



University of Michigan  
Transplant Center

THE MICHIGAN DIFFERENCE

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# Michigan Transplant News

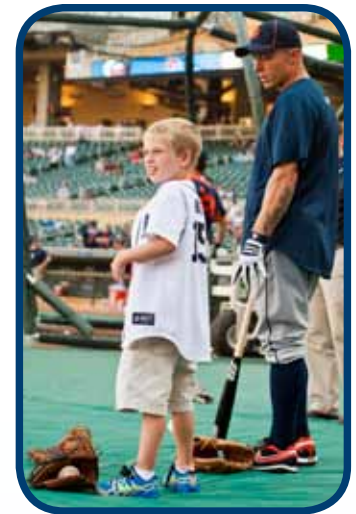
WINTER 2011

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## Heartwarming Reunion

“What I did on my summer vacation” is the theme that most of us remember writing about when the school year began. For Tommy Schomaker, the summer of 2011 was just what every 10-year-old boy would have in mind: playing with family and friends, going to a few Tigers games, spending a week at camp, and just being a kid. Tommy’s summer vacation turned from the ordinary to the very special in August. Tommy’s family had corresponded for some time with the family of his heart donor in Minnesota. When Tommy received a heart transplant two years ago, his Mom Colleen began to wonder what it would be like to meet the family of Tommy’s donor. Dreams gave way to reality this summer when it all came together and the families planned to meet in Minneapolis. It turned out that the Tigers would even be playing the Twins that weekend, and the families planned to attend the game together. Meeting the family of Tommy’s donor was a wonderful experience for Tommy, his family, and his donor’s family. They shared stories, spent time sightseeing together, and made plans to meet again soon, including their extended families.



*Heart recipient Tommy Schomaker and Detroit Tiger Brandon Inge*



*Tommy Schomaker with his family and his donor family at the Tigers-Twins game in Minneapolis*

The highlight of the weekend was the Tigers vs. Twins baseball game. Tommy’s favorite Tiger is Brandon Inge, and during batting practice Tommy couldn’t resist calling out to Inge. Brandon waved, and then recognized Tommy as the little boy he had met while visiting patients at C.S. Mott Children’s Hospital. Brandon then invited Tommy to come down on the field with him, which was the thrill of a lifetime for Tommy. Just before returning to his seat for the game, Tommy asked Brandon to autograph a baseball for him. Tommy’s next request was something no one could have predicted. He asked Brandon to write “thank you for Tommy’s heart” on the ball. Tommy then presented the ball to his donor’s mother. In that moment, a seemingly normal little kid had his hands on a prized possession just long enough to realize that the best thing he could do was to give it to the family who had given him a second chance at life.



## From Transplant to Triathlon

Being born with kidney disease and eventually having to undergo dialysis and receive a kidney transplant may seem like a terrible thing to most people. Most people are completely right in thinking that way, but I looked at it differently. The biggest blessing in my life was receiving a kidney transplant and this gift has impacted my life in ways I never could have imagined.

I was born with a disease called Alports. Over time, this condition causes one's kidneys to fail. However, as a young kid I was unaware of the fact that I would eventually need a kidney transplant. This was a secret my parents kept from me so I would continue to live my life like any other teenage boy. Six months prior to my transplant I was put on dialysis, and then on August 20th of 2008, I received the gift of life, a kidney, from my Aunt Mary.

Throughout my life there were many things that kept me feeling happy and healthy. Family, friends, and sports were all things that could keep my mind off of my illness. Before going on dialysis I was a freshman on the Grand Blanc High School swim team and water polo team. Practices became harder and harder throughout the swim season. I would get sick in a trash can nearly every practice and then get back in the water to finish the workout. My coaches knew my circumstances and would ask me if I was okay and I always responded yes. I was swimming around 13000 yards a day and running at about 8% kidney function. I told this to my doctors and they couldn't believe my body was able to function under those conditions. At the end of that season I received my varsity letter as a freshman, and the next day I was admitted to the hospital to have my port for dialysis put in. It all happened so fast that I barely had time to think about how I was feeling.

