

The Transplant Institute

METHODIST DALLAS





• Multidisciplinary Team Specializing In:

- Kidney, Liver and Pancreas Transplantation
- Living Donor Kidney Transplantation
- Hepatology, Biliary and Pancreatic Disease Management
- Hepatobiliary Surgery
- Dialysis Access

Medical Team:

- 6 Surgeons
- 8 Transplant Hepatologists
- 5 Transplant Nephrologists
- 1 Transplant Infectious Disease

- 12 Advance Practice Providers
- 7 Kidney Transplant Coordinators
- Specialized Inpatient Nursing Team

16 Locations, Across Texas & Puerto Rico

- Kidney Offices: Amarillo, Dallas, Mayaguez, San Juan, Waco
- Specialized Transplant Administration Leadership





Our Kidney Transplant Team



Surgeons

- Richard Dickerman, MD, FACS
- Carlos Fasola, MD, FACS
- Christie Gooden, MD MPH
- Lori Kautzman, MD, FACS
- Alejandro Mejia, MD, CPE, FACS
- Vichin Puri, MD, FACS

Infectious Disease

Edward Dominguez, MD

Transplant Nephrologists

DNA

- Jose Castillo-Lugo, MD
- Wael Hanna, MD
- Kosunarty Fa, MD
- Muhammad Qureshi, MD
- Ruben Velez, MD (Puerto Rico)

DRG

Amna Ilahe, MD



Methodist Transplant Stats/Milestones



- Deceased donor kidney transplant June 12, 1981
- Kidney/Pancreas transplant September 7, 1986
- Pancreas (alone) transplant March 17, 1990
- Triple organ transplant (worldwide) Heart/Kidney/Pancreas February 13, 1992
- Laparoscopic living kidney donor recovery July 14, 1999
- Liver/Kidney transplant May 6, 2003
- Paired Transplant July 10, 2013
- **Total** transplants (as of 5/15/2024)



Kidney – 3815



Pancreas – 244



Liver - 1224



- New Kidney Transplant Applications
 + Online Application
- Transplant Education Videos
- Transplant Support Group
- Dialysis Center Lobby Days + Staff In-Service
- TxAccess





https://www.theliverinstitutetx.com/~/information-center/kidney-transplant-application/



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Your Guide to Kidney Transplantation

Welcome to the Transplant Institute at Methodist Dallas Medical Center. We're here to keep you informed during every step of the transplant process. Watch our video series to learn more about what to expect with a kidney transplant.



Scan the QR code with your smartphone camera to view the video guide to kidney transplantation.

1. Transplant evaluation process

From lab work and tests to our selection committee, learn how our team evaluates patients for a possible kidney transplant.

2. Insurance and financial expectations

Get to know more about insurance and financial considerations and what happens during your evaluation consultations.

3. Your transplant team

Learn about the many medical professionals who will serve as your care team during your transplant journey.

4. Transplant operation

After our center receives a kidney that may be a match for you, know what to expect before, during, and after surgery.

5. Living organ donor

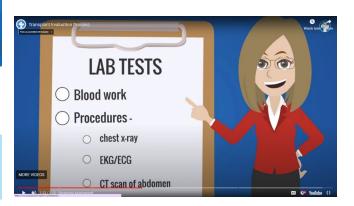
Get an overview of the transplant process for both you and your donor if you choose a living donor kidney transplant.

For more information visit MethodistHealthSystem.org/Kidney

The Transplant Institute

1411 N. Beckley Ave., Pavilion III, Ste. 261, Dallas, TX 75203 214-947-1800 • Toll-Free: 800-284-2185 • Fax: 214-947-1828

Texas law prohibits haspitals from practicing medicine. The physicians on the Methodist Health System medical staff are independent practitioners who are not employees or agents of Methodist Dales Medical Center, Methodist Health System, or any of its affiliated haspitals. 873778598-0822







- New Kidney Transplant Applications
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Transplant (1) SCANME Support Group

Organ transplants can affect a person's body and life in many ways. Adjusting to these changes is often easier with the help of people who have had similar experiences. Join us at The Transplant Institute for our monthly support group.

