

FALL
2006

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University of Michigan
Transplant Center

Immunosuppression – What is it? Why is it needed? What does it do?

Immunosuppressive medications (also called anti-rejection medications) are required for patients following transplantation. The job of the immune system is to fight infections and to protect the body from getting cancer. The immune system does this by recognizing antigens, which are small particles found on the surface of all cells of the body, viruses, fungus, and bacteria. Your immune system knows that your antigens belong to you. It also knows which antigens do not belong to you. A cancer, a virus or bacteria, or transplanted tissue, may not have the same antigens as your immune system. The immune system will attack these “foreign” antigens and make antibodies against them. When the immune cells and antibodies are directed against a transplanted organ, the process is called rejection. When an organ is transplanted, the recipient must be given medications to weaken the immune system so that it will not start the rejection process. This is called immunosuppression. Immunosuppressive drugs reduce the strength of, but do not eliminate, the body’s immune system.

Immunosuppressive medications may be used in different combinations or dosages for each organ type. The medications that are used most often are: prednisone, mycophenolate, cyclosporine, tacrolimus, and sirolimus. The dose or combination of these medicines may change over time depending on the patient’s specific circumstances. These medications are very good, but sometimes rejection will happen anyway.



There are two types of transplant rejection. In acute cellular rejection, white blood cells attack the transplanted organ. Rejection must be treated or the organ may be damaged or destroyed. The best way to diagnose rejection is by performing an organ biopsy. A biopsy consists of the removal of a small piece of the transplanted organ and looking at it under a microscope. If rejection is present, it may be treated in several ways. The most common treatment consists of high dose corticosteroids, or special anti-rejection medications like Thymoglobulin®, ATGAM®, and OKT-3®. These medications are antibodies

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that react against human white blood cells to neutralize and destroy them. This stops the rejection process and allows the transplanted organ to recover and continue to function. If rejection is not discovered soon enough and the medications are not able to stop the rejection, then, the organ may be permanently damaged. The second type of rejection is called chronic rejection and slowly develops over a number of years. Research continues into the causes and treatment for chronic rejection.

All medications can have side effects or cause unintended problems. After transplantation, patients are closely watched for side effects. Patients must also be aware of any changes that they might have and report them to their health care providers. Side effects can range from cosmetic (like hair growth or acne) to very serious (like infection or cancer). Transplant caregivers are skilled in identifying and managing whatever side effects appear. When a side effect arises, the transplant team makes every effort to control it, minimize it, or manage it and limit the negative impact on the quality of life or health of the patient. Fear of having medication side effects should not stop one from getting a transplant since the benefits of transplantation outweigh these risks.

Immunosuppression causes an increased risk of infection and cancer in transplant patients. Infections can be bacterial, fungal or viral. They are treated with the appropriate medications if they occur. Cancers that are more frequent include skin cancers, female genital cancers and lymphoma (cancer of the lymph nodes). Female genital cancers are associated with human papilloma virus (HPV). Lymphomas are associated with Epstein - Barr virus (EBV). If cancers occur, they are treated with chemotherapy. Sometimes, the doses of the anti-rejection medications are also reduced. Reduction of immunosuppression often helps the lymphoma to go into remission without causing transplant rejection.

As with all medications, there can be drug interactions between the anti rejection drugs and other medications, including over the counter medications and herbal or natural preparations. Patients learn about these

interactions when they are transplanted. Patients are encouraged not to take any new medications or make any changes to the current medications without talking to the Transplant Center staff first.

The Cost of Immunosuppressive Medicines

Immediately following transplantation many patients need to take a variety of medications including immunosuppressive drugs. Patients may take as many as ten different prescriptions. Over a period of time following the transplant operation the number of medications and the doses required may decrease. The cost of medications following transplant can range from \$2,000 to more than \$7,000 per month. Due to the high costs of these medications, all patients need solid insurance coverage for prescriptions and a financial plan that provides the means necessary to cover the ongoing costs.

