

5179

2015-2016 Regular Sessions

I N   A S S E M B L Y

February 12, 2015

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Introduced by M. of A. PEOPLES-STOKES -- read once and referred to the  
Committee on Higher Education

AN ACT to establish a Center for Transplantation and Immunology Research  
at the University at Buffalo and Erie County Medical Center; and  
making an appropriation therefor

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEM-  
BLY, DO ENACT AS FOLLOWS:

1     Section 1. Legislative determinations. Kidney disease in the United  
2 States is fast becoming epidemic in character. Due to the increasing  
3 incidence of both diabetes and hypertension in the general population,  
4 chronic renal disease affects an estimated 16.8% of adults aged 20 years  
5 and older. As of 2008, there were over 500,000 people on dialysis more  
6 than 300,000 of who have diabetes and hypertension as their underlying  
7 cause. The cost to society of treating end-stage renal disease (ESRD) in  
8 2008 was 39.46 billion dollars. The cost to the individual patient is a  
9 higher mortality and shorter life span at all ages compared to the  
10 general population. In the absence of effective therapies for chronic  
11 kidney disease, patients are left with the choice of either dialysis or  
12 transplantation.

13     Kidney transplantation has become the treatment of choice for patients  
14 with end stage renal disease (ESRD) providing improved survival rates  
15 and a better quality of life. In addition, transplantation represents  
16 the most cost-effective form of ESRD therapy once the allograft survives  
17 more than 3 years. As immunosuppressive therapies for kidney transplan-  
18 tation evolved to include more potent and specific therapies, short-term  
19 (1 year) patient and graft survival rates have continuously improved. It  
20 is not unusual to expect 1 year success rates of over 90%. However,  
21 these short term improvements have not translated into improved longer  
22 survival rates. The expected survival of kidney transplants for living  
23 donors remains at 18-20 years and for deceased donor organs 8-10 years;  
24 rates which have not significantly improved over the past 20 years.

EXPLANATION--Matter in *ITALICS* (underscored) is new; matter in brackets  
[ ] is old law to be omitted.

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1 Currently, the most important challenge in renal transplantation is  
2 promoting the long-term kidney allograft function. Eventually many, if  
3 not all, transplanted kidneys develop a progressive fibrotic process  
4 that affects both the interstitium and vasculature. This renal fibrosis  
5 eventually leads to renal failure, an increased rate of cardiovascular  
6 disease and mortality and the need for reinstituting dialysis. Today,  
7 the most rapidly increasing group of patients requiring a new kidney  
8 transplant is those whose previous transplant has failed.

9 It is becoming increasingly clear that there is no single cause of  
10 kidney transplant fibrosis rather this process culminates from a myriad  
11 of etiologies. One of the major challenges to delivering effective tran-  
12 splant care is the difficulty in assessing an individual's particular  
13 requirements for adequate immunosuppression. In of itself, too much  
14 immunosuppressive therapy in the form of calcineurin inhibitors leads to  
15 renal fibrosis and is felt to be a major cause of long-term graft fail-  
16 ure. On the other hand, too little immunosuppression is now being recog-  
17 nized as a leading cause of unrecognized and slowly progressive  
18 rejection which also leads to allograft fibrosis indistinguishable from  
19 calcineurin toxicity. Moreover, subtherapeutic dosing of immunosuppres-  
20 sive drugs may lead to the formation of antibodies directed against the  
21 newly transplanted kidney which may be the cause of over 50% of late  
22 graft failures. Thus, understanding the biological effects of available  
23 therapies, their effects on renal fibrosis and their optimal therapeutic  
24 "windows" would greatly advance our ability to promote long-term kidney  
25 transplant survival.

26 The mission of the Center for Transplantation and Immunology Research  
27 established pursuant to this act is to advance the longevity of kidney  
28 organ transplants through improved knowledge of immunology, pathology  
29 and therapeutics.

30 S 2. Center for Transplantation and Immunology Research. 1. There  
31 shall be established a Center for Transplantation and Immunology  
32 Research (CTIR) at the University at Buffalo and Erie County Medical  
33 Center. The CTIR shall allow for collaborations amongst laboratories to  
34 provide insights and approaches to understanding and improving renal  
35 fibrosis. The CTIR shall provide a vehicle for educational experiences  
36 for undergraduates as well as graduate students at the University of  
37 Buffalo. The CTIR shall include both basic and clinical scientists  
38 working together with practicing physicians and surgeons. The CTIR shall  
39 also serve as a means to compete for extramural funding through individ-  
40 ual investigator's grants or through larger program projects in trans-  
41 plantation.

42 2. Research by the CTIR shall include but not be limited to:

43 (a) Immunology and understanding the role of B cells in transplanta-  
44 tion.

45 (b) Pathology and understanding the progression of renal graft fibro-  
46 sis.

47 (c) Therapeutics and individualizing immunosuppressive therapy.

48 3. There shall be an administrative director responsible for coordi-  
49 nating the research activities amongst the individual laboratories as  
50 well as preparing and submitting grants.

51 4. In addition to the funding received pursuant to this act, the CTIR  
52 shall apply for funding through philanthropic sources earmarked for the  
53 development of transplantation at Erie County Medical Center.

54 5. Funds appropriated pursuant to this act shall be administered  
55 through the University of Buffalo Foundation Services Inc. with desig-

1 nated administrators at Erie County Medical Center acting as responsible  
2 directors.

3 S 3. Appropriation. The state of New York shall appropriate during  
4 each fiscal year for three years to the Center for Transplantation and  
5 Immunology Research an amount of \$227,333.34 from the general fund to  
6 pay the expenses of the Center for Transplantation and Immunology  
7 Research including but not limited to the salary of the administrative  
8 director and lab technicians, animal costs, luminex assays, laboratory  
9 supplies and equipment.  
10 S 4. This act shall take effect immediately.