Transplant surgeons Giuliano Testa, MD and Peter Kim, MD, on the medical staff of Baylor University Medical Center, utilize the G9MD Broadcast Center to advance surgical techniques and collaborate with physicians worldwide. The use of advanced streaming technology is at the forefront of medical innovation.
The best way to predict the future is to invent it.

What has kept Baylor Annette C. and Harold C. Simmons Transplant Institute at the forefront of transplantation for 30 years? As one of the first to successfully treat organ failure with transplants, we certainly had a vision of the potential lifesaving power of transplant medicine. But we also had an instinctive awareness of the collaboration at the heart of our field.

Transplantation is a science of relationships: the relationship that ties a donor to a recipient, a patient to a team of specialists, and a referring physician to a transplant center. In every aspect of the care we provide, we are committed to making these relationships work. With 30 years of advances in transplantation behind us, we continue to pioneer methods to match patients with the treatment or organ that ensures a successful outcome. We continue building trusted relationships with referring physicians, keeping them involved in their patients’ care. And we continue forging a permanent bond with the patients we treat, offering them a lifetime of care.

Our multi-specialty teams of renowned physicians and scientists care for thousands of patients before, during and after transplantation, even finding effective alternative treatments for those who may not be transplant candidates. As we have done for 30 years, we will carry on with the research, innovation and patient-focused care that are essential to the future of transplant medicine. We consider it a privilege to collaborate with referring physicians as we dedicate ourselves to transplant patients for life.

Sincerely,

Göran Klintmalm, MD, PhD, FACS
Chairman and Chief
Baylor Annette C. and Harold C. Simmons Transplant Institute

Janice Whitmire, MBA
Vice President
Baylor Annette C. and Harold C. Simmons Transplant Institute
The original transplant pioneer, Dr. Thomas Starzl was the inspiration behind Baylor’s transplantation program. Dr. Starzl performed the first human liver transplants. In 1983, he made a presentation to Baylor on his transplant team’s successes at the University of Pittsburgh. He encouraged Baylor to develop a transplant center, recruited his student Dr. Göran Klintmalm as medical director, and brought his patient Amie Garrison to Dallas, where she made history as Baylor’s first transplant patient.
Daring to embrace progress

It takes courage to perform a liver transplant on a five-year-old girl dying of liver failure. It’s especially courageous if that procedure is the hospital’s first transplant. But that is what happened in 1984 at Baylor Annette C. and Harold C. Simmons Transplant Institute. The transplant program was still in the planning stages, but little Amie Garrison would die without a new liver, and the nation’s only existing liver transplant center in Pittsburg simply didn’t have room. So Baylor said yes. Today, Amie is a healthy 35-year-old mother. And the transplant team that took a gutsy move to save a child’s life is now one of the largest and most renowned multi-specialty transplant centers in the country.

For 30 years, the courage it took to perform Amie’s surgery has defined the Baylor Annette C. and Harold C. Simmons Transplant Institute, which includes the transplant services of Baylor University Medical Center at Dallas and Baylor All Saints Medical Center at Fort Worth. From day one, we have made historic progress in each area of specialization.

Our liver transplant program is internationally recognized as a pioneering program in liver transplantation and anti-rejection treatment as well as hepatitis B and C research. In addition, our living donor liver program is among the top 10 in the nation and one of only two programs in Texas.

In our kidney transplant program, one-year survival rates exceed the national average, and living donors are involved in one-fourth of all kidney transplants, which addresses a critical global shortage of donated organs.

With one of the world’s largest islet cell transplant programs, we continue to make inroads in both allo-islet cell and auto islet cell transplantation, providing hope for patients with type 1 diabetes and chronic pancreatitis.

In our heart transplantation program, the busiest in Texas and the second largest in the nation, we have shortened the median wait time for a heart transplant to as little as seven days. In 2014, our lung transplant program welcomed a new team of nationally respected transplant specialists and is growing rapidly in volume and outcomes.

Clearly, our work at Baylor Annette C. and Harold C. Simmons Transplant Institute is inspired by a bold vision of our role in transplant medicine. Three decades of progress have shown the value of our approach. In moving transplantation forward, we are restoring countless lives. All the more reason that, like the little girl we saved 30 years ago, we look forward to a promising future.

Frenchie

Just five months post-transplant, Carson “Frenchie” Cheramie was able to welcome his namesake granddaughter, Carson Claire, into the world. “I never imagined that I would ever be able to hold a grandchild, but God had a different plan.”
More liver transplants are performed at Baylor University Medical Center and Baylor All Saints combined than anywhere else in Texas. With this level of expertise, provided by one of the nation’s largest transplant surgery teams, our center offers patients a full slate of treatment options.

Living Donor Transplantation
One therapeutic option is a living donor liver transplant. The procedure allows patients to receive a liver transplant sooner—patients who likely would die without it, faced with long waits on the transplant list.

