Date: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Day Month Year

Dear Dr. **XYZ**

Re: **PATIENT’S NAME**

DOB: **DATE**

Your patient, **Mr. ABC** received a **TYPE OF ORGAN** transplant on **TRANSPLANT DATE**. He will be followed closely by the **NAME OF TRANSPLANT PROGRAM.** The transplant program will manage all aspects of immunosuppressive therapy (prescribing, monitoring and adjusting as required). **The transplant clinic encourages patients to maintain a strong relationship with their family physician to help manage other aspects of their health.** In order to avoid adverse effects and improve outcomes for our mutual patient we have developed suggestions to help facilitate your management of these patients.

The major issues are as follows:

1. Each transplant patient is assigned to one nurse coordinator who is responsible for managing their transplant care. The coordinator is the central point of contact if your office has any questions or concerns pertaining to this patient. During regular business hours, you may contact the coordinator at **COORDINATOR’S PHONE NUMBER**. If issues arise outside normal clinic hours or are urgent in nature, a transplant physician on call can be reached through locating at **LOCATING PHONE NUMBER**.
2. During the first year transplant patients are monitored closely for rejection, as well as other issues common to transplant patients such as therapeutic drug levels, infections, hypertension, hyperlipidemia, diabetes, bone disease and excess weight gain. Regular blood work is a requirement to allow for appropriate surveillance. Standing orders will be arranged by the transplant clinic and will decrease over time. Patients will also regularly attend the transplant clinic. Transplant clinic visits may include seeing a transplant coordinator, transplant physician, pharmacist, dietitian, social worker, diabetic nurse educator or other health care professionals. After the first year, the frequency of blood tests and clinic visits decreases, but ongoing follow-up will continue indefinitely.
3. Many of the immunosuppressive therapies used to prevent rejection have **significant drug interactions** with other prescription and non-prescription medications. The most common interactions are with medications that are inducers or inhibitors of the cytochrome P450 3A4 enzyme.  Common examples of inhibitors are macrolide antibiotics (erythromycin > clarithromycin > azithromycin), azole antifungals (such as ketoconazole and fluconazole), diltiazem and verapamil.  Common examples of inducers are rifampin, phenytion and carbamazepine.  Note that this is not an all-inclusive list.  When possible, these medications should be avoided.  If necessary, we request that you consult a transplant team member before use, so they can adequately monitor the impact on the immunosuppressive agents.
4. **We encourage your involvement to help manage comorbidities such as: diabetes, hypertension, hyperlipidemia, infections, long term bone health and other conditions as they arise.**
5. Post-transplant chronic kidney disease is a common problem. For this reason we recommend **avoidance of nephrotoxic agents** when possible. We suggest our patients avoid non-steroidal anti-inflammatory agents (NSAIDs), either over the counter or by prescription. In order to minimize harm to the transplanted organ we also recommend the patient consume a total daily fluid intake of at least 2 litres.
6. Patients receiving immunosuppressive therapy are at **increased risk of developing malignancy**. Some of the most common ones post-transplant are skin cancers, lymphoma-like malignancies, cervical cancer and colon cancer. We would appreciate hearing from you if you identify any symptoms or findings in these patients concerning for malignancy. We recommend following current Canadian cancer screening guidelines, and the daily use of sunscreen.
7. In order to reduce the risk of infection in our patients, we suggest that patients more than three months post-transplant receive the influenza vaccine annually. The need for other vaccines, particularly pneumococcal vaccine, but also routine adult immunizations (e.g. Td), should be reviewed. **Live vaccines, however, are contraindicated in transplant patients**. An example of a live virus is the shingles vaccine.
8. Once their condition has stabilized post-transplant, many patients wish to travel outside the country. If your patient wishes to travel, please contact the transplant program to ensure that necessary precautions have been taken (for example, infectious disease precautions, medical history summaries, sufficient medication supply).
9. Due to the effects of immunosuppressive therapy, common medical ailments may not improve in the normal time frame or may not be as straightforward as they initially appear. If you have any concerns, please contact the transplant program in order to discuss and plan further investigations and/or treatment.

We look forward to working with you in providing optimum care for **Mr. ABC**. If you have any questions or wish to discuss any issues, please feel free to contact us. We recommend keeping this information in the patient’s file for easy access. For any questions or concerns, please call the Transplant Program at **PHONE NUMBER** during regular office hours Monday to Friday.

Thank you very much.

Sincerely,

**TRANSPLANT PHYSICIAN’S NAME**

**NAME OF TRANSPLANT PROGRAM**

\*\* Attached, please find a copy of the patient’s current medications\*\*