



HENRY FORD
TRANSPLANT INSTITUTE

Trans notes

PUBLISHED BY HENRY FORD TRANSPLANT INSTITUTE

SUMMER 2021

NEW MOTHER IS MICHIGAN'S FIRST POST-COVID DOUBLE LUNG TRANSPLANT RECIPIENT

In 2020 medical communities across the country learned in real-time the ferocity of lung damage caused by the coronavirus. For Jackie Dennis, 31, of Wyandotte, her lungs were irreparably damaged. She survived and is believed to be Michigan's first post-COVID double-lung transplant recipient.

Jackie's medical odyssey began Nov. 20, 2020 when her husband Ricky drove her to the Emergency Department at Henry Ford Wyandotte Hospital with the typical COVID symptoms. Dennis, who was 35 weeks pregnant, tested positive for COVID-19 and was admitted and received remdesivir, steroids and heparin.

One week later, suffering from preeclampsia, doctors induced her labor at 36 weeks, one month before the baby's expected due date.

Two days after giving birth on Nov. 27, Jackie developed COVID-related pneumonia and received convalescent plasma infusion twice, however her breathing deteriorated and she required a ventilator, high amounts of oxygen to maintain normal blood oxygen levels with high amounts of sedation and paralysis.

On Dec. 8, Jackie was transferred to the intensive care unit at Henry Ford Hospital, where a few days later she was placed on extracorporeal membrane oxygenation (ECMO). Henry Ford Hospital is one of very few local hospitals with the machine and the expertise in its use. Victor Coba, M.D., critical care physician and ECMO medical director, explained that "ECMO works like an artificial heart-lung machine by pumping blood from a patient's body to an oxygenator which adds oxygen to the blood while



Jackie returns for pulmonary rehabilitation four days a week.

removing carbon dioxide—ECMO replaces the function of the person's own lungs."

After attempts to wean Jackie off ECMO were unsuccessful and with no signs her lungs would recover, the lung transplant team evaluated Jackie, with careful attention to ensure she was no longer carrying the COVID virus and that other organ systems were working well. On Jan. 6, 2021 she was listed on the national organ transplant waiting list, in a final attempt to save her life. On Jan. 16, just seven weeks after the birth of her healthy daughter Mia Rose, Jackie received a bilateral lung transplant performed by the Henry Ford Hospital team led by cardiothoracic surgeons, Daizo Tanaka, M.D., and Dimitrios Apostolou, M.D.

Hassan Neme, M.D., surgical director of Thoracic Organ Transplant at Henry Ford shared, "When things were not looking hopeful, the courage and persistence of the team to go aggressively with ECMO was important in the transition for Jackie to be able to receive a transplant." He described the removed lungs as the "worst he's ever seen."

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REFLECTIONS OF 2020: GRATITUDE AND HEROES

The year 2020 brought with it the introduction of a new disease in COVID-19, and it also brought gratitude and heroes. “We survived a pandemic of a lifetime, the pain and suffering that came with that, but as we have turned the corner, we are now armed with new knowledge to do more and to do more in a better way,” says Marwan Abouljoud, M.D., Benson Ford Endowed Chair, director, Henry Ford Transplant Institute and Hepatobiliary Surgery.

“We also had many silver linings. We didn’t lose one person waiting for or from receiving a transplant. We had heroes in the number of living donors who gave so selflessly. And, we have more gratitude for each other – every member of our team. Their compassion and the daily work they do is extraordinary.”

There were many unknowns of how COVID-19 might spread from donor to the recipient. Concerns about the transmission of the virus from patients who were hospitalized with COVID-19. And of course, there was the dilemma and challenge of retrieving donated organs from donor-hospitals

which were also treating a high volume of COVID-19 patients. Sending doctors into that environment to retrieve the organs was another unknown. As well, healthy living donors had reasonable concerns about coming into the hospital with the potential to contract COVID.