In a living donor transplant, the entire diseased liver is removed from the recipient and replaced with half of the donor’s liver. In roughly a month, both donor and recipient livers grow to near-full volume. Because the donated liver is immediately transplanted without needing storage or transporting, it provides the best quality liver. The technically demanding surgery must be performed by surgeons experienced in the procedure. Baylor University Medical Center is one of only two centers in Texas offering it and one of the top 10 in the nation for volumes.

Elastography: Non-invasive Liver Disease Management
Thanks to new technology at Baylor University Medical Center, some liver disease patients no longer have to endure frequent liver needle biopsies to determine the progression of their disease. A recent study at the Mayo Clinic, co-authored by Sumeet Asrani, MD, a hepatologist now on the medical staff at Baylor Dallas, showed that magnetic resonance elastography can measure and stage liver disease non-invasively. The technology allows hepatologists to determine whether patients are getting better or worse, and whether treatment is effective. This advanced imaging modality gives physicians more information to better care for patients. Soon to be FDA approved, it is available at only a few medical centers nationwide, Baylor among them.

Liver Transplant Volumes BUMC & BAS

Liver Transplant Outcomes percent alive at one year

3,841 LIVER TRANSPLANTS SINCE INCEPTION

*Data is through Dec 2014
Except for being a mail carrier, Gilbert Gonzales didn’t exercise much. But a new liver changed that. Now he travels the globe competing in the Transplant Games of America and the World Transplant Games. In 2009 his liver was failing due to a genetic disease. Nine months later a liver transplant at Baylor Dallas kick-started his new life. He soon jumped into the transplant games fearlessly, winning a bronze medal in discus at his first event in Grand Rapids, Michigan, and silver medals for discus and high jump a year later in Durban, South Africa. Most recently, in Houston, Texas, Gilbert took home silver in discus and bronze in long jump. Gilbert volunteers in Baylor’s Better Livers program, reassuring transplant patients that their lives will get better. "It’s all about enjoying your second life and passing it along,” he says.
Liver and Pancreas Disease Center

At the Liver and Pancreas Disease Center, patients with liver tumors, including those with potentially cancerous liver lesions, and patients with pancreas tumors or chronic pancreatitis have access to a full spectrum of treatment options. One of the few centers in the nation dedicated to treating patients with liver and pancreas cancer, the center coordinates each patient’s tumor management and plan of care among specialists on the medical staff, many having more than 15 years of experience with such diseases. Since the program’s inception in 1998, more than 5,000 patients have received treatment.

Antibody-Mediated Rejection Symposium

In March 2013, Simmons Transplant Institute held the first scientific conference to exchange information about antibody-mediated rejection (AMR) in liver transplantation. Assembling more than 165 liver transplant leaders, the symposium confirmed the role of AMR in allograft survival. A subsequent summary of the conference was published in the March 2014 issue of the American Journal of Transplantation and was authored by 16 attending world-recognized specialists. Baylor’s leadership in the AMR findings came as a result of data mined from our transplant biorepository of donor and recipient tissue samples, which is the world's largest.

Clinical Studies

For patients with hepatocellular carcinoma (HCC), liver transplant often offers the best potential outcome. However, in some cases, the cancer may reoccur. Baylor’s study on the Safety and Efficacy of Everolimus Treatment in Liver Transplantation for Liver Cancer is investigating the medication’s ability to reduce recurrent HCC in post-transplant patients. The study is the focus of an upcoming mTOR Conference in Dallas.

Hepatologists on the medical staff of Baylor Dallas, as a part of the North American Consortium for the Study of End-stage Liver Disease, are participating in studies investigating risk factors for mortality in decompensated liver patients (otherwise known as acute-on-chronic liver failure) in an effort to enhance clinical practices that will ultimately improve patient outcomes. This study is being conducted at Baylor Dallas, Mayo Clinic, University of Pennsylvania and Virginia Commonwealth University.

Ruben Castillo had liver failure from Hepatitis C he contracted from a blood transfusion. After waiting over a year for a donor, Ruben and his wife Tammy decided the Living Donor program was the best option. It was a chance for Tammy to donate to Ruben and offer him a second chance at life. Now Ruben is flourishing and better than ever.

Ruben
LIVING DONOR LIVER TRANSPLANT AT AGE 56

Ruben Castillo had liver failure from Hepatitis C he contracted from a blood transfusion. After waiting over a year for a donor, Ruben and his wife Tammy decided the Living Donor program was the best option. It was a chance for Tammy to donate to Ruben and offer him a second chance at life. Now Ruben is flourishing and better than ever.
Kidney failure patients face two choices: try to live with dialysis or receive a kidney transplant. Research has shown that a kidney transplant should be first choice.

