



Kidney Transplant Discussions:

Transplant Times

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Recorded

Jerome

Hello and thank you for joining us for one of three podcasts about kidney transplants. Today, our special guest is Dr. Matthew Cooper, who is going to share his thoughts on transplant from the doctor's perspective.

My name is Jerome Bailey and I'm the associate director of patient and family engagement with the End Stage Renal Disease (ESRD) National Coordinating Center. We partner with patients, healthcare providers, and the Centers for Medicare & Medicaid Services—also known as CMS—to create and share resources that help kidney patients improve their quality of life.

When a person's kidneys stop working, he or she must decide on a treatment to replace their function. The treatment choices are most often in-center hemodialysis, home hemodialysis, peritoneal dialysis, or kidney transplant. Kidney transplant is considered the best treatment option for kidney failure.

Today, I am speaking to Dr. Matthew Cooper. Dr. Cooper is a professor of surgery at Georgetown University School of Medicine, and the director of kidney and pancreas transplantation at the Medstar Georgetown Transplant Institute. He is a pioneer in the laparoscopic donor removal of a kidney procedure and in the field of paired kidney exchange. His research focuses on removing barriers for living organ donors and he is co-chair of the National Kidney Foundation's Transplantation Task Force to reduce the rate of discarded, deceased-donor kidneys.

Dr. Cooper, thank you for joining us!



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Dr. Cooper

Good morning Jerome. It's an important topic and I'm pleased to be here.

Jerome

Thank you. Our first question: when should a patient's healthcare team start the conversation about kidney transplant as an option?

Dr. Cooper

When there starts to be a recognized depreciation in someone's kidney creatinine or glomerular filtration rate (GFR) or what their kidney is doing. We usually say when patients have a GFR somewhere below 60 or they start to have chronic kidney disease stage 3, we think that it's an important time for providers to speak to their patients about, first off, on-going excellent care for medical problems to prevent progression of kidney disease. And two, to start thinking about options, should they become necessary for replacement therapy. In part, because we'd like for the patients to have the option to choose transplant over dialysis. The data has clearly shown that transplant in a pre-emptive fashion or prior to beginning dialysis have the best outcomes. So, we at the transplant program are very happy to see patients early and have a number of those who never go on to experience end stage renal disease. But, have a plan available for them if they need. So, the answer is when people begin to advance to CKD stage 3, GFR is less than 60, it's time to start having that conversation about kidney transplant.

Jerome

Are there specific tools you use to educate your patients about the kidney transplant process?

Dr. Cooper

There are a number of websites that I think are very helpful. The National Kidney Foundation has an excellent website that describes chronic kidney disease, some of the things to avoid, and how to protect kidney health for people that have a history of chronic kidney disease or a family history of chronic kidney disease. There are a number of associations, including the American Association of Kidney Patients, the End Stage Renal Disease Networks, who also have an abundance of information that I think is purposely put there to give patients the tools to be their own advocate, to be able to start to ask the questions that are particularly germane to their situation that would allow them to take control of their own healthcare.

I think that the greatest tool we have for caring for people with known kidney disease is providing them with not only their own personal information, but also information that takes better care of themselves, and to be able to ask the right questions. So, I think there is a lot of great data online for those organizations that can give people those skill sets to be able to care for themselves and ask their providers the questions, should particular offerings not be made to them directly.



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Jerome

If you were speaking to a nephrologist or nephrology group, when is the best time to refer a patient to a transplant center?

Dr. Cooper

There's probably two answers to that question. There are patients who clearly have decay in their kidney function. And like I said, we like to see patients when they have CKD-4. And certainly, when they have CKD-5 and not on dialysis. Before people have end stage renal disease, we like to have—to speak to people about options other than dialysis, particularly focus a lot of information around opportunities to have a living donor transplant. The biggest challenge we have in kidney transplant I believe is not really having to make the argument that transplant is better than dialysis and certainly offers people a better longevity, but a better quality of life. It's the organ supply and demand problem. Currently, in the United States, there are about 100,000 waiting for kidney transplants. There's probably a significant number more who would benefit from transplant, but who haven't gotten access to a transplant program. And we only perform about 17,000 transplant each year. That's a combination of both living and deceased donors. And while I think there are a lot of exciting things going on to try to increase the number of deceased donors, we really need to consider, for the appropriate individuals, those to come forward to be living donors. If we begin to talk to patients when they are in CKD-4, CKD-5 about living donation—to both the patients and their support system because, unfortunately, not everyone is able to donate a kidney, sometimes it takes a little time for an individual to identify a potential living donor. While we evaluate the recipient at that period of time, we also evaluate the donor as well.