About 4 weeks after having the dialysis port put in my abdomen, I tried out for and made the freshmen baseball team. I pitched and played third

basemen for the team, while doing 9-hour dialysis treatments every night while I slept. Even though these activities took a toll on my body, I didn't even notice because I had my friends to play baseball with and my family always there to support me.

I was on dialysis for 6 months before receiving my life saving kidney transplant. Receiving the kidney from my Aunt Mary was the greatest moments of my life and I owe every second of every day to her. Everything I have accomplished since then is all because of her. After having the transplant I now realize what a blessing this whole experience was and how all the pain was worth it.

I continued to swim and play water polo. In swimming I put up the fastest times I had ever swam in my life the first season post-op. I became a permanent goalie for the varsity water polo team. My senior year of high school I was fortunate enough to be the captain of both the swim team and water polo team.

The surgery also gave me the opportunity to raise money for kids just like me. I started raising money by collecting donations for Camp Michitanki, a camp for kids who had organ transplants. I not only fundraise for camp, but also volunteer as a camp counselor. I have also had the opportunity to speak at many different events and share my story. I have even had the opportunity to swim for Team Michigan at the US Transplant Games, winning 6 gold medals and setting 3 national records.

Recently, I was able to support organ donation through what I believe to be a life-changing experience. I was fortunate enough to participate in a Triathlon. Three brothers sponsored the event in memory of their youngest brother, who died in a car accident and donated all of his organs. They put on the race for him and to raise money for organ donation and awareness, a topic very close to my heart, and kidney.

*From Transplant to Triathlon continued on next page*



## From Transplant to Triathlon continued

I decided that I would participate in the triathlon for my Aunt Mary and to demonstrate to others the success of the amazing gift I was given. Other than the transplant games, this event was one of the most eye opening, rewarding, and challenging experiences that I have ever had. I started training for the race about 3 weeks before, which is not much time at all. I was definitely underestimating how challenging this race was going to be. My training consisted of biking every day, but did not include a lot of work with running and swimming.

I can't describe how I felt on the way to the race the morning of. I had the worst butterflies of my life and all I kept telling myself was to just finish the race. It didn't matter how fast I went or what place I got, I just wanted to finish the race to prove to myself, my family, and especially my Aunt Mary what I was capable of accomplishing. I started off strong in the swim portion, coming out of the water in 12th place. Then I was on to the bike part, and then finished with the run. During the

run there were several points where I almost had to stop, but I kept pushing myself because I was going to finish the race. I was finally approaching the finish line, I could see my family and friends cheering me on, and then I heard the announcer calling my name and number. I can't describe the feeling that came over me the second I crossed the finish line. I completed the race in 131st place.

Having a kidney transplant has given me the opportunity to participate in so many things, ultimately spreading awareness for something I am passionate about: organ donation. I am now a freshman at Michigan State University, aspiring to go to medical school in the future. I want to become a doctor so I can help kids like myself and show them that anything is possible. I want to continue to raise awareness for organ donation for the rest of my life. I plan to do this by becoming a doctor, speaking in front of people and even doing more triathlons! As I have grown older my dreams have definitely changed, but now I can honestly say that I am living them.

