A Word from our Director

Welcome to the Spring 2008 issue of the Michigan Transplant News: New Beginnings. I am exceedingly proud to work at a transplant program that offers not only state of the art care for transplant patients, but at the same time is able to improve the lives of transplant patients all over the world through our myriad of successful research programs. This issue of our quarterly newsletter will highlight some of our recent accomplishments and a few of our key research initiatives.

Organ transplantation is a miraculous and rewarding field, but we know that there is still much work to be done. The collective mission of physicians, surgeons, and scientists at the University of Michigan Transplant Center is bold. We aim to find a way to bring the extraordinary gift of transplantation to every patient with organ failure and to make the miracle a permanent solution to the patient’s disease. This means that we must understand how best to use every organ that is donated and how to modulate the human immune system to prevent rejection, while minimizing side effects of the immunosuppressive medications. We must seek to encourage organ donation by every member of our community, and educate the world about the miracle of transplantation. We must also seek to understand how to provide organs for patients that are difficult to transplant because of immunological barriers. We must find ways to prevent recurrence of the original disease in transplanted organs. And we must make sure that the opportunity for transplantation is available for all that need it.

We know that the need for organ transplants is going to continue to grow over the coming decades. Our work is therefore more important than ever. It is an exhilarating time in medicine and in transplantation as discoveries that will have profound affects on the lives of our patients and our friends seem tantalizingly close. Please join me in celebrating the accomplishments of our marvelous physicians, surgeons and scientists and consider being a part of our efforts by making a donation to our Transplant Center research efforts.

Warm regards,

Jeffrey D. Punch, M.D.
How better to replace organ function may become the central challenge in modern medicine and surgery. Dramatic advances in the treatment and prevention of heart disease, cancer and infections have allowed more and more people to live beyond middle age but have come at a substantial cost – more and more people are afflicted by diseases of aging – high blood pressure, diabetes, heart and kidney failure – and in many cases this cost is best addressed by replacing the afflicted organs. Organ replacement can be accomplished by organ transplantation, presently the preferred approach to replacing failing organs, except that the number of organs available for transplantation is far less than the need. Hence new approaches to replacing failing organs are needed.

Treating organ failure may constitute only a small part of the future demand for organ replacement. Advances in diagnostics may expand even more dramatically the need for organ replacement. In the past the most serious diseases, such as cancer and heart disease, were typically diagnosed much earlier – when, for example, a sample of blood or imaging procedure reveals a person to be at the earliest stage of the disease or simply at high risk for developing the disease. Early diagnosis would seem to make treatment easier and more effective. But, it also will raise the question of whether the afflicted organ or the organ at high risk for a certain disease might be replaced, preemptively. Preemptive transplantation is carried out occasionally today. For example, some infants are born with defects that point to the likely occurrence of a cancer of the kidney known as Wilm’s tumor. In such cases, one practice is to remove the infant’s kidneys before the tumor forms and perform a kidney transplant.

Clearly, for preemptive transplantation to become common practice, we need to have a much more abundant source of organs and the transplant will need to function normally (some transplants provide incomplete function) and without immunosuppression. To achieve these goals, one needs either to restructure the immune system or to devise a replacement that is fully compatible with the recipient. My research includes projects directed toward both of these goals. If one of these can be achieved, transplantation (or whatever technology transplantation becomes) could become a frequent, perhaps routine, part of medical and surgical practice.

– Jeffrey L. Platt, M.D.
Jerry Rosenberg, M.D.
A Leader in Innovation and Commitment

For over 40 years, the University of Michigan Transplant Center has flourished under the direction of the nation’s most respected transplant experts. As a relatively young field, transplantation still benefits today from the experience and wisdom of its early innovators. For the U-M Transplant Center, one such source of continued support and guidance is Dr. Jerry Rosenberg.

In the early 1970s, five Michigan physicians with a specialty in organ transplantation joined together at a restaurant north of Ann Arbor in Brighton to establish details of a state-wide system for organ sharing between institutions. At the time, government standards were not yet in place to regulate the procurement and allocation of organs and no formal donor registry existed among states.

