

# Duke Kidney and Pancreas Transplant Program



## Overview

Since performing North Carolina's first kidney transplant more than 50 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, non-ischemic cardiomyopathy, 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 transplants for patients with type 1 diabetes and kidney failure.

Our team has particular 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 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. Multiple listing may improve a patient's chances of getting an organ offer, thereby shortening their wait time for transplant.

## Highlights

- Ranked 19<sup>th</sup> in the nation for nephrology services, according to *U.S. News & World Report for 2018-2019*
- Averages 150 kidney transplants annually
- Multi-organ transplants
- Living-donor laparoscopic kidney removal
- Individualized patient care
- 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
- Access to cutting-edge clinical trials
- Pediatric kidney transplant with special expertise in congenital kidney conditions

## Providers

### TRANSPLANT 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**  
**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**

### PEDIATRIC TRANSPLANT NEPHROLOGISTS

**Eileen Chambers, MD**  
*Medical Director  
Pediatric Kidney Transplant*  
**Annabelle Chua, MD**

## 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](http://dukehealth.org/transplant)

### 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