

The once-in-a-lifetime COVID-19 pandemic brought challenges to organ donation in 2020, living-donation and transplantation, however at Henry Ford, there were no deaths among those waiting for transplantation. During the height of the pandemic, transplant surgeons performed a heart, a double lung transplant necessitated by the effects of COVID-19, two liver transplants, and one kidney transplant.

Our committed medical and surgical teams work together to deliver exceptional care that:

- extends life for those with end-stage organ failure, through advanced therapies and surgical bridges to transplantation
- improves transplant outcomes using advanced surgical procedures – including minimally invasive and robot-assisted surgeries, state-of-the-art immunology testing and medical management
- focuses on the needs of patients, living donors, families and caregivers with unparalleled support, every step of the way
- reaches out through local clinics to all communities in the state of Michigan

LIVER TRANSPLANT



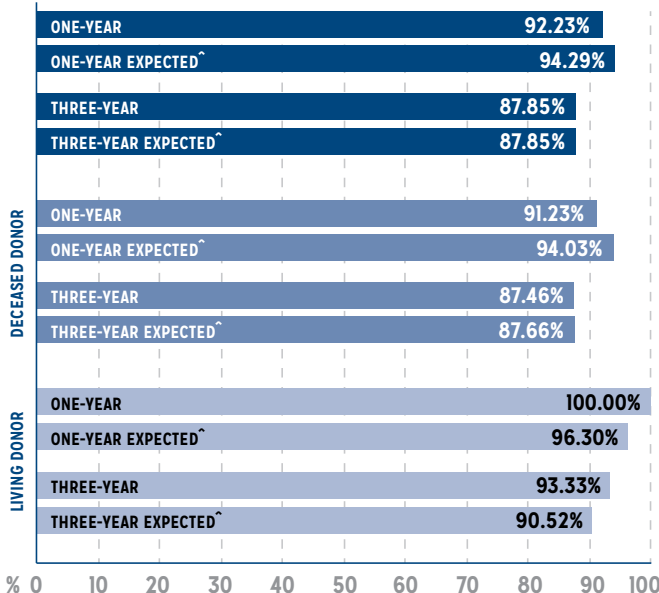
The Henry Ford Transplant Institute is home to Michigan's largest Liver Transplant Program, offering both living- and deceased-donor liver transplantation. A veteran team of hepatologists and liver transplant surgeons are recognized for bringing lifesaving options including medical and surgical innovations to patients with advanced liver disease and liver failure.

Adult-to-adult living-donor transplant has advanced over the last 21 years, with graft survival statistics remaining superior. The shortage of cadaver livers and the challenge to patients awaiting transplant sparked the development of The Henry Ford Center for Living Donation – the first of its kind in the United States.