Dr. Rosenberg’s connection to the U-M Transplant Center grew from this early collaboration. Working alongside him to draft those early transplant guidelines was Dr. Jeremiah Turcotte, then director of the University of Michigan transplant program and now Professor Emeritus of Surgery at U-M. Drs. Turcotte and Rosenberg were instrumental in the evolution of the state’s transplant landscape from competition to collaboration and finally, cohesion. Of his colleague and friend, Dr. Turcotte says, “He is certainly one of the leaders in the transplant world and I hold him in high regard.”

Rosenberg found inspiration to pursue and support higher education in his ‘scholarly family.’ His parents, Jewish immigrants who came to the United States after World War I, placed great emphasis on hard work and education. Rosenberg’s brother, Steven, also pursued a career in medicine and academia and is currently the Chief of Surgery at the National Cancer Institute. Rosenberg’s two sons have also become accomplished physicians. His son Andrew is an Assistant Professor in the Department of Anesthesiology at the University of Michigan and son David is a Professor of Child Psychiatry and Psychology at the Wayne State University School of Medicine and Children’s Hospital of Michigan. Both earned degrees from the University of Michigan Medical School.

Philanthropy, as medicine, has become a family affair for Rosenberg. A gift from the family’s Rosenberg Foundation recently enabled the U-M Transplant Center to establish the annual Rosenberg lecture series. This support is a testament to Rosenberg’s ongoing personal and professional commitment to the U-M Medical School and the Transplant Center. Dr. Jeffrey Punch, Director of the Transplant Center and Chief of the Division of Transplantation at U-M, understands how fortunate the program is to be able to draw upon the wisdom, experience and, now the philanthropic support, of such an accomplished transplant physician. “He has such a passion and enduring interest,” says Punch. “He still feels excited about the field and its potential.” This gift is evidence that Dr. Rosenberg’s influence on the U-M Transplant Center promises to continue well into the future.

– article by Alicia Hoiles

Photo (from left to right): Andrew Rosenberg, M.D.; Jerry Rosenberg, M.D., Ph.D.; David Rosenberg, M.D., Steven Rosenberg, M.D., Ph.D.
I received two degrees from the University of Michigan, and later received two organ transplants from the University of Michigan Transplant Center.

I was 38 years old when thirty-one years of diabetes took its toll on my kidneys. I was a wife and working mom of an 11 year-old son. After seven months of dialysis, my brother donated his left kidney to save my life and end my dialysis dependence. But that was only half of my transplant team’s plan. In order to best preserve my new kidney, they wanted to normalize my blood sugar, so they added me to the pancreas transplant list. Eighteen months later, I received a pancreas transplant ending nearly 33 years of insulin dependence.

Experiencing such serious illness forced me to reevaluate what is most important in my life. Although running the manufacturing company that my father founded was a priority, it paled in comparison to raising my family. Thanks to these life-saving transplants, I’ve been able to watch my husband’s career soar. And most precious to me is being able to watch my son grow into a spiritually-rooted scholar-athlete.

Transplant alone did all of this for me. But, why Michigan? The easy answer might be that it is my alma mater, but the real answer is because I knew I had the leaders and best taking care of me. As if I needed proof beyond my two transplants, four months after my pancreas transplant I contracted the West Nile virus. Since there is no real treatment for West Nile, my doctors treated symptoms and my transplant team courageously discontinued my anti-rejection drugs so that my body could fight the virus. The scary part of that move was that my body could also fight my transplanted kidney and pancreas. This is where I believe God stepped in to protect my transplants while the transplant team made it possible for my body to fight the West Nile virus.

Recently I experienced the other side of organ transplant. When my mother suffered a second stroke, my brother and I completed her wishes to donate her organs. As devastating as it was to lose our mother, it felt consoling to know that her gift changed the lives of three people.

Both of my transplants and the West Nile virus happened in the time span of two years. All of this is amazing medicine. And, me? I am a medical miracle! Because of this gift of life I have received, and because of the regimen that keeps me healthy at the transplant clinic, I feel compelled to do what I can to give back. While nothing I can do will ever be enough to express my gratitude to the University of Michigan Transplant Center, I try to do my part through financial gifts, by volunteering my time to the Transplant Center and by encouraging others to do the same.

