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Trans notes

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100TH LIVING DONOR LIVER TRANSPLANT TAKES PLACE AT HENRY FORD HOSPITAL

Susan Cowles, of the Saginaw area, received a section of liver from her cousin and goddaughter, Joyce Gendron, of Bryan, Ohio. Joyce became the Henry Ford Transplant Institute's 100th living liver donor in a 9.5-hour transplant at Henry Ford Hospital.

"She's saved my life, is what she did," a grateful Susan said from her hospital bed two days after surgery. "It does feel good, yes," said Joyce, from her hospital bed across the hall from Susan's, two days after donating part of her liver.

Marwan Abouljoud, M.D., director of the Henry Ford Transplant Institute and a world-renowned liver surgeon, removed a portion of Joyce's liver in a six-hour surgery that began at 8 a.m. "The delicate procedure of dividing the liver in half is very safe for both the donor and the recipient," he said. Atsushi Yoshida, M.D., surgical director of Liver Transplant at Henry Ford Hospital added, "Both patients were carefully evaluated to make sure their health and anatomy are perfectly matched for a successful transplant."

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Joyce Gendron and Susan Cowles

CELEBRATING 50 YEARS OF TRANSPLANTS

This year marks the 50th anniversary of the Henry Ford Transplant Institute.

"Fifty years ago, Henry Ford Hospital brought the lifesaving option of organ transplants to the Detroit and southeast Michigan community," says Marwan Abouljoud, M.D., director of the Henry Ford Transplant Institute. "Today, I'm proud of the pioneering efforts of our teams, as we collaborate with physicians across Michigan to offer adult and pediatric transplants, that improve and extend life through innovative, compassionate, and personalized care."

The first organ transplant at Henry Ford Hospital took place on January 4, 1968 when a kidney transplant was performed by pioneering surgeons Drs. Emerick Szilagyi, Roger Smith, and Joseph Elliot.

Since then, Henry Ford transplant teams have performed more than 6,150 solid organ transplants and

1,250 bone marrow stem cell transplants.

Along the way, there have been many "firsts" in Michigan, including the first split-liver transplant from a deceased donor, first adult-to-adult living-donor liver transplant, first modified multivisceral transplant, first lung-liver transplant, first heart-liver transplant, first robotic kidney transplant and the first machine liver perfusion pump.

The Henry Ford Transplant Institute is recognized locally and nationally for making advancements in transplantation. Our transplant physicians have been on the forefront of specialized end-stage organ failure care, offering new therapies to extend life and position patients for transplant candidacy. Our surgeons have pioneered lifesaving devices as bridges to transplant, as well as minimally invasive and robotic transplant surgeries that minimize side effects and improve recovery.

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► *IPF: A Disease With No Cure, But A New Treatment Option*

From The Editor

Welcome to the Spring 2018 issue of *TransNotes*, a newsletter produced by the Henry Ford Transplant Institute. Our purpose for producing this publication is to share our research and advances in the field of transplantation with our colleagues.



Marwan S. Abouljoud,
M.D., FACS

It was 50 years ago that organ transplantation began at Henry Ford Hospital. In celebration, several educational opportunities and events will be held this year. I hope you mark your calendars as the events are announced and join us.

In this edition, you'll find articles about two amazing patients. First, Joyce Gendron was the 100th living liver donor for her godmother and cousin Susan Cowles. Since the first living donor liver transplant in December 2000, we've witnessed hundreds of patients returning to their lives.

Judith Popard, the second patient featured in this edition, was diagnosed with idiopathic pulmonary fibrosis (IPF) that eventually required a lung transplant. By sharing her story, Judy's hope is that all physicians will become re-educated about IPF and understand although it's not curable, it is treatable. Treating IPF patients early, using ECMO, provides a better quality of life while waiting for a lung transplant than a ventilated patient.

Next in this edition is a study on the safety of statin therapy after liver transplantation, which concluded that statin therapy did not cause significant elevations in liver enzymes and no difference in patient or graft survival, and there were less statin episodes of rejection.

For patients who are unable to tolerate open procedures or are heavier, robotic surgery for kidney transplant opens new opportunities at Henry Ford Hospital, as Dr. Yoshida explains.

I hope you find these and the other articles informative and thought-provoking and perhaps valuable in your own research or practice. As always, referring physicians should feel free to contact us at our toll-free number, 1-855-85-TRANSPLANT, or to contact me directly at (313) 916-2941, for your patient or practice needs.

Marwan S. Abouljoud, M.D., FACS
Director, Henry Ford Transplant Institute
Benson Ford Chair
E-mail: maboulj5@hfhs.org

CELEBRATING 50 YEARS OF TRANSPLANTS

continued from cover

Following transplant, our infectious disease specialists and pharmacists are improving transplant outcomes through advancements in immunosuppression and anti-rejection therapies.

Our transplant patients also are pioneers. Henry Ford's Transplant Living Community (TLC) is the first program of its kind in the country to offer peer-to-peer patient advocacy with a defined educational curriculum before and after transplantation. Published research has demonstrated that the TLC program leads to improved compliance and patient satisfaction.

