SURGERY SYNOPSIS

CHAIR'S MESSAGE

DOUGLAS E. WOOD,
MD, FACS, FRCSEd
The Henry N. Harkins Professor & Chair

"THE MIRACLE OF TRANSPLANTATION"

The Spring issue of *Surgery Synopsis* 2026 is published in April, the "National Donate Life Month." We honor people who have given the gift of life to others and the healthcare professionals who make that gift a reality. It is a team that makes the miracle of transplantation possible. From donors to the agencies and transplantation team who work to match organs and recipients, to the surgeons who collect and transplant the donated organs, and to the after-and on-going care team: we honor them all in this issue.

University of Washington Medicine is unique in the world of transplantation because our services cover 27% of the land mass of the United States (Washington, Wyoming, Alaska, Montana and Idaho). This responsibility has led to tremendous innovation and exceptional dedication to transplantation.

I was recruited to the University of Washington over 30 years ago with the express purpose of starting a lung transplant program at the University of Washington. My very first surgery at UW, fittingly performed on Easter Sunday, was a lung transplant. It was stressful having my first case as an attending be a lung transplant, but we already had a superb team in place, and it's a team that is critical to the success of a complex procedure like transplantation.

Then followed growth of the thoracic surgery program and the lung transplant program. It was clear to me that we needed a true lung transplant leader who would focus on leading the lung transplant program to its next stage of growth and development. I count as the biggest success in this program the recruitment of Dr. **Michael S. Mulligan**, in 1999. He has been the director of our lung transplant program since then, and developed this program into one of the largest in the country and one with outstanding outcomes. In 2019, we celebrated our 1,000th lung transplant. As of 2026, we have completed 1,377 lung transplantations. For a further look at our lung transplant program, please

FEATURES

CHAIR'S MESSAGE 1

FEATURE FOCUS

Solid Organ Transplantation

THE CHALLENGES AND REWARDS OF BEING A TRANSPLANT SURGEON 5

A CALLING DEFINED BY HOPE: INSIDE THE WORLD OF A PEDIATRIC TRANSPLANT SURGEON 7

ELEVATING POSSIBILITY: THE GROWTH, GRIT, AND PURPOSE BEHIND OUR LUNG TRANSPLANT PROGRAM 10

A DAY IN THE LIFE OF A CARDIAC TRANSPLANT SURGEON 13

More From This Feature

PATIENT PERSPECTIVES 15

DONOR FAMILY PERSPECTIVES 19

RESEARCH 21

EDUCATION 26

SUPPORT 31

FEATURES

DIVERSITY IN DOS 33

GETTING TO KNOW— DR. DAVID MAUCHLEY 35

SURGERY NEWS

MATCH DAY 38

DR. JEFF FRIEDRICH NAMED TO ABPS BOARD OF DIRECTORS 39

DR. NITEN SINGH ELECTED PRESIDENT OF THE WESTERN VASCULAR SOCIETY 39

$3M AWARD FUELS NEW PANCREATIC CANCER TRIAL 40

DR. KAREN HORVATH RETIRES. 40

HONORS AND AWARDS 41

EVENT RECAPS 45

OPEN TRANSPLANT FACULTY POSITION 46

PUBLICATIONS 47

IN THE MEDIA 51

MARK YOUR CALENDAR 30

CHAIR'S MESSAGE

read Dr. Mulligan's article, "Elevating Possibility: The Growth, Grit and Purpose Behind our Lung Transplant Program." **Learn more about "Elevating Possibility: The Growth, Grit and Purpose Behind our Lung Transplant Program."**

This is only one of our transplant specialties in the Department of Surgery. Our other transplant areas (both adult and pediatric) include:

- Heart Transplantation
- Kidney Transplantation
- Liver Transplantation
- Pancreas Transplantation
- Combination transplantations (e.g., heart and lung or pancreas and kidney)

Each of these areas has been written about in this issue by the respective leaders of these services. Dr. **André Dick**, Pediatric Transplant Surgeon, wrote "A Calling Defined by Hope: Inside the World of a Pediatric Transplant Surgeon." Among other things, Dr. Dick describes what keeps him grounded is the mission of transplantation—bringing renewed life to someone. **Learn more about "A Calling Defined by Hope: Inside the World of a Pediatric Transplant Surgeon."**

Dr. **John Dimarakis**, the Surgical Director of Heart Transplantation, describes "A Day in the Life of a Cardiac Transplant Surgeon." As his article says so eloquently: "The life of

a transplant surgeon is fatiguing," but he outlines it as "deeply rewarding as we try to give something precious back." **Learn more about "A Day in the Life of a Cardiac Transplant Surgeon."**

Dr. **Ryutaro Hirose**, the Chief of the Department's Transplant Division, has written about the high-stakes decisions transplant surgeons make daily. The complexity of the infrastructure that is required to develop a successful transplant program is nearly unbelievable and amazing. He walks through the process of transplantation from evaluation through the surgical procedure. **Learn more about "The Challenges and Rewards of Being a Transplant Surgeon."**

It is important to note that each of our transplant surgeons talks about the imperative of the entire transplant team. It takes many people with different training and skill sets to run a successful transplant program. Tina Block, the Administrator for the Transplant Service Line, emphasizes the importance of one of the new surgeons recruited to the program, Dr. **Shane Ottman**, who has become the Surgical Director of the Liver Transplant program, reinvigorating this program. Tina also stressed the extensive team of professionals necessary to help evaluate and prepare patients with end-stage organ disease for transplantation. Physician specialists in hepatology, nephrology, cardiology, pulmonary medicine, and infectious disease, as well as many other specialists are incredible leaders and partners in the transplant programs. Our nurse coordinators and staff, along with social work, nutrition specialists, and many others connect closely with our patients to help in their assessment and preparation for a successful transplant. Our anesthesiologists and nurses shepherd patients through a successful operation, and our ICU teams and Advanced Practice Providers guide the recovery, and help patients discharge from the hospital and transition to life with a new organ at home. And these same multidisciplinary professionals provide ongoing surveillance and care for our patients as they manage the medications and ongoing care to keep them healthy for months and years after their transplant operation. The dedicated work of all these members of our transplant teams has led to a substantial growth and invigoration of our transplant programs. Improved methods for organ preservation and the use of new devices, such as Organ OX for better liver perfusion, have also opened the transplant programs for greater effectiveness and growth.

While there have been many advances and growth in our transplant programs, there remain problems to solve. One of the most intractable is access to care for end-stage organ disease. There remain documented disparities in access based on race, ethnicity, socioeconomic status, and geography. Dr. Hirose has written clearly and eloquently about this issue in his article "How Fair is Access to Organ Transplant in the U.S.?" Learn more about **"How Fair is Access to Organ Transplant in the U.S.?"**

Two patients have shared their stories in this issue: John Henrikson, who was close to death before he received a liver transplant. John is from Alaska where access to transplantation is more difficult. John is grateful to all of those involved in his transplant care: his hepatologist Dr. Desai Kena from the Alaska Native Medical Center, who first recommended him for the wait list; UW Medicine hepatologist **Dr.** **Renuka Bhattacharya**, who advocated for his transplant; all the UW Medicine nurses who cared for him, and the transplant surgeons who participated in his care, including Dr. **Lena Sibulesky**, who performed his liver transplant. **Learn more about John Henrikson's liver transplant.**

We feature another patient from an underserved area, Ginny Fagerstrom, who suffered autoimmune problems. With her lungs failing, she was able to have with a double lung transplant in 2018, performed by Dr. **Michael S. Mulligan**. **Learn more about Ginny Fagerstrom's lung transplant.**

This issue is full of other amazing faculty news, awards, and events, including one of our residents, Dr. **Kristin Goodsell**'s award from NIH

CHAIR'S MESSAGE

Stimulating Access to Research in Residency (STARR) which provides funding for mentored opportunities for residents pursing research. Dr. Goodsell became interested in immunology while working with Dr. Venu Pillarisetty in the Department's Tumor Immune Microenvironment (TIME) lab.

Dr. **Venu Pillarisetty**, in conjunction with investigators, Drs. **Rachael Safyan**, and **E. Gabriela Chiorean**, received the 2026 Cancer Research Institute's (CRI) Clinical Innovator Award.

Dr. **John Scott** published the capstone paper from his K08 award in "Health Affairs." The paper focuses on medical debt, "Changes in Medical Debt and Bankruptcy After Acute Traumatic Injuries, 2019 – 21." It is a timely article that speaks to current debates about insurance adequacy and Medicaid policy. **Learn more about "Medical Debt After Injury: Insured But Not Protected."**

I was privileged to be the recipient of the 2025 University Faculty Lecture Award. As the recipient, I was given the opportunity to present the 2026 Faculty Lecture on February 5, 2026. **Learn more about Dr. Douglas Wood University Faculty Lecture Award** which includes a video of his presentation "**A Breath of Fresh Air: The Science and Policy of Saving Lives from America's Deadliest Cancer**."

Our #GettingtoKnowDOS lets us learn more about Dr. **David Mauchley**, one of our pediatric heart transplant surgeons. As always, this is one of our most interesting articles.

There are a number of other pieces in this issue including a recap of our Schilling Lecture, which features Dr. **Selwyn Vickers**, as the guest speaker. Dr. Vickers is the President and CEO of Memorial Sloan Kettering Cancer Center (MSKCC). His lecture focus is on "Prepare for your Next Opportunity: A Surgical Leader's Perspective of a Career in Academic Surgery."

I hope you will read through this issue of Surgery Synopsis. Thank you for your continued interest in the Department of Surgery. Our department is strong, and moving forward as this issue abundantly demonstrates.

Sincerely,

Douglas E. Wood, MD, FACS, FRCSEd
The Henry N. Harkins Professor & Chair
Department of Surgery
University of Washington

THE CHALLENGES AND REWARDS OF BEING A TRANSPLANT SURGEON

Dr. Ryutaro Hirose

Being jolted awake by the shrill alert of an incoming text on my iPhone is a routine part of being on call for the transplant service. I purposely set my alert tone to be as obnoxious and loud as possible, so it is with near certainty that I don't just sleep through the incoming text. Leaning over to open my blurry eyes so the Face ID will recognize me as the one trying to open my phone to read the text at 2 AM, I will see if it is the transplant surgery fellow telling me about a sick post-operative patient, or the Organ Procurement Organization, or the nurse coordinator on call with a new organ offer. It sometimes takes a few minutes for my mind and vision to clear a bit and the haze of an interrupted dream to fade, to read the text. As is often the case, an organ offer is coming in, and at that point, one needs to consider the mode of exodus of a potential deceased donor, the past medical history, the ICU course, the size of the donor and candidate fit. Then, a relatively complex calculus is initiated to determine whether one is interested in accepting this organ offer, whether more information is needed, or whether it should be declined based on data that is available at the time. This is one of the many high-stakes decisions that we as transplant surgeons make on a daily basis, which makes the job both stressful and exhilarating.

The notion that we can successfully perform a liver transplant on an extremely ill, coagulopathic patient, remove the cirrhotic liver, and then sew in another one procured from a different human being and have it function successfully demands a bit of a sense suspension of disbelief, faith in that it will work (because you've seen it work hundreds of times), and a confidence that you and your team can pull the patient through the operation and the postoperative course. The miracle of modern transplant is such that it still amazes me how good the patients can look just hours after such a surgical tour de force.

Granted, it does take a number of years to train to become a transplant surgeon, many hours, and a fair amount of blood, sweat and tears. The sheer volume of medical and surgical knowledge that is required to be an effective transplant surgeon can seem daunting. The regulations and policies that govern transplantation may seem arcane and complicated. The landscape of medical care can exacerbate inequity and disparity in access, particularly for modalities such as transplant surgery, which is only offered in a small percentage of hospitals. The sheer magnitude and complexity of the infrastructure that is required to develop a successful transplant program within a hospital is impressive. The journey that a patient and their family and caretakers have to navigate is also quite complex and daunting.

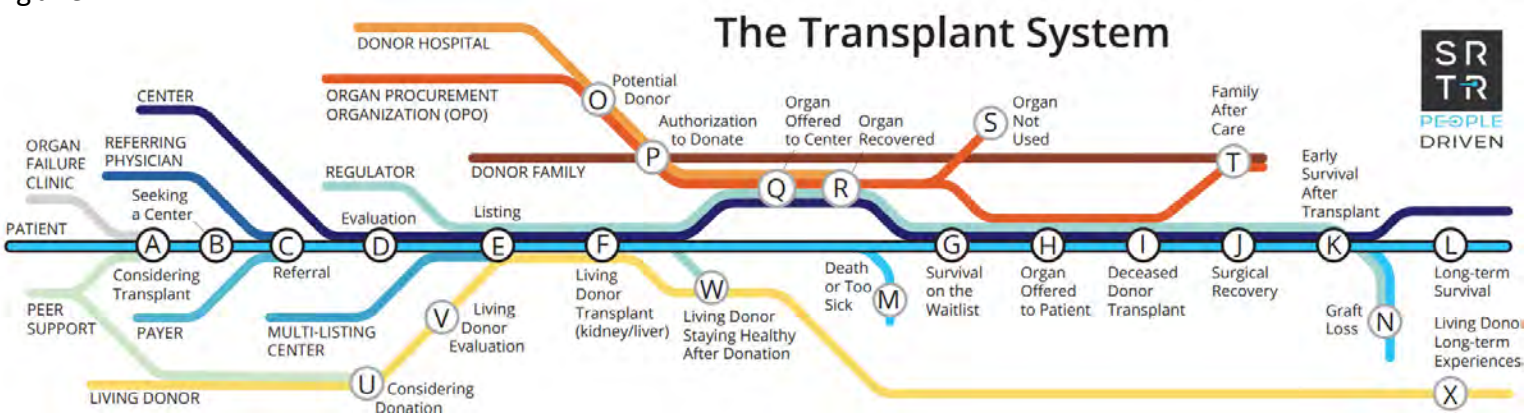
THE CHALLENGES AND REWARDS OF BEING A TRANSPLANT SURGEON

Figure A, similar to a subway map, illustrates this complex journey, as well as the numerous individuals and organizations that need to coordinate their efforts in order to accomplish a successful transplant.

The orchestration and the coordination that is required to move a patient and donor along the journey is amazing, and transplantation is indeed the ultimate team sport. As a transplant surgeon, not only do you have to be aware of all the moving parts, but one has to play a central role in facilitating the continuing movement of a candidate patient forward along the path. There are multiple possible bottlenecks and obstructions to flow that may need to be overcome.