“We watched what was happening across the country, how some hospitals were able to manage transplantation

safely, while others experienced patients and their transplant team members contracting COVID, some of our colleagues who were near death from this virus. This led to the decision for our team to stop transplantation from mid-March through the end of April,” explained Dr. Abouljoud. “I’m proud to say that no one waiting for a transplant in the Henry Ford Transplant program died. We were able to transfer two patients who required emergent transplants to our colleagues in programs out of the area, where COVID had not affected their services. We resumed with a heart transplant at the end of April 2020 and through the remainder of the year performed two liver transplants, a kidney transplant and a double lung transplant in early Jan. 2021 – all recovered perfectly.”

Once the spread of the virus was better understood, the guidance of the Henry Ford Infectious Disease team ensured a safe environment was maintained, which eliminated the spread of COVID throughout Henry Ford. Neither transplanted patients nor living donors contracted the virus.

“We reached a harbor of safety and have resumed transplantation. We have not had one transplant patient or transplant staff member contract COVID,” said Dr. Abouljoud.

For patients where virtual visits were possible, our Outreach team led by Kimberly Brown, M.D., was already well-established in a virtual delivery model and supported the entire transplant team to provide virtual care to our patients. The silver lining emerges as the ability to expand virtual visits into regions of the state where transplantation care was not recognized as a need or available will continue to expand.

Data thus far shows that transplant recipients did not get COVID or get sicker with COVID due to their immune system after transplant, but it was existing hypertension, diabetes or other diseases that caused these patients to get sicker the same as the general population. “We are advising our transplant recipients to take the Pfizer or Moderna vaccine; because we were involved in the clinical trials we understand the vaccine’s mRNA foundation.” Asked how recipients might react Dr. Abouljoud said, “Most vaccine responses are inflammatory, but transplant patients would experience a reduced response to the inflammatory response. Transplant patients should choose to be vaccinated.”

Yet another silver lining to take away from this event, explains Dr. Abouljoud, “Today, we can say we are safe. If this pandemic taught us anything, we will all be more aware of the importance of how we wash our hands, wear our masks and social distance. These practices even helped to reduce the 40,000 some deaths from the flu experienced each year.”

Dr. Abouljoud shared, “Every medical enterprise suffered briefly. We are now in safe harbor. We are armed with knowledge, armed with poise, and armed with the will to do more to save lives. Let’s get back on board and let’s make this the banner year for living donation, which is what will save transplant patients who are disadvantaged within the organ donation system.”

In closing, Dr. Abouljoud shared yet one more silver lining. “We always want to recover and grow after a crisis, but we must look back to also see what we’ve been through. We’ve all seen such a level of humanity, sacrifice, heroism, volunteerism, kindness and compassion that showed us we have such an amazing thing inside of all of us – the humane side – it should make us all proud of those among us – our community. And let’s not forget the living donors who are heroes who donate in silence.”

To learn more about Living Donation visit: www.henryford.com/livingdonation or call 1-855-85-TRANSPLANT (8-7267).



Marwan S. Abouljoud, M.D., FACS

“Let’s get back on board and let’s make this the banner year for living donation, which is what will save transplant patients who are disadvantaged within the organ donation system.”

MICHIGAN'S FIRST DOUBLE LUNG TRANSPLANT RECIPIENT

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“We have all marveled at just how amazing and inspirational her progress has been,” said Lisa Allenspach, M.D., medical director of Henry Ford’s Lung Transplant Program. “It has been a hard-fought battle on many fronts. Jackie’s positive attitude and will to survive combined with the persistence and skill of the surgeons and medical teams – everyone working together, that’s what makes miracles happen.”

Jackie shared, “No one expected me to leave the hospital so fast, but I had an amazing team of doctors and nurses – I had the best team – everyone was truly amazing.” After being away so long, I just wanted to get home and be with my family. I missed my husband and baby so much.”

After one week in inpatient rehab, she returned home on Feb. 19 – culminating a 91-day hospital stay. “She was completely off the ventilator and discharged from the hospital in less than a month, she made a record-breaking recovery. I really anticipated that Jackie would have been in the hospital for many months given how sick she was going into the transplant. She has really amazed us all,” Dr. Allenspach explained.

