acute rejection (T-SPOT. SPOT.*PRT*)

The purpose of this study is to observe and study two potential risks of kidney transplant: CMV infection and rejection of the newly transplanted kidney. The two main concerns in this study are the risk of pre-existing Cytomegalovirus (CMV) infection becoming an active disease process which can negatively affect the success of your transplant, and the risk of your body's rejection of your newly transplanted kidney.
Role: PI
Total Direct Cost: $50,205.00

-*Prolong Pharma* 9/28/2015 – 11/15/2016
A Randomized, Placebo-controlled, Prospective, Double-blind, Multicenter Phase 2/3 Study of the Efficacy and Safety of SANGUINATE™ for Reduction of Delayed Graft Function in Recipients of a Donor Kidney Transplant

The purpose of the study purpose is to look at the safety and effectiveness of SANGUINATE™, an investigational new drug being studied as a therapy for delayed graft function in patients with end stage renal disease (ESRD) who will undergo a kidney transplant.
Role: PI
Total Direct Cost: $73,125.00

Clinical Trial Support (Continued):

-*Alexion Pharmaceuticlas Inc.* 10/11/2012-07/07/2016
A randomized, parallel group, double-blind, placebo-controlled, multi-center study of Eculizumab for the prevention of delayed graft function after kidney transplantation in adult subjects at increased risk of delayed graft function.

Purpose of the study is to determine the safety and efficacy of using Eculizumab as a treatment prevent delayed graft function following kidney transplantation.
Role: PI
Total Direct Costs: $129,366

-*Novartis Pharmaceuticals* 9/23/2014 – 2/14/2016
A Pilot Study Comparing the Safety and Efficacy of Zortress (Everolimus) With Low Dose Tacrolimus to Early Conversion to Calcineurin Inhibitor-Free Regimen and Mycophenolic acid With Standard Dose Tacrolimus in Recipients of DCD and Elevated KDPI Kidneys

Purpose: The purpose of this pilot study is to evaluate concentration-controlled everolimus with low dose tacrolimus compared to early conversion to CNI-free regimen and MMF/MPA with standard dose tacrolimus in de novo renal transplant recipients of / DCD and elevated KDPI kidneys
Role: PI
Total Direct Costs: $982, 615

- *Bristol-Myers Squibb Research and Development* 9/8/2015-10/20/2016
Evaluation of Acute Rejection Rates in *de novo* Renal Transplant Recipients Following Thymoglobulin Induction, CNI-free, Nulojix (belatacept) -based Immunosuppression

The purpose e is to assess the incidence of clinically-suspected and biopsy proven acute rejection (CSBPAR) at 6 months post-transplant in de novo renal allograft recipients treated with thymoglobulin induction, rapid corticosteroid withdrawal, and maintenance belatacept, in combination with MMF or EVL, or maintenance TAC in combination with MMF.
PI: Alexander Gilbert, MD
Role: Sub-Investigator Total Direct Costs: $184,953.00

-*Angion Biomedica Corp* 8/9/2016 - Present
A Multicenter, Prospective, Double-Blind, Randomized, Placebo-Controlled, Phase 3 Study of BB3 to Reduce the Severity of Delayed Graft Function in Recipients of a Deceased Donor Kidney

The purpose of the trial is to demonstrate the safety and efficacy of BB3 in reducing the severity of delayed graft function (DGF) in recipients at high risk of DGF after receiving a deceased donor renal allograft.
Role: PI
Total Direct Costs: $187,423

Clinical Trial Support (Continued):

-*Astellas Pharma Global Development, Inc.* 05/12/2017 – 02/06/2020
Astagraf XL® to Understand the Impact of Immunosuppression on De Novo DSA Development and Chronic Immune Activation in Kidney Transplantation

The primary objective is to compare the incidence of a two-part composite endpoint consisting of de novo DSA formation or a designation of "immune activation (IA)" on peripheral blood molecular profiling in patients maintained on twice daily, immediate-release tacrolimus versus those maintained on Astagraf XL in the first two years post-transplant.
Role: PI
Total Direct Costs: $93,037

-*Medeor Therapeutics, Inc.* 09/13/2018-Present
A Phase 3 Prospective, Randomized, Multi-Center, Open-Label, Controlled Trial to Assess the Efficacy and Safety of Cellular Immunotherapy with MDR-101 for Induction of Immune Tolerance in Recipients of HLA-Matched, Living Donor Kidney Transplants

MDR-101 is intended to induce mixed lymphohematopoietic chimerism and donor specific immune tolerance when administered the HLA-identical living donor recipients to preserve kidney function, avert transplant rejection, and eliminate the cumulative and serious side effects associated with IS drugs.
Role: PI
Total Direct Costs: $740,638

-*CareDx, Inc.* 09/19/2018 – 11/1/2022
Evaluation of Patient Outcomes From the Kidney Allograft Outcomes AlloSure Registry (KOAR)

The purpose of this registry is to evaluate patient outcomes in kidney transplant recipients who undergo regular use of AlloSure® testing in determining evidence of early allograft injury as detected by the presence of donor-derived cell free DNA in the recipient's serum.
Role: PI
Total Direct Costs: $89,400

-*Qiagen Sciences, LLC* 11/08/2018 – 07/31/2020
Development of the QuantiFERON®- CMV and QuantiFERON®-Monitor assays using blood from solid organ transplant recipients.

The aim of this study is to evaluate the performance and analytical characteristics of the QF-CMV and QFM assays using clinically-relevant samples. Performance and analytical characteristics that may utilize samples from transplant recipients include, but is not limited to, precision, specificity, stability, and interference.
Role: PI
Total Direct Costs: $50,000

Clinical Trial Support (Continued):

-*APOLLO* 6/15/2021 – 11/1/2022
Long-term Kidney Transplantation Outcomes Network (APOLLO)

The primary objective is to determine whether the presence of APOL1 RRVs in a potential living kidney donor results in shorten death-censored renal allograft survival for the recipient
Role: PI
Total Direct Costs: $32,775

Talaris Therapeutics 06/26/2020-11/1/2022
A randomized, controlled, multi-center, safety and efficacy study of FCR001 cell-based therapy relative to a tacrolimus and mycophenolate-based regimen in de novo living donor renal transplant recipients, and safety in FCR001 donors

The purpose of this study is to assess the safety, efficacy, and overall benefit of FCR001 cell therapy in de novo living donor renal transplantation, relative to a standard-of-care control regimen including tacrolimus, mycophenolate, antibody induction, and corticosteroids.
Role: PI
Total Direct Costs: $330,230

-*Natera* 02/19/2020-11/1/2022
The PROspera Kidney Transplant ACTIVE Rejection Assessment registry (ProActive) study

The ProActive registry is a longitudinal, multi-center study with a prospective arm observing clinical care for patients receiving physician-ordered Prospera, an allograft rejection test, and a historical control arm collecting data on cases at the same sites who had kidney allograft rejection managed with SCr/eGFR.
Role: PI
Total Direct Costs: $92,970

-*CareDx* 09/25/2020-11/1/2022
Non-Invasive Blood Test to Diagnose Acute Rejection After Pancreas and Kidney Transplantation: Pancreas and renal Rejection Diagnosis Using Circulating Donor-Derived Cell-free DNA in Peripheral Blood

The purpose of this trial is to correlate circulating dd-cfDNA to clinical and sub-clinical acute rejection in PTA, PAK, and SPK allograft recipients.
Role: Sub-Investigator
Total Direct Costs: $284,376

Clinical Trial Support (Continued):

-*APOL-1* 6/10/2021 – 11/1/2022
Integrating a Culturally Competent *APOL1* Genetic Testing Program into Living Donor Evaluation

The objective of this study is to culturally adapt and evaluate the effectiveness of an *APOL1* genetic testing program for African American (AA) living donors (LDs).
Role: Sub-Investigator
Total Direct Costs: $33, 230

-*HANSA Pharmaceuticals* 2/19/2024 - Present
An Open-label, cControlled, Randomized Phase 3 Trial Evaluating 12-month Kidney Function in Highly Sensitized (cPRA ≥99.9%) Kidney Transplant Patients with Positive Crossmatch Against a Deceased Donor, Comparing Desensitization Using Imlifidase with Standard of Care

This randomized controlled trial in DD kidney recipients is designed to support the clinical development program for imlifidase in transplantation of highly sensitized patients with chronic kidney disease (CKD) Stage 5 with a positive crossmatch against an available DD kidney.
Role: PI
Total Direct Costs:

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236. Deceased Donor Procurement Biopsy Practices, Interpretation, and Histology-Based Decision Making; A Survey of US Transplant Centers. Fleetwood Y, Axelrod D, Caliskan Y, Randall H, Wellen J, Dedert C, Mohan S, Kasiske B, Cooper M, Lentine K. 2022 American Transplant Congress. Boston, MA. June 2022.

