

# Duke Lung Transplant Program



## Overview

Among the most established and successful in the world, the Duke Lung Transplant Program is dedicated to serving the needs of our patients and referring providers. Since 1992, our lung transplant surgeons have performed more than 1,800 lung transplants. Our experienced team understands all aspects of lung transplant care.

## Highlights

- High patient volumes, approximately 100 per year
- High transplant rate
- Experience with complex patients, including:
  - Transplant of critically ill
  - Multi-drug resistant infections
  - Transplant of older adults (no fixed upper age limit)
  - Patients with coronary artery disease and/or valvular heart disease
  - Multi-organ transplants, including heart-lung, lung-liver, and lung-kidney
- Individualized patient assessment
- Pioneering clinical, basic and translational research
- Comprehensive pulmonary rehab and education program
- Expert management of the full spectrum of lung transplant care
- Around-the-clock lung transplant attending physician phone consultation available

### Median Wait Time

Data from srtr.org 10/9/2018



■ Duke  
■ U.S.

## Location

**Duke Clinic 2F/2G**  
40 Duke Medicine Circle  
Durham, NC 27710

**Phone** 919-613-7777  
**Fax** 919-681-5770  
**Toll-free** 800-249-5864  
**On-call Physician** 919-684-8111  
**Email** lungtran@dm.duke.edu

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

## Providers

### PULMONOLOGISTS

**John M. Reynolds, MD**  
*Medical Director*

**Scott M. Palmer Jr., MD**  
*Scientific Director*

**Laurie D. Snyder, MD**  
*Associate Medical Director*

**Hakim Azfar Ali, MD**  
**Carrie Johnson, MD**  
**Omar H. Mohamedaly, MD**  
**Lake D. Morrison, MD**  
**Matthew Pipeling, MD**  
**Jamie L. Todd, MD**  
**Jordan Whitson, MD**  
**Lorenzo Zaffiri, MD, PhD**

### CARDIOTHORACIC SURGEONS

**Mani A. Daneshmand, MD**  
*Surgical Director*

**John C. Haney, MD**  
**Matthew G. Hartwig, MD**  
**Jacob A. Klapper, MD**

## When to Refer

- **Chronic obstructive pulmonary disease**—FEV1 <40% and/or DLCO <30%; oxygen dependence; hypercarbia; frequent exacerbations; persistent, activity-limiting symptoms in spite of pulmonary rehabilitation
- **Cystic fibrosis and bronchiectasis**—Increasing frequency of exacerbations; progressive decline in lung function, exacerbation requiring ICU care, oxygen dependence, hypercarbia, secondary pulmonary hypertension, FEV1<40%, recurrent or refractory pneumothorax
- **Interstitial Lung Disease (ILD)**—Histological or radiographic evidence of idiopathic pulmonary fibrosis or nonspecific pulmonary fibrosis (**Note: Due to the unpredictable nature of ILD, referral for transplant evaluation should be considered regardless of pulmonary function.**)
- **Pulmonary arterial hypertension**—Progressive symptoms (NYHA Class III or IV) in spite of maximal medical therapy, rapidly progressive disease, failure to respond to pulmonary vasodilators
- **Sarcoidosis**—FEV1 <50% and/or DLCO <40%; oxygen dependence; hypercarbia; secondary pulmonary hypertension
- Consider transplant referral in other lung diseases when there is hypoxia, hypercarbia or disease progression in spite of maximal medical therapy

***Transplant evaluations - One-day Consult, Limited Evaluation (2 days) or Full Evaluation (5 days)- are available based on your patient's needs.***

# Duke Transplant Center

## Lung and Heart-Lung Transplant Program

**USPS**  
Box 102347  
Durham, NC 27710

**FedEx/UPS**  
330 Trent Drive, Room 132  
Hanes House  
Durham, NC 27710

**Phone** 919-613-7777  
**Toll-free** 800-249-5864  
**Fax** 919-681-5770

Please complete this form to the best of your ability and send supportive documentation for review.

### Patient Demographic Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: M F Race: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Does Patient Need an Interpreter? Y N Language: \_\_\_\_\_

### Physician Information

Referring Physician: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_  
Practice/Group Name: \_\_\_\_\_ Practice/Group Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Office Fax: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Referring Physician Cell Phone: \_\_\_\_\_ (MD Communication Only)  
Referring Physician E-mail: \_\_\_\_\_  
Name of Person Completing This Form: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Primary Insurance Information (Please attach copy of both sides of all medical insurance card)

### Required Medical Information

Primary Lung Diagnosis: \_\_\_\_\_  
Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ Date of Measurements: \_\_\_\_\_  
Currently Smoking Tobacco Products? Y N Currently Using Other Tobacco or Nicotine Products? Y N  
How Much Oxygen Use at Rest: \_\_\_\_\_ (L/min) How Much Oxygen Use at Exertion: \_\_\_\_\_ (L/min)  
Smoking Cessation Date, if applicable: \_\_\_\_\_  
Other Tobacco/Nicotine Cessation Date, if applicable: \_\_\_\_\_

- Recent clinic notes including list of current medications
- Arterial blood gas and pulmonary function test (PFT) results from the last 12 months
- Copies of both sides of all medical insurance cards- primary and secondary
- Recent chest x-ray/CT reports
- Recent labs tests, including complete blood count and comprehensive metabolic panel
- Reports of any cardiology studies, including heart catheterization, echo, and stress test
- Operative reports and esophageal studies in the last six months, if applicable
- Recent inpatient records, if applicable
- Nutrition Summary and last note, if applicable