A LITTLE ABOUT UNC

- UNC Medical Center is located in Chapel Hill, NC and is integrated into the University of North Carolina campus.
- The reach of the UNC Medical Center extends beyond Chapel Hill. Our transplant area extends throughout North Carolina. Additionally, we have a significant amount of out of state patients in SC and VA and continue to develop these relationships.
Since 1968, we have completed more than 2,300 kidney and kidney-pancreas transplants

236 patients have been seen at UNC outreach clinics for 2019

1,216 patients were referred to UNC in 2019 for kidney and K/P transplants

Number of kidney transplants for 2019 - 28 living donor transplants
- 89 diseased donor transplants

UNC has performed 5 pancreas transplants in 2019
UNC Transplant Team

Transplant Nephrologists:
- Medical Director: Randal Dehiller, MD
- Karin True, MD
- Edwin R. Fuller, MD
- Pankaj Jawa, MD
- Mark Kleman, MD

Transplant Surgeons:
- Surgical Director: Alexander Toledo, MD
- Pablo Serrano, MD
- Chirag Desai, MD
- David A. Gerber, MD
- Adarsh Vijay MD

Transplant Coordinators:
- 4 evaluation coordinators
- 3 waitlist coordinators
- 1 living donor coordinator
- 7 post transplant coordinators
A referral must be initiated by the dialysis unit, patient’s PCP or nephrologist, and in some cases self-referral from patient.

Link to referral form: [www.unchelseap.org/unckidneytransplantrreferral](http://www.unchelseap.org/unckidneytransplantrreferral/)

The information that we need from the dialysis facility/PCP/nephrologist in the referral:

- COMPLETED Referral form
- Dialysis 2728 if on dialysis
- Documentation of GFR of 20.0 or less (if not on dialysis)
- Most recent hospital d/c summary (if applicable)
- Health insurance card
- Recent H&P (within last 6 mos) **MOST CRITICAL PART OF REFERRAL**
Absolute Contraindications for Kidney Transplant:

- Active TB
- Active substance abuse
- Serious cardiac, pulmonary, or other comorbid conditions that create an unacceptable risk for transplant surgery or transplant immunosuppression
- Patient lacks desire for transplant
Relative Contraindications for Kidney Transplant:

- Non-stable HIV+ (CD4 count must be >200)
- Goodpasture’s Syndrome with persistent presence of anti-GBM antibodies
- Active systemic infection
- BMI > 40%
- Severe advanced vascular disease
- Inability to adhere to a medical regimen
- Pediatric patients with weight less than 10 kg
- Malignancy with prognosis suggesting an anticipated survival of < 5 years
- History or presence of malignancy requires a disease-specific treatment plan and may require an extended wait period prior to active listing
- Age > 80 years old
- Smoking cigarettes, e-cigarettes, vaping, and using smokeless tobacco.
- Inability to meet the financial obligations projected for transplantation, immunosuppression, and supportive therapies.
PATIENTS WITH BMI >40%

- Patients will attend orientation class, see our dietician and our transplant medical director Dr. Randal Detwiler
- The dietician and nephrologist will make recommendations for weight loss and assist with a plan
- Dr. Detwiler will make a referral for bariatric surgery if appropriate
- Our dietician will follow patient every 3 months and Dr. Detwiler will see patient every 6 months to assist with weight loss goals
- Patient will commence full evaluation once BMI <40%
Once a referral is received it is reviewed by a nurse transplant coordinator, if acceptable it will be sent for insurance clearance and a letter is sent to referring provider/dialysis center with a decision. Once patient is cleared we will schedule initial appointments and send appointment letter to referring MD, Dialysis center and patient.

To make an appointment for an evaluation, or to ask questions about individual patients, call 984-974-5200. To refer a patient by fax, please send to 984-974-0888.

The evaluation begins with kidney transplant education class, social work, financial coordinator, initial transplant nephrology appointment, and some testing. Following this initial appointment the transplant coordinator will request the remainder of the needed appointments.
HOW TO BEST FOLLOW-UP ON REFERRALS

- Our current process has excellent continuity of care.
- At UNC each evaluation coordinator is assigned to a region. As such, they follow the patient from initial referral right through listing. The coordinator’s name will be on referral decision letter sent to referring MD and dialysis centers. They will be the point of contact throughout the evaluation process. We will notify the dialysis center and referring MD by letter of any status change.

**Evaluation Coordinators**

Cristina Darling RN, BSN  
984-215-3433  
Cristina.Darling@unchealth.unc.edu

Sandy Lynch RN, MSN  
984-974-7544  
Sandy.Lynch@unchealth.unc.edu

Kris Martin RN, MSN  
984-974-7541  
Kristin.Martin@unchealth.unc.edu

Megan Zink RN, BSN  
984-974-7569  
Megan.Zink@unchealth.unc.edu
HOW TO BEST FOLLOW-UP ON REFERRALS

Once the patient is listed they will be followed by the waitlist coordinator for their region. All communication will be routed through them and they will update the dialysis center and referring MD of any status changes.

**Kidney Waitlist Transplant Coordinators**

- Brandy Baldwin RN, MSN
  984-974-7559
  Brandy.Baldwin@unchealth.unc.edu

- Rikki Huffstetler RN, BSN
  984-974-7433
  Rikki.Huffstetler@unchealth.unc.edu

- Dawn St. Louis RN, BSN
  984-974-7561
  Dawn.Stlouis@unchealth.unc.edu
LIVING DONOR PROGRAM

- UNC performed 28 living donor transplants in 2019.
- A living donor kidney is the best option for patients and the fastest way to get a kidney.
- Contraindications to living donation:
  - Diabetes
  - History of cancer
  - Lupus
  - Rheumatoid arthritis
  - Sickle cell disease/trait
  - Obesity (BMI >30%)
  - Some psychiatric conditions
  - Active drug use

Living Donor Transplant Coordinator

Amy Woodard RN, BSN
984-974-7568
Amy.Woodard@unchealth.unc.edu
LIVING DONOR CHAMPION PROGRAM

- UNC Center for Transplant Care now offers a program to all patients in evaluation and on the kidney transplant waiting list. The Living Donor Transplant program is designed to help kidney transplant candidates start the conversation about kidney donation.

