

# Duke Kidney and Pancreas Transplant Program



## Overview

We offer comprehensive evaluation and care to your patients with kidney disease. Our experienced team works with you and other Duke specialists to diagnose and manage kidney disease and related care needs, including, but not limited to:

- End-stage renal disease
- Kidney-pancreas and pancreas-alone transplants for patients with type 1 and type 2 diabetes

## Why Refer to Duke

We offer specialized care that is not available with other transplant programs, including:

- Transplants for your patients with co-morbid conditions, such as HIV, sickle cell, cardiomyopathies, and high BMI (up to 40)
- Desensitization and paired kidney exchange options for your patients with compatibility issues, including:
  - ABO incompatible
  - Human leukocyte antigens (HLA)
  - Body size and age
- Early referral options for your patients with eGFR at or slightly above 20 mL/min/1.73 m<sup>2</sup>.
  - *We offer expedited workups with a focus on pre-emptive transplantation.*
- Living-donor laparoscopic kidney removal
- Pediatric kidney transplant with expertise in congenital kidney conditions

## When to Refer to Duke

You can refer your patients when they may benefit from:

- **Pre-emptive Transplant**
  - Workup may begin when the kidney function is slightly greater than the threshold of 20mL/min/1.73m<sup>2</sup>, allowing for a quicker transplant for your patient.
- **Living Donor Transplant**
  - More than one third of Duke's kidney transplants are living donor, which offers a shorter waiting time and better outcomes for 3-year survival than the U.S. average.\*
  - We can evaluate potential donors before the recipient's kidney function deteriorates below 20mL/min/1.73m<sup>2</sup>. This can decrease or eliminate the patient's time spent on dialysis.
- **Listing with Multiple Centers**
  - For patients that are already in evaluation with another center, Duke offers multiple listing. This may improve the chances for an organ offer and shorten wait time to transplant.

\*Data from srtr.org as of 1/5/21 for adult (18+) 3-year survival with a functioning living donor graft.



## Your Patients Will Have Access To:



### Kidney and Pancreas Transplant Specialists

Our surgeons have special expertise in performing kidney and pancreas transplants and offer:

- A paired exchange program and ABO incompatible kidney transplantation
- Steroid-free and calcineurin-free medication regimens that offer excellent long-term kidney function and allograft survival
- Monitoring for immunosuppression that is tailored for each specific patient
- Excellent outcomes in combined multi-organ transplants: simultaneous transplantation of the kidney and the liver, lung, heart, small bowel, and/or pancreas.



### Clinical Trials

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

### Qualified Donors



We offer deceased and living-donor kidney transplantation and participate in national registries for benchmarking quality.

## Our Care Team Members

### Adult Nephrologists

**Matthew Ellis, MD**  
*Medical Director, Adult Kidney Transplant*

**Goni Katz-Greenberg, MD**

**Xunrong Luo, MD**

**Loretta Phillips, NP**

**John Roberts, MD**

**Scott Sanoff, MD**

### Surgeons

**Bradley Collins, MD**  
*Surgical Director, Kidney Transplant*

**Allan Kirk, MD**  
*Chairman of Surgery*

**Stuart Knechtle, MD**  
*Executive Director, Duke Transplant Center*

**Debra Sudan, MD**  
*Surgical Director, Abdominal Transplant*

**Andrew Barbas, MD**

**Lisa McElroy, MD**

**Kadiyala Ravindra, MBBS**

**Aparna Rege, MBBS**

**Deepak Vikraman, MD**

## Location

### Duke Clinic 2B/2C

40 Duke Medicine Cir.

Durham, NC 27710

Phone **919-613-7777**

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

Fax **919-681-7930**

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

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

# Duke Kidney and Pancreas Transplant Referral Form

Please fax the completed referral form to 919-668-3897 or use electronic referral through Epic / MedLink. Once received, a scheduler will contact your patient to schedule an appointment. We appreciate your referral.

USPS  
Box 102347  
Durham, NC 27710

FedEx/UPS  
330 Trent Dr., Room 208  
Hanes House  
Durham, NC 27710

Phone 919-613-7777  
Toll-free 800-249-5864  
Fax 919-668-3897

## 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  
Employment Status: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Disabled \_\_\_\_\_ None 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 a legible 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 a legible 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

Duke Medical Record Number: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date: \_\_\_\_\_ Diabetes: No Yes  
Cause of Chronic Kidney Disease: \_\_\_\_\_ Is this referral for kidney/pancreas transplant? No Yes  
Current Modality: CAPD CCPD ICHD Home Hemo Pre-Dialysis CKD Dialysis Days: M, W, F T, TH, S Nocturnal  
Date of First Dialysis Visit: \_\_\_\_\_ Current Dialysis Unit: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dialysis Unit Phone: \_\_\_\_\_ Dialysis Unit Fax: \_\_\_\_\_

## Required Medical Information

1. Physician or extender dialysis notes with weekly progress notes and current problem list
2. Most recent complete history and physical examination (office notes for pre-dialysis patients)
3. PPD results (if positive, send record of treatment received)
4. Social work assessment (include the initial/baseline and most recent assessment)
5. Nutritional assessment
6. 2728 Form — ESRD Medical Evidence Report (Dialysis start date verification)

## If Completed

1. Most recent hospital summaries: EKG, CT scan report(s), chest x-rays, other x-ray studies, ultrasound report(s), and lab values
2. Results within the last 12-18 months (i.e., cardiac consults, especially functional cardiac studies or result of cardiac catheterization; GI consults; colonoscopy; psychological consults)
3. Age-appropriate cancer screening
  - Female Patients: Pap smear results
  - Female Patients >40: most recent mammogram
  - Male Patients >50: PSA results
  - All Patients >50: colonoscopy results