When: Every 3rd Monday of the month

Time: 6:00 PM - 7:30 PM CST

Where: 2nd Floor - Transplant Large Conference Room,

1411 N Beckley Ave, Pavilion 3, Dallas, TX 75203

or

Virtual via Zoom

Zoom Meeting Information:

Zoom.us/j/93691909269 Meeting ID: 936 9190 9269

Phone: 888 788 0099 (US Toll Free)





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Lobby Day

January 10th



Have Questions About Kidney Transplantation?

The Methodist Dallas Medical Center transplant team will be in the lobby to provide education and help answer questions.



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Join us for 30-minute Q&As to learn how TxAccess can save you time and improve communication with transplant centers.

We are offering bimonthly sessions throughout 2024, so please find a time that works best for you.

Whether you're new to or already familiar with TxAccess, these sessions will demonstrate some new features that can streamline your work and help you identify patients that you want to track more closely.



Looked at TxAccess Lately?

What is TxAccess?

TxAccess is a free information dashboard from the transplant programs you refer to. It gives you accurate and up-to-date information on where your patient is on their journey from referral to transplant. Some features include:

- Information on transplant status and whether patients are active, inactive, or closed.
- Email alerts when something has changed at the transplant program
- When your patient has an upcoming appointment
- A checklist of what tests still need to be completed

I'm a current user of TxAccess—why should I join a session?

We've added many new features and have many recommendations to get the most out of the service. For example:

- Write reports out of TxAccess for your monthly reviews
- Personalize which patients you see on the dashboard
- Track on changes need your immediate attention
- If you work at more than one center, filter your patients by center!

Register for a webinar by following the link below or using the QR code.



https://caredx.link/45Ti6t0



Please join us during any of the following 30-minute sessions.

Wednesday 1/10, 3 PM ET Thursday 1/18, 2 PM ET

Wednesday 2/7, 3 PM ET

Thursday 2/15, 2 PM ET

Wednesday 4/3, 3 PM ET Thursday 4/11, 2 PM ET

Wednesday 5/1, 3 PM ET Thursday 5/9, 2 PM ET

Thursday 6/13, 2 PM ET

Wednesday 6/5, 3 PM ET

Wednesday 3/6, 3 PM ET Thursday 3/14, 2 PM ET

Wednesday 7/10, 3 PM ET Thursday 7/11, 2 PM ET

Wednesday 8/7, 3 PM ET Thursday 8/15, 2 PM ET

Wednesday 9/4, 3 PM ET Thursday 9/12, 2 PM ET

Wednesday 10/2, 3 PM ET Thursday 10/10, 2 PM ET

Wednesday 11/6, 3 PM ET Thursday 11/14, 2 PM

December

Wednesday 12/4, 3 PM ET Thursday 12/12, 2 PM ET

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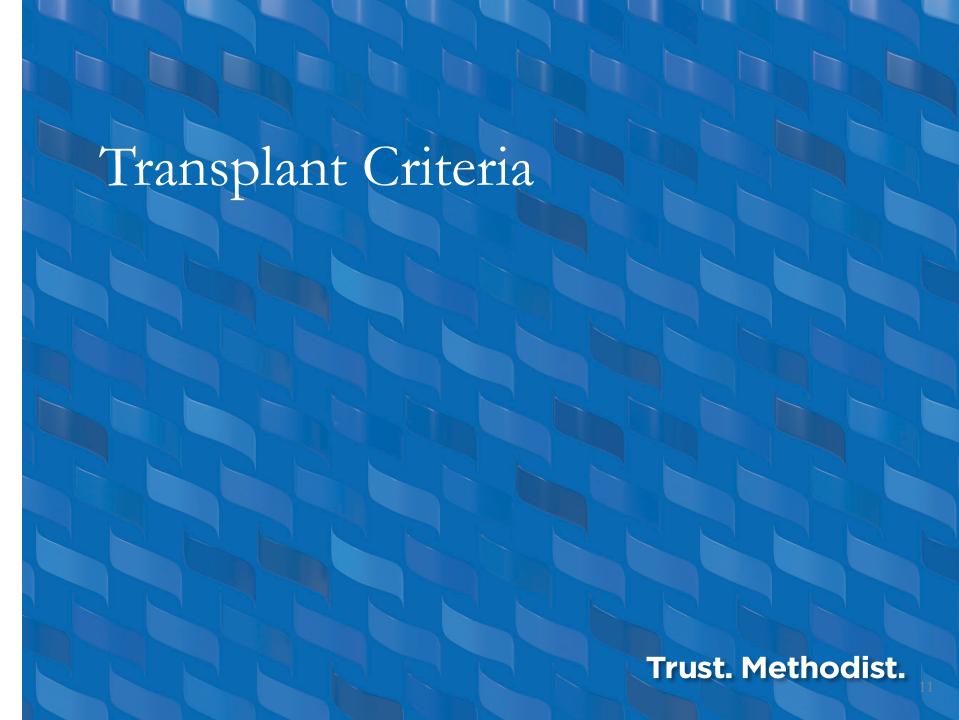






