

# Duke Kidney and Pancreas Transplant Program



## Overview

Since performing North Carolina's first kidney transplant more than 60 years ago, the Duke Kidney Transplant Program continues to be a leader in the field of kidney transplantation, including transplanting patients with co-morbid conditions such as HIV, sickle cell, cardiomyopathies, and high BMI (up to 40).

Our expertise and experience include kidney transplants for patients with end-stage renal disease, as well as kidney-pancreas and pancreas alone transplants for patients with type 1 and 2 diabetes.

Our team has expertise in living donation, which offers recipients shorter waiting times and better outcomes compared to deceased donor organs. About 1/3 of the transplants Duke performs each year are from living kidney donors.

Duke strives to offer transplant *preemptively* before a recipient needs dialysis. In cases with compatibility issues (i.e., ABO, HLA, body size, age), Duke offers many solutions, including desensitization and paired kidney exchange.

Individuals already in evaluation with another center can call us to learn more about how they can also wait-list with Duke. Multilisting may improve a patient's chances of getting an organ offer, thereby shortening their wait time for transplant.

## Highlights

- Ranked 19th in the nation for nephrology services, according to *U.S. News & World Report for 2020-2021*
- More than 200 kidney transplants performed in 2019, including 20 kidney transplants with other organs (heart, lung, and liver)
- Multi-organ transplants
- Living-donor laparoscopic kidney removal
- Individualized anti-rejection protocols and numerous cutting-edge trials to help find the perfect transplant experience for all patients
- Fast evaluations so patients know if they are candidates; 45 days or less from referral to complete evaluation
- Early referral (eGFR at or slightly above 20 mL/min/1.73 m<sup>2</sup>) and expedited workups, with a focus on preemptive transplantation
- Pediatric kidney transplant with special expertise in congenital kidney conditions

## Providers

### TRANSPLANT SURGEONS

**Debra Sudan, MD**

*Surgical Director  
Abdominal Transplant*

**Allan Kirk, MD**

*Chairman of Surgery*

**Stuart Knechtle, MD**

*Executive Director  
Duke Transplant Center*

**Bradley Collins, MD**

*Surgical Director  
Kidney Transplant*

**Andrew Barbas, MD**

**Lisa McElroy, MD**

**Kadiyala Ravindra, MBBS**

**Aparna Rege, MBBS**

**Deepak Vikraman, MD**

### ADULT TRANSPLANT NEPHROLOGISTS

**Matthew Ellis, MD**

*Medical Director  
Adult Kidney Transplant*

**Xunrong Luo, MD**

**John Roberts, MD**

**Scott Sanoff, MD**

**Carol Traynor, MD**

**Loretta Phillips, NP**

## When to Refer

Pre-emptive transplantation affords patients the very best outcomes, but is hard to achieve in the setting of long waiting times. We encourage referral when the patient's estimated GFR is near 20mL/min/1.73m<sup>2</sup>. Even when the kidney function is slightly greater than 20mL/min/1.73m<sup>2</sup>, a workup can commence, enabling us to be ready to activate the patient as soon as the kidney function crosses 20mL/min/1.73m<sup>2</sup>.

For patients with living donors, we can evaluate potential donors before the recipient's kidney function deteriorates below the threshold, thereby decreasing or eliminating the patient's time spent on dialysis.

## Location

**Duke Clinic 2B/2C**

40 Duke Medicine Circle  
Durham, NC 27710

**Phone** 919-613-7777

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

**Fax** 919-681-7930

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

**DukeHealth.org/transplant**

# Duke Transplant Center

## Kidney Transplant Program

USPS  
Box 102347  
Durham, NC 27710

FedEx/UPS  
330 Trent Drive  
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: M F 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 History 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