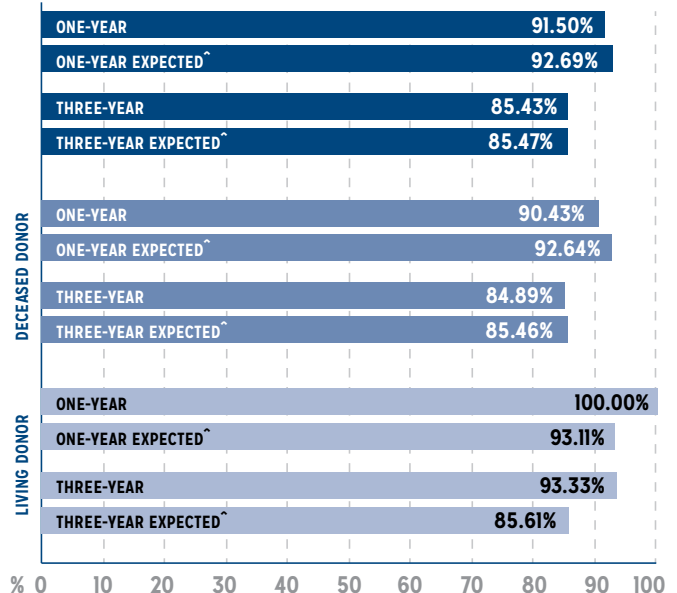
Outcomes

FIRST TRANSPLANT:	3/30/89
TRANSPLANTS PERFORMED IN 2020:	93
DECEASED DONOR:	91
LIVING DONOR:	2
TOTAL NUMBER OF PROGRAM TRANSPLANTS THROUGH 2020:	2167
DECEASED DONOR:	2039
LIVING DONOR:	128
RECEIVED MEDICARE APPROVAL:	01/01/77
MEDIAN TIME TO TRANSPLANT* (9.6 MONTHS NATIONALLY):	8.8 MONTHS
TRANSPLANT RATE- (EXPECTED .428, NATIONAL .633):	.618
WAITLIST MORTALITY- (EXPECTED .097, NATIONAL .120):	.106

PATIENT SURVIVAL RATES FOR LIVER TRANSPLANT*



GRAFT SURVIVAL RATES FOR LIVER TRANSPLANT+



KIDNEY TRANSPLANT



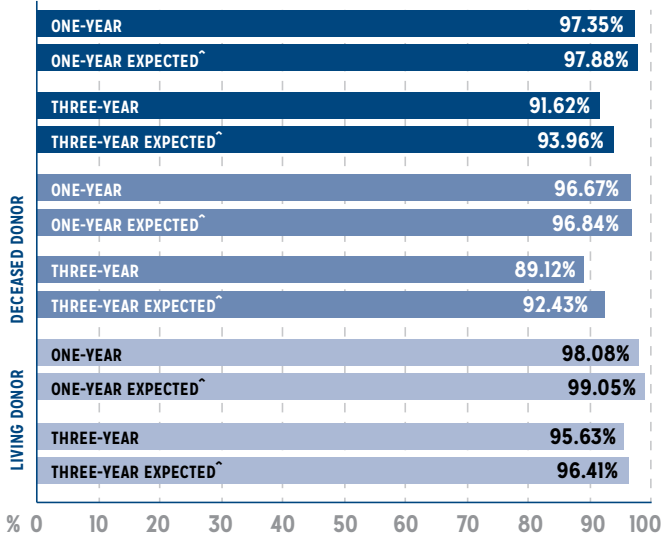
Since its beginnings in 1968, Henry Ford transplant surgeons have transplanted more than 3,600 kidneys, extending the lives of people with irreversible kidney failure who, without a transplant, would be dependent on dialysis.

Offering one of the most experienced programs in robot-assisted and minimally invasive surgery in the United States, the Henry Ford Transplant Institute's dedicated team of surgeons and transplant nephrologists partner to offer patients a full range of kidney, pancreas and kidney-pancreas transplants, including living donor transplants, through extraordinary patient-centered care.