- PROGRAM GOALS: -provide patients with the skills to ask others about live donation
- Provide patients with information to educate others about live donation
- Help patients identify who to ask
- Help patients identify friends or family who can help talk to others about live donation
- We have a previous donor and recipient speak at the program
- Increase awareness of renal failure and benefits of live donation
- Class is 2 hours in duration NEXT CLASSES: May 3, August 30, October 18
- Mailers sent to all dialysis centers providing information on these classes
EXTENDED TRANSPLANT OPTIONS

LIVING KIDNEY DONOR PROGRAM

NATIONAL KIDNEY REGISTRY
- The National Kidney Registry is a national registry in the United States listing kidney donors and recipients in need of a kidney transplant. NKR facilitates over 450 "Kidney Paired Donation" or "Paired Exchange" transplants annually.

- Why consider a swap or an exchange? - Swap because of incompatible blood type or cross match with donor.
- Patients and their donors can also consider compatible swapping. If the patient and the donor are compatible but have a difference in age. They could swap to find a "better matched" kidney.

BLOOD TYPE INCOMPATIBLE TRANSPLANTS
- If the donor’s blood type is not compatible with the patient, they can still be considered as a living donor.
- Nothing will be different for donor, only for the recipient.
- The recipient will need desensitization through plasmapheresis and immunosuppressant medications prior to transplant.
Hepatitis C transplants
- Patients could also be offered a kidney from a donor that is Hepatitis C+.
- There are new drugs available since 2013 that are very successful in curing Hepatitis C.
- Organs from Hepatitis C organ donors have been used with 95% or better cure rates.
- Patients have to sign a special consent. Patients are tested often after transplant and would be given medications to treat Hepatitis C if necessary.

>85 % KDPI
- There are two parts to the kidney scoring system. The first part of the scoring system is for the donor. Every deceased donor kidney gets a score called KDPI (kidney donor profile index).
- The majority (65%) of deceased donor kidneys have KDPI between 21% and 85% and are expected to function for about 9 years. Kidneys with KDPI exceeding 85% are expected to function for more than five and a half years.
- We see this as a viable option for many appropriate patient on our wait list. A separate consent is required.
EXTENDED TRANSPLANT OPTIONS

- **A2 or A2B KIDNEY**

  - On December 4, 2014 the new national kidney allocation system (KAS) in the United States was implemented. One of the changes was the allocation of kidneys from A$_2$ and A$_2$B (A, non-A, and AB, non-A, B) deceased donors into blood group B candidates (A$_2$/A$_2$B → B). Insofar as this is an important component of the new KAS that has the potential to further increase the access to transplantation for blood group B candidates on the waiting list, most of whom are minority candidates.

  - Many centers do not utilize this option. After much data collection and review UNC now offers this option to eligible patients.

  - We draw Anti A titers on all our B recipients to see if they are eligible. If they are found to be eligible they must sign a specific consent.

  - B blood group has the longest wait time. UNC offers this opportunity to patients to reduce their time on the wait list. This increases the chances of receiving a new kidney sooner.
LATINO CLINICS

- UNC saw a need with our transplant population and responded by developing a Latino clinic.
- The clinic is held monthly for patients whose primary language is Spanish.
- Patients first contact is a Spanish scheduler.
- Their transplant class is taught by a Spanish transplant coordinator and she will be their dedicated coordinator throughout their transplant evaluation and waitlist process.
- They will be seen by a Spanish financial coordinator and surgeon and the remainder of the team will have dedicated interpreters.
- We identify these patients as Spanish is indicated as their preferred language on their referral.
OUTREACH

- We have outreach clinic in Raleigh where we see new evaluation patients.
- At our Asheville outreach location we see new evaluation patients as well as post transplant patients.
- Our pre-transplant coordinators offer outreach to dialysis centers in their areas providing both patient and staff education upon request.
- We will be offering post-transplant clinics at UNC Eastowne (Chapel Hill) and Panther Creek (Cary) locations.
ADDITIONAL INFORMATION

- Communication with the referring MD and dialysis center is crucial to the patient’s success.
- Please report the following:
  - Any changes in contact information - IF we can’t reach them we can’t evaluate them
  - Recent hospitalization, infection, or illness
  - Non-compliance with dialysis, medications, or diet
  - Suspicion of substance abuse
  - Changes in social support system
  - Changes in insurance coverage
  - Send monthly PRA blood sample, even if patient is waitlist hold
  - Up-to-date health maintenance (e.g. mammogram, PPD, dental, colonoscopy)
  - Let us know if patient received a transplant at another center
  - Death
UNC TRANSPLANT OUTREACH GOALS

- We want to provide the best care to our patients and provide excellent communication to our referring providers.
- We want to provide outreach and education to dialysis centers in our region upon request.
- Each coordinator seeks to continually improve their relationships with their dialysis centers and patients through education and outreach.
- Please reach out to your evaluation coordinator if you would like UNC to plan a Lobby Day and/or staff transplant education day.
- Kidney/Pancreas transplant website - www.unckidneytransplant.org