Transplant Social Workers and Financial Coordinators Assist Patients and their Families

Patients and their families often struggle to cope with the challenges of living with a chronic illness, while proceeding through the stages of the transplant process. The primary goals for transplant social workers are to help patients learn to live with their chronic illness, remain hopeful for the future, and enjoy the best quality of life possible. Transplant social workers support patients and families through every stage of the transplant process, providing counseling and support. The cost of immunosuppressive medications is high and paying for these medicines is often problematic for patients. Transplant social workers can help patients gain access to necessary post-transplant medical care and medications.

During the pre-transplant interview social workers discuss many issues with patients and families. This discussion helps the medical team decide if transplantation is the best choice for the patient and helps the patient explore transplantation options to ensure that it is the right personal choice. The importance of maintaining health insurance that will cover medical care and medication costs before and after the transplant operation is also discussed. Patients need to make a plan to have and



to keep their health insurance. Transplant social workers and financial coordinators help patients understand their choices and work with them to develop a plan for maintaining insurance coverage comprehensive enough to cover their on-going medical and prescription needs.

Immediately following the transplant operation, while the patient is still in the hospital, the patient's health insurance and prescription coverage is reviewed. If a patient doesn't have prescription coverage for their medications, a transplant social worker will help them find ways to get their prescriptions filled before they go home.

In order to keep a transplanted organ healthy and to prevent loss of the organ, the patient must take immunosuppressive medications every day. These medicines are very expensive and most cannot afford to pay for them without insurance or some type of help. Most drug companies have 'prescription assistance programs' available to help patients (within certain income limits) obtain free anti-rejection medicines. Transplant social workers can assist patients complete the necessary applications for these "prescription assistance programs". Since applying for these programs takes time, it is important that patients call for help long before their medicines run out.

Transplant social workers are also able to help patients adjust well to life before and after an organ transplant. They can connect patients with local agencies for needed resources, help them make a plan to keep their insurance, help them get immunosuppressive medications and provide support and direction as they learn how to live with their illness and their new organ. Early contact with transplant social workers, before a situation is an emergency, is the best way for patients to obtain the help they need.

Coordination and Planning are the Keys to Success!

Financial coordinators, specializing in transplant services and insurances coverage, are essential members of the team assisting patients and their social workers in managing the financial and insurance matters related to transplant. Dealing with the high cost of post transplant medications takes careful planning by the patient. The anti-rejection medications, which can cost between \$2,000 and \$7,000 per month, must be taken for life to prevent organ rejection. A key element in developing a sound financial plan for success is for patients to understand their insurance coverage. Patients are encouraged to call their insurance company ahead of time to inquire about expected out-of-

pocket expenses, and to ask about any options that can reduce their cost share. Patients are encouraged to go to our website and print the form Understand Your Insurance. This form was designed to assist transplant patients in their discussions with insurers.

http://www.med.umich.edu/trans/public/doc/understanding_your_insurance.pdf

Organ transplants require written approval from the insurance carrier prior to transplant. To ensure no lapse in authorization for transplant, patients **must always** contact the financial coordinator when there are any changes in coverage while on the transplant list. Outdated information may delay the transplant operation or lead to increased patient costs after surgery. Transplant financial coordinators are happy to assist patients in obtaining the necessary authorizations when they are planning a change in insurance coverage.

Often insurance coverage alone is not sufficient to meet the financial obligations a transplant patient will face. Setting aside funds prior to the transplant operation is essential. Many patients get involved in fund raising opportunities to make sure they have the necessary funds set aside prior to transplant. There are organizations that can assist families in fund raising activities. Transplant financial coordinators and social workers work together to help patients explore their options and assist them in developing solutions for patients to have the medications they need.

Insurance vs. Assistance Programs - What's the Difference?

Insurance: Patients may have coverage by an insurance company – either through an employer group policy or a privately held policy. The policy purchased (often by an employer) has specific limits on the types of services covered, with limitations, exclusions, and/or lifetime maximums. Patients may be responsible for specific out-of-pocket expenses, such as an annual deductible, co-pay amounts for each visit, and/or services that are not a benefit of their contract. Patients who have prescription drug coverage through their employer group plan may have a 90 day mail order option that can help reduce the out-of-pocket costs for their medications. By using the 90 day mail order option, a patient often is only billed one co-pay (or perhaps two) for a 90 day supply, depending on the policy. Some patients don't have coverage through an employer paid

policy. In that case patients may purchase an individual health insurance plan – which may or may not include coverage for prescriptions. Unfortunately, prescription coverage as a stand-alone policy is rarely available.