However, when a patient does make it through the transplantation process, from evaluation to being listed, to receiving a transplant, and ostensibly follows a successful post- transplant course, the result often is a remarkable transformation of the transplant patient's life, from a struggle to survive with end-stage organ failure to a complete and fulfilling, high quality and more normal life. One never tires from seeing this remarkable metamorphosis, and the knowledge that you played some part in it. The reward is immeasurable, and is among of the main reasons that, despite the highs and lows, the sleepless nights, the obstacles and stresses that transplant surgery may present, that one keeps returning to do more, with a renewed vigor and energy (that may seem from the outside either illogical or a bit crazy) to help others. Whether through performance of a technically challenging operation itself, or influencing the science of transplant to move the field forward, and improving our knowledge, or striving to improve public policy, the field of transplantation allows us to help those unfortunate fellow human beings who suffer from end-stage organ disease in a such a myriad of ways, that I cannot imagine a more rewarding calling than being a transplant surgeon.

Figure A.



Ryutaro Hirose, MD
Professor and Roger K. Giesecke Endowed Chair
in Transplant Surgery,
Chief of the Division of Transplant Surgery
Surgical Director, UW Medicine Transplant Institute
Interim Chief, Pediatric Transplant Surgery,
Seattle Children's Hospital

A CALLING DEFINED BY HOPE: INSIDE THE WORLD OF A PEDIATRIC TRANSPLANT SURGEON

Dr. André Dick

In pediatric abdominal transplant, every decision, every sleepless night, and every hurried trip to the hospital is anchored in one thing: the possibility of giving a child a future. For Seattle Children's Hospital pediatric transplant surgeon Dr. Andre Dick, that possibility is the heart of his profession.

"There's no greater gift than the ability to give someone else renewed life," he says. "Transplant provides a beacon of hope that can shorten a child's journey back to wellness."

THE REWARDS AND REALITIES OF THE WORK

The rewards of the field are immense. Many children who require a transplant arrive at that moment through no fault of their own. Most kids who need a transplant didn't do anything wrong—it's just bad luck. The privilege of helping a child reclaim a full life is what keeps me moving through the hardest days. Children are 100% our future," Dr. Dick explains.

But those days are hard. The unpredictability of transplant surgery—operating on the schedule of organ availability, not one's own—cuts deeply into personal life. "You're basically at the whim of when an organ becomes available," he says. "Time which is lost, with your family, can never be regained."

Balancing the professional, personal, and spiritual dimensions of life is a constant recalibration. Over the years, Dr. Dick has built what he calls "very rigid boundaries" to protect time with his family, knowing that a surgeon's work affects not only the surgeon but "everyone in your blast radius."

ADVOCACY THROUGH UNOS: ELEVATING PEDIATRIC VOICES

Children make up only a fraction of the national transplant volume, which means their needs can be overshadowed in policy conversations. Recognizing this, Dr. Dick served on the UNOS Pediatric Committee, where he helped ensure that pediatric perspectives were not lost. "It was a great experience to advocate for kids and make sure they're not seen as an afterthought," he recalls. Growth and development make timely transplantation uniquely urgent for children.

His more recent work has included helping shape governance during a period of heightened national scrutiny. For him, the lesson is clear: accountability and collaboration must go hand in hand. "If you don't appropriately monitor yourself and hold people accountable, someone else will," he says. The path forward, he believes, requires shared governance between transplant experts and federal partners—not conflict. "Trying to vilify each other is a nonstarter."

A CALLING DEFINED BY HOPE: INSIDE THE WORLD OF A PEDIATRIC TRANSPLANT SURGEON

OPOS AND THE IMPORTANCE OF ALIGNMENT

Organ procurement organizations (OPOs) are essential to the transplant ecosystem—but they also bring complexity. Different stakeholders operate under different incentives, which can create disconnects.

"When incentives are misaligned, you can definitely run into problems," Dr. Dick says. He stresses the need for cohesion around the one stakeholder who matters most: the patient.

He describes the balance OPOs and surgeons must navigate as a "sweet spot between quantity and quality." In pediatrics, teams tend to be more conservative, carefully weighing risks before accepting an organ. "We're not just going to transplant just because," he explains. "It has to be the right organ at the right time for the right child because a child will more than likely need a second or 3rd transplant throughout their lives you want make the first one last as long as possible."

Dr. André Dick (center) operating with surgical colleagues

AN URGENT NEED: TRAINING THE NEXT GENERATION

One challenge looms large over the future of pediatric transplantation: a shrinking pipeline.

"We've probably not done so great a job in creating that pipeline," he admits. Many experienced surgeons are retiring or shifting roles, and without intentional investment in training, gaps widen—and children needing transplant will feel the impact.

As a leader in the field, Dr. Dick emphasizes that education must remain a top priority. "We have to be intentional in how we do this," he says. "Otherwise, as people transition in their careers, there will be gaps—and the kids who need transplants will be the ones who suffer."

A CALLING DEFINED BY HOPE: INSIDE THE WORLD OF A PEDIATRIC TRANSPLANT SURGEON

Pediatric transplant surgeon Dr. André Dick meeting with a young patient in clinic

WHERE PHILANTHROPY MAKES ALL THE DIFFERENCE

Perhaps the most surprising part of his leadership journey has been learning the enormous role philanthropy plays in supporting patients and families.

"Philanthropy bridges the gap between the cost of highly specialized care and what insurance will reimburse," he explains. This includes advanced treatments, research, child-friendly hospital environments, transportation support, family housing, and mor—insurance simply does not cover all these needs.

Philanthropy also fuels innovation. Many early stage research ideas can't secure federal funding, especially in a climate where agency budgets fluctuate. Donor partnerships help fill that void.

But philanthropy, he notes, is not a transaction—it's a relationship. "People are not just going to give you money just because," he says with a laugh. "You have to cultivate and develop those relationships."

To strengthen that connection, Seattle Children's is piloting lunch and learn sessions that bring donors and surgeons together for informal conversations about clinical work, research, and future goals. The hope is that shared understanding will spark shared investment.

ANCHORED IN PURPOSE

For all the long nights, tough calls, and emotional weight of the profession, Dr. Dick remains grounded in the mission that drew him to the field.

"Most people waiting for transplant are facing turbulence in their lives about whether they're going to live," he says. "Being able to give someone renewed life—that's the reward."

In pediatric transplant, uncertainty is constant. But so is the promise of a second chance. And for Dr. Dick, that promise is worth everything.

André Dick, MD, MPH, FACS
SVP & Surgeon-in-Chief
Surgical Director,
Pediatric Kidney Transplant
Seattle Children's Hospital

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Explore ways to donate to Seattle Children's Hospital

GIVE NOW

ELEVATING POSSIBILITY: THE GROWTH, GRIT, AND PURPOSE BEHIND OUR LUNG TRANSPLANT PROGRAM

Dr. Michael S. Mulligan

The University of Washington's (UW) lung transplant program has always stood a bit apart—geographically isolated, intensely hands on, and driven by a culture of homegrown innovation that has fueled remarkable success.

A PROGRAM ON THE RISE

The program continues to experience significant year over year growth, even as some lung centers across the country have struggled to maintain volume. "Some programs have lost a little ground, but we're gaining ground and continuing to accelerate," says Dr. Michael S. Mulligan, Division Chief of Cardiothoracic Surgery and director of the UW lung transplant program.

Several recent developments will or have already strengthened this trajectory:

REOPENING OF THE EX VIVO LUNG PERFUSION (EVLP) PROGRAM

The team has fully modernized its EVLP platform, restoring the ability to perfuse and ventilate lungs outside the body. The system provides what Dr. Mulligan calls "a high-fidelity reassessment platform"—a sophisticated safety net that allows surgeons to identify and correct reversible issues before transplantation.

TRANSITION TO THE CONTINUOUS ALLOCATION SCORE (CAS)

The nationwide shift to Continuous Allocation Score (CAS) has expanded access to donor organs across larger regions. "We're traveling farther and farther distances and bringing in a lot of organs from out of area," he explains. It has translated into more opportunities for patients—and more transplants performed.

A UNIQUE CULTURE OF DONOR LUNG EVALUATION AND ACCEPTANCE

Dr. Mulligan has personally taken donor call every day that he has been in town and often even when he is away, for more than 25 years, giving the program a rare depth of experience. That vigilance means many organs turned down elsewhere undergo a second look here. "We know how to sift through the records of potential donors… and find out that there are indeed problems, but they may be reversible," he says. The result: a high rate of organ resuscitation and successful transplant.

Dr. Mulligan in research lab

ELEVATING POSSIBILITY: THE GROWTH, GRIT, AND PURPOSE BEHIND OUR LUNG TRANSPLANT PROGRAM

And behind the scenes is a robust research engine. The program is one of the few in the country with its own basic science lab conducting bench and translational work directly tied to perioperative lung dysfunction.

EVOLVING CHALLENGES: SICKER PATIENTS, SCARCER ORGANS

While the program's trajectory is strong, it reflects a field grappling with shifting realities.

"We're seeing more and more acute patients presenting in extremis and requiring extracorporeal membrane oxygenation (ECMO) as a bridge to transplant," Dr. Mulligan explains. These are the sickest patients, often referred late or decompensating rapidly.

Thanks to a talented, dedicated, and immediately responsive multidisciplinary team of expert providers, Seattle's waitlist mortality remains well below the national average. Still, donor availability remains a persistent challenge and requires, as Dr. Mulligan describes, "ongoing and collaborative efforts and detective work" to maximize every opportunity.

TRANSFORMING POLICY: A VOICE AT UNOS

Dr. Mulligan's influence extends far beyond the operating room. For over a decade, he served as a representative to the **United Network for Organ Sharing (UNOS)** thoracic committee and as Regional Councillor for Region 6. He also served on the membership and professional standards committee and the board of directors. He was also one of the architects of the new continuous allocation system now reshaping organ distribution across the U.S.

"We had innumerable conference calls trying to figure out which variables to use and how to weight them," he recalls. The process blended data analytics with expert consensus. "No system is perfect, but we are doing a good job of rescuing those patients that really need this."

His long-term involvement allows him—and our program—to stay aligned with policy while maximizing opportunities for our patients.

Drs. Michael Mulligan and Richard Dubois during Dr. Dubois's fellowship

PARTNERSHIPS WITH OPOS: BROADENING THE LANDSCAPE

Historically, **LifeCenter Northwest** has been the program's predominant Organ Procurement Organization (OPO) partner, but broader sharing now means donor organs come from across the western U.S., including Alaska and Hawaii.

ELEVATING POSSIBILITY: THE GROWTH, GRIT, AND PURPOSE BEHIND OUR LUNG TRANSPLANT PROGRAM

"They're a trusted partner, but they're one of many that we have now," Dr. Mulligan notes. The shift has opened vast new possibilities, strengthening the program's ability to serve patients with speed and precision.

PHILANTHROPY: FUELING INNOVATION WHEN FEDERAL SUPPORT FALLS SHORT

Some of the program's proudest accomplishments—including the largest single institution lung biorepository in the western United States and its leadership in a major multicenter U01 federal grant—have been built on extraordinary vision. But sustaining that vision requires support.

"We don't have a lot of extra money to fund new projects," Dr. Mulligan explains. "Federal budgets have been reduced… so the money the government supplies is really not enough to even execute the studies that we propose."

Philanthropy, he emphasizes, isn't supplemental—it's essential. Flexible philanthropic funding would allow the team to expand translational efforts across other organs and accelerate breakthroughs already emerging from their core facility. "We have the hot hand right now in the research space," he says. "But we need discretionary funds, and that has to come through philanthropy."

A LIFE OF CONSTANT ENGAGEMENT AND DEEP PURPOSE

After more than 30 years in transplant, Dr. Mulligan describes the work as intense, consuming, and unpredictable. "You're constantly engaged, you're rarely off," he says. He recalls being picked up on the side of Mount Rainier or flown home from other cities to perform transplants—anytime, anywhere.

Yet the rewards outweigh the demands. "The reward still comes in the connections you form with patients and their families," he says. He has consciously prioritized presence with patients over national committee prestige because "that's what's real."

Years of service in Seattle have woven these connections into everyday life. "We often run into patients, or someone who knows a patient who wants a hug or to share a kind word," he says. His wife has been tremendously supportive and his sons have grown up with that vivid sense of purpose. "My boys know their dad does things out of service for others. It's never been about money, power, or reputation. It's been about doing the right thing."

Michael Mulligan, MD
UW Medicine Distinguished Endowed Professor
in Lung Transplant Research
Chief of the Division of Cardiothoracic Surgery

SUPPORT UW MEDICINE DISTINGUISHED ENDOWED PROFESSORSHIP IN LUNG TRANSPLANT RESEARCH

The UW Medicine Distinguished Endowed Professorship in Lung Transplant Research provides lasting support to recruit and retain exceptional faculty whose discoveries advance lung transplantation and improve patient lives.

GIVE NOW

A DAY IN THE LIFE OF A CARDIAC TRANSPLANT SURGEON

Dr. John Dimarakis

A typical working day in cardiac transplant surgery often begins before the day officially starts.

Late the night before, the pager sounds—sharp and unmistakable. A donor offer has come in. Even after years in transplant surgery, that moment commands full attention. It signals that somewhere a family is experiencing profound loss, and somewhere else a patient with end-stage heart disease may be approaching a rare opportunity.

The review is immediate and meticulous. Donor age, cause of death, cardiac function, hemodynamics, laboratory values, imaging, anticipated ischemic time, and logistical feasibility are all assessed. This is never a reflexive decision. The central question is not simply whether the heart is viable, but whether it is the right heart for a specific recipient at that specific moment. Judgment, experience, and responsibility converge quickly.

If the decision is to proceed, sleep—if it happens at all—is light and fragmented. Operative steps are rehearsed mentally. Contingencies are anticipated. By morning, the day is already well underway.

The early hours begin with rounds in the intensive care unit and on the floor. These encounters ground the day in patient reality. In the ICU, newly transplanted patients, those recovering from complex cardiac surgery, and individuals supported by mechanical circulatory devices are reviewed in detail—hemodynamics, end-organ function, immunosuppression, bleeding, and infection risk. On the floor, longer-term transplant recipients and heart failure patients are assessed for progress, setbacks, and readiness for the next phase of care. These rounds are collaborative, involving intensivists, cardiologists, advanced practice providers, nurses, pharmacists, and trainees, and they set priorities for the entire day.

