



University of Michigan Health System

THE MICHIGAN DIFFERENCE

Transplant Center
University of Michigan
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WINTER 2009

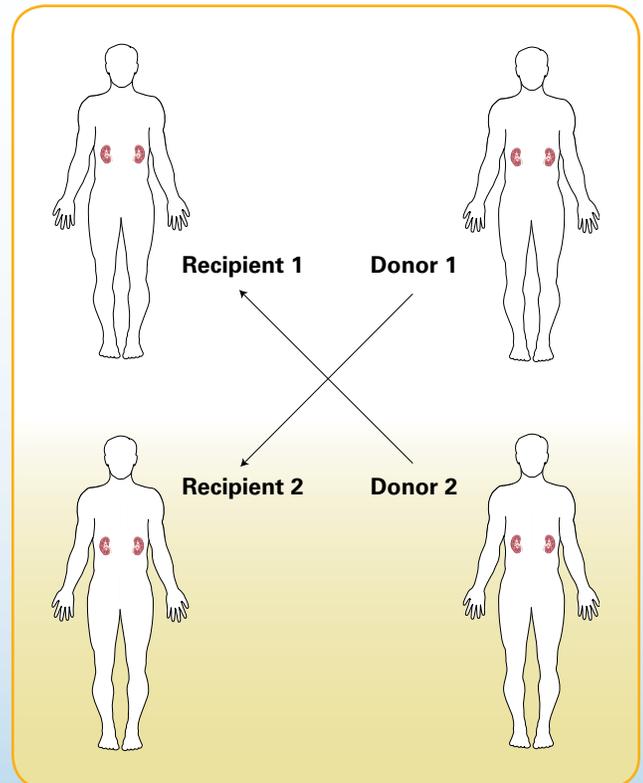
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Paired Kidney Donation

The need for kidney transplantation has grown significantly over the past decade with over 76,502 patients ‘on the list’ awaiting a kidney transplant as of August 2008. Unfortunately, in the year 2007 only 10,587 kidney transplants were performed in the United States and 4,443 persons died waiting for a transplant. Because of a severe national organ shortage, alternative solutions for expanding organ availability have been sought. One potential solution is a Paired Kidney Donor exchange. We are pleased to announce that the University of Michigan Transplant Center now has a Paired Kidney Donation program designed to provide greater opportunity to patients in need of a kidney transplant.

Many patients in need of a kidney transplant have individuals in their lives willing to donate a kidney, only to discover that their friend or loved one cannot donate to them because they are not a compatible match. The Paired Kidney Donation program is offered to patients who have donors that do not match their blood type or who cannot accept a kidney from a donor because there is a strong chance they would reject the kidney. In this program, donor and recipient pairs are matched with other pairs in the same situation. When a ‘pair’ match is found, the donor from Pair 1 donates to the recipient from Pair 2, and the donor from Pair 2 donates to the recipient from Pair 1.



Potential donors are notified of the Paired Kidney Donation program if they are unable to donate to their intended recipient. They will be notified of the option to participate in



Advances in Living Donation

Did you know that 44% of all U.S. organ donors were living donors in 2008? People are often surprised to learn this simple fact. Since the first living donor transplant at the University of Michigan in 1964, more than 2000 living donor transplants have been performed in our hospitals. The dedicated transplant teams at U of M have worked tirelessly to make living donation a safe and rewarding opportunity for individuals who choose to give this precious gift. Following is a summary of our most recent programs in Living Donation.

Donor Advocacy - A Living Donor Advocate is assigned to each candidate undergoing formal evaluation for donation. U of M's Living Donor Advocates are independent from the transplant teams, to ensure protection of the rights of living donors and prospective living donors. The Advocates are charged with representing and advising the donor, protecting and promoting their interests, respecting the donor's decision and ensuring that the donor's decision is informed and free from coercion. Advocates are available to support and advise the donor as needed, throughout their course of care.