Assistance Plans: Patients may qualify for assistance programs based on their medical or social situation. Some of these assistance programs include Medicare Part A, Medicare Part B, Medicare Part D, and Medicaid. Coverage under these programs may change in accordance with the patient's medical and/or life situations.

Coverage for Medications through Medicare Parts B or D.

Patients may have assistance with the costs of their medications through Medicare, Part B or Part D. This assistance is helpful for patients who have prescription coverage through a health insurance policy, but it is vital for patients without health insurance coverage for prescriptions. Medicare coverage for prescriptions may be temporary. Some patients become eligible for Medicare solely based on their End Stage Renal Disease (ESRD). When this occurs, the patient will have prescription coverage for a period of 3 years after the date of the transplant operation. Their entitlement for coverage will end on the last day of the month, 3 years after the date of the transplant operation.

Prescriptions - Who Pays? Medicare Part B / Part D

On Medicare at the time of Transplant	NOT On Medicare at the time of Transplant Have Medicare coverage now.
Anti-rejection drugs: Paid by Medicare Part B and supplemental coverage	Anti-rejection drugs: Paid by Medicare Part D or regular prescription coverage
Other medications: Paid by Medicare Part D or regular prescription coverage	Other medications: Paid by Medicare Part D or regular prescription coverage

Note: Copays may be required, depending upon coverage.

It is a good idea to confirm with your pharmacist who they plan on billing, when you drop off the prescription, to ensure they are pursuing the correct insurance. Some pharmacies may have limited experience in billing these medications so you may need to guide them. The two key dates they will need include the date of your transplant and the effective date of your Medicare.

Medicaid Spend-down

Eligibility for Medicaid assistance is established on a month-by-month basis. Some individuals qualify for Medicaid based on the eligibility criteria – except their income may be above eligibility limits. When this occurs, individuals may be eligible for coverage under a 'spend down' plan. Under the 'spend down' plan, the individual must show monthly qualified medical expenses equal to the amount their income is above the eligibility limit. Coverage is provided to these individuals for the remainder of services provided in the month – after they've met their monthly spend down amount.

For example, a person is denied Medicaid coverage because her monthly income is \$500 more than the limit for Medicaid eligibility. Once she spends or incurs \$500 per month in medical or prescription costs, the rest of her medical bills for that month will be covered by Medicaid.

If a Medicaid spend-down is a patient's only insurance coverage, we encourage them to work closely with their social worker, physician assistant and financial coordinator. There are strategies that can be explored to help patients obtain the medications they need.

Other Considerations

Transplantation, medications, insurance coverage and assistance plans are not simple topics. Below are some potential solutions to some of the issues patients face. The Transplant Center has resources available to help patients understand and work through their options.

Return to work: If group health insurance is offered, then it should continue uninterrupted. If not, patients may consider changing jobs.

Inadequate insurance options in your previous line of work: If the patient's previous line of work did not offer adequate health insurance, the patient may consider changing jobs and career paths. Patients may use the 3 years that the Medicare option is available to them to return to school, or otherwise train for a new career or position that may offer employer group health and prescription coverage.

Marital status: Patients are encouraged to check with their spouse's insurance program to determine if they may be added to the policy.

Disability: Patients unable to work may qualify for Social Security Disability coverage. Patients unable to work

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are encouraged to apply through the Social Security Administration. In the event the patient has Medicare coverage for a disability beyond renal failure the patient's Medicare coverage is likely to continue beyond 3 years. Since the application and approval process is lengthy patients should begin working through the process as soon as they become unable to work.

Other possible coverage options: Armed forces veterans may have access to the Veterans Administration (VA) system for their healthcare needs. Patients can explore pharmacy assistance programs or fundraising through their social, religious and family connections. There are several national organizations that specialize in assisting patients with raising funds to support transplant expenses.

