Kidney and Pancreas Transplant Program

Information for Transplant Candidates:
What You Need to Know about Kidney & Pancreas Transplantation
Our Kidney & Pancreas Transplant Program

This booklet is designed to introduce you to the basic concepts of kidney and pancreas transplantation. If you or someone you love needs a kidney and/or pancreas transplant, we hope that you will find the booklet to be a useful resource.

At the NYP-Weill Cornell Transplant Program, we perform a large number of both living and deceased donor kidney transplants each year (seen in the chart below) making our kidney transplant team one of the most experienced in the United States. We have the longest history of kidney transplantation in New York, performing New York’s first kidney transplant in 1963. Even more important, our kidney transplant outcomes are the best in the New York region.

The mission of our Transplant Program is to maximize opportunities for transplantation for all patients who come to us, which we accomplish through many innovative strategies that allow us to perform as many transplants as possible.

Who Is Eligible for a Kidney Transplant?

A kidney transplant is recommended for people who have serious kidney dysfunction and will not be able to live without dialysis or a transplant. Some of the most common kidney diseases for which transplants are done include diabetes mellitus, high blood pressure, polycystic kidney disease, glomerular disease, congenital kidney disorders (inherited and usually present at birth), and systemic lupus erythematosus.

In general, kidney transplant candidates must be healthy enough to undergo the kidney transplant surgery. Patients may not be able to receive a transplant if they have severe heart or lung disease, recent cancer, or a significant history of non-adherence to medical care such as missing dialysis sessions or being non-compliant with medications. Patients can be transplanted once on dialysis, or sometimes even before they begin dialysis (called a “pre-emptive” transplant) as long as the glomerular filtration rate (a test of your kidney function) is less than 20 mL/minute.

Information about eligibility for pancreas transplant can be found on page 14 of this booklet.
What are the Different Types of Donors?

Living Donors *(kidney transplantation only)*

Family members or individuals who are unrelated (spouses, friends, co-workers, neighbors, etc.) can donate one of their kidneys to someone who is in need of a kidney transplant. This type of transplant is called a living donor transplant. Individuals who donate a kidney can lead healthy lives with the kidney that remains.

Here is a brief description of the types of living donors:

- **Living Related:** These are kidney transplants from a relative such as a parent, brother, sister, aunt, uncle, cousin or child.

- **Living Unrelated:** These are kidney transplants from people unrelated to the recipient such as husband, wife, partner, friend, co-worker, or neighbor.

- **Altruistic:** These donors want to donate a kidney but do not have a specific recipient in mind. There are several ways an altruistic donor can find someone to donate to, including joining registries of people who need a kidney but have an incompatible living donor.

Deceased Donors *(kidney and pancreas transplantation)*

Many organs that are transplanted come from deceased organ donors. Deceased organ donors are people who are brain dead and cannot survive their illness. Parents or spouses can also agree to donate a relative’s organs. Donors can come from any part of the United States. This type of transplant is called a deceased donor (also known as cadaveric) transplant. A person receiving a deceased donor kidney transplant usually receives only one kidney, but in rare situations, he/she may receive two kidneys from a deceased donor. We take great care in selecting and matching the proper organ for each patient listed with us. This is how we ensure the best possible outcomes for our patients.

Here is a brief description of the types of deceased donors:

- **Standard Criteria Donor:** These are kidney transplants from a deceased donor who is young and relatively healthy. The majority of pancreas donors fall into this category.

- **Expanded Criteria Donor:** These are kidney transplants from a deceased donor who is older than 60 years of age or between the ages of 50—59 who have at least 2 of the following: history of high blood pressure, death from a stroke, creatinine of 1.5 mg/dL or higher at time of death. These types of kidneys may take longer to work and may not last as long as standard criteria donor kidneys, but allow patients to be transplanted sooner. Patients needing a transplant must consent to receive a kidney from this type of donor.

- **Donation after cardiac death (DCD) Donor:** These are kidneys from a deceased organ donor whose life support is removed in the operating room prior to organ donation. Often, organs from DCD donors take longer to “wake-up” and begin to function after transplant.