Live Donor Mentor Program - Our Kidney Transplant Team has recently developed a Living Donor Mentor program, which pairs previous organ donors with individuals who are considering donation. This program provides a great opportunity for candidates to learn first hand about donation, from those who have already completed the donation journey. It also provides a unique and rewarding experience for donors who would like to support others through the donation process.

National Living Donor Assistance Program - In September 2006, the Health Resources and Services Administration (HRSA) awarded a cooperative agreement to the University of Michigan with a subcontract to the American Society of Transplant Surgeons to establish and operate a National Living Donor Assistance Center. This center operates under the leadership of U of M's Akinlolu Ojo, MD, PhD, Professor of Medicine and Robert Merion, MD, Professor of Surgery.

Individuals who desire to become living donors for family or acquaintances, may lack the necessary resources to cover expenses not covered by insurance. The costs of being a donor can represent a substantial financial burden on the parties involved. The National Living Donor Assistance Center was established to provide greater access to transplantation for persons who want to donate, but cannot otherwise afford the travel and subsistence expenses associated with donation.

Paired Kidney Donation - A paired exchange donation, as in our newly implemented program, consists of two or more kidney donor/recipient pairs whose blood and/or tissue types are not compatible. The recipients trade donors so that each recipient can receive a kidney which is compatible. Once the evaluations of all donors and recipients are completed, the kidney donation and transplant operations are scheduled to occur simultaneously.

To learn more about any of these programs, or to explore the possibility of living donation, please contact either Chad Abbott at 734-764-4228 or Sandy Feldkamp at 734-615-3962.

- Anne Murphy, MBA

the Paired Kidney Donor program and encouraged to discuss this with their intended recipient. If both are in agreement the 'pair' will be entered into the program. There may be a need to obtain an additional blood sample from the potential donor to enroll them in the program.

Any donor wishing to learn more or be enrolled in the Paired Kidney Donation program may contact our office at 734-763-4228, and ask to speak with Chad Abbott regarding the Paired Kidney Donation program.

– *Chad Abbott, R.N., CCTC*

Patient Satisfaction Matters!

As one of the largest kidney transplant programs in the nation, we are committed to rendering excellent care and providing the best service to our patients. Getting feedback from the patients we serve is an important part of our continuous improvement effort.

Since 2006, we have been routinely conducting a patient satisfaction survey focusing on 4 main domains related to overall patient care, starting from the time patients are first seen as potential kidney transplant candidates. These domains include courtesy, effectiveness, education and communications. The following table summarizes the findings of the 2007 survey scaled from a minimum of 1 to a maximum of 5.

Summary of 2007 Patient Satisfaction Survey

	Courtesy	Effectiveness	Education	Communication
Mean	4.6	4.6	4.6	4.4
SD (+/-)	0.1	0.1	0.2	0.2

Overall, compared to the previous year (2006), we have made improvements in courtesy, effectiveness and education, but continue to score low in communication. While many comments from our patients were appreciative and constructive, other feedback reflected the need for ongoing efforts to enhance communication between patients and our staff members. The Transplant Center leadership and staff are actively working on several levels to address this area of need.

The routine use of patient satisfaction surveys has been a critical component of Transplant Center quality improvement efforts. We count on our patients to continue to give us important feedback and we, as a group, continue to make necessary changes or modifications. The ultimate goal is to provide 100% satisfaction to all of our patients.

– *Fu Luan, M.D.*

UM Receives Medal of Honor



Dr. Betsy Tuttle-Newhall, Mark Gravel and Dr. James Burdick



Mark Gravel, Josh Angel, and Lynda Harwood

Nashville, Tennessee, October 24, 2008 – The University of Michigan Health System [<http://www.med.umich.edu>] has been awarded an Organ Donation Medal of Honor from the U.S. Department of Health & Human Services for its success in raising organ donation rates. The U-M Health System received the Medal of Honor on Oct. 24 during the Fourth Annual National Learning Congress on Organ Donation and Transplantation in Nashville, Tennessee. The hospital earned the recognition by collaborating with its Gift of Life Michigan partners to achieve the national goal of converting at least 75 percent of eligible deaths into actual organ donors. Each organ and tissue donor can save the lives of up to eight people and enhance the lives of 50 more.

