Experience
Since 1974, Our Lady of Lourdes Medical Center doctors, nurse coordinators, social workers and other specialists have been giving individuals the best care possible before, during and after kidney transplant surgery. Lourdes’ program has built a successful record over a span of nearly 40 years.

Lourdes is the only provider of kidney, pancreas and liver transplants in southern New Jersey. With some of the best outcomes in the state, the Lourdes Regional Organ Transplantation Center has enjoyed long-time certification from the United Network for Organ Sharing (UNOS) and approval from the Centers for Medicare and Medicaid Services (CMS).

Lourdes’ program has transplanted more than 1,000 kidney patients. Its outcomes are better than or equal to national standards for programs with a patient population of similar demographics and profile. (See chart)

Leaders in Quality Care
Highly organized pre-and post-operative programs continue to be an essential part of Lourdes’ success. Candidates often have co-morbidities, making careful evaluation, proper selection and patient stratification vital to good outcomes.

This high level of organization and the special individualized attention that Lourdes gives to patients has helped us achieve excellent results — with outcomes that place the center among the best in the greater Philadelphia area based on recent data.

What’s more, at Lourdes, we understand and appreciate the importance of primary nephrologists in our team approach to care.

We recognize that dialysis is a life-saving bridge to transplantation and that the ultimate goal is to achieve the best outcomes for our patients in collaboration with their primary nephrologist.

Our Services
Lourdes’ program works to make kidney transplantation available to as many patients as possible by supporting patient access and donor options. Our services include:

- **Multi-organ transplantation:** Lourdes has experience transplanting multiple organs, such as combined kidney-pancreas and liver-kidney, as well as pancreas after kidney transplant.

- **Living donor program:** Having a living donor provides distinct advantages. Living donor transplant eliminates the long wait time on national lists and maximizes the chance for a recipient to receive a transplant before dialysis becomes essential (preemptive transplant). Live-donor kidneys are often better quality and last twice as long as from a deceased donor. For recipients who are fortunate to have a living donor but are not directly compatible, Lourdes offers paired exchange. Through exchange registries, recipients and their donors are matched with other patients who are compatible. Speak to our staff for more information.

- **Dual listing option:** Patients currently listed with an organ procurement organization outside of New Jersey should consider dual listing at Lourdes. This will increase their chances of receiving a transplant.

### Patient Survival After Kidney Transplant

<table>
<thead>
<tr>
<th></th>
<th>Our Lady of Lourdes</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Survival</strong></td>
<td>97.92</td>
<td>97.13</td>
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</tbody>
</table>

### Organ Survival After Kidney Transplant

<table>
<thead>
<tr>
<th></th>
<th>Our Lady of Lourdes</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Survival</strong></td>
<td>96.36</td>
<td>94.66</td>
</tr>
</tbody>
</table>

*According to the SRTR June 2014 report on patients transplanted between January 2011 and June 2013.
Kidney Transplant Absolute Exclusion Criteria
Patients with these conditions are not considered candidates at our transplant center:

- HIV – will refer to program that will accept
- Current / metastatic malignancy
- Cardiac disease that is:
  - Inoperable multi-vessel coronary artery disease
  - Refractory Heart Disease – Heart Failure Class 4
  - Ejection Fraction ≤ 20 percent
- Obesity with BMI ≥ 40
- Known active substance abuse
- Significant uncontrolled psychiatric illness likely to impair consent and adherence
- Recalcitrant, chronic non-adherence to medical care
- Severe pulmonary hypertension

Kidney Transplant Relative Exclusion Criteria
Patients with these conditions will be disqualified unless there are special circumstances. Patients may be referred with these conditions and will be evaluated on an individual basis:

- Active infection
- Active immunologic disease
- Obesity with BMI 35 to 40
- No insurance, which limits coverage for immunosuppressant drugs
- Current active smoking
- Persistently low B/P, requiring high dose Midodrine
- Moderate pulmonary hypertension

Pancreas and Kidney-Pancreas Absolute Exclusion Criteria
Patients with these conditions are not considered candidates at our transplant center:

- HIV – will refer to program that will accept
- Current / metastatic malignancy
- Cardiac disease that is:
  - Inoperable multi-vessel coronary artery disease
  - Refractory Heart Disease – Heart Failure Class 4
  - Ejection Fraction < 30 percent
- BMI > 35
- Known active substance abuse
- Significant uncontrolled psychiatric illness likely to impair consent and adherence
- Recalcitrant, chronic non-adherence to medical care
- Severe pulmonary hypertension
- Type I diabetics with normal renal function will not be considered for simultaneous kidney-pancreas transplant

Pancreas and Kidney-Pancreas Relative Exclusion Criteria
Patients with these conditions will be disqualified unless there are special circumstances. Patients may be referred with these conditions and will be evaluated on an individual basis:

- Active infection
- Active immunologic disease
- Ejection Fraction < 40 percent
- Age > 60
- No insurance, which limits coverage for immunosuppressant drugs
- Current active smoking
- Persistently low B/P, especially requiring Midodrine
- Moderate pulmonary hypertension
Changes to Kidney Allocation

Beginning in December 2014, the UNOS rules for the allocation of deceased donor kidneys will be changing, with the intent to better match donor kidneys with the most suitable recipients. Changes are predicted to decrease the high kidney discard rate, decrease the variability of access to transplant and add longevity matching, resulting in the addition of unrealized graft years and decrease in the number of re-transplants. For the allocation of kidneys, here are some of the key changes:

- The terms SCD (standard criteria donor) and ECD (expanded criteria donor) will be going away as categories for donor kidneys and replaced with a numerical scoring, called Kidney Donor Profile Index (KDPI). The KDPI is a score based on donor's age, height, weight, ethnicity, history of hypertension, history of diabetes, hepatitis C status, cause of death, serum creatinine and DCD status (donation after cardiac death). Scoring is on a range of 0 to 100 percent with the lower the score, the longer the expected allograft survival.

