

Dear Colleagues,

We are pleased to provide you with this Annual Report of the Heart Transplant Program at Vanderbilt University Medical Center for calendar year 2008. Enclosed you will find our latest program volumes and outcomes. In 2008, we performed a total of 25 heart transplants comprised of seventeen adult transplants and eight pediatric transplants. Included in our seventeen adult patients, was our first combined heart/kidney transplant. Most importantly, as you can see from the enclosed data, transplant outcomes remain at or better than expected.

Highlights for 2008 include:

- Surgical advancements for congestive heart failure (CHF), mitral valve disease, and atrial fibrillation.
- Sustained recruitment and development of an advanced heart failure/transplant fellowship training program. Dr. Mohamad Nawar is the first trainee in this new cardiac transplant fellowship position.
- A new website for Vanderbilt Transplant Center was launched in March 2008, including Heart Transplantation, with orientation towards patients and families. Social Work institution of a newsletter for heart transplant patients entitled "Heart Happenings" and also patient support groups. February 2008, the first heart transplant survivors' luncheon was held in conjunction with the Vanderbilt Heart Institute.
- Establishment of satellite clinics in Johnson City, Knoxville, and Lebanon, Tennessee for advanced heart failure consultation and transplant follow-up. Plans for early 2009 include opening of a satellite clinic in Hopkinsville, Kentucky.
- Increased patient satisfaction through the use of molecular genetic testing with AlloMap replacing invasive endomyocardial biopsy, in addition to lower rejection rates and increased patient survival.
- Continued scientific commitment to research with ongoing studies; several abstract submissions in 2008; stem cell research protocols; and, collaborative efforts in genetic cardiomyopathy.

Thank you again for your continued support and many referrals to the Vanderbilt Heart Transplant Program. Our experienced team of physicians, surgeons, nurses, and administrative staff are dedicated to combining the latest medical and technical advances in transplantation with timely, compassionate, and personalized care. As always, we welcome any suggestions or comments you may have so that we may continue to provide the best possible service to you and your patients.

Sincerely,



Steven J. Hoff, MD
Surgical Director, Adult



Mark A. Wigger, MD
Medical Director, Adult



David P. Bichell, MD
Surgical Director, Pediatric



Debra A. Dodd, MD
Medical Director, Pediatric



Vanderbilt Adult Heart Transplantation

The criteria for the selection of potential heart transplantation candidates include the following:

- Objective evidence of advanced physical incapacitation due to documented, isolated heart or heart-lung disease
- Life expectancy estimated to be less than one year
- Unanimous agreement that previous medical therapy has been optimal and that no surgical procedure other than transplantation, offers realistic expectation of functional improvement and extension of life
- Strong family support to aid the patient emotionally (and physically, if necessary) during the period prior to and after surgery

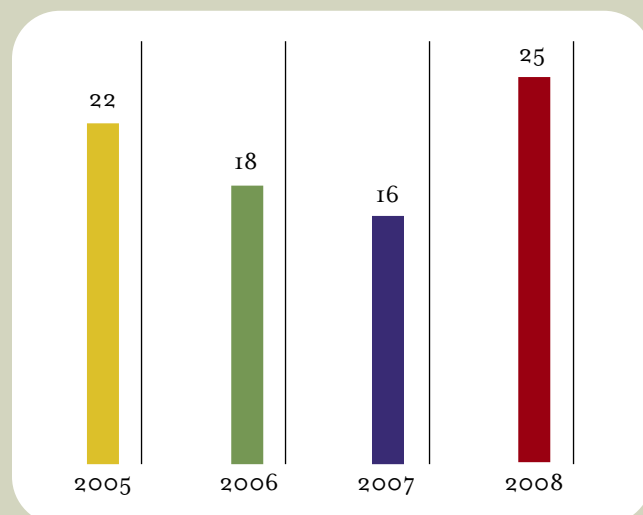
The following factors exert an adverse influence on the outcome of heart transplantation and therefore may be CONTRAINDICATIONS to surgery:

- Chronic obstructive pulmonary disease
- Active system infection
- Recent or unresolved pulmonary infarction; radiologic evidence of infection or abnormalities of unclear etiology
- Severe systemic hypertension inadequately controlled with medicines
- Severe cachexia
- Active peptic ulcer disease with recent GI bleeding
- Other systemic disease likely to limit or preclude survival and rehabilitation after transplantation
- Severe obesity (BMI >35)
- A history of behavioral pattern or psychiatric illness considered likely to interfere significantly with compliance (including substance abuse)

Relative Contraindications include:

- Age of more than 65 years
- Severe, irreversible pulmonary hypertension (greater than 5 Wood units) for heart transplantation, in which case combined heart/lung transplantation or single lung transplantation may be considered (if age <50)
- Renal or hepatic dysfunction not explained by the underlying heart failure and deemed irreversible
- Symptomatic peripheral or cerebrovascular disease
- Insulin-dependent diabetes mellitus with evidence of significant target organ disease (retinopathy, nephropathy or neuropathy)
- Asymptomatic but severe peripheral or cerebrovascular disease
- Current or recent history of diverticulitis
- Moderate obesity (BMI >25 but <35)

1 Heart Transplant Volumes for Each Calendar Year



Vanderbilt Pediatric Heart Transplantation

The criteria for the selection of potential pediatric heart transplantation candidates include the following:

- Objective evidence of advanced physical incapacitation due to documented, isolated heart disease.
- A limited life expectancy, estimated to be less than one year.
- Unanimous agreement that previous medical therapy has been optimal and that no other surgical procedure other than transplantation offers realistic expectation of functional improvement and extension of life.
- Birth weight greater than 1500 grams (adequate to give projected weight at transplant of greater than 2000 grams.)
- Stable metabolic and hemodynamic status.
- No active viral or fungal infection.
- Acceptable renal function.
- No significant neurologic impairment.
- Favorable psychosocial evaluation of patient and/or family.
- Strong family support to aid the patient emotionally during the period prior to and after surgery.

The following factors exert an adverse influence on the outcome of heart transplantation and therefore may be **CONTRAINDICATIONS** to surgery:

- Severe, irreversible pulmonary hypertension (greater than 5 Wood Units) for heart transplantation.
- Renal or hepatic dysfunction not explained by the underlying heart failure and deemed irreversible.
- Morbid obesity (BMI >35).
- Pulmonary vein stenosis.
- Active bacterial infection.
- Severe chronic lung disease/bronchopulmonary dysplasia.
- Severe systemic hypertension inadequately controlled with medicines.
- Active peptic ulcer disease with recent gastrointestinal bleeding.
- Other systemic disease likely to limit or preclude survival and rehabilitation after transplantation.
- A patient and/or family history of behavior pattern or psychiatric illness considered likely to interfere significantly with compliance.

Relative Contraindications include:

- Birth weight of less than 1500 grams.
- Insulin-dependent diabetes with evidence of significant target organ disease (retinopathy, nephropathy, neuropathy).

2 Adult Heart Transplants from January 1, 2005 to June 30, 2007

Adult Patient Survival Rate

1 Month	84%
1 Year	84%
Txps#	19

Adult Graft Survival Rate

1 Month	84%
1 Year	84%
Txps#	19

3 Pediatric Heart Transplants from January 1, 2005 to June 30, 2007

Pediatric Patient Survival Rate

1 Month	100%
1 Year	91%
Txps#	23

Pediatric Graft Survival Rate

1 Month	100%
1 Year	92%
Txps#	25

Referrals/ Appointments: (615) 936-3500
Toll Free: (866) 748-1494

Heart Transplant Team Directors

Steven J. Hoff, MD
Adult Surgical Director

Mark A. Wigger, MD
Adult Medical Director

David P. Bichell, MD
Pediatric Surgical Director

Debra A. Dodd, MD
Pediatric Medical Director

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Geraldine Miller, MD
Lora Thomas, MD

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Transplant Coordinators

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Organ Procurement Coordinators

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Transplant Return-To-Work

Joanne C. Ball, MST, CVE, ABVE

Transplant Outcomes Research & Quality of Life

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