I’ve been at the dialysis crossroads—not knowing what tomorrow will bring. And now I have a whole new appreciation of life. I want others who face illnesses which can be treated with transplants to know such sweet peace. That’s why it is exhilarating for me to give to the University of Michigan Transplant Center and why it is easy for friends and family who watched me struggle, to give as well.

– Jacquie Lewis-Kemp

Vita Redita
means “Life Restored” in Latin and is the name of the annual Transplant Center Gala.
Jacquie Lewis-Kemp is a dedicated member of the Vita Redita Planning Committee.

My Own Vita Redita: Life Restored

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– Jacquie Lewis-Kemp

photo by Bob Garypie
Dan and Michelle O’Halloran are parents, just like so many others, raising a teenager. To meet Dan and Michelle is to meet a warm, friendly couple who are enjoying watching their son Devin grow up. Spend just a few minutes talking with them, though, and you discover a tremendous story of love and dedication.

Dan and Michelle rode the emotional roller coaster of watching their son grow ill as a toddler and eventually get a liver transplant at age 5. Devin remembers little of that time but says “I remember the last thing my Dad said to me before I went into surgery. He said ‘I love you’.” Devin recovered quickly and was invited at age 6 to join other Michigan liver transplant kids to attend Camp Chihopi in West Virginia. Although reluctant, Michelle allowed him to go under the watchful eye of his transplant nurse, Vicki Shieck.

Michelle says, “Devin has been going to camp since he was 6 and now he’s almost 18 and still wants to go. That says a lot about how much camp means to these kids.” It meant so much to Devin that Dan and Michelle knew they had to help other children have a camp experience. When the University of Michigan Transplant Center announced in 2003 that it would be hosting its own transplant camp, Dan and Michelle immediately began to organize a benefit golf event so more children could go.

The O’Hallorans created the Camp Michitanki Golf Classic in 2003 and it was an instant success. Dan says, “we just wanted to try to give back in any way we could.” Dan’s blossoming career as an NHL referee fostered some wonderful contacts that bolstered the success of the event. While Dan’s work has him criss-crossing the U.S. and Canada every week, he continues working on the event via email and phone. In 2007, Dan was a referee in the Stanley Cup Finals for the first time in his career. When the 2004-05 season was cancelled due to the lockout, Dan found himself driving a dump truck for long hours to support his family. Even then, he was finding new sponsors and golfers.

While Dan travels, Michelle stays busy back in Michigan. Michelle’s career as an instructor and franchise owner of a Brighton Jazzercise studio is rewarding, yet time consuming. It would seem that these two successful and enterprising parents would regard their time at home to be very valuable and personal, yet they always make time to work on the Camp Michitanki Golf Classic.

Devin plays roller hockey for Brighton High School where he is a senior, and has followed in his parents footsteps outside of school as well. Inspired by his dad, Devin referees kids USA Hockey games as a part-time job. He also inherited some of Michelle’s entrepreneurial spirit and has created a successful auto detailing business.

Since 2003, the Golf Classic has taken place at the Polo Fields Golf and Country Club of Ann Arbor, and has been very successful largely due to the annual generous sponsorship of Victory Honda, as well as many other sponsors including Brighthouse Networks. Dan’s NHL contacts heard about the Golf Classic and found ways to help including sending autographed player items such as jerseys and sticks to be sold at the Golf Classic’s auction. Each year there has been both a live and silent auction. Dan does his best to keep his emotions at bay each year when he takes the stage to act as emcee and auctioneer. That can’t be easy for a dad who has seen his son become very ill and return to be a vibrant young man. When Dan’s voice cracks as he describes why this cause is so important to him, everyone understands how deeply personal it is for him. Devin will be off to college in the fall of 2008, but he will be playing golf on July 7, 2008 just like he has every year in support of Camp Michitanki.