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240. Exacerbation of Racial Disparities in Living Donor Kidney Transplant During the COVID-19 Pandemic. Singh N, Alhamad T, Schnitzler M, Mannon R, Doshi M, Woodside K, Hippen B, Cooper M, Snyder J, Axelrod D, Lentine K. 2022 American Transplant Congress. Boston, MA. June 2022.

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249. Characteristics of Kidney Transplant Recipients with Prolonged Pre-Transplant Dialysis Duration as Identified by Machine Learning Consensus Clustering. Tangpanithandee S, Thongprayoon C, Jadlowiec C, Mao A, Leeaphorn N, Cooper M, Cheungpasitporn W. 2023 American Transplant Congress. San Diego, CA. June 2023.

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252. Performance of Donor-Derived cfDNA in Repeat Kidney Transplant Recipients. Samaniego-Picota M, Demko Z, Fehringer G, Marshall K, Tabriziani H, Gauthier P, Cooper M. 2023 American Transplant Congress. San Diego, CA. June 2023.

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257. Donor Derived Cell-Free DNA Increases the Yield of Acute Rejection and Borderline T-CMR on Kidney Transplant Biopsies. Bromberg J, Mandelbrot D, Weir M, Poggio E, Rogers J, Woodward R, Cooper M. 2024 American Transplant Congress. Philadelphia, PA. June 2024.

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261. Potential Impact of a Pharmacist-Driven Osteoporosis and Vitamin D Management Program Following Lung Transplantation. Cannon A, Sultan S, Cooper M. 2024 American Transplant Congress. Philadelphia, PA. June 2024.

262. Racial Disparity in Access to Heart Transplant Among Advanced Heart Failure Patients Evaluated for Advanced Therapies. Price J, Bui T, Lee M, Smith N, Everson A, Raichlin E, Kohmoto T, Joyce L, Joyce D, Cooper M, Zanowski S. 2024 American Transplant Congress. Philadelphia, PA. June 2024.

263. Racial and Gender Bias in AI Towards Living Kidney Donor Decisions. Garcia Valencia O, Thongprayoon C, Jadlowiec C, Budhiraja P, Cooper M, Cheungpasitporn W. 2024 American Transplant Congress. Philadelphia, PA. June 2024.

264. Transfer of Deceased Donors to a Specialized Donor Care Unit Increases Attainment of Donor Management Goals and Number of Organs Recovered. Ibarra S, Fitzgerald K, Powley N, Browning K, Waterman A, Axelrod D, Cooper M, Williams G, Becker Y, Myer K. 2024 American Transplant Congress. Philadelphia, PA. June 2024.

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10. Abrams P, Cooper M, Odorico J. The Road Less Traveled: How to Grow a Pancreas Transplant Program. *Curr Opinion Organ Trans* 23(4): 440-447, 2018.

11. Hanlon M. Cooper M, Abrams P. Quality of Life After Pancreas Transplant: Time to Look Again. *Curr Opin Organ Transplant* 24(4): 451-455, 2019.

12. Odorico J, Cooper M, Dunn T. Where Have All the Pancreas Transplants Gone and What Needs to Change? *Curr Trans Reports* 2019.

13. Vranic G, Cooper M. But Why Weight: Understanding the Implications of Obesity in Kidney Transplant. *Sem Neph* 2021.

14. Yi S, Thomas B, Cooper M. Updating Deceased Donor Kidney Allocation – What are the Challenges? *Curr Trans Reports* 2021.

15. Rawashdeh, B, Cooper M. Current role for pancreas transplant in the T2DM/BMI>30. *Curr Trans Reports* 2024.

Invited Publications (continued):

16. Rawashdeh B, Al-abdallat H, Arpali E, Thomas B, Dunn T, Cooper M. Machine Learning in Solid Organ Transplantation: Charting the Evolving Landscape, *World J Transplant* 2024.

Book Chapters:

1. Cooper M, Hawxby A. Vascular Access. In: Current Surgical Therapy, 8th Edition. St. Louis, MO: Mosby-Year Book, Inc, 2004: 828-830.

2. Bartlett S, Cooper M. Expanded Criteria Donors. In: Principles of Transplantation. Wiley and Sons, 2012.

3. Barth R, Cooper M. Single-Site Minimally Invasive Surgery: What is Currently Possible? In: Current Surgical Therapy, 11th Edition. Elsevier, Inc. 2013

4. Verbesey J, Cooper M. Simultaneous Paired Kidney Exchange. In: Kidney Transplantation: Practical Guide to Management. Springer Science, New York 2014.

5. Gilbert A, Grafals M, Timofeeva O, Zaheer M, Karabala A, Rosen-Bronson S, Li D, Awwad M, Abrams P, Moore J, Javaid B, Verbesey J, Ghasemian S, Cooper M. Pre-empting Antibody Mediated Rejection: A Program of DSA Monitoring and Treatment Can Effectively Prevent Antibody Mediated Rejection. Clinical Transplants 2016. Elsevier, Inc. 2016.

6. Vijay A, Cooper M, Abrams P. When Should Preemptive Solitary Pancreas Transplant Be Considered For a Patient with Type 1 Diabetes Mellitus? In: Hepato-Pancreato-Biliary and Transplant Surgery: Practical Management of Dilemmas. Elsevier, Inc. 2017.

7. Merola J, Cooper M, Kulkarni S. Living Donor Nephrectomy: Approaches, Innovations, and Outcomes. In: Living Kidney Donation – Best Practices in Evaluation, Care, and Follow-up. Springer International Publishing. 2019.

8. Morales M, Cooper M, Abrams P, Timpone J. Infections in Kidney and Pancreas Transplantation. In: Principles and Practice of Transplant Infectious Diseases. Springer International Publishing. 2019.

9. Aguirre O, Cooper M. Impact of Pancreas Transplantation on Secondary Complications of Diabetes Mellitus - Cardio-cerebro-vascular Disease. In: Pancreas Transplantation, 2nd Edition. Springer International Publishing. 2021.

10. Carpenter J, Cooper M. Kidney Transplantation: Geographical Differences. In: Living Donor Organ Transplant, 2nd Edition. Elsevier, Inc. 2021.

Book Chapters (continued):

11. Arpali, E, Dunn T, Cooper M. Options for the Diabetic Kidney Transplant Candidate. In: 7th Edition of the Handbook of Kidney Transplantation. Wolters Kluwer Health Learning. 2024.

Oral Presentations:

1. Myocardial Nuclear Factor KappaB (NF-κB) Activity and Nitric Oxide Production in Rejecting Cardiac Allografts
    - The American Society of Transplant Surgeons' 23rd Annual Scientific Meeting. Chicago, IL. May, 1997.
      Milwaukee Academy of Surgeons Resident Research Presentation Night. Milwaukee, WI. March, 1997.
    - MCW Department of Surgery Clinic Day. Milwaukee, WI. April, 1997.

