





PANCREAS TRANSPLANT RECIPIENT **CANDIDATE EVALUATION CLINICAL PATHWAY**

This Clinical Pathway is intended to assist in clinical decision making by describing a range of generally acceptable interventions and outcomes. The guidelines attempt to define practices that meet the needs of most patients under most circumstances. However, the ultimate judgment must be made based on circumstances that are relevant to that patient and treatment may be modified according to the individual patients needs.

Patient Name:	
Patient MRN:	
Admit Date:	_ DC Date:

	Pre Visit Interview	(within 2 wks of interview)	(when results available)	(Multi-Disciplinary Selection Committee)	Surgery Follow-up	(Multi-Disciplinary Selection Committee)	Follow-up
CONSULTS	Transplant coordinator calls patient within 24h of referral to either conduct or schedule an interview Interview information entered into OTTR Obtain names of all care providers and data entered into OTTR	Transplant nephrology Transplant coordinator SW follow up appointment made if unable to be seen this visit Letters to all providers, requesting they send information on patient that could affect candidacy, now or in the future	Nephrologist/Surgeon reviews results Surgical follow up appointment arranged if likely candidate Additional consults: ID (foreign born, prior severe infection, HIV) Cardiology (significantly abnormal cardiac stress test) Urology (elevated PSA) Hepatology (Hep C positive) Oncology (history of cancer)	1st presentation: New evaluations Nephrologist/Surgeon presents to multidisciplinary team meeting Consensus reached on advisability of proceeding further First ABO verification done at meeting and filed in chart. If not done, OTTR reminder generated to complete Review of potential donors, remaining tests/evaluations to be performed	Transplant surgery/nephrology evaluation Letters to all providers, requesting they send information on patient that could affect candidacy, now or in the future	2nd presentation: Candidate updates Nephrologist/Surgeon re-presents case Consensus reached on advisability of activation on transplant list Results of discussion recorded in minutes. Second ABO verification done	Nephrology follow-up alternating with Surgery follow-up every 3 months Letters to all providers, requesting they send information on patient that could affect candidacy, now or in the future
BEHAVIORAL HEALTH		Psychosocial evaluation by transplant social worker including financial assessment If applicable, "Patient Responsibility Agreement"(for substance abuse) reviewed with patient and signed	 ◆ Transplant psychology evaluation if identified need for: ○ Smoking cessation ○ Weight loss ○ Compliance ○ Relapse prevention ○ History of known mental disorder ○ History of substance abuse or dependence within last 2 years 		QOL assessment Social work and or psychology follow-up and re-evaluation as needed Integrate into appropriate behavioral health intervention pathway as needed Compliance Weight loss Relapse prevention Smoking cessation Caregiver burden		QOL assessment Social work and or psychology follow-up and re-evaluation as needed Integrate into appropriate behavioral health intervention pathway as needed Compliance Weight loss Relapse prevention Smoking cessation Caregiver burden
CORRESPONDENCE COORDINATION COMPLIANCE	 Release of records permission mailed or faxed to patient. Transplant coordinator will obtain results any cardiac testing, relevant physician notes, op notes, path reports and discharge summaries. Compile in chart or in OTTR under "evaluation". Must have patient release prior to obtaining records 	Letter sent by Nephrologist/Surgeon to referring Nephrologist, PCP and any other relevant providers (cardiology, oncology, etc) regarding initial visit and plan for evaluation	Transplant coordinator compiles all results in OTTR under "evaluation"	Minutes of discussion recorded Patient added to UNOS list if appropriate		Minutes of discussion recorded Patient added to UNOS list if appropriate If turned down or activated, letter to patient, with copy of letter to dialysis center and referring MD including request for monthly specimens (if activated).	 Letter to patient if removed from list or suspended within 10 days of action. Patient and family meeting, or phone call from nephrologist/surgeon to review decision and letter before letter sent