- **Hepatitis C Positive Donor:** Kidney transplant candidates with hepatitis C infection may sign up to receive a kidney from a donor who also had hepatitis C. Only patients who have actively replicating hepatitis C virus would be considered for this type of transplant.

- **Pediatric Donor:** Some deceased donor transplants come from children who passed away. In kidney transplantation, most pediatric kidneys are transplanted separately, although in some cases, both kidneys may be given to one recipient. Although these kidneys are small at the time of transplant, they grow over time and function very well in an adult.
What is Compatibility?

When coming forward for transplant, you may hear the term “compatibility” used quite often. This term simply means that we will be determining if you and a potential donor are a good match. Several tests, described below, will be performed to assess your compatibility with your potential donor.

**Blood Type Compatibility**

When looking at blood type compatibility, we use the same rules that are used for blood transfusion compatibility.

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<table>
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<th>Can receive a kidney from</th>
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**Antigen Matching (HLA Matching)**

Each person has unique markers on the cells in their body that help the immune system know when a foreign cell enters the body (for example, through a blood transfusion or transplant). There are 6 of these unique markers (also called antigens) that we try to match in transplantation. These antigens are inherited from your parents. For parent-to-child or child-to-parent transplant, there is always a 3 out of 6 match. For siblings, that match is 0, 3, or 6 out of 6 matches.

Although matching can be important (for example, a 6 out of 6 match is known to be superior to other matches for kidney transplantation), it is not critical to the success of transplantation. In fact, many transplants that we perform have a 0 out of 6 match, and the recipients do well. Therefore, when you receive your match results, remember that the match is not a critical factor in determining your compatibility.

**Crossmatch Compatibility**

During the crossmatch, your blood is mixed with the blood of your potential donor to determine if you are compatible. Some people who need a transplant will react against their donor. This reaction occurs because the person needing the kidney has developed antibodies, which are proteins made by the immune system when the body is exposed to foreign antigens (described above) through blood transfusion, prior transplant, and/or pregnancy.

If your potential donor has antigens that match some of the antigens that you have antibodies against, this can cause a reaction (also called a “positive crossmatch”). If the crossmatch is positive, we will look at how strong the reaction is. Remember that just because there is a positive crossmatch does not mean that you will no longer be able to have a transplant. There may be other options available.
What Are the Options When a Kidney Transplant Candidate and their Potential Living Donor Are Not Compatible?

The shortage of organs available for transplant is growing rapidly. Increasing numbers of people are reaching end-stage kidney disease requiring dialysis and/or transplant. However, the number of deceased donors available to provide organs for transplant is not growing at the same rate. The best way to increase the number of organ donors is through living donation. If you have a potential living donor who is not compatible with you, it is important to remember that there are other options, which are briefly outlined below.

Transplanting Patients Who Have a Positive Crossmatch with Their Donor:
As mentioned earlier, some patients have developed antibodies which cause them to have a reaction against their donor. In some cases, we can reduce the antibodies and improve the crossmatch results by treating the patient who needs the kidney with medications and/or treatments that can decrease antibody levels. If antibody levels are sufficiently reduced and the crossmatch results improve, the transplant may be able to go forward.

Blood Type Incompatible Transplants:
For certain combinations of blood types, the incompatibility can be reduced by treating the person who needs the transplant with a protocol similar to what is described above for positive crossmatch transplants, and the transplant may be able to go forward.

Donor Swap/Donor Registry:
Approximately one-third of patients that need a kidney transplant who come forward with potential living donors will be incompatible with their donor(s). This amounts to a large number of people that need a kidney and have a willing but incompatible donor. One way to help solve this problem is to enter the incompatible donor and recipient into a larger pool of other incompatible donor and recipient pairs. Then, patients are matched to donors with whom they are compatible. One such pool is the National Kidney Registry, with whom NYP-Weill Cornell has worked. By doing so, we have been able to transplant over 75% of our incompatible donor/recipient pairs at Weill Cornell. One benefit is that the recipient avoids the additional therapy needed for positive crossmatch or ABO incompatible transplants.

