News Release

EMBARGOED FOR RELEASE UNTIL 10:30 A.M. CST, THURSDAY, JUNE 4, 2015

Date: June 4, 2015

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Houston Methodist Hospital, MD Anderson Cancer Center teams perform first multi-organ transplant that includes skull and scalp

HOUSTON – Surgical teams from Houston Methodist Hospital and The University of Texas MD Anderson Cancer Center successfully transplanted, for the first time, a scalp and skull while performing kidney and pancreas transplants.

James Boysen, a 55-year-old software developer from Austin, Texas, is the first patient to receive the simultaneous craniofacial tissue transplant together with solid organ transplants.

“This has been a long journey, and I am so grateful to all the doctors who performed my transplants,” Boysen said. “I’m amazed at how great I feel and am forever grateful that I have another chance to get back to doing the things I love and be with the people I love.”

The 15-hour surgery, which was conceptualized nearly four years ago, was performed at Houston Methodist Hospital by a team led by MD Anderson’s Jesse C. Selber, M.D., and Houston Methodist’s A. Osama Gaber, M.D., on Friday, May 22, about 20 hours after LifeGift alerted the team to the availability of the organs.

Today Boysen will be discharged from Houston Methodist Hospital. He will remain in Houston at Nora’s Home for three weeks of coordinated follow-up care from both institutions.

More than 50 health care professionals performed, assisted with or supported the surgery, including specialized reconstructive plastic surgeons from MD Anderson and Houston Methodist Hospital and a team of transplant surgeons, a neurosurgeon and an anesthesiologist, nurses and others from Houston.
Methodist. LifeGift played an integral role in the planning and preparation as well, never before facilitating the procurement of a scalp and skull for transplant.

“While it was incredibly exciting to bring together two of the Texas Medical Center’s leading institutions to collaborate and leverage their expertise for this first-ever transplant, the most meaningful result is what the successful surgery will mean for Jim,” said Selber, associate professor of Plastic and Reconstructive Surgery at MD Anderson, the clinical team co-leader and the originator of the idea to transplant the scalp and skull during the same surgery to transplant the other organs. “This was an ideal clinical situation that allowed us to transplant all these tissues from one patient, and Jim’s patience, courage and enthusiasm for the idea were vital.”

“This was a very complex surgery because we had to transplant the tissues utilizing microsurgery,” said Michael Klebuc, M.D., the surgeon who led the Houston Methodist Hospital Plastic Surgery Team. “Imagine connecting blood vessels 1/16 of an inch under a microscope with tiny stitches about half the diameter of a human hair being done with tools that one would use to make a fine Swiss watch.”

In 2006, Boysen had been diagnosed with leiomyosarcoma, a rare cancer of the smooth muscle, on his scalp. Successfully treated with chemotherapy and radiation, he was left with a large, deep wound on his head that included the scalp and the full thickness of his skull down to his brain.

In addition to the wound, which would require a major reconstructive undertaking, Boysen’s kidney and pancreas, which were first transplanted in 1992, were failing. Diagnosed with diabetes at age 5, Boysen’s declining condition over the years prompted the original double-organ transplant.

When Selber and Boysen first met, the scalp and skull wound were preventing doctors from performing the second solid-organ transplant. Likewise, his critical kidney and pancreas functions, together with his immunosuppression medications, were complicating scalp reconstruction.

But while his wound, medication and transplanted organ failure created a clinical Catch-22, they would also be part of the solution that led to the triple transplant.

“When I first met Jim, I made the connection between him needing a new kidney and pancreas and the ongoing anti-rejection medication to support them, and receiving a full scalp and skull transplant at the same time that would be protected by those same medications,” said Selber. “This was a truly unique clinical situation that created the opportunity to perform this complex transplant.”

“With the Houston Methodist transplant resources, we had the perfect opportunity to help Mr. Boysen,” said Gaber, director of the Houston Methodist J.C. Walter Jr. Transplant Center and the surgeon who performed the kidney and pancreas transplants and led the Houston Methodist team who cared for Boysen. “I was pleased that, despite the difficult nature of the procedure, the donor and recipient surgeries worked flawlessly. The two surgeries spanned over 24 hours and required multiple Houston Methodist Hospital and MD Anderson physicians and Houston Methodist nursing teams to complete. Our nurses and transplant coordinators fell in love with Jim and were excited to see him do so well.”