Pediatric patients: It is vital for parents to plan ahead for insurance coverage for their children as they transition from childhood through adolescence, and into adulthood. The coverage available to children, like Medicare, Medicaid and CSHCS (Children's Special Health Care Services) may not be available to them as adults. Children are not guaranteed continued coverage past the age of 21, or 3 years after the transplant operation. The Transplant Center has resources to work with parents and their children to prepare them for the changes that may take place.

The best advice is to plan ahead. Patients are encouraged not to wait until the last minute to call the Transplant Center when they are out of medications and have no options. Any of the options listed above will take time. If possible, advise the health care team, including the social worker and financial coordinators, at least six months in advance of insurance changes. The Transplant Center team will assist patients in getting the medications they need.

In Summary


Medications are required for patients following transplantation. Due to the high costs of these medications, all patients need insurance coverage for prescriptions and a financial plan that provides the means necessary to cover on-going costs. The Transplant Center has a team of social workers and financial coordinators to assist patients in managing these details. Patients are encouraged to contact the transplant team (1-800-333-9013) for assistance with their concerns.

Patient Satisfaction Survey

Employees of the Transplant Center care about transplant patients and they work hard to meet patient needs. Until now, we have not had the ability to assess how transplant patients feel about the care, nor the service, they receive. In Spring 2006, we began using a Patient Satisfaction Survey to give patients the opportunity to give us feedback. We used the survey in the adult and pediatric clinics for kidney, liver, lung and pancreas programs targeting patients who have received transplants. The survey sought input in several areas, including Staff Courtesy, Staff Effectiveness, Education (during each phase of transplant), and Communications. The survey asked two final questions:

- 1) Overall, how would you rate the care you received?
- 2) Would you recommend our program to others?

We received 182 completed surveys that provided a wealth of feedback and constructive ideas for the future. The good news is that the combined Transplant Center data (includes all organ programs) shows 97.2% (rating 4.86 on a 5.0 point scale) of our patients would recommend us to others! While we are very pleased with this feedback, there is always room for improvement. Currently, the patient's feedback is being shared in detail throughout each of the organ programs and will be used to develop quality improvement plans in each area. In an attempt to stay abreast of our patients' perspectives and to measure our progress, we plan to conduct a Patient Satisfaction Survey annually.

 Patient / Family Satisfaction Survey	
Today's Date: _____	
How would you rate the courtesy and effectiveness of our Transplant Center staff?	
<div> <div> RATE COURTESY <small>(Circle One Number for Courtesy Rating for each staffing category)</small> </div> <div> RATE EFFECTIVENESS <small>(Circle One Number for Effectiveness Rating for each staffing category)</small> </div> </div>	
<small>Poor</small> 1 2 3 4 5 <small>Excellent</small> <small>Not Applicable</small>	<small>Poor</small> 1 2 3 4 5 <small>Excellent</small> <small>Not Applicable</small>
STAFFING CATEGORY	
1 2 3 4 5 N/A	Telephone Receptionist (person(s) answering the telephone)
1 2 3 4 5 N/A	Clinic Receptionist (person(s) greeting you in the clinic)
1 2 3 4 5 N/A	Pre-Transplant Coordinator (person(s) coordinating eval, testing & listing before transplant)
1 2 3 4 5 N/A	Pre-Transplant Nurse (person(s) in clinic or teaching class before transplant)
1 2 3 4 5 N/A	Financial Counselor (person(s) assisting in obtaining insurance approval)
1 2 3 4 5 N/A	Social Worker (person(s) assisting with your social needs)
1 2 3 4 5 N/A	Post-Transplant Nurse (person(s) seeing you at pre-op visit or while inpatient)
1 2 3 4 5 N/A	Physician Assistant (person(s) following you at pre-op visit or while inpatient)
1 2 3 4 5 N/A	House Officer or Resident (person(s) following you during inpatient stay)
1 2 3 4 5 N/A	Attending Pediatric or Medical Physician (medical doctor - Hepatology, GI, Pulmonary)
1 2 3 4 5 N/A	Attending Surgical Physician (General or Thoracic transplant surgeons)

Did a member of the transplant team provide you with extra special service, "above and beyond your expectations?" Yes ___ No ___
 If "yes," please describe: _____

Transplant Social Work Team



Erin Khang, LMSW

Erin recently joined the social work team working with pediatric renal patients and their families. Erin brings to the Transplant Center experience with adult liver, heart and bone marrow transplant patients. Erin completed her undergraduate and graduate work at Case Western Reserve University. She relocated to this area from Cleveland, Ohio. If Erin weren't a social worker, she would be interested in being a church youth director.



