# New England Area Renal Transplant Center Referral Guide

A kidney transplant is a possible treatment option for people on dialysis. However, not everyone who wants a transplant can be considered eligible to receive one. Only transplant center professionals can determine if a patient is a good candidate for a transplant.

Each transplant center uses its own set of standards for deciding if a patient is a good candidate for a kidney transplant. In some cases, a patient can be turned down by one transplant center, but found to be eligible at another transplant center.

The table on the following pages is a tool to help guide dialysis patients, their family members and care partners to the transplant centers that could most likely meet their needs.





### To file a grievance, please contact us:

IPRO End-Stage Renal Disease Network of New England 1952 Whitney Avenue, 2nd Floor, Hamden, CT 06517

Patient Toll-free: (866) 286-3773 (Patients only) • Phone: (203) 387-9332

Fax: (203) 389-9902 • E-mail: info@nw1.esrd.net • Web: network1.esrd.ipro.org

|  | CONNECTICUT          |   | MAINE                      |                               |  |                             |
|--|----------------------|---|----------------------------|-------------------------------|--|-----------------------------|
|  | HARTFORD<br>HOSPITAL | YALE NEW<br>HAVEN ORGAN<br>TRANSPLANT<br>CENTER | MAINE<br>MEDICAL<br>CENTER | BAYSTATE<br>MEDICAL<br>CENTER | BETH<br>ISRAEL<br>DEACONESS<br>MEDICAL<br>CENTER | BOSTON<br>MEDICAL<br>CENTER |
| NETWORK 1: TRANSPLANT EXCLUSION CRITERIA — ACTIVE CANCER (TYPE DEPENDENT | •                    | •   | •                          | •                             | •  | •                           |
| ACTIVE HEPATITIS   | •                    |   | •                          | •                             |  |                             |
| ACTIVE SUBSTANCE ABUSE   | •                    |   | •                          | •                             | •  | •                           |
| ACTIVE TOBACCO USE   | •                    |   | •                          | •                             | •  | •                           |
| BMI (OBESITY OR MALNUTRICIAN)  | •                    | •   | •                          | •                             | •  | •                           |
| COAGULATION DISORDER   |                      |   |                            |                               |  |                             |
| FLU, RSV OR OTHER INFECTION WITHIN 30 DAYS                               |                      |   |                            |                               | X  |                             |
| HIV  | X                    | •   | •                          | X                             | •  |                             |
| LACK OF PSYCHOLOGICAL SOCIAL SUPPORT                                     |                      |   |                            | •                             | •  | •                           |
| LIVER DISEASE/CIRRHOSIS  | •                    |   | •                          | •                             | •  |                             |
| NEUROLOGICAL DEFICIT/DEMENTIA  |                      |   | X                          | X                             |  |                             |
| NON-COMPLIANCE (WITH MEDICAL TREATMENT)                                  | X                    | X   | •                          | •                             | •  | •                           |
| PHYSICAL DISABILITY (WITH SEVERE LIMITATIONS                             |                      |   | •                          |                               |  |                             |
| PREGNANCY  |                      |   |                            |                               |  |                             |
| UNCORRECTABLE PULMONARY/LUNG DISEASE                                     | X                    |   | •                          | •                             | X  | •                           |
| UNTREATABLE CARDIAC DISEASE  | X                    | •   | •                          | •                             | X  | •                           |
| UNTREATED/UNSTABLE PSYCHIATTIC DISEASE                                   | X                    |   | X                          | •                             | •  | •                           |
| VASCULAR RISK FACTORS (PVD)  | X                    |   | •                          | •                             | •  | •                           |

 **<sup>=</sup> RELATIVE CONTRAINDICATION** (Person may be eligible for transplant, determined case-by-case at transplant center)

X = ABSOLUTE CONTRAINDICATION (Person not eligible for transplant with these conditions)

| MASSACHUSETTS                    |                                     |                 |                             |                            |   | NEW<br>HAMPSHIRE                            | RHODE ISLAND             | VERMONT                                       |
|----------------------------------|-------------------------------------|-----------------|-----------------------------|----------------------------|---|---|--------------------------|---|
| BRIGHAM &<br>WOMEN'S<br>HOSPITAL | CHILDREN'S<br>HOSPITAL OF<br>BOSTON | LAHEY<br>CLINIC | MASS<br>GENERAL<br>HOSPITAL | TUFTS<br>MEDICAL<br>CENTER | U-MASS<br>MEMORIAL<br>HEALTH CARE<br>SYSTEMS<br>MEDICAL<br>CENTER | DARTMOUTH<br>HITCHCOCK<br>MEDICAL<br>CENTER | RHODE ISLAND<br>HOSPITAL | UNIVERSITY OF<br>VERMONT<br>MEDICAL<br>CENTER |
| •                                |                                     | •               | •                           | •                          | •   | •   | •                        | •   |
| •                                |                                     |                 |                             |                            |   |   | •                        |   |
| •                                |                                     | •               | •                           | •                          | •   | •   | •                        | •   |
| •                                |                                     | •               | •                           | •                          | •   | •   | •                        |   |
| •                                |                                     | •               | •                           | •                          | •   | •   | •                        | •   |
|                                  |                                     |                 | •                           | •                          |   |   |                          |   |
|                                  |                                     |                 |                             |                            |   |   |                          |   |
| •                                |                                     |                 | X                           | •                          | X   |   | •                        |   |
| •                                |                                     |                 | •                           | •                          |   | •   | •                        |   |
|                                  |                                     |                 |                             | •                          |   |   | •                        |   |
|                                  |                                     |                 |                             |                            | X   |   | •                        |   |
| •                                |                                     | •               | •                           | •                          |   | •   | X                        | •   |
|                                  |                                     |                 |                             |                            |   |   | •                        |   |
|                                  |                                     | •               |                             |                            |   |   |                          |   |
|                                  |                                     |                 | •                           | X                          | •   | •   | •                        |   |
| •                                |                                     | X               | •                           | •                          | •   | •   | •                        |   |
| •                                |                                     | X               | X                           | •                          |   | X   | Х                        | •   |
|                                  |                                     |                 |                             | X                          | •   | •   | •                        |   |

