

## UCLA Pediatric Kidney Transplant Program success rates among the highest in nation



**The UCLA Pediatric Kidney Transplant Program** provides comprehensive clinical care, innovative research and expertise in meeting the challenges facing children with end-stage renal disease. UCLA pediatric renal specialists perform 25 to 35 kidney transplants annually. Since the program's founding in 1980, more than 800 children and adolescents from across the nation and around the world have received kidney transplants at UCLA.

UCLA's Pediatric Kidney Transplant Program consistently leads the nation in both volume and survival rates. It has among the highest three-year-graft and patient-survival rates at 95 percent and 100 percent, respectively. These rates are markedly above the national averages of 88 percent and 98 percent, according to the Scientific Registry of Transplant Recipients, a national database of transplant statistics.

### Innovative approaches to transplantation

The UCLA Pediatric Kidney Transplant Program is one of the few pediatric centers nationwide to offer kidney exchanges. Starting in 2008, UCLA's pioneering Kidney Exchange Program has given children and adults unable to receive a kidney from a loved one or friend the opportunity to receive a living-donor organ through an exchange among incompatible donor-recipient pairs.

### Research optimizes outcomes for end-stage renal disease

Members of the Pediatric Kidney Transplant Program pursue wide-ranging research projects to optimize kidney transplant outcomes in children with end-stage renal disease. Researchers are testing less-toxic medications, including steroid-free immunosuppressive medications. Steroids carry potential undesirable side effects such as weight gain, diabetes, high blood pressure and cardiovascular disease. UCLA specialists are also searching for molecular biomarkers that could serve as diagnostic tools and possibly identify those patients at a higher risk for organ rejection, enabling early intervention.

A primary focus of research is psychosocial issues affecting children and teens, which can result in non-adherence to immunosuppressive medication regimens. "Non-adherence, especially among teenagers, is a major contributor to post-transplant organ failure," says Eileen Tsai, MD, medical director of the UCLA Pediatric Kidney Transplant Program and assistant professor of pediatrics. "We are exploring ways to encourage better adherence and post-transplant well-being."

Additionally, some living-donor transplants are possible even if they involve blood group (ABO) or tissue antigen (HLA) incompatible pairs. UCLA pediatric renal specialists are experts in “desensitizing,” a process that lowers antibody levels in the recipient’s blood prior to transplant to reduce the risk of organ rejection even in the case of incompatible donors and recipients. The result is a broader donor pool, better-matched organs, and potentially shorter wait time for transplant recipients.

The UCLA Immunogenetics Center, a World Health Organization reference laboratory for HLA typing and crossmatch testing, provides expert analysis to increase the odds of successful organ transplants.

## Specialists in child-specific issues

Children with kidney failure face unique issues. UCLA pediatric specialists focus on the comprehensive needs of each child and family, including growth optimization, brain development, post-transplant care and psychosocial support. Often, UCLA’s Pediatric Kidney Transplant Program successfully transplants difficult cases other centers have declined. These include recipients requiring extensive bladder reconstruction and those with recurrent diseases, such as atypical hemolytic uremic syndrome, which causes abnormal blood clots to form in small blood vessels of the kidneys, and focal segmental glomerulosclerosis, which attacks the kidney’s filtering system, causing scarring.

In addition, the program performs multi-organ transplants, including multivisceral transplants (three or more abdominal organs), along with heart-kidney and liver-kidney transplants for rare metabolic and genetic disorders such as oxalosis.

The transplant team is experienced in treating children at every stage of development. In addition to pediatric nephrologists and transplant surgeons, the team includes specialists in Child Life, education, social work, nutrition, psychology and psychiatry, pathology, pharmacology and transplant nursing coordination. The program also offers patient support groups and a buddy system that matches new transplant patients with children and teens living a successful post-transplant life. In partnership with UCLA’s Adult Kidney Transplant Program, members of the pediatric kidney transplant team have developed a strong transition program to help children seamlessly move to adult nephrology care.

## Participating Physicians

### Nephrologists

#### Eileen Tsai, MD

Medical Director, Pediatric Kidney Transplant Program  
Assistant Professor of Pediatrics

#### Isidro Salusky, MD, FASN

Chief of Pediatric Nephrology  
Distinguished Professor of Pediatrics

#### Robert Ettenger, MD

Distinguished Professor of Pediatrics

#### Mohammad Malekzadeh, MD

Professor of Pediatrics

#### Ora Yadin, MD

Professor of Pediatrics

#### Katherine Wesseling Perry, MD, MSCR

Assistant Professor of Pediatrics

#### Patricia Weng, MD

Assistant Professor of Pediatrics

#### Mark Hanudel, MD

Clinical Instructor of Pediatrics

### Transplant Surgeons

#### H. Albin Gritsch, MD

Surgical Director, Kidney Transplant Program  
Associate Professor of Urology

#### Gerald S. Lipshutz, MD, MS

Director, Pancreas Transplantation  
Associate Professor of Surgery

#### Jeffrey Veale, MD

Director, UCLA Kidney Exchange Program  
Associate Professor of Urology

#### Arnold Chin, MD, PhD

Assistant Professor of Urology

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