In fact, the ideal situation is for patients to avoid dialysis altogether and go straight to kidney transplant. This option—a preemptive kidney transplant—requires a living donor. We offer this advanced solution to help patients receive a kidney as soon as possible, because the less time spent on dialysis the better. The advantages of a preemptive kidney transplant with a living donor are compelling.

Patients with living donor kidney transplants have much better survival rates and three times the life expectancy compared to patients staying on dialysis. Without having to wait for a deceased donor organ, they can receive their kidneys faster. And the kidney itself is higher quality. It starts working sooner and can last twice as long as a deceased donor kidney. Overall, a patient’s outcome and quality of life are far superior.

Pathway to Kidney Transplant
To encourage the early referral of patients for living donor kidney transplantation, Baylor developed the Pathway to Kidney Transplant, a patient education guide that demystifies the transplant process for both recipients and donors and explains the benefits of the living donor kidney option. The Pathway provides a step-by-step graphic simplifying each phase of a patient’s treatment options and drives home the point that the sooner patients receive a kidney, the better.

Desensitization Program
Dr. Bernard Fishbach, medical director of the Kidney Transplant Program, is leading the desensitization program. This very active program, which removes harmful antibodies from the bloodstream and reduces the risk of organ rejection, is available at only a few transplant centers in the United States.

Kidney Pathway
This pathway includes checklists for patients with kidney disease and potential donors to help guide them through the steps to receive a kidney transplant as soon as possible. Ideally, patients can be transplanted before starting dialysis, which will likely improve their clinical outcome and quality of life. The graph and checklist provide recommendations to patients once their kidney function deteriorates to 30 percent to begin the educational, financial, physical and potential donor candidate considerations early in order to be ready for transplant by the time their kidneys reach 20 percent of function.
Joel Henderson’s father Lonnie seemed healthy and was enjoying life in his fifties despite his type 1 diabetes. But then came the fainting spells at work, and Lonnie learned his kidneys were failing. That’s when Joel offered to donate a kidney to his dad. “We were trying to give him a kidney before he would have to go on dialysis,” says Joel. After the transplant surgery, Joel says he recovered quickly. As for Lonnie, his transplanted kidney started working within 30 minutes, he’s had no signs of rejection, and his energy and stamina are fully restored. Joel says, “People say it was heroic, but I’m blessed to have the opportunity. I’m just glad to have him around longer.”
Kidney-Pancreas Transplant

For patients with type 1 diabetes, a pancreas transplant can be the best option. Sometimes the pancreas is transplanted alone, but more often the pancreas and kidney are transplanted together. Patients on the Baylor kidney-pancreas transplant list wait on average no more than 4.5 months, in sharp contrast to other centers in the region, whose wait times range from seven to 62 months.

In a kidney-pancreas transplant, the pancreas protects the new kidney, allowing it to perform better and longer than a kidney alone. Many dual transplant recipients are free of diabetes years after their transplant. Additionally, Baylor had a 100-percent rate of patient, kidney and pancreas survival over the past two and a half years.

Pancreatic Cyst Evaluation

Pancreatic cysts can be benign, but 20 percent of pancreatic cancers start with a cyst. The Pancreatic Cyst Program provides a fast, convenient way to have pancreatic cysts evaluated and removed, if needed. A multidisciplinary team of gastroenterologists, radiologists, pathologists and surgeons evaluates each patient and determines the best course of action.
ISLET CELL
Patients with chronic pancreatitis face a life of severe, debilitating pain and often long-term narcotic dependence. At Baylor, there’s a clinical solution that can restore their quality of life—a total pancreatectomy and autologous islet cell transplant.

Auto Islet Cell Transplant
Baylor is the preeminent center in the Southwest and one of the few in the world to offer this innovative therapy. In the procedure, the pancreas and spleen are removed, and the patient’s islet cells are extracted. They are then infused into the patient’s liver, where they take hold and ideally produce insulin. Baylor researchers conducted a study to measure the improvement in patients’ post-transplant quality of life. The results, which showed dramatic improvement, were presented at the International Pancreas and Islet Cell Transplant Association in September, 2013. For patients, the results are tangible: 70 percent are narcotic-free one year after surgery.

Allo-Islet Cell Transplantation
Pancreatic islet transplantation is still considered an investigational procedure in the U.S. as a treatment for type 1 diabetes. But the past decade has seen tremendous progress, and Baylor continues to contribute scientific knowledge. In allogenic islet transplantation, surgeons transplant islets isolated from deceased donors into patients with type 1 diabetes. Baylor’s clinical experience has enabled bold research initiatives that elevate the performance of islet cell transplantation not only in our center, but also throughout the field.