In addition, NYP-Weill Cornell is one of a few transplant centers to be selected to participate in the Kidney Paired Donation Pilot Program of the United Network for Organ Sharing (UNOS), whose goal is to develop a national matching program and which has the potential to greatly benefit incompatible donor/recipient pairs. We expect this to significantly increase transplant opportunities for patients listed at our program.

Transplant from a Deceased Donor:
Even if a patient needing a transplant has potential living donors, they are always placed on the waiting list for a deceased donor kidney (transplant from someone who has died and donated their organs) once they are determined to be eligible for a kidney transplant. That way, the patient can begin to accumulate waiting time in case the living donor(s) is incompatible and the options listed above are not feasible.
How Do I Get on the Transplant List?

If you would like to be evaluated for a kidney or pancreas transplant, please call our pre-transplant office at (212) 517-3099. You will be transferred to a Transplant Assistant, who will go over a brief telephone screening questionnaire, will schedule you for a pre-transplant evaluation appointment, and will send you some paperwork that you will need to bring to your evaluation appointment. This paperwork includes an appointment confirmation letter, demographic (face sheet) and insurance questionnaires for you to review prior to the visit, and a list of test results that you should bring with you to the appointment.

If you have had any of the following medical tests performed in the past year, you should bring a copy of the results with you to the evaluation appointment. This will help to speed-up your evaluation time.

- Electrocardiogram and any other tests you may have had on your heart *(such as echocardiogram, stress test)*
- Chest x-ray
- Pap smear *(women)*
- Mammogram *(women age 40 or over or strong family history of breast cancer)*
- Prostate specific antigen (PSA) *(men age 45 or over)*
- Colonoscopy *(all patients age 50 or over)*
- List of all of your physicians and their telephone numbers

**Pre-Transplant Evaluation Appointment**

- Usually 5 to 6 hours long, including:
  - Registration
  - Individual meetings with:
    - Kidney doctor and transplant surgeon
    - Social worker
    - Transplant coordinator
    - Financial coordinator
    - Dietician
  - Testing including:
    - Blood draw for laboratory and compatibility tests
      - Including routine hematology and biochemical tests, tissue typing, blood type test, antibody profile, viral studies *(HIV, Hepatitis B & C)*
    - Electrocardiogram
    - Chest x-ray
    - Scheduling of other appointments and consultations that are needed to complete the evaluation process
      - Abdominal ultrasound or CT scan

**Additional Testing**

Based on your medical history and family history, you may require other testing in addition to those tests listed above. Examples may include:

- Cardiology *(if you have symptoms of or known heart disease)*
- Hepatology *(if you have symptoms of or known liver disease)*
- Hematology *(if you have had problems with your blood such as clotting or bleeding)*
- Vascular *(if you have known vascular disease or have had a stroke)*
- Pulmonary *(if you have symptoms of or known lung disease)*
- Psychiatric *(if you have a diagnosed psychiatric condition, substance abuse, or non-adherence)*
What Happens When My Evaluation is Complete?

Once you successfully complete all of the required testing to see if you can receive a kidney or pancreas transplant, the Weill Cornell Transplant Team meets to discuss your case, and determines whether or not you are a suitable candidate for a transplant.

If it is determined that you are a good candidate, you will be added to the national transplant waiting list, which is maintained by the United Network for Organ Sharing (UNOS). For kidney transplant candidates, you are added to the list even if you have a potential living donor that is being evaluated. You will receive a letter in the mail letting you know your status and outlining your responsibilities.

Your Responsibilities

While you are waiting for your transplant, it is your responsibility to keep us up-to-date about your condition, contact information, etc.

Monthly

Every month, patients on the transplant waiting list are required to send in a blood sample that is used by our tissue-typing lab in the event that a potential donor comes up for you. For most patients on the kidney transplant waiting list, this blood sample can be sent by your dialysis unit. However, for patients not on dialysis, other arrangements will need to be made to ensure that we receive the monthly blood sample. Ultimately, it is your responsibility to ensure that this is done.