The health system also was recognized for being one of six in the state and just 93 nationwide to have earned the Medal of Honor all four years that it has been awarded.

“The University of Michigan is honored to receive the U.S. Health and Human Services Organ Donation Medal of Honor for the fourth consecutive year,” said Mark Gravel, director of Transplant Center [<http://www.michigantransplant.org>] Quality Improvement and Donation Initiatives. “The award reflects the values of our health system and the dedication of our skillful faculty and staff who work each day to improve the lives of our patients and families by providing the highest level of compassionate multidisciplinary care. The University of Michigan is committed to the national collaborative initiatives and will to continue to provide leadership in efforts to increase organ donation and transplantation. I applaud our faculty, staff and collaborative partners.”

Lynda Harwood, Gift of Life Michigan’s [<http://www.giftoflifemichigan.org>] hospital development associate for UMHS, called the honor well-deserved. “This medal symbolizes its commitment to its patients and to saving lives,” Harwood said.

UMHS is one of 18 Michigan medical facilities to receive the Medal of Honor for organ donation this year. Its work with Gift of Life is helping to try to close the gap in Michigan between the number of organ donors and the more than 3,000 residents in need of a life-saving organ transplant. Last year, there were

New Steroid-Free Protocol in the Adult Kidney Transplant Program at the University of Michigan Transplant Center

Steroids have been part of immunosuppression regimens since the beginning of kidney transplantation, over the past half century. Even today, steroids still play an important role in preventing and treating the acute rejection that will occur in some 10 to 20% of new kidney transplant patients. On the other hand, chronic steroid therapy is known to have many potential adverse effects such as promoting weight gain, causing diabetes mellitus, reducing bone strength and facilitating infections. With the availability of newer immunosuppressive agents and regimens, the practice of avoiding or minimizing steroids has intensified across transplant centers nationwide. Many leading transplant centers in the nation have adopted steroid-free immunosuppression protocol for qualified patients and produced satisfactory results.

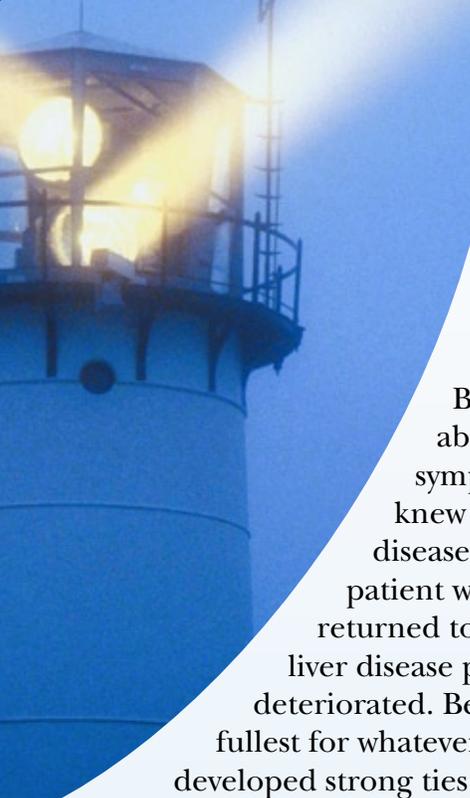
After careful review of the national and international experiences with steroid free immunosuppression in kidney transplant patients, both at single transplant centers and collectively, the adult kidney transplant program at the University of Michigan Transplant Center has adopted a new steroid free immunosuppression protocol to serve the needs of our kidney transplant patients. As one of the largest kidney transplant programs in the nation, we believe in providing excellent care with diligence and responsibility. As a consequence, the current steroid free immunosuppression protocol is intended for a subset of new kidney transplant patients with average to low risk for rejection; that is, patients who are receiving their first kidney transplant from a living donor, who have low immune reactivity against any potential kidney donor (namely, panel reactive antibodies less than 10%) and who do not need steroid for any other reason.