Colleen Satarino, LLMSW

Colleen has an undergraduate degree in psychology from the University of Michigan and a Master's Degree in Social Work from Eastern Michigan University. Her professional experience has been in mental health and home health care. Her past work experiences have provided a good foundation for work with patients both before and after their transplant. While Colleen is happy to be a social worker working with kidney and pancreas transplant patients, if she were not a social worker, she would choose to be either a chef or a baker due to her love of cooking. She especially enjoys planning and preparing meals for family and friends. Meals are a great way to visit with people we care about and enjoy their company.



Ann Snyder-Manson, LMSW, ACSW

Ann received a BA in psychology and a Master's Degree in Social Work from the University of Michigan. Ann has had many wonderful and diverse experiences providing social work expertise while counseling military families for the American Red Cross during the Vietnam War, was involved in fund raising, managing the information and referral program for the United Way, provided case management services, taught job seeking skills to hard-to-place clients and job coached developmentally disabled individuals in a vocational rehabilitation facility. As a dialysis social worker she designed rehabilitation programs, education materials, and marketing brochures. Ann has been active in presenting to local and national audiences on various topics, including continuous quality improvement and quality of life. Ann received a Merit Award from the Michigan Council of Nephrology Social Workers and the national Merit Award from the National Kidney Foundation Council of Nephrology Social Workers. Ann continues her efforts by providing services to kidney patients – before and after their transplant. If Ann weren't a social worker she would like to drive heavy earth moving equipment. It has always fascinated her that by moving earth around you can create roads, beautiful buildings, dams which produce hydroelectric power and many other wonderful things.



Cindy Brown, LMSW, ACSW

Cindy is a Clinical Social Worker assigned to the Pediatric Liver Transplantation Program since 2004. She has been a staff member in the Transplant Center since 2002 when she joined the team as a social worker with the Adult Kidney and Pancreas Transplantation Program. Cindy earned her B.S. in Psychology from Wayne State University in 1998, and in 2000, she earned her M.S.W. degree from the University of Michigan where she focused on Interpersonal Practice in a Health Care Setting. Cindy just celebrated her five year anniversary with the University of Michigan Health System. If she were not working as a social worker, she would like to do something more artistic like playing the flute in an orchestra or traveling the world doing landscape photography.



Nathan Bates, LMSW

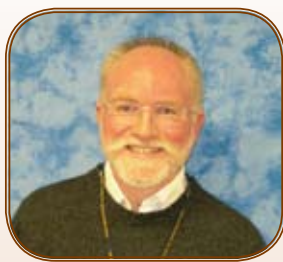
Nathan was born and raised in Ann Arbor Michigan. He graduated from Pioneer High School (Go Purple!!). He received his undergraduate degree from Eastern Michigan University and his Master's Degree in Social Work from the University of Michigan. Nathan started working for the University of Michigan Health System in December 1992. He joined the transplant team and has been working with adult liver transplant patients for the past six years. If Nathan wasn't a social worker he would choose to be a professional athlete or poker player.



Lisbeth Warner, LMSW

Lisbeth received a BA in psychology from Michigan State University in 1994 and a Master's Degree in Social Work from the University of Michigan in 1999. Lisbeth has worked with children and families and has worked in several medical settings. After graduate school, she worked in an outpatient dialysis center, developing programs related to grief and loss, healthy boundaries for staff, and patient rehabilitation. Lisbeth spent several years at St Joseph Mercy Hospital as a medical social worker working in orthopedic, neurosurgery, trauma, vascular surgery, and general surgery before coming to UMHS in August 2005. If Lisbeth wasn't a social worker she would like to be a sports reporter for ESPN. She has loved watching and debating about sports, especially Michigan State basketball and football, since she was a very young child.