The Outcome: Preservation of Pancreatic Endocrine Function

- **Insulin Dependent**: 68%
- **Achievement of Insulin Independence**: 32%
- **HbA1c <5.7%**: 41%
- **5.7–6.4%**: 29%
- **6.5–7.0%**: 12%
- **>7%**: 71%

Despite removal of their pancreas, 40 percent of patients are free of exogenous insulin and a large majority of the patients have favorable HbA1C profiles.

125 ISLET CELL TRANSPLANTS PERFORMED SINCE INCEPTION
Ashlyn Bollinger learned she had chronic pancreatitis at age 17. Her condition became so bad that she had to drop out of college after a year and a half, unable to eat or alleviate the constant, severe pain. “I did nothing but lie in bed — everything hurt,” she says. In June 2014, Ashlyn had an auto islet cell transplant. Now she’s back to an active, busy life, free to pursue any of her passions, from sports to dog rescue. She looks forward to going back to college and becoming a nurse. “That’s my calling,” she says. “I want to find that patient who has chronic pancreatitis and say, ‘I know exactly what you’re going through.’”
Islet Cell Research

Recently, Baylor Research Institute was awarded a patent from the U.S. Patent Office for a potential strategy to improve the outcomes of islet cell transplantation for patients with type 1 diabetes or chronic pancreatitis. Our researchers were first to report that transplanted islet cells are subject to severe and inflammatory reaction, which damages them. Experimental research at Baylor showed that Withaferin A (WA), a plant-derived compound with anti-inflammatory and anti-oxidant properties, can inhibit the inflammatory response and protect islet cells from damage. Until now, no compound with such benefits has been used in islet transplantation.

U.S. Centers:
- Dallas, TX
- Minneapolis, MN
- Pittsburgh, PA
- Cincinnati, OH
- Charleston, SC
- Chicago, IL
- Birmingham, AL

12 Major Centers Offering Islet Autotransplantation

While 93 percent of our patients are narcotic-dependent before surgery, a remarkable 71 percent are narcotic-free one year after surgery.

IN THE NATION IN AUTO ISLET TRANSPLANT VOLUME

#2
When it comes to heart transplantation, Baylor’s role is central—literally. Our location near the center of the country puts us within just a few hours of donor hearts, expanding the treatment options for patients nationwide.

Since the arrival of a new surgical team in 2012, the volume of transplants has tripled in two years. And the median wait time for status 1A patients has shrunk to just seven days. Our growth in volume and depth of experience have put Baylor in an optimal philosophical position as well. We accept high risk patients, even those that other centers have declined, yet have maintained survival rates that exceed the national average. We also have developed strong relationships with other transplant centers and heart failure centers, welcoming patients from across the nation, in some cases arranging for patients to return to their original transplant center for follow-up care. Patients and physicians may take advantage of dual listing at two or more transplant centers, which can reduce the wait time for a transplant. Further, we collaborate with transportation companies to provide a patient’s timely arrival for their procedure.

Leading the transplant team are Gonzalo Gonzalez-Stawinski, MD and Shelley Hall, MD. In addition to adding surgeons and transplant cardiologists on the medical staff in late 2014, we are expanding our midlevel clinical staff. We’ve instituted a cardiothoracic surgical fellowship for transplant LVAD training and are developing a fellowship for advanced heart failure transplant training.

Our deep commitment to referring physicians continues to expand and strengthen our referral network. We maintain continuous contact with referring physicians, not only updating them on their patients’ status at every turn but also sharing as much of their patients’ care management as they choose. These collaborations benefit patients as well, as they can return home for follow-up care.

Left Ventricular Assist Devices

Not all patients are candidates for a heart transplant, but an implantable left ventricular assist device (LVAD) may be an option for managing their advanced heart failure. In fact, the
Trenton Cary is on his third heart. Born with a congenital heart defect, he had a heart transplant just shy of his first birthday. That heart served him well for the next 20 years. At college he noticed a drop in his energy and chalked it up to lack of sleep. But one day he was running to help a friend catch his loose dog and suffered a heart attack. Doctors discovered that his heart was being rejected. Nine hours after Trenton was put on the transplant wait list, he received a new heart. Seven months later, Trenton says, “I can do anything I want.” With the way he takes to volleyball, soccer, baseball and martial arts, it's clear that what he wants is to stay active.
shortage of donor organs makes it imperative that we offer patients access to innovative heart-assist devices. We also practice shared care with referring physicians after patients are released, including offering LVAD training for those who choose to be more involved in the ongoing management of their patients’ care.

The expansion of our transplant program and the addition of sophisticated circulatory support devices have moved Baylor into a position to provide more advanced care for heart failure. For some patients who are too unstable for a major intervention, Baylor offers extracorporeal membrane oxygenation (ECMO). Unlike devices that support only the left ventricle, ECMO can support both ventricles. Often needed on an emergency basis, ECMO may be used to stabilize a patient so that physicians can determine if a longer-term option is appropriate. We have transported patients with ECMO from up to 390 miles away.