The Transplant Institute

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Qualifications for Kidney Transplant



Patients must have:

- End Stage Renal Disease; eGFR or Creatinine clearance ≤ 20 or on maintenance dialysis
- Freedom from other serious diseases/infection
- Adequate financial resources
 Able to pay for medications, office visits, lodging (if applicable)
- Psychologically stable
- Stable environment with a support network

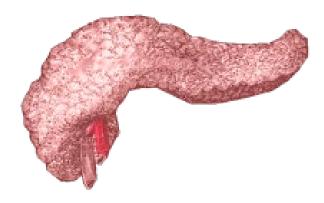


Qualifications for Kidney/Pancreas Transplant



Inclusion criteria – PANCREAS OR PANCREAS AFTER KIDNEY (PAK)

- Must be insulin dependent
- Type I or II diabetes
- Body Mass Index (BMI) up to 30
- Age restrictions generally 55 y/o or less
- No Smoking
- Must permit blood transfusions



Exclusion Criteria



- Active cancer (Avg. 2-5 years disease-free interval required for transplant)
- Active or chronic infection
- Irreversible cardiovascular disease
- Biopsy proven cirrhosis (kidney only)
- Current drug or substance abuse
- Irresolvable situations limiting post transplant care/meds
- Morbid obesity





Smoking strongly discouraged in all;

Required to Quit:

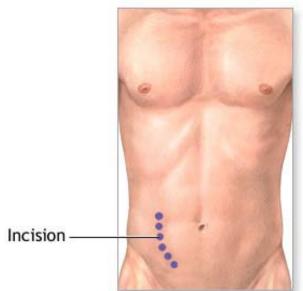
- Any cardiac or vascular events (MI, PVD, Carotid Disease, amputations)
- Cardiac or Vascular Interventions (angioplasties/stents/peripheral bypasses, etc.)
- Pancreas Transplant
- Diabetic

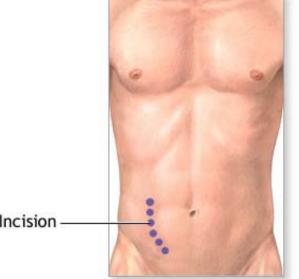


Kidney Transplant and Weight

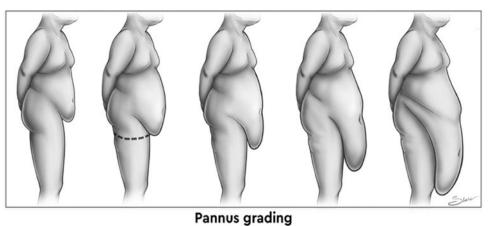
Methodist DALLAS MEDICAL CENTER

- Individual based on body habitus
- Concern for wound healing
- May require wound vac post transplant









Apron covers genitals public hairline upper thigh crease (Dashed line)