2. Effects of Nitric Oxide Scavenging and Inhibition of NF-κB Activity on Cardiac Allograft Survival. Surgical Forum, American College of Surgeons' 83rd Annual Clinical Congress. Chicago, IL. October, 1997.

3. Long Term Allograft Survival with Nitric Oxide Scavenging. Wisconsin Surgical Society Annual Fall Meeting. Madison, WI. October, 1997.

4. Antioxidant Therapy with Low Dose Cyclosporine Enhances Allograft Survival and Promotes Tolerance. Medical College of Wisconsin Robert E. Condon Research Awards. Milwaukee, WI. June, 1998.

5. Expanded Criteria Donors. ABC's of Renal Transplantation – CME course. Towson, MD. Feb. 2004.

6. Positive Crossmatch and ABO-incompatible Kidney Transplantation. Canadian Society of Xenotransplantation. Ontario, Canada. May 2004.

7. Teaching Residents about Palliative Care. Palliative Care: What Every Surgeon Needs to Know. Baltimore, MD. May, 2005.

8. Laparoscopic Donor Nephrectomy for Transplantation: 10 Years and 1000 Consecutive Cases. World Transplant Congress. Boston, MA. July, 2006.

9. Outcomes Following Vascular Reconstruction for 1000 Consecutive Laparoscopic Donor Nephrectomies. World Transplant Congress. Boston, MA. July, 2006.

10.Living Kidney Donor Relationship in Caucasian and African-American Populations and Implications For Targeted Donor Education Programs. Academic Surgical Congress. Phoenix, AZ, Feb, 2007.

11. Transplant 101: Background for Transplant Nursing Professionals. Baltimore, MD. May 2007.

Oral Presentations (Continued):

12. Impact of Induction Agents on Renal Recipient Outcomes of the First 1000 Laparoscopic Donor Nephrectomies at a Single Institution. American Transplant Congress. San Diego, CA, May 2007.

13. Renal Transplantation in ESRD with Cirrhosis. ASTS/AST Combined Kidney/Liver Transplant Consensus Conference. Chicago, IL. Sept. 2007.

14. New Life. New Challenges. Life Following Transplantation. Transplant Patient Support Group. Baltimore, MD. Nov. 2007.

15. As Kidney Transplantation Moves Toward 2009: A View of Potential Advances and the Ongoing Challenges. Novartis Advisory Board Meeting. Dallas, TX. Nov. 2007.

16. Successful Simultaneous Bilateral Native Nephrectomy and Living Donor Renal Transplantation for Autosomal Dominant Polycystic Kidney Disease. Academic Surgical Congress. Huntington Beach, CA, Feb. 2008.

17. Risk Factors for Delayed Graft Function in Living Donor Transplantation. American Transplant Congress. Toronto, June 2008.

18. Shifting Focus Toward Long-Term Outcomes in Kidney Transplantation. Novartis Advisory Board Meeting. Chicago, IL, June 2008.

19. Approaches to Optimizing Immunosuppression Regimens to Improve Long-Term Outcomes. Novartis Advisory Board Meeting. Chicago, IL, June 2008.

20. Outcomes of African-American Living Kidney Donors. International Transplant Congress. Sydney, AUS, Aug. 2008.

21. Volume-Outcome Relationships in the Procurement of Transplantable Deceased Donor Organs. Academic Surgical Congress. Fort Myers, Florida, Feb. 2009.

22. Outcomes Associated with Dose Manipulations of Enteric-Coated Mycophenolate Sodium (EC-MPS) vs. Mycophenolate Mofetil (MMF) in Renal Transplantation. American Transplant Congress. Boston, June 2009.

23. When Zero-Mismatch Means Zero: The Hazards of Our Deceased Donor Allocation System. American Transplant Congress. Boston, June 2009.

24. Valuable Lessons Learned in Pancreas Re-Transplantation over a 20-year Period. IPITA. Venice, Italy, Oct 2009.

Oral Presentations (Continued):

25. Diannexin, a Novel Ischemia/Reperfusion Therapeutic Agent, Reduces Delayed Graft Function (DGF) in Renal Transplant Recipients from Marginal Donors. San Diego, CA, American Transplant Congress. May 2, 2010.

26. When Asking Too Much Leaves Too Little: An Analysis of Obese Living Kidney Donors To Assess the Risk of Hypertension and Adverse Renal Outcomes at a Single Institution. San Diego, CA, American Transplant Congress. May 3, 2010.

27. Living Kidney Donor Relationships in Caucasian and African American Populations and Implications for Targeted Donor Education Programs. Vancouver, CA, XXIII International Congress of the Transplantation Society. Aug 16, 2010.

28. Treatment with Diannexin Post-Reperfusion Decreases DGF and Improves GFR in Renal Transplant Recipients of Marginal Kidney Donors. Vancouver, CA, XXIII International Congress of the Transplantation Society. Aug 16, 2010.

29. A 12-month Single Center Evaluation of GI-complications In Renal Transplant Recipients Initiated on Mycophenolic Acid Therapy. Vancouver, CA, XXIII International Congress of the Transplantation Society. Aug 19, 2010.

30. Portal v. Systemic Drainage of Solitary Pancreas Transplantation: New Views on Old Concepts. Prague, Czech Republic. International Pancreas and Islet Transplantation Association. June 3, 2011.

31. Incidence of Wound Events and Lymphocele Formation with *De Novo* Everolimus Use: The Result of 3 RCTs. Boston, MA, American Transplant Congress. June 1, 2012.

32. Early Graft Losses in the NKR: Gone But Lost Forever. Seattle, WA. American Transplant Congress. June 3, 2018.

33. The End of Non-Directed Kidney Donation: The National Kidney Registry's Family Voucher Program. Boston, MA. American Transplant Congress. June 4, 2019.

34. A Single-Center's Use of Non-Directed Donors in Paired Kidney Exchange. Orlando FL, American Surgical Congress. Feb 2, 2022.

35. Converting Interested Into Actual Living Donors: Opportunities to Increase Donor Conversion Rates within Paired Donation Programs. San Diego, CA. American Transplant Congress. June 3, 2023.

Published Multimedia:

1. Maryland Health Today – Living Kidney Donors. May 2008.

2. PeerView Press - Comparing MPAs for Renal Transplant Recipients In a Real World Setting: An Expert's Perspective. www.peerviewpress.com/n13 March 2010.

3. 'Ask A Doc' – Georgetown University Hospital Patient Information Program. Feb. 2013.

4. Kidney Transplantation: Ask Dr. Matthew Cooper. https://www.youtube.com/watch?v=Y0XfaxC9cLM. April 2013.

5. Kent's Kidney Stories Podcast – Monitoring Post Transplant Patients Utilizing cfDNA. April 2024.

Invited Presentations:

1. Status of Living Donor Follow-up. Advisory Committee on Transplantation (ACOT). Rockville, MD Nov. 2008.

2. Mycophenolic Acid in Solid Organ Transplantation. Chinese Society of Transplantation. Beijing, China, April 2009.

3. Living Donor Nephrectomy and Outcomes. UMMS Transplant Preceptorship, Baltimore, MD, May 2009.

4. In the Beginning, There Were Living Donors… American Foundation for Donation and Transplantation Living Kidney Donation Conference. Nashville, TN, Oct 8-9, 2009.

5. Understanding the Risks and Benefits of Living Donation. American Foundation for Donation and Transplantation Living Kidney Donation Conference. Nashville, TN, Oct 8-9, 2009.