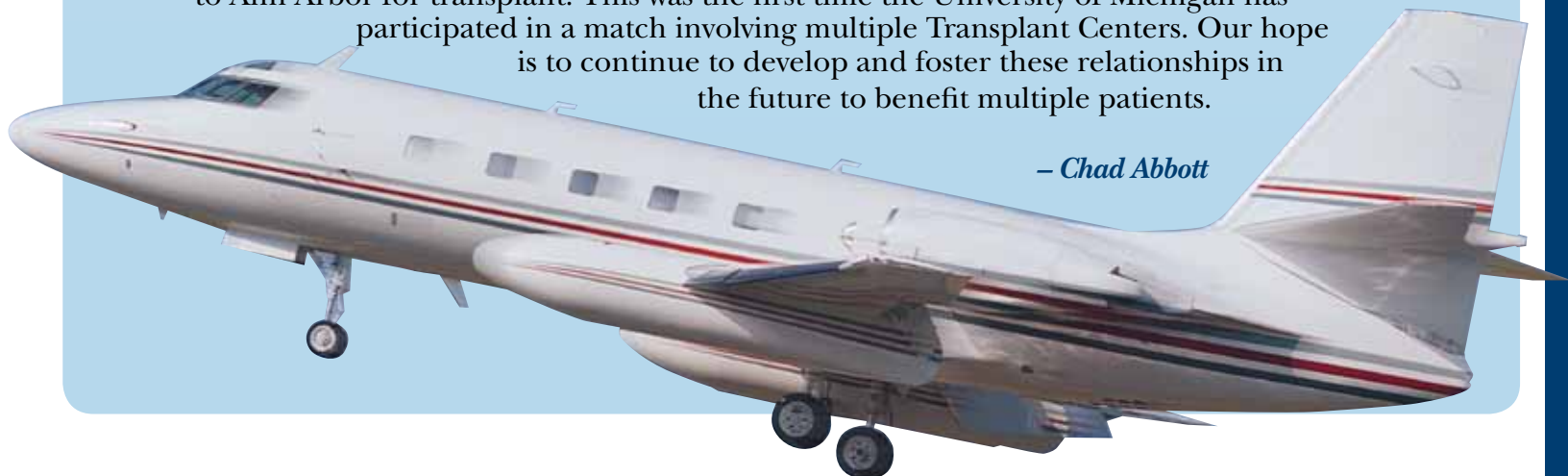
*– Robby Rariden*

## UMMC Participates in Paired Kidney Exchange in collaboration with the Alliance For Paired Donation.

On August 31, 2011 the University of Michigan participated in a Paired Kidney Exchange in collaboration with the Alliance For Paired Donation. This was the result of a NEAD Chain (Never Ending Altruistic Donor) which started with a single person donating his/her kidney for the sole benefit of helping an individual in need.

This transplant was the direct result of multiple Transplant Centers working collaboratively to coordinate 4 separate transplants in multiple centers over the course of 2 days. The University of Michigan collaborated directly with the University of Colorado and the University of Toledo in our matches. The unusual aspect of this operation was that a kidney was donated by a living donor in Colorado and flown to Ann Arbor for transplant. This was the first time the University of Michigan has participated in a match involving multiple Transplant Centers. Our hope is to continue to develop and foster these relationships in the future to benefit multiple patients.

*– Chad Abbott*



## Building a New Research Program



Besides his work as a scientist, Dr. Jeffrey Platt especially enjoys building research programs. Dr. Platt believes that “the ideal research program takes on a challenge of great importance and it does so by recruiting investigators who are already leaders in their fields of research to work together to address that challenge.” The challenge Dr. Platt now wants to address at the University of Michigan is antibody-mediated rejection of kidney transplants. Antibody-mediated rejection typically afflicts only about one fifth of kidney transplants, however, when it occurs, rejection is so severe and irreversible that the organ transplant is often destroyed or permanently damaged. Although immunosuppressive drugs have effectively controlled other types of rejection, these drugs do

not control antibody-mediated rejection and much more intrusive and expensive therapies must be used.

Dr. Platt believes the University of Michigan should house the world’s leading effort to deal with the problem of antibody-mediated rejection. “We have the leading scientists and clinicians and so we should be able to build the leading program,” Platt says.

Among the faculty at the Transplant Center is Marilia Cascalho, an expert in the cells, called B cells, which produce antibodies. Dr. Cascalho recently discovered that a little-known property of B cells enables the cells to produce persistently the antibodies that can attack foreign cells and organs, and to increase the ferocity of attack. This discovery could open the door to understanding why antibody-mediated rejection is so difficult to control and might lead eventually to new treatments for it. Dr. Cascalho’s discoveries might also be applied to treatment of autoimmune diseases like arthritis and diabetes. Dr. Platt believes that focusing attention on the cells that produce the antibodies that cause rejection holds the greatest promise of efforts to prolong the life and function of transplants. “More than any other factor, it is antibodies that cause transplants to fail and therefore knowing how and why antibodies are made must be the first step to solving the problem” Dr. Platt says.