The steroid free immunosuppression protocol will be offered to qualified patients at the discretion of the transplant team and at the request of individual patients. As part of such protocol, all patients will receive induction therapy and 4 days tapering steroid at the time of their transplant. The follow-up of patients receiving steroid free immunosuppression will be similar to the other kidney transplant patients, except that a protocol kidney biopsy is highly recommended at the first month and at the first year after transplant to look for hidden rejection.

References:

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– *Fu Luan, M.D.*



Transplant Talk: Spotlight on a Transplant Patient

Beth Ann Dalrymple

Beth Ann Dalrymple is happy to be a success story and loves telling people about how a liver transplant has transformed her life. She began having symptoms of fatigue and abdominal pain as a teenager but her doctors only knew it was some sort of liver problem. In an attempt to learn more about her disease, she went to the Mayo Clinic in 1978. Doctors there recalled only one prior patient with similar symptoms but couldn't provide a specific diagnosis. Beth Ann returned to Michigan where her local doctor treated her with steroids. Although her liver disease partially responded to treatment, the liver was slowly being damaged and deteriorated. Beth Ann recalls an epiphany at age 21: "I realized I had to live my life to the fullest for whatever time I had. I fully realized the importance of relationships with people and developed strong ties with friends. When you look at life and realize how short it is or how short it could be, well, it changes your outlook and priorities a lot." Dr. Robert Fontana echoes "She's really quite a unique and remarkable person to have suffered for so long, dealing with chronic illness for most of her life. She was in and out of the hospital with numerous difficulties and despite that had a very positive attitude and was living her life to the fullest. In addition, she never lost her great sense of humor and confidence in her own future. "

When Beth Ann was finally referred to the University of Michigan Transplant Center and listed for a liver transplant, she was very ill. Dr. Fontana said "I was taking care of Beth Ann for around 10 years before she got her transplant in 2006. She and her family demonstrated remarkable perseverance for someone awaiting an organ transplant for so long. Since her transplant, she has done remarkably well and now really wants to "give back". She's always been a perky, positive person looking to improve things. In fact, she was one of the main reasons we got the liver patient support group up and running again. The liver transplant patient support group is one of the many things to which Beth Ann devotes herself these days. Transplant Center social worker Daniel Reid noted that "she really was the driving force behind getting it our group reinvigorated. She understood that it was a greatly needed resource for patients and families facing an uncertain future. She also realized that transplant recipients who've made it through the transplant process had a unique experience and perspective to share with others."

Beth Ann recognizes that she was fortunate to have a career in design and engineering at Ford Motor Company. Although her college degree wasn't completed, she enjoyed a long tenure at Ford before finally receiving her bachelor's degree in engineering from University of Detroit Mercy in May of 2008. Graduating at the top of her class and being recognized as valedictorian two years after getting a liver transplant was the fulfillment of a childhood dream for Beth Ann. A dream that Beth Ann realizes would not have been possible without the kindness of a donation from a stranger and without the medical attention she received at the University of Michigan.

Beth Ann truly loves the Transplant Center. She has found the care and support she receives to only get better over time. She said "the University of Michigan stands out as a place where the care is excellent. The people working here have actually taken the time to get to know me, which is what patient care is all about! Personalizing patient care makes a difference, combine that with the quality of the team of



doctors, nurses and staff here at the University and the outcome is excellence!”

Beth Ann has noticed a tremendous increase in her energy level since her transplant. Before her transplant she was sleeping ten to twelve hours a day and it wasn't enough. Now she feels refreshed and ready to go with as little as six hours of sleep. Beth Ann remembers “I waited a long time for a transplant. I was one of the lucky ones. Now I believe I owe it to all of the people still waiting today on the transplant list to promote organ and tissue donation.”

Beth Ann has spearheaded an effort with Gift of Life Michigan asking Ford and the UAW to sponsor an organ and tissue donation campaign. Targeting salaried, hourly and retired employees as well as suppliers and dealers, the goal is to increase donation of organs, tissue, blood and bone marrow. The campaign will be worldwide for Ford, kicking off in March of 2009.