6. Metabolic Surgery for Non-Obese Patients with Type 2 Diabetes Mellitus. IPITA. Venice, Italy, Oct 13, 2009.

7. Current Status of the OPTN's Progress in Revising Living Donor Policies. *Transplant News* Webinar. October 22, 2009.

8. Living Donor Transplantation. University of Maryland Endocrinology Grand Rounds. Oct 29, 2009.

9. Introduction to Transplantation. Centers for Medicare and Medicaid Services, Transplant Center Surveyor Training. Baltimore, MD. December 8, 2009.

10. Working Together: The OPO and the Transplant Center. Centers for Medicare and Medicaid Organ Procurement Organization Surveyor Training. Baltimore, MD. Jan. 26, 2010.

11. Transplant Surgery: The Surgeon's Perspective. Bristol-Myers-Squibb Medical Team Training Session. Trenton, NJ. April 21, 2010.

12. Strategies to Improve Living Donor Follow-up. UNOS Transplant Management Forum. Orland, FL. April 22, 2010.

13. Current Status of UNOS Paired Kidney Exchange Program. UNOS Organ Procurement Organization National Meeting. Baltimore, MD. June 18, 2010.

14. Living Donor Transplantation. Living Legacy Foundation OPO. Baltimore, MD. June 30, 2010.

Invited Presentations (Continued):

15. Transplant Updates. Maryland's NP Educational Program. Baltimore, MD. November 9, 2010.

16. Life as a Transplant Surgeon. University of Maryland's Medical Student Surgical Interest Group. Baltimore, MD. March 9, 2011.

17. Kidney Allocation and Transplantation. St. Joseph's Hospital Medical Grand Rounds. Towson, MD. March 16, 2011.

18. Cardiac Workup for Kidney and Pancreas Transplant Candidates. University of Maryland Anesthesia Grand Rounds. Baltimore, MD. April 7,2011.

19. Living Donor Nephrectomy. American Foundation for Donation and Transplantation Living Kidney Donation Conference. Bal Harbour, Fl. May 20, 2011.

20. What Should be Considered in Selecting an MPA Agent. Today and Tomorrow in Transplantation (T3 Symposium). Seoul, Korea May 28, 2011.

21. The 'Value' of Living Kidney Donation. Loyola College. Towson, MD. Jan 19, 2012.

22. A Day in the Life of a Transplant Surgeon. MD Mindset. San Diego, CA. Feb 1, 2012.

23. The Past, the Present, and the Future of Kidney Transplantation. The DC Chapter of the International Transplant Nurses' Society. Washington, DC. Dec. 13, 2012.

24. Growing Competitive Programs in the Current Environment. 2013 American Transplant Congress, Seattle, WA, May 21, 2013.

25. Clinical Trials for Attenuating Ischemia Reperfusion Injury. 2013 American Transplant Congress, Seattle, WA, May 22, 2013.

26. Steroid Avoidance Protocols in Kidney Transplantation. Sanofi Transplant Leadership Summit, Prague Oct. 4, 2013.

27. Pancreas Transplantation for Type 1 and Type 2 Diabetes. Transplant Fellow's Symposium, Washington, DC, Oct. 9, 2013.

28. Kidney Transplantation for the OR Professional. Georgetown University Hospital OR In-service, Washington, DC, Oct 24, 2013.

29. Expediting the Donor Evaluation. Overcoming Barriers for Living Donor Transplantation Consensus Conference, Chicago, Il June 6, 2014.

Invited Presentations (Continued):

30. The Basics of Transplantation. MWHC Anesthesia Grand rounds, Washington, DC Sept 2, 2014.

31. Ensuring Protected Status of Immunosuppressive Drugs for Part D Medicare Patients, House and Senate Advisory Committees, Washington, DC Sept 30, 2014.

32. Improving the Education and Efficiencies of Evaluation for Potential Living Donors: Summary of a Consensus Conference. American Transplant Congress, Phila, PA May 8, 2015.

33. Consensus Conference: Improving the Efficiencies of Living Donor Evaluations. 7th Annual Living Donation Conference, Clearwater, FL May 21,2015.

34. Donor Decisions: A Surgeon's Perspective. 7th Annual Living Donation Conference, Clearwater, FL May 22,2015.

35. State of the Art in Immunosuppression. Brazil's 2nd International Transplant Meeting, Sao Paulo, Brazil, August 22, 2015

36. Thymoglobulin with Delayed Introduction of CNIs for Delayed Graft Function. Brazil's 2nd International Transplant Meeting, Sao Paulo, Brazil, Aug. 22, 2015.

37. Steroid Free Regimens in Kidney Transplantation. Sanofi 2015 Global Transplant Summit. Berlin, Germany, Oct 9, 2015.

38.What Makes a Successful Living Donor Program. Independent Living Donor Advocate Network Seminar Series, April 19,2016.

39.Innovative Strategies to Increase Living Donation. 8th Annual Living Donation Conference. Clearwater, FL, May 26, 2016.

40.Pancreatic Transplantation for Type 2 Diabetes. IPITA Informational Webinar, Feb 16, 2017.

41.Transplant and Donation Surgeries: What the Nephrologist Should Know. National Kidney Foundation's Spring Clinical Meeting. Orlando, FL, April 18, 2017.

42.What's Hot: What's New. 2017 American Transplant Congress. Chicago, IL, May 3, 2017

43.Decreasing Organ Discards- The State of the Problem. NKF Organ Discard Consensus Conference. Baltimore, MD, May 18, 2017.

44. Operationalizing a Living Donor and Paired Kidney Exchange Program: A Surgeon's Perspective. 9th Annual Living Donation Conference. Clearwater, FL, May 25, 2017.

Invited Presentations (Continued):

45. Alibis for Living Donors: An Absolute Necessity for Donor Protection. 9th Annual Living Donation Conference. Clearwater, FL, May 26, 2017.

46. Be Ready for Anything: Managing Catastrophic Living Donor Complications. 9th Annual Living Donation Conference. Clearwater, FL, May 26, 2017.

47. Strategies to Increase Surgeon and OR Availability for National Paired Kidney Exchange. National Kidney Registry's 2017 Clinical Summit. New York, NY, June 9, 2017.

48. Results of the NKF's National Consensus Conference to Reduce Organ Discards. National Kidney Foundation Board of Directors Meeting. New York, NY, June 10, 2017.

49. The Importance of Gratitude. MGUH Philanthropy Retreat. Rockville, MD, July 20, 2017.

50. Kidney Transplantation: The Best Option for Patients with CKD and ESRD. Medstar Franklin Square Medical Center's Resident Academic Half-Day, Baltimore, MD, Sept. 5, 2017.

51. What I Learned on the MPSC. Transplant Quality Institute 2017. Charlotte, NC, Oct 12, 2017.

52. Strategies to Engage Physicians in Transplant Quality. Transplant Quality Institute 2017. Charlotte, NC, Oct 13, 2017.

53. The US Experience with DCD Kidney Transplantation. Chinese Transplantation Society. Hunan, China, Oct 28, 2017.

54. The Role of MPA in Clinical Kidney Transplantation. Chinese Transplantation Society. Hunan, China, Oct 28, 2017.

55. MGTI Kidney Transplant Program: A Strategic Success Story. Medstar Health Strategic Planning Committee. Medstar Corporate Offices. Columbia, MD, Nov 10, 2017.

56. Transplantation 2017: Live Longer, Live Better. Rockville Jewish Community Center. Rockville, MD, Nov 14, 2017.

57. MGTI Kidney Transplant Program; It Takes a Village. Georgetown University Dept. of Medicine Grand Rounds. Washington, DC, Dec 7, 2017.

58. Regulatory and Financial Considerations That Impact Transplant Center Practice – What Changes Would Increase Transplantation? AST Winter Symposium. Phoenix, AX, Feb 10, 2018.

