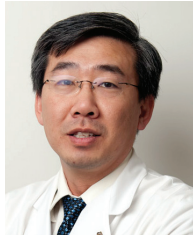




Kidney Transplant



WILLIAM E. HARMON, MD
Medical Director



HEUNG BAE KIM, MD
Surgical Director

As the only program in New England that is entirely focused on pediatric patients, we provide comprehensive care to infants and children undergoing kidney transplantation.

The Kidney Transplant Program is a part of Children's Pediatric Transplant Center, which integrates the efforts of experts specializing in heart, lung, liver, intestine and multivisceral, kidney and stem cell transplantation. Collaboration and innovation are aimed at comprehensive care of patients with end-stage renal disease, including medical management, dialysis and transplantation.

Scheduling

Children's Hospital Boston

300 Longwood Avenue, Farley 4
Boston, MA 02115

617-355-7636 | 877-TX4-PEDS (1-877-894-7337)
childrenshospital.org/kidneytx

International

For families residing outside of the United States, please contact Children's International Health Services.

01-617-355-5209 | childrenshospital.org/international
international.center@childrens.harvard.edu

Research

Scientists in the Kidney Transplant Program are working to improve anti-rejection medication protocols with the goal of promoting optimal transplant outcomes while reducing unwanted side effects and complications. The program has participated in every kidney research project of the NIH's cooperative trials groups for pediatric transplantation since the founding of the first such group in 1994. Three of these studies have conclusively demonstrated that steroids (prednisone) are no longer necessary for the majority of pediatric kidney transplant recipients. Other studies have suggested that one class of immunosuppressive medications, known as calcineurin inhibitors, may also no longer be necessary. We are currently testing the success of a trial that requires children to take only one chronic immunosuppressive medication following kidney transplantation.

We are enrolling children in a study that determines whether they develop antibodies after transplantation and whether those antibodies cause long-term damage to the kidneys. This study will also determine whether a new medication may stop the production of those antibodies.

Soon we will begin a study of medication adherence following kidney transplantation in children. We will perform trials that are designed to identify why the schedules are not followed completely and what can be done to improve adherence. In the near future, we hope to begin immunosuppression medication that can be given only once per month, thereby potentially improving adherence.

Highlights

- Ranked #1 by *U.S. News & World Report* in pediatric nephrology and urology
- Closely integrated with Children's Nephrology Program
- Offers the only dedicated pediatric dialysis unit in New England
- Largest training program in the nation for physicians specializing in the care of children with renal disease
- 660 kidney transplants performed since program inception in 1971

Areas of expertise

We specialize in the diagnosis and treatment of every condition resulting in end-stage renal disease in children, including conditions that sometimes (but not always) require transplant:

- Alport syndrome
- Berger disease or IgA nephritis
- chronic pyelonephritis
- congenital nephrotic syndrome
- congenital renal disorders
- focal segmental glomerulosclerosis (FSGS)
- glomerulonephritis
- Goodpasture syndrome
- Henoch-Schonlein purpura
- hemolytic uremic syndrome
- lupus nephritis
- membranous nephritis
- nail-patella syndrome
- nephropathic and juvenile cystinosis
- oxalosis
- polycystic kidney disease
- Wegener granulomatosis
- Wilms tumor

Our team

Directors

- William E. Harmon, MD, Medical Director
- Heung Bae Kim, MD, Surgical Director

Transplant Surgeons

- Craig W. Lillehei, MD
- Khashayar Vakili, MD

Transplant Nephrologists

- Michael A. Ferguson, MD, Nephrologist
- Nancy M. Rodig, MD, Nephrologist
- Michael J. Somers, MD, Nephrologist

Transplant Urologists

- Joseph G. Borer, MD, FAAP, Urologist
- Hiep T. Nguyen, MD, Urologist

Nurses

- Rachel Blumenthal, RN, BSN, CNN, Kidney Transplant Coordinator
- Elizabeth Hughson, RN, MS, Clinical Nurse Specialist, Renal Programs
- Courtney Loper, RN, MSN, CPNP, Kidney Transplant Coordinator/NP
- Theresa Pak, MPH, RN, Nurse Manager, Renal Programs

Pharmacists

- Jennifer Gilarde, PharmD
- Tsing Yi Koh-Pham, PharmD

Dietitian

- Nancy Spinozzi, RD, LDN

Child Life Specialists

- Johanna Black, MS, CCLS, Kidney Transplant and Dialysis
- Kirsten Getchell, CCLS

Infectious Disease Team

- Sandra K. Burchett, MD, MSc
- Julia R. Koehler, MD
- Catherine S. Lachenauer, MD
- Grace M. Lee, MD, MPH
- Lynne Lewis, RN, MS, CPNP
- Ofer Levy, MD, PhD
- Tanvi S. Sharma, MD

Psychiatrists and Psychologists

- Patricia Ibeziako, MD, Pediatric Psychiatrist
- Kristine McKenna, PhD, Pediatric Psychologist
- Kimberly Miller, PhD, Post-Doctoral Psychology Fellow
- Melisa Oliva, PsyD, Pediatric Psychologist

Social Worker

- Roberta Hoffman, MSW, LICSW
- Catherine Clark, MSW, LICSW

Research Coordinator

- Leslie Spaneas, RN, MPH

Outcomes

Pediatric (< 18 years old) Kidney Transplant Graft and Patient Survival Data After Transplant			
	CHB (n =)	CHB Actual	National Average
Transplants between 7/1/07 and 12/31/09			
1-Month Graft Survival	44	100.00%	97.49%
1-Month Patient Survival	39	100.00%	99.72%
1-Year Graft Survival	44	96.97%	94.76%
1-Year Patient Survival	39	96.00%	99.10%
Transplants between 1/1/05 and 6/30/07			
3-Year Graft Survival	28	100.00%	84.38%
3-Year Patient Survival	26	100.00%	97.89%

Adult (18+ years old) Kidney Transplant Graft and Patient Survival Data After Transplant			
	CHB (n =)	CHB Actual	National Average
Transplants between 7/1/07 and 12/31/09			
1-Month Graft Survival	13	100.00%	97.54%
1-Month Patient Survival	11	100.00%	99.28%
1-Year Graft Survival	13	100.00%	93.51%
1-Year Patient Survival	11	100.00%	96.81%
Transplants between 1/1/05 and 6/30/07			
3-Year Graft Survival	10	80.00%	84.72%
3-Year Patient Survival	9	88.89%	91.65%

Source: The Scientific Registry of Transplant Recipients (SRTR). For 1-month and 1-year rates, the cohort followed was transplanted between 7/1/07 and 12/31/09. For 3-year rates, the cohort followed was transplanted between 1/1/05 and 6/30/07. Because different cohorts are followed for each time period, it is possible for reported 3-year survival to exceed 1-year survival.