



 **Stanford**
Children's Health

Lucile Packard
Children's Hospital
Stanford

2018 Outcomes Report

Heart Transplant Program



The Salcedo Family

Jesus and Ema Salcedo with their four children, Ashley, Karina, Kiara and Jesus. Three of the four children have dilated cardiomyopathy, a disease where the heart muscle becomes enlarged and stretched (dilated), which causes the heart to become weak and pump inefficiently. Karina and Ashley have both received heart transplants at Lucile Packard Children's Hospital Stanford.

Heart Transplant Program: Overview

The Pediatric Advanced Cardiac Therapies (PACT) program, which comprises the Pediatric Heart Transplant, Ventricular Assist Device (VAD) and Heart Failure programs, has a long history of innovation and treats patients from all over the world. By integrating these programs, we can provide ongoing comprehensive care to patients with heart failure and offer them the most advanced medical and surgical treatment options available.

The PACT program is one of the largest and most experienced programs in the nation, with extensive expertise in treating high-acuity patients. We treat the most complex and severely ill patients and achieve equivalent outcomes to national results.

The Lucile Packard Children's Hospital Stanford heart transplant team is a leader in combined organ transplants, including heart-liver and heart-kidney transplants.

We also offer a full range of circulatory assist devices as alternatives or bridges to transplantation for seriously ill children who are awaiting heart transplants. Our program provides mechanical support to patients with complex congenital heart disease, including single-ventricle physiology and post-transplant support. The LPCH VAD team is a highly skilled, multidisciplinary group that not only provides medical care but is also dedicated to educating patients and families about VADs so that patients can be maintained on a VAD outside of the hospital.

The PACT program is committed to providing personalized medicine, including a dedicated genetic counselor and cardiac genetics services. Our vision is paving the way for medical care that is tailored to the individual and not just the disease.

Program Directors



David Rosenthal MD
*Director,
PACT program*



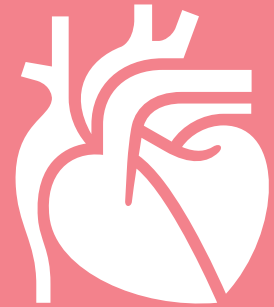
Katsuhide Maeda MD
*Surgical Director,
Heart Transplant*



Seth Hollander MD
*Medical Director,
Heart Transplant*

Heart Transplant Program: Milestones

Ongoing participant in the first ever collaborative study, funded by the National Institutes of Health, of the mechanisms of chronic allograft rejection in pediatric patients



National leader in pediatric combined heart-liver transplants in the United States

Innovative care program for heart failure and transplant patients who are highly sensitized

We have performed over
400
pediatric heart transplants

We have implanted over
160 VADs

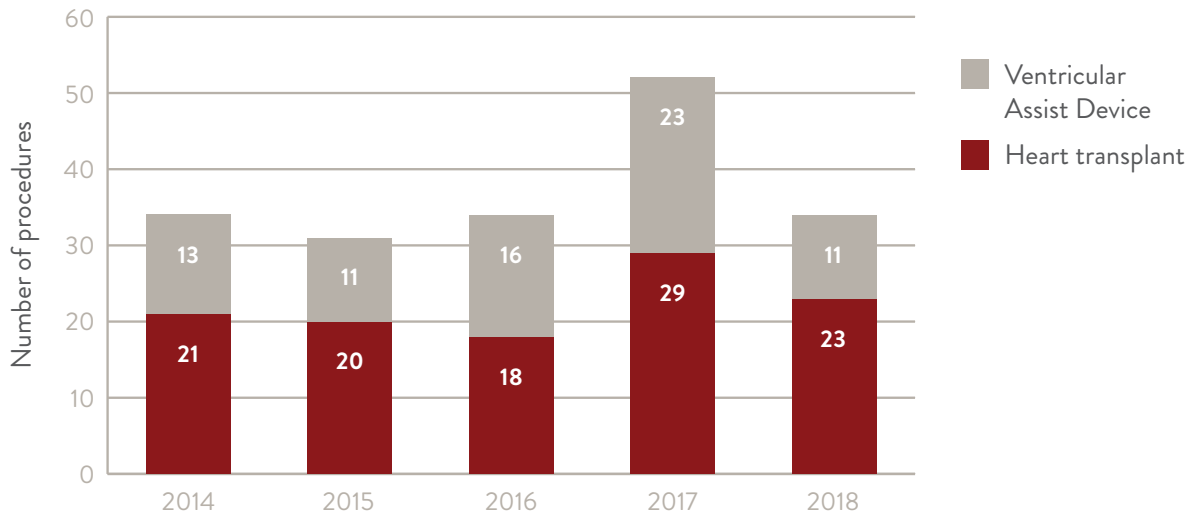
One of the highest-volume pediatric Ventricular Assist Device (VAD) programs in the United States

