**January 23, 2024**

**AHD Objectives**

**Renal Transplant, Dr. Khurana**

1. What are the 1-year patient and graft survival probabilities for cadaveric and living donor kidney transplants?
2. Name the common immunosuppressive agents used in kidney transplant. What are the targets of these medications? What are some common adverse effects of the medications?
3. Name the principal causes of renal allograft loss beyond the first post transplantation year. What is the leading cause of death?
4. Name some treatments for acute humoral and cellular transplant rejection. List the Banff grading system and findings for each grade.
5. When does CMV disease usually manifest? What are the clinical and laboratory findings associated with it? What is the treatment?

**Glomerular disease, part 1 – Dr. Barney**

1. Distinguish nephrotic syndrome from nephritic syndrome.
2. Subcategorize which GNs present with hypocomplementemia and distinguish which complement (C3 versus C4) is low in each.
3. Describe the clinical presentation of rapidly progressive glomerulonephritis (RPGN) and formulate a probable diagnosis based on the clinical and pathology findings seen
4. Choose first line treatments for reduction of proteinuria, including those based on specific pathologies.

**Glomerular disease part 2 – Dr. Barney**

1. Diagram the classic clinical presentations, laboratory findings, and associated systemic diseases (if any) of the following syndromes:
   1. Immune-Complex GN (Subcategorize diagnoses within the category of Immune-complex GN)
   2. Anti-Glomerular Basement Membrane (GBM) Disease
   3. Pauci-Immune Glomulonephritis (ANCA positive)
   4. Minimal Change Disease
   5. Focal Segmental Glomerulosclerosis
   6. Membranous Glomerulonephropathy
   7. Diabetic nephropathy
   8. Lupus nephritis