Ricky Dennis, who along with other family members, has been taking care of the couple’s 16-week-old daughter. He said, “It has been a crazy whirlwind,” adding that not being able to visit his wife because of COVID hospital visitor restrictions made it even tougher.

Lung transplantation is a life-saving treatment for a variety of end-stage lung diseases. In 2020, transplant surgeons at Henry Ford Hospital performed 22 lung transplants with patient survival rates of 88.73% at one-year and 81.97% at three-years; both rates exceeded expected survival rates.

To learn more about Henry Ford Hospital’s Lung Transplant program, contact Michelle “Cookie” Crossley: mcrossl1@hfhs.org or call (313) 916-8304.



Lisa L. Allenspach, M.D.



Victor E. Coba, M.D.



Hassan W. Nemeh, M.D.

MOM FIRST TO RECEIVE HEART TRANSPLANT IN A PANDEMIC

Donna Arm became the first to receive a transplant at Henry Ford Hospital in the midst of a once-in-a-lifetime pandemic. The 69-year-old Romulus mother of three, grandmother of eight and great-grandmother of four received a new heart on Saturday, April 25, 2020 and made it home for Mother’s Day weekend.

Cardiothoracic surgeon Hassan Nemeh, M.D., who performed the 6 ½-hour surgery, said he felt privileged to help Donna with her transplant.

“It always feels like a miracle to help provide the gift of life through a heart transplant,” said Dr. Nemeh. “It is so good to be back in my comfort zone and be able to make a difference by turning the tragic event of death into a

glorious triumph by restoring a suffering soul to normalcy.”

Daughter Toni Adams said it was hard watching Donna become so sick with congestive heart failure. She is “always doing for everyone else.” Then COVID-19 added another worry.

Donna’s transplant signaled a change in hospital operations since the onset of the COVID-19 pandemic, said Adnan Munkarah, M.D., executive vice president and chief clinical officer, Henry Ford Health System. Emergency procedures and surgeries continued after the first positive COVID-19 patient arrived at Henry Ford Health System on March 12, 2020.

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CENTER FOR LIVING DONATION: CREATING HEROES BY SAVING LIVES

To be a hero, to save another's life comes with the choice to donate a kidney or a portion of one's liver. Moving a patient from the waiting list to a transplant recipient with the generosity of lifesaving living kidney or liver donation is the purpose of the Center for Living Donation. The Center for Living Donation team supports transplant patients as they seek a donor. Either through the identification of a living donor using a national database or as the patient seeks out their own living donor.

"For transplant patients who are not as sick as others in a geographic area, living donation provides the patient an opportunity to receive a transplant sooner, rather than waiting longer and as they become sicker," explains Jason Denny, M.D., director of Center for Living Donation. "Or they may not receive an organ in time. Living donation has improved the organ allocation system, making more organs available and better outcomes for patients because they are not as sick."

Dr. Denny asks for support, "We need the help of the physician community to help carry the word that if a patient expresses a desire to become a living kidney or liver donor, please share that it is safe." The team at the Center for Living Donation is ready to answer questions and advance awareness so living donors will come forward as they learn about living donation.

While transplantation at Henry Ford Hospital took a break at the height of the COVID-19 pandemic, advanced

safety protocols were put in place and transplants safely resumed last spring. In fact, there has not been one living donor or recipient who has contracted COVID-19.

By the end of 2020, with "virtuous and courageous living donors and recipients along with the Center for Living Donation team, 34 living kidney transplants and 2 living liver transplants were performed," says Dr. Denny. "We need our medical community to help inform and change mind-sets that living donation should be a norm of society so more patients waiting for a kidney or liver may receive an organ through a living donor hero."

CENTER FOR LIVING DONATION ACCOMPLISHMENTS:

- The first in Michigan and very few nationally to do robot-assisted living-related kidney transplants by Atsushi Yoshida, M.D., and Lauren Malinzak, M.D.
- Robot-assisted living-donor kidney transplants are unique to Henry Ford Hospital
- Robot-assisted donor nephrectomy became more routine in 2020
- Participating in a study to develop a Donor App, that helps share recipient stories via social media
- Implementation of a new software program to seek, screen and match living donors

To learn more about the Henry Ford Center for Living Donation, visit: www.henryford.com/livingdonation or call 1-855-85-TRANSPLANT (8-7267).