The faculty of the Transplant Center includes Dr. Millie Samaniego, head of Transplant Nephrology. Dr. Samaniego is known around the world for her clinical research aimed at understanding, diagnosing and treating antibody-mediated rejection. According to Dr. Platt, “Dr. Samaniego has had the wisdom and foresight to look beyond the mere description of the disease to ask what characteristics of patients and transplants might predict that the disease will occur and which characteristics predict a bad outcome.” He adds: “from a clinical perspective, knowing who will suffer antibody-mediated rejection and who will lose their grafts from it allows you to focus the very toxic and expensive therapies earlier and more specifically at those who will truly need them.”

Dr. Platt is a Transplant Immunologist of world renown. For more than two decades he has focused much of his research on subjects related to antibody-mediated rejection. Among the discoveries Dr. Platt made was that some organ transplants that should undergo antibody-mediated rejection do not suffer rejection even though the recipients have potentially lethal antibodies in their blood. Dr. Platt named this condition “accommodation” to indicate that the transplants appeared to have acquired resistance to injury. Recently, Dr. Platt found that most recipients of kidney transplants, including those functioning normally, have large numbers of B cells producing antibodies that can bind to the transplant. This finding suggests that the immune system of transplant recipients is aroused and that the normal function of the transplant is owed to accommodation. The work thus heightens interest in understanding how accommodation occurs and raises the question of why it fails in those with antibody-mediated rejection. Dr. Platt believes accommodation is a general property of tissues and organs, not just transplants and that knowing what makes accommodation operate or fail could give key insights into the outcome of transplants and into autoimmune disease and cancer.



*Dr. Jeffrey Platt*



*Dr. Marilia Cascalho*



*Dr. Millie Samaniego*

## Lung Brothers Saved by a Single Donor

Because of one generous donor, two Michigan men can take a deep breath, fill their lungs with fresh air and look forward to years of keeping up with their grandchildren.

These men were the 499th and 500th patients to receive lung transplants at the University of Michigan Transplant Center. U-M surgeons performed both transplant No. 499 and No. 500 almost simultaneously on Jan. 3.

A single donor saved both their lives, and made it possible for patients Jack Wagner and Dan Roy to become “lung brothers.”

Their incredible story was featured prominently on WDIV-TV, Channel 4 in Detroit. The Channel 4 story, broadcast in February, told the story of Wagner, a 64-year-old from Brighton, Michigan, and Roy, a 64-year-old from Brownstown Township, Michigan. Both men had Idiopathic Pulmonary Fibrosis (IPF). A diagnosis of IPF is not much better than a death sentence: there is no treatment and the survival rate is less than three years. Roy’s older brother died of the same disease before he could get a transplant.

The two men actually ran into each other as they rushed to University Hospital after each receiving the call that a lung was available. Seeing each other’s oxygen tanks, they asked each other what brought them to the hospital. Roy said he was getting a new left lung. Surprised, Wagner replied he was getting a right lung.

Thanks to the Michigan resident who donated those lungs, Roy and Wagner will be able to watch their grandchildren grow up, enjoy their retirement years with family and avoid becoming housebound with a debilitating disease.

“We were both elated. We haven’t come down from that high,” says Roy. The two men have since



*Jack Wagner, left, and Dan Roy now call themselves lung brothers.*

found out they share many things in common – they are both Vietnam veterans and retirees from the auto industry. Both are 64, had three children and have been married more than 40 years.

“The whole family knew this disease was a death sentence, and I was not destined to see my grandchildren grow up. The gift of this lung, this second chance at life, was enormous. People tell me ‘we’ve got our old Dan back.’”

Lung transplant patients have good survival rates and can often return to the activities they loved. Both Wagner and Roy were already very dependent

on oxygen and as the disease progressed rapidly, getting close to becoming homebound. Both were facing setting aside an active lifestyle – in fact Wagner routinely played softball and had gone to see his doctor about a shoulder injury when he found out he had IPF.

