

How old is too old for an organ transplant? 79-year-old man receives new liver

Shari Rudavsky, Indianapolis Star Published 6:00 p.m. ET Nov. 26, 2018



Bruce Anderson, left, at age 79, is the oldest liver transplant recipient in Indiana. He talks with his transplant doctor Shekhar Kubal, MD, at IU Health, Monday, Nov. 12, 2018. Anderson's wife, Audrey Anderson, right, listens.
(Photo: Kelly Wilkinson/IndyStar)

The first transplant programs that Bruce Anderson consulted about a new liver turned him down. At age 79, they said, he was just too old.

Then one of Anderson's doctors in California recommended he try the transplant program in Indianapolis.

Anderson, who had an active psychiatry practice and was in good health other than that diseased liver, reached out to Dr. Chandrashekhhar Kubal, a transplant surgeon at [Indiana University Health](#). Rather than rejecting him outright because of his birthdate, IU Health probed further.

"In our program, we do not have a cutoff or we don't believe in putting numbers in our selection criteria," Kubal said. "We look at patients individually.... If you can get five to 10 years of good quality of life, I think that's worthwhile. In Dr. Anderson's case, that was our thought process."

When Anderson met with doctors here, his condition persuaded them that he would do well as a transplant patient. Though he was nearing 80, he was mentally sharp and in great shape, walking about an hour a day.

Time confirmed the decision. Now, about a month after receiving a new liver, Anderson is back to walking an hour each day and is looking forward to heading home to Napa for Christmas.

Into the record books

Anderson has also made the record books as the oldest person to ever receive a liver transplant in Indiana, though a person four years older, 83, is the state's oldest recipient of an organ transplant. Nationally, an 84-year-old patient holds the title of oldest liver recipient and a 96-year-old is the oldest transplant recipient ever, according to statistics from the [United Network for Organ Sharing](#), or UNOS.

In the United States, each transplant program makes its own decisions on whom to accept and reject for transplant, said Dr. David Klassen, UNOS's chief medical officer. While most programs will take age into consideration along with many other factors, programs do not place a limit on age for transplant.

"Age is always going to be one of the considerations in terms of medical judgments, but I think setting absolute cutoffs is at this time not something that is accepted," Klassen said. "Those decisions about who to list for a transplant are made at the local level."

As the population of patients who need transplants has skewed older and transplant medicine has improved over time, surgeons have become more open to expanding who they will consider for the life-saving operation, Klassen said.

With organs in short supply, however, how best to allocate them has long posed a challenge. Patients who have cancer that will limit their lifespans, for instance, are not considered eligible.

The problem arises with trying to predict just how long a patient will live, said [Dr. Jared White](#), a liver transplant surgeon at the University of Alabama Birmingham, who performed a liver and kidney transplant in a 76-year-old patient.

Septuagenarian patients who are healthy and walking several miles a week may wind up doing better than those in their 40s with multiple health problems such as obesity, diabetes, and hypertension.

These calculations become more complicated when doctors find themselves in the position of trying to predict how long a patient will live. Even the healthiest octogenarians have a higher risk of developing disease in the coming few years than their younger counterparts,

“You’re probably not expecting to get 20 years out of that graft, the way you would if you were transplanting a 30 or 40 year old,” White said. “The ethical considerations get a little bit muddled.... That’s the challenge with transplant, we do have a scarce resource and you have a lot of people you’re trying to most effectively figure out how to utilize those organs.”

Some programs may turn down older patients, White said, because they fear that riskier patients will have a negative impact on their outcome measures. The transplant community should take into account not just outcomes when judging the quality of different programs but also whether some programs take more risks than others.

IU Health does a rigorous evaluation before accepting a patient, checking his heart and lungs and performing other routine medical screenings. Knowing that the post-transplant period can be rough, Kubal said, his program has turned patients younger than Anderson whom they deemed as having a greater risk than he did.

“In my mind, if we do an organ transplant, they need to have a good five, 10 years of good quality of life that we can give them with the transplant,” Kubal said. “We have to remember we are using human organs that are donated by our society and we need to be judicious with their use.”

How Anderson got to this point

Anderson's journey to a liver began two years ago. Committed to healthy living, Anderson had had a few abnormal test results but did not think much of them. Then, he noticed one day that his urine had turned dark.

At first he thought he just needed to hydrate better but when that didn't help, he headed to a doctor. Eventually he was diagnosed with primary sclerosing cholangitis, a chronic disease of the bile ducts that can lead to cirrhosis, or scarring, of the liver.

Liver transplant offered the only hope of curing the disease.

But the first six or so programs he approached said no. That didn't seem right to Anderson, who tells his story in first person plural to indicate his wife Audrey was by his side the whole time.

"This disease is a death knell," he said. "We felt we wanted to live and we felt we were in good enough health that we ought to be considered for this."

IU Health and Kubal agreed. Anderson flew to Indianapolis for an evaluation in May and by Aug. 24, he was on the transplant list. He and his wife Audrey moved to Ohio, where they had family, and began to wait. Less than two months later, he got the call.

An out of state transplant center had declined to accept a donor's liver, after a scan had suggested it might be damaged. IU Health flew a physician out to get an in-person look at the liver. About 30 to 40 percent of the 150 to 160 liver transplants they perform each year come from out of state, organs that other centers have said they will not use.

In this case as in many others, the physician saw no reason not to accept the organ.

"It was a perfect liver, there was no problem with it at all," Kubal said.

On Oct. 13, Anderson received this new liver. The following day, he was up and walking around the hospital. A little more than a week later, he was discharged to American Village for 10 days of rehabilitation and physical therapy.

While such a rapid recovery is not necessarily rare for a transplant patient, Kubal was pleased that his patient was walking 16 hours after receiving a new liver.

About 20 to 30 percent of people who have the disease that afflicted Anderson will see it return after a transplant, Kubal said. Typically, however, it takes years for that to happen so Anderson should be okay, he said, even if he lives another 15 to 20 years as he told his doctor he's planning to do.

Not only do Anderson and his wife eat a plant-based diet, they also live in a region deemed one of the healthiest places to live. For his part, Anderson feels far younger than his years.

"Chronological age isn't everything and I think that's why IU took us on," he said.

Call IndyStar staff reporter Shari Rudavsky at 317-444-6354. Follow her on Facebook and on Twitter: @srudavsky.