CENTER FOR LIVING DONATION TEAM



Jason Denny, M.D.
Director of Center for Living Donation,
Surgical Director of Living Kidney Donation



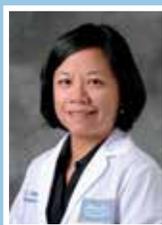
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Kidney

MOM FIRST TO RECEIVE HEART TRANSPLANT IN A PANDEMIC

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Donna said she originally turned down the opportunity for a heart pump, eventually it was a heart transplant that kept her alive. But then with some family discussion she came to the decision, “It was just a peace that said it would be alright, and it is,” said Donna. “I am so grateful for the extra time with my family.”



Donna Arm with grand and great grandkids.

Toni said, “When we found out she was going to be on a floor with no COVID patients, that’s when we relaxed. The hardest part was not being there with her, that she went through this all by herself. But the nurses and doctors there have been wonderful. Even when she forgot her Facebook password, they helped her reset it. They treated her like family.”

Henry Ford Transplant Institute Director Dr. Marwan Abouljoud, an internationally renowned liver transplant surgeon, shared that a double lung transplant, two liver transplants and a kidney transplant also took place at Henry Ford Hospital after Donna’s transplant. “All patients recovered perfectly,” he said.

Typically, surgeons at Henry Ford Hospital perform about 300 solid organ transplants per year. “The COVID-19 pandemic has caused the delay of about 20% of those surgeries,” Dr. Abouljoud said. Henry Ford Transplant Institute staff intensified virtual remote care and monitoring of

all Henry Ford patients who were on the waiting list prior to COVID-19. Two received transplants at other out-of-state hospitals not hit as hard with COVID-19, and others on waiting list were closely monitored with virtual visits, he said.

Over a year later, Donna’s goal is to share the importance of organ donation. The Warrior, as her granddaughter calls her, said, “I go to the high schools and share how important it is to become a potential organ donor.” Sadly, she shared that her own son-in-law passed in March 2021. Because of Donna’s experience, her daughter Toni knew she was supposed to donate his organs and so far has received notification that eight people have benefited from his donation. Donna says she couldn’t have asked for a better team to help her through this life-changing experience and hopes one day to meet and thank the family of her donor.



Hassan W. Nemeh, M.D.

WEB-BASED TECHNOLOGY IMPROVES LIVING-DONOR MATCHES

The Donor App study, which has been IRB approved by Henry Ford Hospital, introduces those needing kidney and liver transplants to the Donor App and its use. While the Donor App is still in development, Dr. Denny explained, “Johns Hopkins did a study and found that people who utilized this type of technology found it was easy and had more donors come forward. We want that for our patients as well.”

The potential recipient, who may have been reluctant to share their request for organ donation, creates their story and photo with support from the Center for Living Donation team. The Donor App bundles the story and the patient can then share it on various social media and texting platforms with the request for a living donation.

Currently there are many patients enrolled in the study and there is great interest going forward, which began with those seeking living-donor kidneys. As the process is refined, the goal is to expand it into the Champion program. Dr. Denny explained, “We hope it becomes the standard tool in the future to identify living donors.”

Two software programs created by MedSleuth are also assisting in matching living donors:

BREEZE TRANSPLANT™ is an online health assessment program used for screening living kidney and living liver donors to streamline the process of identification, evaluating and matching living donors and managing follow up.

MATCHGRID™ uses matching algorithms to evaluate all potential living kidney donor matches to potential recipients from a 2-way through 12-way combination of donors. This is completed within a few minutes, rather than numerous transplant centers working to match a smaller number of pairs. For the recipient with a willing donor who is not their match, this allows a larger paired kidney donation to occur. “This has the potential to find a better match and to help a lot of people in a much quicker way using this larger pool of candidates,” explains Maria Zanini, MSN, ANCP-BC, clinical manager for the Henry Ford Center for Living Donation.

