



## Rx FOR SUCCESS

## Kidney Transplants

**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.*

This material is designed to provide general information about the subject matter covered. It should be used with the understanding that we are not rendering legal, accounting, or tax advice. Such services should be provided by the client's professional advisors. Accordingly, any information in this document cannot be used by any taxpayer for purposes of avoiding penalties under the Internal Revenue Code.

This material is intended for insurance informational purposes only and is not personal medical advice for clients. Rates and availability will vary based on the satisfaction of our underwriting criteria. Underwriting rules are subject to change at our discretion. This marketing material is subject to an expiration date, and use of this material must be discontinued as of the expiration date.

Insurance issued by The Prudential Insurance Company of America and its affiliates, Newark, NJ.

**NOT FOR CONSUMER USE.**

© 2012 Prudential Financial, Inc. and its related entities.  
0192131-00002-00 Ed. 12/2012 Exp. 12/28/2014 Rx 049

**Securities and Insurance Products:**

Not Insured by FDIC or Any Federal Government Agency.  
May Lose Value.  
Not a Deposit of or Guaranteed by Any Bank or Bank Affiliate.



**Prudential**  
Bring Your Challenges<sup>®</sup>

**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.

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

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.**

- |   |  |
|---|--|
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Polycystic kidney disease |
| <input type="checkbox"/> Glomerulonephritis           | <input type="checkbox"/> Ephrosclerosis            |
| <input type="checkbox"/> Systemic lupus erythematosus | <input type="checkbox"/> 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.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Frequent infection     | <input type="checkbox"/> Toxicity from treatment |
| <input type="checkbox"/> Rejection episodes     | <input type="checkbox"/> Cancer                  |
| <input type="checkbox"/> High blood pressure    | <input type="checkbox"/> Disease recurrence      |
| <input type="checkbox"/> Cardiovascular disease |  |

**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