Memories of a Transplant Surgeon

My experience with organ transplantation began during my Surgery rotation as a third year medical student. The year was 1984, the place was “Old Main,” the University hospital built in 1925 that was used for patient care until 1985 when the current University hospital was opened. There were three transplant surgeons on staff: Dr. Jeremiah Turcotte, Dr. Darrell (“Skip”) Campbell, and Dr. Don Dafoe. Dr. Turcotte was also the chairman of the Surgery department. The liver transplant program would not begin until the next year, so only kidney and pancreas transplants were done. Cyclosporine had just been approved by the FDA the year before.

At the time I had been planning on a career in Internal Medicine or Neurology, but during that month the excitement of Surgery captivated me and I knew that it was what I wanted to do with my life.

The first is that even in those days, Transplant was very much a team sport. There was only one Transplant coordinator, but she was intimately involved with making decisions for transplant donor and recipient candidacy and this nurse’s opinion was equally as

When I look back on those memories, a few things stand out the strongest.

"The camaraderie and mutual trust of the team members was a strong enticement to me. It made me want to be a part of that team."

Memories of a Transplant Surgeon continued on page 2

Reunion For All Patients, Families, Staff and Friends of the Transplant Center

Everyone is invited to celebrate with us on Sunday, June 1 at the Crisler Center. From 1:00 p.m. until 5:00 p.m. we will host an ice cream social with sugar-free alternatives and plenty of fun and giveaways. Please join us any time during this open-house style event. There will be a brief ceremony at 3:00 p.m.

Our patient and family reunions are always very popular and well attended. There is plenty of free parking available.

Your RSVP will help us with our planning. Visit www.uofmhealth.org/transplant50 or call 734-232-0594. For more event information, call or email transplant50@umich.edu
important as any other team member’s. She knew all the patients on the list, which was only a few dozen patients. She knew all the patients that had received transplants. Afternoon rounds were made with Nephrology, Surgery, and the coordinator. The camaraderie and mutual trust of the team members was a strong enticement to me. It made me want to be a part of that team.

My second memory is that of the patients. That month there were six transplants. This was considered busy. Every single transplant was thrilling. I still remember the delight of witnessing proof of success — kidneys that immediately produced urine. I remember the patient’s and their family’s shared joy on the day of discharge. I recently was curious about how those patients did, now a few months short of 30 years later. So I looked them up in OTIS, the computerized database of Michigan Transplant patients. Sadly, one patient was lost very soon after the transplant. However, two patients lived more than 20 years, and the other three lived more than 10 years. Given the quality of dialysis available at that time, I know that the odds would have been very poor that these patients would have lived so long if they had not been able to receive a transplant. Transplant was an amazing experience for them, just like it is today for our patients.

The third memory I have is that of the continuous effort at improving the state of the art that existed.

Everyone talked about our outcomes frequently. Cyclosporine was making transplants more successful than ever before, and the mood in the air was electric. Yet everyone knew that more needed to be done so that more patients would benefit. The surgeons operated one day a week doing transplants on pigs, looking for knowledge that would in turn be used to benefit patients. This was an exciting time, reminding me of a birthday party where presents are being excitedly but carefully unwrapped one by one, each present a wondrous new insight into how the immune system worked, or a new and better technique or medication. Every journal that arrived contained articles that described advances that would help our patients achieve the joy and the success of a transplant.