LIVING LIVER DONATION TRANSPLANTATION: 20 YEARS LATER

Being the first in Michigan is a frequent milestone for liver transplantation at Henry Ford Hospital. In 2000, the first in Michigan living-donor liver adult-to-adult transplant procedure was performed. Since that time over 140 living liver donors have generously given the gift of life to another individual.

Living liver donors give half of their liver during a minimally invasive procedure. Over time their liver regenerates back to its original size and the donor remains healthy. A living liver donation moves a recipient off the waiting list much sooner offering the recipient a much healthier life, much sooner.

“Our transplant surgeons remove a section of the liver in a minimally invasive approach, with a single 4-inch incision,” explains Marwan Abouljoud, M.D., Benson Ford Endowed Chair, director, Henry Ford Transplant Institute and Hepatobiliary Surgery. “We have perfected this technique to benefit the donor, reduce pain after surgery, lower infection rates, which minimizes scarring and risks as much as possible.”

Dr. Abouljoud says, “I ask every living donor in their second clinic visit: knowing what you know now and what you’ve been through, would you do it again?”

Their answer, “Each one says yes. It’s not because they saved a life, but because they connected with a sense of purpose, meaning and life that they could never articulate before. It’s a transcendence of sorts when people become living donors, whether it is an act of kindness, the humanity, the connection with the sense of kindness and compassion they get with another person – it elevates them as human beings,” he shares. “I call them our angels on earth because they didn’t die to donate an organ. As a living donor they made a much bigger decision because the decision to donate was done consciously.”



*Marwan S. Abouljoud,
M.D., FACS*

Living liver donors are followed for five years. At the Henry Ford Transplant Institute, the survival rates for living liver donors over the last 20 years is 100 percent.

*To learn more about Living Liver Donation visit:
www.henryford.com/livingdonation or call
1-855-85-TRANSPLANT (8-7267).*

Dr. Abouljoud reviews a 3D scan of a patient’s liver prior to surgery.



INFECTIOUS DISEASE WELLNESS CLINIC SUPPORTS TRANSPLANT CANDIDATES

The impetus behind a new initiative named the Infectious Disease (ID) Wellness Clinic was to assess and minimize the risk of infection for solid organ transplant candidates. “We acknowledged that while we have guidelines for transplant candidates that promote lifestyle strategies and vaccinations prior to surgery, there was no one coordinating these efforts for our patients,” explained George Alangaden, M.D., director, Transplant Infectious Diseases, Henry Ford Health System.

“As soon as a patient is listed for transplant, we begin to evaluate the patient’s vaccination status, lifestyle and environmental situation,” says Jennifer McCorquodale, N.P., who manages the program which began in January 2020. “The evaluation includes the patient’s exposure to infection, antibiotic allergies, and the safety of the patient’s health pre- and post-transplant.”

Both patients and those living with the patient are strongly encouraged to participate and complete needed vaccines for influenza, pneumococcus, hepatitis B, Tdap, varicella zoster and COVID-19. Transplant candidates are also urged to consider their readiness for and to prepare their work and housing environment to minimize

risk for infection before and after transplant surgery. The ID Wellness Clinic also offers overall health and wellness advice, and the opportunity to ask questions to support the solid organ transplant candidate through the transplantation process.

Dr. Alangaden explained that vaccine uptake significantly improved in 2020 after implementation of the ID Wellness Clinic. “This demonstrated to us how important ownership of the gap in care and following through on implementation could be for transplant candidates.” In 2020 the ID Wellness Clinic evaluated 183 transplant candidates.

For questions about the ID Wellness Clinic, email Jennifer McCorquodale, N.P., at jmccorq1@hfhs.org.



George J. Alangaden, M.D.



Jennifer M. McCorquodale, N.P.

