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Niels Lynöe
Chairman, Ethics Council,
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TO WHOM IT MAY CONCERN

I am writing to you regarding the young Turkish patient, Yeşim Çetir, who is one of the three patients Dr. Paolo Macchiarini has transplanted at the Karolinska Institutet in Stockholm. This patient's case has been central to many of the allegations that are currently being made against Dr. Macchiarini.

As official representatives of the Turkish Ministry of Health, as well as the organizers of this patient's trip to Karolinska, I would like to clarify her pre-surgical and present condition. This young lady has an unfortunate story that began with a simple surgery for hand sweating in Turkey. This initial surgery was complicated by a tracheal tear, which resulted in her undergoing several additional surgeries for a repair. However, all of these surgeries failed, leaving her with a completely destroyed trachea. As a last chance, she had a surgically stent (sutured to the trachea) placement.

At that point, we here in Turkey reached out to Dr. Paolo Macchiarini for help in assessing her condition and prognosis. Dr. Macchiarini then came to Istanbul to evaluate her, in her hospital bed, without hesitation or payment. We suspected that a tracheal transplant was the only choice to save this patient, but we didn't know how to proceed because she was suffering from empyema (infection of the right chest cavity) on her right chest cavity, and also, the suspected life-threatening erosion of the right pulmonary artery due to a septic broncho-pleural fistula between the proximal intermediate bronchus and the right pleural cavity. Life expectancy was at best a few weeks, maybe only very few months. No-one was brave enough to perform even a basic bronchoscopy because even this simple procedure was potentially extremely dangerous and life-threatening. When Dr. Macchiarini came, he spent an hour with the patient and her father in order to explain in careful detail all the concerns, risks and possible ways to save her life. Because Dr. Macchiarini doesn't speak Turkish, we acted as translators for him and were witnesses to this conversation. We then discussed all of the possible scenarios in a multidisciplinary team meeting and together, deemed that a transplant was her only possible chance at survival, even though we were greatly concerned about the success rate because of her present infection.

With all of this in mind, and together with her family, we came up with the surgical strategic plan of first doing a surgery to eradicate the infection and the dangerous pulmonary artery erosion, with everyone aware that doing so included the potential risk that this might require the removal of her entire right lung. Then, once the infection had been successfully cleared out, moving ahead with the elective transplant. Both the patient and her father fully understood the complexity of the situation, as well as the potential risks of all the proposed treatment plans, and knowing all of this, they gave

us their consent to proceed. At this point, the necessary paperwork between the Swedish authority (Stockholm Care) and the Turkish Ministry of Health were completed, and the patient was transferred to Karolinska Hospital in Solna, at the Thorax clinic/ICU, where she had the first surgery to clear out this infection. During that surgery, unfortunately the stent came out and it was not possible to ventilate the patient. Dr. Macchiarini expressed that this was the worst scenario that he has ever encountered and yet he was able to guide the rest of us through what seemed to be a very bleak scenario. The patient was nearly dead, but Dr. Macchiarini was able to resuscitate her successfully, and stabilize her with the aid of ECMO (artificial lung machine). Afterwards, Dr. Macchiarini had to do an emergency transplantation in the infected area, which was repeated 8-10 months later. During this period of time, the patient was put on ECMO three different times but weaned from everything.

She is now still suffering from an infected cavity (the same that was initially present,) which requires her to have bronchoscopies 5-6 times daily, but this young woman is extraordinarily lucky that she is still alive, and she would not be were it not for Dr. Macchiarini. She was nearly dead before transferring to Karolinska but now is really in excellent condition considering all that she has been through, and is awaiting surgeries for her infected space and esophagus. As testament to this, we have attached her latest picture, which was taken during our visit in November, (with me on the left, and Professor Sayar on the right).

We have been extremely disappointed reading and hearing the many totally false allegations about this young woman's trachea transplant, because she is alive and well after almost 3 years now, in fact wandering around the hospital, even going to the park. These inflammatory and dangerously wrong allegations dismiss the science and research behind all of the work that Dr. Macchiarini has done. As someone who is indebted to him for saving this patient and helping us when we had nowhere else to turn, this really hurt me as it implies simplicity and humiliation. Instead of criticizing and attacking such a great surgeon and scientist as Dr. Macchiarini, he must be congratulated for his excellent work, and especially, his braveness.

Sincerely,

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