My final memory is that of the people that were a part of the team. They were all friends, all professionals dedicated to each other and to their patients. One year they formed a band, called “Rejection.” There were two surgeons playing guitar, surgical residents playing drums and keyboards, and Dr. Bartlett, the beloved director of the Surgical ICU, playing the bass. They played a mixture of blues and rock and roll. Rejection was accompanied by “The Pulses,” that sang and danced. The Pulses consisted of two of the surgeon’s wives, a nurse from the Transplant ward and one of the surgeon’s secretaries. They wore racy red outfits. What a team that was! I marveled at the fact that as a student, I was a member of the team too. There I was, walking beside the Chairman of Surgery on rounds. Dr. Turcotte, who had been chairman for more than a decade, was already a legend. He had been around since the first days of transplantation, since the first issue of the journal dedicated to the field of Transplantation was printed, since the first meeting of the Transplantation society was held. How proud I was to have been allowed to be a member of the team, reporting on lab results, and blood pressures, and keeping track of the patient’s cyclosporine dosage on rounds. I was contributing in a small way, and I loved it. The warmth and the shared joy of that small group drew me to the field more than anything else, and it has been my privilege to have been involved with such a team my entire professional career. I can’t imagine a better life as a physician than to have been accepted as a team member, to have been allowed to care for these brave and beautiful patients, and to have worked side by side with all the wonderful colleagues I have had over the past three decades.

– Jeffrey Punch, M.D.
Transplantation at Michigan: Building a Team

One of the nicest parts of my work at UMHS goes like this: someone stops me in the hallway, a hug follows, and the inevitable question follows “Dr Campbell, do you remember me? I had a liver here transplant here 20 years ago.” More often than not the real answer is no. But I do keep my own records, neatly bound in leather volumes in my office, and after a little prompting it all comes back to me. I remember the excruciating details of the case, including the donor circumstances, always agonizing, the helicopter rides in the middle of the night, sometimes scary, the drama that frequently ensued in the operating room, the anxiety post operatively about liver function and post op bleeding. But, more often than not, a very successful result, and a hug in the hallway 20 years later.

This scenario, repeated countless times for all of us on the transplant team, makes me think about how fat we have come, and how all the high tension pieces of the transplant puzzle have had to come together organizationally. And they have, but not without a lot of effort, and starting from nothing.

I remember Thursday night meetings of the newly formed Transplant Society of Michigan, sitting around a card table in a dingy office, with two full time employees. Or a winter, night time flight to get a donor, in a Piper Cub, with one pilot. And consider where we are now, with dozens of passionate employees, a beautiful modern building and very organized donor procurement policies and procedures. Or think about the first liver transplant done, an endeavor that took 23 hours and three faculty, with standing room only for observers in the OR. That case was months in the making-Bob Merion had spent 2 years in Cambridge England learning from the world experts, and the rest of us had spent countless hours in the lab, doing liver transplants on pigs. But now a liver transplant is likely to take 4 hours, often without blood transfusion.

And this is because all of the members of the team, coordinators, nurses, perfusionists, nurses, anesthesia and surgeons, cared about taking good care of the patient. And to take good care of the patient they had to function not as individuals, but as members of a high functioning team.

Dr Turcotte believed in being inclusive. The photo of the transplant team at the time of the first liver transplant hangs in my office, with at least 40 members. The team still exists, albeit with different members and different responsibilities, but the end result is the same – a highly organized group, all bound together with a common sense of mission. We have come a long way, and more good things are to follow.

– Darrell A. Campbell, Jr. M.D., FAC
Chief Medical Officer and Professor of Surgery, U-M

Clinic Grand Opening

Dozens of friends of the Transplant Center were on hand to witness the ribbon-cutting in celebration of the opening of our new clinic space. Adult liver, kidney and pancreas transplant patients now have a one-stop location for many of their testing, evaluation and procedure needs. Located on the first floor of the Taubman Center, our clinic is conveniently located next-door to the blood draw station and outpatient pharmacy.
Congratulations to the University of Michigan Transplant Center on the accomplishment of 50 years of performing lifesaving solid organ transplantation! The Lung Transplant program is proud to be a member of this outstanding organization and contributed to this achievement by performing lung transplants in 44 individuals during calendar year 2013; the highest volume ever performed in the State of Michigan and at our institution. Between 1990 and December 2013, eight hundred thirty seven lungs have been have been transplanted into five hundred eighty patients.