COVID-19 VACCINATION: GUIDANCE FOR TRANSPLANT RECIPIENTS

The most recent recommendations for vaccination from the Henry Ford Transplant Institute:

- Transplant recipients should receive the COVID-19 vaccine as soon as possible.
- All household members and caregivers must also be vaccinated.
- Pre-transplant patients should be vaccinated at least 2 weeks prior to surgery.
- Anyone who had COVID-19 should be vaccinated after symptoms end and their quarantine period is over.
- Early safety data of vaccination in solid organ transplant recipients suggests low rates of local and systemic reactions.
- Since the immune response produced by a transplant recipient to the vaccine may not be as robust as others, wearing a mask in public and social distancing is important even after vaccination.
- Based on CDC recommendations, there is typically no need to check antibody responses to COVID-19 after vaccination.
- No matter what level of antibody response a transplant recipient has, vaccination will make symptoms less severe, even if they catch COVID-19.
- Immunosuppressive medication dosages for transplant recipients should not be adjusted before COVID-19 vaccination.
- Booster doses and combined vaccine types are being considered by researchers around the country. However, at this time administration of booster doses is not recommended.
- If there are opportunities to participate in clinical trials at Henry Ford Hospital, they will be announced when available.

The American Society of Transplantation posts the most current information about COVID vaccinations for transplant recipients on their website: <https://www.myast.org/covid-19-information>.

HENRY FORD TRANSPLANT INSTITUTE OUTREACH CLINICS

There are 26 Henry Ford Transplant Institute Outreach Clinics throughout Michigan, plus virtual consultations and visits are available.

NEW

TRANSPLANT CLINICS

Henry Ford Hospital
2799 West Grand Blvd.
Detroit, MI 48202

HEART

Advanced Heart Failure Clinic
Ernst Cardiovascular Center
Beaumont Hospital
3601 W. 13 Mile Road
Royal Oak, MI 48073

Advanced Heart Failure Clinic
Henry Ford Macomb Hospital
15855 19 Mile Road
Clinton Township, MI 48038

NEW

Advanced Heart Failure Clinic
Henry Ford West Bloomfield Hospital
6777 W. Maple Road
West Bloomfield, MI 48322

Advanced Heart Failure Clinic
Providence Hospital
22250 Providence Dr., Suite 705
Southfield, MI 48075

Advanced Heart Failure Clinic
St. John Hospital and Medical Center
22201 Moross Road, Suite 356
Detroit, MI 48236

Heart Transplant Clinic – Saginaw
5375 Hampton Place
Saginaw, MI 48604

NEW

Advanced Heart Failure Clinic
Henry Ford Allegiance Health
204 N. East Ave.
Jackson, MI 48201

LIVER, SMALL BOWEL, AND MULTIVISCERAL

Liver, Small Bowel and Multivisceral Transplant Clinic – Flint
1125 Linden Rd., Suite 300
Flint, MI 48532

Liver, Small Bowel and Multivisceral Transplant Clinic – Grand Blanc
600 Health Park Blvd., Suite D
Grand Blanc, MI 48439

Liver, Small Bowel, and Multivisceral Transplant Clinic
Henry Ford Medical Center – Columbus
39450 W. 12 Mile Road
Novi, MI 48377

Liver, Small Bowel, and Multivisceral Transplant Clinic
Michigan Gastroenterology Institute
1650 Ramblewood Dr.
East Lansing, MI 48223

Liver, Small Bowel and Multivisceral Transplant Clinic – Saginaw
5375 Hampton Place
Saginaw, MI 48604

Liver, Small Bowel, and Multivisceral Transplant Clinic
Spectrum Health
4100 Lake Drive, Suite 205
Grand Rapids, MI 43522

NEW

Jackson Liver Clinic
214 N. West Jackson Ave.
Jackson, MI 49201

LUNG

Grand Blanc Lung Clinic
8220 S. Saginaw St., Suite 800
Grand Blanc, MI 48439

Lung Clinic
Henry Ford Medical Center – Columbus
39450 W. 12 Mile Road
Novi, MI 48377

Jackson Lung Clinic
900 E. Michigan Ave., Suite 105
Jackson, MI 49201

Lung Transplant Clinic – Saginaw
5375 Hampton Place
Saginaw, MI 48604

KIDNEY AND PANCREAS

Dialysis & Nephrology Consultants
648 Progress St., Suite 101
West Branch, MI 48661