Periodically

Your Transplant Coordinator is your primary contact person while you are awaiting your transplant. It is your responsibility to keep your Transplant Coordinator up-to-date about the following:

- **Contact information:**
  - Any changes to your address, phone number, etc should be immediately reported to your Transplant Coordinator so that we can find you when an organ becomes available
  - Notify your coordinator if you are on vacation, out of the country, etc.
  - Changes to your dialysis unit or physician should also be reported to us

- **Medical Condition**
  - Please report any new medical conditions (such as heart attack, infection, etc) to your Transplant Coordinator
  - Also report any hospitalizations to us and be prepared to send us copies of paperwork related to the hospitalization

- **Insurance**
  - Please notify us of any change to your insurance so we can make sure your coverage for your transplant and medications is adequate under your new policy
How are Transplant Organs Allocated?

The United Network for Organ Sharing (UNOS) is responsible for transplant organ distribution in the United States. UNOS receives data from medical centers throughout the country regarding adults and children who need organ transplants. The transplant team that currently follows you is responsible for sending the data to UNOS, and updating them as your condition changes.

When a donor organ becomes available, a computer searches all the people on the waiting list for a transplant and sets aside those who are not good matches for the available organ. A new list is made from the remaining candidates. The person at the top of the specialized list is considered for the transplant. If he/she is not a good candidate, for whatever reason, the next person is considered, and so forth. Some reasons that people lower on the list might be considered before a person at the top include the size of the donor organ and the geographic distance between the donor and the recipient.

What Factors Determine Who Gets the Transplant?

- Blood type
- Waiting time
- Antigen match
  (a 6 antigen match gets preference in kidney transplantation)
- Negative Cross Match

How Am I Notified When an Organ Becomes Available?

When a potential transplant becomes available for you, you will first receive a call from a Transplant Coordinator, who will make sure that you are available and well enough to undergo transplant. This is why it is critical to keep your Transplant Coordinator up-to-date about any changes to your contact information and medical condition, as described on page 7. You will be instructed when to come to the hospital so that you can be prepared for the transplant.

Even if you are called into the hospital, it does not guarantee that you will receive a transplant; sometimes the organ may go to someone higher on the list at another center. In addition, there may be a reaction when the donor’s blood is mixed with your blood (called a positive crossmatch), which may indicate that you should not receive that organ due to high risk of rejection. Or, a biopsy of the donor organ could show that the organ is not suitable for transplantation. In these cases, you will be sent home once these tests results are received.
What Should I Expect During the Surgery and for My Recovery?

If all goes well and you are designated to receive the transplant, the surgery generally takes about 2 to 4 hours. It is performed under general anesthesia, and you will spend several hours in the recovery room after the surgery. As you can see from the diagram below, the transplant kidney does not replace your old kidneys. A diagram of pancreas transplantation can be seen on page 14. If you are doing well, you will be transferred to the Transplant Unit within 12 hours of your kidney transplant surgery, and will likely be in the hospital for 4 to 6 days. For pancreas transplant recipients, you will spend a couple of days in the surgical intensive care unit before being transferred to the Transplant Unit and will likely be in the hospital a total of 6 to 8 days. Once on the transplant unit, you will begin your recovery period that includes having your diet advanced, getting out of bed to walk, and participating in numerous educational sessions with nurses, pharmacists, nutritionists, social workers, and others.

After you are discharged from the hospital, you should expect to come back to the transplant clinic 2 to 3 times a week for the first month, then weekly for the next two months, then less frequently, depending on how you are doing. You will also be able to return to the kidney doctor who was caring for you before our transplant. We will work closely with your doctor to manage your transplant, and you will continue to visit our Transplant Center periodically to ensure that your transplant is functioning well, according to the schedule below. However, more frequent visits to the transplant center may be needed depending on your post-transplant course or if you choose to participate in a research study. Transplant recipients can generally return to work about 3 months after their transplant surgery.