## **New England Area Renal Transplant Centers**

#### HARTFORD HOSPITAL

85 Seymour Street, Suite 320 Hartford, CT 06102-5037 • Phone: (860) 972-4219 • Fax: (860) 545-4328

www.harthosp.org/transplant/kidneytransplantation/default.aspx

#### YALE NEW HAVEN ORGAN TRANSPLANT CENTER

800 Howard Ave New Haven, CT 06520-8062 • Phone: (203) 785-2565 • Fax: (203) 785-7162

www.ynhh.org/ transplantation-center/default.aspx

#### **MAINE MEDICAL CENTER**

19 West Street, Portland, ME 04102 • Phone: (207) 662-7180 • Fax: (207) 662-7190

www.mmc.org/maine-transplant-program

#### **BAYSTATE MEDICAL CENTER**

**759 Chestnut Street, Springfield, MA 01107 • Phone: (413) 794-0000 • Fax: (413) 794-2603** www.baystatehealth.org/ Baystate/Main+Nav/Clinical+Services/Departments/Surgery/Transplant+Surgery

#### **BETH ISRAEL DEACONNESS MEDICAL CENTER**

Division of Transplantation, 110 Francis Street, 7th Floor, Lowery Building, Boston, MA 02215 • Phone: (617) 667-7000 • Fax: (617) 632-9804

www.bidmc.org/CentersandDepartments/Departments/TransplantInstitute/Kidney.aspx

#### **BOSTON MEDICAL CENTER**

725 Albany St 7th floor Suite 7A, Boston MA 02118 • Phone: (617) 638-8430 • Fax: (617) 638-8427

#### **BRIGHAM AND WOMEN'S HOSPITAL**

Renal Transplant Division- PBB-215, 75 Francis Street, Boston, MA 02115 • Phone: (617) 732-5500 • Fax: (617) 732-7832 www.brighamandwomens.org/Departments and Services/surgery/services/transplantsurgery/services/kidneytransplant/ default.aspx

#### CHILDREN'S HOSPITAL OF BOSTON

Transplant Center- Farley Four, 300 Longwood Avenue, Boston, MA 0211 • Phone: (617) 355-6000 • Fax: (617) 730-0342 www.childrenshospital.org/centers-and-services/programs/f- -n/kidney-transplant-program/overview

#### **LAHEY CLINIC**

**41 Mall Road, Burlington, MA 01805 • Phone: (781) 744-2500 • Fax: (781) 744-5009** www.lahey.org/Transplantation

#### **MASSACHUSETTS GENERAL HOSPITAL**

Transplant Center, 165 Cambridge St Suite 300 Boston, MA 02114 • Phone: (617) 726-2000 • Fax: (617) 724-8652 www.massgeneral.org/transplant/services/treatmentprograms.aspx?id=1179

#### **TUFTS MEDICAL CENTER**

**Transplant Center- 800 Washington Street, Boston, MA 02111 • Phone: (617) 636-5592 • Fax: (617) 636-8228** www.tuftsmedicalcenter.org/patient-care-services/Departments-and-Services/Transplant-Surgery/Overview.aspx

#### U-MASS MEMORIAL HEALTH CARE SYSTEMS MEDICAL CENTER

Transplant Unit- RM S3840, 55 Lake Avenue North, Worcester, MA 01655 • Phone: (508) 334-2023 • Fax: (774) 441-8098 www.umassmemorialhealthcare.org/umass-memorial-medical-center/services-treatments/surgery/services-we-provide/ transplant-surgery/kid-ney-transplant

#### **DARTMOUTH HITCHCOCK MEDICAL CENTER**

Transplant Unit, One Medical Center Drive, Lebanon, NH 03756 • Phone: (603) 653-3931 • Fax: (603) 650-0924 www.dartmouth-hitchcock.org/transplantation/about\_kidney\_transplants.html

#### RHODE ISLAND HOSPITAL

Transplant Services- APC 921, 593 Eddy Street, Providence, RI 02903 • Phone: (401) 444-4000• Fax: (401) 444-3283 www.rhodeislandhospital.org/services/transplant-center

#### **UNIVERSITY OF VERMONT MEDICAL CENTER**

Transplant Unit, 1 South Prospect Street, Level 2, Burlington, VT 05401 • Phone: (802) 847-4774 • Fax: (802) 847-3619 www.fletcherallen.org/services/surgery/specialties/transplant\_surgery/kidney\_transplant



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