

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

Since 1965, our kidney transplant team has performed more than 5,000 kidney transplants, recognizing the experience we can offer your patients.

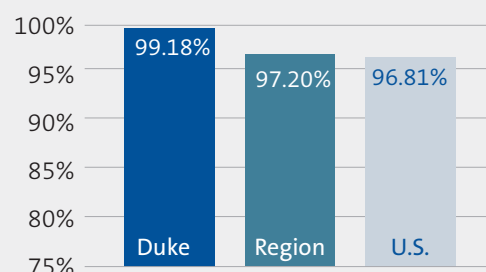
Why Refer to Duke

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 m².
 - *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
- Leaders in complex cases, including rare multi-organ transplants, such as kidney-heart transplants and kidney-liver, with excellent outcomes.

Patient Survival Rates*

Better than U.S. Average



*Data from srtr.org as of 1/9/24 for adult (18+) 1-year conditional survival with functioning graft. Region is average of OPTN Region 11.

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/1.73m², allowing for a quicker transplant for your patient. This can also decrease or eliminate the patient's time spent on dialysis.
- **Living Donor Transplant**
 - More than one third of Duke's kidney transplants are living donor, which offers a shorter waiting time.
- **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.

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Your Patients Will Have Access To:



Kidney and Pancreas Transplant Specialists

Our team has special expertise in performing kidney and pancreas transplants and offer:

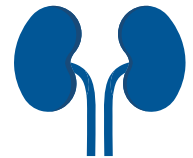
- A paired exchange program and ABO incompatible kidney transplantation
- Steroid-free and calcineurin-free medication regimens that offer excellent long-term kidney function and allograft survival
- Monitoring for immunosuppression that is tailored specifically for each patient
- Excellent outcomes 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 Nephrology

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

Gayle Vranic, MD
*Director, Living Donor
Program*

Jason Bodner, PA
Goni Katz-Greenberg, MD
Irma Husain, MD

Xunrong Luo, MD
Loretta Phillips, NP
Vinaya Rao, MD
John Roberts, MD
Scott Sanoff, MD

Surgery

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, MD
Deepak Vikraman, MD

Find the most up-to-date list of providers at DukeHealth.org/Transplant

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**

Duke Kidney and Pancreas Transplant Referral Form

Please fax the completed referral form to 919-668-3897 or use electronic referral through Epic / MedLink / TREX. 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
Email Kidney_transplant@mc.duke.edu

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