From there, the transplant listing committee convenes. These meetings are among the most consequential in medicine. Each discussion centers on patients who have exhausted conventional therapies, and every decision carries ethical, clinical, and human weight. Data guide the process, but judgment remains essential. The implications of these conversations extend far beyond that single meeting.

Soon after, attention shifts to the operating room.

On one particular workday, the primary operation was a cardiac retransplant in a patient whose original transplant had been performed nearly three decades earlier. Re-transplantation is one of the most technically demanding procedures in cardiac surgery. Scar tissue obscures anatomy tissues that are fragile, and prior surgical planes, no longer exist. Progress is deliberate, cautious, and mentally taxing.

As the operation unfolded and the new heart took over, significant coagulopathy developed. In transplant surgery, knowing when to pause is as critical as knowing how to proceed. The decision was made to pack the chest and return to the operating room later, once physiological stability could be restored. It is never comfortable to leave an operation incomplete, but patient safety dictates restraint.

The day did not slow.

A DAY IN THE LIFE OF A CARDIAC TRANSPLANT SURGEON

Between operative responsibilities, a mechanical circulatory support clinical meeting required attention. Patients on ventricular assist devices were reviewed, strategies refined, and potential complications anticipated. Teaching is woven into these moments—discussing rationale, challenging assumptions, and guiding trainees through complex decision-making in real time.

As evening approached, focus returned to the intensive care unit. Continuous reassessment, careful communication with families, and close coordination with multidisciplinary teams filled the hours. The pager remained active—donor updates, shock team calls, and time-sensitive decisions layered onto an already full day.

Dr. John Dimarakis
(second from left) and surgical team

What makes this work sustainable and deeply rewarding is the privilege of working alongside exceptional colleagues and the support of an outstanding, multidisciplinary transplant team. Equally fulfilling is teaching and training the next generation of transplant surgeons and helping drive innovation in the field. At our institution, we have pioneered multiple novel approaches in cardiac transplantation and mechanical circulatory support, fostering a culture of collaboration, excellence, and continual progress in patient care.

By the time night returns, fatigue is undeniable. Yet so is gratification. The long hours, unpredictability, and constant responsibility are grounded in purpose. Each donor heart represents an extraordinary gift. Each recipient places immense trust in a system designed to honor that gift responsibly.

“I often think of the words of my oldest daughter when she was younger, as I was leaving home to perform a heart transplant. She looked up at me and asked, “Daddy, can you give the poor sickly person a pink heart?” In her simple question was the essence of this work: hope, compassion, and the belief that even in the hardest moments, we are trying to give something precious back.”

John Dimarakis, MD, PhD, MEBCTS, FACS, FRCS, CTh
Associate Professor
Division of Cardiothoracic Surgery
Lester and Connie LeRoss Endowed Professor
in Cardiovascular Surgery

SUPPORT THE HEART TRANSPLANT FUND

Your generous support of the Department of Surgery’s cardiac and cardiopulmonary transplantation program helps us provides life-saving care informed by leading-edge research, giving patients and their families hope.

GIVE NOW

THIRTEEN DAYS TO A SECOND CHANCE: GINNY FAGERSTROM'S DOUBLE LUNG TRANSPLANT

Ginny Fagerstrom

My name is Ginny Fagerstrom. I was born and raised in Nome, Alaska and currently live in Wasilla, Alaska. I am Iñupiaq and white, descending from Alaska Natives and Gold Rush prospectors. My husband Kevin and I have been married for 31 years and we have two daughters and a son, all in their 20s. Apart from my years as a stay-at-home mom, I have worked as an x-ray technologist and an elementary school tutor.

My lung transplant story began in 2006 in Laramie, Wyoming, with a background history of autoimmune problems. My daughters were six and three years old and my son was a newborn. I'd been having shortness of breath which I attributed to Laramie's high altitude. An echocardiogram showed my pulmonary arterial (PA) pressure as 130 mmHg, indicating extreme pulmonary hypertension (PH). My treatment was sildenafil and full-time oxygen supplementation. We decided it would be best, financially, to relocate to the Anchorage area so that I could receive care through Alaska Native Medical Center (ANMC).

Over the next ten years, my PA pressure decreased dramatically and I no longer required supplemental oxygen. My pulmonologist, Dr. Farah Madhani-Lovely, and my rheumatologist, Dr. Elizabeth Ferucci, chose mycophenolate to handle my autoimmune flares, and rounds of prednisone when symptoms worsened. A lung biopsy was done to try to determine the cause of my PH, but it was inconclusive.

In 2017, my health began declining again; by 2018 tests showed that the PH had returned and my right ventricle was affected. I had to quit my job and go back on oxygen and prednisone. I started having anxiety attacks, I lost weight, and I could barely walk across a room. It was determined over that summer that my lung function was declining so fast that my only remaining option was a double lung transplant.

My entire transplant experience as an Alaska Native tribal member was funded through our private insurance as well as Indian Health Service funds. To be eligible for organ transplant at UW Medical Center, Alaskans must move to the Seattle area. My husband stayed in Wasilla with the two younger kids but was able to come occasionally to be with me in Seattle. Many awaiting transplant are able to find apartments or temporary housing, and Transplant House is a move-in ready, ideal housing option which ANMC chose for me.

Ginny pre-transplant

THIRTEEN DAYS TO A SECOND CHANCE: GINNY FAGERSTROM'S DOUBLE LUNG TRANSPLANT

By November 2018, just after my 47th birthday, I had finished most of the required pre-transplant tests and my husband and mom committed to being my caregivers. I met with Dr. Michael S. Mulligan, the cardiothoracic surgeon at UW Medical Center who would be performing the transplant. ANMC arranged our stay at the Transplant House in Seattle and my new oxygen provider was lined up.

On November 30th, Kevin was driving me to the Anchorage airport when the 7.1-magnitude earthquake hit! We made it through the chaos of that day and I ended up flying to Seattle the next day.

Mom and I were ready for a year or two of being on the waitlist, but it turned out to be just a 13-day wait! I was prepared for the disappointment of non-viable lungs, but as I lay on the operating table and the anesthesiologist had me count backwards, it turned out that the lungs were a perfect match for me in every possible way, and on December 14, 2018, I received new lungs and renewed life.

We learned from the pathology report that the underlying cause of my disease was pulmonary capillary hemangiomatosis, or PCH.

In spite of a few complications, I recovered well under the care of my mom and my husband. I wasn't able to return to healthcare or education jobs due to being immunocompromised, but I am able to volunteer through LifeCenter Northwest as an advisory board member and through many kinds of outreach. I am able to travel to see our son in Minnesota, be out on the land and rivers back home in Nome for fishing and berry-picking, and help my parents who are going through their own health journeys. On days when I'm not traveling, I create clothing and jewelry from our Iñupiaq culture, with fur, walrus ivory, beads and qiviut (musk ox) yarn.

Ginny, post-transplant, with family at daughter's graduation

I have been blessed with the gift of lungs from my donor, the love and care of my family, and the extraordinary care from multiple providers and healthcare teams who have saved my life. Life is a gift and I am grateful!

SUPPORT THE LUNG TRANSPLANT PATIENT & FAMILY SUPPORT FUND

This fund helps lung transplant patients and families with essentials like housing, transportation, and food during treatment and recovery.

GIVE NOW

AWAKE AGAIN: HOW A LIVER TRANSPLANT GAVE JOHN HENRIKSON HIS LIFE BACK

John, post-transplant, with his daughter, Katie

Things were pretty dire for John Henrikson in the months leading up to his liver transplant at the University of Washington Medical Center (UW Medicine). Diagnosed with end stage liver failure due to cirrhosis, he had been throwing up blood and vomiting frequently, becoming so frail that he lost up to 150 pounds in the months prior to his surgery. He felt so close to dying that he began to prepare himself mentally by "reading books about dying, watching ER shows, watching documentaries" to comfort himself.

When he developed encephalopathy, things took a drastic turn for the worse—ironically, this rapid decline in his health helped him ultimately get better. John mentioned, "You don't want to be sick, yet you want to sick enough to be put on a wait list." After being added to the wait list, John, who resides in Anchorage, Alaska, was matched with a deceased donor and flown out to Seattle for a liver transplant on July 12, 2025.

John spent about two months recovering at the UW Medicine, initially at the hospital, but subsequently as an outpatient. Though the full recovery occurred over six months, John said, "Instantly my body felt so much better and my mind was clearing out and that's one the things I noticed the most—how clear my thoughts were. At that moment, I was awake, finally." He started to enjoy eating, again.

Since his transplant, John's focus has been on his health—he's regained 80 pounds, exercises daily to regain muscle mass, and monitors what he consumes. Though one of his priorities is returning to his pre-illness body, another is spending more time with his family. He now works a less physically-taxing job based in Anchorage, so he can recuperate gently while caring for his kids, rather than venturing outside of Alaska for construction projects, as he was accustomed to doing previously.

John believes the transplant itself has not shaped his goals but rather given him the opportunity to have goals, with his newfound clarity and penchant for thinking (he claims his attention deficient disorder has come back with a force!), John aspires to provide

Post-transplant and powering forward—John redefining strength

AWAKE AGAIN: HOW A LIVER TRANSPLANT GAVE JOHN HENRIKSON HIS LIFE BACK

John Henrikson-
Pre-transplant

support for transplant patients in his home town," I would love to see a transplant support group up here in Alaska that caters to and helps those who are going through transplants." In particular, he would like to personally offer his support to those struggling with addiction, since he himself had battled with it for years, which lead to his liver failure. He also thinks it would be beneficial to have support for the family of out-of-state transplant recipients during the transplant itself, as he recalls his wife being alone in Seattle during surgery.

John, who is half Native American, cites Alaska's location and population demographics as big contributors to the addiction he views as rife throughout the state: "Places like Anchorage and Alaska are so different from the lower 48s. It's easy in the lower 48s to find resources outside of your family, for support. Alaska has liquor shops almost on every corner, and few Alcoholics Anonymous groups to support people through recovery…"

Throughout this process, John credits his wife, a nurse, for being his biggest champion "Without her, I don't think I could have made it." He also acknowledges his Mormon faith, and his 13 children, biological, foster and adopted, as pillars of support.

John is grateful to all of those involved in his transplant care: his hepatologist, Dr. Desai Kena, from the Alaska Native Medical Center, who first recommended him for the wait list; UW Medicine hepatologist, **Renuka Bhattacharya**, MD, who advocated for his transplant; all the UW Medicine nurses who cared for him, and the transplant surgeons who participated in his care, including Dr. Lena Sibulesky, who performed his liver transplant.

Last but not least, he is particularly grateful to his donor, whom he has yet to thank: "I'm waiting to make sure I live long enough so that when I write my letter of gratitude, their family will know that their liver was given to someone who survived, a good man, a family man." He has this message to share now, however, "I love you, my family loves you and we appreciate the sacrifice you've made."

LIFECENTER NORTHWEST:

ORGAN ALLOCATION POLICY

Mozae "Mo" Allenbach and mother Jeannie

Organ donation is a rare and remarkable process, made possible by the extraordinary generosity of individuals who register as organ donors and of families who choose donation on their loved one's behalf.

LifeCenter Northwest (LCNW), is a key partner in the donation process. The nonprofit organ procurement organization (OPO) works closely with families, medical teams and transplant centers to ensure that every donor is honored with care and respect, and their family is supported before, during and after donation.

Jeannie Allenbach's daughter, Mozae "Mo," lost her battle with depression and became an organ donor at age 15. She saved five lives, gave sight to one person, and healed countless others through tissue donation.

"LifeCenter never left my side, and they still haven't," said Jeannie, who relied on grief support services from LifeCenter through the aftercare program. "It was the worst time of my life, and they were the kindest people. There was this gentleness and compassion, and they were there for it all, for five days. It was a blur, but I know how they made me feel. It meant a lot to me."

Organ and tissue donation is one of the greatest gifts a person can give. Knowing that their loved one left a lasting legacy of hope and healing can provide solace to donor families.

LifeCenter's comprehensive work and services include:

Providing compassionate care for the donor and ensuring their comfort throughout the evaluation and donation process.

Supporting donor families with information, grief resources, memory-making opportunities and up to 18 months of aftercare — including support groups and annual remembrance events.

Coordinating the matching of organs with individuals on the national transplant waiting list, both within our region and across the country.

Offering clinical support and guidance to our hospital partners.

Engaging diverse communities through education, outreach and awareness programs—including driver's education and presentations at high schools and local events.

In 2025, LCNW achieved a record number of lives saved through organ donation, the most in the nonprofit's 28 years of service, including:

Supporting 446 organ donor heroes in giving the gift of life, including 47 donors over the age of 65.

Helping 485 individuals donate healing tissues, like heart valves, skin, and ligaments, for transplant.

Reaching historic milestone by saving the lives of 1,200 patients waiting for a transplant – an increase of 100% over the past decade, and the most in the organization's history.

Currently, there are more than 100,000 people in the United States on the transplant waiting list, including nearly 2,000 of our Northwest neighbors, and sadly, 13 of those people die every day. Talking to your loved ones about donation and knowing the facts are the most influential ways to spread the word about the beneficial impact of organ, eye and tissue donation.

A special thanks to Suzanne Mason, Director, Communications, Candy Wells, Vice President, Donation Operations and Organ Utilization, and Ashlei Lind, LICSW, Director, External Affairs, at LifeCenter Northwest, for their support and contributing essential information to this article.

ORGAN ALLOCATION:

HOW FAIR IS ACCESS TO ORGAN TRANSPLANTATION IN THE UNITED STATES?

Dr. Ryutaro Hirose

Solid organ transplantation is truly a modern medical miracle. Transplant surgery is a relatively young field, with the first successful human kidney transplant occurring in 1954 at the Peter Brent Brigham Hospital in Boston between identical twins. Consistently successful transplants, however, did not occur until the early 1980's with the advent of cyclosporine, an immunosuppressive medication primarily used to prevent organ rejection, which transformed transplant from a difficult and experimental procedure to the treatment of choice as a highly successful option for patients with end stage organ failure.

Given that transplant is often the optimal treatment choice for kidney, liver, heart and lung failure, it would follow that we should strive to make access to this treatment as equitable as possible. Unfortunately, significant inequity currently exists in the U.S. There are documented disparities in access based on race, ethnicity, socioeconomic status and geography.