Post-Transplant Follow-Up Visit Schedule

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<tr>
<th></th>
<th>1st Month</th>
<th>Months 2 and 3</th>
<th>Months 4 to 6</th>
<th>Months 6 to 12</th>
<th>Years 1 to 3</th>
<th>After Year 3</th>
</tr>
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<tbody>
<tr>
<td>Our Transplant Center</td>
<td>Twice a week</td>
<td>Once a week</td>
<td>Once a month</td>
<td>Every 3 months</td>
<td>Every 3 months</td>
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<tr>
<td>Your Doctor</td>
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<td>Every other week</td>
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What are the Risks Associated with Transplantation?

If you are considering transplantation, it is very important that you understand the risks associated with receiving a transplant. Please do not hesitate to ask questions if you do not understand some of the risks or if you would like more information.

Transplant Surgery & Recovery:

- The risk of this surgery is similar to other operations that require you to undergo general anesthesia
  - You may experience one or more of the following associated with your surgery: pain, bleeding, reaction to anesthesia, and infection
- If you receive a deceased donor kidney transplant, particularly from an expanded criteria donor, there is about a 30 to 40% chance that the kidney will not work right away and you may require dialysis for a brief period of time until the kidney fully “wakes up” and begins to function effectively. In rare cases, the kidney may never wake up and you may require another transplant.

After Transplant:

- Emotions may be strong after your transplant, including anxiousness and depression
- Transplanted organs do not last forever, so there is a good chance that you may require more than one transplant over the course of your lifetime, particularly if you are young at the time of your first transplant.
- Medications given to prevent rejection of the transplant can cause both short- and long-term side effects. We will closely monitor you for side effects for as long as your transplant continues to function and beyond.
- Financial issues may develop after transplantation
  - If you experience any change in your insurance coverage or job status after transplant, your medical care may be compromised, therefore it is critical to discuss all potential issues with your social worker
  - You may face extra expenses related to child care needs, transportation, and housing, and may have lost wages during your recovery period

What are the Benefits of Having a Transplant?

Transplantation offers patients the opportunity to lead a more normal life with improved quality, due to:

- Freedom from dialysis (kidney transplantation)
- Freedom from insulin injections (pancreas transplantation)
- A less restricted diet
- Better quality of life
- An improved sense of well-being

Transplant recipients often feel better very quickly after their transplant. In addition, kidney transplantation leads to better patient survival compared to remaining on dialysis.
Becoming Familiar with Transplant Medications

As a transplant candidate, it is important for you to begin to become familiar with the transplant medications that you will take once you receive your transplant. The number of medications that you take right after the transplant may seem overwhelming at first, but keep in mind that the number of medications will decrease over time, and by one year after your transplant, you will be on significantly fewer medications.

For most patients, you will go home after your transplant taking medications only twice a day, approximately 12 hours apart. We do our best to keep your medication regimen as simple and straightforward as possible. We will provide you with a list of your medications, complete with pictures and a chart on how many pills to take at what time. We will also fill your pill box for you before you leave the hospital in order to give you a smooth transition from the hospital to your home.

Anti-rejection medications (also called immunosuppressants)

At the time of transplant, you will receive several medications intravenously (through a tube that goes into your bloodstream) while you are in the hospital. These medications are called “induction” immunosuppression because they provide a higher level of protection against rejection surrounding the time of transplant.

You will also be started on oral medications to suppress your immune system while you are in the hospital. These medications are also called “maintenance” immunosuppressants because you will continue to take them for as long as your transplant continues to function. Most patients will take and go home on the following two maintenance immunosuppressants:

1) Tacrolimus (Prograf®)
2) Mycophenolic acid (Myfortic®) or mycophenolate mofetil (CellCept®)

Some patients will also need to go home on prednisone, particularly those kidney recipients who are already taking prednisone or those who have a higher risk of transplant rejection, and all pancreas transplant recipients.

It is important to understand that our immunosuppression philosophy is a “Less Is More” approach where we minimize the amount of anti-rejection drugs as much as possible, tailored to the needs of the individual patient.