TRANSPLANT THROUGH COLLABORATION

"Our first kidney transplant in 1968 was made possible when surgeons from different specialties – vascular, urology and general surgery – came together as a team," remarks Dr. Abouljoud. "Collaboration by surgeons, physicians, and the larger medical and caregiver team is what's always made transplant successful."

Even though Henry Ford Hospital was among the early adopters of organ transplants, transplantation as a field of medicine is still considered one of the younger specialties. The Henry Ford Transplant Institute was officially established as a Center of Excellence in 2004 and today is one of the most integrated, comprehensive transplant programs in the country. Under Dr. Abouljoud's leadership, the typical hospital silos have been eliminated so that every specialty that touches transplant – from anesthesia and infectious disease, to pharmacy, nursing, psychology, dietary and others, works together to create a unique, patient-focused care experience throughout the transplant journey.

As a transplant institute, we've expanded our resources and partnered with physicians throughout Michigan to bring transplant outreach clinics to the communities of Kalamazoo, Grand Rapids, Lansing, Flint and Ypsilanti.

ORGAN PROCUREMENT AND DONATION

All transplant professionals will tell you that the shortage of available organs is their biggest challenge. One of Henry Ford Hospital's most significant contributions has been cultivating collaboration among institutions for transplant and organ procurement.

Early on, Henry Ford Hospital established relationships with Harper Hospital in Detroit and the University of Michigan in Ann Arbor to formalize the Transplant Society of Michigan, later named Gift of Life – Michigan's only federally designated organ and tissue recovery program.

To expand the pool of available organs, Henry Ford has been an early adopter of organ donation after cardiac death and among the first institutions to utilize the latest perfusion systems that increase the viability of organs for transplant, such as ex-vivo lung perfusion (EVLP) and TransMedic normothermic liver perfusion.

Additionally, Henry Ford always has been a leader in expanding living donation. We are the largest center in Michigan for adult-to-adult living donor liver transplants. For kidney donation, we've pioneered minimally invasive and robotic kidney procurement, and participate in creative paired kidney exchanges.

Looking to the future, the Henry Ford Transplant Institute has established the Center for Living Organ Donation. Too often our living donors are the forgotten heroes in the transplant process. Our goal is to prepare them for the experience of donating a kidney or part of their liver, and support them throughout their physical and emotional recovery.

We also cannot talk about transplant without recognizing our deceased donor families, who deserve our gratitude. Without their decision to give the gift of life, 50 years of transplantation at Henry Ford Hospital would not have been possible.

MEET OUR NEW PHYSICIANS...

Jennifer Cowger, M.D., M.S.

Medical Director of Mechanical Circulatory Support

Medical School Education:

The Ohio State University College of Medicine and Public Health (Columbus, OH)

Denison University (Granville, OH)

Post-Graduate Training:

Duke University Medical Center (Durham, NC) – Internship and Residency in Internal Medicine

The University of Michigan Medical Center (Ann Arbor, MI) – Fellowship in Cardiovascular Medicine, Chief Fellow

The University of Michigan Medical Center (Ann Arbor, MI) – Advanced Fellowship Training in Heart Failure and Transplant Cardiology with Supplemental Training in Adult Echocardiography

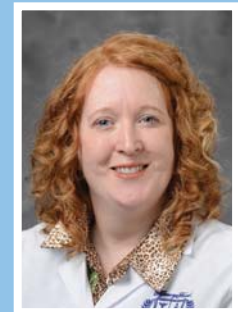
The University of Michigan School of Public Health Graduate Training Program in Clinical Research (Ann Arbor, MI) –

Master of Science in Clinical Research Design and Statistical Analysis

Board Certification:

American Board of Internal Medicine – Internal Medicine
American Board of Internal Medicine – Cardiovascular Medicine

American Board of Internal Medicine – Advanced Heart Failure and Cardiac Transplant



Jennifer Cowger, M.D., M.S.

Gillian Grafton, D.O.

Advanced Heart Failure and Transplantation

Medical School Education:

Kansas City University of Medicine and Biosciences – (Kansas City, MO)

Post-Graduate Training:

Henry Ford Hospital (Detroit, MI) – Critical Care Fellowship

University of Michigan (Ann Arbor, MI) – Advanced Heart Failure and Transplantation

University of Michigan (Ann Arbor, MI) – Cardiology Fellowship

University of Minnesota (Minneapolis, MN) – Internal Medicine Residency

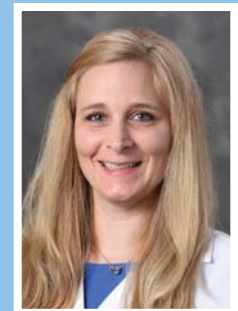
Board Certification:

American Board of Internal Medicine – Internal Medicine

American Board of Internal Medicine – Cardiovascular Disease

Research Interests:

Heart Failure
Cardiac Transplantation
Left Ventricular Assist Devices
Pulmonary Hypertension
Critical Care Cardiology



Gillian Grafton, D.O.

Themistokles Chamogeorgakis, M.D.