59. Understanding the Deceased Donor Kidney Allocation System. NKF of Maryland and NCA Patient Education Conference. Baltimore, MD, Mar 25, 2018.

Invited Presentations (Continued):

60. Innovative and Practical Ways to Increase Living Donation. National Kidney Foundation Annual Spring Clinical Meeting. Austin, TX. April 14, 2018.

61. Potential Solutions to Maximize Kidney Discard Utilization. UNOS Transplant Management Forum. Austin, TX. April 25, 2018.

62. Understanding the Role of the MPSC. UNOS Grand Rounds. Richmond, VA, June 14, 2018.

63. Partnering with AOPO to Increase Opportunities for Kidney Transplantation. Association of Organ Procurement Organizations (AOPO) Annual Meeting. Washington, DC, June 19, 2018.

64. How to Develop a Successful Living Donor Kidney and Paired Kidney Exchange Program. 21st Annual Transplant Administrators Meeting. Coronado, CA, Sept. 7,2018.

65. Increasing Utilization to Maximize the Gifts – A Broader View. Donate Life America's Annual Conference. Portland, OR, Oct 4, 2018.

66. Living Donor Programs – How to Manage Quantity of the Highest Quality. Transplant Quality Institute 2018. Minneapolis, MN. Oct 11, 2018.

67. Physician Engagement in Transplant Quality – Teaching Dogs New Tricks. Transplant Quality Institute 2018. Minneapolis, MN. Oct 11, 2018.

68. Transplant Surgical Physician Leadership – ASTS Winter Meeting 2019. Miami Beach, FL. Jan 11, 2019.

69. Solutions to Maximize Kidney Utilization: Results of the NKF's Consensus Conference to Minimize Kidney Discards. 2019 CMS Quality Conference. Baltimore, MD. Jan 30, 2019.

70. The US Experience with Pancreas Transplant for Type 2 Diabetics. 1st Annual Asian Pancreatic and Islet Cell Transplantation Association. Seoul, S. Korea. Feb 22,2019.

71. Technical Advances in Solid Organ Pancreas Transplantation. 1st Annual Meeting of the Asian Pancreatic and Islet Cell Transplantation Association. Seoul, S. Korea. Feb 23, 2019.

72. The US and MGTI Experience in Pancreas Transplantation for Type II Diabetes. Kaiser National Transplant Services Kidney Clinical Team. March 20, 2019.

73. OPTN/UNOS Living Donor Policy Development. Johns Hopkins Research Grand Rounds. Baltimore, MD March 25, 2019.

74. Solving the Kidney Discard Crisis. Optum Health Essentials of Solid Organ and Blood/Marrow Transplant Management. Scottsdale, AZ. Apr 11, 2019.

Invited Presentations (Continued):

75. The Future of Organ Transplantation. YPO/Medstar Transplant Forum. Washington, DC. Apr 25, 2019.

76. The Changing Landscape of ESRD and Living Donation. 11thAnnual Living Donor Conference: Essential Donor Team Concepts. Clearwater Fl. Apr 30, 2019.

77. Surgical Overview of Living Donation. 11thAnnual Living Donor Conference: Essential Donor Team Concepts. Clearwater FL. May 1, 2019.

78. Are You Kidding Me? Transplanting the Old, the Frail, the Medically/Surgically Complex Patient. National Kidney Foundation Spring Clinical Meeting. Boston, MA. May 10, 2019.

79. Preliminary Report of the OPTN/UNOS Ad Hoc Systems Improvement Committee. UNOS Transplant Management Forum. Orlando FL. May 15, 2019.

80. Insurance Organizations and Assurance of Transplant Health Care, Role of Lobbying and Legislation. Boston, MA. American Transplant Congress. June 2, 2019.

81. Family Vouchers: Expanding Kidney Transplantation and the Next Great Thing! Boston, MA. American Transplant Congress. June 2, 2019.

82. Is Pancreatic Transplant Surgery a Cure for All Diabetics? Boston, MA. American Transplant Congress. June 3, 2019.

83. Regulation and Stewardship for Pancreas Transplant Programs. Boston, MA. American Transplant Congress. June 4, 2019.

84. Challenges We are Facing and Potential Solutions. Houston, Tx. Association for Organ Procurement Organizations (AOPO). June 18, 2019.

85. Update on the MPSC and the UNOS-sponsored Systems Performance Improvement Task Force. Arlington, VA. UNOS Region 2 Collaborative. Sept 5, 2019.

86. Building a Successful Living Donor and Paired Kidney Exchange Program: An Opportunity for Both Donors and Recipients. Denver, CO. 34th Annual Society of Transplant Social Workers Conference. Oct. 16, 2019.

86. Antifungal Prophylaxis Following Solid Organ Pancreas Transplantation. Pisa, Italy. First World Consensus Conference on Pancreas Transplantation. Oct. 19, 2019.

87. Driving Collaborative Performance Improvement. Memphis, TN. Donate Life America Annual Conference. Oct 22, 2019.

Invited Presentations (Continued):

88. Surgical Aspects of Pancreas Transplantation. Merida, Mexico. XXV Latin American and Caribbean Transplant Congress. Oct 23, 2019.

89. Current State of Pancreas Transplantation. Merida, Mexico. XXV Latin American and Caribbean Transplant Congress. Oct 24, 2019.

90. Disruptive Innovation: National Kidney Registry Tools. Miami Beach, Fla. ASTS 25th Annual Winter Symposium. Jan 10, 2020.

91. The Executive Order on Advancing American Kidney Health: Can it Increase Living Donation?: A Debate. Denver, CO. Controversies in Transplantation. Mar 7, 2020.

91. The Executive Order on Advancing American Kidney Health: Can it Increase Living Donation? National Kidney Foundation 2020 Spring Clinical Meeting (virtual). Mar 27, 2020.

92. News from the Hill: Current Trends in Transplant Legislation and Advocacy. North American Transplant Coordinators Organization 2020 Annual Meeting (virtual). Aug 5, 2020.

93. Highlights of a UNOS-Sponsored Systems Improvement Initiative: What Every Coordinator Needs to Know. North American Transplant Coordinators Organization 2020 Annual Meeting (virtual). Aug 5, 2020.

94. Prevention of Venous Thrombo-embolism: Update on MGUH Taskforce. MGUH Council for Associate and Patient Safety. Aug 7, 2020.

95. News from the Hill: Current Trends in Transplant Legislation and Advocacy. MGTI Patient Support Group (virtual). Aug 13, 2020.

96. The US Presidential Initiative on Advancing Kidney Health: What does it mean for organ transplantation and patients with ESRD. 28th International Congress of the Transplant Society (virtual). Sept. 14, 2020.

97. UNOS: Organizational Structure, How to Get Involved in Policy Making. American Society of Transplantation Fellow's Symposium (virtual). Sept 24, 2020.

98. How to Engage Physicians in Quality Programs. CareDx Transplant Management University. October 6, 2020.

99. Building a Successful Living Donor and Paired Kidney Exchange Program. 2020 Richard L. Burleson MD/B.G. Sulzle Memorial Surgery Grand Rounds Lecture at NY Upstate Medical Center (virtual). October 13, 2020.

100. COVID-19 and Transplantation: We're all In This Together! Kris Klug Foundation COVID-19 Coalition Patient Seminar (virtual). Nov 17, 2020.

Invited Presentations (Continued):

101. Advances in Organ Transplantation. Optum Health's 29th Annual National Conference (virtual). Dec 2, 2020.

102. The Future of Biomarkers in Transplantation: Allosure and the Georgetown Experience. Kaiser Permanente SPK Professional Meeting (virtual). Dec 2, 2020.