NEW

Jackson Kidney Clinic
214 N. West Jackson Ave.
Jackson, MI 49201

Hurley Kidney and Pancreas Clinic
1125 Linden Rd., Suite 300
Flint, MI 48532

Lansing Kidney and Pancreas Clinic
1200 East Michigan Ave.,
Suite 700
Lansing, MI 48912

Pontiac Kidney and Pancreas Clinic
44200 Woodward Ave., Suite 109
Pontiac, MI 48341

Kidney and Pancreas Transplant Clinic – Saginaw
5375 Hampton Place
Saginaw, MI 48604

Ypsilanti Kidney and Pancreas Clinic
5333 McAuley Drive
Reichert Building, Suite 403
Ypsilanti, MI 48197

HENRY FORD HOSPITAL TRANSPLANT INSTITUTE EXPANDS ACCESS TO TRANSPLANT SPECIALISTS CLOSE TO HOME

The state-wide network of Outreach Clinics continues to grow to provide pre- and post-transplant care for those who would otherwise not have access to transplant services. Kimberly Brown, M.D., director of Outreach Clinics and transplant hematologist explains, “There is clear data that shows the further a patient lives from a transplant center, the opportunity to receive transplant services is significantly diminished and the major transplant sites are in southeast Michigan.”

Dr. Brown explains that “Distance is one factor, but availability of specialists is another. Our specialists travel to these rural markets to provide care that doctors and patients in these areas might not consider.” There are 30 clinic locations, established by organ, some are free-standing offices and others are within hospitals or physician practices. “This strategy allows us to partner with the local health care providers for services like diagnostic testing, which also helps the patient stay close to home for these services.”

The Outreach Clinics have a mixed delivery model. “In fact, because of our experience with virtual care in transplant, we were some of the first providers in the Henry Ford Health System to fully ramp up to virtual care during the pandemic,” says Dr. Brown.

Through the efforts of Michelle “Cookie” Crossley, manager of the Outreach Clinics, communities continue to be identified, especially in the upper-lower, and upper peninsula of Michigan where new Clinics will be established. Crossley also coordinates the schedules of traveling transplant specialists and their team to staff each of the locations.

Now that patients are more comfortable using the technology to participate in virtual visits and more insurances cover that type of visit, the Outreach Clinics are encouraging virtual care. “Our goal is to bring needed transplant services to the patient in whatever way they are most comfortable, whether it be virtual care via computer or phone from their own home, or at their local hospital or nearby physician’s office, in one of the Outreach Clinics or at Henry Ford Hospital in Detroit,” says Dr. Brown.

To schedule your patient for a Transplant consultation, contact one of the Outreach Coordinators or call 1-855-85-TRANSPLANT.



Kimberly Brown, M.D.

FOR MORE INFORMATION, PLEASE CONTACT AN OUTREACH COORDINATOR



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TRANSPLANT HEPATOLOGY

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HEPATITIS C-POSITIVE TO NEGATIVE KIDNEY TRANSPLANTATION

The 2014 approval of direct acting antiviral agents (DAAs), molecules that target specific nonstructural proteins of the hepatitis-C virus (HCV) and disrupt the viral replication and infection, provided the opportunity for deceased kidney donation from a HCV-positive to a HCV-negative kidney transplant recipient.

Rohini Prashar, M.D., medical director Living Donor Kidney transplant program and associate medical director for the Center of Living Donation explains prior to the advent of DAAs, organs of deceased donors positive for HCV could only be given to recipients who were also positive. This resulted in two-thirds of the HCV-positive deceased donor kidneys in the U.S. to remain unused.

Dr. Prashar shared the real-life experience of a New York University transplant surgeon who was the first recipient to accept the donation of an HCV-positive heart. “As a transplant surgeon he used his own knowledge to accept a HCV-positive heart and within five days he tested positive for HCV. He was immediately treated with DAAs which cleared the infection in eight weeks.” The New York University Langone Transplant Institute that he leads has since been successful with transplantation of heart, lung, kidney and liver recipients with HCV-positive donors. “This case led our team to examine the possibility and then offer HCV-positive deceased donor kidney transplantation,” she said.