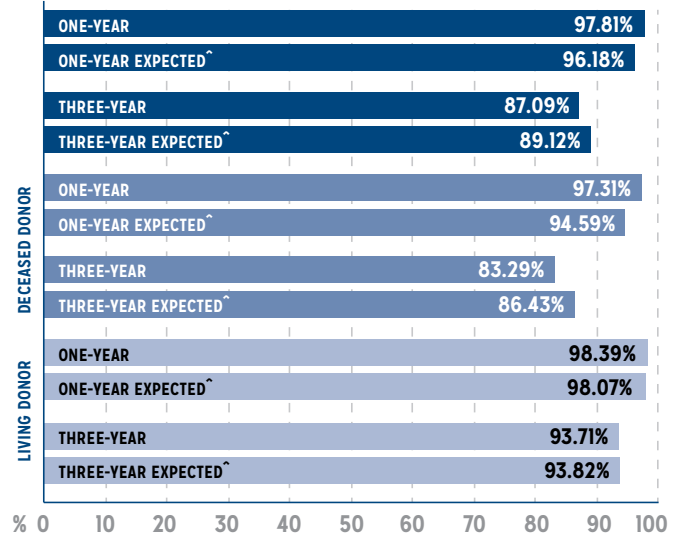
Outcomes

FIRST TRANSPLANT:	01/04/68
TRANSPLANTS PERFORMED IN 2020:	88
DECEASED DONOR: 54	LIVING DONOR: 34
TOTAL NUMBER OF PROGRAM TRANSPLANTS THROUGH 2020:	3673
DECEASED DONOR: 2403	LIVING DONOR: 1270
RECEIVED MEDICARE APPROVAL:	01/01/77
MEDIAN TIME TO TRANSPLANT* (42.4 MONTHS NATIONALLY):	44.4 MONTHS
TRANSPLANT RATE- (EXPECTED .207, NATIONAL .222):	.265
WAITLIST MORTALITY- (EXPECTED .045, NATIONAL .048):	.053

PATIENT SURVIVAL RATES FOR KIDNEY TRANSPLANT*



GRAFT SURVIVAL RATES FOR KIDNEY TRANSPLANT*



PANCREAS TRANSPLANT

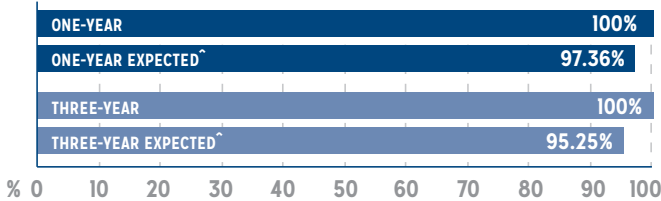


The Henry Ford Division of Endocrinology, Diabetes and Metabolism is nationally recognized for diabetes care, and our transplant team works closely with endocrinologists and nephrologists to help patients who may require a pancreas transplant. Henry Ford endocrinologists are pioneers in Type 1 and Type 2 diabetes management and research.

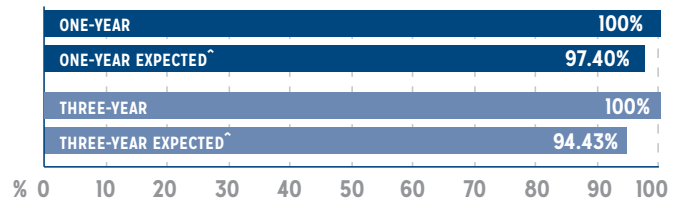
Outcomes

FIRST TRANSPLANT:	05/11/87
TRANSPLANTS PERFORMED IN 2020:	3
TOTAL NUMBER OF PROGRAM TRANSPLANTS THROUGH 2020:	170
RECEIVED MEDICARE APPROVAL:	07/01/99
WAITLIST MORTALITY- (EXPECTED .025, NATIONAL .05):	.00