We are the most experienced and highest volume program in the state of Michigan. On average, our program has provided this procedure to 25 patients per year; a surgical volume that is higher than any other program in the state, and studies have shown that centers performing greater than 20 transplants per year have improved patient outcomes. Patients with end stage lung disease with a poor prognosis despite maximal medical management are eligible for lung transplantation. While emphysema is the most common overall reason for receiving a lung transplant; patients with idiopathic pulmonary fibrosis (IPF) have more recently been the diagnostic group to more frequently receive a lung allograft. Other diagnostic groups referred for lung transplantation include alpha-1 antitrypsin deficient emphysema, cystic fibrosis and sarcoidosis as well as other fibrotic and obstructive lung diseases.

The success of our program is due to the expertise of our five thoracic surgeons and eight transplant pulmonologists as well as the multidisciplinary involvement of our health care team members including nursing, pharmacy and social work.

While many lung programs provide good clinical support and outcomes, we are unique in our ability to provide specialized services to our patients. The pioneering effort of our extracorporeal membrane oxygenation (ECMO) program has led to our ability to bridge very ill end stage lung disease patients to transplantation using an ambulatory form (ambulatory ECMO) of this technology that allows liberation from an endotracheal tube while allowing the patient to remain awake, free to exercise and remain conditioned while awaiting lung transplantation. Ambulatory ECMO has been successful in seven individuals at our institution allowing them to continue with a meaningful, productive life.

Our surgical team also has expertise in reconditioning donor lungs that would otherwise be discarded, which may increase the eligible lung donor pool for transplantation. Called, ex-vivo lung perfusion or EVLP, the University of Michigan Lung Transplant team is taking the lead on educating and collaborating in a unique fashion with the Gift of Life and other lung transplant centers in Michigan to study the effectiveness of this new technology. Since lungs are only used in 20% of available donors nationwide, we are optimistic that this device will increase organ utilization and lung transplantation rates throughout the world.

Our clinical success supports our research endeavors which sets us apart from other transplant programs. We hope to shed the light on the causes and prevention of donor lung injury (primary graft dysfunction), chronic rejection of the lung (obliterative bronchiolitis, restrictive allograft syndrome), changes in the transplanted lung “microbiome” or lung microbiologic environment, gastroesophageal reflux effects on the fibrotic and transplanted lung, and mechanisms of fibrotic lung disease development in idiopathic and connective tissue diseases.

While many patients are referred specifically for lung transplantation, only a small proportion of patients actually qualify for the procedure. All patients are initially seen in the specialty Dyspnea Clinic by one of our eight transplant physicians where they are evaluated for novel therapies or considered for enrollment in one of our many NIH sponsored clinical trials. All patients with interstitial lung disease are reviewed by a multidisciplinary team composed of world renowned experts in radiology, lung pathology
Adult Kidney Transplant Peer Mentors Are Recognized

On December 13, 2013, the Transplant Center celebrated the end of a great year of the adult kidney transplant peer mentor program. The peer mentor program includes both kidney transplant recipients and living kidney donors who have gone through training to become peer mentors and volunteers with the University of Michigan Health System and the Transplant Center. The donor program was started in 2009 and was just recently revitalized and the recipient program began in the fall of 2012.

The special celebratory program was a huge success with approximately 50 people attending including peer mentors, family members and Transplant Center staff and faculty. The event was a small way the Transplant Center could recognize the peer mentors that made such an impact over the past year. The program included an icebreaker for everyone to get to know each other, an overview of the past year of the peer mentor program, recognition of peer mentors with an award ceremony (everyone received a certificate), lunch and the opportunity for the peer mentors and family members to share the successes and difficulties being a peer mentor including ideas for improvement.

As part of the recognition, one of our longest acting peer mentors received the first ever annual award, named in his honor: the Laurence C. Kloss Peer Mentor Award. This special award hangs in the Transplant Clinic for everyone to see. Larry has been involved in the living donor peer mentor program since 2009. Even when the program stopped, he continued to participate as a volunteer and connect with potential living donors through our living donor patient education class.