“The diagnosis shook me to the core. I exercised a lot and never thought this would happen to me,” says Wagner, who adds that his good physical condition did help him qualify for the transplant and survive the procedure.

U-M transplants more lungs than any other hospital in Michigan. The program has been around since 1990. About 1,500 lungs are transplanted annually each year, and U-M ranks among the top third of lung transplant programs based on the number of operations.

“Just improving a person’s life and allowing them to have a productive life again – being able to eat, sleep and live without thinking of their lung disease – it’s very rewarding. It’s a great story to highlight the tremendous need for organ donation,” says Kevin Chan, M.D., U-M’s Medical Director of Lung Transplantation.

– *Mary Masson*

# An Update from the Events Department

The Transplant Center hosts numerous fund-raising events each year, including Bowling for Camp Michitanki, Transplant Doctors are your Waiters! Dinner at Zingerman's Roadhouse, The Big House, Big Heart Race, and the Vita Redita Gala and Auction. But do you know why we host these events? The answer is to raise money for various programs of the Transplant Center.

Here is a little bit about each program:

**The Transplant Center Patient Emergency Fund** was established with donations from University of Michigan Transplant Center supporters. The emergency fund assists patients with needs during the transplantation process such as medication coverage, lodging, retaining shelter, food, utility bills and transportation.

**Camp Michitanki** (Michigan Transplant Kids) is a summer camp created by the University of Michigan Transplant Center in 2003. This program provides an exciting camping experience for children 7-15 years of age who have had an organ transplant. Campers spend six days each summer participating in a variety of activities and have the opportunity to develop life skills in a fun residential camp setting. We believe that transplant recipient kids should be exposed to an environment that allows participation in every activity, and encourages personal growth.

**Organ Donation Outreach Project's** goal is to provide community education on organ donation. This education aims to encourage discussions about organ donation among the living. We want everyone in our community to have an accurate understanding of the facts so they can personally make an informed decision regarding organ donation.

This year the events team, along with the support of our administrators, patients and their families, volunteers and many more, was successful in raising over \$200,000 for these three programs. Many more lives will be positively affected because of the support of our sponsors, participants and donors.

If you are interested in participating on any level, please contact *Melissa Swain at [maswain@umich.edu](mailto:maswain@umich.edu) or 734-232-0594.*

## Upcoming 2012 Events

**Bowling for Camp Michitanki**

**Transplant Surgeons are the Waiters!**

Zingerman's Roadhouse

**10th Annual Camp Michitanki Golf Classic**

**Big House, Big Heart Charity Race/Walk**

**Vita Redita Gala Dinner and Auction**

For the latest information about our events, including confirmed dates, locations and times, please visit [www.facebook.com/UMTransplantEvents](http://www.facebook.com/UMTransplantEvents), or call our events office at 734-232-0594.



*“Underground Printing has partnered with the University of Michigan Transplant Center for many years. What started as a small sponsorship has grown into a long-lasting relationship. U-M Transplant Center is communicative and creative when it comes to their sponsorships, and they support their partners in many ways, long after the events are done and over. And of course being able to help in any way to give those in need of a second chance is the best feeling in the world!”*

*- Rishi Narayan, Underground Printing*



*Artist Neil Davison (L) is pictured with Alison and Rishi Narayan*

*“Volunteering to help at the Transplant Center events is a lot of fun! My daughter had a heart transplant in December of 2008 and I really enjoy being able to share with people how our family is personally helped by their donations. It is also a great satisfaction dropping my daughter off to Camp Michitanki and seeing the thrill of the kids who received a transplant and will be sharing the fun-filled week together. Knowing that I had a part in helping Camp Michitanki being able to operate makes all of time I spend volunteering worth it! Thank you U-M transplant Center for providing these wonderful opportunities!”*

*- Brett Butcher, Volunteer*



*Transplant Center financial coordinator Anessa Varney joins volunteer Brett Butcher at the Wolverines For Life booth before a Michigan home football game.*



*Transplant recipients and Michitanki campers enjoying a break from bowling at the annual Bowling For Camp Michitanki event in 2011. Pictured (left to right) are Libney L., Alexandra A., and Shihan H.*

# Transplant Research Participation

Have you been asked about participating in a clinical study? At some point, most kidney, liver and lung transplant recipients will be asked this question, often at the time of transplant.