Social Work Team continued on page 7



**R. Daniel Reid,
MPH, LMSW**

Daniel has worked in Transplant since 1999. He formerly lived 15 years in Boston where he was project manager for multiple research studies investigating biological and behavioral determinants of HIV transmission and psychosocial sequelae of infection and disease. He collaborated with NIH, CDC, and Harvard Medical School. He was one of the first HIV test counselors in the United States. Since coming to UMHS he has taught at the Schools of Public Health and Social Work. At the hospital he teaches courses on psychosocial impact of illness and has lectured widely on stigma. Daniel was named Teacher of the Year by the Social Work interns in 2004 and 2005. He was the Transplant Center Employee of the Year in 2003. Because so many people have told him he should write a book, in his next career he will be a novelist.



**Lee Rosenblum,
LMSW**

Lee grew up in Youngstown, Ohio and went to Antioch College near Dayton. Lee graduated from college in 1974 and worked for two years in the Children's Services Bureau of the local Department of Social Services. Lee moved to Ann Arbor in 1976 when his wife attended graduate school here. Lee feels fortunate to have been hired at University Hospital in late 1976, being assigned to the surgery services and the intensive care unit. Dr. Campbell was a chief resident when Lee started. Lee eventually returned to graduate school and received his Master's Degree in Social Work in 1993 from the University of Michigan. Lee then joined the transplant team. Over the years, Lee worked in several areas of the medical center, such as the Trauma Burn unit, Emergency Room, Chronic Pain Clinic, Liver Transplant service and other services. Lee participated in the Social Work Department's field instructor program, serving as a mentor and supervisor for social work students going through their training. Lee enjoys working alongside the many dedicated professionals here. Lee feels he has been able to "keep going" by witnessing the incredible strength and determination of many extraordinary patients. Lee often feels it is an honor to assist people on their journey through their treatment. If Lee weren't a social worker in the hospital, his fantasy job would be to raise and train horses.



Tammy Zukowski

Tammy has worked at the University of Michigan since 2001, joining the Transplant Center in 2005. She enjoys spending time with her family and friends. When Tammy is not working or running her son Brandon to soccer and football games, she enjoys cooking, traveling and reading.

Transplant Financial Coordinator Team



Marcia Fisher

Marcia Fisher has worked as a financial coordinator for the University of Michigan Health Systems for 28 years. She began working with patients with kidney failure in 1989 and in 1995 she joined the Transplant Center as a financial coordinator for the kidney and pancreas programs. In her spare time she loves spending time with her family and friends, and Cleo, her Siamese cat. She also enjoys gardening, exploring antique and consignment shops for "neat finds", and traveling the country on her Harley Davidson motorcycle.



Karen Walker

Karen has worked at the University of Michigan for 17 years, joining the transplant financial coordinator team in 2002. She received a BA in Secondary Education from the University of Michigan-Flint. In her free time she enjoys spending time with her husband, Steve, her daughter, Jamie, and her pets, Riley and Cody. They enjoy swimming, biking, watching the Red Wings and visiting family and friends.



Cynthia Sims

Cynthia has worked at the University of Michigan for thirteen years. She received an Associate Degree in Criminal Justice in May 1993. She joined the Transplant Center team in January 2006 as a transplant financial coordinator for kidney and pancreas patients. Cynthia has been married for eleven years and has a son. Cynthia enjoys spending time with her Yorkie, Chauncey, and reading.



Cindy Samoray

Cindy Samoray has been working with the UMHS for the past 19 years. During that time the focus has centered on patient services and insurance. She has worked with the general population, Medicaid, psychiatric admissions, the Dermatology treatment center and now transplant. She's previously worked as the financial coordinator for the lung and heart programs. The past five years have been spent working with the kidney and pancreas program. When not working, she enjoys life outside the University. Spending time with her two sons, other friends and family, dance and espanol classes, art fairs and enjoying music are some of her favorite pastimes.

Transplant Center Development Events

Thank You!

There were many successful events this summer that helped raise much needed funds for Camp Michitanki and the Transplant Center. Thanks to all of you who participated by either volunteering your time or making a donation.