Apron covers upper thigh

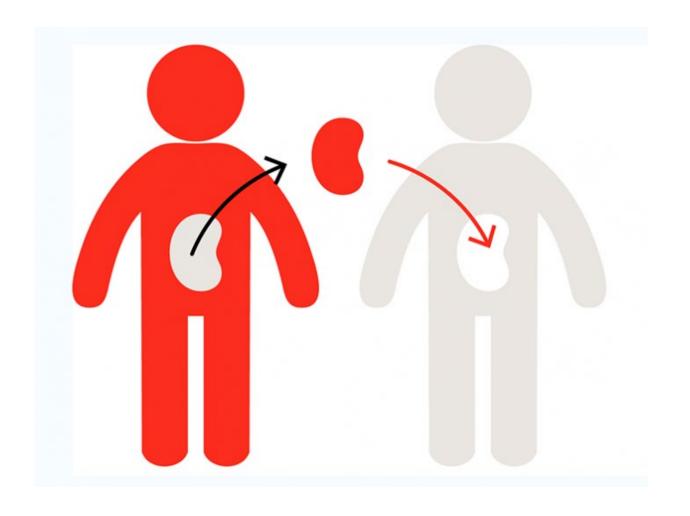
I۷ Apron covers mid-thigh

Apron covers knees





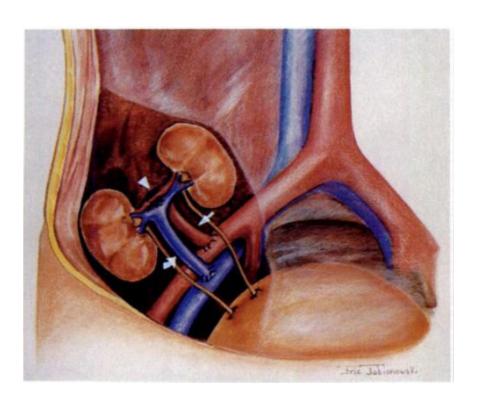
- Related
- Unrelated
- Paired



Pediatric Enbloc Donors



- Generally under 2 years of age
- Dependent on size/weight of donor
- May be determined in the Operating Room
- Transplanted together





Patients must meet strict criteria:

- Never converted to active AIDS virus
- Viral load must be very low (<20 or undetectable for 6 months)
- CD4 count just right ($\geq 200/\text{mL}$ for the past 6 months)
- Must be on antiviral medication
- Must be followed by an Infectious Diseases doctor

Hepatitis B &C Protocol

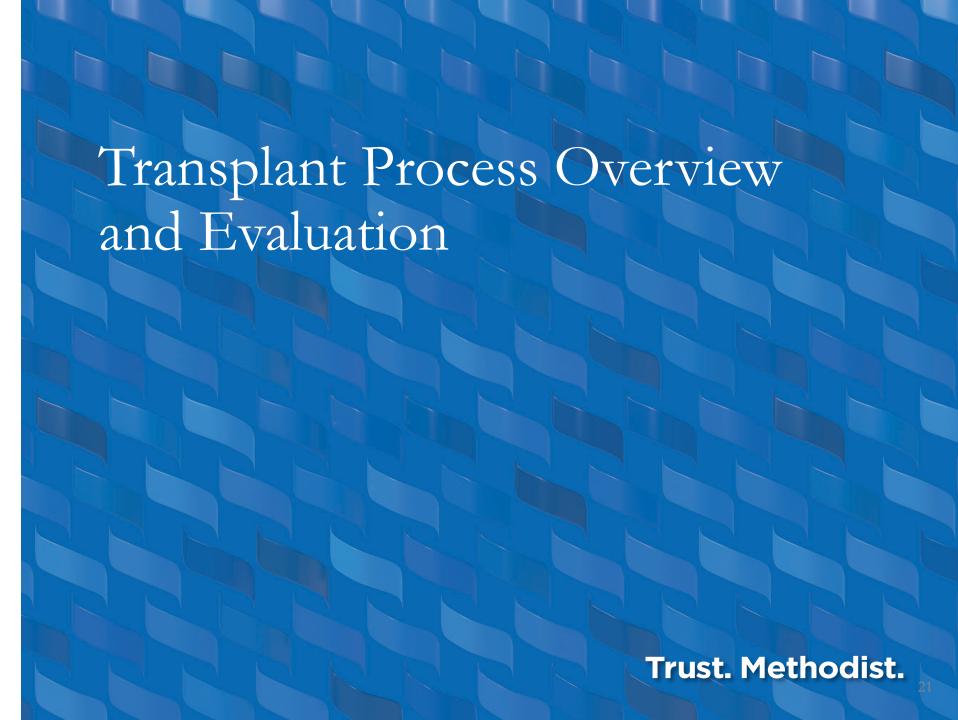


- Patients consenting to accepting Hep B and/or C positive donors when they are Hep B or C negative (or previously treated)
- Hep B and/or C treatment is initiated when patient seroconverts