Behind the scenes work has been invaluable to the success of transplanted organs, particularly in the form of clinical research. While bench research, done in a lab with nonhuman subjects, occurs at Michigan, clinical transplant research is often more directly applicable to patients. Dr. Jeremiah Turcotte, a founder of the UMHS kidney transplant program in 1964 and the liver transplant program in 1985, was very active in both bench and clinical research. He was the first transplant physician to demonstrate that antilymphocyte globulin (Upjohn-Atgam) was effective against rejection in kidney transplant recipients and to develop the Child-Turcotte-Pugh (CTP) system for allocation of livers.

Generally, clinical research is mutually beneficial for both the patients and the transplant physicians. For patients, it allows for the development of alternative therapies to prolong transplant survival. The transplant physicians benefit from the knowledge gained from working with these drugs.

“If transplant physicians don’t have a lot of experience with a new transplant drug, they may shy away from using it,” says Dr. Diane Cibrik, co-director of transplant research. “But because we’ve worked with these drugs for years before they are FDA approved, we’re more comfortable with them.”

Current drugs that are used to prevent rejection, namely calcineurin inhibitors (e.g., tacrolimus, cyclosporine) and anti-proliferative agents (e.g., mycophenolic acid, everolimus), came out of clinical research. Since the mid 1990s, transplant physicians at UMHS have conducted over 100 clinical transplant studies. These studies would not have been possible without the participation of transplant patients who often received no direct benefit from participation in these trials. Many times though, patients may receive free medication for participation in a clinical transplant trial.

In addition, clinical transplant research includes non-pharmaceutical studies that try to answer basic questions such as what are the early indicators of chronic rejection or what factors predict the best outcomes for patients.

Transplant research tries to approach everyone who qualifies for a study to see if they wish to participate. If you would like to find out more about current transplant studies, ask your physician or a research coordinator at your next visit. You may also call the Transplant office at 800-395-6431 and ask to speak to a Research Coordinator.



*Dr. Jeremiah Turcotte*



*Dr. Diane Cibrik*

*– Diane Hilfinger*

## Transplant Center Staff and Patients Parade to Increase Donation

Cathy Bartos and Lisbeth Harcourt of the University of Michigan Transplant Center’s lung transplant program attended **Alive 2011** in May. This event, sponsored by Donate Life Coalition of Michigan, serves not only to honor the many heroes of organ, tissue and eye donation and their families, but also raise money and awareness for organ donation. Cathy and Lisbeth bid and won the opportunity to ride on the Gift of Life float in various parades across the state of Michigan including the Blue Water International Day Parade in Port Huron and the MOTTEP Life Walk in Detroit on Belle Isle. Lung Transplant patients Carol Cerny, Daniel Morris, Lori Tunney, Humberto Garcia, Kenneth Hargrove, and Rebecca Vermander all participated by riding the float and promoting organ donation.

*(left to right): Lung recipient Kenneth Hargrove, Mike Tunney, and lung recipients Humberto Garcia, Rebecca Vermander and Lori Tunney.*



*(front left to right) Ray Pang, lung recipients Rebecca Vermander, Humberto Garcia and Lori Tunney are joined by members of Garcia’s family in the background.*



## Liver Transplant Leads to World Travel

Being blessed with the opportunity to represent the United States as a competitor in the World Transplant Games, along with the adventures I endeavored while I was there, are experiences that simply cannot be put into words. It is more about the feeling you get while you are there; being surrounded by people from all over the world, who are all connected in a special way and share similar experiences to you, yet each person has a very unique story to tell.

The World Transplant Games included a team dinner, opening ceremony, donor recognition ceremony, closing ceremony and many athletic events throughout the week. I chose to participate in indoor volleyball, the 4x400 relay for track and field and was a member on the first ever Floorball team; the United States has never had a team before so that was such an honor! The 4x400 relay team consisting of Tracy Copeland, Jill Morton, Inka Nisinbaum and myself, earned a silver medal! This was my very first World Games medal!