Surgical Director of Mechanical Circulatory Support

Medical School Education:

Patras University School of Medicine, Greece

National and Kapodistrian University of Athens

Post-Graduate Training:

Lankenau Medical Center (PA) – General Surgery

University Hospitals Case Medical Center (OH) – Thoracic Surgery

Board Certification:

American Board of Surgery

American Board of Surgery: Thoracic Surgery

Clinical Areas of Interest:

Clinical interests of Dr. Chamogeorgakis include thoracic transplantation, mechanical circulatory support and aortic surgery.

Dr. Chamogeorgakis also speaks Greek and French.



Themistokles Chamogeorgakis, M.D.

MEET OUR NEW PHYSICIANS... *continued*

Julio C. Pinto Corrales, M.D.

Senior Staff Pulmonary,
Critical Care

Medical School Education:

Universidad Cayetano Heredia,
(Lima, Peru)

Internship and Residency
Henry Ford Hospital (Detroit, MI)
Internal Medicine Residency

Fellowship:

Henry Ford Hospital (Detroit, MI)
Critical Care and Pulmonary
Medicine Fellowship

Board Certification:

American Board of Pulmonary
Medicine

American Board of Internal Medicine
American Board of Critical Care

Research:

Association of the Use of HMG-CoA
Reductase Inhibitors during Sepsis
with Sepsis Outcomes.

Pneumatosis Intestinalis in Lung
Transplant Patients at Henry Ford
Hospital.

Publications:

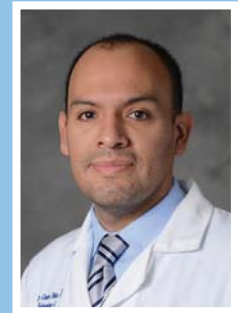
Sepsis outcomes in patients receiving
statins prior to hospitalization for
sepsis: comparison of in-hospital
mortality rates between patients
who received atorvastatin and those
who received simvastatin. *Annals of
Intensive Care* 2015, 5:9

Poster Presentations:

Amiodarone-Induced
Pulmonary Toxicity
Presenting as Pulmonary
Alveolar Proteinosis.
Poster presentation
at: American Thoracic
Society, ATS 2015;
Denver, CO.

Association of the Use
of HMG-CoA Reductase
Inhibitors during Sepsis
with Sepsis Outcomes.
Oral presentation at: The American
College of Chest Physicians,
CHEST 2012; Atlanta, GA.

Dr. Pinto Corrales is fluent in Spanish.



*Julio C. Pinto
Corrales, M.D.*

Dimitrios Apostolou M.D., FACS

Senior Staff, Cardiothoracic Surgery,
Transplant Surgery

Medical School Education:

Medical School of Athens, Greece

Post-Graduate Training:

Wayne State University, (Detroit, MI) –
Fellow, Cardiothoracic Surgery
Henry Ford Hospital, (Detroit, MI) –
Residency, General Surgery

University of Athens, Greece, (Athens,
Greece) – Residency, Surgery

Board Certification:

American Board of Surgery – Surgery
American Board of Thoracic
Surgery – Cardiothoracic Surgery

Research Interests:

Multiple Injuries in Blunt
Abdominal Trauma

Aortic valve
pathology in
combination with
ascending aortic
aneurysms.

Aneurysms and
Dissections of the
Thoracic Aorta.



Dimitrios Apostolou M.D.

Deepak Venkat, M.D.

Senior Staff Hepatologist

Medical School Education:

Northwestern University, Feinberg
School of Medicine (Chicago, IL)

Internship and Residency:

Ohio State University
Medical Center (Columbus, OH)
Chief Resident, Department
of Internal Medicine,
Intern and Resident,
Department of Internal Medicine

Fellowship:

University Hospitals Case
Medical Center
Case Western Reserve University School
of Medicine (Cleveland, OH)
Fellow, Transplant Hepatology
and Gastroenterology

Board Certification:

American Board of Internal Medicine -
Transplant Hepatology
American Board of Internal Medicine -
Gastroenterology
American Board of Internal Medicine -
Internal Medicine

Research Interests:

Chronic hepatitis C
in kidney transplant
recipients, predictors
of PBC recurrence
in liver transplant
recipients, predictors
of morbidity/
mortality after TIPS,
and novel cardiac
risk factors in relation
to liver transplant.
Dr. Venkat also speaks
French and Tamil.



Deepak Venkat, M.D.

PIONEERS IN ROBOTIC-ASSISTED KIDNEY TRANSPLANT SURGERY

Henry Ford Hospital is Michigan's first and only transplant center, and among a few throughout the country, where robotic-assisted kidney transplant surgical techniques are performed and are dramatically improving patient outcomes.

Atsushi Yoshida, M.D., director of Transplant Robotic Surgery, Henry Ford Transplant Institute, explains, "We have not changed the way we do kidney transplants in about 50 years, so this is a significant change." This procedure provides smaller incisions, less scarring, reduces pain and the risk of infection and patients recover faster with smaller incisions of 5 cm versus 15-30 cm.