Larry said “Donating a kidney is one of the most generous things one human being can do for another. Still, it’s a big decision. Undergoing surgery is difficult enough; it’s even harder for donors since they are volunteering for a major operation when they’re perfectly healthy. I tell prospective donors what to expect during their hospitalization and recuperation. My work as a peer mentor with the Transplant Center has been one of the great experiences of my life. It’s very gratifying to receive an award for it. In the end, though, it is the work itself that is most gratifying. People appreciate it. I feel like I genuinely help them.”

– Stacy Brand

and pulmonology. Collaboration with additional authorities in pulmonary hypertension, cardiac failure, congenital heart disease, rheumatology, infectious diseases as well as hepatology is frequent and may lead to therapies that may avoid or delay transplantation. Patients with emphysema are screened for lung volume reduction surgery (LVRS) eligibility. This surgical procedure involves the surgical removal of bullous areas of the lung (typically in the upper lobes) thereby improving the mechanics of respiration. A proportion of these patients will have an improved prognosis following the procedure. Our center is one of only 26 national JCAHO or NETT centers approved to perform this procedure.

The University of Michigan Lung Transplant program is positioned for continued success as we develop innovative techniques to provide this option to more patients with end-stage lung disease. Our expertise in both the clinical care and research arenas places us in an extraordinary position to provide care for our current patient population and to make discoveries in advancing the healthcare of end-stage lung patients for the future.

– Kevin Chan, M.D.
Transplant Center Celebrates 50 Years of Saving Lives

Since its inception in 1964, the University of Michigan Transplant Center has become the largest and most experienced transplant center in Michigan and among the largest in the nation.

**1964**
- First live donor kidney transplant

**1968**
- First heart transplant

**1984**
- First pancreas transplant

**1985**
- First liver transplant

**1988**
- First heart-lung transplant

**1990**
- First reduced liver transplant
- First lung transplant

**1996**
- First live donor liver transplant

**2001**
- 1,000th liver transplant

**2003**
- Camp Michitanki is started to provide an exciting summer camping experience for children who’ve had an organ transplant

**2006**
- Received the Health and Human Services Organ Donation Medal of Honor

**2007**
- Paired Kidney Donation program established
- Received the Health and Human Services Organ Donation Medal of Honor

**2009**
- Received the Health and Human Services Organ Donation Medal of Honor

**2010**
- 800th heart transplant
- Liver transplant program among the first in the nation to be approved to transplant Cholangiocarcinoma patients
- Received the Health and Human Services Organ Donation Medal of Honor for the fifth consecutive year it has been awarded

**2011**
- 500th lung transplant

**2013**
- 2,000th liver transplant

**2014**
- 10,000th transplant
Since 1984, The University of Michigan Frankel Cardiovascular Center Heart Transplant Program has performed more than 900 heart transplants, as well as implanting more than 500 ventricular assist devices (VADs) — most as a way to “bridge” patients to transplant. The U-M team also provides the multidisciplinary care required for complex transplant patients and includes specialists in advanced circulatory support, cardiac critical care, nutrition and social work.

This closely integrated team of cardiac transplant surgeons and transplant cardiologists is highly skilled in treating and implanting donor hearts in patients with the most urgent cardiac needs. U-M’s high volume, vast experience and active research program makes it a leader in heart transplant surgeries.

U-M patient David Parker received a new heart in December 2012. Today, he is living a full, active life that includes walking three miles, weight training and swimming most days of the week.

“My name is David Parker. I am 64 years old and thankful to the University of Michigan cardiac team for my new life. I first became ill in 2001. I started with an irregular heartbeat called atrial fibrillation, or afib. I was in and out of the hospital getting ‘cardioverted,’ a procedure in which the heart is shocked back into normal sinus rhythm. After a while, the doctors saw that this was not going to work. So I went to the University of Michigan Frankel Cardiovascular Center, where Dr. Hakan Oral and his team performed three ablations. This helped for a period of time, but the afib eventually returned.