Although the games consist of a lot of competition to earn medals or to participate in different athletic events, it is not the main reason why I enjoy attending them. I find a great deal of joy in the bonds I create with my teammates and with other competing teams. As a result of attending the games, participants form close friendships with many people from all over the world. The amazing part to me is even though I only spent a little over a week with them, I feel like I have known them my entire life. In particular, I have become very close with members of Team

Australia. With such a strong friendship, Team Australia invited me to compete in their National Games in September 2012 at New Castle in which I will attend as an International Competitor.

Back in 2009, the World Transplant Games were held in Australia, my very first year participating in the World Games. What came from that first experience were strong friendships with people from Team USA, including some who became my closest friends and coincidentally, a few who were from my home state of Michigan and the close neighboring state of Illinois.

If it was not for the blessings from the good Lord above, the love and support of my family, friends, co-workers and my donor family, I would not be alive today or have the opportunity to attend the games. The experience of having a life-saving liver transplant has taught me to never take one single breath for granted and to find meaning in everything I do. Each day I am given is a blessing and a gift. Not a day goes by that I do not think about my donor and his family. I am alive today because of my donor's simple, yet difficult decision to become an organ donor. I hope one day I will be able to meet his family and show them that even though he is not alive today, his memory lives on through me.

If you have not considered becoming an organ donor, please take the time to make that decision. You never know whose life you could save.

I can be reached by email at [jen\\_jen-aka-jklo@hotmail.com](mailto:jen_jen-aka-jklo@hotmail.com)

*– Jen Klouse*

## Operating Room Liver Transplant Specialty Nursing Team

Patient care in 2011 is increasingly becoming a multidisciplinary effort, no longer driven by the efforts of a single physician or provider but with care provided by teams of health care providers from diverse disciplines coming together to provide expert care for patients with complex medical problems. No area of medicine exemplifies this multidisciplinary approach more than transplant, which is often described as the ultimate team sport in medicine. In liver transplantation for example, literally an army of hepatologists, transplant surgeons, nurses, transplant coordinators, organ donation specialists, pharmacists, and other providers are required to bring a patient with liver failure to a successful liver transplant. As has been seen throughout medical care, specialists who focus on patients with a particular disease type and provide specific treatments can provide superior patient outcomes facilitated by their collective experience and skill.

Recently, the University of Michigan Liver Transplant program expanded our multidisciplinary team to include a critical group of expert providers – the nursing staff in the operating room (OR). Previously, similar to many large hospitals, OR nursing staff were assigned to cases based on availability and scheduling constraints. A nurse or OR technician would be expected to remember the preparation and critical steps of a complex operation like a liver transplant, despite the fact they may have only participated in these cases infrequently. In an effort to address this challenge, the liver transplant OR nursing team was formed to provide consistent and expert assistance in the OR for every liver transplant, regardless of the time of day or other demands of the OR schedule.

What is truly impressive about this group – led by Jane Glaza, OR Nursing Lead for the Transplant Service – is that it was formed entirely by volunteers. OR nurses with an interest in transplant patients, and in liver transplantation and other liver surgery, volunteered their time to be on call –



*The Liver Transplant OR Nursing Team  
Front row: Amy Ardner, ST; Claire Derks, RN; Stefan Burghlelea, RN  
2nd row: Norma Merritt, RN;  
Autumn Sharp, RN  
3rd row: Ashley Arft, RN; Jane Glaza, RN  
Not pictured: Jenna Schaffer, RN*

providing an experienced nurse to be called in whenever a liver transplant is scheduled. Their generosity and dedication has provided nursing expertise in the OR for liver transplants at the University of Michigan 24 hours a day, 365 days a year. These call obligations are on top of these nurses' regular work schedules.

The impact on the transplant service and our patients was felt immediately. A liver transplant can be a long and stressful operation, and members of the surgical team noted an improved working environment facilitated by these dedicated nurses.