Differences in referral rates, wait times, and likelihood of transplant vary significantly among races. As an example, Black and Latin-American patients have had a lower referral rate, and lower access to transplant. Geographic barriers, such as distance to the nearest transplant hospital, also present challenges. Ongoing efforts by many groups abound to increase fairness to access. And while policy makers and federal agencies state their goal is to improve access to transplants, their actions are often problematic or paradoxical.

Even the scientific study of these issues and measuring the effects of changes to ameliorate these values have been systematically made difficult by federal policy changes, such as the recent decision by Centers for Medicare & Medicaid Services (CMS) to eliminate the collection of variables, including race and ethnicity, in application forms for part D and CMS-2728 to document end-stage renal disease and dialysis initiation. This clearly impairs our ability to track and address disparities in access to transplant.

The current process for creating, evaluating and implementing organ transplant policy is also undergoing massive change as the Health Resources & Services Administration (HRSA), the agency within Department of Health and Human Services (HHS) that oversees transplantation, has implemented what is termed the Modernized Project. This project has divided up the functions of the current Organ Procurement and Transplantation Network among multiple contractors. It remains to be seen how effective the new contracting system under the HRSA modernization project serves the patients and transplant community.

There is clearly a cost associated with fairness, and in certain cases, the competing interests of utility, efficacy, and efficiency, may need to be balanced in creating national and local policy. In the end, it is an aspirational goal to break down barriers to access to ensure that all good candidates for transplantation have access to this highly successful treatment modality.

Ryutaro Hirose, MD
Professor and Roger K. Giesecke Endowed Chair in Transplant Surgery,
Chief of the Division of Transplant Surgery
Surgical Director, UW Medicine Transplant Institute
Interim Chief, Pediatric Transplant Surgery,
Seattle Children's Hospital

MAKING EVERY DONATED ORGAN COUNT

IMPROVING TRANSPLANT OUTCOMES WITH EVERY DONOR GIFT

THE LUNG TRANSPLANT CONSORTIUM

Dr. Michael S. Mulligan

More than a decade ago, it was widely recognized that there was a scarcity for multi-centered trials being conducted in lung transplantation. In response to this situation, the University of Washington Cardiothoracic Division Chief, Michael S. Mulligan, MD, began to lobby the National Heart, Lung and Blood Institute (NHLBI) and the American Association of Thoracic Surgery (AATS), to take measures to rectify this situation. His efforts led to a "state of the science symposium," held at the NHLBI, and included key stakeholders from lung transplant programs across North America. These stakeholders were tasked with identifying key research priorities in the field of lung transplantation. Dr. Mulligan and his colleagues published their findings and recommendations in a white paper published in the Journal of Thoracic and Cardiovascular Surgery, titled "National Heart, Lung, and Blood Institute and American Association for Thoracic Surgery Workshop Report: Identifying collaborative clinical research priorities in lung transplantation." This paper ultimately led to NIH funding the largest grant in the field of lung transplantation ever awarded, to be used for the development of the NIH Lung Transplant Consortium (LTC) , which was established in in August of 2022.

The LTC is a major North American research initiative intended to improve outcomes for lung transplant patients. It consists of seven Clinical Centers (LTC-CCs) and a Data Coordinating Center (LTC-DCC), based at the Duke Clinical Research Institute and the University of Pennsylvania, and connects 21 centers to study donor utilization, recipient selection, post-transplant allograft dysfunction and other topics. The LTC will implement the consortium-wide common protocol, the Prospective Multicenter Research on Donor and Recipient Management Strategies to Improve Lung Transplant Outcomes (PROMISE) Lung Study to collect data and biosamples from over 2,600-3,200 participants, leading to the creation of a robust repository of data and biosamples to facilitate future research and develop best practices in lung transplantation.

The University of Washington leads one of the Coordinating Center grants (U-01), in conjunction with the Universities of Michigan and Wisconsin. They are studying the ability of blood-borne exosome phenotypes to identify patients at increased risk for primary graft dysfunction (PGD) and acute lung allograft dysfunction (ALAD). They have now completed more than 80% of their intended enrollment, and biospecimen collection and data collating, along with PGD and ALAD ascertainment, are all up-to-date. Statistical analysis should start shortly and Dr. Mulligan and his team are excited about these novel findings, and its potential impact onpatient outcomes.

MAKING EVERY DONATED ORGAN COUNT

IMPROVING TRANSPLANT OUTCOMES WITH EVERY DONOR GIFT

2025 was another productive year of discovery and research for the University of Washington (UW) Division of Transplant Surgery, with over 13 publications in major journals and numerous abstract presentations at national and international meetings, including the W*orld Transplant Congress, Digestive Disease Week, the American Society of Transplant Surgeons, the Young Investigator Forum*, and more. A consistent theme runs through this work—especially fitting for April's Donate Life Month: how to maximize the life-saving impact of every donated organ while maintaining excellent outcomes.

This work reflects close collaboration with among among faculty and fellows in the Division of Transplant Surgery, UW, including Drs. **Daniel M. Kaufman**, **James D. Perkins**, Ramasamy Bakthavatsalam, Lena Sibulesky, Catherine E. Kling, Ryutaro Hirose and colleagues, and partners across UW Medicine, including Nicolae Leca (Nephrology), Philip B. Vutien (Gastroenterology), and Heather Corello (Pharmacy), Megan Henderson (Pharmacy), as well as those outside of UW, e.g. Idoia Gimferrer (Bloodworks Northwest), and investigators at The University of California San Francisco, the Scientific Registry of Transplant Recipients (SRTR), members of the Organ Procurement and Transplantation Network (OPTN) and other transplant programs.

Kaufman

Perkins

Bakthavatsalam

Sibulesky

Kling

Hirose

The body of work illustrates the national and international influence of our investigators and thought leaders in driving the conversation and advancement in the field of transplant.

The Division of Transplant Surgery conducts research that shapes national practice by evaluating the effects of organ-allocation policy changes, identifying disparities in access to transplantation, and analyzing outcomes across multiple centers. Understanding why outcomes vary between programs helps establish meaningful benchmarks. Studying how allocation policies influence equity and documenting barriers faced by disadvantaged populations, provides essential guidance for improving fairness and effectiveness in transplantation.

Another major focus is expanding safe use of kidneys that were once considered "high risk." In a national Organ Procurement and Transplantation Network (OPTN) analysis of deceased donor kidney transplants, our team evaluated donor acute kidney injury (AKI) across strata of organ quality and determined that AKI kidneys can be viable, but outcomes depend

MAKING EVERY DONATED ORGAN COUNT

IMPROVING TRANSPLANT OUTCOMES WITH EVERY DONOR GIFT

on the broader context of organ quality and the receiving center's ability to support complex cases.

At the same time, the donor pool itself is changing. Another OPTN-based analysis shows a shift away from the era dominated by younger overdose-death donors toward a higher-risk donor future—more Donation after Circulatory Death (DCD) donors, more older donors, and less viable kidneys. Donor risk factors and preservation time matter, and the transplant community must keep optimizing recovery, preservation, and allocation strategies as donor risk increases nationally.

Several UW projects directly address utilization optimization through application of technology that both improves outcomes and eliminates steps that add delay without benefit. Our work evaluating normothermic machine perfusion (NMP) shows that even as programs use NMP for higher-risk donors, NMP continues to demonstrate better graft survival compared with static cold storage—highlighting how modern preservation can help safely expand access to transplantation.

Additionally, our team cntinues to refine individualized risk assessment to keep transplanted organs functioning longer. One study exploring rejection risk produced results that can help teams anticipate complications and tailor management—another way to honor the donor gift by protecting graft longevity.

Across kidneys and livers, these 2025 projects share a single mission: improving outcomes while responsibly expanding access. In Donate Life Month, we recognize donors and families whose generosity makes transplantation possible—and we recommit to research that ensures every donated organ has the greatest possible chance to save and extend life.

COLLABORATIONS ACROSS UW MEDICINE

In addition to the research produced by Division of Transplant Surgery, we're honored to collaborate with colleagues in the UW Department of Medicine and at Seattle Children's Hospital (SCH). Below are just a few of examples of the multi-disciplinary research that helps ensure the gift of organ donation translates into timely, equitable access to transplantation.

In a kidney transplant access study led by our Division of Nephrology partners—Drs. **Anna Morenz**, Bessie Young, and Yue-Harn Ng, and **Jordan Nichols** (University of Washington School of Medicine), with collaboration from Dr. Perkins—the team evaluated how neighborhood socioeconomic disadvantage shapes the path to kidney transplant waitlisting. Patients living in the most disadvantaged neighborhoods waited longer, were less likely to be waitlisted, and faced higher odds of denial for medical, psychosocial, and body mass index–related reasons. These findings highlight opportunities for targeted, individualized interventions to reduce barriers and improve access.

In a multidisciplinary project led by Drs. **Ariana Stuart**, internal medicine resident, and Rotonya Carr, Division of Gastroenterology, Department of Medicine, with collaboration from Dr. **Perkins, Division** of Transplant Surgery, the team developed an AI-enabled electronic health record algorithm to identify a disease that was un-

MAKING EVERY DONATED ORGAN COUNT

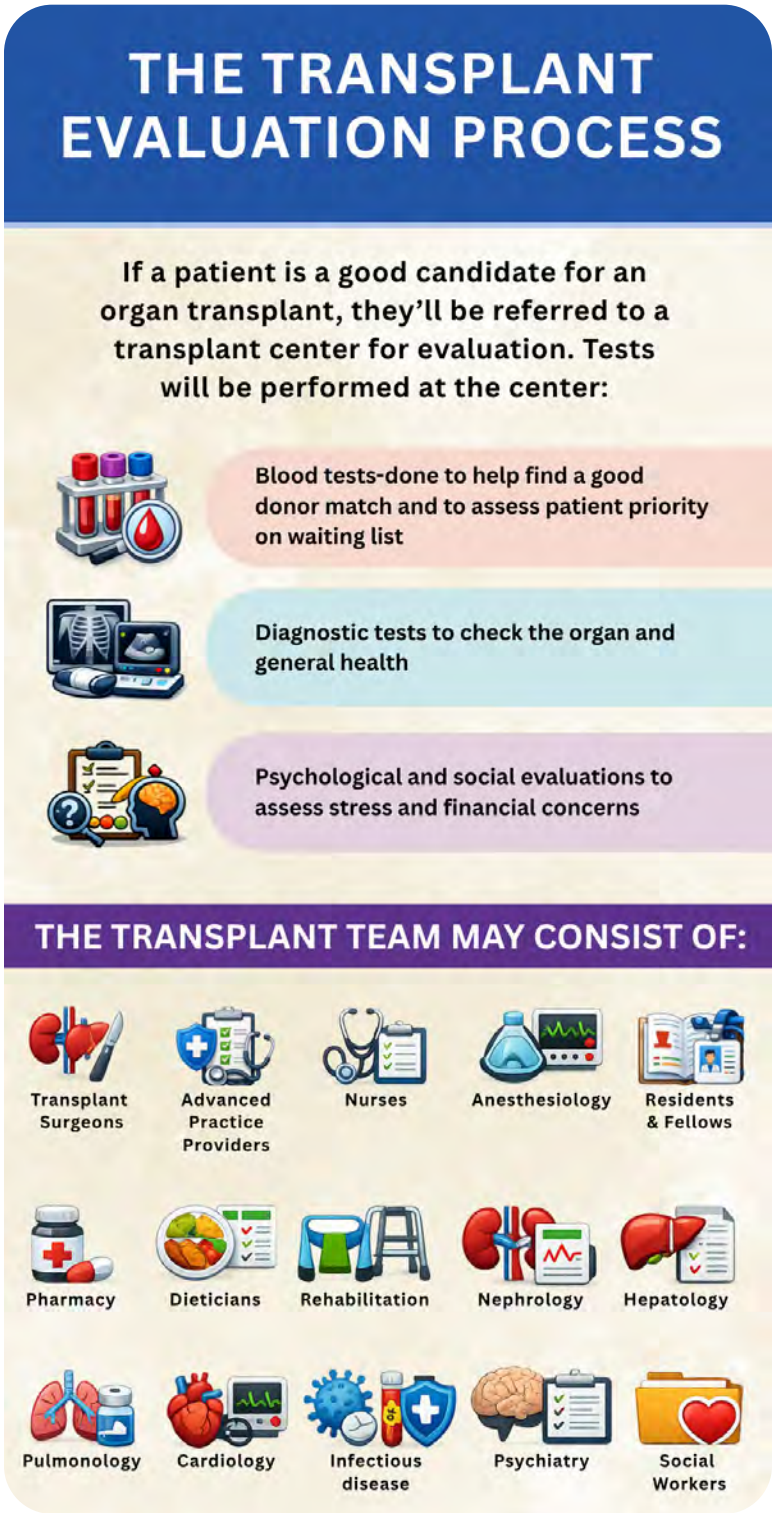
IMPROVING TRANSPLANT OUTCOMES WITH EVERY DONOR GIFT

diagnosed in large number of patient records. This work highlights how AI can help close the "silent disease" gap, enabling earlier intervention and potentially reducing progression to cirrhosis and transplant need.

In another study based at SCH, Drs. Pamela L. Valentino, Department of Pediatric Gastroenterology and Hepatology, Evelyn K. Hsu, Department of Pediatric Gastroenterology and Hepatology, Patrick J. Healey, Division of Transplant Surgery, André A.S. Dick, Division of Transplant Surgery, and **James D. Perkins**, Division of Transplant Surgery, University of Washington, evaluated outcomes of ABO-(a-b-o refers to blood groups) incompatible pediatric liver transplantation at a high-volume center.

Children who received ABO-incompatible grafts experienced dramatically shorter wait times, with patient and graft survival comparable to ABO-compatible transplantation, supporting ABO-incompatible transplantation as a valuable strategy to expand timely access to lifesaving organs, particularly for the sickest children.

As we honor donors and donor families during Donate Life Month, we are committed to turning that generosity into the greatest possible benefit, **more transplants, fewer discards, and longer-lasting grafts**.



