The purpose of this activity is to enhance the knowledge base of renal disease professionals as it pertains to kidney transplantation and their patient population and to review the following:

- Identify elements that contribute to the development of a successful transplant center
- Discuss two issues related to the pancreatic transplant process
- Describe two situations that can have an impact on donor kidney availability
- Select two strategies for decreasing transplant associated risk factors
- Identify four factors that adversely affect the Hispanic population in utilizing the healthcare system.

This conference is intended for nurses, social workers, technicians and dietitians who work in dialysis units, hospitals and nephrology offices.
8:30 a.m  REGISTRATION
Continental Breakfast

9:00 a.m  Welcome – The Year in Review
Michael Abecassis, MD, MBA

9:30 a.m  Northwestern University Transplant
Outcomes Research Collaborative –
and Patient Safety
Daniela Ladner, MD, MPH

10:15 a.m  Kidney/Pancreas & Islet Cell
Transplant Update
Joseph Leventhal, MD, PhD
Xunrong Luo, MD, PhD

11:00 a.m  BREAK

11:15 a.m  Living Kidney Donor Transplant
Case Studies
Jami Hanneman, LCSW, IDA

12:00 p.m  Kidney Allocation/Kidney Paired
Donation Update
John Friedewald, MD

12:45 p.m  LUNCH (Provided)

1:45 p.m  The “Heart” of Renal Disease
Rebecca Duke, MS, APN

2:30 p.m  Your Body & Inflammation:
What You Can Do Nutritionally
to Put Out the Fire
Judy Fulop, ND

3:15 p.m  Solid Organ Transplantation and the
Hispanic Population
Juan Carlos Caicedo, MD
Martha Escamilla-Arias, LSW

4:00 p.m  Complete Evaluations

4:10 p.m  Adjourning

Inpatient and Outpatient Facility
Registration Form

KIDNEY/PANCREAS TRANSPLANT CONFERENCE
THURSDAY, AUGUST 11, 2011

NORTHWESTERN MEMORIAL HOSPITAL
251 East Huron Street
Feinberg Pavilion, 3rd Floor
Conference Room - A
Chicago, IL  60611

COMPANY NAME: ____________________________________________________________

LAST NAME_________________________  FIRST NAME: ___________________________

☐ NURSE  ☐ TECHNICIAN
☐ SOCIAL WORKER  ☐ CASE MANAGER
☐ DIETITIAN  ☐ OTHER _______________________________________________________

TITLE: ______________________________________________________________________

ADDRESS: __________________________________________________________________

____________________________________________________________________________

CITY: ______________________ STATE: ___________ ZIP: _________________

PHONE: (________)_________ FAX (________)________________________

E-MAIL: ___________________________________________________________________

☐ Yes, I will tour the inpatient and outpatient transplant units at the end of the conference

☐ No, I will not be able to tour the unit

To better accommodate parking needs, please identify if you will be driving and parking in
the garage (222 E. Huron Street)  ☐ Yes  ☐ No

*DISCOUNTED PARKING: $10.00 for 7 hours or less; and $22.00 for 7-24 hours

Please fax completed registration form by Friday, August 5, 2011 to:

Doug Penrod, RN  Fax #: (312) 695-3355