Beth Ann is also helping to promote organ and tissue donation at her alma mater, University of Detroit Mercy. Bringing the statewide campus challenge to her school, she is hoping that they will improve upon last year's sixth place performance by working closely with the school of health professions.

Beth Ann reflected on her long and winding road to improved health: “I wouldn't wish 28 years of sickness on anyone, but I am a better person today because of my health issues.” Dr. Fontana recognized Beth Ann's personal and professional accomplishments “A lot of people might ask ‘why keep trying?’ She worked hard during the day and went to school part-time at night for ten years while suffering through her illness. It is quite remarkable that she not only graduated, but was the valedictorian of her class. I'm really amazed at what our patients can do and happy to have been a part of her success.”

Today, Beth Ann continues her career at Ford, volunteers at the Transplant Center with the liver transplant support group, and is pursuing her master's degree in engineering. Her story demonstrates the rewards that come from hard work and determination, even in the face of chronic illness. Beth Ann sums up her thoughts when she says “I am going to make the most of this precious gift that I was given by letting people know there is a way to save peoples lives who have an illness/injury that has affected an organ and that is organ donation. When a person has a chronic illness, a family is affected too. An organ can save a life and heal a family. Not only am I grateful but my family is very grateful as well.”

Resources Available to Patients in Challenging Times

As transplant social workers, we are often asked for assistance in identifying resources for patients faced with financial difficulties. In this challenging economic climate, we are finding these requests for assistance are coming even more frequently. Below is a list of agencies to apply to for various types of assistance, from housing and utilities, food and clothing to emergency cash assistance. Since this newsletter is available to all transplant patients across the state, the list below is only a snapshot of some of the agencies available for assistance; look in your telephone book for local branches or offices in your county.

Many agencies will ask you to apply for Department of Human Services (DHS) funds called State Emergency Relief (SER) funds before going to them. If the DHS denies you these funds, make sure that you keep your denial letter as proof. This is designed for people who can usually meet their needs but occasionally may need some extra help. Money is only issued if you have “good cause” meaning that the household income was too low to pay the bill/rent and that this emergency is not expected to happen again in the future. These funds can assist you with rent, house payments, car payments, utilities, home repairs, shut off notices and medical bills. To get these funds, you need to talk to your DHS worker and fill out an application. You can find your local DHS office in the government section of the telephone book.

All of the agencies will require you to bring some form of proof of income. This can include a paycheck stub, tax forms or proof of cash assistance. For financial help, make sure that when you meet with these agencies that you bring your shut off notices, eviction papers, unpaid bills or anything that will help you prove that you need assistance. Most agencies will need to see a picture I.D., like a driver’s license, and some agencies will need to see your social security card. Before you go to these agencies, make sure to ask what kind of identification you will need to bring with you.

If you are denied State Emergency Relief from DHS, you can pursue additional assistance through the following agencies (many whose local branches can be found in your telephone book):

American Kidney Fund: 1-800-638-8299
<http://www.kidneyfund.org>

American Red Cross
<http://www.redcross.org>

Area Agency on Aging
<http://www.michigan.gov/miseniors>
search for local AAA

Catholic Social Services
<http://www.catholiccharities-mi.org/agencies.htm>

National Foundation for Transplants: 1-800-489-3863
www.transplants.org

National Kidney Foundation:
1-800-482-1455 (Michigan),
1-800-622-9010 (National)
www.kidney.org

Salvation Army
Southeast MI: <http://www.salvationarmyemich.org>
West MI: <http://www.usc.salvationarmy.org/wmni>

SOS Crisis Center (Washtenaw County): 1-734-485-8730
www.soscs.org

St. Vincent DePaul: 1-877-788-4623
www.svdpusa.org

The Veterans’ Fund (for military veterans only)
<http://www.veteransfund.com>

United Way:
1-800-552-1183 or dial 2-1-1 on your phone to
connect to a local agency
www.211.org