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IMPROVING TRANSPLANT OUTCOMES WITH EVERY DONOR GIFT

DONOR LUNG PRESERVATION AND ANTI-REFLUX SURGERY: RESEARCH ON LUNG TRANSPLANT OUTCOMES

Dr. Richard Dubois

I am a thoracic surgeon specializing in lung transplant, Extracorporeal membrane oxygenation (ECMO), and airway surgery. My research predominantly involves the impact of recipient and donor characteristics on lung transplant outcomes.

Over the past ten years, techniques to preserve donor lungs have changed dramatically. Basic science and clinical studies have demonstrated that equivalent recipient outcomes occur when donor lungs are kept at 10°C, allowing the lungs to be stored for significantly longer periods of time, as compared to standard ice storage. This has allowed for improvement in donor lung availability as well as flexibility in transplant timing, with promising short- and long-term outcomes for transplant recipients.

Our program has adopted this same 10°C preservation strategy at the University of Washington and compared our outcomes to the traditional ice storage method. These comparisons have demonstrated equivalent outcomes despite significantly longer cold ischemic times. This has allowed us to do more transplants during the daylight hours, which has been previously shown to be associated with improved short and long-term outcomes. Furthermore, this change has undoubtedly impacted our ability to surpass our annual record for lung transplants in 2025.

Additionally, our group is currently examining the impact of timing of anti-reflux surgery on lung transplant outcomes. Patients undergoing lung transplant who also have untreated gastroesophageal reflux disease (GERD) have been shown to have increased rates of chronic lung allograft dysfunction (CLAD). Previous studies have shown that anti-reflux surgery early in the post-transplant period can be protective against CLAD in patients that have reflux at the time of transplant.

We are examining the impact of timing of anti-reflux surgery on patients undergoing lung transplant to determine if there is an ideal window that offers the best protection against CLAD. Understanding the optimal timing of anti-reflux surgery in this population could further improve lung-term graft function and survival.

Richard Dubois, MD
Assistant Professor
Cardiothoracic Surgery

TRAINING TOMORROW'S TRANSPLANT LEADERS

MARKING 35 YEARS OF ADVANCED SURGICAL TRAINING AND TRANSFORMATIVE PATIENT CARE

The Abdominal Transplant Surgery Fellowship at the University of Washington was founded in 1991 by Dr. former Division Chief, James Perkins. As such, 2026 marks the 35th anniversary of the fellowship program. The fellowship is accredited by the American Society of Transplant Surgeons (ASTS) to provide broad training in all aspects of kidney and liver transplantation over a 24-month period. The program has gradually grown over the years, starting out at one fellow every other year, increasing to three fellows every two years, starting with this academic year. The expansion has allowed for a more in-depth pediatric transplant experience at Seattle Children's Hospital, an experience that is uncommon in transplant fellowships. The fellowship is known for providing strong clinical training, with fellows far exceeding the required case volumes, and being trained in advanced transplant techniques such as living donor liver transplant, robotic donor nephrectomy, split liver transplant and transplant oncology. Fellowship graduates have become leaders of local and national transplant programs including:

Ramasamy Bakthavatsalam, MD, MBBS
Professor of Surgery & Urology
Surgical Director of Kidney & Pancreas Transplantation and Living Kidney Donor Transplantation Programs

André Dick, MD
Professor
Surgeon-in-Chief
Director Pediatric Kidney Transplant Program Seattle Children's Hospital

Patrick J. Healey, MD
Professor
Surgical Director
Transplant Quality Programs
Seattle Children's Hospital

Chris Kuhr, MD
Transplant Program Director
Virginia Mason Medical Center

Martin Montenovo, MD
Division Chief
Hepatobiliary Surgery and Liver Transplantation
Vanderbilt University Medical Center

In addition to clinical experience, fellows work closely with our APP team and residents in a mentoring and teaching role, both in and out of the operating room. Residents on the service gain broad exposure to the medical complexity of patients with liver and kidney failure, as well as operative experience in open vascular techniques. Many fellows have been academically productive during their fellowship by collaborating with faculty on studying pressing issues in transplantation, with recent fellows presenting at national conferences, including the American Society of Transplant Surgeons Winter Symposium, American Transplant Congress, and Controversies in Transplantation. We are proud of our transplant program and look forward to its continued growth!

Transplant Surgery Fellows

UW Abdominal Transplant Fellowship graduates (left to right): Drs. Christian Crannell (2023), Catherine Kling (2016), André Dick (2008), Kathryn Shaw (2019).

CARDIOTHORACIC TRANSPLANT AND MECHANICAL CIRCULATORY SUPPORT (MCS) FELLOWSHIPS

Dr. John Dimarakis

Cardiothoracic Transplant and Mechanical Circulatory Support (MCS) fellowships are essential for training surgeons capable of managing the increasing complexity of end-stage heart and lung disease.

A dedicated one-year MCS/Transplant Fellowship is designed to produce a balanced, well-qualified thoracic transplant surgeon prepared for independent practice in either academic or private practice settings. Through high-volume, immersive clinical exposure, fellows achieve critical milestones in patient care, technical proficiency, leadership, and systems-based practice.

Over the course of 12 months, fellows gain comprehensive experience across inpatient and outpatient settings, participating in the longitudinal care of transplant and MCS patients under the supervision of experienced cardiothoracic surgery faculty. Clinical milestones include mastery of durable and temporary mechanical circulatory support, heart and lung transplantation, donor management, and organ procurement.

Exposure to programs such as the University of Washington's—performing more than 70 heart and 70 lung transplants annually and with cumulative experience exceeding 1,000 transplants in each domain—provides the case volume and complexity necessary to develop surgical confidence and sound clinical judgment. In addition, participation in a regional shock team with nearly 100 **extracorporeal membrane oxygenation** (ECMO) cannulations per year, along with robust experience in durable mechanical support, offers an ideal complement to transplant training.

Fellow performance is assessed using established competency domains, including medical knowledge, patient care, technical skill, professionalism, communication, and systems-based practice. Fellows actively participate in transplant selection committees, MCS operations meetings, donor organ reviews, quality improvement initiatives, and multidisciplinary huddles.

Beyond individual training, fellowships strengthen transplant centers by fostering research productivity, mentoring residents and medical students, and sustaining institutional expertise. This has been our institutional experience, as the presence of a dedicated MCS/Transplant Fellowship has enhanced multidisciplinary collaboration, increased scholarly output, and strengthened the educational environment for learners at all levels, while preparing fellows themselves for leadership roles within transplant centers.

John Dimarakis, MD, PhD, MEBCTS, FACS, FRCS, CTh
Associate Professor
Division of Cardiothoracic Surgery
Lester and Connie LeRoss Endowed Professor
in Cardiovascular Surgery

BEYOND THE OR:

GETTING TO KNOW OUR TRANSPLANT FELLOWS

Meet Dr. **Dewahar Senthoor**, a transplant fellow driven by a passion for improving liver and kidney transplant outcomes. Drawn to UW's expansive training environment and diverse patient population, Dr. Senthoor brings a thoughtful perspective on lifelong learning, evidence-based care, and the value of strong support systems—both in the hospital and at home.

WHAT ATTRACTED YOU TO THE UNIVERSITY OF WASHINGTON DEPARTMENT OF SURGERY FELLOWSHIP?

Extent of the training program and the large/diverse catchment area. Seattle also seemed like a great place to explore!

WHAT IS YOUR AREA OF RESEARCH AND HOW DID YOU GET INVOLVED/INTERESTED?

Liver and kidney transplant patient outcomes. It is important to maintain good outcomes in an ever-expanding pool of transplant recipients.

WHAT'S THE MOST IMPACTFUL THING YOU'VE LEARNED IN YOUR TRAINING, SO FAR?

The learning never stops.

WHO IS YOUR INSPIRATION AND WHY?

My wife. Smartest person I know.

WHAT IS THE LAST BOOK YOU READ?

The Hobbit

WHAT TV SHOW ARE YOU CURRENTLY WATCHING?

My Lady Jane

With a career built in cardiac surgery and a deep commitment to advancing heart and lung transplantation, Dr. **Tomoki Sakata** brings international research experience and a mission to transform patient outcomes. His journey from Japan to New York to UW highlights a dedication to innovation, mentorship, and the life-changing impact of transplant care.

WHAT ATTRACTED YOU TO THE UNIVERSITY OF WASHINGTON (UW) DEPARTMENT OF SURGERY FELLOWSHIP?

I have built my career as a cardiac surgeon and have long aspired to specialize in heart transplantation. I was also eager to gain expertise in lung transplantation, and UW offered the ideal environment to train in both. As the largest transplant center in the

BEYOND THE OR:

GETTING TO KNOW OUR TRANSPLANT FELLOWS

Pacific Northwest, UW provides extensive clinical exposure and is committed to improving patient outcomes through the flexible adoption of new technologies.

WHAT IS YOUR AREA OF RESEARCH AND HOW DID YOU GET INVOLVED/INTERESTED?

During my PhD course in Japan, I studied donor heart preservation in heart transplantation. Later, as a postdoctoral research fellow at Mount Sinai Hospital in New York, I conducted research on gene therapy for heart failure and device-based mechanical circulatory support. Heart failure represents the final common pathway of many cardiac diseases, and transplantation remains the gold standard for end-stage heart failure. Seeing patients recover dramatically after transplant is the greatest reward of my career.

WHAT'S THE MOST IMPACTFUL THING YOU'VE LEARNED IN YOUR TRAINING, SO FAR?

Beyond surgical techniques, I have learned comprehensive transplant patient management, including candidate evaluation and perioperative care. This holistic training has been invaluable and is preparing me to become an independent transplant surgeon.

WHO IS YOUR INSPIRATION AND WHY?

All of the attending surgeons I operate with at UW. Each brings a distinct philosophy and technical approach to surgery, and learning from this diversity has been incredibly valuable as I work to establish my own surgical practice.

WHAT IS THE LAST BOOK YOU READ?

Outside of surgical textbooks, the last book I read was a Minecraft building ideas book—so I could teach and build together with my kids.

WHAT TV SHOW ARE YOU CURRENTLY WATCHING?

I'm a big Marvel fan and have watched nearly all of the TV shows in the Marvel Cinematic Universe.

Blending clinical excellence with a passion for data-driven research, Dr. **Lucy Chau** is advancing the future of liver and kidney transplantation through machine learning and health-policy modeling. Her multi-disciplinary training and strong mentoring community shape an approach to transplant that views the field as the ultimate team sport.

WHAT ATTRACTED YOU TO THE UNIVERSITY OF WASHINGTON (UW) DEPARTMENT OF SURGERY FELLOWSHIP?

I wanted a well-rounded training experience with robust adult, pediatric, and living donation experience, and UW fit that bill perfectly. I'm lucky to have joined a multi-disciplinary transplant team that is so dedicated to providing world class care to our large catchment of patients.

BEYOND THE OR:

GETTING TO KNOW OUR TRANSPLANT FELLOWS

WHAT IS YOUR AREA OF RESEARCH AND HOW DID YOU GET INVOLVED/INTERESTED?

I am interested in modeling disparities in liver and kidney transplant outcomes using registry level data. Within liver transplantation, I've evaluated the impact of policy changes on allocation of organs and survival benefit for transplant recipients. Within kidney transplantation, I've developed machine learning models to revise the kidney donor risk index and improve prediction of transplant outcomes.

WHAT'S THE MOST IMPACTFUL THING YOU'VE LEARNED IN YOUR TRAINING, SO FAR?

My time at UW so far reinforces the idea that transplant is the ultimate team sport. From the pre-transplant evaluation to the post-transplant care, from the donor operation to the recipient implant, there are countless moving parts that are integral to its success.

WHO IS YOUR INSPIRATION AND WHY?

I did my medical training and general surgery residency in Detroit, Michigan, where I met some of my most influential mentors in my career. I owe a village of people that have inspired me to be the leader, scientist, and budding transplant surgeon I am today. Drs. Marwan Abouljoud and Atsushi Yoshida have mentored me since medical school and inspired me to pursue a career in transplantation.

WHAT IS THE LAST BOOK YOU READ?

I'm currently reading *The Smartest Guys in the Room* by Bethany Maclean and Peter Elkind, a book about the Enron collapse.

WHAT TV SHOW ARE YOU CURRENTLY WATCHING?

I've been rewatching *Schitt's Creek*. Moira Rose is my spirit animal.

MARK YOUR CALENDAR

APRIL 2026

ANNUAL PETER K. BUEHLER VISITING PROFESSORSHIP IN PLASTIC SURGERY LECTURE
Friday, April 24th

ANNUAL DAVID TAPPER ENDOWED LECTURE
Thursday, April 30th

MAY 2026

CARDIOTHORACIC VISITING PROFESSORSHIP LECTURE
Friday, May 22nd
Guest Lecturer
Ara A. Vaporciyan, MD, FACS, MHPE

JUNE 2026

ANNUAL DEPARTMENT OF SURGERY EDUCATION SEMINAR
Wednesday, June 3rd
UW South Campus Center
Topic: "AI in Surgery and Surgical Education"

GENERAL SURGERY GRADUATION AWARDS DINNER
Friday, June 19th

AUGUST 2026

CENTER FOR SURGICAL ETHICS CONFERENCE
September 1st-2nd

OCTOBER 2026

77TH ANNUAL DR. ALFRED A. STRAUSS LECTURE AND HARKINS SYMPOSIUM
October 20-22

DECEMBER 2026

22ND ANNUAL DAVID M. HEIMBACH VISITING BURN PROFESSOR LECTURESHIP
December 2nd

PHILANTHROPY IN ACTION AT UW SURGERY

HONORING GIFTS THAT ADVANCE PATIENT CARE, TRAINING, AND SURGICAL DISCOVERY

THE ROGER K. GIESECKE DISTINGUISHED CHAIR IN TRANSPLANT SURGERY

Mary Pigott

Established in 2011 by Mary Pigott to honor her late husband, Roger Kent Giesecke, the Roger K. Giesecke Distinguished Chair ensures UW Medicine's transplant surgeons have the resources to deliver exceptional, comprehensive care before, during, and after transplantation. Ms. Pigott's vision was to create a lasting foundation that would attract and retain outstanding faculty, fuel innovation, and advance the field in ways that improve patient outcomes and save lives.