I was getting weaker and weaker as time passed. My doctors decided the only thing that would work was a heart transplant. I was put into the hospital to try to build up my strength and was put on the heart transplant list. At this time, my organs were starting to shut down and I was told I was too sick for a heart transplant. My only other option was to have a left ventricle assist device (LVAD) inserted. An LVAD is an electrical pump that attaches to the heart and pumps blood throughout the body. With the LVAD surgery, performed by Dr. Jonathan Haft, my organs started improving. I had the LVAD for 11 months, running on batteries during the day and plugged into a wall outlet at night. During that time, I was put back on the heart transplant list.

On December 3, 2012, I received a call that a heart was available and ready. When I received the call, I couldn’t believe it. I was shaking and crying, overwhelmed with so many emotions.

We had 45 minutes to get to U-M CVC. My wife, Carol, had to pack up all of the LVAD equipment and off we went. We arrived at the hospital at 4 p.m. Dr. Francis Pagani and his transplant team began prepping me immediately. I went into surgery at 9 p.m. and came out of surgery at 4 a.m. with my new heart. I spent the next week or so in the hospital, recovering and getting my strength back. I was taking a considerable amount of medications, but nothing I couldn’t handle. I was committed to getting healthy and would do whatever it took to get there.

I’ve been with my new heart for 1.5 years. Ten months after the heart transplant, my donor family contacted me. We found out my donor was a 37-year-old man named Dale Rice. After communicating with the donor family, we discovered that Dale had lived with his sister just five miles from my residence. And his mother and stepfather live five miles from our cottage up north.

Since my heart transplant, all of the tests have been negative for rejection. The University of Michigan CVC team has been there for all my needs, no matter what they are. And my current cardiologist, Dr. David Dyke, keeps up with my health on a regular basis. There are no words to describe how great all of the U-M doctors, nurses and everyone involved have been in taking care of me. GO BLUE!”

— Jane Gleeson
After two decades of testing and billions of dollars in drug development, two new oral agents (Sofosbuvir and simeprevir) that help clear hepatitis C virus (HCV) in the majority of treated patients were approved by the FDA in December 2013. HCV is a blood-borne pathogen that currently affects 3 to 4 million Americans and is a leading cause of cirrhosis, liver cancer, and liver failure. HCV related liver disease is the most common reason for liver transplantation in the US. Although HCV + liver transplant (LT) recipients generally do well, reinfection of the graft is inevitable and can lead to accelerated graft damage and even early graft failure in some patients. Conventional treatment for HCV consisting of weekly injections of Interferon combined with ribavirin tablets for 6 to 12 months is frequently ineffective and poorly tolerated in LT recipients.

Sofosbuvir and simeprevir based treatments can be given for a shorter duration (i.e. 12 to 24 weeks) and are associated with higher rates of sustained viral clearance (SVR) than conventional interferon and ribavirin treatments.

### Table 1- Newly approved treatments for Hepatitis C infection

<table>
<thead>
<tr>
<th>HCV Genotype</th>
<th>Treatment regimen</th>
<th>Duration (weeks)</th>
<th>SVR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable HCV patients (without liver failure)</td>
<td>Sofosbuvir + Interferon + ribavirin or *Simeprevir + Interferon + ribavirin</td>
<td>12</td>
<td>~90%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24</td>
<td>~80%</td>
</tr>
<tr>
<td>LT candidates with early cirrhosis and liver cancer</td>
<td>Sofosbuvir + ribavirin</td>
<td>24 to 48</td>
<td>~65%</td>
</tr>
<tr>
<td>Stable LT recipients</td>
<td>Sofosbuvir + ribavirin</td>
<td>24</td>
<td>~70%</td>
</tr>
</tbody>
</table>

* Testing for drug-resistant variants pre-treatment recommended SVR = sustained virological response

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**Breakthrough Treatments for Hepatitis C Have Arrived!**