County Housing Commission
(to apply for Section 8 housing)

Utilities Assistance:
THAW Heat and Warmth Fund: 1-800-866-8429
Detroit Edison/Mich Con: 1-800-477-4747
Consumers Energy: 1-800-477-5050
Social Security: 1-800-772-1213
Medicare: 1-800-633-4227

– Tanya Smith, LLMSW

U of M Transplant Tissue and Serum Repository

A number of exciting developments in medical research have increased the potential to learn a great deal about transplantation biology. The expansion of tools to study organ transplant acceptance and rejection on an collective and individualized basis from the perspective of genetics, protein biology, and drug metabolism have increased opportunities for productive “bench-to-bedside”, or translational, research in transplantation. Such research can establish relationships between biologic markers, pathological findings, and clinical outcomes, and lead to new and better individualized therapies.

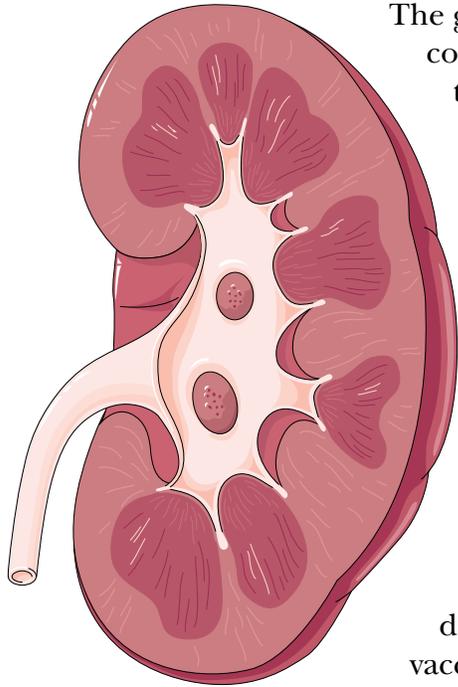
The transplant program at the University of Michigan has taken an important step in placing itself in the forefront of such cutting-edge research. With the establishment of the Transplant Center tissue and serum repository, we have established the needed infrastructure in place to be a leader in translational research. Under this arrangement, with patient consent, extra material from transplant biopsies would be stored in the repository and be available for research purposes. In addition, a small amount of additional blood would be obtained from consenting individuals so that important correlations between biopsy findings and blood test results could be determined. The stored specimens may also be used in the future when the need arises for the care of the individual patient. The patient receiving the biopsy must give specific consent for the extra materials to be used in future research, but there is no additional risk for the patient as a result of their participation. The capacity to process and store serum and tissue from deceased donors for specific research projects will also be developed. Standards for biopsy and blood collection have been agreed to for the liver and kidney transplant programs; the repository will be available for the use of all organ transplant programs.

This is an initial step in the planned development of infrastructure designed to make the University of Michigan Transplant Center a leader in translational research. The ability to conduct important scientific investigations will be dramatically enhanced by the establishment of the repository. As a result, we are currently participating in several projects sponsored by the National Institutes of Health, and a number of projects have been proposed by investigators throughout the University of Michigan Medical School using the repository materials.

– Randy Sung, M.D.



Use of Kidneys from Donors with Hepatitis: a Safe Way to Increase the Number of Kidneys Available to Transplant Recipients.



The growing organ shortage has required that every potential donor be considered for use in transplantation. Since the waiting time for a kidney transplant in Michigan can exceed six years for some people, it is currently standard practice to use kidneys from imperfect donors. One such class of donors that has been underutilized is donors with a history of viral hepatitis or exposure to hepatitis. The most common forms of viral hepatitis are hepatitis B and hepatitis C. Both can lead to chronic liver disease; while there is good treatment available for hepatitis B, the treatment for hepatitis C is not as effective.