103. The Role of the OPTN in Deceased Donor Organ Allocation and Its Emergency Response to the COVID-19 Pandemic. University Hospitals Department of Surgery- Mark Aeder Lecture in Transplantation (virtual). Dec 9, 2020.

104. What to Expect with the New Kidney Allocation System. Kaiser Permanente SPK Professional Meeting (virtual). Feb 3, 2021.

105. Technical Pitfalls in Kidney Transplantation. 2021 ASTS Surgical Fellows Symposium (virtual). Feb 12, 2021.

106. Pancreas Transplantation for Type 2 Diabetes Mellitus. International Pancreas and Islet Cell Transplantation Association On-line Curriculum. March 4, 2021.

107. Pancreas Transplantation in the US. 2nd Annual Meeting of the Asian Pancreas and Islet Cell Transplant Association (virtual). March 12, 2021.

108. Preparing for the Unthinkable: Developing a Living Donor Crisis Management Plan in the Event of a Donor Death. UNOS Transplant Management Forum (virtual). April 21, 2021.

109. The Importance of Good Oral Health for Successful Organ Transplantation. Santa Fe Group Continuum on Health Integration (virtual). April 21, 2021.

110. Looking Behind The Curtain: Viewing Quality as More Than Metrics and Rules. Cleveland Clinic Transplant Grand Rounds (virtual). April 30, 2021.

111. Can regulation changes and Presidential executive orders increase kidney transplantation? American Nephrology Nurses Association 2021 Annual Meeting (virtual). May 3, 2021.

112. Advanced Living Donation Programs: Past, Present, and Future. 2021 American Transplant Congress (virtual). June 5, 2021.

113. A Debate Around Broader Distribution of Pancreata and Fewer Pancreas Transplant Programs. 2021 Transplant Congress (virtual). June 7, 2021.

112. OPTN Policy Development: How You Can Shape Policy. 2021 American Transplant Congress (virtual). June 8, 2021

Invited Presentations (Continued):

113. State of MGTI Kidney Transplant Program. MGTI Academic Transplant Conference. June 4, 2021.

114. Kidney Initiative: How OPOs and Transplant Centers Can Work Collaboratively to Optimize Kidneys for Transplant. 2021 Association of Organ Procurement Organizations Annual Meeting (virtual). June 29, 2020.

115. UNOS Update. North American Transplant Coordinators Organization 46th Annual Meeting (virtual). Aug 4, 2021.

116. Innovations at UNOS and Opportunities for Transplant Coordinator Engagement. North American Transplant Coordinators Organization 46th Annual Meeting (virtual). Aug 5, 2021.

117. UNOS Update and Opportunities for Transplant Financial Coordinators. 2021 Transplant Financial Coordinators Workshop (virtual). Sept 22, 2021.

118. UNOS Update and Opportunities for Transplant Social Workers. 2021 Society for Transplant Social Workers Annual Meeting (virtual). Oct 19, 2021.

119. Living Donor Liver Transplant Center Crisis Management for Living Donor Adverse Outcomes. AST LDLT Consensus Conference (virtual). Oct 19, 2021.

120. Operational Efficiencies to Increase Living Donor Conversion Rates. National Kidney Registry Operations Meeting (virtual). Oct 20, 2021.

121. Pancreas Transplantation for Type 2 Diabetes. International Pancreas and Islet Cell Transplantation Association Learning Congress (virtual). Oct 21, 2021.

122. Organ Allocation – the Basics and the Need, Rules, and Limitations. AST Fellows Symposium (virtual). Oct 21, 2021.

123. National Donate Life Living Donor Registry. 2021 Donate Life America Annual Conference (virtual). Oct 25, 2021.

124. OPTN/UNOS Update and Efforts on Improving Quality Measures. 2021 Transplant Quality Institute (virtual). Nov. 3, 2021.

125. Adopting the New GFR Calculator to Limit Transplant Candidate Racial Disadvantage. AST Timely Topics in Transplantation Webinar. Dec 6, 2021.

126. The CMS and HRSA-sponsored ESRD Treatment Choices Learning Collaborative (ETCLC) - What is it? What are the Goals? How to Get Involved! AST Kidney and Pancreas Community of Practice Webinar. Dec 7, 2021.

Invited Presentations (Continued):

127. Current OPTN Organ Allocation Policy. University of Pittsburgh, Thomas E. Starzl Transplant Institute Grand Rounds (virtual). Dec. 10, 2021.

128. UNOS/OPTN Update. University of Wisconsin Transplant Grand Rounds (virtual). Jan. 31, 2022.

129. Transplantation and the New Kidney Allocation System. National Kidney Foundation 2022 Annual Regional Symposium: Next Generation Nephrology – Trends in Treatment (virtual). Feb 11, 2022.

130. Kidney Allocation: Non-geography Based. 2022 Controversies in Transplantation. Breckenridge, CO. March 4, 2022.

131. Pitfalls in Kidney Transplantation. ASTS Fellow's Symposium. San Diego, CA. Mar 9, 2022.

132. UNOS and Opportunities for Engagement. ASTS Fellow's Symposium. San Diego, CA. Mar 9, 2022.

134. Expanding Medicare Coverage for Medically Necessary Oral Treatments: Organ Transplantation. CMS Listening Session (virtual). Mar 16, 2022.

135. Care Team's Assessment of Success: Physician's Perspective. AST Cutting Edge of Transplantation – Defining Success in Transplantation (virtual). April 6, 2022.

136. Innovative Approaches to Redefining Transplant Utility. AST Cutting Edge of Transplantation – Defining Success in Transplantation (virtual). April 6, 2022.

137. Experience with Current Post Kidney Transplant Biomarkers: Pros and Cons. QSant – A Window into Kidney Health and Rejection. AST Cutting Edge of Transplantation – Defining Success in Transplantation (virtual). April 6, 2022.

138. The Road to Kidney Transplant: Breaking Barriers. National Kidney Foundation's Spring Clinical Meeting. Boston, MA. April 8, 2022.

139. President's Address. UNOS Transplant Management Forum. Phoenix, AZ. Apr 11, 2022.

140. Communication & Operations with OPO & Transplant Centers to Improve Efficiency in Allocation and Increase Transplantation. UNOS Transplant Management Forum. Phoenix, AZ. Apr 11, 2022.

141. The Global Evolution of Paired Kidney Exchange for Patients with End Stage Renal Disease. The Andre Crotti Lecture for the International College of Surgeons. Providence, RI. Apr 28, 2022.

Invited Presentations (Continued):

142. Living Donor Liver Transplant Policy Development. 2022 American Transplant Congress. Boston, MA. June 4, 2022.

143. The UNOS/OPTN Mandate for VCA – Emerging Policy and Impact. 15th Congress of International Society of Vascular Composite Allotransplantation. Cancun, Mexico. June 6, 2022.

144. Paired Kidney Registries: Novel Uses for Pediatric Recipients. 2022 American Transplant Congress. Boston, MA. June 4, 2022.

145. How OPOs, Donor Hospitals, and Transplant Centers Can Work Collaboratively to Optimize Kidneys for Transplant – ETCLC AIMS. 2022 Association of Organ Procurement Organization's Annual Meeting. Phoenix, AZ. June 13, 2022.

146. The Expectation, Implementation, and Impact of a Presidential Executive Order in Expanding Opportunities for Living Donor Kidney Transplantation and the Advances Over the Last Decade. 10th International Conference on Living Donor Abdominal Organ Transplantation. Gubbio, Italy. June 17, 2022.

147. Offer Acceptance Practices: An Exploration of the Current & Future Landscape. The Alliance Live Advancement Series (virtual). June 23, 2022.

148. Global Evolution of Kidney Paired Exchange. 12th Annual Simposio Internacional de Transplante Renal (SITRA). Aguascalientes, Mexico. July 29, 2022.