Dr. Shawn Pelletier, Associate Professor of Surgery and Surgical Director of the Liver Transplant Program stated “the Liver OR Nursing Team has made the liver transplant operation more efficient and less stressful, and most importantly their efforts have improved our patient safety and transplant outcomes.”

The creation of the Liver Transplant OR Nursing has also been rewarding for the nursing team members themselves. “The best thing about this team is its collaborative nature” said Ms. Glaza. “We all volunteered for the team, we take pride in working for the liver transplant program, and we have improved our nursing skills and expertise together in an effort to provide the best outcomes for our patients.”

The current members of the Liver Transplant OR Nursing Team are: Amy Ardner, Ashley Arft, Stefan Burghlelea, Claire Derks, Jane Glaza, Norma Merritt, Jenna Schaffer, and Autumn Sharp. These outstanding individuals are a great example of the team spirit that allows the University of Michigan Transplant Center to provide the best possible outcomes for our patients.



*Dr. Shawn Pelletier*

– Chris Somenday, M.D.

## Transplant Center's Racing Connection

About two years ago, Michael Heroy learned that he was going to need a new kidney. Heroy's four children all volunteered to donate one of their kidneys to save their dad. Three of the four children were a match including his son Chris, who is lead engineer on the No. 5 GoDaddy.com NASCAR Sprint Cup team. Ultimately his son Andy's schedule worked best for the operation.

Michael Heroy, a double alum from U-M who played four years in the venerable Michigan Marching Band, was happy to come to Ann Arbor for his transplant. The operation took place Jan. 12, 2011, when Andy's kidney was removed by U-M surgeon Shawn Pelletier, M.D., and placed into his father by U-M surgeon Christopher Sonneday, M.D. Heroy says he's feeling great now.

On Sunday, Father's Day 2011, Michael and his two sons Christopher and Andy gathered at Michigan International Speedway to enjoy the Heluva Good! Sour Cream Dips 400 NASCAR Sprint Cup race. Michael Heroy, who lives in Angola, Indiana, thanked his son Andy for the ultimate Father's Day present at the race, and his son joked "I didn't get him anything this year."



(Left to right) Chris Heroy, Andy Heroy, Michael Heroy, Lloyd Carr, Chris Sonneday, MD and Shawn Pelletier, MD participated in a pre-race press conference to promote donation at Michigan International Speedway on Father's Day.

***"I am a Wolverine for Life, and that goes well beyond the athletic field. Through Wolverines for Life we hope to wipe out the deaths that occur because people are waiting for life-saving organs, blood or tissue. Every day, 19 people die while waiting for a transplant. That's a score we can't live with. I signed up as a donor many years ago, and I urge everyone out there to do the same."***

***– Lloyd Carr***

The Heroy's encouraged people to become organ donors at a press conference before the race, joined by their U-M surgeons and Lloyd Carr, the former University of Michigan football coach and recent College Football Hall of Fame inductee. At the race, Carr served as Grand Marshal and promoted Wolverines for Life, an effort to encourage life-saving blood, organ and tissue donations.

***– Bob Garypie***

*To Dr. Shawn Pelletier, MD*

*I want to thank you and your entire team for my surgery, recovery and healing. Every service I received was outstanding and of the highest caliber. It is my firm belief that you and your staff are the reason I have recovered and am doing so well.*

*The reason I am sending you this message is to commend one particular member of your staff; nurse Stephanie. She is outstanding and a tribute to her profession. She is a gifted, talented and compassionate young woman. When she walks into a room, her smile is warm and real (not those plastic smiles). She is warm, sincere and you immediately feel at ease. You know you are in good hands.*

*I do not know if you're aware of it, but she gave me her personal cell phone number and instructed me to call her if I had any problems with my recovery. Her extraordinary effort on the night of the second of June, 2001 paved the way for transport to the U-M Medical Center. My son called her, informed her that I had a temperature of 103.6 and was shaking violently. From that point on everything was taken care of.*

*I want to commend her. I firmly believe she is an incredible asset to you, your team and the U-M Medical Center. She is an extraordinary young woman and I feel blessed to have been in her care.*

*Sincerely,  
Donald W. Smith*



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