The flexibility of this endowed fund makes possible impactful initiatives when unique opportunities arise. Most recently, the current

Hirose

Ottmann

Perkins

holder, Dr. Ryutaro Hirose, Professor & Chief, Division of Transplant Surgery, Interim Chief of Pediatric Transplant, used resources from the Chair to support the recruitment of Dr. Shane Ottmann, who revitalized the Living Donor Liver Transplant Program and introduced surgical robotics to living donor kidney surgeries—expanding access to lifesaving procedures for adults and children. Dr. Hirose also recently directed funds from this Chair to support the work of Dr. **James Perkins**, Professor Emeritus, whose biostatistical expertise and advanced data modeling in the Clinical and BioAnalytic Transplant Laboratory led to numerous publications, presentations, and mentorship across UW Medicine and Seattle Children's Hospital.

Thanks to Ms. Pigott's generosity, the Giesecke Chair continues to be a catalyst for innovation and excellence in transplant surgery.

PHILANTHROPY IN ACTION AT UW SURGERY

HONORING GIFTS THAT ADVANCE PATIENT CARE, TRAINING, AND SURGICAL DISCOVERY

PATIENT EMERGENCY FUND SUPPORTS TRANSPLANT PATIENTS

Andrew Storfer, PhD, is the Eastlick Distinguished Professor of Biology at Washington State University whose research focuses on the evolution of infectious diseases and cancer evolution. Diagnosed with Systemic Lupus/Lupus nephritis at 15, he outlived all expectations by living with chronic kidney disease for four decades before receiving a successful transplant at the University of Washington Medical Center (UW Medicine) in early 2024. He is currently on the Education Committee for the American Society of Nephrology, does peer-mentoring with the National Kidney Foundation and volunteers with other kidney disease advocacy organizations. Dr. Storfer now makes annual gifts to the **Patient Emergency Fund** to help patients and caregivers offset housing costs during kidney transplant treatment at the UW Medicine. More specifically, donations will help remove economic barriers for kidney transplant recipients and their caregivers so they can remain close to UW Medicine pre- and post-transplant, in comfortable accommodations. Dr. Storfer has also established an endowment in his estate, with an initial investment of $500,000, to continue this help in perpetuity.

Jessica Medrala, and Drs. Andrew Storfer, and Ryutaro Hirose

The UW Medicine Transplant Teams are grateful to donors like Dr. Andrew Storfer, whose generous estate plans will ensure that UW Medicine patients receiving kidney transplants will continue to be supported well into the future. If you'd like to make an impact today on the Division of Transplant Surgery, make your gift to the Patient Emergency Fund, which provides vital social work resources (travel, lodging, etc.) for our kidney transplant patients at UW Medicine.

ROGER K. GIESECKE DISTINGUISHED CHAIR IN TRANSPLANT SURGERY

This endowed chair helps the University attract and keep distinguished transplant surgery faculty who drive innovation and improve patient outcomes.

GIVE NOW

DIVERSITY IN DOS

CARRYING THE DREAM FORWARD IN HEALTHCARE

Dr. Estell Williams

On April 16, 1963, Dr. Martin Luther King, Jr., penned a letter from a jail in Birmingham, Alabama. This particular letter was in response to a public statement of concern and caution for his nonviolent demonstrations against segregation. If we reflect on this letter, and the legacy of Dr. King, the sentiments expressed hold longevity and relevance to a deeper understanding of the impact we have within medicine, both to our patients and our community.

In the letter, Dr. King stated, "We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly." We, as people are inextricably tied to each other. Daily in the hospital, we feel this connection. The time spent at the bedside helping strangers navigate some of the most difficult moments in their lives. In this profession we pursued, we sit at the precipice of an individual's worst heartbreak when life is lost, or the biggest elation knowing we played a role in a mother, father, son, daughter, cousin and friend going home and having restored time with loved ones.

This network of living and being reminds us of our past, when someone invested in us directly or indirectly so that we could achieve our goals for our careers. The daily work we do with our colleagues makes the long days and nights a little brighter. And that work helps our future, whether it be our future or that of our families or our kids – and all the hopes and dreams that will come to be. All of us will require the help of someone else.

Each year, across the U.S. we come together to honor Dr. King's legacy and his teachings that left us with a timeless example of what it means to truly be committed to humanity and the well-being of all people. We spend the day volunteering, marching, reflecting, but the root of all these events organized locally and nationally, is not self-serving; it is for the good of us all. It is a reminder that the sacrifice of one person can have long-lasting ripple effect on the lives of so many. What better parallel than the role we play as health professionals– one person, one team, having a profound and lasting impact on the lives we interact with daily, in clinics, in hospitals, in the ER or the operating room.

We are at a time when the efforts we engage in now will have profound impacts on the world around us. While some seek regression, taking us back in time to relive the fight, Dr. King sacrificed his life for future change. We have the ability to engage in direct action that continues to hold up the dream Dr. King envisioned.

DIVERSITY IN DOS

In the same letter he stated, “Human progress never rolls in on wheels of inevitability; it comes through the tireless efforts of men willing to be coworkers.” MLK Day direct action exists through the creation of the **Center for Workforce Inclusion and Healthcare System Equity (WIHSE)**. Rooted in the ethos of liberating all our community’s brilliant potential to be future healthcare leaders, WIHSE engages youth, helping them to discover a possible future in healthcare.

In keeping with Dr. King’s vision, we collaborate with the community, working collectively to achieve a better world. Recently, with Sound Careers in Healthcare (SCIH) and Washington Alliance for Better Schools (WABS), we hosted high school students from across Washington state to participate in a fun-filled full-day, hands-on experiential learning event called **Sound Careers in Healthcare**

I hope that MLK Jr. Day encouraged you to reflect on Dr. King’s message. Despite all the chaos that surrounds our world today, we have the ability to tie ourselves to the destiny of someone else, and engage in the tireless effort of human progress, by investing time in our future health leaders.

“We must use time creatively, in the knowledge that the time is always ripe to do right.”

Dr. Martin Luther King, Jr.

Estell J. Williams, MD
Associate Professor
Vice Chair, Diversity, Equity, and Inclusion
Department of Surgery

Executive Director, Center for Workforce Inclusion and Healthcare System Equity (WIHSE)

Getting To Know DoS

David Mauchley, MD

Associate Professor

Division of Cardiothoracic Surgery

IN YOUR MEDICAL EDUCATION JOURNEY, DID YOU ALWAYS WANT TO BE A SURGEON?

I always thought it would be amazing to be a surgeon, even before starting medical school, but I didn't really know why until completing my third-year clinical rotations. As is true of most surgeons, I was attracted to the ability to instantly fix a problem for a patient and less interested in the hours of rounding and discussions that took place on non-surgical rotations. My interest in cardiothoracic surgery came later when I was a general surgery resident at the University of Colorado. I had excellent mentors who encouraged me to pursue adult cardiothoracic training and eventually pediatric cardiac surgery. I did general surgery training and both cardiac surgery fellowships at the University of Colorado, and I owe most of my success to the mentorship and excellent training I had in this phase of my career.

Dr. Mauchley, wife Sara Mazzoni, and children Alex and Gabriel

WHAT IS YOUR AREA OF RESEARCH AND HOW DID YOU GET INVOLVED/INTERESTED?

My current areas of academic interest involve improving surgical outcomes for adults with congenital heart disease with a focus on surgery for the semilunar valves (aortic and pulmonary). I have collaborated with Drs. Chris Burke and Scott DeRoo on the development of a very successful Ross procedure program for the treatment of aortic valve disease in young adults. This program has led to a number of studies primarily under the direction of Drs. Burke and DeRoo. At Seattle Children's Hospital (SCH) I participate in our very successful blood conservation program under the direction of Dr. Lyubomyr Bohuta, who is one of my partners. While I did participate in basic science research in residency, my practice is primarily clinical with a small amount of time devoted to outcomes research.

WHAT HAVE YOU FOUND MOST CHALLENGING IN YOUR SURGICAL CAREER?

I have found that the unpredictable ups and downs that go along with pediatric and adult cardiac surgery are very challenging. This is particularly difficult when there is an unexpected poor outcome in a child. I have been in practice for almost ten years and difficult conversations with parents still remain a challenge for me. Thankfully most of the outcomes are excellent so such conversations are rare.

Getting To Know DoS

David Mauchley, MD
Associate Professor
Division of Cardiothoracic Sugery

What is something you've accomplished this past year you're most proud of?

There are two things that have happened over the last couple of years that I am proud of. We have started transplanting adults with Fontan physiology at the UW Montlake campus. These patients have complicated anatomy and physiology and sometimes require complex reconstruction of their great vessels at the time of transplant. So far we have had good success with these patients and I look forward to providing this care to more patients in the future.

Additionally, at SCH we have significantly increased the number and complexity of patients who have been successfully supported with ventricular assist devices (VADs). Children can be difficult to support because of a lack of good devices for smaller sized patients, but we have recently had success using a variety of devices. This has allowed a number of children who would have previously passed away to survive (and thrive) long enough to get a heart transplant.

Rapid Fire

What was the last book you read?

The last book I read was *Project Hail Mary*. It is a great book for those who like science fiction. I also recently read the Red Rising series, which was excellent.

What TV show are you currently watching?

I'm currently re-watching *The Wire* on HBO Max. I think it is one of the best shows ever made, and anyone who likes crime dramas or shows that focus on law enforcement should watch it.

What is your go-to snack?

Peanut butter and banana or cheese and crackers.

What is your favorite guilty pleasure?

My favorite guilty pleasure is to sit in my hot tub and enjoy a hazy IPA from Ravenna Brewing.

Who is your inspiration and why?

My inspiration for my career is Dr. Dave Campbell. He was one of my mentors in pediatric cardiac surgery and he had the unbelievable ability to make you believe you could accomplish anything in the operating room. I aspire to be half as good a teacher as he in the operating room because I am quite certain that I will never reach his level.

If a movie was made about your life, who would play you?

That's a tough one. I would hope that it would be someone like Glen Powell, but he's probably too good-looking to play me.

Getting To Know DoS

David Mauchley, MD
Associate Professor
Division of Cardiothoracic Sugery

WHAT IS THE BEST CAREER ADVICE YOU'VE EVER RECEIVED?

The best advice I have been given is to pursue what you love doing. My training pathway was extremely long and there was no guarantee that I would have a job at the end given the small number of pediatric cardiac surgeons in the country. Luckily, I stuck with it, and everything worked out in the end.

Top - Dr. Mauchley and wife Sara Mazzoni
Bottom - children Gabriel and Alex

WHAT ARE YOU KNOWN FOR PROFESSIONALLY OR PERSONALLY?

Professionally, I think I am known for being fairly laid back (particularly for a cardiac surgeon) and easy to work with. With my clinical roles at both UW Montlake and SCH, I work with a tremendous number of people and have found that being malleable often makes things easier for everyone. Personally, I am known for my background in music. My father is a classical pianist and I grew up playing the piano and singing. While this has been put on hold for several years, I plan to pick it back up in the near future.

Visit Dr. David Mauchley's UW Medicine provider bio to learn more about his surgical specialties.

SURGERY NEWS: MATCH DAY

As we celebrate another successful Match Day, we are delighted to share updates from across our surgical training programs and introduce the exceptional trainees who will be joining us in the coming year.

GENERAL SURGERY MATCH OVERVIEW

This year, the General Surgery Residency Program received an impressive **1,291 applications** and interviewed **80 candidates** for **eight categorical positions**. We continue to attract highly talented trainees committed to excellence in clinical care, discovery, and service.

VASCULAR SURGERY INTEGRATED RESIDENCY MATCH

We are thrilled to welcome two outstanding future colleagues into our Vascular Surgery Integrated Residency Program:

DR. JULIA PHILLIPS

Julia completed her undergraduate education at the University of Oxford and is currently finishing medical school at Tulane University School of Medicine. Drawn to vascular surgery for its complex, patientcentered care, Julia brings a strong dedication to teaching and mentorship—values she looks forward to building upon in residency.

DR. ALEKSANDRA VRVILO

Aleksandra completed her undergraduate studies at Oregon State University and is now completing medical school at Oregon Health & Science University. She is inspired by the deep and enduring patient relationships inherent to vascular surgery and approaches the field with both heart and determination.

INTEGRATED THORACIC SURGERY MATCH

We are also delighted to announce that the Integrated Thoracic Surgery Program has matched with Samuel "Sam" Hoenig.

DR. SAMUEL HOENIG

Sam completed his undergraduate degree at Colby College, earning a B.A. in Chemistry and Biology, and will graduate from Case Western Reserve University School of Medicine this May.

This year, the CT program received **119 applications**, interviewed **20 candidates**, and successfully filled **1 position** in the match.

PLASTIC SURGERY INTEGRATED RESIDENCY MATCH

The UW Plastic Surgery Integrated Residency Program received **374 applications** and interviewed **44 candidates** across two inperson interview days to fill **5 positions**.

We are pleased to introduce our incoming interns:

(Left to right) Drs. Payton Grande, Kate Guion, Sai Pinni, Eric Zeng, Jade Smith

SURGERY NEWS

JANUARY 2026

DR. JEFF FRIEDRICH NAMED TO ABPS BOARD OF DIRECTORS

Jeff Friedrich, MD, MC, FACS, was named to the American Board of Plastic Surgery Board of Directors. Dr. Friedrich is a UW Professor of Surgery in the Division of Plastic Surgery, a Professor of Orthopedics and Adjunct Professor of Urology, and also serves as the director of the UW Plastic Surgery Residency and the associate director of the UW Hand Surgery Fellowship.

The American Board of Plastic Surgery (ABPS) Board of Directors is responsible for maintaining high standards for the education, examination, certification, and continuous certification of plastic surgeons. They must actively engage in the practice of plastic surgery and are involved in various national plastic surgery leadership roles. Congratulations to Dr. Friedrich!

DR. NITEN SINGH ELECTED PRESIDENT OF THE WESTERN VASCULAR SOCIETY

Niten Singh, MD, FACS, was selected as the President-Elect of the Western Vascular Society (WVS). The mission of the WVS is to promote education, research, advocacy, and leadership in vascular health in the Western United States, Canada, and the Pacific Rim. Dr. Singh is a University of Washington Professor and Chief of the Division of Vascular Surgery, Director of the Limb Preservation Service at the Regional Vascular Center at Harborview, and Program Director of the UW Vascular Surgery Integrated Residency and Fellowship. He is the founder and Program Chair of the Pacific Northwest Endovascular Conference (PNEC), past president of the Pacific Northwest Vascular Society, and a Distinguished Fellow of the Society for Vascular Surgery.

