

## Alcor News Bulletin

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Number 12: May 1st, 2003

## CEO's Health Update

Almost three weeks ago, Alcor's President and CEO Jerry Lemler MD received the devastating news that he was suffering from metastatic cancer allowing virtually no possibility of treatment or remission. Today the situation looks a bit more promising, thanks to a prominent (and at this time) anonymous Alcor member who not only insisted that Jerry be evaluated and treated at the world renowned M. D. Anderson Cancer center in Houston, Texas, but pledged to pay any portion of medical and related ancillary expenses not covered by insurance. Jerry's current provisional diagnosis is that he has a malignant nonHodgkins lymphoma.

Following several excursions to Houston for numerous tests, Jerry and his wife Paula are scheduled to have a summation conference with his attending oncologist, Dr. Anas Younes, on Tuesday May 6th, when they should learn the precise tissue diagnosis, prognosis, and treatment options.

In general this type of tumor tends to be about 50 percent curable, and the odds may be better as researchers at the Anderson Cancer Center are involved in more than 700 clinical trials allowing cancer victims to receive new chemotherapeutic protocols long before they are submitted for FDA approval. Jerry is now dividing his time between working at Alcor and visiting Houston as an outpatient. We're delighted that his prognosis seems to be less bleak than first anticipated. We are also extremely grateful to the anonymous Alcor member who is providing resources to enable the best available care.

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Two Employees Leave Alcor

On April 11th, Jessica Lemler Sikes and James Sikes left their positions at Alcor. Jessica had been assisting us in the membership administration department, and was our corporate Secretary. James had been our facility manager, who recently completed for us a new portable ice bath of his own design. We appreciate all the time they've spent helping us, and we hope they'll find good opportunities to flourish at other businesses in the Phoenix area.

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New Help Arrives at Alcor

Immediately following the departure of James Sikes, we advertised online for a new facility manager and received more than 100 resumes within two days. Our ad requested someone with good crafts skills (able to do metal working and welding), and we've found a person who has all the abilities we were looking for. He is Christopher Thomas, a Phoenix native whose previous work included construction of production line equipment for Intel and Epsitech; custom installation of car stereo systems; screen printing; and various fabrication jobs. Christopher will be handling a wide variety of tasks for us, such as maintaining our vehicles and assembling prototype equipment, in addition to general facility maintenance. He has a strong interest in Alcor and has offered to assist in our operating room during future cases. His significant other, Patch Thomas, has offered to work for Alcor as an unpaid volunteer, hopes to assist us with our web site, and will be available for our operating room.

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#### A Hospice in Florida

During a recent trip to South Florida, Dr. Jerry Lemler and Dr. Michael Riskin visited Vitas, the largest hospice in the state. As a result of this visit, Vitas has officially confirmed that it will accept terminal Alcor members and will allow us to deploy our equipment at bedside. This very significant development provides some assurance that in cases where we have advance warning, we can minimize ischemic injury despite the substantial transcontinental transport time.

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#### Paramedics in Florida

Paramedic Todd Soard, who teaches emergency medicine in South Florida, has contracted to provide cryonics field services exclusively for Alcor. In previous cryonics cases where Todd participated, we acquired a very high regard for his expertise. We're extremely pleased that he will be available to help us in association with other paramedics on the East Coast.

Our next step is to arrange Florida training sessions in which personnel will learn to use our equipment. Director of Clinical Services Larry Johnson will be scheduling the sessions in May.

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#### Personnel Changes in Southern California

Regina Pancake and Peter Voss are our new Southern California coordinators. Between them they will manage and maintain our equipment and coordinate local volunteer capability. Regina is cofounder of a small Hollywood special-effects lab, while Peter owns an artificial intelligence research company.

Bobby June and Todd Huffman have stepped down as our previous Southern California coordinators. Bobby is fully occupied with a new business venture, while Todd will be moving to Scottsdale to join us as a fulltime employee on June 1st of this year, after he completes his B.Sc. in neuroscience. We greatly appreciate their contribution during the past months, maintaining and helping to implement our Southern California capability. Bobby has pledged to continue active participation as a team member in future California cases.

We now have an urgent need for extra help in the greater Los Angeles area. If you've ever contemplated the possibility of becoming involved in cryonics on a part-time basis, now is the time to step forward. A medical background is not essential. Please send email to if you'd like more information.

Local volunteers are vital in an emergency where time is of the essence. Past experience indicates that Alcor members can make a tremendous difference when we need to help each other.

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#### Southern California Acquires a Transport Vehicle

Our activists in the Los Angeles area have acquired a new van that will be converted for pickup and transport of cryopatients. In a typical case where we would normally use a mortuary service to collect the patient, our own vehicle

can reduce transport time by at least an hour and will eliminate the anxiety associated with trying to rent a van or truck on a last-minute basis. Also, our van can be fitted with ancillary equipment such as interior lighting and compressed-gas cylinders to drive a Thumper (or similar) cardiopulmonary support unit.

Many thanks to Regina Pancake and Peter Voss for pursuing this initiative.