149. Preparing for the Unthinkable: Developing a Living Donor Crisis Management Plan in the Event of a Living Donor Death. 12th Annual Simposio Internacional de Transplante Renal (SITRA). Aguascalientes, Mexico. July 30, 2022.

150. Moving Organ Allocation to Continuous Distribution: What Does It Mean and How Can You Contribute. North American Transplant Coordinators Organization 47th Annual Meeting. Kansas City, MO. Aug 3, 2022.

151. OPTN/UNOS Update. North American Transplant Coordinators Organization 47th Annual Meeting. Kansas City, MO. Aug 3, 2022.

152. The Value of the Prospera Transplant Assessment Test with a Two-Threshold Algorithm. ASTS Winter Symposium. Miami Beach, FL. Aug 6, 2022.

153. Efforts in increasing Equity and Access to Transplantation in the USA. Organ Transplantation Frontiers Symposium (virtual – Seoul, Korea). Aug 9, 2022.

154. Live Kidney Donor Selection: The Optimum Kidney Donor. 30th Congress of the Scandinavian Transplantation Society. Reykjavik, Iceland. Sept 1, 2022

Invited Presentations (Continued):

155. Allocation and Optimization of Donors at High Risk for Delayed Graft Function: A Global View. 29th International Congress of the Transplantation Society. Buenos Aires, Argentina. Sept 11, 2022.

156. Working with OPOs and Legislators to Increase Deceased Donation. 2022 American Society of Transplantation Fellows Symposium, Grapevine, TX. Sept 25, 2022.

157. UNOS, Advocacy, and Getting Involved. 2022 American Society of Transplant Surgeons Fellows Symposium, Charleston, SC. Sept 28, 2022.

158. The Role of Transplant Social Work in the NASEM Report on Realizing Equity in the Organ Transplantation System and the CMS-sponsored ESRD Treatment Choices Learning Collaborative. 37th Annual Society of Transplant Social Workers Meeting. Orlando, FL. Oct 11, 2022.

159. Current and Future State of OPTN Broader Sharing Initiatives. 8th Annual Transplant Quality Institute. Atlanta, GA. Oct 20, 2022.

160. Living Kidney Donor Safety: A Call To Action. 45th National Congress of the Italian Society of Organ and Tissue Transplantation. Trieste, Italy. Oct 25, 2022.

161. Paired Kidney Exchange: The Path to Growth. 9th Annual Living Donor Transplant Symposium. Baylor University Medical Center. Dallas, TX. Oct 28. 2022.

162. The Immuno Bill is a Reality! Guidance for the new Medicare Part B-ID. American Society of Transplant T3 Webinar. Nov 2, 2022.

163. Efforts to Increasing Equity and Access to Transplantation in the US. The International Conference for Initiatives On Organ and Tissue Donation and Transplantation. Abu Dhabi, UAE. Nov 7, 2022.

164. Organ Allocation in the US: How We Do It. 1st International Congress For the Egyptian Liver Transplant Society. Cairo, Egypt. Nov 17, 2022.

165. Paired Kidney Exchange as a Model for Paired Liver Exchange. 1st International Congress For the Egyptian Liver Transplant Society. Cairo, Egypt. Nov 18, 2022.

166. Preparing for the Unthinkable: Developing a Living Donor Crisis Management Plan in the Event of a Donor Death. Columbiana de Transplantes Grand Rounds (virtual). Dec 1, 2022.

167. OPTN/UNOS Update. 2023 ASTS Winter Symposium. Miami, FL. Jan 13, 2023.

168. Enhancing Living Donor Kidney Transplantation Opportunities: Lunch Symposium. 2023 ASTS Winter Symposium. Miami, FL. Jan 14, 2022.

Invited Presentations (Continued):

169. UNOS Systems Performance Improvement Initiative. OPTN Organ Offer Acceptance Collaborative. Orlando, FL. Jan 31, 2023.

170. Transplant Center Performance Metrics: Tweak It or Blow it Up? 2023 Controversies in Transplantation. Vail, CO. March 3, 2023.

171. UNOS Pioneering Change Past, Present, and Future. Houston Methodist Grand Rounds. Houston, TX. March 8, 2023.

172. Organ Allocation in the US: UNOS Experience. Society of Critical Care Medicine Conference 2023. Abu Dhabi, UAE. March 11, 2023.

173. Realizing the Promise of Equity in the Organ Transplantation System. Optum Health's Essentials of Oncology, Solid Organ and Blood/Marrow Transplant Management for the Health Care Team Conference. Scottsdale, AZ. March 13, 2023.

174. The Evolution of Living Donor Paired Kidney Exchange. Virginia Commonwealth University Hume-Lee Transplant Teaching Conference. April 6, 2023.

175. The Evolution of Living Donor Paired Kidney Exchange. Milwaukee Surgical Society. Milwaukee, WI. April 10,2023.

176. Understanding Delayed Graft Function: Not a Failure. National Kidney Foundation 2023 Spring Clinical Meeting. Austin, TX. April 13, 2023.

177. The Future of Living Donor Transplantation. American Foundation for Donation and Transplantation 14th Annual Living Donation Conference. San Diego, CA. April 20, 2023.

178. Ensuring the Future of Diabetic Care in the US Includes Solid Organ Pancreas Transplantation. International College of Surgeons US Section 46th Annual Scientific Meeting. San Antonio, TX. May 5, 2023.

179. UNOS: Pioneering Change Past, Present, and Future. American Nephrology Nurses Association 23rd Annual Meeting. Palm Springs, CA. May 8, 2023.

180. Living Kidney Donor Deaths: MPSC Analysis and Insights. 31st Annual UNOS Transplant Management Forum. Denver, CO. May 17, 2023.

181. The United Network for Organ Sharing Rebuttal to the National Academy of Science, Education, and Medicine Report. The 2023 American Transplant Congress. San Diego, CA. June 7, 2023.

182. Best Practices in Living Donor Intake: Optimizing Conversion Rates. National Kidney Registry Living Donor Summit. New York City, NY. June 30, 2023.

Invited Presentations (Continued):

183. Building Your Dream Team: A Multi-Disciplinary Approach to Living Donor Kidney Transplant. National Kidney Foundation's Project Echo. Virtual. July 25, 2023.

184. Pediatric Kidney Transplantation. Children's Wisconsin Perioperative Services Educational Conference. Milwaukee, WI. July 31, 2023.

185. End-Stage Renal Disease Treatment Choices Learning Collaborative. North American Transplant Coordinators Organization 48th Annual Meeting. Orlando, FL. Aug 8, 2023.

186. Improving Delayed Graft Function Management to Expand Kidney Transplantation. Kidney Clinical Workshop. Chicago, IL. Aug 11, 2023.

187. Moving to Continuous Distribution for Organ Allocation Intended, Unintended, and Financial Consequences. Are we Better or Worse? 26th Annual The Practice of Transplant Administration Workshop. San Diego, CA. Sept 11, 2023.

188. Normothermic Regional Perfusion. AST Fellow's Symposium on Transplantation. Grapevine, TX. Sept. 23, 2023.

189. Expanding Deceased Donation and Working with Organ Procurement Organizations. AST Fellow's Symposium on Transplantation. Grapevine, TX. Sept. 24, 2023.

190. The National PDSA - Update from ESRD Transplant Choices Learning Collaborative. 9th Annual Transplant Quality Institute. Palm Springs, CA. Oct 4, 2023.

191. What Data Gives Top Transplant Centers Power in Improving Living Donation Rates? National Kidney Foundation's Project Echo. Virtual. Oct 10, 2023.

192. The Past, Present, and Future of Living Donor Transplantation. Massachusetts General Hospital's Transplant Center Grand Rounds. Boston, MA. Oct 11, 2023.

