

**UC Davis Medical Center**  
**Department of Internal Medicine**  
**Transplant Nephrology Fellowship Program**

**Transplant Nephrology Fellow Scholarly Activities:**

1. Weekly General Nephrology Journal Club and Grand Rounds – Tuesdays, 7:30-9:30am (*presentation optional*)
2. Biweekly Transplant Nephrology Journal Club – Wednesdays, 8:00-9:00am (*presentation of one Transplant Nephrology Journal Club each month is required*)
3. Weekly Renal Pathology Conference – Wednesdays, 10:00-11:00am
4. Biweekly Transplant Grand Rounds – Wednesdays, 5:00-6:00pm (*presentation of one Transplant Grand Rounds is required*)
5. Internal Medicine Grand Rounds (*attendance optional*) – Thursdays, 12:00-1:00pm
6. Weekly Core Curriculum (*details below*) – Fridays, 12:00-1:00pm
7. American Transplant Congress fellows meeting (*attendance required*); American Transplant Congress national meeting (*attendance to be determined*)

**Transplant Nephrology Fellow Didactic Sessions:**

1. Transplant Immunology
  - a. Normal immune response
  - b. Response to allograft
  - c. Tolerance
  - d. Cross match and flow cytometry
  - e. Identification of anti HLA antibodies / Donor specific antibodies
2. Pharmacology/ Immunosuppression
  - a. Available agents
  - b. Review mechanism of actions
  - c. Current Pharmacotherapy
  - d. Investigational agents
  - e. Therapeutic drug monitoring
  - f. Steroid avoidance and withdrawal
  - g. CNI minimization or withdrawal
  - h. Drug-drug interaction
  - i. Drug side effects

3. Medical complications of transplant
  - a. Infection Bacterial Viral fungal
  - b. Hypertension
  - c. Atherosclerosis
  - d. Post-transplant diabetes
  - e. Post-transplant malignancy (viral driven: PTLD, Kaposi's, cervical cancer, nasopharyngeal cancer; non-viral driven: skin cancer, renal cell carcinoma)
  - f. Post-transplant erythrocytosis
  - g. Metabolic syndrome
4. Organ allocation
5. Pre-transplant evaluation for recipients
6. Pre-transplant evaluation of living donors
7. Graft dysfunction
  - a. Rejection
  - b. Mechanical complications
  - c. Infection
  - d. Nephrotoxicity
  - e. Recurrent disease
  - f. De Novo disease
  - g. Renal artery stenosis
8. Expected outcome / Risk Factors
  - a. Living related donor transplant
  - b. Deceased donor transplants
    1. Standard criteria donors
    2. Expanded criteria donors (KDPI 85%)
    3. Donor after cardiac death
    4. Pediatric en bloc
  - c. Living unrelated kidney transplant
  - d. Race
  - e. HLA matching
  - f. Original disease
9. Special issues in pediatric kidney transplant
10. Pregnancy and contraception
11. Ethics

12. Pancreas Transplant
13. Kidney transplant in other solid organ transplant recipients, heart/kidney, liver/kidney
14. Transplant of ABO incompatible and cross match incompatible individuals
15. Paired kidney exchange program
16. Business and administrative aspects of transplant

**Transplant Pathology Series:**

1. Review Banff criteria
2. Acute, chronic and subclinical rejection
3. Calcineurin inhibitor Toxicity
4. Recurrent disease
5. C4D staining
6. BK nephropathy
7. Thrombotic microangiopathy
8. Clinical management of pathological findings
9. Protocol kidney biopsies