"This approach also provides patients who may not be able to tolerate an open procedure or heavier patients the opportunity for kidney transplant who might otherwise have been deprived a kidney transplant," explains Dean Kim, M.D., surgical director, Kidney Transplant, Henry Ford

Transplant Institute. To qualify for robotic-assisted kidney transplant, a living donor is required.

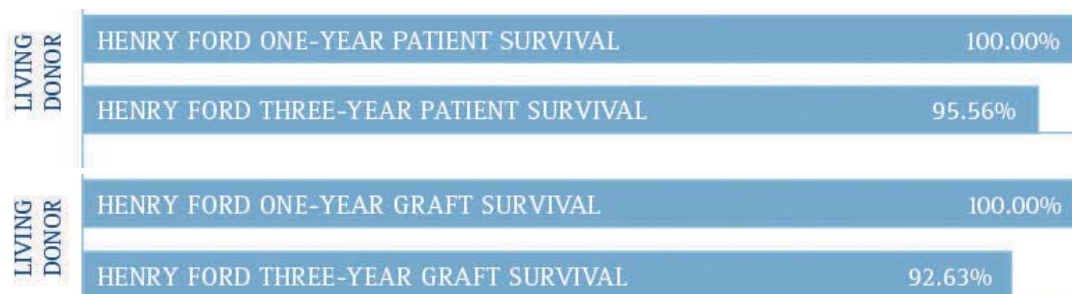
The da Vinci® robotic surgery system used by the surgeons in the Henry Ford Transplant Institute was first brought to Henry Ford by the Vattikuti Urology Institute. Ten of the 15 robot-assisted kidney transplants performed in a given year in the United States are done at Henry Ford.

Use of the robot, as directed by the surgeon, allows placement and clear view of the surgical field with up to eight times the magnification. It also allows the surgeon to more easily make instrument adjustments during the procedure.



Henry Ford surgeons also helped pioneer a breakthrough cooling technique that gives surgeons more time to robotically transplant kidneys from living donors. Using a special device to inject a sterile ice mixture into the area of the recipient's body where the donated kidney will be placed, increases the chances of a successful transplant by preserving the kidney.

To learn more about robotic-assisted kidney transplant or refer a patient to the Henry Ford Transplant Institute, call (313) 916-1269.



Source: Scientific Registry of Transplant Recipients, Center and OPO-specific Reports, based on data available 04/30/2017, released 07/06/2017.

MEET OUR NEW PHYSICIANS... *continued*

Ashina D. Singh, M.D.

Senior Staff Hepatologist

Medical School Education:

University of Maryland School of Medicine, Gold Humanism Honor Society

Post-Graduate Training:

University of Maryland Medical Center. Fellow in Transplant Hepatology.

University of Cincinnati Hospital. Fellow in Gastroenterology and Hepatology Fellowship Training Program.

University of Cincinnati Hospital. Categorical Resident in Internal Medicine Residency Training Program.

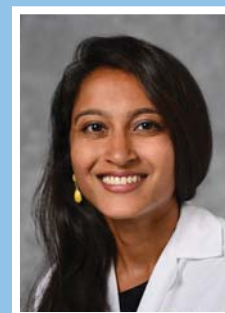
Board Certification:

American Board of Internal Medicine – Internal Medicine

American Board of Internal Medicine - Gastroenterology

Research Interests:

Pregnancy and liver disease
Dr. Singh also speaks Hindi.



Ashina Singh, M.D.

100TH LIVING DONOR LIVER TRANSPLANT

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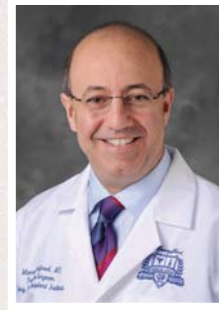
By 11:30 a.m., after removing Susan’s diseased liver, Dr. Yoshida began transplanting the donated half-liver and by 5:30 p.m. the vital vessels were re-attached to assure proper blood flow to the remaining liver, which will regenerate to its original size in six to eight weeks.

A long-time registered nurse, Susan found out her liver was not functioning after she walked onto the porch of her home in northern Michigan in January 1999. The sunshine, sparkling on the snow in Onaway, lit up her face. “My son said, ‘Mom, you’re all yellow!’” she remembers. “He called out to my husband, ‘Come see Mom!’” Her family insisted she go to the ER instead of her job at the local hospital. After rounds of testing, doctors explained her liver was failing from an auto-immune disorder and she would eventually need a transplant.

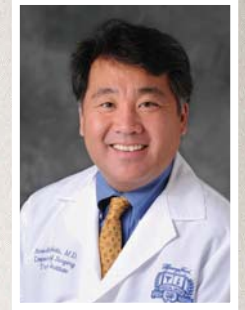
Joyce immediately called Henry Ford Hospital and asked if she could donate right away. As with most who need a transplant, Susan’s doctors recommended she keep her original liver as long as possible, as all surgeries include some risk. When Susan’s health and liver deteriorated, the transplant took place on Monday, June 12, 2017.