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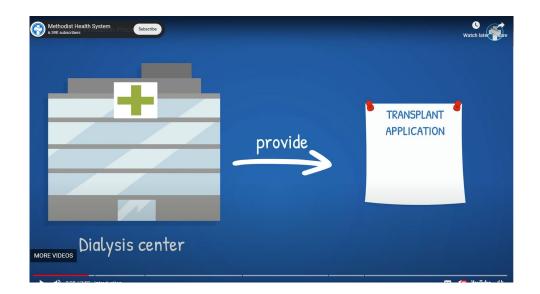
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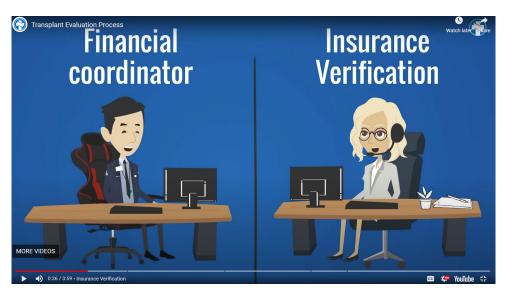


Transplant Process



- Application
- Insurance Approval
- Prescreening (Coordinator)
- Scheduling
- Health Screenings
- Selection Committee
- Listing
- Annuals



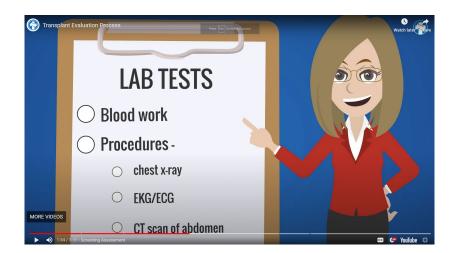


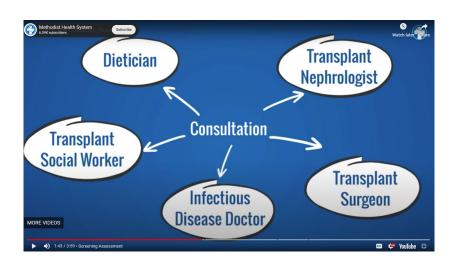
Basic Workup Testing



All patients undergo:

- Basic Blood Work
- Tissue Typing
- Serology Testing
- Chest X-Ray
- EKG
- Echocardiogram
- Abdominal Sonogram (or CT of the abdomen)
- Psychosocial Evaluation
- Dietitian Consult
- Nephrology Consult
- Surgery Consult
- Infectious Disease Consult





Additional Testing



- Patients > 45- colonoscopy
- Patient >55, Diabetic or Other Risks Factors- Cardiac Consult
- Men over 40 PSA
- Women
 - Pap Smear
 - Mammogram (over age 40)
- Smokers PFTs
- Other Tests

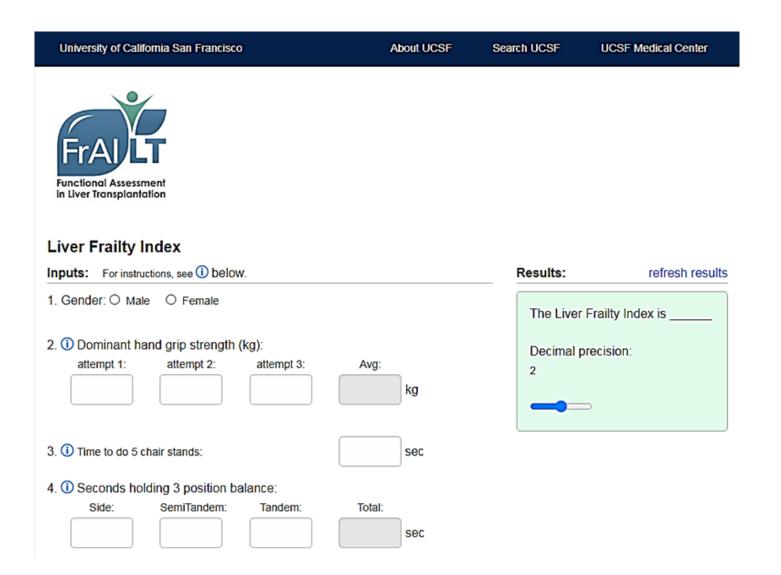


Goals

- Objective assessment; optimize candidates for transplant
- Waitlist management quantify risk of WL mortality related to frailty
- Reduce LOS
- Improve post-transplant outcomes- readmission rates

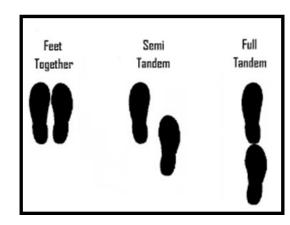
Frailty Assessment Tool













- Meets every Friday
- Made up of Transplant Team
- Potential Outcomes
 - Accepted
 - Denied
 - Further Evaluation

Notification of Outcomes





Transplant Evaluation: Financial & Psychosocial Review Process

Trust. Methodist.

