



UC DAVIS TRANSPLANT CENTER
(916) 734-2111 or (800) 821-9912

UC DAVIS MEDICAL CENTER
2315 STOCKTON BOULEVARD
SACRAMENTO, CALIFORNIA 95817

July 6, 2021

Dear Transplant Candidate:

The UC Davis Transplant Team is happy to provide answers to frequently asked questions about the kidney wait list at UC Davis. If you are listed at other transplant programs, their practices may differ from those at UC Davis.

Please note this document includes the latest data about adult kidney transplant outcomes for our center and the nation (see question 8).

Our goal at UC Davis Transplant Center is to get you a kidney transplant.

What can you do to help?

Patient and/or Caregiver To Do:	Why is this important?
Keep UC Davis Transplant Team informed with up to date information about:	
<ul style="list-style-type: none"> - Changes in insurance 	UC Davis must have a current insurance authorization to perform your transplant. If you changed insurance or are considering a change, contact our office immediately.
<ul style="list-style-type: none"> - Admissions to the hospital - Major illnesses 	UC Davis Transplant Team reviewed your history and physical status when you were evaluated. Any significant changes in your health status should be updated in your UC Davis medical record.
<ul style="list-style-type: none"> - Phone number - Address 	When we receive a kidney offer we need to reach you.
<ul style="list-style-type: none"> - New Physician 	UC Davis Transplant Team communicates with your physician about your care. It's important we are communicating with the correct physician.
<ul style="list-style-type: none"> - Travel 	If you are planning to travel, contact the Transplant Team with dates and temporary contact information.

If you have any questions about the wait list at UC Davis, please call us at 1-800-821-9912 or (916) 734-2111 (Select Option 2, followed by Option 2).

Frequently Asked Questions about UC Davis Transplant Wait List

1. How does the wait list work?

All patients accepted for listing are registered in the national organ center database (UNOS). When a kidney is available, all active candidates are matched against the donor and a ranked list is produced called a *match list*. The ranking of each candidate on the match list is determined by a UNOS computer and considers the following:

- 1) Degree of HLA matching
- 2) Percent of candidate antibodies (PRA) – why you get a quarterly blood draw
- 3) Length of time accrued on the wait list
- 4) Age of the candidate (children receive some priority)

HLA antigens are unique proteins on cells of our body. Each donor is tested for six HLA antigens. Points (in your favor) are assigned if you “match” many of these antigens with the donor. The match list is different for every donor. A candidate could be ranked number 4 on a match list today and number 135 on a match list tomorrow, depending on the donor HLA antigens. This is consistent with the national rules for organ allocation. Candidates often call the transplant center to ask where they are on the wait list. **Since the match list changes for every donor, we cannot tell in advance where you will rank for each upcoming donor.** In addition, if you have antibodies against many different HLA antigens, you receive extra points, and you also get points for the amount of time on the wait list.

The top ranked compatible candidates on the match list are contacted by the on-call nurse coordinator. The nurse asks each candidate questions about their current health. Once the candidates are cleared by the nurse, a final crossmatch (compatibility) test is performed. Based on final crossmatch results, the top candidate(s) is/are identified and admitted to the hospital for transplant. All other candidates that did not get a call or were not selected to come to the hospital will continue to remain on the waitlist. The process will begin again with the next organ donor when another match list is generated and a different group of top candidates are identified.

If you are one of the top candidates considered for transplant, the nurse will call at any time during the day or night. The coordinator has a short time (usually about 1 hour) to contact you, so **it is important that we have updated phone numbers so that you do not miss out on an opportunity for a transplant.** NOTE: UC Davis phone numbers may appear as blocked or out of the area numbers. If you receive a blocked or out of the area call, it may be a UC Davis coordinator trying to contact you.

Financial status, ethnicity, religion, and gender are never a consideration in the kidney allocation process. There is no way to predict when a person will be transplanted, but the longer a candidate is on the wait list, more points will be assigned for time waiting so the number of offers may increase the longer a person is listed. **The Transplant Center has no role in determining where candidates are ranked on the match list. Your ranking is determined by the organ allocation rules defined by UNOS.**

2. **How long should I expect to wait for a deceased donor transplant at UC Davis?**

Patients transplanted at UC Davis in 2020 experienced the following wait times:

Blood Type O	6.1 years
Blood Type A	4.2 years
Blood Type B	6.1 years
Blood Type AB	2.3 years

* The median wait time reported includes all types of deceased donors.

Wait times vary slightly from year to year based on who was transplanted in that year. Your wait time may be shorter or longer. If you have a high antibody level (PRA), you may wait longer for a compatible kidney.

3. **Living donation – the best option for a transplant**

Live donor kidneys last about twice as long as a deceased donor kidney. Live donor transplant allows the patient to skip the long wait times required for transplant from deceased donor. A live donor can be a friend, neighbor, relative, church member or acquaintance who has expressed an interest in donation. If you are not compatible with your live donor, you can still have a live donor transplant through paired exchange. In paired exchange, incompatible pairs exchange live donors, allowing the many benefits of live donor transplant to multiple candidates. Even compatible pairs can participate in paired exchange to find a better age or size matched donor.

