

# Duke Heart Transplant Program



## Transplant Volumes

**#1 program** by total volume in the U.S.\*\*

\*\* As reported by the Organ Procurement and Transplantation Network (OPTN).



## Time to Transplant\*

Shorter wait time than national median



\* Data from srrtr.org as of 1/7/25 for median wait time for transplant.

## Overview

We offer comprehensive evaluation and care to your patients with advanced heart failure and heart disease. Our experienced team works with you and other Duke specialists to diagnose and manage care, including transplant when necessary.

Heart transplantation remains the most effective treatment for end-stage heart failure. Duke's heart transplant program is pioneering new approaches and techniques to expand the donor pool and reduce wait times.

## Why Refer to Duke

You can refer your adult patients when they may benefit from our programs, which include:

### ▪ Adult Heart Transplant

- In 2024, Duke completed 132 heart transplants, a leader nationally.
- Duke is an innovator in expanding the donor pool, as the nation's leading center for donation after circulatory death (DCD) heart transplant patient enrollment. After performing the first U.S. DCD heart transplant, we have now completed more than 148 DCD transplants.
- Our program offers one of the shortest average wait times on the east coast.
- We offer excellent outcomes in multi-organ transplants, including combined heart-lung transplants.

### ▪ Transplant Ineligible

- Patients who do not meet the criteria for transplant may still benefit from advanced management, including new drug therapies or treatment in clinical trials.
- Duke offers one of the nation's largest mechanical circulatory support programs, providing therapy with left ventricular assist devices (LVADs).

### ▪ Adult Congenital Program

- Fully-integrated adult congenital program which creates a seamless clinical transition for pediatric patients who require adult care, including those born with single ventricles, palliated with Fontan surgery.

# Duke Heart Transplant Program

## Your Patients Will Have Access To:



### Dedicated Care Coordinators

Our care coordinators and social workers help your patients navigate every aspect of their care, including appointment scheduling, insurance coverage, and access to support resources.



### Clinical Trials

We screen every patient for clinical trial eligibility to give your patients access to novel therapies.

### Qualified Donors

We offer deceased and DCD heart transplantation and participate in national registries for benchmarking quality.



## Our Care Team Members

### Cardiologists

Adam DeVore, MD, MHS  
*Medical Director*

Richa Agarwal, MD

G. Michael Felker, MD, MHS

Adrian Hernandez, MD, MHS

Karen Flores Rosario, MD

Christopher Holley, MD, PhD

Robert Mentz, MD

Chetan Patel, MD

Paul Rosenberg, MD

Stuart Russell, MD

Aferdita Spahillari, MD, MPH

Senthil Selvaraj, MD, MS, MA

### Cardiothoracic Surgeons

Jacob Schroder, MD

*Surgical Director*

Jeffrey Keenan, MD, FACS

Carmelo Milano, MD

Find the most up-to-date list of providers at [DukeHealth.org/Transplant](https://DukeHealth.org/Transplant)

## Location

**Duke Clinic 2F/2G**  
40 Duke Medicine Cir.  
Durham, NC 27710

*Our coordinator and a doctor are on call 24 hours a day, 365 days a year for urgent concerns.*

## Heart Transplant Contact

**Phone** 919-613-7777

**Toll-free** 800-249-5864

**Fax** 919-681-8860

**On-call Physician** 919-684-8111

*For general ambulatory heart failure care referrals, please call 919-681-5816.*

# Duke Heart Transplant Referral Form

Please fax the completed referral form to 919-681-8860 or use electronic referral through Epic/MedLink. Once received, a scheduler will contact your patient to schedule an appointment. We appreciate your referral.

**Please select:**

- ☐ Evaluation for Heart Transplant  
☐ Transfer for Heart Transplant Care  
☐ Evaluation for LVAD  
☐ Transfer for LVAD Care

**USPS**

Box 102347  
Durham, NC 27710

**FedEx/UPS**

330 Trent Drive, Room 138  
Hanes House  
Durham, NC 27710

**Phone** 919-613-7777  
**Toll-free** 800-249-5864  
**Fax** 919-681-8860

## Patient Demographic Information

Name: \_\_\_\_\_ Veteran? Y N  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Language: \_\_\_\_\_ Interpreter? Y N Special Needs? Y N  
Employer: \_\_\_\_\_

## Physician Information

Referring Physician: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_  
Practice/Group Name: \_\_\_\_\_ Practice/Group Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Name of Person Completing This Form \_\_\_\_\_

## Primary Insurance Information (attach copy of both sides of card)

Company: \_\_\_\_\_ Policy ID: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_ Policyholder's DOB: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_ Referral or Pre-Cert Number: \_\_\_\_\_  
Behavioral Health Insurance? Y N Company: \_\_\_\_\_ Policy ID: \_\_\_\_\_

## Secondary Insurance Information (attach copy of both sides of card)

Company: \_\_\_\_\_ Policy ID: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_ Policyholder's DOB: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_ Referral or Pre-Cert Number: \_\_\_\_\_

## Patient General Clinical Information

Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ Date: \_\_\_\_\_  
Seen at Duke University Hospital? Y N If yes, date of last visit: \_\_\_\_\_  
Duke Medical Record Number: \_\_\_\_\_ Smoking Cessation Date: \_\_\_\_\_  
Oxygen Use at Rest: \_\_\_\_\_ at Exertion: \_\_\_\_\_

## Requested Referral Information

- Any pertinent medical records
- Most recent history and physical (clinic notes)
- Operative reports from any thoracic surgeries
- Recent chest x-ray report
- Reports of previous cardiac catheterization, stress test, and/or echocardiogram