SURGERY NEWS

JANUARY 2026

$3M AWARD FUELS NEW PANCREATIC CANCER TRIAL

The Department of Surgery is pleased to announce that general surgeon Venu Pillarisetty, MD, in conjunction with investigators Rachael Safyan, MD and E. Gabriela Chiorean, MD, received the 2026 Cancer Research Institute's (CRI) Clinical Innovator Award. This $1M award will fund their clinical trial for one of the world's deadliest cancers, pancreatic cancer, and is titled "Randomized Phase II Study of Neoadjuvant NALIRIFOX with and without PD1 and CXCR4 Inhibition for Potentially Resectable Pancreatic Cancer." In addition to the award from CRI, this study will receive $1M from one of the contributing drug companies and $1M from philanthropy, bringing the total funding for this study up to $3M. The trial combines two immunotherapy drugs—cemiplimab (PD-1 inhibitor) and motixafortide (CXCR4 inhibitor)—with standard chemotherapy before surgery. The goal is to break through the tumor's defenses, improve surgical outcomes, and prevent relapse in pancreatic cancer patients.

The winning co-investigators are affiliated with the University of Washington School of Medicine (UWSOM) and the Fred Hutchinson Cancer Center (FHCC). **Venu G. Pillarisetty**, MD, FACS, is a board-certified surgical oncologist and Professor of Surgery. **Rachael A. Safyan**, MD, is the Medical Director of the Hepatic Artery Infusion Pump Program at FHCC and UW Medicine; Director of the Clinical Research GI Oncology Program at the UW/FHCC; Assistant Professor in the Clinical Research Division at the FHCC; and Assistant Professor in the Division of Hematology and Oncology at UWSOM. **E. Gabriela Chiorean**, MD, is the Clinical Director of Gastrointestinal Medical Oncology, FHCC Professor of Clinical Research Division at FHCC, and Professor of Medicine at UWSOM.

OCTOBER 2025

DR. KAREN HORVATH RETIRES

Karen Horvath, MD, Professor, Division of General Surgery, Department of Surgery (DOS), retired from the University of Washington (UW) on October 14, 2025. Karen began her career at UW, DOS in July of 1998 as an Assistant Professor in the Division of General Surgery. She was a gastrointestinal surgeon and was one of the early surgeons to receive advanced training in minimal access surgery. She researched and developed expertise in treating necrotizing pancreatitis.

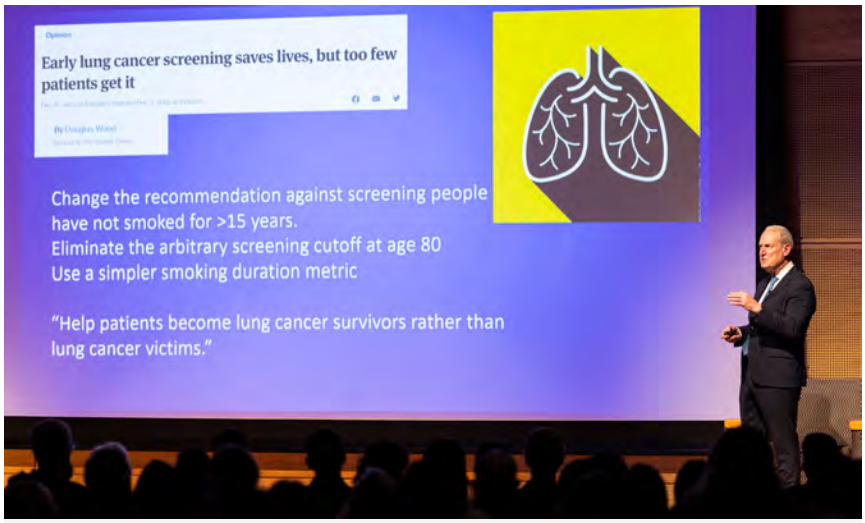
From the beginning of her career at UW, she was interested and involved in resident education and assumed the directorship of the general surgery residency program from 2002-2023. She also served as the Associate Chair of Education from 2016-2023. She has made many contributions She also served as the DOS's Associate Chair of Education from 2016, stepping down from that role in 2023. She has made many contributions to the field of residency education, to our department, and to the lives of surgical residents. We wish her well in her retirement.

SURGERY NEWS

honors & awards

DR. DOUGLAS E. WOOD HONORED WITH 2025 UNIVERSITY FACULTY LECTURE AWARD FOR LANDMARK CONTRIBUTIONS TO LUNG CANCER POLICY

The Department of Surgery is pleased to recognize its Chair, Douglas E. Wood, MD, FACS, FRCSEd, who was chosen to receive the University Faculty Lecture Award, an award that has only been bestowed upon two School of Medicine physician faculty since it was established in 1974. As a recipient of this award, Dr. Wood was given the opportunity to present the University Faculty Lecture, which occurred at the University of Washington's HUB Lyceum on February 5, 2026. His talk was titled "A Breath of Fresh Air: The Science and Policy of Saving Lives from America's Deadliest Cancer." This award was created in order to honor current or emeriti faculty whose research, scholarship, or art is widely recognized by their peers, and whose achievements have had a substantial impact on their profession, on the research or performance of others, and perhaps on society as a whole.



Dr. Douglas E. Wood delivers his 2025 University Faculty Lecture, discussing advances in lung cancer screening and opportunities to improve patient outcomes.

Dr. Wood has played a pivotal role in shaping the guidelines and health care policies that have, for the first time, established the initiation of lung cancer screening. Lung cancer is the most common cause of cancer death for both men and women, with more people dying of lung cancer than from breast, colorectal, and prostate cancer combined. While other cancers have screening tests for early detection, none had been approved for lung cancer until 2015, creating new hope for greater cure rates for a devastating cancer.

"This is truly a singular and humbling honor when I see the incredible people who have given the faculty lecture over the past 50 years," said Dr. Wood. "I have been fortunate to be in the right place, at the right time, and partnered with the right people to help influence health care policy that now supports screening for lung cancer. Early detection with screening has the biggest impact on decreasing mortality from lung cancer and helps us turn lung cancer victims into lung cancer survivors."

SURGERY NEWS

honors & awards

Drs. Douglas E. Wood and Farhood Farjah engage in a discussion during the Q&A portion of the 2025 University Faculty Lecture.

In addition to honoring the recipient, the award is designed to increase awareness, both within and outside the university, of the nature and significance of original work being done by outstanding faculty members.

The awardees were honored at a ceremony in Meany Hall on June 12, 2025, where the UW announced the recipients of the 55th annual University of Washington Awards of Excellence. The program included a one-hour ceremony hosted by President Ana Mari Cauce and Provost Tricia Serio.

SURGERY NEWS

honors & awards

STRENGTHENING MULTIDISCIPLINARY VENOUS CARE: DR. HEMINGWAY RECEIVES 2026 AVF FELLOWSHIP

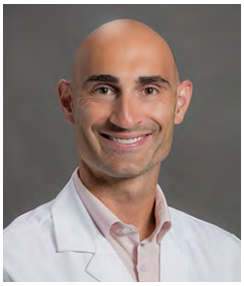
Jake Hemingway, MD, Assistant Professor, Division of Vascular Surgery, won a 2026 Juzo Traveling Fellowship, awarded by The American Venous Forum (AVF) at the AVF annual meeting this past March. This award supports early career physicians who are committed to advancing venous and lymphatic care by providing opportunities to learn directly from recognized experts in the field, around the world.

"I am very excited to have won this award. Of the 15 previous winners over the last 29 years, four have become presidents of major venous societies, including the AVF, and the American Vein and Lymphatic Society. I am humbled to be included with such an esteemed group of venous specialists, as each of the prior 15 awardees are recognized experts in the field," Dr. Hemingway said.

Dr. Hemingway initially developed an interest in complex venous disease during his training and early practice at the University of Washington (UW), thanks in large part to the mentorship received from Dr. Mark Meissner, the first recipient of the AVF traveling fellowship in 1997. Shortly after beginning his practice, Dr. Hemingway identified significant gaps in coordinated venolymphatic care, recognizing the need for a more structured, multidisciplinary approach within UW.

Dr. Hemingway intends to use the fellowship to visit established multi-disciplinary programs worldwide in order to understand how these teams were developed, how institutional support was secured, and how referral pathways and workflows were designed: "I look forward to learning and eventually growing the UW veno-lymphatic program. I am particularly interested in visiting the multi-disciplinary teams at St. Thomas' Hospital, in London, as well as at the University of Michigan." The knowledge gained will guide the creation of a comprehensive venolymphatic service line at the University of Washington, with the aim of improving access to care and strengthening collaboration across specialties.

ADVANCING CANCER CARE: DR. JEREMY SHARIB EARNS PRESTIGIOUS SSO YOUNG INVESTIGATOR AWARD



Jeremy Sharib, MD, Assistant Professor of Surgery in the Department of Surgery, Section of Complex Abdominal Oncology at UW School of Medicine. was honored with the Society of Surgical Oncology (SSO) Appendix Cancer Pseudomyxoma Peritonei Young Investigator Award, for his project entitled "Evolution of the immune microenvironment of appendiceal cancer peritoneal metastases from tumor seeding to progression," at the SSO annual meeting in Phoenix, AZ this past March. His work investigates the immune landscape of peritoneal disease arising from appendiceal cancer, with a particular focus on uncovering the mechanisms of immune control that are lost in the progression of peritoneal metastases.

The SSO Young Investigator Award is a most competitive honor available to early-career surgical oncology researchers, recognizing those whose work dem-

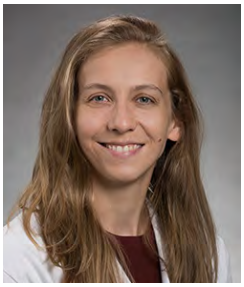
SURGERY NEWS

honors & awards

Drs. Jeremy Sharib and Christina Angeles

onstrates scientific excellence and meaningful clinical impact. Dr. Sharib's selection highlights the significance of focused investigation into rare cancers and the growing role of tumor immunology in advancing surgical oncology.

KRISTIN GOODSELL, MD, RECEIVES NIH STARR GRANT TO ADVANCE RESEARCH ON IMMUNE INTERACTIONS IN COLORECTAL CANCER



General surgery research resident **Kristin Goodsell**, MD, has been awarded funding through the NIH's Stimulating Access to Research in Residency (StARR) (R38) grant under Dr. Kristina Adams-Waldorf of the Department of Obstetrics and Gynecology. The StARR program provides funding for mentored opportunities for residents pursuing research within the fields of immunology, infectious disease, immune therapeutics, autoimmunity, tumor immunology, or related domains.

During her dedicated research experience working with Dr. Venu Pillarisetty in the Department of Surgery's **Tumor Immune Microenvironment** (TIME) lab, Dr. Goodsell has focused on understanding the role of specific immunosuppressive macrophage populations in colorectal cancer metastases. Her R38 funded research project analyzes gene and protein expression to explore interactions between macrophages and T cells on the outcome of immunomodulating therapy in human derived tumor models of colorectal liver metastases. The grant has enabled Dr. Goodsell to pursue her interest in the interaction between the innate and adaptive immune system in cancer in the form of an independent project developed during her research time in residency. She looks forward to sharing results of this work at upcoming regional and national conferences, supported by R38 grant funding allocations.

The StARR program is designed to "encourage postdoctoral-level health professionals to pursue careers as physician-scientists and clinician-investigators, fulfilling a critical workforce need," and is housed within the **National Institute of Health's National Institute of Allergy and Infectious Disease**.

DR. ISAAC C. STEIN RECEIVES 2026 NORTHWEST SOCIETY OF PLASTIC SURGEONS BEST PRESENTATION

Dr. **Isaac Stein**, Assistant Professor in the Division of Plastic Surgery, earned the Northwest Society of Plastic Surgeons' 2026 Best Presentation Award for "Early Experiences with Breast Reconstruction after Robotic Nipple-Sparing Mastectomy" at the 2026 annual meeting.

SURGERY NEWS

event recaps

31ST ANNUAL RESEARCH SYMPOSIUM AND HELEN AND JOHN SCHILLING LECTURE

Dr. Selwyn M. Vickers

Each March, the Department of Surgery gathers to celebrate the research achievements of our trainees, the dedication of our faculty mentors, and the ideas that shape the future of surgical science. This year's 31st Annual Schilling Research Symposium and Helen & John Schilling Lecture continued this tradition with a vibrant three-day series of events that elevated scholarship, collaboration, and community across the department. The department was honored to welcome Dr. Selwyn M. Vickers, President and CEO of Memorial Sloan Kettering Cancer Center, as the 2026 Schilling Visiting Lecturer. A world-renowned surgeon-scientist and leader in translational cancer research and health equity, Dr. Vickers brought a dynamic presence and a wealth of insight to this year's events.

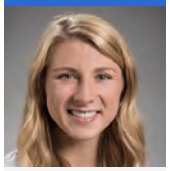
A fast-paced virtual poster session kicked off the three-day celebration of research. Trainees and medical students delivered succinct, high-impact presentations and rose to the occasion to answer thoughtful questions from faculty discussants. Their performance echoed the tradition of excellence that defines our department's research culture!

Childers

On Thursday, faculty from across surgical divisions gathered for an in-person roundtable discussion with Dr. Vickers, moderated by Dr. Christopher Childers, Assistant Professor of General Surgery. The conversation was lively and meaningful, ranging from the challenges of clinical trials to translational research to the impact of health equity on surgical outcomes. The dialogue underscored the importance of nurturing research environments where rigor, equity, and mentorship thrive.

Friday's all-day symposium brought forward 19 presentations representing nearly every surgical division, which reflects the extraordinary breadth and depth of the department's investigative work. Presentations spanned topics including immunotherapy resistance, prehospital trauma care, multicenter collaborations, cost analyses, health services innovations, novel tissue models, and much more! This year, we recognized the outstanding research of 5 trainees based on the quality of their research and presentation. Dr. **Sarah Rudasill**, F32 Postdoctoral Research Fellow (Surgical Outcomes Research Center) and General Surgery residents Drs. Jamie Olapo, PGY-5; Kristin Goodsell, PGY-2, Griffen Allen, PGY-5, and Alexandra Hernandez, PGY-4, showed outstanding scientific merit and poise in their delivery.