More than
40 years of experience
performing pediatric heart transplants

Heart Transplant Program: Volume & Recipient Age

Transplant volume

We are a national leader in heart transplant volume and have been in continuous operation since 1974.



Recipient age

The babies, children and adolescents who have received a heart transplant at Lucile Packard Children's Hospital Stanford represent a wide range of ages, and we continue to provide care for patients as they transition to adulthood.

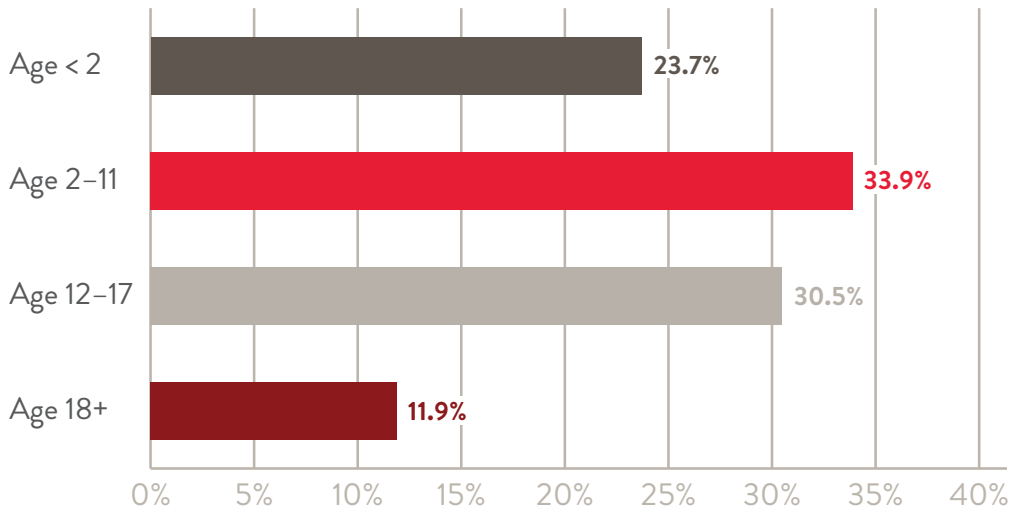
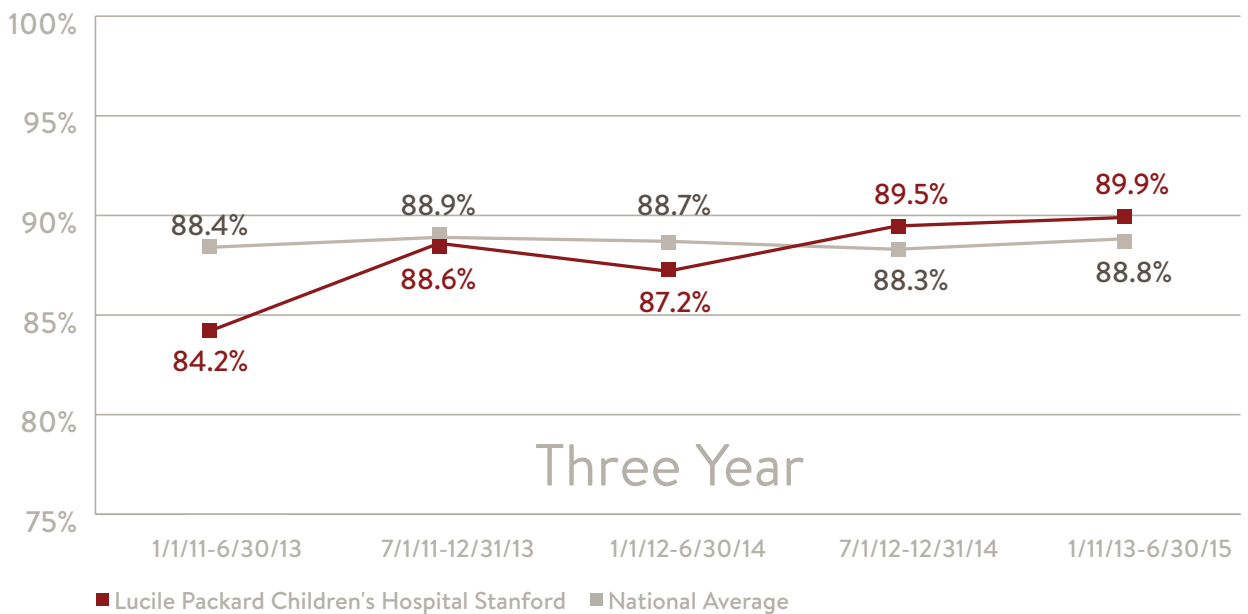
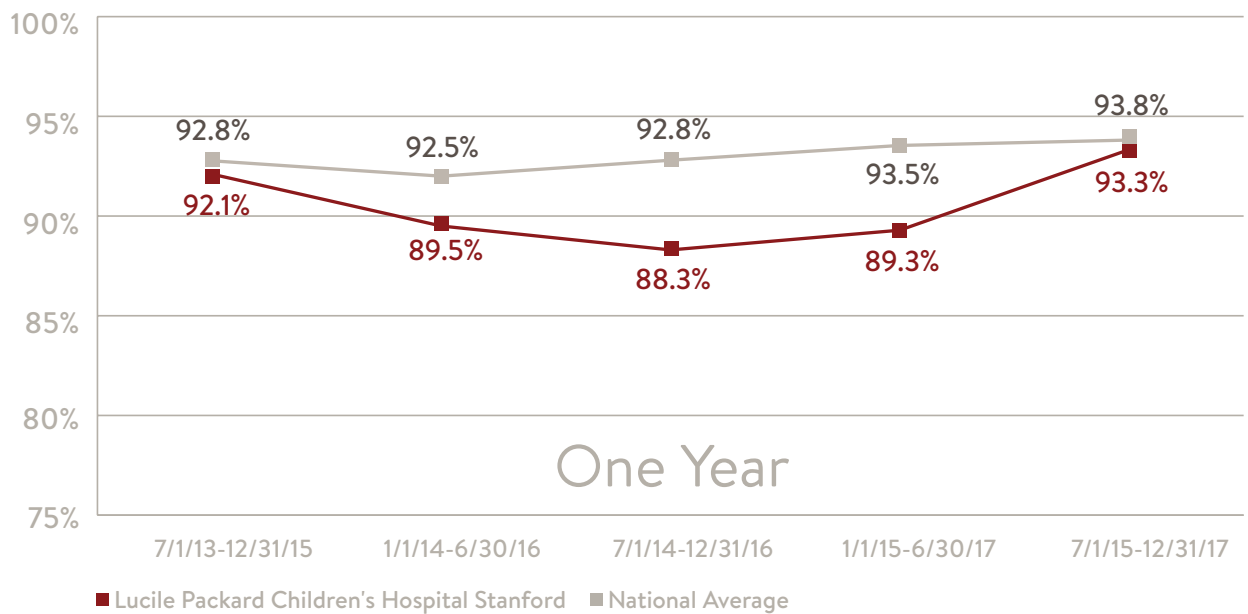


Chart data includes all transplant patients from 2014-2018.

Heart Transplant Program: Survival Rates

Patient survival rate for age <=18 years

The graph below compare the 1- and 3-year survival for pediatric heart transplant patients in our program with the national average. These statistics are calculated by the Scientific Registry Transplant Recipients, also known as SRTR. SRTR does not necessarily reflect information about a child’s complex medical conditions. Our Heart Transplant Program accepts the most fragile and complicated patients. This can make our survival statistics appear lower than hospitals that do not treat these children.





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Transplant Program Contact Info

Heart: (650) 721-2598

Kidney: (650) 498-5480

Liver & Intestine: (650) 725-8771

Lung & Heart-Lung: (650) 498-2568

transplant.stanfordchildrens.org