Patient Survival Rates*
Better than U.S. Average

<table>
<thead>
<tr>
<th>Survival Rate</th>
<th>Duke</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>94.63%</td>
<td>91.66%</td>
</tr>
<tr>
<td>95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85%</td>
<td></td>
<td></td>
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<tr>
<td>80%</td>
<td></td>
<td></td>
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<tr>
<td>75%</td>
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</tbody>
</table>

* Data from srt.org as of 7/6/23 for 1-year adult (18+) survival with functioning deceased donor graft.

Overview
We offer comprehensive evaluation and care to your patients with liver disease.

Our experienced team works with you and other Duke specialists to diagnose and manage liver disease, both common and rare, including, but not limited to:

- Hepatitis C
- Hepatitis B
- Cirrhosis
- Nonalcoholic fatty liver disease (NASH / metabolic dysfunction–associated steatotic liver disease (MASLD)
- Alcohol-associated liver disease
- Hepatocellular carcinoma (HCC)
- Cholangiocarcinoma
- Primary biliary cholangitis
- Primary sclerosing cholangitis
- Autoimmune liver disease
- Hemochromatosis
- Alpha-1-antitrypsin deficiency
- Wilson’s disease
- Acute liver failure
- Glycogen Storage Disease
- Varices
- Ascites
- Portal vein thrombosis

When to Refer to Duke
You can refer your patients to us when they have:

- A MELDNa score of 15 or higher
  *A MELD calculator is available at optn.transplant.hrsa.gov under “Resources.”*
- Develop liver-disease complications, including:
  - Ascites
  - Coagulopathy
  - Hypoalbuminemia
  - Hyperbilirubinemia
  - Identified hepatocellular carcinoma or hilar cholangiocarcinoma, concern for the development of a tumor
  - Persistent hyponatremia
  - Spontaneous bacterial peritonitis
  - Variceal bleeding
  - Decreased quality of life, as indicated by overwhelming fatigue, intractable itching, or severe encephalopathy

Transplant Outcomes
Among the best in the country for outcomes

<table>
<thead>
<tr>
<th>Time to Transplant*</th>
<th>Shorter wait time than national median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke</td>
<td>82 days</td>
</tr>
<tr>
<td>U.S.</td>
<td>228 days</td>
</tr>
</tbody>
</table>

* Data from srt.org as of 7/6/23 for median wait time for transplant.
Your Patients Will Have Access To:

**Liver Transplant Specialists**

Our surgeons have special expertise in performing liver transplants and offer:

- Split-liver and pediatric liver transplants
- Laparoscopic and open resection of primary and metastatic hepatic tumors
- Excellent outcomes in multi-organ transplants: simultaneous transplantation of the liver and the kidney, heart, lung, 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 liver transplantation and participate in national registries for benchmarking quality.

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**Our Care Team Members**

**Adult Hepatologists**

- Lindsay King, MD, MPH  
  *Medical Director, Liver Transplant*
- Carl Berg, MD  
  *Medical Director, Abdominal Transplant*
- Carla Brady, MD, MHS
- Matthew Kappus, MD
- Andrew Muir, MD, MHS
- Omobonike Oloruntoba, MD
- M. Cristina Segovia, MD

**Surgeons**

- Debra Sudan, MD  
  *Surgical Director, Abdominal Transplant*
- Andrew Barbas, MD
- Bradley H. Collins, MD
- Stuart Knechtle, MD
- Lisa McElroy, MD
- Kadiyala Ravindra, MBBS
- Aparna S. 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
Duke Liver Transplant Referral Form

Please fax the completed referral form to 919-681-7930 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 205
Hanes House
Durham, NC 27710

**Phone** 919-613-7777
**Toll-free** 800-249-5864
**Fax** 919-681-7930

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### 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: __________________

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### Physician Information

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

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

Company: __________________ Policy ID: ________ Group Number: ________
Policyholder's Name: __________________
Insurance Phone Number: __________ Referral or Pre-Cert Number: __________
Behavioral Health Insurance? Y N Company: __________________ Policy ID: ________

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

Company: __________________ Policy ID: ________ Group Number: ________
Policyholder's Name: __________________
Insurance Phone Number: __________ Referral or Pre-Cert Number: __________

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### Patient General Clinical Information

Seen at Duke University Hospital? Yes No If yes, date of last visit: __________ Duke Medical History Number: __________
Patient Height: ________ Patient Weight: ________ Smoking Cessation Date: __________

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### Clinical Information Requested to Schedule Appointment

1. Most recent clinical summary and current medications, treatment plans, and past medical history or typed consult letter, including patient’s clinical summary and pertinent medical history
2. Lab results within 60 days, including total bilirubin, prothrombin time with INR, and chemistry panel, including creatinine and sodium
3. Abdominal imaging reports (Doppler ultrasound, CT, MRI) within last 12 months
4. Procedural reports, including liver biopsy pathology, endoscopy, or colonoscopy most recently completed, if available
5. For patients with substance abuse history*:
   a. Summary of alcohol and/or substance abuse
   b. Date of abstinence

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* Items may be included in dictated summary or letter. Note: Patients with NC Medicaid primary insurance must meet eligibility in accordance to NC Medicaid. This must be completed by the referring MD. Please contact the referral transplant coordinator for testing requirement details.