Heart transplantation remains the ultimate bi-ventricle support. Now, due to Baylor’s efficient and thorough evaluation of patients and short median wait times, many patients can go straight to transplant without the interim step of an LVAD implantation.

BAYLOR DALLAS IS ONE OF ONLY TWO CENTERS IN THE U.S. THAT PERFORM MORE THAN 75 HEART TRANSPLANTS A YEAR
LUNG
For people living with lung diseases like cystic fibrosis, pulmonary fibrosis, emphysema and other conditions, every breath is a struggle. For such patients, Baylor’s lung transplant team can offer a new lease on life. The volume of transplants performed at Baylor puts our program in the top 25 percent of centers nationally.

The Center for Advanced Heart and Lung Disease focuses on more than lung transplants. We also offer a full range of diagnostic tools and advanced therapies for patients with complex, chronic and rare lung diseases. Patients receive coordinated care from a multidisciplinary team of pulmonary physician specialists, nurse practitioners, nurse coordinators, respiratory therapists, dieticians and social workers.

Offering all diagnostic and therapeutic options in one center is more convenient for patients. The team approach is even more appreciated by referring physicians, who lack the time to provide the complexity of diagnostic and therapeutic options and education needed by these patients.

Patients with acute respiratory failure may be candidates for circulatory support with extracorporeal membrane oxygenation (ECMO), a therapy that Baylor also uses for patients with heart failure. The implantable device is used primarily for reversible lung conditions, such as pneumonia, or as a bridge to lung transplant for patients on the waiting list.

Patients with emphysema also have access to minimally invasive lung volume reduction surgery (LVRS). Lung volume reduction surgery is a procedure where surgeons remove portions of diseased lung tissue damaged by severe emphysema. By removing poorly functioning tissue, remaining lung tissue can work more efficiently.

Baylor Dallas also offers patients access to clinical trials evaluating potential therapeutic agents. Currently, we are participating in clinical trials to evaluate two new drug candidates.

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As if growing up with cystic fibrosis wasn’t bad enough, Carrie Giddens lost her brother to the same disease. In the fall of 2012 she was a grieving sister, a new mother of twins and plagued with frequent lung infections. After spending most of October in the hospital, she got home in time to take her boys trick-or-treating. Two days later she was in critical care and crashing. The transplant team put Carrie on ECMO to keep her alive and fast-tracked her for a lung transplant. Before the month was out she had new lungs and made it home in time for Christmas. “I was their first lung transplant patient to have ECMO,” she says. “If I’d been at any other hospital, I don’t think I would have made it.”
therapies, nintedanib and pirfenidone, for interstitial lung disease, also known as interstitial pneumonia. Data presented at the American Thoracic Society and published in the New England Journal of Medicine showed positive benefits with both drugs.

With the recent additions to our medical and surgical team, our program has extensive experience in the surgical and medical care of lung transplant patients. This allows our program to accept patients with complex conditions that other centers may refuse. In addition, we are actively involved in research to improve outcomes after lung transplantation. Baylor University Medical Center at Dallas is the top-ranked hospital in North Texas and continues to be ranked as one of America’s top hospitals by U.S. News & World Report.

Our experienced lung transplant team at Baylor University Medical Center includes transplant pulmonologists, surgeons, coordinators, social workers, physical therapists, respiratory therapists, anesthesiologists, nutritionists and nurses who work together to provide the best possible quality outcomes for patients. We provide a rapid, comprehensive evaluation to determine the appropriateness and timing of transplantation. Transplant outcomes at Baylor University Medical Center are excellent and continue to improve with one-year survival despite increased patient acuity. Waitlist times continue to decrease as transplant volumes steadily increase.

After receiving a double lung transplant, Reverend Gene Payton says that overseeing his church’s food pantry—including delivering food items and restocking shelves—is a labor of love. “I find it hard to believe that I’m actually loving being able to work,” he says.
In 2014, physicians on the medical staff at the Baylor Annette C. and Harold C. Simmons Transplant Institute and Institute scientists gave 53 scientific presentations around the world, and published 40 abstracts and 76 peer-reviewed publications.

*Transplantation of the Liver*, edited by Drs. Klintmalm at Baylor Annette C. and Harold C. Simmons Transplant Institute and Busuttil at UCLA, is the universally used textbook in liver transplantation. First published in 1996, the third edition was available in December 2014. Many of the chapters in the textbook were authored by physicians on the medical staff at Baylor, as well as other world-recognized leaders in their fields.

Another textbook, *Medical Care of the Liver Transplant Patient*, was published in December 2012 and authored/edited by James Trotter, MD, medical director of liver transplantation at Baylor Dallas, and Pierre-Alain Clavien, MD, PhD, professor and chairman, Department of Transplantation Surgery at the University of Zurich, Switzerland. This textbook for hepatologists is the most current clinical guide on how to best treat liver transplant recipients.