Jerome

What about those patients that are already on dialysis? When is the best time to refer those patients to a transplant center?

Dr. Cooper

As soon as possible is the simple answer to that. Time on dialysis—on dialysis for those that have spent time on dialysis or been in a dialysis center—it's a rough lifestyle for individuals. We would like the opportunity to see as many patients as we can, realizing that the indications for transplant have really changed over the last two decades.

Individuals in the past who may have been thought to be none-candidates for transplant or have absolute contra-indications have changed significantly as we've learned more and more about select use of immunosuppression. We've developed therapies for taking care of people with illnesses, such as HIV, and hepatitis C., even people who have had cancers in the past. We've realized that the fear that we had of transplant and utilizing immunosuppression and its potential risk for the patient, that the risk is probably greater for a lot of those people to be on dialysis for longer and longer periods of time. So really, anyone



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that's on dialysis, who either they as individuals or their providing physician on dialysis, believes them to be a candidate, we'd like to see them as soon as possible.

I say it's never too late, but it's certainly, I think to see someone as soon as we possibly can. If they are on dialysis now, that time is immediately.

Jerome

How can doctors assist their patients in having a successful referral to a transplant center?

The dialysis patient—the end stage renal disease patient—certainly most of those patients have a complex medical history. They may have had multiple admissions to the hospital, multiple surgeries, be on several medications, have a significant heart history, including even a heart surgery or stent placement. In order for a transplant program to make a safe decision about candidacy for transplant, we believe that it is our responsibility, and the patient should hold us to this. We want to review all that data first hand, and with the expertise we have, say at a transplant institute, like the program I work at Georgetown MedStar, that we have our specialist review that information very carefully and work to make decisions based upon our critical review of information. Helping us to gather that information, helping us to assure that new tests that are ordered and performed, that data is then sent to the transplant institute, so that we can keep accurate records.

Dr. Cooper

That means making sure that things like cancer screenings—per the American Cancer Society recommendation—that those tests are kept up to date at the time at which the society recommends.

And I always say not because we are looking for reasons not to transplant people, but because we want to make sure people's lives are better with transplant. And if we don't do those tests, which are designed to identify problems early, before they become symptomatic, so that we can treat them perhaps more safely, with better results. We don't want to ignore those things and then add immunosuppressants and make someone's life worse by perhaps making a cancer worse.

The simple answer to that question is making sure that this is a team approach to transplant. The patient, the referring physician, the transplant team. Always maintaining good communication and documentation so that we are always ready for the phone call that says it's time for that individual patient to receive a



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transplant. And us being ready that we have all the information that says it's a safe time to do that.

Jerome

What advice would you offer to other healthcare providers when discussing kidney transplantation with their patients?

Erring on the side of patients, considering them to be a candidate rather than assuming them not to be, simply because they have a complex medical history or they may be older. We are transplanting people in their 70s and 80s now. The caveat is the years following transplant may be different, but again, ongoing data demonstrate that those patients will do better than dialysis.

Dr. Cooper

My advice is to really think that first that most people are transplant candidates rather than the reverse. Ask the transplant programs the questions that may make people concerned about their transplant candidacy rather than assuming that they are not. And/or encouraging people to present for a transplant evaluation and ask the transplant center to do what we committed to do, which is evaluate people for recipient of this valuable resource in organ transplant. With our expertise and our collaboration in a multi-disciplinary group like we have, determine whether or not they are in fact transplant candidates. I think it's in some ways trying to remove a little bit of the fear and stigma that still exists in the community about transplantation and realize [*sic*] that it is a successful and by far the best intervention for end stage kidney failure. And it's really in [*sic*] everyone's benefit to be considered a transplant candidate and to try to get them referred to a transplant center as soon as possible.

Jerome

Dr. Cooper, it has been a pleasure to speak with you today. We are grateful for your time and dedication to improving the quality and experience of care for all those touched by ESRD. Thank you.

Dr. Cooper

Thank you. I appreciate everything that you are doing.

Jerome

We thank you for listening to this podcast. To listen to the rest of our podcast series on transplant or for additional information on the kidney transplant process, visit the End Stage Renal Disease National Coordinating Center website at www.esrdncc.org, or talk to your healthcare provider.

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