End stage renal disease (ESRD) results when progressive disease has damaged the kidneys to such an extent that the kidney function tests become grossly abnormal and medical intervention is required to prevent death. Treatment at this point consists of permanent dialysis or kidney transplantation. Kidney transplants can be from either a living related donor or cadaver organ donor.

Indications for a kidney transplant include any cause of ESRD. Diabetes is the most common cause in the United States, followed by hypertension and glomerulonephritis.

Possible complications of transplant are:

- Infections
- Chronic rejection
- Hypertension
- Poor lipid profiles
- Cardiovascular disease
- Recurrence of disease which led to the ESRD
- Toxicity of the immunosuppressive treatment (anti-rejection medications)
- Cancer

The best cases are non-diabetic persons who received a well-matched kidney from a living related donor (an identical twin being the perfect match) and have no other significant medical impairment such as heart disease. Other favorable features include normal post-transplant kidney function, urinalysis, and blood pressure. There should be no serious rejection episodes that required high dose immunosuppressive agents beyond usual maintenance dosage and no serious infections.

**UNDERWRITING GUIDELINES:**

Current dialysis treatment is considered a decline. Kidney transplants (best case scenario only, as outlined above) would be postponed one year. Thereafter, best cases would be Class H to decline range depending on the favorable or unfavorable features present. Transplants from identical twins may be considered slightly more favorably.

*To get an idea of how a client with a history of kidney transplant would be viewed in the underwriting process, use the Ask “Rx”pert Underwriter on the next page for an informal quote.*
Ask “Rx”pert Underwriter (Ask Our Expert)

After reading the Rx for Success on Kidney Transplants, use this form to Ask “Rx”pert Underwriter for an informal quote.

<table>
<thead>
<tr>
<th>Producer ___________________________</th>
<th>Phone ___________________________</th>
<th>Fax ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client _____________________________</td>
<td>Age/DOB ___________________________</td>
<td>Sex __________________________</td>
</tr>
</tbody>
</table>

If your client has a history of Kidney Transplants, please answer the following:

1. Please list date(s) of transplant(s).

2. Please indicate the number of episodes and date of last episode.

   - [ ] Diabetes
   - [ ] Glomerulonephritis
   - [ ] Systemic lupus erythematosus
   - [ ] Polycystic kidney disease
   - [ ] Ephrosclerosis
   - [ ] Other

3. What was the source of the donor kidney?

   - [ ] Cadaver
   - [ ] Living related donor
   - [ ] Identical twin

4. Is your client on any medications?

   - [ ] Yes. Please give details. _______________________________________________________
   - [ ] No

5. Please give most recent results of kidney function tests.

   - BUN _____________________________________________________________
   - Serum creatinine _________________________________________________
   - Urinalysis __________________________________________________________

6. Please note if any of the following have occurred. (Check all that apply.)

   - [ ] Frequent infection
   - [ ] Rejection episodes
   - [ ] High blood pressure
   - [ ] Cardiovascular disease
   - [ ] Toxicity from treatment
   - [ ] Cancer
   - [ ] Disease recurrence

7. Has your client smoked cigarettes in the last 12 months?

   - [ ] Yes. Please give details. ______________________________________________________
   - [ ] No

8. Does your client have any other major health problems? (e.g., cancer, etc.)

   - [ ] Yes. Please give details. ______________________________________________________
   - [ ] No