Giving Back

The Golf Classic

The Golf Classic happens July 7, 2008 and is open to golfers of any ability. It both helps support Camp Michitanki and is a great opportunity to play an elite private club course which is challenging, fun, and truly unique. The Polo Fields is renowned for its food and golfers are treated to a gourmet lunch and dinner as part of the day. Activities range from a putting contest to hole-in-one prizes such as new cars on the par 3 holes. Refreshments are served all day and included in the price of registration.

Tax-deductible sponsorships of the Camp Michitanki Golf Classic begin at $250. Individual golfers pay $150 to play, and there are a number of sponsored group packages available. The Camp Michitanki Golf Classic is a four-person scramble. For more information, call the Transplant Center Events Office at 734-936-3460.
From t-shirts to tuxedos, we have something for everyone. People participate in Transplant Center events for a variety of reasons. Some patients want to give back to the Center that helped to save their lives. Some want to honor their family members and friends who are transplant recipients or donors. Some volunteers just want to help us to continue doing life changing work. Whatever the motivation, every year more people come together to help make our events successful.

All Transplant Center events have two primary purposes: to increase organ and tissue donation and to raise money. It is a sad reality that there aren’t enough organs available for every person who needs a transplant. Therefore, we always promote the Michigan Donor Registry and educate people about the need for organ and tissue donors at our events. Funds raised at our events help to support many initiatives such as Camp Michitanki, a Patient Emergency Fund, transplant-related research projects, and improving donation awareness.

In 2007 alone, well over 1,000 people participated in our events, raising over $125,000 for the Transplant Center. Our events are known for being fun, entertaining and well-organized. But they wouldn’t be possible without the hundreds of volunteers who help to make us successful. Corporate event sponsorships are crucial to fundraising and we are very grateful to all of our event sponsors. Every one of our events has room for growth and we would like to see more people than ever in 2008. From t-shirts to tuxedos, we have something for everyone. Make this your year to participate! For more information about all of our events, please go to: www.michigantransplant.org or call the Events office at 734-936-3460.

– photos by Bob Garypie

We sponsor a variety of events each year. The scheduled events for 2008 include:

April 19, 2008 .................. Bowling for Camp Michitanki
Five Star Lanes
Sterling Heights, MI

May 3, 2008 ..................... Northern Michigan Golf Tournament
Pinecroft Golf Course
Beulah, MI

June 7, 2008 ..................... Second Chance at Life Bowl-A-Rama
Woodland Lanes
Livonia, MI

July 7, 2008 ..................... Camp Michitanki Golf Classic
Polo Fields
Ann Arbor, MI

July 13, 2008 ..................... Second Chance at Life
Golf Tournament
Woodland of Van Buren Golf Course
Wayne, MI

August 2, 2008 ................ Second Chance at Life
Walk, Skate and Bike Event
Hines Park, Nankin Mills Pavilion
Westland, MI

November 1, 2008 ........... Vita Redita Gala Dinner and Auction
Polo Fields County Club
Ann Arbor, MI
2007 Overview

The Transplant Center continues to care for thousands of transplant patients. In 2007, 390 transplants were performed, 1,687 patients were evaluated for transplant, 1,417 patients are listed for transplant and 3,456 patients are being monitored following transplant. In addition to providing individualized patient care, below are some highlights from 2007.