- Candidates will have to consent to donor kidneys with a KDPI score of greater than 85 percent.

- Transplant candidates will be given an Estimated Post Transplant Survival Score (EPTS), which is based on age, number of years on dialysis, diabetes status, and number of previous transplants. Scoring is on a range of 0 to 100 percent. Lower scores reflect longer expected post-transplant survival.

- Donor kidneys with a KDPI of 20 percent or less will be offered to candidates with an EPTS of 20 percent or less, resulting in longer expected allograft survival being matched with candidates who require transplant the longest and are expected to survive the longest.

- Early referral for transplant evaluation when the GFR is ≤ to 25 mL/min is extremely important and still beneficial. This gives time to begin the pre-transplant process, identify potential living kidney donors and attain the benefits of early listing to accrue wait time as soon as GFR <= 20. Although the GFR requirement is similar to previous allocation system, early referral is crucial, since time on the wait list prior to starting dialysis will reflect positively in the EPTS score. Time on dialysis is the only factor that can be adjusted to affect the candidate’s EPTS score (Less total time on dialysis gives better EPTS score).

- For patients on dialysis, waiting time will be based on the dialysis start date. For patients who are currently listed, if they were listed after starting maintenance dialysis, they will accrue additional time.

- Highly sensitized patients with a PRA (Panel Reactive Antibody) of 98 percent or greater will be given priority through a point system with donor kidneys being shared from a regional and national pool.

- Some transplant programs will be offering A2 and A2B donors to blood group B recipients who have titers within an acceptable range.

Changes to Pancreas Allocation

Previously, UNOS had no established guidelines for the allocation of pancreas organs. Studies have shown that simultaneous kidney-pancreas (SPK) transplant in select patients with type 2 diabetes and ESRD can provide significant improvement in quality of life, and patient and allograft survival comparable to SPK transplant in type 1 diabetics with ESRD. The new allocation system for pancreas broadens the criteria used currently by centers, allowing for some type 2 diabetics who would benefit from pancreas transplant and increasing usage of all potential pancreas donor organs. Simultaneous kidney-pancreas transplant candidates must also meet the current criteria of kidney failure for listing, be on insulin therapy, and have one of the following:

- Have a C-Peptide level of 2.0 or less
- Have a C-Peptide level of greater than 2.0 and have a BMI of less than 28

Pancreas transplant candidates (pancreas after kidney or pancreas alone) must have one of the following:

- Diabetes that requires insulin therapy; along with complications that cannot be well managed with conventional therapy, or severe pancreatic exocrine insufficiency.

To view video testimonials from our transplant patients, visit www.lourdesnet.org. Under “Programs and Services,” click on “Transplantation.”
Meet the Lourdes Team

At Lourdes, the kidney transplantation team includes highly qualified, board-certified transplant nephrologists and surgeons who meet and exceed the standards of qualifications and credentialing set by UNOS. They are joined by an excellent group of transplant nurse practitioners, transplant coordinators, a transplant pharmacist, social worker, dietitian and finance coordinator.

Referrals
Patients and physicians may call the pre-transplant center at 856-796-9370. The coordinator will schedule patients promptly for screening or evaluation with the program’s medical team.

Lourdes transplant coordinators and transplant nephrologists remain personally and directly accessible to patients and referring physicians throughout the treatment process.

Transplant Nephrologists
- **Arijit Chakravarty, M.D.**
  Medical Director, Kidney and Pancreas Transplant

- **Manasa Ujire, M.D.**
  Transplant Nephrologist

Transplant Surgeons
- **John Radomski, M.D.**
  Director, Transplant Surgery
  Multi-organ Transplant Surgeon

- **Nasser Youssef, M.D.**
  Surgical Director, Kidney and Pancreas Transplant
  Multi-organ Transplant Surgeon

- **Ely Sebastian, M.D.**
  Primary Laparoscopic Transplant Surgeon
  Multi-organ Transplant Surgeon

Transplant Team Specialists
- **Transplant Nurse Practitioner**
  Janine Vallen, RN, MSN, APN-C

- **Transplant Pharmacist**
  Tom White, PharmD

- **Kidney Pre-Transplant Coordinators**
  856-796-9373
  856-796-9374
  856-796-9380
  856-796-9376

- **Kidney Post-Transplant Coordinators**
  856-757-3840

- **Kidney Pre-Transplant Social Worker**
  856-796-9379

- **Kidney Post-Transplant Social Worker**
  856-635-2636

- **Transplant Dietitian**
  856-757-3915

- **Finance Coordinator**
  856-757-3384