A number of transplant programs around the country have started to use kidneys from deceased donors who test positive for exposure to hepatitis B virus. For these donors, lab testing indicates a recent exposure to the virus; the vast majority of these donors do not have hepatitis, and the risk of the virus being transmitted by a kidney transplant to the recipient is very small. We offer kidneys from these donors to people who are immune to Hepatitis B, either because of vaccination or due to previous infection. In this situation, transplantation of a kidney from a hepatitis B positive donor does not present a significant risk for the recipient. It is important to emphasize that we do not use kidneys from donors known to have the Hepatitis B virus; the donors that we may use have testing that shows they may have been recently exposed to the virus, and therefore present a small chance of having it. If in the unlikely event a recipient contracts the virus, it is treatable and usually does not lead to significant liver damage.

Some donors may have a history of or may test positive for Hepatitis C. It is possible for this to be transmitted to the recipient by the kidney transplant. However, some people who need a kidney transplant also have hepatitis C infection. For these people who already have hepatitis C, receiving a kidney from a donor with hepatitis C does not present a significant risk, since studies have shown that the survival of a kidney transplant recipient with hepatitis C is the same whether or not the kidney donor had hepatitis C infection. Thus these donors are acceptable donors for people who already have hepatitis C.

The University of Michigan only offer kidney transplants from donors with Hepatitis B or Hepatitis C to those people described above in whom the risk is very small and who agree in advance to be offered them. Those who do not agree in advance are not offered these kidneys, and even those who agree in advance are informed of these donors at the time they are offered and may decline to receive these kidneys. The use of kidneys from donors who test positive for hepatitis B and C may allow people who qualify and agree to receive these kidneys to be transplanted sooner. The greater use of these kidneys by our program and in Michigan decreases the total number of people waiting for a kidney transplant, and therefore benefits everyone on the waiting list.

– *Randy Sung, M.D.*

a record 301 organ donors in Michigan hospitals, leading to 881 transplants.

In addition, the University of Michigan Health System Transplant Center was noted for achieving two other national goals: It increased the annual volume of deceased donor transplants involving a single major organ by 20 percent; and it decreased the number of days from the referral of a candidate for transplant evaluation to activation.

“The work of our hospital partners never fails to inspire,” said Richard Pietroski, Gift of Life Michigan’s executive director. “In Michigan, more than 3,000 people need a life-saving organ transplant. They get that chance for a new life through the generosity of donors and the dedication of hospital staff like these at the University of Michigan Health System.”

To sign up on the Michigan Organ Donor Registry and receive a heart sticker on the front of your driver’s license to signify that you want to become an organ and tissue donor, go to www.giftoflifemichigan.org.

Gift of Life Michigan is the state’s federally designated full-service organ and tissue recovery organization that acts as the intermediary between donors, physicians and hospital staff.

*– Tim Makinen - Gift of Life Michigan
tmakinen@giftoflifemichigan.org*



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, SPC 5391
Ann Arbor, Michigan 48109-5391
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 D5216, SPC 5718
Ann Arbor, Michigan 48109-5718
Phone: 734-615-2462 (Local)
Phone: 877-543-7789 (Toll Free)
Fax: 734-615-2223

Heart Transplant Programs

Adult and Pediatric

Cardiovascular Center
200 North Ingalls Building, 8B02
Ann Arbor, Michigan 48109-5477
Phone: 888-287-1082

Kidney and/or Pancreas Transplant Programs

Adult

Kidney and Pancreas Transplant Program
1500 E. Medical Center Drive
3868 Taubman Center, SPC 5391
Ann Arbor, Michigan 48109-5391
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, SPC 5297
Ann Arbor, MI 48109-5297
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, SPC 5391
Ann Arbor, Michigan 48109-5391
Phone: 734-936-7491 (Local)
Phone: 800-333-9013 (Toll Free)
Fax: 734-936-6671

United Network for Organ Sharing (UNOS)

The United Network for Organ Sharing provides a toll-free patient services line to help transplant candidates, recipients, and family members understand organ allocation practices and transplantation data. You may also call this number to discuss a problem you may be experiencing with your transplant center or the transplantation system in general. The toll-free patient services line number is 1-888-894-6361.

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