

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 1,900 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 1/7/2019



■ 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

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

John C. Haney, MD
Surgical Director

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