Medications to Prevent Infection

Because you will be taking medications that suppress your immune system, you may be more susceptible to infections after your transplant. In order to protect you from infections that are well known to occur after transplant, we give you several medications that prevent infection, including:

1) Sulfamethoxazole/Trimethoprim (Bactrim) to protect from certain bacterial infections. Taken for one year after transplant.
2) Valganciclovir (Valcyte) to protect you from certain viral infections. Taken for 6 months after transplant.
3) Clotrimazole (Myclex) to protect you from certain fungal infections. Taken for 3 months after transplant.

Other Medications

All patients will be on a few other medications—one to protect your stomach, one to prevent constipation, and a blood pressure medication that we feel is beneficial to kidney function (as long as your blood pressure isn’t too low). In addition, we will let you know which, if any, of the medications you were taking before transplant will need to be continued. These may include blood pressure medications, heart medications, cholesterol-lowering medications, and medications to treat diabetes.
Kidney Transplant Outcomes & Waiting Times at Weill Cornell

The Weill Cornell Kidney Transplant Program is the only transplant center serving the New York metropolitan area that has patient and graft survival rates that are significantly higher compared to the expected outcomes. Expected outcomes are calculated by the Scientific Registry of Transplant Recipients (SRTR) based on the mix of recipient and donor characteristics at our center compared with experience with similar patients throughout the country. Notably, our excellent outcomes have occurred in the setting of high transplant volumes in a diverse and often complicated patient population. We are incredibly proud that our transplant outcomes are excellent and believe these results are a direct result of our dedication to providing the best patient care possible.

**Figure 1: Patient Survival After Kidney Transplant at Weill Cornell.** This graphic shows that at 3 years after kidney transplant, our patients (living and deceased donor kidney transplant recipients) have a higher survival rate than is expected based on national experience (94.3% compared to an expected survival of 89.2%).

**Figure 2: Graft Survival After Kidney Transplant at Weill Cornell.** This graphic shows that at 3 years after kidney transplant, our patients (living and deceased donor kidney transplant recipients) have better kidney graft survival than is expected based on national experience (86.6% compared to an expected survival of 80.6%).
Figure 3: Average Time for 50% of Patients to Receive a Kidney Transplant. Because of the innovative strategies that Weill Cornell employs to achieve our mission of maximizing transplant opportunities for our patients, the waiting time for a kidney transplant is much shorter at Cornell compared to other local, regional, and national transplant programs (time for 50% of patients on the waitlist to be transplanted: 27 months at Weill Cornell compared to 55 months in the NY metropolitan area, 49 months in the region, and 47 months throughout the United States).

Figure 4: Average Waiting Time for a Kidney Transplant at Cornell According to Recipient Blood Type For patients that were transplanted at Weill Cornell in 2009, the above graphic shows the average waiting time for each blood type (23 months for A, 40 months for B, 17 months for AB, and 33 months for O; internal data – not from the SRTR).

In summary, the data presented above shows that the Weill Cornell Kidney Transplant Program has:

- Better than expected patient survival rates and
- Better than expected kidney graft survival rates with
- Short waiting times compared with other transplant centers both locally and nationally

For the data presented on these 2 pages, 1-year data reflects patients transplanted between 1/1/2007 and 6/30/2009. 3-year data reflects patients transplanted between 7/1/2004 and 12/31/2006.
All data is from the Scientific Registry of Transplant Recipients (SRTR) under contract with the Health Resources and Service Administration (HRSA).
Pancreas Transplantation

Pancreas transplantation is an option for a select number of patients with Type 1 diabetes mellitus. Type 1 diabetes generally occurs in children or young adults, and is also known as “juvenile diabetes”. The pancreas is an organ that produces enzymes that help break down the food we eat. The pancreas also produces the hormone insulin, which helps sugar get into your cells to give them energy. Type 1 diabetes is an autoimmune disease that causes the patient’s body to attack and destroy the insulin-producing cells within the pancreas.