“Our expertise as one of the leading liver transplant centers in the United States allows us to draw on our doctors’ vast knowledge regarding transplant, particularly liver transplant,” says Dr. Yoshida. “We are honored to offer such a high level of medical treatment to patients who come to Detroit from all over Michigan and the country.”

Dr. Abouljoud explained, “Living donor liver transplant truly offers the gift of life in a regenerative, life-affirming technique. In addition to saving the life of the recipient,



Marwan S. Abouljoud, M.D., FACS



Atsushi Yoshida, M.D.

a living donor liver transplant also allows a liver from a deceased donor to be used to save someone else’s life. Living donors truly are angels on earth.”

Joyce says, “Susan has her life back now. She was going to die without it. She can now go ahead and plan her life.” Doctors expect Susan will take anti-rejection medication for the rest of her life. Joyce went home four days later; Susan went home 11 days later, and both are doing exceptionally well, say their doctors.

“Since our first living donor liver transplant, in December 2000, we have seen this over and over – patients returning to their lives after transplant,” says Dr. Abouljoud. “They are able to continue their lives, go back to work, take their trip of a lifetime, see their kids grow up, enjoy grandchildren. It truly is a gift of life.”

To see a hologram of how a liver is split for donation, visit <http://www.henryfordweb.com/SplitLiver/index.html>.

For more information about living donor liver transplant or donation, call 1-855-85-TRANSPLANT or visit <https://www.henryford.com/services/transplant/liver/living-donor>.

MEET OUR NEW PHYSICIANS... *continued*

Nadeen Khoury, M.D.

Senior Staff Transplant Nephrologist

Medical School Education:

Lebanese University, Lebanon
Faculty of Medical Sciences –
Doctor of Medicine

Internship and Residency:

Roger Williams Medical Center
Boston University School of Medicine
Residency-Internal Medicine
(Categorical Track)

Fellowship:

Yale-New Haven Hospital
Yale School of Medicine
Clinical Nephrology Fellowship
Mayo Clinic- Rochester Campus
Renal Transplant Fellowship

Board Certification:

American Board of Internal
Medicine/ Nephrology
American Board of Internal Medicine
Educational Commission for Foreign
Medical Graduates (ECFMG) Certification

Research Interests:

Women’s health, pregnancy after kidney
transplant, kidney transplant in the
elderly.

Poster Presentations:

15th Annual Mayo Clinic Update in
Nephrology and Transplantation
*Failed Allograft? Not so fast. A Case
of Post-Transplant de novo Thrombotic
Microangiopathy*

Cutting Edge of
Transplant
Kidney

*Transplantation
in Octogenarians:
The Mayo Clinic
experience*

ASN Kidney Week

*Warfarin-Related
Nephropathy in a
Kidney Transplant Patient*

*A case of Post-Transplant
Kaposi sarcoma treated
with combination chemotherapy
and mTOR inhibitor.*

Dr. Khoury also speaks Arabic
and French.



Nadeen Khoury, M.D.

SAFETY OF STATIN THERAPY AFTER LIVER TRANSPLANTATION

The question of statin therapy among liver transplant (LT) patients due to drug interactions with immunosuppression and elevation of liver enzymes was the focus of a study conducted by Nimisha Sulejmani, PharmD, BCPS, transplant pharmacy specialist, at Henry Ford Hospital. The objective of this study was to assess the incidence of transaminase elevation and safety of statin use after LT.

Cardiovascular disease (CVD) remains a leading cause of long-term mortality in transplant patients. A risk factor for CVD is hyperlipidemia, where the treatment is statin therapy. There is insufficient data assessing the safety of statin therapy in LT.

Methods: A retrospective chart review of LT recipients at an academic medical center from January 2013 to December 2014 was performed. All LT recipients with ICD-9/10 codes of hyperlipidemia were eligible. Primary endpoint was an increase of greater than two times the baseline liver enzymes in patients on statin therapy compared to no statin therapy. Secondary endpoints included adverse effects, rejection, and patient or graft survival. Bivariate analysis was performed.

Results: Out of the 170 liver transplants completed, 123 patients had a diagnosis of hyperlipidemia. There were 104 who met inclusion criteria with 37 patients receiving statin therapy. Median time to statin initiation was six months post-transplant. There was no difference in the incidence of transaminase elevations in the statin arm compared to non-statin arm (51.4 percent vs. 35.8 percent; $p=0.14$).

Adverse reactions were reported in 5.4 percent of patients on a statin. One patient on atorvastatin 40 mg complained of myalgias, but subsequently tolerated pravastatin 20 mg. The other patient on simvastatin 40 mg experienced elevations in transaminases and was discontinued, but was restarted five months later without effect on liver enzymes. Another 31 patients received calcineurin inhibitors were on a statin compared to six patients on mammalian target of rapamycin inhibitors.

Majority of patients on statin therapy received a moderate intensity statin (59.5 percent) per the American College of Cardiology / American Hospital Association. Only 8.1 percent ($n=3$) patients in the statin arm had an episode of rejection compared to 29.9 percent ($n=20$) in the non-statin ($p=0.01$). There was no difference in graft or patient survival.