Accomplishments

• Recruited an internationally renowned research team, led by transplant immunologists and researchers, Jeffrey Platt, M.D. and Marilia Cascalho, M.D., Ph.D. Philanthropy funds were used to support the recruitment and startup cost for Dr. Platt’s lab.
• Established a Paired Live Donation Program and designed prototype software program to match pairs for kidney transplantation.
• Adopted Lean Processes to reduce time from kidney transplant evaluation to listing, and to streamline process for referrals for liver transplant.
• American Society of Transplant Surgeons and the University of Michigan were awarded a 4-year grant to provide transplant expenses and subsistence costs for living organ donors, removing an important financial disincentive to living organ donation. Dr. Akinlolu Ojo has been named Project Director.
• UM Transplant Center, in collaboration with Gift of Life Michigan, received the distinguished HHS Medal of Honor for achieving organ donation rate of more than 75% for an unprecedented third year in a row.
• The lung transplant program increased its participation in multi-center clinical trials. In the Journal of Thoracic and Cardiovascular Surgery 2007, the lung program reported improved outcomes in lung recipients despite prolonged ischemic time for donated organs. Preserving donor organs for longer periods without harm may increase the availability of organs. A breakthrough scientific discovery, by Vibha Lama, Victor Thannickal and colleagues in the Division of Pulmonary and Critical Care Medicine, was published in the Journal of Clinical Investigation that may lead to the pathogenesis, prevention and treatment of chronic rejection.
• A UM study was published in the New England Journal of Medicine about a device that helps heart transplant candidates survive & regain heart function while they wait for a donor. Francis Pagani, MD, PhD, surgical director of the heart transplant program, was co-lead author with Leslie Miller, MD, director of cardiology programs at Washington Hospital Center. Keith Aaronson, MD, MS, medical director of the heart failure program was co-author.

Philanthropic Donations

Your financial gifts make a difference in the lives of transplant patients and their families every day. The majority of gifts received were from private individuals. Those gifts were used in a variety of ways to assist transplant patients and families, some of which are listed here.

• In August 2007, 70 transplant children were able to participate in a week-long camping experience at Camp Michitanki.
• Support of $250,000 was dedicated to basic science research efforts in transplant immunology.
• A patient emergency fund has been developed to provide UM transplant social workers resources to assist transplant patients with special needs.
• Some gifts have been designated to provide child psychologist-counseling services for pediatric and teen transplant patients. These services are designed to be available before, during and after their transplant operation.

Transplant Center Financial Gifts

Another option to support the Transplant Center’s mission is to donate items which could be included in our silent and live auction events. Donated items range in value, size and type. Auctions are popular main attractions at many of our fundraising events. We appreciate all donated gifts because they allow us to offer a variety of items for auction, such as beautiful artwork, jewelry, sports memorabilia, vacation packages and gift certificates.

Transplant Center Financial Gifts
Calendar Year 2007

$35,000
$127,712
$85,357

* 91% from Michigan Based Companies

Transplant Center Financial Gifts
Calendar Year 2007

2007 Overview continued on next page
The Future

The financial challenges we face are similar to those other healthcare and medical specialties face. These challenges continue to highlight the ever-increasing need for philanthropic funding. In our efforts to continuously improve our services, reduce our expenses, and seek grant funding, we are reminded of the crucial role philanthropic gifts play in our programs and our patient care. We need your continued support.

A financial donation to the Transplant Center can be made in a variety of methods – outright gifts including stocks; bequests, annuities, other types of estate gifts, and more. Your gift can be in your name, your family’s name or in honor or memory of someone special to you. There are many options that offer tax deductions. Our development team is available to assist you in exploring what option of giving works best for you. However you choose to give, your contribution is a commitment to furthering the research and patient care goals of the Transplant Center.

To learn more about giving to the Transplant Center, please contact:

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If you no longer wish to receive this publication, please contact Jana Brooks at 734-763-5665 or email jlbrook@umich.edu.

The Transplant Center will continue its emphasis on providing high quality patient care, clinical and basic research to improve transplantation and increase organ availability and education on many levels. Goals for the future include:

- Develop research and innovative programs to allow every patient in need of a transplant the availability of a matched organ.

- Explore research initiatives to prevent organ rejection, advance studies to prolong preservation without harm in an effort increase the available organs, exploring the opportunities to replace organ function and develop alternative treatments for the diseases causing organ failure. To advance research to help patients who are insulin dependent become free from their dependency on insulin.

- Develop innovative programs to increase the available organs for transplantation. Programs could include continued involvement in national donation initiatives, development of a Paired Live Donor Program, and exploring the opportunities to improve the safe utilization of donated organs by developing improved protocols for marginal donor organs.

- Develop a system to obtain patient permission and to store patient serum and tissue specimens for the purpose of doing basic scientific research using the samples obtained.

- Develop a centralized clinic site to coordinate outpatient care focusing on the unique needs of transplant patients.