**Liver Transplant Research Database System**

In 1985, at the beginning of the liver transplant program, Baylor created the Liver Transplant Research Database System (LTRDS). Today it’s the longest existing, most detailed liver transplant research database in the world. Collecting data from patients before transplant and throughout their lives, this research database has been the foundation for our worldwide recognition as a major contributor in liver transplantation. Due to significant donations made to Simmons Transplant Institute, we are developing such research databases for our heart, lung, kidney, pancreas and islet transplant divisions. We plan to go live with these updated research databases in 2015. With complete new heart and lung transplant teams, we expect major research activity to develop in these organ systems similar to that for liver transplant.

**Transplant Biorepository**

We also created the Biorepository in 1985. Blood samples have been collected from organ donors and from transplant recipients at regular intervals for the rest of their lives. We took the Biorepository public in November 2009 and immediately received worldwide attention. Many presentations and scientific publications have resulted from our Biorepository. Moreover, Baylor is a global leader in the field of antibody-caused injury to liver transplants. We are now establishing biorepositories for the other organ transplants.

It takes more than research databases and biorepositories to generate research. The investigators are critical. These are the individuals who are driven to find the answers to unanswered questions from medical school, residency and fellowship. They come to us with a research history, but first they have to be identified, recruited and then mentored. Our worldwide presence in the transplant community is the direct outcome of Baylor's dedication to nurturing the passions of researchers and pioneering transplant medicine—a dedication we have embraced since our beginning in 1985. Both Simmons Transplant Institute and the Baylor Health Care System Foundation are committed to continue raising community support for this goal. The future of transplantation and the lives of our patients depend on it.
OUTREACH

AUSTIN · AMARILLO · MCKINNEY · FRISCO
WAXAHACHIE · ODESSA · LUBBOCK
LONGVIEW · MIDLOTHIAN & BEYOND
For people who live with liver, kidney or heart disease, but do not live near Baylor Annette C. and Harold C. Simmons Transplant Institute, we bring 30 years of transplant experience to them.

Teams of physicians, nurses and assistants travel to outreach clinics throughout Texas, delivering world-renowned transplantation medicine to an expanding network of communities. The clinics are an outreach service of Health Texas Provider Network.

Liver Health Clinics
Baylor’s Liver Health Clinics bring liver care to those unable to travel to Baylor Dallas or Baylor Fort Worth to see a liver specialist. Hepatologists travel to nine outreach clinics throughout Texas to see patients with viral hepatitis, cirrhosis, liver masses and other liver conditions, providing people in outlying communities access to a wider range of treatment options.

Outreach Centers for Advanced Heart Disease
Baylor’s innovative outreach program gives patients in areas with limited health resources access to a full range of treatment options for advanced heart disease. Outreach teams travel to six locations in Texas to evaluate heart disease patients, including evaluation for heart transplantation or LVADs. Often, LVAD implantation is not available in smaller, outlying communities.

Baylor also has initiated LVAD Visitation Days, which allow referring cardiologists to come to Baylor Dallas to learn about LVADs, both as a bridge to transplant and as a destination therapy. With more understanding of the LVADs, physicians are better equipped to refer their patients to the program and, if they choose, to assist with managing their patients when they return home after implantation.

Kidney Transplant Outreach Clinic
Many people do not believe they are eligible for kidney transplant when, in fact, they are. For others, routinely traveling to the Dallas Fort Worth area isn’t feasible.

To serve such patients in West Texas and the Panhandle, Baylor established weekly Kidney Transplant Outreach Clinics in Lubbock and Amarillo to offer evaluations and post-transplant care. When a patient receives a kidney transplant, our goal is to get the patient home within two to three weeks, where the patient can be closely followed by the transplant team in the outreach clinic. Baylor maintains close communication with the patient’s referring nephrologist, keeping them continually apprised of their patient’s progress.

2014 Transplant Outreach Clinics

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<th>Kidney Clinics</th>
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LIVER CLINICS

HEART CLINICS

KIDNEY CLINICS
Those Who Gave The Gift of Life

DONOR COMMUNITY
**Baylor Honors DPS for Dramatic Rise in Organ Donors**

It is rare that a government agency receives an award from the private sector for doing a good job. But Baylor Health Care System turned the tables, awarding the Texas Department of Public Safety (DPS) the Barry and Ceil Newman Award for its efforts to lift the state’s organ donation registry from the bottom of the heap to the nation’s fastest-growing list. The award was presented May 12, 2014.

Only about 2 percent of Texas adults were registered organ donors in 2009, according to the nonprofit Donate Life Texas. That rate has risen to about 25 percent, according to DPS.