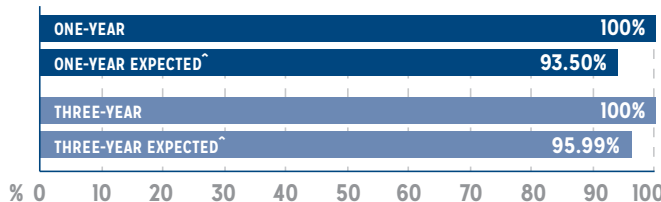
PATIENT SURVIVAL RATES FOR ALL PANCREAS TRANSPLANTS (PAK, SPK, PTA)*



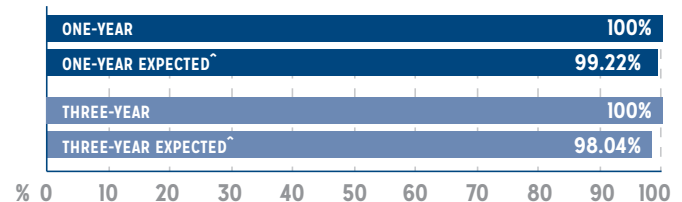
PATIENT SURVIVAL RATES FOR SPK (SIMULTANEOUS PANCREAS-KIDNEY)*



PATIENT SURVIVAL RATES FOR PAK (PANCREAS AFTER KIDNEY TRANSPLANT)*



PATIENT SURVIVAL RATES FOR PTA (PANCREAS TRANSPLANT ALONE)*



LUNG TRANSPLANT



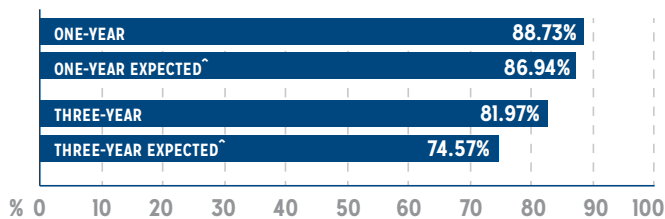
The Henry Ford Transplant Institute at Henry Ford Hospital has long been Detroit's only center for single- and double-lung transplantation. Managed by a highly experienced team of transplant pulmonologists along with our skilled cardiothoracic surgeons, it performs lung transplant for advanced and end-stage lung disease.

Henry Ford Hospital is an extracorporeal membrane oxygenation (ECMO) center, providing ECMO support to patients who are in critical condition without a ventilator. ECMO allows the body to rest the lungs, reduces complications associated with a ventilator and sustains the patient in better condition leading up to a transplant. ECMO also allows the lungs to heal following transplantation.

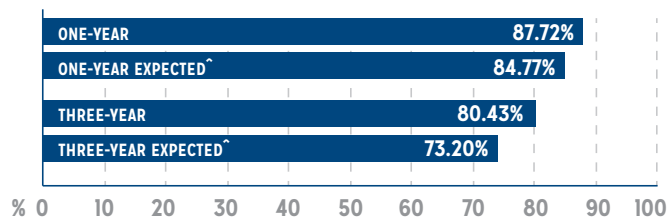
Outcomes

FIRST TRANSPLANT:	10/20/94
TRANSPLANTS PERFORMED IN 2020:	22
TOTAL NUMBER OF PROGRAM TRANSPLANTS THROUGH 2020:	355
RECEIVED MEDICARE APPROVAL:	2/1/1999
MEDIAN TIME TO TRANSPLANT< :	7.4 MONTHS
WAITLIST MORTALITY- (EXPECTED .182, NATIONAL .151):	.152

PATIENT SURVIVAL RATES FOR LUNG TRANSPLANT*



GRAFT SURVIVAL RATES FOR LUNG TRANSPLANT+



HEART TRANSPLANT



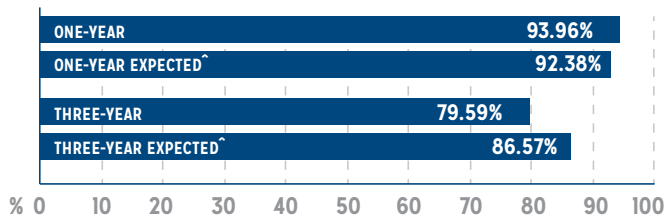
The multidisciplinary Advanced Heart Failure team at the Henry Ford Transplant Institute offers a full continuum of state-of-the-art, advanced heart failure care – from the latest therapeutic regimens and mechanical assist devices, to transplant surgery, including total artificial heart and ventricular assistive devices, plus post-surgical management and rehabilitation.

Since the first heart transplant in 1985, 596 patients with heart failure received a second chance of survival by means of cardiac transplant at Henry Ford. For those with severe heart failure who are unable to wait for transplant, mechanical circulatory support devices are available – 40 were provided in 2020. Henry Ford Hospital is home to one of the most experienced transplant programs in the United States.