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#### Our STASIS Vehicle

Here in Scottsdale, the laborious process of lining the load area of our new truck with heat insulation is now virtually complete, and a commercial air-conditioning unit has been installed. Provisionally named STASIS (Standby-Transport Ambulance for Surgical Intervention and Stabilization) the vehicle is now ready for hospital-grade wallboard followed by patient-care equipment and supplies storage. Currently we are investigating the possibility of using white LEDs in a very large array with a parabolic reflector as an ultra-reliable, low-wattage light source for medical procedures.

Alcor's Chief Operating Officer, Charles Platt, has reopened the discussion regarding where the STASIS vehicle should be stored. The truck's air conditioning system is extremely powerful and includes an electrically driven backup compressor that can be plugged into any nearby source. This should provide ample protection for the load area if the truck is parked outside during Phoenix summer heat, but we still have to address concerns about security. We will reap a very significant saving in floor space inside the building if we are able to park the truck outside, but first we must satisfy board members who are justifiably concerned about risks associated with external parking.

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#### Facility Expansion Work

We have received bids from two contractors for the first phase of our facility expansion, and we will be receiving another bid from a third contractor during the next few days. After that, we will decide who should do the initial work. Meanwhile our new facility manager, Christopher Thomas, has made accurate measurements of Unit 106, which will become our new patient storage area. We will be drawing plans for the following tasks: Location of a hoist in a cut-out section in the roof, thermal insulation of the remainder of the underside of the roof, new air-conditioner ducts, enlarged access door, bulk storage tank for liquid nitrogen, conduits for electrical outlets, sheetrock on the north interior wall, construction of a possible interior dividing wall to protect Dewars, new paint on all walls and ceiling, and installation of appropriate lighting. Our Facility Expansion Committee and Patient Care Trust Board will be consulted at every step in these very ambitious plans.

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#### Readiness is Restored

As a result of the rapid sequence of cases reported in previous editions of Alcor News, our equipment and supplies were reduced to a minimum. At Alcor Central we have now restored our ability to respond to future cases (including multiple cases, if they occur). Our operating room is ready, and we have finally managed to acquire a new supply of hydroxyethyl starch (HES) which is a fundamental component of our washout solutions and perfusates.

Larry Johnson, our Director of Clinical Services, has worked

with our Director of Suspension Readiness, Mathew Sullivan, to stock twelve new meds kits which will be eventually deployed around the country. The kits still require some specially formulated meds which we expect to compound ourselves as soon as we receive the remaining necessary supplies.

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#### New Directors at the Venturist Society

Jerry Lemler MD and Paula Lemler are pleased to report that they have been elected as directors of the Venturist Society. For more information about the society, please visit [www.venturist.org](http://www.venturist.org).

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#### Problems Affecting Recent Cases

During a debriefing session involving many of the volunteers and employees who participated in our last two cases, we identified areas where problems occurred and improvements are necessary.

In the case of patient A-1234, we were very pleased with the performance of team members during the transport phase. Unfortunately in our operating room a clamp was left open, allowing cryoprotective perfusate to flow directly to the dump instead of recirculating. This emergency was addressed by closing the clamp and quickly adding a large volume of concentrated perfusate, which terminated the initial loading phase and caused a rapid overall increase in concentration. Normally we allow an initial period in which we maintain a relatively low concentration to mitigate osmotic shock and load the cells. We have no way of knowing the exact consequences of skipping this loading phase, but the patient did perfuse thoroughly, and vitrification seemed to occur.

In the case of patient A-1025, we reported previously in Alcor News that some confusion about mortuary paperwork caused an overnight delay during the transport phase. Apparently our California mortician was reluctant to act because he had not received assurance that a doctor would sign the death certificate. By the time one of our surgical team members in California realized this, the staff of the emergency room where the patient had been pronounced had already gone home. A significant delay ensued before anyone could find a physician who would sign the death certificate.

This case was preceded by an unavoidable period of about two hours while we waited for the hospital to release the patient. Worse still, before the patient reached the hospital he had gone through probably two days of dehydration. This combination of negative factors almost certainly was the primary cause of some brain swelling, a low flow rate, and relatively poor penetration of cryoprotectant in our operating room.

Every case involves some risk of problems and errors, since we must deal with many factors outside our control while attempting to provide emergency medical services under severe time pressure. Also, in the last two cases, legal death occurred without prior warning.

In the future we are contemplating possibilities such as gathering all necessary information for death certificates from our members while they are still alive and well; obtaining preauthorization from next-of-kin to enable us to collect a patient after legal death, in a state such as California where authorization is mandatory; and a detailed study of California mortuary industry practices concerning death certificates and transit permits.

Lastly we are addressing a very basic problem that has afflicted our DualogR temperature-recording devices, one of which normally accompanies every patient who travels to our facility. The DualogR is intended as a hand-held device. If it is not carefully secured during transport it can move or fall, causing one or more of its control buttons to be pressed. Our new facility manager and crafts person Christopher Thomas has designed a clip-on button protector which will be installed on all of our DualogR units.

In addition, while the DualogR can be set up and programmed easily under quiet conditions, the layout of the keypad encourages key errors in a stressful situation, and the key sequences are not intuitive. Charles Platt is in the process of writing a new instruction manual in the hope that standby team members will practice the primary functions and reduce the possibility of human error, which probably has been a factor in past cases where inadequate data were recorded.

Alcor News is written primarily by Charles Platt.  
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