The heart transplant process is composed of multiple phases, each of which is part of a synergetic program of care focused on a single, overall goal: the delivery of exceptional outcomes to patients, their families, and referring physicians.
Heart Transplant Program heralds proud past and promising future

UT Southwestern’s Heart Transplant Program is observing its 30th year in 2018, making it one of the longest-established heart transplant programs in the region. While that’s a noteworthy milestone, heart transplant team members have their vision squarely on the future.

“We view ourselves as a regional resource, but we anticipate being a nationally recognized center of excellence in transplantation,” says Mark Drazner, M.D., Medical Director.

Adept at complex cases

In 2017, the Heart Transplant Program performed 35 transplants and implanted 19 ventricular assist devices (VADs). “Compared to many programs, we’re a little different in that we do more transplants than VADs,” Dr. Drazner says. “Some of that is because we have access to the organs and we're able to get our patients transplanted quickly.”

The program’s experience with multi-organ transplants is another point of distinction, offering expertise in heart-kidney as well as heart-lung and heart-liver procedures.

“Our outcomes in the multi-organ patient population are outstanding,” Dr. Peltz says. “Currently, our one-year survival rate is 100 percent, compared to 88 percent nationally. Also, we’re transplanting an increasing number of patients who were declined by other centers because of surgical complexity.”

The UTSW team is equally proficient in treating patients with adult congenital heart disease, earning referrals from other programs in the region for patients who need to get transplanted. “We’re widely recognized for this care even by other transplant centers in the area,” Dr. Drazner notes.

Leaders in the field

UT Southwestern’s success at managing heart disease and performing transplants can be traced in part to the expertise of its physician team members. All eight transplant cardiologists are board-certified. “We also have a strong, synergistic approach to care, with multiple allied health workers in addition to our physicians,” Dr. Drazner adds.

Stable leadership has helped as well. For example, Dr. Drazner has been on the transplant team for 20 years, becoming Medical Director 10 years ago, while Dr. Peltz has been a member of the surgical transplant team for nine years and became Surgical Director in 2011.

Both Drs. Drazner and Peltz are leaders in the field of advanced heart failure and transplantation on the national and regional level. Dr. Drazner sat on the past three AHA/ACC Heart Failure Guideline Committees as well as on the UNOS Thoracic Committee that devised the new organ allocation system that will be implemented in the coming year. Dr. Peltz served as President of the Texas Transplant Society in 2017.

Training future generations

The future is always in sight. UT Southwestern was one of the first in the country to have a transplant cardiology fellowship program certified by the ACGME, and it continues to help set national standards for training in the field of transplant cardiology. Dr. Drazner served as the Vice Chair for the AHA/ACC/HFSA/ISHLT Training Statement for Advanced Heart Failure and Transplant Cardiology.

UT Southwestern has now trained a generation of transplant cardiologists who are practicing at leading centers around the country. “Not only do we take care of patients and do research, we’re also educating the next leaders of the field,” Dr. Drazner says. “I think that says something about our program. And it’s not a five-year thing. We’ve been doing this for over two decades!”

CASE STUDY

Patients with congenital heart disease are surviving longer than in the past, leading to a growing population of adults with complex abnormal cardiac anatomy. UT Southwestern has emerged as a referral center for these patients when they need to undergo heart transplantation. Often, the complex anatomy poses considerable challenges at the time of transplantation. Fortunately, the surgical team at UTSW is able to successfully transplant such patients.

As an example, a 62-year-old female was born with congenitally corrected transposition of the great arteries, as well as situs inversus totalis. Not only were her great arteries and ventricles switched, eventually leading to heart failure, all her organs were opposite of their normal position. Ultimately, she was referred by her physician to a cardiologist specializing in the care of patients with adult congenital heart disease. That cardiologist, recognizing the severity of her condition, transferred her to UTSW for consideration of transplantation. Upon arrival at Clements University Hospital, she was in cardiogenic shock and receiving IV medications to support her failing heart. After being stabilized, she underwent a transplant evaluation and was transplanted less than a month following listing.

During the implantation of the donor organ, the team faced the unique challenge of implanting a normal, leftward-positioned donor heart into a recipient whose own heart was situated pointing into the right chest. By rerouting her venous connections and reconstructing her pericardium, UT Southwestern surgeons completed the transplant, orienting her new heart in a more conventional configuration.
The UT Southwestern Heart Transplant Program is one of the leading institutions in the United States enrolling patients in the Outcomes AlloMap Registry Study (OAR Study), which is sponsored by CareDx Inc. This Registry seeks to correlate the “real world” clinical outcomes with the AlloMap score, an FDA-approved noninvasive gene expression test that assesses for cardiac rejection. Currently, there are 25 heart transplant centers nationwide that are enrolling patients.

A sub-study within the OAR Registry is the D-OAR Study, which seeks to test the correlation of donor-derived, cell-free DNA with cardiac rejection. This novel genetic test is believed to be another highly sensitive assay that is capable of detecting cardiac rejection at an earlier stage than endomyocardial biopsies, the current gold standard for detecting cardiac rejection.

The OAR and D-OAR Studies will enroll patients over the course of the next five years. Pradeep Mammen, M.D., a member of the UT Southwestern Congenital Heart Failure/VAD/Heart Transplant team, is the site Principal Investigator for these studies.
To refer a patient to UT Southwestern for transplant, call **877-391-1528** (Heart, Lung) or **877-392-1528** (Kidney, Liver). Answered 24/7 by a registered nurse.

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