

The Evaluation Process

For a kidney/pancreas transplant

The evaluation process is complex, and differs for each patient. It begins with a referral your doctor makes to UWMC.

Who is eligible for a transplant?

To be eligible for transplant surgery, you must either:

- Have a GFR (*glomerular filtration rate*) below 20 mL/minute, or
- Be on dialysis

We can assess you for transplant if your GFR is below 30 mL/minute, but your wait time for transplant will not start until your GFR is below 20 mL/minute. Your *nephrologist* (kidney doctor) will help you decide when to start the transplant evaluation.

To be considered for kidney transplant, these statements must be true:

- Your doctors have told you that you can expect to live at least 5 years.
- Your body is healthy enough for surgery. This means that your heart is strong, you do not have any blockages in the blood vessels in your legs, and you do not have active cancer.
- You do not smoke.
- You are not too overweight.
- Your financial resources and caregivers will support you throughout the transplant journey.

You may be eligible for kidney/pancreas transplant if you have type 1 (*juvenile*) diabetes. Most people with type 2 diabetes still have a working pancreas.

If you live outside the U.S., you are still eligible to receive a transplant at UWMC, if you meet all the criteria.



Be sure that you and your caregiver ask your doctors your questions about the transplant process.

What happens during evaluation?

Before you are accepted for transplant, your evaluation team will:

- Review your medical records.
- Ask for your medical history and do a physical exam.
- Talk with you and your support person about:
 - The transplant process
 - Risks related to transplant
 - What is involved in the surgery
 - The use of *immunosuppressant* drugs (drugs you will take that keep your body from rejecting the new organ)
 - Your eating habits, dietary needs, and food and drug interactions
- Briefly review:
 - What to expect during your hospital stay
 - The routine for clinic visits and follow-up after a transplant
 - Your financial plans
- Assess your support system after surgery. You will need:
 - Caregiver(s) to help you 24 hours a day for at least a few weeks. You may stay with them, or they may stay with you.
 - Help with rides to the clinic at 7:30 a.m. several days a week.
 - Help with learning your new medicines.
 - Help with lifting anything more than 10 pounds (a gallon of water weighs almost 9 pounds).

Our social worker can help your caregiver(s) with their *Family Medical Leave Act* (FMLA) forms if they need to take time off work.

You can help move your evaluation along by seeing your own doctor for your tests and visits. If you want to have your workup and testing done at UWMC, our Transplant Services will set up your appointments.

We understand that being evaluated can be overwhelming, tiring, and stressful, for both you and your loved ones. One of the hard parts about this process is knowing that you may not be a candidate for transplant. It may help you to share your thoughts and feelings with someone you trust.

Please know that we carefully review all of the information we gather during your evaluation to try to achieve the best outcome for you. Feel free to ask the transplant team staff any questions you have as you go through this process.

Labs, Tests, and Procedures

During your evaluation, you will have many tests to look at your lungs, heart, circulation, stomach, and intestines. A check mark (✓) in the table below means that these tests are required before transplant.

There may be other tests you will need to take, depending on your medical history. You may be also referred to other specialists, such as Infectious Disease or Cardiology, to be cleared for surgery.

| Health Area | Lab Test | Kidney Transplant | Pancreas Transplant |
|----------------------------|--|-------------------|---------------------|
| Bladder | Voiding cystourethrogram (if history of bladder problems) | some | some |
| Blood cell counts | WBC, RBC, platelets | ✓ | ✓ |
| Blood chemistry | Electrolytes/minerals | ✓ | ✓ |
| Blood fats | Cholesterol, HDL, LDL, triglycerides | ✓ | ✓ |
| Bones | DEXA scan | some | some |
| Cancer screening | Men: PSA (depends on age) | ✓ | ✓ |
| | Women: Pap smear | ✓ | ✓ |
| | Women: Mammogram (if over 40 years old) | ✓ | ✓ |
| Clotting | PT/PTT | ✓ | ✓ |
| | Coagulation labs (if history of blood clots) | some | some |
| Eyes | Fundus exam, refractory index, slit-lamp | some | ✓ |
| Gastro-intestinal | EGD (if history of stomach problems) | some | some |
| | Colonoscopy (if family history of colon cancer or over age 50) | ✓ | ✓ |
| Heart | EKG | ✓ | ✓ |
| | Cardiac stress test | some | ✓ |
| | Coronary angiogram | some | some |
| | Echocardiogram | some | ✓ |
| Histo-compatibility | ABO, Rh, HLA, PRA | ✓ | ✓ |

