

What is the goal of this clinical trial? The goal of this clinical trial is prolonged survival of the transplanted kidney and reduction or elimination of anti-rejection medications.

Who can join the clinical trial?

Individuals in need of a kidney transplant who:

- Have a healthy, perfectly matched (HLA-identical) brother or sister as their organ and blood stem cell donor.
- Are able to attend regular medical appointments at UCLA for four years.

Do I need to take part in the clinical trial? No. Taking part in the clinical trial is voluntary.

What are the costs of taking part in this clinical trial for the recipient? All standard kidney transplant costs are billed to the recipient's health insurance. The study will pay for research-related items and/or services that are provided only because you are participating in the study.

What are the costs of taking part in this clinical trial for the donor? There is **NO** cost for donors to take part in the clinical trial.

Who We Are

About Us

UCLA's Kidney Transplant Program is the nation's largest kidney transplant program. We have a record of exceptional outcomes. We have transplanted over 8,000 kidneys since the program was founded in 1965. We are the leading innovator in living donor transplant.

Sponsor



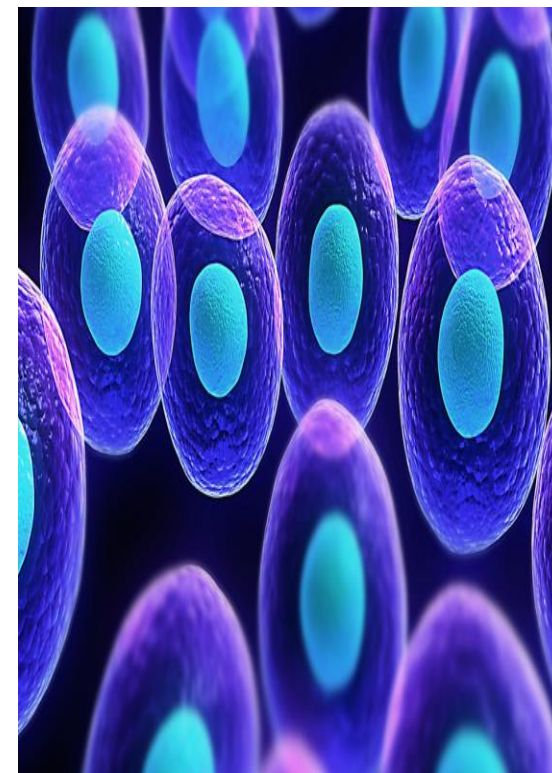
How do we find out more information?

Call (310) 267-4331

IRB Approval #: 18-001563



David Geffen
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**UCLA COMBINED
BLOOD STEM CELL
AND KIDNEY
TRANSPLANT
CLINICAL TRIAL**

Will a combined kidney and blood stem cell transplant allow you to reduce or eliminate the use of anti-rejection medications?

After your kidney transplant, you must take anti-rejection medications. These medications have many harmful side effects including cardiovascular disease, weight gain, diabetes, depression, fatigue, and cancer. Even with the use of these medications, most transplanted kidneys stop working sooner or later. When this happens, you must go back on dialysis and/or have another kidney transplant. Researchers have been trying to find a way to keep the kidney working without anti-rejection medications.

The UCLA Kidney Transplant Program is one of a few centers in the United States offering a new approach combining the transplantation of a donor's blood stem cells and kidney. Studies at Stanford University using the same protocol have shown that after one year there is an 80% chance of being able to stop anti-rejection medications without rejection of the transplanted kidney. You are being invited to take part in a clinical trial at UCLA to verify these results.

What is the potential benefit for recipients? After one year, you may no longer need to take anti-rejection medications. By stopping the use of these medications, your quality of life should improve. In addition, the transplanted kidney should continue to function normally.

What do donors need to do?

1. Standard kidney donor evaluation.
2. Take injections of a medication called Filgrastim to help your body make extra blood stem cells.
3. Donate stem cells from your blood.
4. Standard kidney donation surgery.
5. Take part in surveys or interviews at regular time points to see how you are doing.

What are the potential risks to donors?

1. All standard surgical risks associated with kidney donation will be discussed with you.
2. There are possible side effects from taking injections of Filgrastim and the collection of blood stem cells. These will be discussed with you if you are interested in participating in the clinical trial.

What do recipients need to do?

1. Standard transplant recipient medical evaluation.
2. Standard kidney transplant surgery.
3. Radiation after surgery to enable donor blood stem cells to grow.
4. Receive your donor's blood stem cells through a central line.
5. Close monitoring including frequent office visits and blood tests in the weeks and months following your transplant.
6. Three kidney biopsies and a possible bone marrow biopsy (rare).
7. Surveys or interviews at regular time points to see how you are doing.

What are the potential risks for recipients?

1. All standard risks associated with kidney transplant will be discussed with you.
2. While receiving radiation, you may experience nausea, vomiting, diarrhea, fatigue, and low blood counts.
3. Blood stem cell transplant carries the very low risk of graft versus host disease. This is when your kidney donor's immune cells attack your cells.
4. Withdrawal of anti-rejection medications carries a low risk of graft rejection.
5. All side effects and risks will be discussed with you if you are interested in the clinical trial.