For many years, the standard treatment for chronic HCV consisted of the antiviral medications pegylated interferon and ribavirin. In 2014, the U.S. Food and Drug Administration approved a group of new medications. Determining the genotype of HCV allows the best combination and most effective of DAAs to be used, with fewer side effects than older medications. After the course of antiviral medication is complete, HCV is considered cured when blood tests reveal no evidence of the virus for at least six months.



Rohini Prashar, M.D.

The favorable outcomes reported by two pilot clinical trials opened an exciting opportunity to increase access by transplanting kidneys of HCV-positive donors into HCV-negative recipients. For a HCV-negative kidney transplant recipient, it means they become HCV-positive. “As bad as that sounds, the wait time for HCV-positive kidneys is considerably shorter with the timely use of DAAs we can treat HCV with a 95-100% cure rate. Within 8 to 12 weeks the recipient would be cured of HCV infection, and they will have a healthy kidney,” said Dr. Prashar.

At Henry Ford, three such HCV-positive to negative transplants have been done from 2020 to May 2021. “While the long-term data is limited, our patients received a deceased kidney transplant in two to four months of being listed for HCV-positive kidney transplant rather than experience a five or six year wait for a deceased donor HCV-negative kidney,” she says. “Not only is there a significant reduction in wait times, kidneys from HCV-positive donors are often of excellent quality because the donors tend to be younger than the general donor population. All patients were successfully treated for HCV and have excellent kidney function.”

While long-term data on outcomes of transplantation from HCV-positive to HCV-negative recipients are awaited, this novel approach has the potential to increase access to transplantation, and a potentially reduce long-term morbidity and mortality in waitlisted patients on dialysis.

For more information, or to learn more contact the Outreach Team at 1-855-85-TRANSPLANT.



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Henry Ford Transplant Institute Pledge

To improve and extend life by meeting the needs of transplant patients and their families with compassionate, innovative and personalized quality care.

A2 TO B PROTOCOL IMPROVES MINORITY ACCESS TO KIDNEY TRANSPLANT

In December 2014, the United Network for Organ Sharing (UNOS) and the Organ Procurement Transplant Network (OPTN) implemented the new Kidney Allocation System (KAS), which dictates how deceased transplants are distributed in the nation. One of the policy changes introduced with KAS increases access to kidney transplant candidates of blood type B to transplants from donors with blood group A2 and A2B.

“Although all transplant programs can put this protocol in practice by following UNOS/OPTN guidelines, this has been the least executed of all KAS policies nationwide because implementation is complex and expensive,” explains Milagros Samaniego-Picota, M.D., transplant nephrologist and medical director of the Kidney and Kidney Pancreas Transplant Program.

“We chose implementation of this program in 2021 to benefit our patient population with blood type B by having access to a larger number of donors and a shorter waiting time.”



Milagros D. Samaniego-Picota, M.D.

Ethnic minorities, African-Americans and multiracial individuals are more likely to have blood group B than the Caucasian population. In Michigan, patients with blood group B have the longest waiting time for deceased donor kidney transplantation.

All kidney transplant candidates with blood type B meeting the criteria established by the UNOS/OPTN will be offered donors of blood type B, blood type A2 and blood type A2B.

The UNOS/OPTN criteria stipulates that all blood type B kidney transplant candidates with low level of antibodies against blood type A2 qualify for this protocol.

“Implementation of this guideline by the Henry Ford Transplant Institute will increase the number of transplants, improve equity and improve wait list outcomes for minority groups,” Dr. Samaniego-Picota concludes.

To learn more about A2 to B Protocol at Henry Ford Transplant Institute, call 1-855-85-TRANSPLANT (8-7267) or Dr. Milagros Samaniego-Picota at (313) 916-2934.

Candidate Blood Type	Average Waiting Time (years)
AB	1-2
A	2
O	4-5
B	≥6