If anyone has expressed an interest in donating to you, ask them to contact us at 1-800-821-9912 (select Option 3) or (916) 734-2307. Educational information for donors and our donor health questionnaire is available on our website: www.ucdmc.ucdavis.edu/transplant

4. **What is the purpose of the quarterly blood draws?**

While you are on the **active** waiting list, you will receive a kit every 3 months from UCLA Immunogenetics Center. Hemodialysis patients receive the kit at the dialysis center. Peritoneal dialysis and others receive the kit at home. This kit is to obtain a blood sample used to test for compatibility should a donor organ become available. This blood is used to update your antibody testing.

Reminders:

- When ACTIVE on the list, your blood specimen is **REQUIRED** to be returned to UCLA Immunogenetics Center quarterly, otherwise there may be a possibility that you will be passed over for an organ offer if a current specimen is not available.
- If you are on more than one list – a specimen is required for each transplant center.
- While on a HOLD status, a specimen is not required.

5. Should I get my vaccinations before transplant?

Yes. All patients should be vaccinated before transplant. Vaccinations are a great way to stay healthy before and after a kidney transplant. Consult your Primary Care Physician or dialysis team to make sure you are up-to-date on your vaccinations. Below is a list of immunizations recommended prior to transplant:

- Hepatitis A Vaccine
- Hepatitis B Vaccine
- Influenza (Flu) (Get yearly)
- Strep Pneumoniae
- Tetanus
- Diphtheria
- Chicken Pox/Shingles (Get 6 weeks before a transplant)
- COVID-19 Vaccine (when available at dialysis/primary care/nephrologist office)

6. Is it safe to get pregnant after transplant?

You can have a child after transplant, but there are a number of issues to consider.

1. FDA has reported that women taking the transplant immunosuppressive drugs Cellcept and Myfortic risk miscarriages and deformities in newborns.
2. Before getting pregnant, you should be referred to a "high-risk" OB/GYN doctor, preferably one with experience treating transplant recipients.

There is no evidence that men who take the transplant drugs place a newborn at risk.

If you want to get pregnant, we recommend:

- Wait at least one to two years after a transplant.
- Wait at least 6 to 12 months after an acute rejection episode.
- Review your plans for pregnancy with your Nephrologist so that alternate transplant medications can be started.
- Transplant mothers are advised not to breastfeed because transplant drugs can affect your baby's health through breast milk.

7. How will the transplant center communicate with me once I am listed?

You may receive communication from the following members of the Transplant Team while listed:

Financial Coordinator	Obtains final authorization from your insurance provider to list patients on wait list. While waiting, a coordinator will call if they discover a change with your coverage.
Social Worker	Stays in contact with your dialysis social worker to get updates on your health and compliance on dialysis. Contacts patients waiting to update status.
Pre-Transplant Team	Contacts you when due for updated tests or a clinic re-evaluation visit with transplant physician, social worker or dietitian.

Status changes will be communicated to you by letter.

If you are listed for transplant, expect a call any time day or night. The coordinator has a short time (approximately 1 hour) to reach you, so it is important to have updated contact numbers. NOTE: UC Davis phone numbers may appear as blocked or out of area numbers. If you receive a blocked or out of area call, it may be a UC Davis coordinator trying to contact you.

8. How does UC Davis compare with other centers?

Transplant centers are required to report information on how patients and their kidneys do after transplant. The information is published by the Scientific Registry of Transplant Recipients (SRTR) every six months. A comprehensive report can be found online at: <http://www.srtr.org>.

Common measurements of performance are *graft survival* and *patient survival*.

- *Graft Survival* is the percentage of patients whose transplanted kidney is still working one year after transplant.
- *Patient Survival* is the percentage of patients alive one year after transplant.

Outlined below is the most recent 1 year survival data for UC Davis.

- "Observed" data is based on the actual experience at UC Davis. United States observed data is also provided to show the actual experience in all transplant centers.
- "Expected" data is based on the average national experience for patients similar to ours.

Adult Kidney Transplants

SRTR data published July 6, 2021 for time period 1/1/18 to 3/12/20

	Graft (kidney) <i>survival at 1 year</i>	Patient survival <i>at 1 year</i>
Deceased & living donor transplants		
UC Davis - Observed	95.32%	98.64%
UC Davis - Expected	95.11%	97.61%
United States – Observed	95.68%	97.62%
Deceased donor transplants		
UC Davis - Observed	94.46%	98.55%
UC Davis - Expected	94.11%	97.10%
United States – Observed	94.58%	96.93%
Living donor transplants		
UC Davis - Observed	98.10%	98.94%
UC Davis - Expected	98.30%	99.16%
United States – Observed	98.09%	99.09%

The latest reported outcome measures in the SRTR Program Specific Report comply with Medicare's outcome requirements.

9. Is a physician available at all times for the UC Davis Transplant Team?

UC Davis Transplant Surgeons and Transplant Nephrologists are available for organ offers and all aspects of patient care 24 hours a day, 7 days a week. In the unforeseen event that there are changes in medical personnel that would impact essential transplant services, you would be notified by mail.