Referral & Intake Process



- Kidney transplant application has been received.
- Intake coordinator processes the application; however, if the application is incomplete (missing any of the required documents, such as, 2728, legible insurance cards, social security card and identification card) the intake process is not complete.
 - You will have 30 days to turn in those documents or will have to start the process all over again.
- Benefits are verified by Transplant Financial Coordinator (TFC) for financial clearance.
 - If the patient's insurance is out-of- network or patient does not have transplant coverage, transplant financial will notify our Transplant Business Coordinators (TBC/Social Workers) and close the referral.
 - A denial letter will be sent to the patient, dialysis center and referring nephrologist.
- TFC verifies patient's insurance & transplant coverage.
 - This process depends on the insurance company.
 - An approval letter will be sent to patient, dialysis center and nephrologist.

Referral & Intake Process continued....



- Transplant Coordinator (TC) does a telephone pre-screening with patient.
- TC reviews patient's records to determine needed testing then forwards to the appropriate scheduler.
- Appointments are scheduled for the patient and letter is sent with testing appointments to the patient.
- Patient begins the evaluation.

Areas Covered in the Psychosocial Assessment



- Citizenship Status
 - (US Citizen, permanent resident, undocumented, Work VISA and green card).
- Martial Status
- Education
 - Assessing for reading comprehension.
- Employment
 - Ability to afford post-transplant medications and/or health insurance.
 - Plan to cover expenses while off work.
 - Financial Concerns
- Insurance Resources/Disability
- Caregiver Support
- Substance use & mental health history
- MPOA
- Dialysis Compliance

Role of Transplant Psychologist



Primary aim of a "psychosocial evaluation" is to hopefully ensure that a kidney transplant will be of benefit to life expectancy and to quality of life.

How can we help a patient be transplanted?

Identify potential psychosocial barriers to a successful transplant outcome

- Numerous studies have shown significant associations between being clinically depressed and having higher death and DCGF rates (Lentine, et al, 2018, Gaynor et al, 2014, Novak, et al, 2010, Zelle, et al, 2012)
- Depression in CKD has shown to be associated with multiple poor outcomes including increased mortality and hospital rates, poorer treatment compliance, and quality of life (Bautovich, et al 2014)
- Pretransplant depression, substance misuse, and nonadherence are associated with poorer transplant outcomes. Depression, smoking, and high levels of opioid use are associated with reduced post-transplant survival (Baily, et at, 2021)
- 25% of post-transplant patients have depressive symptoms, rates comparable to hemodialysis population (Chicot, et. Al, 2014)
- 21% of adult recipients from 39 publications of post-transplant kidney recipients reported symptoms related with PTSD (Nash, et al, 2022)
- Depression in kidney transplant recipients is more common than the general population (8%) (Veater, et al, 2016)
- Depression affects up to 60% of solid-organ recipients and is independently associated with mortality (Corbett et al, 2013)
- Cognitive impairment is common in ESRD, including kidney transplant recipients. Study of 56 post-transplant patients found 30% had cognitive impairment, depression (12. 5%) and anxiety (27%) (Golenia et al, 2023)
- Verbal memory and executive functioning skills can be affected by fatigue, depression, sleep disturbances, and anxiety (Pasquale, et al, 2020)

Psychological readiness for transplantation



- History of emotional, mental, personality disorders—potential to affect compliance and ability to cope post-transplant
- Mental status/insight/understanding/motivation/"maturity"
- History of medical adherence/nonadherence
- History of toxic habits

Psychological Evaluation



Clinical Interview

Administration of assessment tools

- GAD-7 (Generalized Anxiety Disorder)
- PHQ-9 (Patient Health Questionnaire)
- ACE (Adverse Childhood Experience Questionnaire)
- CAGE/substance use issues
- MMPI-2
- Frontal Assessment Battery
- Trails Part A and B

Collateral Assessments: Records review, dialysis nurses, Social Workers, physicians



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