**Upcoming Events**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday, June 1</td>
<td>Transplant Center 50th Anniversary Ice Cream Social and Reunion</td>
<td>Crisler Center</td>
</tr>
<tr>
<td>Sunday, July 13</td>
<td>Camp Michitanki Golf Classic</td>
<td>Ypsilanti Marriott/Eagle Crest</td>
</tr>
<tr>
<td>Saturday, November 8</td>
<td>Vita Redita Gala &amp; Auction</td>
<td>Michigan Stadium/Jack Roth Stadium Club</td>
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For information about any of our events, call 734-232-0594 or email transplantcenter@umich.edu
ribavirin in HCV patients. In addition, both agents have fewer side effects than prior drugs, can be given once a day, and don’t cause significant drug-drug interactions with immunosuppressive drugs used in LT recipients. Simeprevir (Olysio®) is a protease inhibitor given in combination with interferon and ribavirin for 24 weeks but is only effective in HCV genotype 1. Sofosbuvir (Sovaldi®) is a nucleotide polymerase inhibitor given in combination with interferon and ribavirin for 12 weeks in patients with HCV genotype 1. In addition, sofosbuvir combined with ribavirin (without interferon) for 12 to 24 weeks is approved for non-transplant HCV patients with genotype 2 and 3, respectively.

The interferon-free combination of sofosbuvir and ribavirin for 24 to 48 weeks was also tested in liver transplant candidates with early cirrhosis and liver cancer. This regimen was associated with a virological cure in ~70% of the treated patients that was independent of the viral strain or HCV genotype. In addition, in an ongoing study that UMHS participated in, sofosbuvir and ribavirin for 24 weeks was associated with a ~70% rate of viral clearance in liver transplant recipients with recurrent HCV. In addition to these exciting breakthroughs, several additional oral antiviral agents are in development which when given without interferon or ribavirin are also associated with SVR rates of 90 to 100%. Studies of these potent and highly effective oral agents in patients with advanced cirrhosis, liver failure and kidney failure are also underway but none of the new oral agents are currently approved for these special patient populations.

It is anticipated that the additional oral antiviral agents will likely be approved in late 2014 or early 2015. In summary, the future has arrived; we now have several safe and highly effective oral antiviral agents which when given in combination with other approved drugs can lead to SVR in the majority of non-transplant HCV patients. Greater use of these all oral regimens in highly selected liver transplant candidates and recipients will also likely lead to improved health and outcomes in many of our patients. For further information regarding treatment options for HCV, please speak with your doctor or go to http://www.hcvguidelines.org

— Robert J. Fontana, MD
Medical Director of Liver Transplantation

Shop Online for Logo Gear

Our University of Michigan Transplant Center logo clothing has been a big hit with our patients, friends and families for many years. We are pleased to announce that our new online store is now available. Featured items include hats, a variety of shirts and jackets and more. Visit the store today at www.transplantgear.com.

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The University of Michigan Transplant Center events team updates our Facebook page regularly with information about current and upcoming news and events.

www.michigantransplant.org
Our web page includes contact information, patient guides, videos, and links to news stories related to donation and transplantation and much more!
Until March 30, 1964, there had never been a human organ transplant in Michigan. On that cool Monday morning in Ann Arbor, history was made at University Hospital. Twin sisters Joan and Janice Ottenbacher became our first kidney donor and recipient. Their story was captivating to all who read and heard about it in the news reports of the day. With each passing month and year of good health, the media raved about their story again and again. A young surgeon, Dr. Jeremiah Turcotte, is credited with performing that first transplant. He would go on to become Chief of Surgery at U-M and lead many national and international efforts to advance the field of transplantation. Today, Joan and Janice are both retired from nursing careers and they still correspond with Dr. Turcotte, now Professor Emeritus of Surgery. Joan and Janice plan to travel to Ann Arbor on June 1 for our Transplant Center reunion and 50th anniversary celebration.