The reason? The creation of an organ donor registry by two state agencies—the DPS and the Department of Motor Vehicles—and three organ tissue recovery agencies. The registry makes it easy for residents to sign up at their local DPS office when applying for or renewing a driver’s license or identification card.

**Living Donor Wall**

In June 2013, Baylor University Medical Center became the home of the Living Donor Wall, honoring living donors who have made kidney or liver donations going back to 2011. Consenting donors’ names are added to the wall yearly, in recognition of their generosity and compassion and to raise awareness of organ donation.

**Donor Advocate Symposium**

The third annual Donor Advocate Symposium, led by Giuliano Testa, MD, was held in October 2014. Because living donor transplantation is so vital to patients with severe kidney or liver disease or end-stage organ failure, the symposium helps nurses, clinicians, social workers and clergy communicate the living donor option to patients, family, friends and potential living donors. Topics covered include cost, psychosocial and ethical issues, long-term donor health, paired donation, transplant outcomes and the role of the media. The symposium’s goal is to increase participation in the living donor process.

It takes a village to raise donor awareness. It takes living donors and recipients to promote more participation. It takes public and private entities collaborating to boost enrollment on registries. And it takes an institution committed to spotlighting the immeasurable value of the gift of life.
30

2013 Liver and Kidney Publications


Lagow EE, Leeper BB, Jennings LW, Ramsay MA. Incidence and mechanisms of respiratory insufficiency detected by transcutaneous carbon dioxide monitoring after cardiac surgery and intensive care unit discharge. Proc (Baylor University).


2014 Liver and Kidney Publications


Asrani SK, Davis GL. Impact of birth cohort screening for hepatitis C. Curr Gastroenterol; 2014 Apr;60(4):381.


Asrani SK, Davis GL. Impact of birth cohort screening for hepatitis C. Curr Gastroenterol; 2014 Apr;60(4):381.


2013 Islet Cell Publications


2013 Heart and Lung Publications


2014 Heart and Lung Publications


Abdominal Transplant Surgeons
Göran B. Klintmalm, MD, PhD, FACS
Chairman and Chief, Baylor Simmons Transplant Institute;
Vice Chair, Department of Surgery;
Division Chief, Transplant Surgery
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Assistant Director, Transplant Surgery;
Surgical Director, Hepatobiliary Surgery;
Director, LPC
Marlon F. Levy, MD, FACS
Surgical Director, Baylor All Saints Transplant Program;
Medical Director, Pancreas, Islet Cell Program
Giuliano Testa, MD, FACS, MBA
Surgical Director, Living Donor Liver Transplantation
Tiffany Anthony, MD
Director, Laparoscopic Donor Nephrectomy
Peter Tae Wan Kim MD, MSc, FRCS(C)
Assistant Director, Living Donor Liver Transplantation
Gregory J. McKenna, MD, FRCS(C), FACS
Director, Liver Transplant Surgical Research
Nicholas Onaca, MD
Surgical Director, Kidney Transplantation
Richard M. Ruiz, MD, FACS
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Director, Transplant Fellowship Program

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Chief of Heart Transplantation and Mechanical Circulatory Support and Chief of Cardiac Services for Baylor Dallas
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Associate Director of Heart Transplantation & Mechanical Circulatory Support;
Medical Director of Quality for CV Surgical Services
Brian Lima, MD
Director of Clinical Research, Heart Transplantation and Mechanical Circulatory Support
Juan MacHannafor, MD
Vice Chairman of CV Surgical Services
Aldo Rafael, MD

Lung Transplant Surgeons
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Chief of Thoracic Surgery and Lung Transplantation, Baylor Scott and White
Alexis Shafii, MD
Associate Director of Lung Transplantation;
Director of ECMO
Aldo Rafael, MD
Themistokles Chamogeorgakis, MD

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Chief of Transplant Cardiology and Mechanical Circulatory Support/Heart Failure

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Amarinda Bindra, MD
Parag Kale, MD
Adnan Khalid, MD

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Program Director for General and Transplant Hepatology BHCS
Natalie G. B. Murray, MD
Medical Director Liver Transplant, BASMC
Jacqueline O’Leary, MD, MPH
Medical Director of Hepatology Research and Liver Unit
Mohammad Ashfaq, MD
Sumeet Asrani, MD, MSC
Manjushree Gautam, MD, MAS
Stevan A. Gonzalez, MD, MS
Linsheng Guo, MD
Carmen Landaverde, MD
Maria Lepe, MD
Director, Hepatology Fellowship Program
Apurva A. Modi, MD
Robert Perrillo, MD
Robert S. Rahimi, MD, MSCR
Jennifer T. Wells, MD