Dr. Sulejmani shared the study's conclusion, "The use of statin therapy after LT did not cause significant elevations in liver enzymes. Although there was no difference in patient or graft survival, the statin arm had significantly less episodes of rejection."

Further investigation is needed to determine if statin use decreases the incidence of rejection. With monitoring, statins appear safe to use in LT recipients.



Nimisha Sulejmani,
PharmD, BCPS

Milagros D. Samaniego-Picota, M.D.

Senior Staff Transplant Nephrologist

Medical School Education:

Facultad de Medicina, Universidad de Panama (Panama City, Panama)

Internship and Residency:

Residency, Internal Medicine, Hospital General de la Caja de Seguro Social (Panama City, Republic of Panama)

Internship, Internal Medicine, Baylor College of Medicine (Houston, Texas)

Residency, Internal Medicine, Baylor College of Medicine (Houston, Texas)

Residency, Chief Medical Resident, The Methodist Hospital, Department of Medicine, Baylor College of Medicine (Houston, Texas)

Fellowship:

The Johns Hopkins School of Medicine, Baltimore, Maryland

Division of Nephrology

Senior Clinical Fellow

Postdoctoral Research Fellow, Immunopathology

Board Certification:

American Board of Nephrology

American Board of Internal Medicine

Educational Commission for Foreign

Medical Graduates (ECFMG) Certification

Research Interests:

Dr. Samaniego's clinical and research interests focus on experimental and clinical antibody-mediated rejection, desensitization protocols, ABO-incompatible kidney transplantation and other treatment options for highly sensitized kidney transplant candidates including pair-kidney exchange programs.



Milagros D.
Samaniego-Picota, M.D.

MEET THE HENRY FORD TRANSPLANT TEAM...

ABDOMINAL ORGAN TEAM

TRANSPLANT SURGEONS

Marwan S. Abouljoud, M.D.

Specialties: Surgery
Services: Cancer Surgery, Intestine Transplant, Kidney Transplant, Liver Cancer, Liver Transplant

Atsushi Yoshida, M.D.

Specialties: Surgery
Services: Cancer Surgery, Intestine Transplant, Kidney Transplant, Liver Cancer, Liver Transplant, Pancreas Transplant

Dean Y. Kim, M.D.

Specialties: Surgery
Services: Cancer Surgery, Intestine Transplant, Kidney Transplant, Liver Transplant, Pancreas Transplant

Shunji Nagai, M.D.

Specialties: Surgery
Services: Cancer Surgery, Intestine Transplant, Kidney Transplant, Liver Transplant, Pancreas Transplant

Kelly M. Collins, M.D.

Specialties: Surgery
Services: Cancer Surgery, Intestine Transplant, Kidney Transplant, Liver Cancer, Liver Transplant, Pancreas Transplant

Jason E. Denny, M.D.

Specialties: Surgery
Services: Kidney Transplant, Pancreas Transplant

Lauren E. Malinzak, M.D.

Specialties: Surgery
Services: Kidney Transplant, Pancreas Transplant

Michael D. Rizzari, M.D.

Specialties: Surgery
Services: Cancer Surgery, Intestine Transplant, Kidney Transplant, Liver Cancer, Liver Transplant, Pancreas Transplant

TRANSPLANT HEPATOLOGY

Kimberly A. Brown, M.D.

Specialties: Gastroenterology & Hepatology
Services: Digestive Disorders, Intestine Transplant, Liver Cancer, Liver Disease, Liver Transplant

Dilip K. Moonka, M.D.

Specialties: Gastroenterology & Hepatology
Services: Digestive Disorders, Intestine Transplant, Liver Cancer, Liver Disease, Liver Transplant

Stuart C. Gordon, M.D.

Specialties: Gastroenterology & Hepatology
Services: Intestine Transplant, Liver Cancer, Liver Disease, Liver Transplant

Yakir Muszkat, M.D.

Specialties: Gastroenterology & Hepatology
Services: Digestive Disorders, Intestinal Diseases, Intestine Transplant

Syed-Mohammed R. Jafri, M.D.

Specialties: Gastroenterology & Hepatology
Services: Digestive Disorders, Intestinal Diseases, Intestine Transplant, Liver Cancer, Liver Disease, Liver Transplant

Reena J. Salgia, M.D., MPH

Specialties: Gastroenterology & Hepatology
Services: Digestive Disorders, Intestine Transplant, Liver Cancer, Liver Disease, Liver Transplant

Deepak Venkat, M.D.

Specialties: Gastroenterology & Hematology

Ashina D. Singh, M.D.

Specialties: Transplant Hepatology, Gastroenterology

TRANSPLANT NEPHROLOGY

Anita K. Patel, M.D.

Specialties: Nephrology
Services: Kidney Transplant, Pancreas Transplant

Nadeen Khoury, M.D.

Specialties: Nephrology
Services: Kidney Transplant

Milagros D. Samaniego-Picota, M.D.

Specialties: Nephrology
Services: Kidney Transplant

Vanji Karthikeyan, M.D.

Specialties: Nephrology
Services: Kidney Transplant, Pancreas Transplant

Rohini Prashar, M.D.