Because Type 1 diabetes destroys the insulin-producing cells, patients with the disease must inject insulin in order to survive. Otherwise, blood sugar levels in the bloodstream rise to dangerous levels, and the cells cannot get the energy that they need to function. Despite the availability of insulin, type 1 diabetes can be difficult to manage since keeping blood sugar levels within the normal range is challenging. Most patients have wide swings in blood sugar, and experience symptoms associated with both low blood sugar (such as shaking, sweating, hunger, irritability) and high blood sugar (such as increased thirst, increased urination, tiredness). Over time, high blood sugar levels in the blood have bad effects on the kidneys, eye, nerves, and blood vessels, and can lead to kidney failure, blindness, nerve damage, amputations, and heart disease.

Patients with type 1 diabetes may be eligible for a pancreas transplant if they meet the following criteria:

- Kidney failure requiring dialysis and transplant
- Prior kidney transplant that is functioning well
- Difficulty managing blood sugar levels despite best efforts
- Hypoglycemic unawareness (no longer have typical symptoms of low blood sugar)

Based on the criteria above, there are several types of pancreas transplants that a patient may be eligible for:

**Simultaneous Pancreas Kidney Transplant** is an option for patients who need a kidney transplant but do not have a living donor. Patients are placed on the deceased donor waiting list for a donor that can provide both organs.

**Pancreas after Kidney Transplantation** is for patients who have already received a kidney transplant & qualify for a pancreas transplant due to inability to control their diabetes despite aggressive medical care. These patients often experience hypoglycemic unawareness, a dangerous complication of diabetes.

**Solitary Pancreas Transplantation** is for patients without kidney disease who have life-threatening complications of diabetes, such as hypoglycemic unawareness.
What are the Benefits of Pancreas Transplantation?

Pancreas transplantation is not a “cure” for diabetes, since the patient must take medications to prevent the immune system from rejecting the pancreas however, benefits of pancreas transplant include:

- Normalization of blood sugar and hemoglobin A1c levels
- Restore classic symptoms of low blood sugar
- Prevent development and/or worsening of the complications of diabetes that occur in the eyes, nerves, heart, kidney, and blood vessels
- Improved patient survival for those patients needing a kidney transplant
- Protect the transplanted kidney from complications of diabetes

Resources for Kidney & Pancreas Transplant Candidates

The following websites contain additional information that may be of interest to patients wishing to learn more about kidney and/or pancreas transplantation:

- Transplant Living Website: www.transplantliving.org
- National Kidney Foundation: www.kidney.org/transplantation
- Patient Educational Brochures: www.unos.org/resources/brochures.asp
- Transplant Fact Sheets: www.unos.org/resources/factsheets.asp
- Transplant Outcomes: www.ustransplant.org
What Can the Weill Cornell Transplant Program Offer You?

An Experienced, High-Volume Kidney and Pancreas Transplant Program

A Dedicated Team of Transplant Professionals

Experience with a Diverse Patient Population
We transplant people of all ages, races, and with medical conditions such as heart disease, HIV, and Hepatitis C

Personalization of Immune Therapy
Thanks to the increasing number of anti-rejection medications available, we are able to personalize the regimens of our patients

Long History Utilizing Cutting Edge Immune Therapy for Our Patients
Steroid free maintenance regimen in over 75% of our patients

New and Exciting Basic Science Research that Can be Applied at Your Bedside
Non-invasive monitoring for rejection using urine tests

Largest National Experience with Living Donor Kidney Transplant Chains
Enabling living donor kidney transplants for people who might otherwise wait a long time for a transplant from a deceased donor

Largest National Experience with LaparoEndoscopic Single Site Surgery for Living Kidney Donors
Surgery for Living Kidney Donors Now Uses Just One Incision

Among the Shortest Waiting Times in the New York Region

Best Outcomes in the Region

NewYork-Presbyterian is the # 1 hospital in the New York metropolitan area, # 6 hospital in the U.S., and the # 4 kidney disease center in the U.S., according to the U.S. News & World Report 2010 “America’s Best Hospitals Survey”

Contact Us:

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In cooperation with
The Rogosin Institute