LAB TESTS		Lab tests to be completed at initial visit: CBC and Diff, PT, PTT, INR AST, ALT, Alk Phos, T Bili, Alb, Ca, Phosphorus, lipid profile if fasting serum c-peptide Type and Screen for 1st ABO test HCV Ab, HBsAg, HBsAb, HBcAb (IgG) HIV Ab, EBV Panel, CMV (IgG) If male >50 years: PSA If HBsAg positive: HBV DNA If HCV Ab positive: HCV RNA and genotype If HIV Ab positive: CD4 count and HIV VL			2nd ABO test for verification with first surgical consult		Obtain updated serology testing q1-2yrs Monthly PRA-serum sample sent to BWH HLA lab
RADIOLOGY AND PATHOLOGY		Obtain AP and lateral chest x-ray (To be scheduled within 2 weeks). If female, obtain PAP results and, if >40 yrs old, obtain mammogram results within past year Obtain pathology results of any malignancy and file in paper chart and enter diagnosis and date in OTTR problem list.					Obtain results of yearly mammograms and PAP smears. Results reviewed by Nephrologist
HISTOCOMPATABIL- ITY	 Take history of prior transplants, pregnancies and transfusions. Document in OTTR under ALERTS if patient high risk (see HLA protocol). 	Obtain prior donor HLA antigens and anti-HLA antibody specificities. Document in OTTR.		Determine and document if high immunologic risk (see below). If yes, patient will need flow cross-matching with any potential donor and flow PRA testing once. High Risk: history of pregnancy, prior transplant, PRA>20%, blood transfusions	Document any detected anti-HLA antibodies, peak and current PRA and flow PRA percentages in all correspondences and in Alert section of OTTR		Document any detected anti-HLA antibodies and calculated PRA in all correspondences
CARDIAC TESTING	Transplant coordinator to obtain any recent relevant cardiac testing	EKG on everyone EKG only in patients with no DM, age <30, no abnormalities on exam If EKG abnormal or valve abnormalities on exam, get Echo Cardiac Stress test with nuclear imaging (Exercise or pharmacologic if on beta blockade or unable to walk) In non diabetic if 2 or more risk factors (see below) If history of prior revascularization In any diabetic over age 30 Risk factors: Smoking, HTN, LDL <40, family history CHD (in male relative <55, female <65), older age (men >44, women>54)	If positive cardiac stress test, schedule cardiology consult and/or left heart catheterization.				Cardiac Stress test with nuclear imaging (Exercise or pharmacologic, if on bet blockade or unable to walk) Frequency: every year in diabetics or patients who have had re-vascularizationprocedures (CABG, stenting),known MI, new onset of chest pain or EKG abnormalities every 3 years in all others
BONE		Recommend bone mineral density scan					
MEDICATIONS		Review current medications Discuss/Consent for research studies if applicable.			Review current medications Discuss/Consent for Research Studies if		Review current medications Discuss/Consent for Research Studies
CONSENTS		Discussionisciti for research studies if applicable.			applicable Discuss consent for Extended Criteria Donor (ECD) list and donor after cadaver death (DCD) lists if applicable		Discuss consent for Research Studies if applicable Discuss consent for Extended Criteria Donor (ECD) list and donor after cadaver death (DCD) lists if applicable
EDUCATION	 Send information book to patient Ask patient to attend to 1st visit with family/friend 	Review risks and benefits of pancreas transplant surgery Review regional and national allocation Review Hep C allocation if applicable Review skin cancer prevention and screening, importance of smoking cessation. Review risks of immunosuppression (infection infection and malignancy) and importance of compliance			Review regional and national allocation Review Hep C allocation if applicable Review skin cancer prevention and screening, importance of smoking cessation Review immunosuppression and importance of compliance		 Review regional and national allocation Review Hep C allocation if applicable Review skin cancer prevention and screening, importance of smoking cessation Review immunosuppression and importance of compliance