| Health Area | Lab Test | Kidney Transplant | Pancreas Transplant |
|-------------------------------|--|--------------------------|----------------------------|
| Kidney | BUN, creatinine | ✓ | ✓ |
| Liver | Albumin, bilirubin, alkaline phosphate, GGT, SGOT, SGPT | ✓ | ✓ |
| Liver/ gallbladder | Abdominal ultrasound | ✓ | ✓ |
| | CT abdomen/pelvis | some | some |
| Lungs | Chest X-ray | ✓ | ✓ |
| | Pulmonary function test (if history of breathing issues) | some | some |
| | Low-dose chest CT (if over age 55 and history of smoking 30 <i>pack years</i> *) | some | some |
| Pancreas | Amylase, Hgb A1c, insulin antibodies, C-peptide | some | ✓ |
| Parathyroid | PTH | ✓ | ✓ |
| Teeth | Dental exam | ✓ | ✓ |
| Thyroid | TSH | ✓ | ✓ |
| Tuberculosis exposure | Quantiferon blood test | ✓ | ✓ |
| Vaccinations | Hepatitis A | ✓ | ✓ |
| | Hepatitis B | ✓ | ✓ |
| | Pneumonia (2 vaccines) | ✓ | ✓ |
| | Influenza | ✓ | ✓ |
| | Tetanus/diphtheria/pertussis | ✓ | ✓ |
| | Shingles (if over age 50) | ✓ | ✓ |
| Vascular | Carotid arterial duplex | some | some |
| | Iliac and LE arterial duplex | some | some |
| Viral exposure | CMV, VZV, EBV, HSV, HIV, RPR, HAV, HBV, HCV | ✓ | ✓ |
| Other | Biopsy, if needed | ✓ | ✓ |

* *Pack years* are calculated by multiplying the number of cigarette packs smoked each day by the number of years. A person can reach 30 pack years by smoking 2 packs a day for 15 years, or half a pack a day for 60 years.

Evaluation Outcome

Your evaluation team can advise either going forward with a transplant or stopping the process. This decision can come at any time during your evaluation. We cannot tell at the start of your evaluation how it will go or what the final outcome will be.

Members of your evaluation team will meet to talk about the results of your tests and to decide next steps. It is possible that:

- Your tests may show health concerns that need to be treated before transplant.
- The team may decide that transplant is not a safe treatment for you.
- You may need to see a specialist to give another opinion about an abnormal test or exam. This provider might be a cardiologist, infectious disease specialist, pulmonologist, or psychiatrist. These providers will then offer their opinions about your having a kidney/pancreas transplant.

After your full medical workup is done, we will send you a letter. This letter will tell you if you are approved for the national organ transplant waiting list.

If You Are Denied for Transplant at UWMC

- If you are denied as a candidate at UWMC's transplant center, you can ask your nephrologist for a referral to another transplant center.

If You Are Accepted for Transplant at UWMC

Once you are accepted for transplant at UWMC:

- **If you smoke, you must stop smoking before you can go further in the process.** This is because smoking:
 - Lowers your ability to survive transplant surgery
 - Increases your risk for infection, heart disease, and cancer

Ask the transplant social worker if you need a referral to a stop-smoking program.

- **You will need to make your final decision about transplant.**
 - The final decision about transplant is yours. A transplant is only a treatment for kidney disease or diabetes. It is not a cure.
 - If you do not think you can do what is needed before and after the transplant to get the best results possible, please think carefully about whether a transplant is the right choice for you. The transplant team will respect whatever decision you make.

Listing at More than One Center

The United Network for Organ Sharing (UNOS) policy says that it is OK for you to be listed at more than one transplant center. Being listed at more than one center might shorten your wait time. But, there is no advantage to being listed at more than one transplant center in the same Organ Procurement Organization (OPO) area.

You can also transfer wait time from one transplant center to another, if you wish.

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Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Transplant Services:
206.598.3882