Specialties: Nephrology
Services: Kidney Transplant, Pancreas Transplant

K. K. Venkat, M.D.

Specialties: Nephrology
Services: Kidney Transplant, Pancreas Transplant

For a referral, call:

Liver: (313) 916-8865

Kidney and Pancreas: (313) 916-1269

CARDIOTHORACIC TEAM

TRANSPLANT SURGEONS

Hassan W. Nemeh, M.D.

Specialties: Cardiothoracic Surgery

Services: Heart Surgery, Heart Transplant, Lung Transplant

Gaetano Paone, M.D.

Specialties: Cardiothoracic Surgery

Services: Heart Surgery, Heart Transplant

Zane T. Hammoud, M.D.

Specialties: Thoracic Surgery

Services: Cancer Surgery, Esophageal Cancer, Lung and Thoracic Cancer, Lung Transplant

Themistokles Chamogeorgakis, M.D.

Specialties: Cardiothoracic Surgery

Services: Heart Surgery, Heart Transplant, Lung Transplant

Dimitrios Apostolou M.D., FACS

Specialties: Cardiothoracic Surgery

Services: Heart Surgery, Heart Transplant, Lung Transplant

ADVANCED HEART FAILURE/ CARDIAC TRANSPLANTATION

Celeste T. Williams, M.D.

Specialties: Cardiology

Services: Advanced Heart Failure, Cardiology, Heart Transplant

David E. Lanfear, M.D.

Specialties: Cardiology

Services: Advanced Heart Failure, Cardiology, Heart Transplant

Yelena Selektor, M.D.

Specialties: Cardiology

Services: Advanced Heart Failure, Heart Transplant

Cristina Tita, M.D.

Specialties: Cardiology

Services: Advanced Heart Failure, Cardiology, Heart Transplant

Gillian Grafton, D.O.

Specialties: Cardiology

Services: Advanced Heart Failure, Cardiology, Heart Transplant

Jennifer Cowger, M.D., M.S.

Specialties: Cardiology

Services: Advanced Heart Failure, Cardiology, Heart Transplant

TRANSPLANT PULMONOLOGY

Lisa L. Allenspach, M.D.

Specialties: Pulmonary Disease, Critical Care Medicine

Lisa D. Stagner, D.O.

Specialties: Pulmonary Disease, Critical Care Medicine

Services: Lung Transplant

Julio C. Pinto Corrales, M.D.

Specialties: Pulmonary Disease, Critical Care Medicine

Services: Lung Transplant

BONE MARROW STEM CELL TEAM

Nalini Janakiraman, M.D.

Specialties: Hematology, Medical Oncology

Services: Leukemia and Lymphoma, Medical Oncology, Stem Cell Transplant

Bernd G. Barthel, M.D.

Specialties: Hematology, Medical Oncology

Services: Leukemia and Lymphoma, Medical Oncology, Stem Cell Transplant

Shatha Y. Farhan, M.D.

Specialties: Hematology, Medical Oncology

Services: Medical Oncology, Stem Cell Transplant

Edward M. Peres, M.D.

Specialties: Hematology, Medical Oncology

Services: Leukemia and Lymphoma, Medical Oncology, Stem Cell Transplant

For a referral, call:

Lung: (313) 916-1471

Heart: (313) 916-2895

Bone Marrow Stem Cell: (313) 916-5002

FOR MORE INFORMATION, PLEASE CONTACT AN OUTREACH COORDINATOR

Michelle "Cookie" Crossley, R.N., B.S.N.

(248) 219-2326

Christina Somers, R.N., B.S.N.

(313) 622-4352

Each transplant team also includes:

- Transplant nurses
- Registered dietitians
- Transplant pharmacists
- Pathologists
- Rehabilitation therapists
- Psychologists
- Exercise therapists
- Social workers

IPF: A DISEASE WITH NO CURE, BUT A NEW TREATMENT OPTION

Idiopathic pulmonary fibrosis (IPF) causes tissue deep in the lungs to become thick and stiff, or scar over time. As the disease progresses, the lungs become fibrotic and struggle to move oxygen into the bloodstream damaging the heart. There is no cure and existing medications are not curative.

IPF may have genetic factors and affects middle-aged and older adults, many only live 3 to 5 years after diagnosis. Its prognosis is worse than lung cancer. The most common cause of death is respiratory failure; other causes are pulmonary hypertension, heart failure, pulmonary embolism, and pneumonia.

Judy Popard of Okemos, remembers the day she was diagnosed with IPF as if it were yesterday. “For many years I had been diagnosed with asthma, sinusitis and allergies, but the results of extensive tests resulted in a diagnosis of IPF. I had to go online to find out what IPF even was – I was shocked to learn there is no cure.”

Despite trying experimental drugs, her condition worsened.

When Judy’s pulmonologist passed, she was referred to other doctors. “They basically told me to go home and die. That was the day I decided to help myself,” she said. On her own she continued pulmonary rehabilitation, but one day she used three tanks of oxygen; her therapist called the Henry Ford Transplant Institute.