In the fifty years since Joan bravely donated her kidney to save her twin sister Janice, our Transplant Center has grown immensely. We now perform nearly 400 adult and pediatric kidney, liver, heart, lung and pancreas transplants annually. Our program grew slowly at first but by the early 1990’s a handful of coordinators, doctors and nurses made up the team that took care of everything from patient evaluation through inpatient stays and clinic appointments. They handled the phones, typed letters, coordinated lab and pharmacy needs, and visited patients in the hospital on daily rounds. Work didn’t end at 5:00 either; luggage carts loaded up to six feet high with thick medical charts were carried home every night and every weekend just in case the call came with the offer of an organ. So many people needed to be notified and so many medical details verified that a full night’s sleep was rare for anyone associated with transplantation. Even though so much has changed over the years, sleepless nights will always remain a fact of life for many of our dedicated team members.

Today, over 200 people work directly with transplant candidates, recipients and living donors at the University of Michigan in a streamlined symphony of patient care.

We care for patients in a state-of-the-art clinic space designed just for transplant care, use a transplant-specific electronic medical record system, and have a transplant specialty pharmacy. We have dedicated teams of pre- and post-transplant coordinators, nurses, physician assistants, physicians, social workers, nutritionists, psychologists, lab and pathology specialists, finance and insurance specialists, medical assistants, discharge planners and administrative specialists. We have a quality control department, organ donation initiative staff, fundraising and special event staff, and dozens of volunteers. Physicians and surgeons train with us in specialized fellowships to become tomorrow’s leaders in the field. Each summer we host a week-long summer camp just for transplant recipient kids: Camp Michitanki (“Michigan Transplant Kids”). We are always focused on advancing transplantation, so we have a dedicated research team that is immersed in dozens of carefully controlled trials of new medications and procedures aimed at improving quality of life and precision of care.
Life saving transplants simply could not happen if not for the selfless and courageous acts of donation that we witness every day. For this we are forever grateful.

As our Transplant Center has grown, the state of the art of transplantation has made enormous leaps. What was once a new experiment that was reported in newspapers every time it happened has become the accepted best therapy for many conditions. Patients facing transplantation today can benefit from the skill and experience of our team that has over 50 years of experience and has performed over 10,000 organ transplants. Today, our transplant team is actively engaged in the care of over 4,000 patients who have had transplants and over 1,000 patients who are on the national transplant waiting list.

When Joan and Janice come back to Michigan to celebrate their unique gift of life on June 1, they will get to meet many of the patients who came after them. Our transplant team, dedicated to restoring health for all of our patients, will be there to celebrate too. We are humbled to contribute to today’s chapter in one of the most successful medical stories of all time. It is a great privilege to celebrate fifty years of life changing medicine and a great responsibility to carry on the tradition of excellence that led to this day.

– Bob Garypie

As we have grown, so have our partnering departments and organizations. The University of Michigan Survival Flight program now operates three helicopters and a jet airplane, swiftly transporting donor teams and organs. Our Wolverines For Life effort has united us with the Michigan Eye-Bank, Be The Match National Marrow Registry, Gift of Life Michigan, the American Red Cross, and numerous student organizations, schools, libraries and organizations across the University to promote life-saving donation.

Today, our patients and families are more actively engaged with us than ever. Many recipients and living donors volunteer as peer mentors, sharing their experience to benefit others. Others participate in fund raising events to benefit Camp Michitanki, research, our patient emergency fund and other efforts that are beyond the scope of our clinical budget. Committees of volunteers have helped our Vita Redita (“Life Restored”) Gala event become one of the most successful and highly anticipated black tie events in Michigan each year.

We are awed and amazed by living donors, donor families and the Michigan Donor Family Council for their support of our special events and donation promotion efforts. Organ donors and their family members remind us that all donors have given the gift of life and created a wonderful legacy.

“Life saving transplants simply could not happen if not for the selfless and courageous acts of donation that we witness every day. For this we are forever grateful.”
Heart World Record

On February 14, 2014 – Valentine’s Day – 132 heart transplant recipients and their families gathered to set an official new world record. Art Moran Buick in Southfield sponsored the event along with the Donate Life Coalition of Michigan. The event was a tremendous success and was a great opportunity for heart recipients to gather and celebrate together.

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