MICHIGAN TRANSPLANT KIDS

The Annual Camp Michitanki Golf Classic was held on July 10, 2006 at the Polo Fields Golf and Country Club. This was the third year for this golf classis which generated over \$22,000 to sponsor Transplant kids at camp.

The Annual Second Chance at Life Golf Tournament was held on July 16 and the Annual Second Chance at Life Walk & 5K Run was held August 12. Together, these events generated over \$11,000 for the Transplant Center. These funds were used to fund the newly established Transplant patient emergency fund.

New Faculty



Michael J. Englesbe, MD.

Dr. Englesbe received his undergraduate degree at Yale University in New Haven, Connecticut in 1993. He went on to obtain his medical degree in 1997 from UMDNJ – Robert Wood Johnson Medical Center and completed his general surgery residency at the University of Michigan Health System in 2004. From 2000 to 2002, Dr. Englesbe did a research fellowship in vascular biology at the University of Washington Medical Center in Seattle, Washington. Dr. Englesbe completed a two year fellowship in transplant surgery at the University of Michigan in June 2006. He joined the faculty of the University of Michigan, Department of Surgery, Transplant Division as an Assistant Professor in July 2006. Mike is also interested in hospital finance and quality improvement. He enjoys his close mentorship on these academic interests with Darrell (Skip) Campbell, MD. Mike and his wife (Audrey Wu) live in Ann Arbor and have two daughters, Mia (3), and Ava (1). Mike enjoys spending time with his 3 beautiful girls when he's not working. Mike's parents live in Florida and New Jersey and his older sister lives in Connecticut.

Transplant Surgery Lecturers



Christopher J. Sonnenday, MD, MHS

Dr. Sonnenday was born in Cooperstown, New York, but spent the majority of his childhood in Northern Virginia. He attended Northwestern University of a soccer scholarship, prior to attending medical school at Vanderbilt University. He received his general surgery training at Johns Hopkins in Baltimore, Maryland, where he also completed a fellowship in Surgical Oncology, specializing

in hepatobiliary and pancreatic surgery. While at Johns Hopkins he studied Clinical Investigation in a Masters program at the Bloomberg School of Public Health. Most importantly, while in Baltimore, he met and married his wife, Amy. Amy is a native Michigander from the Detroit suburbs who is happy to be back in the Midwest. She works as a part time ultrasound technologist and full time mom to their daughter, Madison, who is three years old. They are currently expecting their second daughter who is due in January 2007. When not working, their family enjoys all outdoor sports and travel to any location with sand and water.



Theodore H. Welling III, M.D.

Theodore H. Welling, III, M.D. is a Clinical Lecturer/Fellow in the Department of Surgery, Division of Transplant Surgery at the University of Michigan Health System in Ann Arbor, Michigan. Dr. Welling received his medical degree from the University of Michigan Medical School in 1999 and went on to complete his General Surgery residency at the University of Michigan Health System in June of 2005. His clinical interests are liver transplantation and hepatobiliary surgery. Ted was originally from Canton, Michigan. He is married and has two children.

Donate Life Coalition of Michigan presents award to Dr. and Mrs. Kevin Chan

On May 4, 2006 the Donation Life Coalition of Michigan held its annual fund raiser and awards event, ALIVE '06', at the Park West Gallery in Southfield. At the event Dr. Kevin Chan, Medical Director of Lung Transplantation at the University of Michigan and Roxane Raffin Chan, RN, MS, CMT, were presented with awards honoring them for the difference they have made in promoting public education regarding the importance of organ and tissue donation.

Kevin and Roxane have been together for 17 years. Roxane's career as a nurse has lead her down a path of nursing administration, quality assurance, hospice care, parish nursing and now, a holistic/spiritual approach to patient care. Kevin has been involved with lung transplantation since 1993 when he was involved with the first adult living lobar lung transplant program at the University of Southern California. The Chan's returned to the Midwest in 1997. Roxane promptly developed the Parish Nurse program at Christ Church Cranbrook in Bloomfield Hills while Kevin became an Advisory Committee Member of the Donate Life Coalition of Michigan.