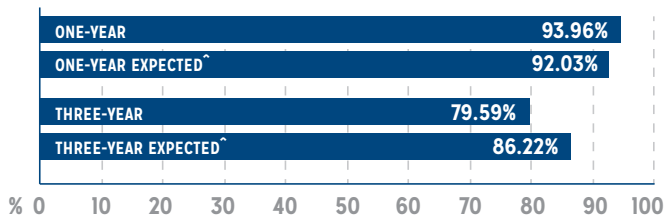
Outcomes

FIRST TRANSPLANT:	04/23/85
TRANSPLANTS PERFORMED IN 2020:	33
TOTAL NUMBER OF PROGRAM TRANSPLANTS THROUGH 2020:	596
NUMBER OF VADS IN 2020:	40
RECEIVED MEDICARE APPROVAL:	8/2/1988
MEDIAN TIME TO TRANSPLANT< (6.9 MONTHS NATIONALLY):	9.5 MONTHS
WAITLIST MORTALITY- (EXPECTED .076, NATIONAL .086):	.090
MECHANICAL DEVICES AT TIME OF TRANSPLANT#:	95.7%

PATIENT SURVIVAL RATES FOR HEART TRANSPLANT*



GRAFT SURVIVAL RATES FOR HEART TRANSPLANT+



INTESTINE/MULTIVISCERAL TRANSPLANT



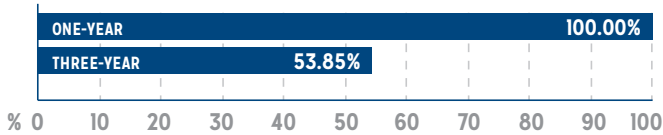
The Henry Ford Transplant Institute is the only center in Michigan offering comprehensive intestine and multivisceral transplant in adults – only a handful exist in the United States.

Intestine transplant is a viable option for people with chronic conditions of the small bowel and those dependent on total parenteral nutrition (TPN). Surgeons perform a full array of intestine transplant procedures and for some needing additional abdominal organs, our highly recognized liver and pancreas programs allow us to offer multivisceral transplants. The program has continued to grow, performing 40 transplants through 2020.

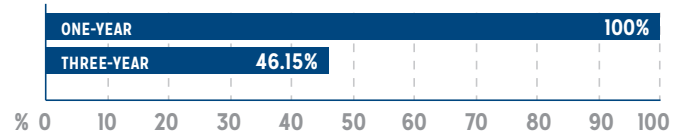
Outcomes

FIRST TRANSPLANT:	08/22/2010
TRANSPLANTS PERFORMED IN 2020:	3
TOTAL NUMBER OF PROGRAM TRANSPLANTS THROUGH 2020:	40
RECEIVED MEDICARE APPROVAL:	2/8/2013
MEDIAN TIME TO TRANSPLANT* (7.4 MONTHS NATIONALLY):	4.0 MONTHS
TRANSPLANT RATE- (EXPECTED 1.17, NATIONAL .697):	1.88
WAITLIST MORTALITY- (EXPECTED .124, NATIONAL .124):	.00

PATIENT SURVIVAL RATES FOR MULTIVISCERAL TRANSPLANT*



GRAFT SURVIVAL RATES FOR MULTIVISCERAL TRANSPLANT*



FOR MORE INFORMATION, PLEASE CONTACT AN OUTREACH COORDINATOR



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GRAPH DATA SOURCED FROM:

- < Patients on the waitlist between 07/01/2014 and 12/31/2019
- ~ Patients on the waitlist between 07/01/2018 and 03/12/2020
- # Patients transplanted between 07/01/2019 and 06/30/2020. Devices include ventricular assist devices (VAD), extracorporeal membrane oxygenation (ECMO), intraaortic balloon pump (IABP), and total artificial heart (TAH)
- * Estimated probability of surviving at one year, for patients receiving their first transplant between 07/01/2017 and 12/31/2019; and at three years, for patients receiving their first transplant between 01/01/2015 and 06/30/2017
- ^ Adjusted for patient and donor characteristics
- + Estimated probability of surviving with a functioning graft at one year, for patients receiving their first transplant between 07/01/2017 and 12/31/2019; and at three years, for patients receiving their first transplant between 01/01/2015 and 06/30/2017

Source: Scientific Registry of Transplant Recipients, Center and OPO-specific Reports, based on data available October 31, 2020, released January 5, 2021.

