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. 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.

Highlights

- Ranked 28th in the nation for nephrology services, according to U.S. News & World Report
- 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 m2) 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

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 20 mL/min/1.73 m2. Even when the kidney function is slightly greater than 20 mL/min/1.73 m2, a workup can commence, enabling us to be ready to activate the patient as soon as the kidney function crosses 20 mL/min/1.73 m2.

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.

Providers

- **TRANSLANT 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
  - Todd Brennan, MD
  - Kadiyala Ravindra, MBBS
  - Aparna Rege, MBBS
  - Deepak Vikraman, MD

- **ADULT TRANSPLANT NEPHROLOGISTS**
  - Matthew Ellis, MD
    Medical Director Adult Kidney Transplant
  - John Roberts, MD
  - Scott Sanoff, MD
  - Loretta J. Phillips, APRN-BC, NP-C

- **PEDIATRIC TRANSPLANT NEPHROLOGISTS**
  - Eileen Chambers, MD
    Medical Director Pediatric Kidney Transplant
  - Annabelle Chua, MD

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

Patient Survival Rates
Living-Organ Kidney Transplant

<table>
<thead>
<tr>
<th>Percentage of Recipients Alive</th>
<th>1 month</th>
<th>1 year</th>
<th>3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Expected</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
</tr>
</tbody>
</table>

Data from srtr.org 1/5/2017
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: ___________________________
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: __________
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: ___________________________

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
Pre-Dialysis CKD: ___________________________
Dialysis Days: M, W, F  T, TH, S  Nocturnal
Date of First Dialysis Visit: ___________________________
Address: ___________________________
City: ___________________________  State: ________  Zip: __________
Current Dialysis Unit: ___________________________
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