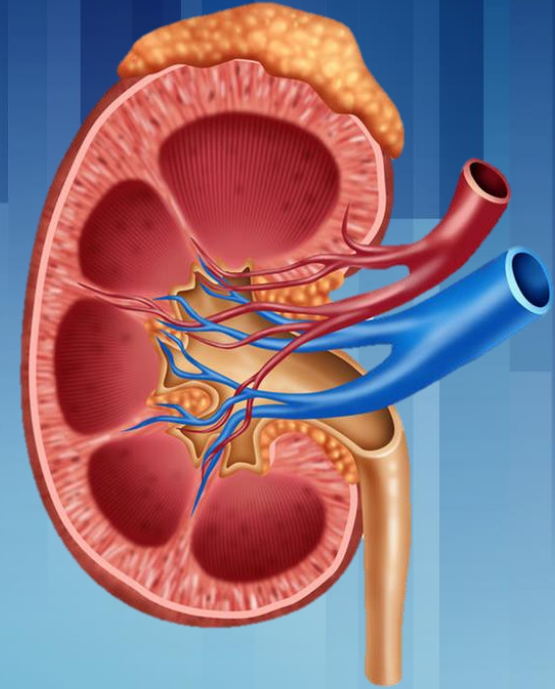




Kidney Transplant



Duke Transplant Center



Transplant Coordinators



- Today you will be assigned a **pre-transplant coordinator** to serve as your personal resource through the transplant process
- All transplant coordinators are **nurses** that are trained in the field of transplant
- Your transplant coordinator will be your **point of contact** during the entire pre-transplant process





Transplant Candidacy

- We assess and review you as a candidate through our evaluation process to ensure it is safe and beneficial for you to receive a kidney transplant
- We want to enhance the quantity and quality of your life
- Not everyone will be a candidate for transplant



Being present today for your evaluation does not mean you are a candidate for transplant



Referral

- Referral reviewed by NC
- Pt called by NC if meet criteria to get more info and explain eval
- All day eval appt scheduled
- TRES should be available soon



Inclusion Criteria

- Expressed interest in transplant
- eGFR* \leq 20mL/min/1.73m²
- For **deceased donor** recipients, legal resident of the United States (citizen or legal alien)
- If patient has HIV, must have CD4* count consistently $>$ 200 and clinical clearance by Duke Infectious Disease physician
- Patients $>$ 70 years old must have a potential living donor or one or more years of dialysis.
- Presence of a consistent and reliable support system, enabling the patient to obtain anti-rejection medications after transplant and providing reliable transportation.
- Appropriate financial, logistic and care giving support to arrive to Duke University in a timely fashion at the time of an organ offer and be able to attend follow-up after transplant in Duke Clinic for at least 12 months after transplant
- Candidates must demonstrate financial resources sufficient to support post-transplant care (Including, but not limited to medication costs, travel and lodging expenses, and medical devices)



Exclusion Criteria

- A history of cancer for which the type or stage would compromise patient or kidney graft survival after transplantation.
- Body mass index (BMI) > 40
- Patient with liver disease who has not been cleared by the Duke Hepatology team.
- Active substance abuse (alcohol or other)
- Inability or unwillingness to perform self-catheterization in the setting of an unsatisfactory urinary drainage system
- Persistent non-adherence with medications, dialysis treatment, and/or medical recommendations
- Any cardiac condition that would make transplant surgery unsafe or that would compromise post-transplant survival.
- Transient ischemic attack or stroke within the last 6 months
- Severe restrictive or obstructive pulmonary disease
- Systemic infection
- Non-healing ulcer or wound
- Medical or psychosocial risk factor(s) that make transplant surgery unsafe.
- Untreated or uncontrolled psychiatric disorders that would negatively impact the patient's ability to care for self.
- Patients in an institutional setting that cannot meet the requirements outlined in the criteria above
- Deconditioned state or degree of frailty that would prevent the patient from safely tolerating surgery or complications after surgery in the presence of immunosuppression.



Evaluation Process

Physical Testing

- CT scan
- Stress test
- Echocardiogram
- Chest x-ray
- EKG

Routine Cancer Screening

These are your responsibility to maintain

- Mammogram*
 - Females > 40 years old, required yearly
- Pap smear*
 - Females > 18 years old, required every one to three years
- Colonoscopy*
 - All patients > 50 years old, required every ten years
- PSA level*
 - Males > 50, required yearly

*Or as directed by your physician



Psychosocial

- Need for social support and care giving
 - A social support system is required for transplant. This includes two caregivers that can provide assistance with transportation, new medications, emotional support and wound care. They need to be aware that this is a 24/7 time commitment for several weeks after your transplant.
- Lifelong immunosuppression
 - It is necessary for you to follow a strict medical regimen after transplant, including monitoring the effects of medications and taking your immunosuppression medications consistently.
- Financial considerations
 - You need financial coverage for immunosuppression drugs, related expenses such as travel, lodging and medications not covered by insurance.





Evaluation Assessments



- Nephrology
- Surgery
- Psychosocial
- Finance
- Nutrition
- Pharmacy
- Medical Psychology
- Psychiatry



Listing Process

- Multiple Disciplinary Committee
- Listed in a national donor computer system through the United Network of Sharing (UNOS)
- In our area we have the following waiting times:
 - **O** → 5-7 years
 - **A** → 3-5 years
 - **B** → 6-7 years
 - **AB** → 1-7 years
- Qualifying date
 - Listing date
 - Dialysis start date





Types of Kidney Donors: Comparison

High KDPI

- More organ offers
- Not related to infection
- Decreased wait time (months)

Increased Risk

- More organ offers
- No active infection
- Decreased wait time (months)

Hepatitis C +

- More organ offers
- Active infection
- Decreased wait time (years!)



Financial Assessment



Insurance is verified for transplant benefits

Pts apprised of the transplant benefits at eval appt.

Medication and living donor coverage are explained to patient



Waitlist Status

- Active
 - Accruing time
 - Ready for organ offers
- Inactive
 - Accruing time
 - Not eligible for organ offers
- Removal
 - At the time of transplant
 - If you become too sick for transplant while on the waitlist





Unique Services

- Use Belatacept IV immunosuppression with Sirolimus vs standard w Prograf/MMF/Pred
- One day evaluation
- Explore Transplant in different cities