Judy spent two weeks in the ICU needing oxygen each day. She remembers fondly the friends she made with an “amazing staff.” Around week three she was transferred to Cardiac ICU where she was introduced to extracorporeal membrane oxygenation (ECMO). “I was so weak lifting my cell phone was impossible, ECMO took over and replaced my lung’s job by supplying oxygen to my body. I was scared, but trusting,” she explains.

While not the standard of care at most facilities, ECMO is used when the lungs are no longer able to supply enough oxygen, by taking the blood into a machine outside the body and clearing carbon dioxide and replenishing oxygen. At Henry Ford Hospital, rather than sedating and ventilating the patient while waiting for a lung transplant, ECMO has been a successful bridge to lung transplant.

Lisa Allenspach, M.D., medical director, Lung Transplant, explains, “For most, the use of ECMO allows patients the ability to move, eat, speak and optimizes the patient’s time while waiting for a lung transplant. And, in many cases extends the waiting time.”

Candidates for ECMO are 70 years-old or younger, a non-smoker for six months, are cancer-free for five years and have

a body mass index less than 35. They have untreatable lung disease with a life expectancy of less than three years.

“The nurses would put my ECMO machine in a wheelchair, so I could take a walk. It reduced my anxieties and physically I felt better and stronger,” explains Judy. But at the end of the road, Judy knew she was waiting for a lung transplant. Several lungs came before the right lungs were transplanted by Hassan Nemeah, M.D., cardiothoracic transplant surgeon. “I wouldn’t be here today if not for ECMO,” Judy explains.

Patients with IPF who come to Henry Ford have an additional advantage because it is a comprehensive Transplant Center. There are experts in each specialty of organ transplantation. For example, Dr. Allenspach says, “Our patients benefit from transplant surgeons like Dr. Nemeah, a leading expert in lung transplant.”

Judy implores, “Doctors read the research, become educated about IPF and look at new protocols for educating and treating their patients and get their patients into pulmonary rehab right away.”

Typically, patients come to Henry Ford very sick. “We’d like to change that as we work with our colleagues to refer their patients to our program when they are first diagnosed. In the early stages, there’s so much more we can do for the patient to educate and monitor the progression of the disease,” says Dr. Allenspach.

After more than 12 years on oxygen, Judy is healthy and enjoying long lunches with her friends – minus the oxygen tank.

To learn more about IPF or to refer an IPF patient, call Soula Barrett at (313) 916-1269.



HENRY FORD TRANSPLANT INSTITUTE OUTREACH CLINICS

In addition to the transplant clinics at Henry Ford Hospital in Detroit, 24 convenient outreach clinics are located throughout Michigan. Please contact Michelle "Cookie" Crossley, R.N., at (248) 219-2326 or Christina Somers, R.N., at (313) 622-4352 for more information.

KIDNEY AND PANCREAS

Hurley Kidney and Pancreas Clinic
One Hurley Plaza, 5 West
Flint, MI 48503

Lakeside Kidney and Pancreas Clinic
Henry Ford Medical Center – Lakeside
14500 Hall Rd.
Sterling Heights, MI 48313

Lansing Kidney and Pancreas Clinic
1703 E. Michigan
Lansing, MI 48912

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

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

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

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

Macomb Lung Clinic
50505 Schoenherr Dr., Suite 290
Shelby Twp., MI 48315

LIVER, SMALL BOWEL, AND MULTIVISCERAL TRANSPLANT

Liver, Small Bowel And Multivisceral Transplant Clinic
6240 Rashell, Suite 204
Flint, MI 48507

Liver, Small Bowel And Multivisceral Transplant Clinic
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
4690 McLeod Drive East
Saginaw, MI 48604

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

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

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

Advanced Heart Failure Clinic
Henry Ford Wyandotte Hospital
2333 Biddle Ave.
Wyandotte, MI 48192

ON CALL 24/7



Download the Henry Ford Transplant Institute app.



For iPhone, iPad and Android platform devices.

You can download the app via the Apple® App Store or Google Play at no charge. Simply search "Henry Ford Transplant Institute" and download this convenient tool today.



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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.

SAVE THE DATE: NOVEMBER 2, 2018

In honor of our 50th Anniversary, please join us for the following one-day celebration events. Save the date now, and watch for further details during the year at www.henryford.com/transplant50.

Henry Ford Transplant Institute Symposium— Where is the Future of Transplant Going? Henry Ford Hospital Campus, Detroit, MI

Join us for our multi-organ scientific symposium, including transplantation of the liver, kidney, heart, lung, bone marrow stem cell, pancreas, intestine and multivisceral organs. Discover the latest treatments, techniques and trends that will give hope to tomorrow's transplant patients. The day includes breakout sessions and can be used for CME/CEU credits.

50th Anniversary Celebration - Gardens of Life Jubilee Gala 6 p.m. MGM Grand, Detroit

Join us for this celebration as we look back at our roots, our shared successes, and the future of transplant.

NOVEMBER						2018
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
	30	31	1	2	3	
	6	7	8	9	10	
	13	14	15	16	17	
	20	21	22	23	24	
	27	28	29	30	1	