This collaboration led to the birth of a relationship between the Parish Nurse Organization of Southeastern Michigan and the Donate Life Coalition of Michigan in 2005. "You Have the Power to Donate Life" aimed to consolidate organ donation awareness and spirituality through a CEU program focused on Organ Donor Sabbath. This program was held at Henry Ford Hospital in August, 2005, and was funded by a grant from the CHEST Foundation. This grant

was made possible in great part because of the commitment made by the Chans. Cathy Warren, of the Donate Life Coalition of Michigan worked side by side with both Dr. Chan and Roxane on this project. Gift of Life Michigan, Gift of Life MOTTEP and the Michigan Eye-Bank also played an instrumental role in this seminar. Plans for upcoming seminars throughout the state are being planned.

Other award recipients that evening included Karen Morey of Roche Pharmaceuticals and Lila Lazarus, Fox 2 Anchor/Health Reporter.

Congratulations to Dr. and Mrs. Chan on this award.

Thank you for your dedication to promoting organ donor awareness.



Peggy Burkhard, Donate Life, Coalition of Michigan; Roxane Chan, RN; Kevin Chan, MD

The University of Michigan has engaged Ohio State University in a life-saving competition this semester – It's the first annual

Wolverines vs. Buckeyes Challenge for Life!

The challenge: To see which school can sign up more people to their state's organ, tissue and eye donor registry.

The contest will run until 12:00 noon on Friday, November 17th. The winner will be announced during the big football game (in Columbus) on Saturday, November 18th.

Please help us beat the Buckeyes by going to this webpage:

<http://www.giftoflifemichigan.org/goblue>

and signing up to save lives through organ and tissue donation.

YOU can be a hero by saving and enhancing over 50 lives as an organ and tissue donor!



Transplant Center's Mission

The Transplant Center's clinical mission is to provide our patients with the best possible medical care in a setting that emphasizes excellence, compassion, accessibility, responsiveness and prompt delivery of care.

University of Michigan Transplant Center Contact Information

Liver Transplant Programs

Adult

Liver Transplant Clinic - Gastroenterology Division
1500 E. Medical Center Drive
3868 Taubman Center, Box 0391
Ann Arbor, Michigan 48109-0391
Phone: 734-936-7491 (Local)
Phone: 800-395-6431 (Toll Free)
TTY: 800-649-3777
Fax: 734-936-2464

Pediatric

Liver Transplant Program - Pediatric
Medical Professional Building
1500 E. Medical Center Drive
Room D3256, Box 0718
Ann Arbor, Michigan 48109-0718
Phone: 734-615-2462 (Local)
Phone: 877-543-7789 (Toll Free)
Fax: 734-763-7359

Heart Transplant Programs

Adult and Pediatric

Cardiovascular Center
200 North Ingalls Building, 8B02
Ann Arbor, Michigan 48109-0477
Phone: 888-287-1082

Kidney and/or Pancreas Transplant Programs

Adult

Kidney and Pancreas Transplant Program
1500 E. Medical Center Drive
3868 Taubman Center, Box 0391
Ann Arbor, Michigan 48109-0391
Phone: 734-936-7491 (Local)
Phone: 800-333-9013 (Toll Free)
Fax: 734-647-3417

Pediatric

Kidney Transplant Program - Pediatric
C. S. Mott Children's Hospital
1500 E. Medical Center Drive
Room F6865, Box 0297
Ann Arbor, MI 48109-0297
Phone: 734-615-2040 (Local)
Phone: 877-543-7789 (Toll Free)
Fax: 734-615-2042

Lung Transplant Program

Adult

Lung Transplant Program
1500 E. Medical Center Drive
3862 Taubman Center, Box 0391
Ann Arbor, Michigan 48109-0391
Phone: 734-936-7491 (Local)
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WHAT DO YOU THINK?

We welcome your feedback. Please share with us your thoughts on the Transplant Center Newsletter. Whether you wish to share your thoughts on a published article, make a suggestion, share news of your area, tell us what subjects you find interesting or valuable, we are interested in hearing from you!

Send your thoughts to Mary Kruger at mckruger@umich.edu. Please include your name and telephone number so we can explore potential stories.