193. Transplant Regulations and Oversight: Tales from the Front Line. The Francis Delmonico Visiting Professor in Transplantation / Massachusetts General Hospital's General Surgery Grand Rounds. Boston, MA. Oct 12, 2023.

194. Beta Cell Replacement Therapies Beyond Type 1. IPITA-IXA-CTRMS 2023 Joint Congress. San Diego, CA. Oct 27, 2023.

195. Every Patient Has A Donor. National Kidney Foundation of Wisconsin's Renal Professional Education Conference. Madison, WI. Nov 16, 2023.

196. Essentials of Kidney Transplantation. Medical College of Wisconsin's Operating Room Educational Series. Milwaukee, WI. Nov 22, 2023.

Invited Presentations (Continued):

197. Utilizing dd-cfDNA to Mitigate High Risk Groups: Delayed Graft Function. ASTS 2024 Winter Symposium. Miami Beach, FL. Jan 12, 2024.

198. Paired Kidney Exchange: Organizational Challenges and Benefits. 22nd Panhellenic Transplant Conference. Thessaloniki, Greece. Jan 19, 2024.

199. UNOS Experience Developing US Standards for Organ Transplants. Annual UAE Organ Donation and Transplantation Congress, Dubai, UAE. Jan 28, 2024.

200. Unexpected Patient Outcomes: Protecting the Patient and the Program. 15th Annual Living Donation Congress. Nashville, TN. Mar 7, 2024.

201. Bridging the Gaps in the Kidney Transplant Journey: New Collaboration in CKD. 2024 CMS Quality Conference. Baltimore, MD. Apr 9, 2024.

202. Paired Kidney Donation and Advanced Approaches to Donation. Essentials of Oncology and Transplant Management. Scottsdale, AZ. Apr 11, 2024.

203. The Future is Now: Kidney for Life. 2024 MCW Solid Organ Transplant Symposium: Access and Innovation in Kidney and Pancreas Transplantation. Wauwatosa, WI. April 13, 2024.

204. Update on Kidney/Pancreas Transplantation: Don't Forget the Pancreas. 2024 American Nephrology Nurses Association Annual Symposium. Orlando, FL. April 15, 2024.

205. The Development of OPTN Living Donor Work-up, Educational Requirements and Informed Consent. 2024 American Transplant Congress. Philadelphia, PA. June 2, 2024.

206. How Much is Still Acceptable Risk: Cardiovascular, Pulmonary, Infectious and Vascular. 2024 American Transplant Congress. Philadelphia, PA. June 2, 2024.

207. Deceased Organ Donation - Compare and Contrast Practices across India and U.S. American Society of Transplant/Indian Society of Transplant Webinar. June 25, 2024.

208. Management of Antibody-Mediated Rejection: A Multi-Disciplinary Approach. 30th International Congress of The Transplantation Society. Istanbul, Turkey. Sept 25, 2024.

209. The US Model of Continuous Distribution of Donated Organs: Better or Worse? 30th International Congress of The Transplantation Society. Istanbul, Turkey. Sept 26, 2024.

210. Challenges with Transplant Oversight. 2024 AST Fellows Symposium. Grapevine, TX. September 29, 2024.

Invited Presentations (Continued):

211. Normothermic Regional Perfusion. 2024 AST Fellows Symposium. Grapevine, TX. September 28, 2024.

212. Tolerance protocols for living donation. 47th National Congress of the Italian Society for Organ and Tissue Transplantation. Palermo, Italy. Oct 7, 2024.

213. Unexpected Patient Outcomes: Protecting the Patient and the Program**.** 39th Annual Society for Transplant Social Workers Conference. Madison, WI. Oct 10, 2024.

214. Building Together: Donate Life America Strategic Direction. 32nd Annual Donate Life America Conference. Louisville, KY. Oct 23, 2024.

215. Catalyzing Advances in the Kidney Transplant Candidate Selection Process. American Society of Nephrology Annual Meeting. San Diego, CA. Oct 25, 2024.

216. Transformation Unfolds Across America's Transplant System – Opportunities and Risks. American Association of Kidney Patients' 7th Annual Public Policy Summit. Washington, DC. Nov. 20, 2024.

Special Invited Testimony:

1. Jan 8, 2020 - Testified before the Subcommittee on Health of the Committee on Energy and Commerce in support of H.R. 5534, "Comprehensive Immunosuppressive Drug Coverage for the Kidney Transplant Patient's Act" during the hearing on Legislation to Improve American's Health Care Coverage and Outcomes.

2. July 30, 2022 – Provided Testimony as a temporary voting member to the FDA's Cellular Tissue, and Gene Therapies Advisory Committee (CTGTAC) in support of ongoing development of clinical trials to advance efforts in Xenotransplantation.

MATTHEW COOPER'S FEE SCHEDULE

MEDICAL COLLEGE OF WISCONSIN

Matthew Cooper, MD
Professor and Chief
The Mark B. Adams Chair in Surgery
Director, Solid Organ Transplantation Service Line

Division of Transplant Surgery
9200 West Wisconsin Avenue
Milwaukee, Wisconsin 53226
Office: 414-805-6060
FAX: 414-955-0213
Email: macooper@mcw.edu

8/29/2024

Fee Schedule:

Chart Review - $750/hr

Deposition/Travel Time - $800/hr

Court Appearance - $7000/day + expenses

Please let me know if this is acceptable to you and your client.

If acceptable I would prefer to have all physical correspondence (ie. letters, records, depositions, etc.) sent to my home address below:

Sincerely,

Matthew Cooper, MD
Professor of Surgery
Mark B. Adams Chair in Surgery
Chief, Division of Transplant Surgery
Director, Solid Organ Transplantation

Home Address:

17045 Hidden Creek Court
Brookfield, WI 53005

MATTHEW COOPER'S TESTIMONY HISTORY

Matthew Cooper, MD

Date	Case No.	P v. D	Location	Role
Aug-18	2013 CA 695 MP	Pearl v. Aventist Health System	Osceola County, Fla	Deposition- Plaintiff
Mar-19	BER - L- 8178-16	Peters v. Lim and Saeed	Bergen County, NJ	Depostion - Plaintiff
Jul-19	28930/01	Avetisian v. NY Presby	Kings County, NY	Trial Testimony - Defendant
Dec-19	03-C-18-009176 MM	Troska v. Ludmer	Baltimore County	Deposition - Defendant
12/4/2020	CGC-16-555086	Pederson v. UC Regents	San Francisco, CA	Depostion - Defendant
11/22/2021	20 CVS 6683	Paige v. Cumberland County Hospital System	Cumberland County, NC	Depostion - Plaintiff
5/26/2022	19 L 12674	Hughes v. Miller, Epstein, Advocate Sherman Hosp.	Cook County, IL	Deposition - Plaintiff
11/29/2022	PC-2019-00434	Bonoyer v. Murphy, Rhode Island Medical Imaging	Rhode Island Superior Court	Depostion - Plaintiff
4/7/2023	2021 CV 000069	Price v. Bingaman, Sudbeck, Dillard,Ross, et al.	District Court, Sedgwick Co, KS	Deposition - Plaintiff
12/18/2023	2020 L 8118	Milke v. Tzveanov, Benedetti, Tang, Samra, et al.	Cook County, IL	Deposition - Plaintiff
3/26/2024	2020 L 8118	Milke v. Tzveanov, Benedetti, Tang, Samra, et al.	Cook County, IL	Trial Testimonry - Plaintiff
5/7/2024	2022-CV-000573	Sammons v. Univ of Kansas Hospital Authority	Wyandotte County, KS	Deposition - Plaintiff
9/19/2024	HHB-CV22-6075862-S	Derderian v. Matthew Brown, Anne Lally, Starling Physicians	New Britain, CT	Deposition - Plaintiff