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Medical Director of Renal and Pancreas Transplantation
Steven Hays, MD
Medical Director, Living Donor Kidney Program
Yousri Barri, MD
Arun Chandrakantan, MD
Larry Melton, MD
Imran Memon, MD
Patrick Nef, MD
Arthi Rajagopal, MD
Kim Rice, MD
Angelito Yango, MD

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Chief of Pulmonary and Critical Care Medicine;
Medical Director, Lung Transplantation
Howard J Huang, MD
Assistant Medical Director, Lung Transplantation
Kenneth Ausloos, MD
Medical Director, Interstitial Lung Disease and Pulmonary Hypertension
Mark Millard, MD
Medical Director, Martha Foster Lung Center

Cardiologists
Shelley A. Hall, MD, FACC
Chief of Transplant Cardiology and Mechanical Circulatory Support/Heart Failure
Hepatology Team
Shelley Hall, MD; Johannes Kuiper, MD; Juan MacHannaford, MD; Aldo Rafael, MD; Gonzalo González-Stawinski, MD; Themistokles Chamogeorgakis, MD

Not pictured: Brian Lima, MD; Amarinda Bindra, MD; Parag Kale, MD; Adrian Khalid, MD; Jose Mendez, MD

Heart Team
Shelley Hall, MD; Johannes Kuiper, MD; Juan MacHannaford, MD; Aldo Rafael, MD; Gonzalo González-Stawinski, MD; Themistokles Chamogeorgakis, MD

Not pictured: Brian Lima, MD; Amarinda Bindra, MD; Parag Kale, MD; Adrian Khalid, MD; Jose Mendez, MD

Lung Team
Kenneth Ausloos, MD; David Mason, MD; Alexis Shafii, MD; Randall Rosenblatt, MD; Howard Huang, MD

Not pictured: Themistokles Chamogeorgakis, MD; Aldo Rafael, MD

Abdominal Transplant Surgery Team
L to R: Peter Kim, MD; Nicholas Onaca, MD; Tiffany Anthony, MD; Robert M. Goldstein, MD, FACS; Richard Ruiz, MD, FACS; Göran B. Klintmalm, MD, PhD, FACS; Gregory J. McKenna, MD; Giuliano Testa, MD, FACS, MBA; Marlon F. Levy, MD, FACS
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<tr>
<th><strong>BAYLOR FIRSTS</strong></th>
<th><strong>TRANSPLANTS MAKE LIFE WORTH LIVING</strong></th>
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<tr>
<td><strong>NORTH TEXAS’ FIRST</strong> islet cell transplant</td>
<td>We receive countless comments from our family of more than 11,000 patients about life after transplant. Comments such as:</td>
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<td><strong>NATION’S FIRST</strong> certified VAD program</td>
<td>“Thanks to the liver I received, I was able to pass my knowledge to a new generation of physicists.”</td>
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<td><strong>SOUTHWEST’S FIRST</strong> adult liver transplant</td>
<td>“I married my beautiful wife, and a few years later we adopted our son.”</td>
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<td><strong>WORLD’S FIRST</strong> extra-corporeal perfusion (bridge to transplant) using a genetically engineered pig liver, keeping the patient alive before successfully undergoing liver transplantation</td>
<td>“I had to put school on hold while my chronic kidney disease progressed. I graduated with my MBA this past Friday!”</td>
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<td><strong>NORTH TEXAS’ FIRST</strong> split-liver procedure: a donor liver was divided into two lobes for a pediatric and an adult recipient</td>
<td>“Dancing with my daughter was a pleasure we would not have had without a donor and willing family, the Baylor transplant team and the grace of God.”</td>
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<tr>
<td><strong>NORTH TEXAS’ FIRST</strong> adult-to-adult living donor liver transplant procedure</td>
<td>For all the milestones our transplant program has achieved, the greatest are those celebrated by our patients. Their stories remind us that as transplantation changes lives it changes history. After 30 years of pioneering transplants, we are honored to reflect on the miracles in generations of lives that our work has made possible.</td>
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<td><strong>NORTH TEXAS’ FIRST</strong> heart/lung/heart “domino” procedure: a patient with terminal emphysema received a heart and two lungs, while a patient with cardiomyopathy received the good heart from the emphysema patient</td>
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<td><strong>NORTH TEXAS’ FIRST</strong> paired kidney donor transplant</td>
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<td><strong>NORTH TEXAS’ FIRST</strong> and only living liver donor program</td>
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Cancer research studies on the campus of Baylor University Medical Center at Dallas and Baylor All Saints Medical Center at Fort Worth are conducted through Baylor Research Institute, Texas Oncology and US Oncology. Each reviews, approves and conducts clinical trials independently. Their clinical trials are listed together in this publication for the convenience of patients and physicians.

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For our patients—who continually amaze us with their perseverance.
For our donors—who gave the ultimate gift, the possibility of life.
For our physicians and staff—who help make it all happen.