Duke Kidney/Pancreas Transplant Program

Overview

In March 2010, the Duke Kidney Transplant Program performed its 3000th kidney transplant—50 years after performing North Carolina’s first. Duke 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 interest and expertise in living donation, which offers recipients shorter waiting times and better outcomes compared to deceased donor organs. Duke strives to transplant these organs 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 9th in the nation for nephrology services, according to U.S. News & World Report
- Multi-organ transplants
- Living-donor laparoscopic kidney removal
- Individualized patient care
- Reduced referral-to-evaluation times
- 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 patients estimated GFR is near 20mL/min/1.73m2. Even when the kidney function is slightly greater than 20mL/min/1.73m2, a workup can commence, enabling us to be ready to activate the patient as soon as the kidney function crosses 20mL/min/1.73m2.

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

TRANSPLANT SURGEONS
- Bradley Collins, MD
  Surgical Director
  Kidney Transplant
- Debra Sudan, MD
  Surgical Director
  Abdominal Transplant
- Todd Brennan, MD
- Allan Kirk, MD
- Stuart Knechtle, MD
- Kadiyala Ravindra, MBBS
- Aparna Rege, MBBS
- Deepak Vikraman, MD

TRANSPLANT NEPHROLOGISTS
- Matthew Ellis, MD
  Medical Director
  Kidney Transplant
- Uptal Patel, MD
- John Roberts, MD
- Scott Sanoff, 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
800-MED-DUKE (633-3853)
dukemedicine.org/transplant

Living-Donor Kidney Transplant Patient Survival Rates

Data from srtr.org 12/16/2014

Percentage of Recipients Alive
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: ____________________________ Interpreter?  Y  N  Special Needs?  Y  N
Language: ____________________________ Relationship: ____________________________
Employer: ____________________________

Physician Information

Referring Physician: ____________________________ Primary Care Physician: ____________________________
Practice/Group Name: ____________________________ Practice/Group Name: ____________________________
Address: ____________________________ State: ____________________________ Zip: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________
Phone: ____________________________ Phone: ____________________________
Fax: ____________________________ Fax: ____________________________
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
Dialysis Days: M, W, F      T, TH, S      Nocturnal
Date of First Dialysis Visit: ____________________________
Address: ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________
Dialysis Unit Phone: ____________________________

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