1ST PLACE



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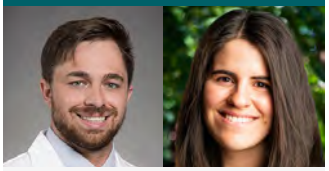

Allen Hernandez

SURGERY NEWS

event recaps

Bulger

We were also deeply honored to celebrate Dr. Eileen M. Bulger, UW professor of Surgery and Chief of Trauma for Harborview Medical Center as the **2026 Schilling Distinguished Faculty Awardee**. Her career exemplifies the surgeon-scientist ideal—defined by groundbreaking contributions to trauma systems, prehospital care, resuscitation science, and national policy, as well as a profound commitment to mentorship and advancing equity in surgical care.

Dr. Vickers delivered this year's keynote address, "Prepare for Your Next Opportunity: A Surgical Leader's Perspective on a Career in Academic Surgery." In a thoughtful and energizing lecture, he reflected on the elements of a successful career, building resilience, and embracing collaboration as defining features of a meaningful life of service as a surgeon-scientist.

This inspiring week of learning, reflection, and celebration was made possible by the generous support of the late Helen Schilling, in honor of her husband, Dr. John Schilling, a former Chair of the Department of Surgery. The Schillings' legacy lives on in the research, scholarship, and teaching that happens in our department every day.

open transplant faculty position

The Division of Transplant Surgery at the University of Washington School of Medicine is pleased to announce an exciting faculty opportunity for innovative, mission-driven surgeons committed to advancing transplant care, education, and research.

CHIEF OF TRANSPLANT SURGERY – SEATTLE CHILDREN'S HOSPITAL

The Division of Transplant Surgery in the Department of Surgery at the University of Washington School of Medicine is seeking a Chief of Pediatric Transplant Surgery at Seattle Children's Hospital. This unique opportunity consists of a full-time UW faculty Pediatric Transplant Surgeon position at the rank of Associate Professor or Professor. The expected start date is the summer or fall calendar year 2026.

This leadership position will be based at Seattle Children's Hospital (SCH) and the successful candidate will participate in surgical transplantation procedures, clinics, candidate selection, and donor organ evaluation and recovery in children. The successful candidate will be expected to participate in living donor liver transplantation (LDLT) and to grow the SCH LDLT program. This position will have opportunities in split liver procurement and transplantation, and kidney transplantation in children. Additional SCH leadership roles could be available depending on candidate's experience. This position may participate in the UW Medical Center – Montlake (UWMC) adult transplant program by participating in surgical transplantation procedures as needed.

All University of Washington faculty engage in teaching, research, and service.

Chief of Transplant Surgery – Position Details

SURGERY NEWS

publications

DR. JAKE HEMINGWAY **DR. NICOLAS STAFFORINI** **DR. KARISSA WANG** **DR. JONATHAN SHAM**	Case published by Drs. **Jake Hemingway**, **Nicolas Stafforini**, **Karissa Wang**, and **Jonathan Sham**. In "Jimenez JC. Best of 2025: Venous disease. J Vasc Surg Cases Innov Tech. 2026 Feb 19;*:102089. doi: 10.1016/j.jvscit.2025.102089."
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SURGERY NEWS

publications

DR. ARJUNE DHANEKULA **DR. SCOTT DEROO** **DR. CHRIS BURKE** **DR. BILLIANA HWANG** **DR. JAY PAL** **DR. MICHAEL MULLIGAN**	**Dhanekula AS**, Harrison BR, Pharaoh G, Mattson-Hughes A, Tarantini S, Stuppard R, **DeRoo SC**, **Burke CR**, **Hwang B**, **Pal JD**, **Mulligan MS**, Marcinek DJ. Mitochondrial dysfunction drives age-related degeneration of the thoracic aorta. Geroscience. 2025 Nov 13. doi: 10.1007/s11357-025-01937-7. Epub ahead of print. PMID: 41233677.
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DR. KARI KEYS	Uh JH, **Keys KA**. The Underreported Benefits of Surgical Intervention for Chronic Sequelae of Closed Degloving Injuries: A Case Series. Plast Reconstr Surg Glob Open. 2025 Dec 8;13(12):e7334. doi: 10.1097/GOX.0000000000007334. PMID: 41367926; PMCID: PMC12685404.
DR. ALEXANDRA HERNANDEZ **DR. NINA CLARK** **DR. JAMIE OLAPO** **DR. C. LIU** **DR. N. RHEA UDYAVAR** **DR. JONATHAN SHAM** **DR. JOHN SCOTT**	**Hernandez A**, **Clark NM**, **Olapo J**, **Liu C**, **Udyavar R**, **Sham JG**, Rowhani-Rahbar A, Dieleman JL, **Scott JW**. Financial Hardship After Surgical Procedures. JAMA Surg. 2026 Jan 1;161(1):59-66. doi: 10.1001/jamasurg.2025.5055. PMID: 41259019; PMCID: PMC12631565.
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SURGERY NEWS

publications

DR. VENU PILLARISETTY PUBLISHES TWO STUDIES SHAPING THE FUTURE OF CANCER IMMUNOTHERAPY

Division of General Surgery's Venu G. Pillarisetty, MD, FACS, surgical oncologist, Professor of Surgery, and Associate Medical Director of Surgical Oncology, served as the senior author for two recent publications: "Intratumoral Three-Cell-Type Clusters Are a Conserved Feature of Endogenous Antitumor Immunity,"1 published in Cancer Immunology Research and "Overcoming CXCR4-mediated T cell exclusion potentiates antitumor cytotoxicity in fibrolamellar carcinoma",2 published in Gastroenterology.

The former manuscript explores the way immune cells interact to eliminate cancer cells (Figure 1), and the authors' findings suggest that therapies aimed at helping T cells and dendritic cells co-locate in tumors might help lead to cancer elimination. The latter study explores how a combination immunotherapy strategy increases anti-tumor effector function (Figure 2), with findings potentially laying the groundwork for future immunotherapy-based clinical trials for fibrolamellar carcinoma (FLC), a rare type of liver cancer occurring in otherwise healthy young adults that currently has no effective systemic treatment options.

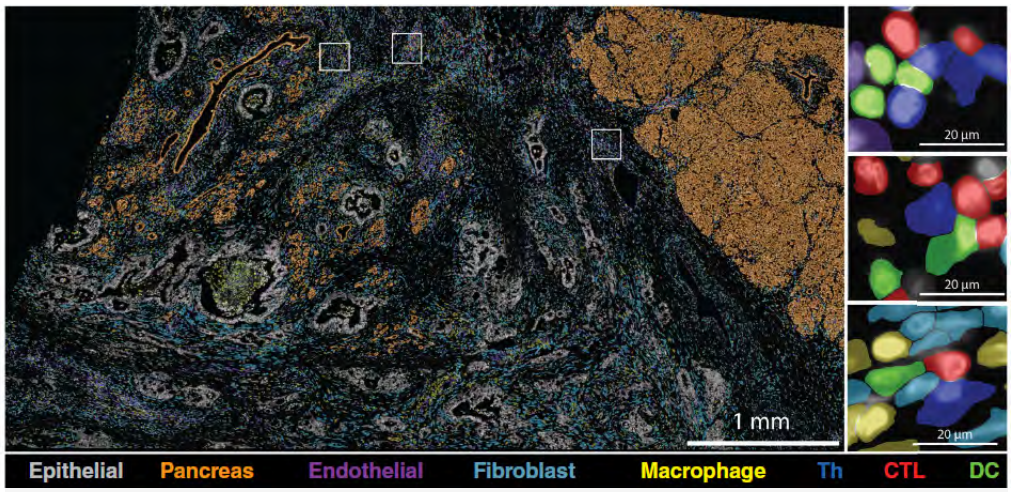


Figure 1: Primary pancreatic cancer spatial transcriptomics slide colored by cell type with (right) representative immune (DC:Th:CTL) three-cell-type clusters for areas shown by solid white boxes. Damle et al., Cancer Immunology Research, 2026.

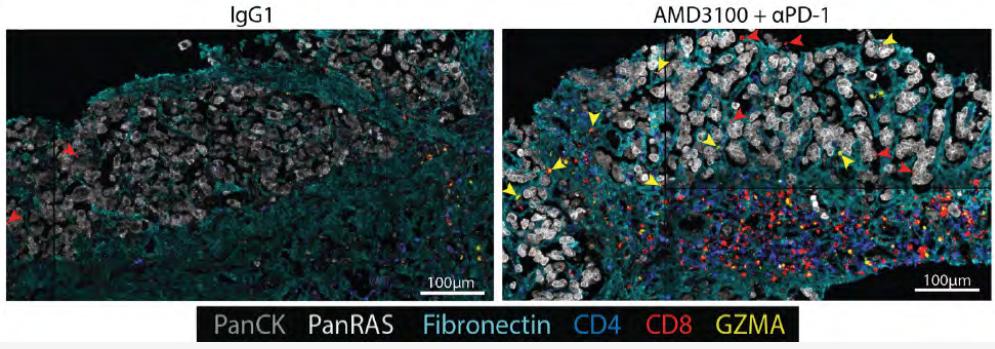


Figure 2: Spatial proteomics of slices of FLC treated in vitro with control antibody versus combination immunotherapy. Immunotherapy-treated tumors show proliferation of CD8 T cells (red) in the tumor stroma (green). Red and yellow arrowheads indicate CD8+ T cells adjacent to cancer cells. Carter et al., Ga stroenterology, 2026.

SURGERY NEWS

publications

MEDICAL DEBT AFTER INJURY: INSURED BUT NOT PROTECTED

By John W. Scott, MD, MPH

In January 2026, John W. Scott, MD, MPH and his co-authors published findings in *Health Affairs* "Changes In Medical Debt And Bankruptcy After Acute Traumatic Injuries," 2019–21 | Health Affairs" demonstrating that a single traumatic injury can trigger lasting financial harm, even among many patients with private health insurance.

As part of a K08 grant from AHRQ, they linked a statewide trauma registry in Michigan to consumer credit reports, tracking nearly 13,000 trauma patients' financial outcomes before and after injury. The study period overlapped with the COVID-19 pandemic, requiring a creative quasi-experimental design to isolate the effects of injury from broader economic trends.

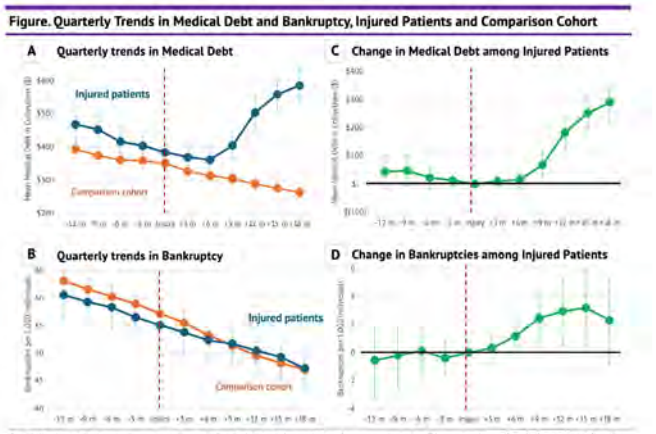
Their findings were striking. Despite 98% of patients having health insurance, medical debt in collections rose by 24% within 18 months of injury, and bankruptcy filings also increased (Figure). The surprise was not that uninsured patients struggled, but that privately insured patients did too. Meanwhile, patients with Medicaid experienced no significant increase in debt. These findings highlight the reality that there is a difference between being insured and being protected.

This issue matters beyond economics. Research led by UW residents Nina Clark, Chief, and Alex Hernandez, R4, has provided insight into how financial hardship impacts health. Their work showed patients struggling to pay medical bills were three times more likely to delay necessary care, and those patients were 1.5 times more likely to report poor health. If a patient survives a car crash but skips physical therapy because of cost, that is not just a financial failure, but a clinical one too.

While the *Health Affairs* study was conducted in Michigan, patients in Washington may fare better. Our state has long been a leader in financial protections, including strong charity care requirements, a ban on reporting medical debt to credit bureaus, and surprise billing protections. In fact, the current legislative session is debating a bill to reduce interest on medical debt to just 1%, to avoid adding insult to injury for struggling families.

Though this project began at the University of Michigan, the work continues at UW. With generous support from the Department of Surgery and the Division of Research, members of the Division of Trauma, Burn & Critical Care, are launching the Harborview Injury Long-Term Outcomes Project (HILTOP). This initiative will allow them to track long-term patient-reported outcomes, including measures of financial hardship, and lays the groundwork for intervention studies aimed at helping patients not just survive their injuries, but thrive.

"I'm grateful to the department for creating an environment where patient-centered work like this is possible," said Dr. Scott.



Panels A and B show average medical debt (A) and bankruptcy rates (B) over time for injured patients (blue) compared to similar patients who had not yet been injured (orange). Before injury, both groups followed similar trends. After injury, the groups diverge: injured patients accumulate more debt and file for bankruptcy at higher rates. **Panels C and D** isolate the effect of injury by showing how much medical debt (C) and bankruptcy (D) changed relative to the time of injury. The flat line at zero before injury confirms that pre-injury trends were stable. The rise after injury represents the financial impact of hospitalization. Error bars show 95% confidence intervals. When bars cross zero, the change is not statistically significant.

SURGERY NEWS

in the media

John Scott, MD, MPH
Associate Professor
Division of Trauma, Burn & Critical Care Surgery

Injuries Cause Lasting Financial Harm, Even Among Insured

UW Medicine | Newsroom
February 2, 2026

Kari Keys, MD
Associate Professor
Chief, Division of Plastic Surgery

When Degloving Injuries Don't Heal: Understanding Chronic Pain and Surgical Fixes

PRS Global Open Notes Podcast
January 13, 2026

Douglas E. Wood, MD, FACS, FRCSEd
The Henry N. Harkins Professor & Chair

Leadership Summit Prepares Surgeons to Navigate Rapidly Changing Profession

American College of Surgeons Bulletin
March 23, 2026

Dr. Douglas Wood Offers Overview of His Decades-Long Fight for Lung Cancer Screening Coverage

American College of Surgeons Brief
February 10, 2026

An Interview with University Faculty Lecturer Dr. Douglas Wood

University of Washington Faculty Staff Insider
February 2026

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DEPARTMENT OF SURGERY

Surgery Synopsis is an in–house newsletter published on a quarterly basis to highlight the clinical, academic and research activities of the University of Washington School of Medicine Department of Surgery. This publication is distributed to the department's faculty, residents, staff, and friends.

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